ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

276/277 Standard Companion Guide Transaction Information

Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010

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Transaction Instruction (TI)

1. TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard
HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

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1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2. Included ASC X12 Implementation Guides

Unique ID	Name
005010X212	Health Care Claim Status Request (276) and Response (277)

3. Instruction Tables

3.1 276 Health Care Claim Status Request

Loop ID	Reference	Name	Codes	Notes/Comments
				Can only request a claim status on Fee For Service (FFS) claims that were submitted directly to AHCCCS Administration. Excludes claims submitted to the Pharmacy Benefit Manager (PBM) – can not request a status for Pharmacy Claims.
				Processing of all requests will occur @ approximately 4:00 AM Arizona Time (after our nightly batch claims processing) and the request files will be available approximately 6:00 AM.
	GS	FUNCTIONAL GROUP HEADER		
	GS03	Application Receiver Code	AHCCCS866004791	
2100A	NM1	PAYER NAME		
2100A	NM103	Payer Name	AHCCCS	
2100A	NM108	Identification Code Qualifier	PI	
2100A	NM109	Payer Identifier	866004791	
2100B	NM1	INFORMATION RECEIVER NAME		
2100B	NM109	Information Receiver Identification Number	PROVIDER NPI or 6-DIGIT AHCCCS PROVIDER ID	See 4.2.1 276 Search Criteria
2100C	NM1	PROVIDER NAME		
2100C	NM109	Provider Identifier	SERVICE PROVIDER NPI	See 4.2.1 276 Search Criteria

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Loop ID	Reference	Name	Codes	Notes/Comments
2100D	NM1	SUBSCRIBER NAME		
2100D	NM108	Identification Code Qualifier	MI	
2100D	NM109	Subscriber Identifier	AHCCCS ID 'A*' or 'P*' Prisoner	See 4.2.1 276 Search Criteria
2200D	REF	PAYER CLAIM CONTROL NUMBER		
2200D	REF02	Payer Claim Control Number	AHCCCS CRN X(12)	See 4.2.1 276 Search Criteria
2200D	REF	APPLICATION OR LOCATION SYSTEM IDENTIFIER		NOT USED BY AHCCCS
2200D	REF	GROUP NUMBER		NOT USED BY AHCCCS
2200D	REF	PATIENT CONTROL NUMBER		
2200D	REF02	Patient Control Number	PATIENT ACCT NUMBER	See 4.2.1 276 Search Criteria
2200D	REF	PHARMACY PRESCRIPTION NUMBER		NOT USED BY AHCCCS
2200D	DTP	CLAIM SERVICE DATE		
2200D	DTP02	Date Time Period Format Qualifier	RD8	Recommend RD8 format always be used to reduce confusion.
2200D	DTP03	Claim Service Period	Service Begin/End Date	Service Date Range See 4.2.1 276 Search Criteria Recommend use Claim date range, otherwise begin date will be defaulted to end date
2210D	SVC	SERVICE LINE INFORMATION		
2210D	SVC01-2	Service Identification Code	Procedure Code	See 4.2.1 276 Search Criteria
2210D	SVC01-3	Procedure Modifier	Procedure Modifier	See 4.2.1 276 Search Criteria
2210D	SVC01-4	Procedure Modifier	Procedure Modifier	See 4.2.1 276 Search Criteria
2210D	SVC01-5	Procedure Modifier	Procedure Modifier	See 4.2.1 276 Search Criteria
2210D	SVC01-6	Procedure Modifier	Procedure Modifier	See 4.2.1 276 Search Criteria
2210D	REF	SERVICE LINE ITEM IDENTIFICATION		
2210D	REF02	Line Item Control Number	Line Item Control number from 837	See 4.2.1 276 Search Criteria
2210D	DTP	SERVICE LINE DATE		
2210D	DTP01	Date Time Qualifier		
2210D	DTP02	Date Time Period Format Qualifier	RD8	Recommend RD8 format always be used to reduce confusion.
2210D	DTP03	Service Line Date	Service Line Date range	Service Line Date Range See 4.2.1 276 Search Criteria

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Loop ID	Reference	Name	Codes	Notes/Comments
				Recommend use Claim date range, otherwise begin date will be defaulted to end date
2000E		DEPENDENT LEVEL		NOT USED BY AHCCCS

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3.2 277 Health Care Claim Status Response

Loop ID	Reference	Name	Codes	Notes/Comments
2100A	PER	PAYER CONTACT INFORMATION		NOT USED BY AHCCCS
2200D	REF	PHARMACY PRESCRIPTION NUMBER		NOT USED BY AHCCCS
2200D	REF	VOUCHER IDENTIFIER		NOT USED BY AHCCCS
2000E		DEPENDENT LEVEL		NOT USED BY AHCCCS

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4. TI Additional Information

4.1 Business Scenarios

4.1.1 276 Transaction Notes

Loop	Element	Description	VALUES	AHCCCS Notes	EXPECTED VALUE	RETURN ON 277
	ISA	**INTERCHANGE CONTROL HEADER**				
	ISA01	Authorization Information Qualifier	00, 03	00=No Authorization Information Present (No Meaningful Information in I02) 03=Additional Data Identification	00	
	ISA02	Authorization Information			BLANK	
	ISA03	Security Information Qualifier	00, 01	00=No Security Information Present (No Meaningful Information in I04) 01=Password	00	
	ISA04	Security Information			BLANK	
	ISA05	Interchange ID Qualifier	01, 14, 20, 27, 28, 29, 30, 33, ZZ	ZZ=Mutually Defined	ZZ	
	ISA06	Interchange Sender ID			SENDER-ID	X
	ISA07	Interchange ID Qualifier	01, 14, 20, 27, 28, 29, 30, 33, ZZ	ZZ=Mutually Defined		
	ISA08	Interchange Receiver ID			AHCCCS866004791	X
	ISA09	Interchange Date	YYMMDD		DATE	
	ISA10	Interchange Time	HHMM		TIME	
	ISA11	Repetition Separator		New usage for element	^	
	ISA12	Interchange Control Version Number	501		501	
	ISA13	Interchange Control Number			Assigned/Unique	X
	ISA14	Acknowledgement Requested	0, 1	0=No Interchange Acknowledgment Requested 1=Interchange Acknowledgment Requested (TA1)	1	
	ISA15	Usage Indicator	P, T		P/T	
	ISA16	Component Element Separator			|	
	GS	**FUNCTIONAL GROUP HEADER**				
	GS01	Functional Identifier Code	HR		HR	
	GS02	Application Sender Code			SENDER-CODE	X
	GS03	Application Receiver Code			AHCCCS866004791	
	GS04	Date	CCYYMMDD		DATE	
	GS05	Time	HHMMSSDD		TIME	
	GS06	Group Control Number		also =GE02	Assigned by Submitter	
	GS07	Responsible Agency Code	X		X	
	GS08	Version Identifier Code	005010X212		005010X212	
	ST	**TRANSACTION SET HEADER**				
	ST01	Transaction Set Identifier Code	276		276	

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Loop	Element	Description	VALUES	AHCCCS Notes	EXPECTED VALUE	RETURN ON 277
	ST02	Transaction Set Control Number			Assigned by submitter	
	ST03	Implementation Convention Reference	005010X212	New Element	005010x212	
	BHT	**BEGINNING OF HIERARCHICAL TRANSACTION**				
	BHT01	Hierarchical Structure Code	10			
	BHT02	Transaction Set Purpose Code	13		13	
	BHT03	Reference Identification		Change from Not used to Required and Increase from 30 - 50	TRANSACTION SET ID	X
	BHT04	Transaction Set Creation Date	CCYYMMDD		DATE	X
	BHT05	Time		Change from Not used to Required	TIME	
	BHT06	Transaction Type Code			NOT USED	
2000A	**HL**	**INFORMATION SOURCE LEVEL**				
	HL01	Hierarchical ID Number			1	
	HL02	Hierarchical Parent ID Number			NOT USED	
	HL03	Hierarchical Level Code	20		20	
	HL04	Hierarchical Child Code	1		1	
2100A	**NM1**	**PAYER NAME**				
	NM101	Entity Identifier Code	PR	PR=Payer	PR	
	NM102	Entity Type Qualifier	2	2=Non-person entity	2	
	NM103	Payer Name		Increase from 35 - 60	AHCCCS	
	NM104	Name First		Increase from 25 - 35	NOT USED	
	NM105	Name Middle			NOT USED	
	NM106	Name Prefix			NOT USED	
	NM107	Name Suffix			NOT USED	
	NM108	Identification Code Qualifier	PI, XV	PI=Payor Identification Codes Removed	PI	
	NM109	Payer Identifier			866004791	
	NM110	Entity Relationship Code			NOT USED	
	NM111	Entity Identifier Code			NOT USED	
	NM112	Last Name		New Element	NOT USED	
2000B	**HL**	**INFORMATION RECEIVER LEVEL**				
	HL01	Hierarchical ID Number			Incremented from 1 above	
	HL02	Hierarchical Parent ID Number			1	
	HL03	Hierarchical Level Code	21	21=Information Receiver	21	
	HL04	Hierarchical Child Code	1	1=Additional Subordinate HL Data Segment in This Hierarchical Structure.	1	
2100B	**NM1**	**NFORMATION RECEIVER NAME**		Repeat Changed		
	NM101	Entity Identifier Code	41	41=Submitter	41	

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Loop	Element	Description	VALUES	AHCCCS Notes	EXPECTED VALUE	RETURN ON 277
	NM102	Entity Type Qualifier	1, 2	1=Person 2=Non-Person Entity	1 or 2	
	NM103	Information Receiver Last Name or Organization Name		Increase from 35 - 60	Information Receiver Last Name or Organization Name	X
	NM104	Information Receiver First Name		Increase from 25 - 35	Information Receiver First Name	X
	NM105	Information Receiver Middle Name			May be populated, but will not be used	
	NM106	Name Prefix			NOT USED	
	NM107	Information Receiver Name Suffix		Changed to Not Used	NOT USED	
	NM108	Identification Code Qualifier	46	46=Electronic Transmitter Identification Number (ETIN) Codes Removed FI, XX	46	
	NM109	Information Receiver Identification Number			PROVIDER NPI or 6-DIGIT AHCCCS PROVIDER ID	X
	NM110	Entity Relationship Code			NOT USED	
	NM111	Entity Identifier Code			NOT USED	
	NM112	Last Name		New Element	NOT USED	
2000C	**HL**	**SERVICE PROVIDER LEVEL**				
	HL01	Hierarchical ID Number			Incremented from 2000A/HL	
	HL02	Hierarchical Parent ID Number			Incremented from 2000A/HL	
	HL03	Hierarchical Level Code	19	19=Provider of Service	19	
	HL04	Hierarchical Child Code	1	1=Additional Subordinate HL Data Segment in This Hierarchical Structure.	1	
2100C	**NM1**	**PROVIDER NAME**		Loop repeat changed		
	NM101	Entity Identifier Code	1P	1P=Provider	1P	
	NM102	Entity Type Qualifier	1, 2	1=Person 2=Non-Person Entity	1	
	NM103	Provider Last or Organization Name		Increase from 35 - 60	Provider Last or Organization Name	X
	NM104	Provider First Name		Increase from 25 - 35	Provider First Name	X
	NM105	Provider Middle Name			Provider Middle Name	
	NM106	Provider Name Prefix		Changed to Not Used	NOT USED	
	NM107	Provider Name Suffix				
	NM108	Identification Code Qualifier	FI, SV, XX	FI=Federal Taxpayer's Identification Number SV=Service Provider Number XX=Centers for Medicare and Medicaid Services National Provider Identifier	SV, XX	
	NM109	Provider Identifier			AHCCCS expects the NPI unless an Atypical Provider – then AHCCCS would accept the 6 digit AHCCCS Provider ID	X
	NM110	Entity Relationship Code			NOT USED	
	NM111	Entity Identifier Code			NOT USED	
	NM112	Last Name		New Element	NOT USED	
2000D	**HL**	**SUBSCRIBER LEVEL**				

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Loop	Element	Description	VALUES	AHCCCS Notes	EXPECTED VALUE	RETURN ON 277
	HL01	Hierarchical ID Number			Increment from 2000C/HL	
	HL02	Hierarchical Parent ID Number			Increment from 2000C/HL	
	HL03	Hierarchical Level Code	22	22=Subscriber	22	
	HL04	Hierarchical Child Code	0, 1	0=No Subordinate HL Segment in This Hierarchical Structure. 1=Additional Subordinate HL Data Segment in This Hierarchical Structure.	0	
2000D	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**				NO DMG IN 277
	DMG01	Date Time Period Format Qualifier	D8		D8	
	DMG02	Subscriber Birth Date	CCYYMMDD		MEMBER DOB	
	DMG03	Subscriber Gender Code	F, M	Codes Removed	F/M	
	DMG04	Marital Status Code			NOT USED	
	DMG05	Race or Ethnicity Code			NOT USED	
	DMG06	Citizenship Status Code			NOT USED	
	DMG07	Country Code			NOT USED	
	DMG08	Basis of Verification Code			NOT USED	
	DMG09	Quantity			NOT USED	
	DMG10	Code List Qualifier Code		New Element	NOT USED	
	DMG11	Industry Code		New Element	NOT USED	
2100D	**NM1**	**SUBSCRIBER NAME**				
	NM101	Entity Identifier Code	IL	IL=Insured or Subscriber Code Removed	IL	
	NM102	Entity Type Qualifier	1, 2	1=Person 2=Non-Person Entity	1	
	NM103	Subscriber Last Name		Increase from 35 - 60	Subscriber Last Name	X
	NM104	Subscriber First Name		Increase from 25 - 35	Subscriber First Name	X
	NM105	Subscriber Middle Name			Subscriber Middle Name	X
	NM106	Subscriber Name Prefix		Change from Situational to Not Used	NOT USED	
	NM107	Subscriber Name Suffix			May be populated, but will not be used	
	NM108	Identification Code Qualifier	24, II, MI	24=Employer's Identification Number II=Standard Unique Health Identifier for each Individual in the United States MI=Member Identification Number Code Changes	MI	
	NM109	Subscriber Identifier			AHCCCS ID 'A*' or 'P*' Prisoner	X
	NM110	Entity Relationship Code			NOT USED	
	NM111	Entity Identifier Code			NOT USED	
	NM112	Last Name		New Element	NOT USED	
2200D	**TRN**	**CLAIM STATUS TRACKING NUMBER**		Segment Name Change		
	TRN01	Trace Type Code	1	1=Current Transaction Trace Numbers	1	
	TRN02	Trace Number		Increase from 30 - 50	TRACE NUMBER	X

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Loop	Element	Description	VALUES	AHCCCS Notes	EXPECTED VALUE	RETURN ON 277
	TRN03	Originating Company Identifier			NOT USED	
	TRN04	Reference Identifier		Increase from 30 - 50	NOT USED	
2200D	**REF**	**PAYER CLAIM CONTROL NUMBER**		Segment Name Change		
	REF01	Reference Identification Qualifier	1K	1K=Payor's Claim Number	1K	
	REF02	Payer Claim Control Number		Increase from 30 - 50	AHCCCS CRN X(12)	X
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2200D	**REF**	**INSTITUTIONAL BILL TYPE IDENTIFICATION**		Required when needed to refine the search criteria on Institutional claims.		
	REF01	Reference Identification Qualifier	BLT	BLT=Billing Type	BLT	
	REF02	Bill Type Identifier		Increase from 30 - 50	Bill Type	X
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2200D	**REF**	**APPLICATION OR LOCATION SYSTEM IDENTIFIER**		New Segment Required when the application or location system identifier is known.	NOT USED BY AHCCCS	
	REF01	Reference Identification Qualifier	LU	LU=Location Number	WILL NOT BE USED	
	REF02	Application or Location System Identifier			WILL NOT BE USED	
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2200D	**REF**	**GROUP NUMBER**		Required when the patient has a group number and the number is known by the Information Receiver.	NOT USED BY AHCCCS	
	REF01	Reference Identification Qualifier	6P	6P=Group Number Code Change	WILL NOT BE USED	
	REF02	Group Number		Increase from 30 - 50	WILL NOT BE USED	
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2200D	**REF**	**PATIENT CONTROL NUMBER**		New Segment Required when the Patient Control Number has been assigned by the service provider.		
	REF01	Reference Identification Qualifier	EJ	EJ=Patient Account Number	EJ	
	REF02	Patient Control Number			PATIENT ACCT NUMBER	X
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2200D	**REF**	**PHARMACY PRESCRIPTION NUMBER**		New Segment Required when the Pharmacy Prescription Number is needed to refine the search criteria for pharmacy claims.	AHCCCS DOES NOT ALLOW REQUESTS FOR PHARMACY CLAIMS STATUS - SEGMENT NOT USED	

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Loop	Element	Description	VALUES	AHCCCS Notes	EXPECTED VALUE	RETURN ON 277
	REF01	Reference Identification Qualifier	XZ	XZ=Pharmacy Prescription Number	WILL NOT BE USED	
	REF02	Pharmacy Prescription Number			WILL NOT BE USED	
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2200D	**REF**	**CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES**		New Segment Required when a Clearinghouse or other transmission intermediary needs to attach their own unique claim number.		
	REF01	Reference Identification Qualifier	D9	D9=Claim Number	D9	
	REF02	Clearinghouse Trace Number			Clearinghouse Trace Number	X
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2200D	**AMT**	**CLAIM SUBMITTED CHARGES**		Required when needed to refine the search criteria for a specific claim		
	AMT01	Amount Qualifier Code	T3	T3=Total Submitted Charges	T3	
	AMT02	Total Claim Charge Amount S9(7)V99			Total Claim Charge Amount	X
	AMT03	Credit/Debit Flag Code			NOT USED	
2200D	**DTP**	**CLAIM SERVICE DATE**				
	DTP01	Date Time Qualifier	472	472=Service	472	
	DTP02	Date Time Period Format Qualifier	D8, RD8	Recommend RD8 and date range be used – even if for Single DOS.	RD8	
	DTP03	Claim Service Period	CCYYMMDD, CCYYMMDD-CCYYMMDD	New format allowed	Service Date Range Recommend use Claim date range, otherwise begin date will be defaulted to end date	X
2210D	**SVC**	**SERVICE LINE INFORMATION**				
	SVC01	Composite Medical Procedure Identifier				
	SVC01-1	Product Service ID	AD, ER, HC, HP, IV, N4, NU, WK	Codes Removed	Product or Service ID Qualifier	
	SVC01-2	Service Identification Code			Procedure Code	
	SVC01-3	Procedure Modifier			Procedure Modifier	
	SVC01-4	Procedure Modifier			Procedure Modifier	
	SVC01-5	Procedure Modifier			Procedure Modifier	
	SVC01-6	Procedure Modifier			Procedure Modifier	
	SVC01-7	Description			NOT USED	
	SVC01-8	Product Service ID		New Element	NOT USED	
	SVC02	Line Item Charge Amount S9(7)V99			Line Charge amount	
	SVC03	Monetary Amount			NOT USED	
	SVC04	Revenue Code		Institutional claims	Revenue Code	

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Loop	Element	Description	VALUES	AHCCCS Notes	EXPECTED VALUE	RETURN ON 277
	SVC05	Quantity			NOT USED	
	SVC06	Composite Medical Procedure Identifier			NOT USED	
	SVC07	Quantity		Usage changed to required	Quantity	
2210D	**REF**	**SERVICE LINE ITEM IDENTIFICATION**				
	REF01	Reference Identification Qualifier	FJ	FJ=Line Item Control Number	FJ	
	REF02	Line Item Control Number		Increase from 30 - 50	Line Item Control number from 837	X
	REF03	Description			NOT USED	
	REF04	Reference Identifier			NOT USED	
2210D	**DTP**	**SERVICE LINE DATE**				
	DTP01	Date Time Qualifier	472	472=Service	472	
	DTP02	Date Time Period Format Qualifier	D8, RD8	Recommend RD8 and date range be used – even if for Single DOS.	RD8	
	DTP03	Service Line Date	CCYYMMDD, CCYYMMDD-CCYYMMDD	New format allowed	Service Line Date Range Recommend use Claim date range, otherwise begin date will be defaulted to end date	
2000E	**HL**	**2000E DEPENDENT LEVEL**		**DEPENDENT LEVEL NOT USED BY AHCCCS**		
	HL01	Hierarchical ID Number				
	HL02	Hierarchical Parent ID Number				
	HL03	Hierarchical Level Code	23			
	HL04	Hierarchical Child Code				
	SE	**TRANSACTION SET TRAILER**				
	SE01	Transaction Segment Count				
	SE02	Transaction Set Control Number				
	GE	**FUNCTIONAL GROUP TRAILER**				
	GE01	Number of Transaction Sets Included				
	GE02	Group Control Number				
	IEA	**INTERCHANGE CONTROL TRAILER**				
	IEA01	Number of Included Functional Groups				
	IEA02	Interchange Control Number				

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4.1.2 277 Transaction Notes

Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	ISA	**INTERCHANGE CONTROL HEADER**							
	ISA01	Authorization Information Qualifier			00	00	00	00	00
	ISA02	Authorization Information			BLANK	BLANK	BLANK	BLANK	BLANK
	ISA03	Security Information Qualifier			00	00	00	00	00
	ISA04	Security Information			BLANK	BLANK	BLANK	BLANK	BLANK
	ISA05	Interchange ID Qualifier			ZZ	ZZ	ZZ	ZZ	ZZ
	ISA06	Interchange Sender ID		X	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791
	ISA07	Interchange ID Qualifier			ZZ	ZZ	ZZ	ZZ	ZZ
	ISA08	Interchange Receiver ID	From 276 ISA06 Sender ID	X	PROVIDER ID/NPI	PROVIDER ID/NPI	PROVIDER ID/NPI	PROVIDER ID/NPI	PROVIDER ID/NPI
	ISA09	Interchange Date			CCYYMMDD	CCYYMMDD	CCYYMMDD	CCYYMMDD	CCYYMMDD
	ISA10	Interchange Time			HHMM	HHMM	HHMM	HHMM	HHMM
	ISA11	Repetition Separator	New usage for element		^	^	^	^	^
	ISA12	Interchange Control Version Number			00501	00501	00501	00501	00501
	ISA13	Interchange Control Number			Assigned	Assigned	Assigned	Assigned	Assigned
	ISA14	Acknowledgement Requested			0	0	0	0	0
	ISA15	Usage Indicator			P	P	P	P	P
	ISA16	Component Element Separator			|	|	|	|	|
	GS	**FUNCTIONAL GROUP HEADER**							
	GS01	Functional Identifier Code			HN	HN	HN	HN	HN
	GS02	Application Sender Code			AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791
	GS03	Application Receiver Code	From 276 GS02	X	PROVIDER ID/NPI	PROVIDER ID/NPI	PROVIDER ID/NPI	PROVIDER ID/NPI	PROVIDER ID/NPI

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	GS04	Date	CCYYMMDD		CCYYMMDD	CCYYMMDD	CCYYMMDD	CCYYMMDD	CCYYMMDD
	GS05	Time	HHMM		HHMM	HHMM	HHMM	HHMM	HHMM
	GS06	Group Control Number		X	FROM 276	FROM 276	FROM 276	FROM 276	FROM 276
	GS07	Responsible Agency Code			X	X	X	X	X
	GS08	Version Identifier Code			005010X212	005010X212	005010X212	005010X212	005010X212
	ST	**TRANSACTION SET HEADER**							
	ST01	Transaction Set Identifier Code			277	277	277	277	277
	ST02	Transaction Set Control Number			FROM 276	FROM 276	FROM 276	FROM 276	FROM 276
	ST03	Implementation Convention Reference	New Element		005010X212	005010X212	005010X212	005010X212	005010X212
	BHT	**BEGINNING OF HIERARCHICAL TRANSACTION**							
	BHT01	Hierarchical Structure Code			0010	0010	0010	0010	0010
	BHT02	Transaction Set Purpose Code			08	08	08	08	08
	BHT03	Originator Application Transaction Identifier	Increase from 30 - 50	X	Move BHT03 from 276	Move BHT03 from 276	Move BHT03 from 276	Move BHT03 from 276	Move BHT03 from 276
	BHT04	Transaction Set Creation Date			CCYYMMDD	CCYYMMDD	CCYYMMDD	CCYYMMDD	CCYYMMDD
	BHT05	Time	Change from Not used to Required		HHMM	HHMM	HHMM	HHMM	HHMM
	BHT06	Transaction Type Code			DG	DG	DG	DG	DG
2000A	**HL**	**INFORMATION SOURCE LEVEL**							
	HL01	Hierarchical ID Number			1	1	1	1	1
	HL02	Hierarchical Parent ID Number			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	HL03	Hierarchical Level Code			20	20	20	20	20
	HL04	Hierarchical Child Code			1	1	1	1	1

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
2100A	**NM1**	**PAYER NAME**							
	NM101	Entity Identifier Code			PR	PR	PR	PR	PR
	NM102	Entity Type Qualifier			2	2	2	2	2
	NM103	Payer Name	Increase from 35 - 60		AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS
	NM104	Name First	Increase from 25 - 35		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM105	Name Middle			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM106	Name Prefix			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM107	Name Suffix			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM108	Identification Code Qualifier	Codes Removed		PI	PI	PI	PI	PI
	NM109	Payer Identifier			866004791	866004791	866004791	866004791	866004791
	NM110	Entity Relationship Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM111	Entity Identifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM112	Last Name	New Element		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2100A	**PER**	**PAYER CONTACT INFORMATION**	SEGMENT NOT USED BY AHCCCS						
	PER01	Contact Function Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER02	Payer Contact Name			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER03	Communication Number Qualifier	Code Added		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER04	Communication Number	Increase from 80 - 256		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER05	Communication Number Qualifier	Code Changes		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER06	Communication Number	Increase from 80 - 256		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER07	Communication Number Qualifier	Code Changes		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER08	Communication Number	Increase from 80 - 256		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	PER09	Contact Inquiry Reference			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2000B	**HL**	**INFORMATION RECEIVER LEVEL**							

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	HL01	Hierarchical ID Number			Increment by '1' from the previous HL01	Increment by '1' from the previous HL01	Increment by '1' from the previous HL01	Increment by '1' from the previous HL01	Increment by '1' from the previous HL01
	HL02	Hierarchical Parent ID Number			Move 2000A/HL02 above	Move 2000A/HL02 above	Move 2000A/HL02 above	Move 2000A/HL02 above	Move 2000A/HL02 above
	HL03	Hierarchical Level Code	21-Information Receiver		21	21	21	21	21
	HL04	Hierarchical Child Code	Code Added		1	1	1	1	1
2100B	**NM1**	**INFORMATION RECEIVER NAME**							
	NM101	Entity Identifier Code	41-SUBMITTER		41	41	41	41	41
	NM102	Entity Type Qualifier	1-PERSON 2-NON-PERSON		1 2	1 2	1 2	1 2	1 2
	NM103	Information Receiver Last or Organization Name	Increase from 35 - 60 If there is a slash in the PR Name, then individual, need to parse last/first name	X	BILLING PROVIDER ORG NAME OR RCV LAST NAME	BILLING PROVIDER ORG NAME OR RCV LAST NAME	BILLING PROVIDER ORG NAME OR RCV LAST NAME	BILLING PROVIDER ORG NAME OR RCV LAST NAME	BILLING PROVIDER ORG NAME OR RCV LAST NAME
	NM104	Information Receiver First Name	Increase from 25 - 35	X	RCVR FIRST NAME	RCVR FIRST NAME	RCVR FIRST NAME	RCVR FIRST NAME	RCVR FIRST NAME
	NM105	Information Receiver Middle Name			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	NM106	Information Receiver Name Prefix			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM107	Information Receiver Name Suffix	Changed to Not Used		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM108	Identification Code Qualifier	Codes Removed 46-ETIN		46	46	46	46	46
	NM109	Information Receiver Identification Number		X	PROVIDER NPI or 6-DIGIT AHCCCS PROVIDER ID	PROVIDER NPI or 6-DIGIT AHCCCS PROVIDER ID	PROVIDER NPI or 6-DIGIT AHCCCS PROVIDER ID	PROVIDER NPI or 6-DIGIT AHCCCS PROVIDER ID	PROVIDER NPI or 6-DIGIT AHCCCS PROVIDER ID
	NM110	Entity Relationship Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM111	Entity Identifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM112	Last Name	New Element		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
2200B	**TRN**	**INFORMATION RECEIVER TRACE IDENTIFIER**	New Loop and new segment						
	TRN01	Referenced Transaction Trace Number			2	2	2	2	2
	TRN02	Claim Transaction Batch Number		X	Move BHT03 from 276	Move BHT03 from 276	Move BHT03 from 276	Move BHT03 from 276	Move BHT03 from 276
	TRN03	Originating Company Identifier			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	TRN04	Reference Identifier			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200B	**STC**	**INFORMATION RECEIVER STATUS INFORMATION**	New Segment		**SEGMENT USED TO REJECT INFO RCVR**				
	STC01	HEALTH CARE CLAIM STATUS				WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC01-1	Health Care Claim Status Category Code			STATUS CAT CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC01-2	Health Care Claim Status Code			STATUS CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC01-3	Entity Identifier Code	41-SUBMITTER		41	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC01-4	Code List Qualifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC02	Status Information Effective Date			RCV STATUS DATE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC03	Action Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC04	Monetary Amount			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC05	Monetary Amount			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC06	Date			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC07	Payment Method Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC08	Date			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC09	Check Number			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC10	HEALTH CARE CLAIM STATUS							
	STC10-1	Health Care Claim Status Category Code			STATUS CAT CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC10-2	Health Care Claim Status Code			STATUS CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC10-3	Entity Identifier Code			41	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	STC10-4	Code List Qualifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC11	HEALTH CARE CLAIM STATUS							
	STC11-1	Health Care Claim Status Category Code			STATUS CAT CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC11-2	Health Care Claim Status Code			STATUS CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC11-3	Entity Identifier Code			41	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC11-4	Code List Qualifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC12	Free-Form Message Text			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
					END STATUS RESPONSE - INFO RECEIVER ERROR				
2000C	**HL**	**SERVICE PROVIDER LEVEL**							
	HL01	Hierarchical ID Number			WILL NOT BE USED	Incremented by 1	Incremented by 1	Incremented by 1	Incremented by 1
	HL02	Hierarchical Parent ID Number			WILL NOT BE USED	HL01 from the previous Loop	HL01 from the previous Loop	HL01 from the previous Loop	HL01 from the previous Loop
	HL03	Hierarchical Level Code	19-Provider		WILL NOT BE USED	19	19	19	19
	HL04	Hierarchical Child Code	New Code		WILL NOT BE USED	1	1	1	1
2100C	**NM1**	**PROVIDER NAME**	Loop repeat changed						
	NM101	Entity Identifier Code			WILL NOT BE USED	1P	1P	1P	1P
	NM102	Entity Type Qualifier			WILL NOT BE USED	1 2	1 2	1 2	1 2
	NM103	Provider Last or Organization Name	Increase from 35 - 60 If there is a slash in the PR Name, then individual, need to parse last/first name	X	WILL NOT BE USED	SVC PROVIDER ORG NAME OR SVC LAST NAME	SVC PROVIDER ORG NAME OR SVC LAST NAME	SVC PROVIDER ORG NAME OR SVC LAST NAME	SVC PROVIDER ORG NAME OR SVC LAST NAME
	NM104	Provider First Name	Increase from 25 - 35	X	WILL NOT BE USED	SVC PROVIDER FIRST NAME	SVC PROVIDER FIRST NAME	SVC PROVIDER FIRST NAME	SVC PROVIDER FIRST NAME
	NM105	Provider Middle Name			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	NM106	Provider Name Prefix	Changed to Not Used		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM107	Provider Name Suffix			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	NM108	Identification Code Qualifier			WILL NOT BE USED	SV or XX	SV or XX	SV or XX	SV or XX
	NM109	Provider Identifier		X	WILL NOT BE USED	SVC PROV ID SVC PROV NPI	SVC PROV ID SVC PROV NPI	SVC PROV ID SVC PROV NPI	SVC PROV ID SVC PROV NPI
	NM110	Entity Relationship Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM111	Entity Identifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM112	Last Name	New Element		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200C	**TRN**	**PROVIDER OF SERVICE TRACE IDENTIFIER**	New Loop and new segment						
	TRN01	Current Transaction Trace Number			WILL NOT BE USED	1	1	1	1
	TRN02	Provider of Service Information Trace Identifier			WILL NOT BE USED	0	0	0	0
	TRN03	Originating Company Identifier			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	TRN04	Reference Identifier			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200C	**STC**	**PROVIDER STATUS INFORMATION**	New Segment			**SEGMENT USED TO REJECT SERVICE PROVIDER**			
	STC01	HEALTH CARE CLAIM STATUS							
	STC01-1	Health Care Claim Status Category Code			WILL NOT BE USED	STATUS CAT CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC01-2	Health Care Claim Status Code			WILL NOT BE USED	STATUS CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC01-3	Entity Identifier Code			WILL NOT BE USED	1P	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC01-4	Code List Qualifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC02	Status Information Effective Date			WILL NOT BE USED	STATUS EFF DATE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC03	Action Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC04	Monetary Amount			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC05	Monetary Amount			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	STC06	Date			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC07	Payment Method Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC08	Date			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC09	Check Number			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC10	HEALTH CARE CLAIM STATUS							
	STC10-1	Health Care Claim Status Category Code			WILL NOT BE USED	STATUS CAT CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC10-2	Health Care Claim Status Code			WILL NOT BE USED	STATUS CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC10-3	Entity Identifier Code			WILL NOT BE USED	1P	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC10-4	Code List Qualifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC11	HEALTH CARE CLAIM STATUS							
	STC11-1	Health Care Claim Status Category Code			WILL NOT BE USED	STATUS CAT CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC11-2	Health Care Claim Status Code			WILL NOT BE USED	STATUS CODE	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC11-3	Entity Identifier Code			WILL NOT BE USED	1P	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC11-4	Code List Qualifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC12	Free-Form Message Text			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
						END STATUS RESPONSE - SERVICE PROVIDER ERROR			
2000D	**HL**	**SUBSCRIBER LEVEL**							
	HL01	Hierarchical ID Number			WILL NOT BE USED	WILL NOT BE USED	Incremented by 1	Incremented by 1	Incremented by 1
	HL02	Hierarchical Parent ID Number			WILL NOT BE USED	WILL NOT BE USED	HL01 from the previous Loop	HL01 from the previous Loop	HL01 from the previous Loop
	HL03	Hierarchical Level Code	22-Subscriber		WILL NOT BE USED	WILL NOT BE USED	22	22	22
	HL04	Hierarchical Child Code			WILL NOT BE USED	WILL NOT BE USED	0	0	0
2100D	**NM1**	**SUBSCRIBER NAME**							
	NM101	Entity Identifier Code	Code change		WILL NOT BE USED	WILL NOT BE USED	IL	IL	IL
	NM102	Entity Type Qualifier			WILL NOT BE USED	WILL NOT BE USED	1	1	1

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	NM103	Subscriber Last Name	Increase from 35 - 60	X	WILL NOT BE USED	WILL NOT BE USED	RECIPIENT LNAME	RECIPIENT LNAME	RECIPIENT LNAME
	NM104	Subscriber First Name	Increase from 25 - 35	X	WILL NOT BE USED	WILL NOT BE USED	RECIPIENT FNAME	RECIPIENT FNAME	RECIPIENT FNAME
	NM105	Subscriber Middle Name		X	WILL NOT BE USED	WILL NOT BE USED	RECIPIENT MI	RECIPIENT MI	RECIPIENT MI
	NM106	Subscriber Name Prefix	Changed to Not Used		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM107	Subscriber Name Suffix			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	NM108	Identification Code Qualifier			WILL NOT BE USED	WILL NOT BE USED	MI	MI	MI
	NM109	Subscriber Identifier		X	WILL NOT BE USED	WILL NOT BE USED	AHCCCS ID	AHCCCS ID	AHCCCS ID
	NM110	Entity Relationship Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM111	Entity Identifier Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	NM112	Last Name	New Element		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200D	**TRN**	**CLAIM STATUS TRACKING NUMBER**	Loop and segment name change						
	TRN01	Referenced Transaction Trace Number			WILL NOT BE USED	WILL NOT BE USED	2	2	WILL NOT BE USED
	TRN02	Trace Number	Increase from 30 - 50 Note: must be returned on multiple claims for re-association to original 276 inquiry	X	WILL NOT BE USED	WILL NOT BE USED	FROM 276	FROM 276	WILL NOT BE USED
	TRN03	Originating Company Identifier			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	TRN04	Reference Identification	Increase from 30 - 50		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200D	**STC**	**CLAIM LEVEL STATUS INFORMATION**					**SEGMENT USED TO REJECT SUBSCRIBER**		
	STC01	HEALTH CARE CLAIM STATUS							
	STC01-1	Health Care Claim Status Category Code			WILL NOT BE USED	WILL NOT BE USED	STATUS CAT CODE	STATUS CAT CODE	STATUS CAT CODE

Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	STC01-2	Health Care Claim Status Code			WILL NOT BE USED	WILL NOT BE USED	STATUS CODE	STATUS CODE	STATUS CODE
	STC01-3	Entity Identifier Code	Code changes		WILL NOT BE USED	WILL NOT BE USED	ENTITY CODE-SEE TABLE/CROSSWALK	ENTITY CODE-SEE TABLE/CROSSWALK	ENTITY CODE-SEE TABLE/CROSSWALK
	STC01-4	Code List Qualifier Code	New element		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC02	Status Information Effective Date			WILL NOT BE USED	WILL NOT BE USED	STATUS EFF DATE	STATUS EFF DATE	STATUS EFF DATE
	STC03	Action Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC04	Total Claim Charge Amount S9(7)V99		X	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	BILL AMOUNT
	STC05	Claim payment Amount S9(7)V99			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	PAYMENT AMOUNT
	STC06	Adjudication or Payment Date			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	REMIT DATE
	STC07	Payment Method Code	Usage changed to not used		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC08	Remittance Date			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	CHECK DATE
	STC09	Remittance Trace Number			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	CHECK NUMBER
	STC10	HEALTH CARE CLAIM STATUS							
	STC10-1	Health Care Claim Status Category Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CAT CODE
	STC10-2	Health Care Claim Status Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CODE
	STC10-3	Entity Identifier Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	ENTITY CODE-SEE TABLE/CROSSWALK
	STC10-4	Code List Qualifier Code	New element N/A - This data element applies to a pharmacy claim status		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC11	HEALTH CARE CLAIM STATUS							
	STC11-1	Health Care Claim Status Category Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CAT CODE

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	STC11-2	Health Care Claim Status Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CODE
	STC11-3	Entity Identifier Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	ENTITY CODE-SEE TABLE/CROSSWALK
	STC11-4	Code List Qualifier Code	New element N/A - This data element applies to a pharmacy claim status		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	STC12	Free-Form Message Text			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200D	**REF**	**PAYER CLAIM CONTROL NUMBER**	Loop and segment name change						
	REF01	Reference Identification Qualifier			WILL NOT BE USED	WILL NOT BE USED	1K	1K	1K
	REF02	Payer Claim Control Number	Increase from 30 - 50	X	WILL NOT BE USED	WILL NOT BE USED	CRN	CRN	CRN
	REF03	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200D	**REF**	**INSTITUTIONAL BILL TYPE IDENTIFICATION**	Required on institutional claims when different than the value submitted on the 276 request.						
	REF01	Reference Identification Qualifier			WILL NOT BE USED	WILL NOT BE USED	BLT	BLT	
	REF02	Bill Type Identifier	Increase from 30 - 50	X	WILL NOT BE USED	WILL NOT BE USED	BILL TYPE (MOVE FROM 276)	BILL TYPE (MOVE FROM 276)	BILL TYPE (MOVE FROM 276 OR SYSTEM VALUE IF DIFFERENT)
	REF03	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
2200D	**REF**	**PATIENT CONTROL NUMBER**	New Segment Required when the Patient Control Number was submitted on the 276 request or when available on claims located in the Information Source's system.						
	REF01	Reference Identification Qualifier			WILL NOT BE USED	WILL NOT BE USED	EJ	EJ	EJ
	REF02	Patient Control Number		X	WILL NOT BE USED	WILL NOT BE USED	PATIENT ACCT NO	PATIENT ACCT NO	PATIENT ACCT NO
	REF03	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200D	**REF**	**PHARMACY PRESCRIPTION NUMBER**	**New Segment **AHCCCS DOES NOT ALLOW PHARMACY CLAIMS STATUS REQUESTS****		SEGMENT NOT USED BY AHCCCS				
	REF01	Reference Identification Qualifier			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	REF02	Pharmacy Prescription Number			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	REF03	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200D	**REF**	**VOUCHER IDENTIFIER**	**New Segment NOT USED-This segment applies when a voucher is assigned to a group of claims**		SEGMENT NOT USED BY AHCCCS				
	REF01	Reference Identification Qualifier			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	REF02	Voucher Identifier			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED
	REF03	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED

Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
2200D	**REF**	**CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES**	New Segment Required when received on the 276 status request.						
	REF01	Reference Identification Qualifier			WILL NOT BE USED	WILL NOT BE USED	D9	D9	D9
	REF02	Clearinghouse Trace Number		X	WILL NOT BE USED	WILL NOT BE USED	CLEARINGHOUSE TRACE NO (MOVE FROM 276)	CLEARINGHOUSE TRACE NO (MOVE FROM 276)	CLEARINGHOUSE TRACE NO (MOVE FROM 276)
	REF03	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2200D	**DTP**	**CLAIM SERVICE DATE**							
	DTP01	Date Time Qualifier	Code Changed		WILL NOT BE USED	WILL NOT BE USED	472	472	472
	DTP02	Date Time Period Format Qualifier	Codes Added		WILL NOT BE USED	WILL NOT BE USED	RD8	RD8	RD8
	DTP03	Claim Service Period	New format allowed	X	WILL NOT BE USED	WILL NOT BE USED	SERVICE DATE RANGE (MOVE FROM 276)	SERVICE DATE RANGE (MOVE FROM 276)	SERVICE DATE RANGE (MOVE FROM 276)
							END STATUS RESPONSE - SUBSCRIBER ERROR	**END STATUS RESPONSE - SUBSCRIBER FOUND, NO CLAIM FOUND**	
2220D	**SVC**	**SERVICE LINE INFORMATION**							
	SVC01	**COMPOSITE MEDICAL PROCEDURE INDENTIFIER**							
	SVC01-1	Product/Service ID Qualifier	AD, ER, HC, HP, IV, N4, NU, WKCodes changed		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	PROCEDURE CODE QUALIFIER
	SVC01-2	Service Identification Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	PROCEDURE CODE
	SVC01-3	Procedure Modifier			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	MODIFIER1
	SVC01-4	Procedure Modifier			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	MODIFIER2
	SVC01-5	Procedure Modifier			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	MODIFIER3

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	SVC01-6	Procedure Modifier			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	MODIFIER4
	SVC01-7	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	SVC02	Line Item Charge Amount S9(7)V99			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	LINE CHG AMT
	SVC03	Line Item Payment Amount S9(7)V99			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	LINE PYMT AMT
	SVC04	Revenue Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	LINE REVENUE CODE
	SVC05	Quantity			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	SVC06	COMPOSITE MEDICAL PROCEDURE			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	SVC07	Units of Service Count S9(3)V9			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	QTY
2220D	**STC**	**SERVICE LINE STATUS INFORMATION**	Usage changed and repeat changed						
	STC01	HEALTH CARE CLAIM STATUS							
	STC01-1	Health Care Claim Status Category Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CAT CODE
	STC01-2	Health Care Claim Status Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CODE
	STC01-3	Entity Identifier Code	Code changes		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	ENTITY CODE-SEE TABLE/CROSSWALK
	STC01-4	Code List Qualifier Code	New element		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC02	Status Information Effective Date			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS EFF DATE
	STC03	Action Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC04	Total Claim Charge Amount S9(7)V99	Usage changed		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC05	Claim payment Amount S9(7)V99	Usage changed		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC06	Adjudication or Payment Date			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC07	Payment Method Code			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC08	Remittance Date			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
	STC09	Remittance Trace Number			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC10	HEALTH CARE CLAIM STATUS							
	STC10-1	Health Care Claim Status Category Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CAT CODE
	STC10-2	Health Care Claim Status Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CODE
	STC10-3	Entity Identifier Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	ENTITY CODE-SEE TABLE/CROSSWALK
	STC10-4	Code List Qualifier Code	New element		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC11	HEALTH CARE CLAIM STATUS							
	STC11-1	Health Care Claim Status Category Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CAT CODE
	STC11-2	Health Care Claim Status Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	STATUS CODE
	STC11-3	Entity Identifier Code			WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	ENTITY CODE-SEE TABLE/CROSSWALK
	STC11-4	Code List Qualifier Code	New element		NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	STC12	Free-Form Message Text			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2220D	**REF**	**SERVICE LINE ITEM IDENTIFICATION**							
	REF01	Reference Identification Qualifier	FJ-Line Item Control number		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	FJ
	REF02	Line Item Control Number	Increase from 30 - 50	X	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	LINE ITEM CTRL NO FROM 276
	REF03	Description			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2220D	**DTP**	**SERVICE LINE DATE**							
	DTP01	Date Time Qualifier	472-Service		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	472
	DTP02	Date Time Period Format Qualifier	Codes Added		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	RD8
	DTP03	Service Line Date	New format allowed		WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	WILL NOT BE USED	SERVICE LINE DATE RANGE
									END STATUS

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Loop	Element	Description	AHCCCS Note	FROM 276	INFO RECEIVER ERROR (2000B loop)	SERVICE PROVIDER ERROR (2000C loop)	SUBSCRIBER ERROR (2000D loop)	SUBSCRIBER FOUND, NO CLAIM FOUND	FULL CLAIM STATUS RESPONSE
									RESPONSE
	HL	**DEPENDENT LEVEL**	**DEP LEVEL NOT USED**		**DEP LEVEL NOT USED**	**DEP LEVEL NOT USED**	**DEP LEVEL NOT USED**	**DEP LEVEL NOT USED**	**DEP LEVEL NOT USED**
	SE	**TRANSACTION SET TRAILER**							
	SE01	Transaction Segment Count							
	SE02	Transaction Set Control Number							
	GE	**FUNCTIONAL GROUP TRAILER**							
	GE01	Number of Transaction Sets Included							
	GE02	Group Control Number							
	IEA	**INTERCHANGE CONTROL TRAILER**							
	IEA01	Number of Included Functional Groups							
	IEA02	Interchange Control Number							

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4.1.3 276/277 Examples

4.1.3.1 CRN Not Found Example

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	**ENVELOPE**
ISA{00{ {00{ {ZZ{010101 {ZZ{AHCCCS866004791{101213{1215{^{00501{101213001{0{T{| GS{HR{010101{AHCCCS866004791{20100825{1038{1{X{005010X212	ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^{00501{900000001{0{T{| GS{HN{010101{AHCCCS866004791{20101214{0755{1{X{005010X212
HEADER	**HEADER**
ST{276{0101{005010X212 BHT{0010{13{1{20100825{101213	ST{276{0101{005010X212 BHT{0010{08{1{20101214{0755{DG
2000A INFORMATION SOURCE	**2000A INFORMATION SOURCE**
HL{1{{20{1	HL{1{{20{1
2100A PAYER NAME	**2100A PAYER NAME**
NM1{PR{2{AHCCCS{{{{{PI{866004791	NM1{PR{2{AHCCCS{{{{{FI{866004791
2000B INFORMATION RECEIVER	**2000B INFORMATION RECEIVER**
HL{2{1{21{1	HL{2{1{21{0
2100B INFORMATION RECEIVER NAME	**2100B INFORMATION RECEIVER NAME**
NM1{41{2{BILLINGPROVIDER{{{{{46{9087654321	NM1{41{2{BILLINGPROVIDER{{{{{46{9087654321
2000C SERVICE PROVIDER	
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	
NM1{1P{1{PROVIDER{SERVICE{{{{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{{{{XX{9012345678
2000D SUBSCRIBER	
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG segment on 277)
2100D SUBSCRIBER NAME	
NM1{IL{1{MEMBER{JANE{L{{{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{{{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	
TRN{1{CLAIM0001 REF{1K{092270000201 <AHCCCS CRN> REF{EJ{MEMBER001 <PATIENT ACCT #> AMT{T3{96 DTP{472{RD8{20100504-20100504	TRN{2{CLAIM0001 STC{D0|35{20101213 REF{1K{092270000201 REF{EJ{MEMBER001 DTP{472{RD8{20100504-20100504 STC01 Cat Code: D0 – Search Unsuccessful STC01-2 Status Code: 35 – Claim/Encounter not found
2210D SERVICE LINE INFORMATION	
NONE	NONE
TRANSACTION SET TRAILER	
SE{17{0101	SE{16{0001
ENVELOPE	
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

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4.1.3.2 Subscriber Error Example

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	**ENVELOPE**
ISA{00{ {00{ {ZZ{010101 {ZZ{AHCCCS866004791{101213{1215{^{00501{101213001{0{T{| GS{HR{010101{AHCCCS866004791{20100825{1038{1{X{005010X212	ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^{00501{900000001{0{T{| GS{HN{010101{AHCCCS866004791{20101214{0755{1{X{005010X212
HEADER	**HEADER**
ST{276{0101{005010X212 BHT{0010{13{1{20100825{101213	ST{276{0101{005010X212 BHT{0010{08{1{20101214{0755{DG
2000A INFORMATION SOURCE	**2000A INFORMATION SOURCE**
HL{1{{20{1	HL{1{{20{1
2100A PAYER NAME	**2100A PAYER NAME**
NM1{PR{2{AHCCCS{{{{{PI{866004791	NM1{PR{2{AHCCCS{{{{{FI{866004791
2000B INFORMATION RECEIVER	**2000B INFORMATION RECEIVER**
HL{2{1{21{1	HL{2{1{21{0
2100B INFORMATION RECEIVER NAME	**2100B INFORMATION RECEIVER NAME**
NM1{41{2{BILLINGPROVIDER{{{{{46{9087654321	NM1{41{2{BILLINGPROVIDER{{{{{46{9087654321
2000C SERVICE PROVIDER	
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	
NM1{1P{1{PROVIDER{SERVICE{{{{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{{{{XX{9012345678
2000D SUBSCRIBER	
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG segment on 277)
2100D SUBSCRIBER NAME	
NM1{IL{1{MEMBER{JANE{L{{{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{{{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	
TRN{1{CLAIM0001 REF{1K{092270000201 <AHCCCS CRN> REF{EJ{MEMBER001 <PATIENT ACCT #> AMT{T3{96 DTP{472{RD8{20100504-20100504	TRN{2{CLAIM0001 STC{D0|153|IL{20101213 REF{1K{092270000201 REF{EJ{MEMBER001 DTP{472{RD8{20100504-20100504 STC01 Cat Code: D0 – Search Unsuccessful STC01-2 Status Code: 153 - Entity's id number. Note: This code requires use of an Entity Code. STC01-3 Entity Code: IL – Insured/Subscriber
2210D SERVICE LINE INFORMATION	
NONE	NONE
TRANSACTION SET TRAILER	
SE{17{0101	SE{16{0001
ENVELOPE	
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

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4.1.3.3 CRN Found – Approved Example

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	**ENVELOPE**
ISA{00{ {00{ {ZZ{010101 {ZZ{AHCCCS866004791{101213{1215{^{00501{101213001{0{T{| GS{HR{010101{AHCCCS866004791{20100825{1038{1{X{005010X212	ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^{00501{900000001{0{T{| GS{HN{010101{AHCCCS866004791{20101214{0755{1{X{005010X212
HEADER	**HEADER**
ST{276{0101{005010X212 BHT{0010{13{1{20100825{101213	ST{276{0101{005010X212 BHT{0010{08{1{20101214{0755{DG
2000A INFORMATION SOURCE	**2000A INFORMATION SOURCE**
HL{1{{20{1	HL{1{{20{1
2100A PAYER NAME	**2100A PAYER NAME**
NM1{PR{2{AHCCCS{{{{{PI{866004791	NM1{PR{2{AHCCCS{{{{{FI{866004791
2000B INFORMATION RECEIVER	**2000B INFORMATION RECEIVER**
HL{2{1{21{1	HL{2{1{21{0
2100B INFORMATION RECEIVER NAME	**2100B INFORMATION RECEIVER NAME**
NM1{41{2{BILLINGPROVIDER{{{{{46{9087654321	NM1{41{2{BILLINGPROVIDER{{{{{46{9087654321
2000C SERVICE PROVIDER	
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	
NM1{1P{1{PROVIDER{SERVICE{{{{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{{{{XX{9012345678
2000D SUBSCRIBER	
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG segment on 277)
2100D SUBSCRIBER NAME	
NM1{IL{1{MEMBER{JANE{L{{{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{{{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	
TRN{1{CLAIM0001 REF{1K{103376600199 <AHCCCS CRN> REF{EJ{3969 <PATIENT ACCT #> AMT{T3{4368.9 DTP{472{RD8{20101101-20101130	STC{F1|65{20101203{{4368.9{3743{20101203{{20101207{0001502 REF{1K{103376600199 REF{EJ{3969 DTP{472{RD8{20101101-20101130 **STC:** F1=Finalized/Payment 65=Claim has been paid 12/03/10=Status effective date 4368.90=Bill amount 3743.00=Payment amount 12/03/10=Remit date 12/07/10=Check date 0001502=Check number
2210D SERVICE LINE INFORMATION	
NONE	SVC{HC|0191{4368.9{3743{{{{30 STC{F1|65{20101203 REF{FJ{LINE001 <LINE ITEM CONTROL NO> DTP{472{RD8{20101101-20101130 **SVC:** HC=HCPC Codes 0191=Procedure code 4368.90=Line charge amount 3743.00=Line payment amount 30=Quantity **STC:** F1=Finalized/Payment 65=Claim/Line has been paid 12/03/10=Status effective date
TRANSACTION SET TRAILER	
SE{17{0101	SE{20{0001
ENVELOPE	
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

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4.1.3.4 CRN Found – Denied Example

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	**ENVELOPE**
ISA{00{ {00{ {ZZ{010101 {ZZ{AHCCCS866004791{101213{1215{^{00501{101213001{0{T{| GS{HR{010101{AHCCCS866004791{20100825{1038{1{X{005010X212	ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^{00501{900000001{0{T{| GS{HN{010101{AHCCCS866004791{20101214{0755{1{X{005010X212
HEADER	**HEADER**
ST{276{0101{005010X212 BHT{0010{13{1{20100825{101213	ST{276{0101{005010X212 BHT{0010{08{1{20101214{0755{DG
2000A INFORMATION SOURCE	**2000A INFORMATION SOURCE**
HL{1{{20{1	HL{1{{20{1
2100A PAYER NAME	**2100A PAYER NAME**
NM1{PR{2{AHCCCS{{{{{PI{866004791	NM1{PR{2{AHCCCS{{{{{FI{866004791
2000B INFORMATION RECEIVER	**2000B INFORMATION RECEIVER**
HL{2{1{21{1	HL{2{1{21{0
2100B INFORMATION RECEIVER NAME	**2100B INFORMATION RECEIVER NAME**
NM1{41{2{BILLINGPROVIDER{{{{{46{9087654321	NM1{41{2{BILLINGPROVIDER{{{{{46{9087654321
2000C SERVICE PROVIDER	
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	
NM1{1P{1{PROVIDER{SERVICE{{{{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{{{{XX{9012345678
2000D SUBSCRIBER	
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG segment on 277)
2100D SUBSCRIBER NAME	
NM1{IL{1{MEMBER{JANE{L{{{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{{{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	
TRN{1{CLAIM0001 REF{1K{100015000001 <AHCCCS CRN> REF{EJ{1329230A244273 <PATIENT ACCT #> AMT{T3{198.36 DTP{472{RD8{20091211-20091211	TRN{2{CLAIM0001 STC{F2|84{20100101{{198.36{0{20100101 REF{1K{100015000001 REF{EJ{1329230A244273 DTP{472{RD8{20091211-20091211 **STC:** F2= Finalized/Denial-The claim/line has been denied 84=Service not authorized. 01/01/10=Status effective date 198.36=Bill amount 0=Payment amount
2210D SERVICE LINE INFORMATION	
NONE	SVC{HC|A4253{198.36{0{{{{1 STC{F2|84{20100101 REF{FJ{LINE001 DTP{472{RD8{20091211-20091211 **SVC**: HC=HCPC Codes A4253=Procedure code 198.36=Line charge amount 0=Line payment amount 1=Quantity **STC:** F2= Finalized/Denial-The claim/line has been denied 84=Service not authorized. 01/01/10=Status effective date
TRANSACTION SET TRAILER	
SE{17{0101	SE{20{0001
ENVELOPE	
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

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4.1.3.5 CRN Found – Mixed Example

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	**ENVELOPE**
ISA{00{ {00{ {ZZ{010101 {ZZ{AHCCCS866004791{101213{1215{^{00501{101213001{0{T{| GS{HR{010101{AHCCCS866004791{20100825{1038{1{X{005010X212	ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^{00501{900000001{0{T{| GS{HN{010101{AHCCCS866004791{20101214{0755{1{X{005010X212
HEADER	**HEADER**
ST{276{0101{005010X212 BHT{0010{13{1{20100825{101213	ST{276{0101{005010X212 BHT{0010{08{1{20101214{0755{DG
2000A INFORMATION SOURCE	**2000A INFORMATION SOURCE**
HL{1{{20{1	HL{1{{20{1
2100A PAYER NAME	**2100A PAYER NAME**
NM1{PR{2{AHCCCS{{{{{PI{866004791	NM1{PR{2{AHCCCS{{{{{FI{866004791
2000B INFORMATION RECEIVER	**2000B INFORMATION RECEIVER**
HL{2{1{21{1	HL{2{1{21{0
2100B INFORMATION RECEIVER NAME	**2100B INFORMATION RECEIVER NAME**
NM1{41{2{BILLINGPROVIDER{{{{{46{9087654321	NM1{41{2{BILLINGPROVIDER{{{{{46{9087654321
2000C SERVICE PROVIDER	
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	
NM1{1P{1{PROVIDER{SERVICE{{{{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{{{{XX{9012345678
2000D SUBSCRIBER	
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG segment on 277)
2100D SUBSCRIBER NAME	
NM1{IL{1{MEMBER{JANE{L{{{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{{{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	
TRN{1{CLAIM0001 REF{1K{100015000606 <AHCCCS CRN> REF{EJ{EVAFA000 <PATIENT ACCT NO> AMT{T3{49 DTP{472{RD8{20091202-20091202	TRN{2{CLAIM0001 STC{F1|72{20100101{{49{3.45{20100101{{20100105{0001502 REF{1K{100015000606 REF{EJ{ EVAFA000 DTP{472{RD8{20091202-20091202 **STC:** F1=Finalized/Payment 72=Claim contains split payment 01/01/10=Status effective date 49=Bill amount 3.45=Payment amount 01/01/10=Remit date 01/05/10=Check date 0001502=Check number
2210D SERVICE LINE INFORMATION	
NONE	SVC{HC|81002{20{3.45{{{{1 STC{F1|65{20100101 REF{FJ{LINE001 DTP{472{RD8{20091202-20091202 SVC{HC|81007{29{0{{{{1 STC{F2|8{20100101 REF{FJ{LINE002 DTP{472{RD8{20091202-20091202 **SVC**: HC=HCPC Codes 81002=Procedure code 20=Line charge amount 3.45=Line payment amount 1=Quantity **STC:** F1=Finalized/Payment 65=Claim/Line has been paid 01/01/10=Status effective date **SVC:** HC=HCPC Codes 81007=Procedure code 29=Line charge amount

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	0=Line payment amount 1=Quantity **STC:** F2=Finalized/Denial 8=No payment due to contract/plan provisions. 01/01/10=Status effective date
TRANSACTION SET TRAILER	
SE{17{0101	SE{24{0001
ENVELOPE	
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

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4.1.3.6 CRN Found – w/Line Example

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	**ENVELOPE**
ISA{00{ {00{ {ZZ{010101 {ZZ{AHCCCS866004791{101213{1215{^{00501{101213001{0{T{| GS{HR{010101{AHCCCS866004791{20100825{1038{1{X{005010X212	ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^{00501{900000001{0{T{| GS{HN{010101{AHCCCS866004791{20101214{0755{1{X{005010X212
HEADER	**HEADER**
ST{276{0101{005010X212 BHT{0010{13{1{20100825{101213	ST{276{0101{005010X212 BHT{0010{08{1{20101214{0755{DG
2000A INFORMATION SOURCE	**2000A INFORMATION SOURCE**
HL{1{{20{1	HL{1{{20{1
2100A PAYER NAME	**2100A PAYER NAME**
NM1{PR{2{AHCCCS{{{{{PI{866004791	NM1{PR{2{AHCCCS{{{{{FI{866004791
2000B INFORMATION RECEIVER	**2000B INFORMATION RECEIVER**
HL{2{1{21{1	HL{2{1{21{0
2100B INFORMATION RECEIVER NAME	**2100B INFORMATION RECEIVER NAME**
NM1{41{2{BILLINGPROVIDER{{{{{46{9087654321	NM1{41{2{BILLINGPROVIDER{{{{{46{9087654321
2000C SERVICE PROVIDER	
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	
NM1{1P{1{PROVIDER{SERVICE{{{{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{{{{XX{9012345678
2000D SUBSCRIBER	
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG segment on 277)
2100D SUBSCRIBER NAME	
NM1{IL{1{MEMBER{JANE{L{{{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{{{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	
TRN{1{CLAIM0001 REF{1K{092270000201 <AHCCCS CRN> REF{EJ{MEMBER001 <PATIENT ACCT #> AMT{T3{100 DTP{472{RD8{20100504-20100504	TRN{2{CLAIM0001 STC{F1|65{20101213{{100{96{20101215{{20101220{0001502 REF{1K{092270000201 REF{EJ{MEMBER001 DTP{472{RD8{20100504-20100504 **STC**: F1=Finalized/Payment 65=Claim has been paid 12/13/10=Status effective date 100=Bill amount 96=Payment amount 12/15/10=Remit date 12/20/10=Check date 0001502=Check number
2210D SERVICE LINE INFORMATION	
SVC{HC|99232{35{{{{{1 REF{FJ{LINE001 <LINE ITEM CTRL NO> DTP{472{D8{20100504 *Note: The system will use the begin date as the end date for the date range search when a single date is provided. We recommend that a date range (RD8) be supplied for a specific date range search in order to reduce confusion.*	SVC{HC|99232{35{33{{{{1 STC{F1|65{20101213 REF{FJ{LINE001 <LINE ITEM CTRL NO> DTP{472{RD8{20100504-20100504 SVC{HC|99238{65{63{{{{1 STC{F1|65{20101213 REF{FJ{LINE002 DTP{472{RD8{20100504-20100504 **SVC:** HC=HCPC Codes 99232=Procedure code 35=Line charge amount 33=Line payment amount 1=Quantity **STC:** F1=Finalized/Payment 65=Claim/Line has been paid 12/13/10=Status effective date **SVC:** HC=HCPC Codes 99232=Procedure code 65=Line charge amount

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	63=Line payment amount 1=Quantity **STC:** F1=Finalized/Payment 65=Claim/Line has been paid 12/13/10=Status effective date
TRANSACTION SET TRAILER	
SE{20{0101	SE{24{0001
ENVELOPE	
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

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4.1.3.7 CRN Found – Approved & Adjusted Example

276 INQUIRY REQUEST	277 INQUIRY RESPONSE
ENVELOPE	**ENVELOPE**
ISA{00{ {00{ {ZZ{010101 {ZZ{AHCCCS866004791{101213{1215{^{00501{101213001{0{T{| GS{HR{010101{AHCCCS866004791{20100825{1038{1{X{005010X212	ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010101 {101214{0755{^{00501{900000001{0{T{| GS{HN{010101{AHCCCS866004791{20101214{0755{1{X{005010X212
HEADER	**HEADER**
ST{276{0101{005010X212 BHT{0010{13{1{20100825{101213	ST{276{0101{005010X212 BHT{0010{08{1{20101214{0755{DG
2000A INFORMATION SOURCE	**2000A INFORMATION SOURCE**
HL{1{{20{1	HL{1{{20{1
2100A PAYER NAME	**2100A PAYER NAME**
NM1{PR{2{AHCCCS{{{{{PI{866004791	NM1{PR{2{AHCCCS{{{{{FI{866004791
2000B INFORMATION RECEIVER	**2000B INFORMATION RECEIVER**
HL{2{1{21{1	HL{2{1{21{0
2100B INFORMATION RECEIVER NAME	**2100B INFORMATION RECEIVER NAME**
NM1{41{2{BILLINGPROVIDER{{{{{46{9087654321	NM1{41{2{BILLINGPROVIDER{{{{{46{9087654321
2000C SERVICE PROVIDER	
HL{3{2{19{1	HL{3{2{19{1
2100C PROVIDER NAME	
NM1{1P{1{PROVIDER{SERVICE{{{{XX{9012345678	NM1{1P{1{PROVIDER{SERVICE{{{{XX{9012345678
2000D SUBSCRIBER	
HL{4{3{22{0 DMG{D8{20051222	HL{4{3{22{0 (No DMG segment on 277)
2100D SUBSCRIBER NAME	
NM1{IL{1{MEMBER{JANE{L{{{MI{A01010101	NM1{IL{1{MEMBER{JANE{L{{{MI{A01010101
2200D CLAIM STATUS TRACKING NUMBER	
TRN{1{CLAIM0001 REF{1K{090065000015 <AHCCCS CRN> REF{EJ{613115602 <PATIENT ACCT NO> AMT{T3{681.5 DTP{472{RD8{20101208-20101208	TRN{2{CLAIM0001 STC{F1|101{20101213{{681.4{338.96{20101215{{20101220{0001502 REF{1K{090065000015 REF{EJ{613115602 DTP{472{RD8{20101208-20101208 **STC:** F1=Finalized/Payment 101= Claim was processed as adjustment to previous claim. 12/13/10=Status effective date 681.4=Bill amount 338.96=Payment amount 12/15/10=Remit date 12/20/10=Check date 0001502=Check number
2210D SERVICE LINE INFORMATION	
NONE	SVC{HC|99285{681.4{338.96{{{{1 STC{F1|101{20101213 REF{FJ{LINE001 <LINE ITEM CONTROL NO> DTP{472{RD8{20101208-20101208 **SVC:** HC=HCPC Codes 99285=Procedure code 681.4=Line charge amount 338.96=Line payment amount 1=Quantity STC: F1=Finalized/Payment 101=Claim was processed as adjustment to previous claim. 12/13/10=Status effective date
TRANSACTION SET TRAILER	
SE{17{0101	SE{20{0001
ENVELOPE	
GE{1{1 IEA{1{101213001	GE{1{1 IEA{1{900000001

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4.2 Payer Specific Business Rules and Limitations

4.2.1 276 Search Criteria

Search Type	Billing ProviderID 2100B/ NM109	Service Provider ID 2100C/ NM109	AHCCCS ID (A* or P*) NM108/09	Date of Service 2200D/DTP (Claim DOS used for Claim & Line Search)	AHCCCS CRN 2200D/REF	Patient Account Number 2200D/REF02 (REF01=EJ)	Line Item Control Number 2210D/REF02 (REF01=FJ)	Service Line Information: Procedure codes 2210/SVC01-2 Modifier codes 2210/SVC01-3-6 Revenue codes 2210/SVC04	Source
276 Inbound Claim Lookup									• Can not request a status for Pharmacy Claims. These claims were not submitted to AHCCCS Administration but were submitted to the PBM. • The Provider ID in the 2100B Information Receiver level will be validated for affiliation to the Service Provider in the 2100C loop. • Date of Service up to 27 months in the past • If a single Claim DOS is sent, use the begin date as the end date. • Line level dates should be encompassed in the Claim Service Date.
Primary	✔ AHCCCS required	✔ AHCCCS required	✔ AHCCCS required	✔ [R]					
Narrowed Claim specific	✔ AHCCCS required	✔ AHCCCS required	✔ AHCCCS required	✔ [R]	✔ [S]	✔ [S]			
Narrowed Service specific	✔ AHCCCS required	✔ AHCCCS required	✔ AHCCCS required	✔ [R]			✔ [S]	✔ [S]	• Primary Search SVC Information: o Professional: HCPC Code o Institutional: Revenue Code

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4.3 Frequently Asked Questions

None available at this time.

4.4 Other Resources

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5. TI Change Summary

#	Location & Section	Revision
0.4	Page 2	• Removed Page 2 – copyright box
0.4	Page 4-7 3.1 Instruction Tables	• Clean up tables
0.4	Page 8-30 4.1.1 & 4.1.2 Transaction Notes	• Remove un-needed columns and clean up tables

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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

Companion Document and Transaction Specifications for the HIPAA 277 Unsolicited Encounter Status Transactions

Version 1.3
MARCH 2009

Revision History

Date	Version	Description	Author
	1.0	Draft document for Unsolicited (277U) Encounter Status Transactions	AHCCCS Information Services Division
05/01/2006	1.1	Draft updates	AHCCCS Information Services Division
06/20/2008	1.2	Included the Health plan Paid Amount and the Allowed/Approved Amount fields to the 277U Supplemental File Specifications table Updated the file name syntax and file path for 277U and 277U Supplemental 277U Supplemental file specifications – Included CRN status 'AV' to correspond to PMMIS status codes	AHCCCS Information Services Division
03/01/2009	1.3	2008-0287 PMMIS/277U Status Codes	AHCCCS Information Services Division

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1. Introduction

1.1 Document Purpose

Companion Documents

Companion Documents are available to external entities (health plans, program contractors, trading partners, third party processors, and billing services) to clarify the information on HIPAA-compliant electronic interfaces with AHCCCS. The following Companion Documents are being produced:

- 834 Enrollment and 820 Capitation Transactions
- 270 Eligibility Verification and 271 Eligibility Response Transactions
- 837 Claim Transactions
- 835 Electronic FFS Claims Remittance Advice Transaction
- 837 and NCPDP Encounter Transactions
- *277 Unsolicited Encounter Status Transactions*

HIPAA Overview

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) require the federal Department of Health and Human Services to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. The Act also addresses the security and privacy of health data. The long-term purpose of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of standard electronic data interchanges in health care.

The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were reviewed through a process that included significant public and private sector input prior to publication in the Federal Register as Final Rules with legally binding implementation time frames.

Covered entities are required to accept HIPAA Transactions in the standard format in which they are sent and must not delay a transaction or adversely affect an entity that wants to conduct the transactions electronically. Both AHCCCS and its providers are HIPAA covered entities.

Document Objective

This Companion Document provides information about the 277 Health Care Payer Unsolicited Claim Status Transactions that is specific to AHCCCS and AHCCCS trading partners. AHCCCS uses the unsolicited version of the 277 Transaction to inform submitting health plans of the statuses of encounters that have been adjudicated by AHCCCS. For this transaction, the document describes the data sent electronically to AHCCCS health plans and other trading partners in response to encounter submissions.

Intended Users

Companion Documents are intended for the technical staffs of health plans and other entities that are responsible for electronic transaction exchanges. They also offer a statement of HIPAA Transaction and Code Set Requirements from an AHCCCS perspective.

Relationship to HIPAA Implementation Guides

Companion Documents supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This document describes the AHCCCS environment and interchange conventions for batch Unsolicited 277 (277U) Encounter Status Transactions. It also provides trading partners with specific information on the fields and values on 277U transactions received from AHCCCS.

Companion Documents are intended to supplement rather than replace the standard HIPAA Implementation Guide for each transaction set. Information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

The Unsolicited Encounter/Claim Status Transaction differs from other X12 and NCPDP Transactions in that HIPAA Transaction and Code Set Rules do not yet mandate it. Rather, it is an X12 Transaction that AHCCCS uses to support implementation of 837 and NCPDP Transactions for encounters by returning information to health plans on encounters accepted and adjudicated by AHCCCS.

Disclaimer

This Companion Document is intended to be a technical document describing the specific technical and procedural requirements for interfaces between AHCCCS and its trading partners. It does not supersede either health plan contracts or the specific procedure manuals for various operational processes. If there are conflicts between this document and either the provider contracts or operational procedure manuals, the contract or procedure manual will prevail.

Substantial effort has been taken to minimize conflicts or errors; however, AHCCCS, the AHCCCS Information Services Division, or its employees will not be liable or responsible for any errors or expenses resulting from the use of information in this document. If you believe there is an error in the document, please notify the AHCCCS Information Services Division immediately.

1.2 Contents of this Companion Document

Introduction	Section 1 provides general information on Companion Documents and HIPAA and outlines the information to be included in the remainder of the document.
Transaction Overview	Section 2 provides an overview of the transactions included in this Companion Document including information on: ▪ The purpose of the transaction(s) ▪ The standard Implementation Guide for the transaction(s) ▪ Replaced and impacted AHCCCS files and processes ▪ Transmission schedules
Technical Infrastructure	Section 3 provides a brief statement of the technical interfaces required for trading partners to communicate with AHCCCS via electronic transactions.
Transaction Standards	Section 4 provides information relating to the transactions included in this Companion Document including: ▪ General HIPAA transaction standards ▪ Data interchange conventions applicable to the transactions ▪ Procedures for handling rejected transmissions and transactions
Transaction Specifications	Section 5 provides more specific information relating to the transaction included in this Companion Document including: ▪ A statement of the purpose of transaction specifications for electronic interchanges between AHCCCS and other HIPAA covered entities. ▪ Detailed specifications that show how AHCCCS expects to populate data elements in the 277 Unsolicited Encounter Status Transactions when AHCCCS uses transaction data elements in ways that are not fully described by the HIPAA Implementation Guide.

2. 277 Unsolicited Encounter Status Transactions

2.1 Transaction Overview

Encounter Status Transactions

AHCCCS uses the ASC X12 277 Health Care Payer Unsolicited Claim Status Transaction to inform contracted health plans of the statuses of the encounters that they have submitted to AHCCCS. Encounters that have been accepted by AHCCCS and adjudicated by the AHCCCS Pre-Paid Medical Management Information System (PMMIS) are reported on the Unsolicited 277 Transaction. Encounters that have been pended or denied by PMMIS as well as approved encounters are included.

Following periodic PMMIS batch encounter adjudication, AHCCCS returns to each plan a 277U Status Transaction with information on each adjudicated encounter. 277U Transactions can be downloaded to health plan systems as HIPAA compliant transactions. In either mode, claim status responses carry identification and status information as well as service data. HIPAA Status Category and Status Codes tell 277U receivers when encounters are approved or denied by AHCCCS and when they are pended for correction and require modification. For each health plan, encounters are in 277 sequence by Servicing Provider ID, AHCCCS Recipient ID, and Encounter Reference Number.

As a result of some AHCCCS MCOs (Managed Care Organizations) desiring additional data not found in 277U, AHCCCS created a 277U Supplemental File.

As is noted below, the 277 Unsolicited Encounter Status Transactions replaced the pre-HIPAA Adjudicated Encounter File. AHCCCS encounter correction procedures remain as is and are not affected by the 277U.

Files Replaced or Impacted

277 Unsolicited Encounter Status Transactions

Replaced Files
Pre-HIPAA Adjudicated Encounter File

Impacted Files
None

2.2 277 Unsolicited Encounter Status Transaction

Standard Implementation Guide

The standard Implementation Guide for the 277 Transaction Set is the American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12N Implementation Guide for the Health Care Payer Unsolicited Claim Status Transactions. The Implementation Guide for the 277U is not yet final. The version adopted by AHCCCS and used in preparation of this document is:

- ASC X12N 277 (003070X070) dated May 2003

An Addenda to this Guide has not been published. AHCCCS MCOs may either purchase the 277U Implementation Guide or rely on AHCCCS specifications.

Unsolicited 277 Transaction

For each health plan that receives them, 277U Encounter Status Transactions are organized in a hierarchical manner by servicing provider, health plan member, encounter, and service line. A 2000D Claim Submitter Level Loop appears for each member and two 2200D Claim Submitter Trace Number Loops for each encounter. Each 2000D Loop and loops subservient to it carry recipient identification and demographic information and claim status, service, and payment information. Two 2200D Loops are created for each encounter. This allows AHCCCS to return both the AHCCCS CRN and the Health Plan CRN. The 2220D Loop Service Line information is not used for pended encounters.

The combinations of HIPAA compliant Status Category and Status Codes that AHCCCS uses on the 277U reflect encounter processing categories determined by PMMIS. Complete translation of PMMIS encounter error codes is not attempted. To give encounter submitters data not provided on the 277 Transaction, AHCCCS creates a 277U Supplemental File to accompany 277U Transactions. Refer to Section 4.4, 277U Supplemental File, for more information.

Further information on the Status Category and Status Codes used by AHCCCS in the 277U Transaction can be found in Section 5.2, 277 Unsolicited Encounter Status Transactions Specifications.

Related Transactions

The 277 Unsolicited Encounter Status Transaction is similar in design and data content to the response component of the 276/277 Claim Status Request and Response Transaction Set. As used by AHCCCS, however, the 277U is quite distinct and serves as a separate business function. It transmits data on encounters to health plans rather than data on fee-for-service claims to providers.

Transmission Schedules

277U files will be available from the AHCCCS FTP server following encounter processing.

3. Technical Infrastructure and Procedures

3.1 Technical Environment

AHCCCS Data Center Communications Requirements

Trading partners connect to AHCCCS by going from the Internet through a Virtual Private Network (VPN) Tunnel to the AHCCCS File Transfer Protocol (FTP) Server. In standard software-to-hardware VPN connections, VPN client software is installed and configured on each machine at the client site that requires FTP access. Cisco Systems Software to establish provider computers as VPN Clients is available from the sources documented in the AHCCCS Electronic Claim Submission and Electronic Remittance Advice Requirements document. Detailed information on FTP and VPN setups also appears in that manual.

Technical Assistance and Help

The AHCCCS Information Services Division (ISD) Customer Support Center provides technical assistance related questions about electronic data communications interfaces. All calls result in Ticket Number assignment and problem tracking. Contact information is:

- **Telephone Number:** (602) 417-4451
- **Hours:** 8:00 AM – 5:00 PM Arizona Time, Mondays through Fridays
- **Information required for initial call:**
  - Topic of Call (VPN setup, FTP procedures, etc.)
  - Name of caller
  - Organization of caller
  - Telephone number of caller
  - Nature of problem (connection, receipt status, etc.)
- **Information required for follow up call(s):**
  - Ticket Number assigned by the Customer Support Center

3.2 Directory and File Naming Conventions

FTP Directory Naming Convention

The current structure on the FTP server is designed to provide logical access to all files, ease troubleshooting searches, and simplify security for account set ups and maintenance. Current FTP Directory file naming conventions are as follows:

FTP\HP\Encounter\(HPIDin\HPIDout)\(Prod\Test)

- HP – The 3-character Health Plan acronym assigned by AHCCCS.
- Encounter – The default directory indicating Encounter Transactions.
- HPIDin – The default directory name that includes the 6 digit Health Plan ID indicating inbound data.
- HPIDout – The default directory name that includes the 6 digit Health Plan ID indicating outbound data.
- Prod – The default directory name indicating it is the production environment.
- Test – The default directory name indicating it is the test environment.

File Naming Convention

277U Encounter Status Transaction

The 277U Encounter Status Transaction is produced at the end of the Encounter cycle, and it contains all adjudicated and pending encounters. Refer to Section 5.2, 277U Encounter Status Transaction Specifications, for more information.

AZU277-nnnnnn-YYMMDD.TXT

- AZ is the state code.
- U to indicate Unsolicited.
- 277 is the Transaction code.
- nnnnnn is the Health Plan ID.
- YYMMDD is the process date.
- TXT is the file extension.

4. Transaction Standards

4.1 General Information

HIPAA Requirements	HIPAA standards are specified in the Implementation Guide for each mandated transaction and modified by authorized Addenda. The 277U has not yet been mandated, however, AHCCCS has adopted the standard transaction.
Size of Transmissions/ Batches	The 277U Implementation Guide makes no recommendations as to the maximum transaction size.
Other Standards	<u>Use of 277U Header and Service Line Data for Various Encounter Types</u> Variations between use of 2200D (Header) and 2220D (Service Line) Loops for institutional and non-institutional encounter types are a major consideration for the 277U Transaction. All institutional encounters, both inpatient and outpatient, use a single header-level 2200D Loop. Line level data on institutional encounters is not included on the 277U. For non-institutional encounters (Professional, Dental, and Pharmacy), both header and line data (2200D and 2220D Loops) appears for every service line.

4.2 Batch Data Interchange Conventions

Overview of Data Interchange

When sending batch 277U Transactions to encounter submitters, AHCCCS follows standards developed by the Accredited Standards Committee (ASC) of the American National Standards Institute (ANSI). These standards involve Interchange (ISA/IEA) and Functional Group (GS/GE) Segments or "outer envelopes". All 277U Transactions are enclosed in transmission level ISA/IEA envelopes and, within transmissions, functional group level GS/GE envelopes. The segments and data elements used in outer envelopes are documented in Appendix B of Implementation Guides.

Transaction Specifications that say how individual data elements are populated by AHCCCS on ISA/IEA and GS/GE envelopes appear in the table beginning on the next page. This document assumes that security considerations involving user identifiers, passwords, and encryption procedures are handled by the AHCCCS FTP Server and not through the ISA Segment.

The ISA/IEA Interchange Envelope, unlike most ASC X12 data structures, has fixed fields of a fixed length. Blank fields cannot be left out.

Sender and Receiver Identification Numbers in ISA and GS Segments are assigned in Trading Partner Tables maintained by AHCCCS.

Envelope Specifications Table

Definitions of table column follow:

Loop ID
The Implementation Guide's identifier for a data loop within a transaction. Always "NA" in this situation because segments in outer envelopes have segments and elements but not loops.

Segment ID
The Implementation Guide's identifier for a data segment.

Element ID
The Implementation Guide's identifier for a data element within a segment.

Element Name
The data element name as shown in the Implementation Guide. When the industry name differs from the Data Element Dictionary name, the more descriptive industry name is used.

Element Definition/Length
How the data element is defined in the Implementation Guide. For ISA and IEA Segments only, fields are of fixed lengths and are present whether or not they are populated. For this reason, field lengths are provided in this column after element definitions.

Valid Values
Data element values in the Implementation Guide that are used by AHCCCS.

Definition/Format
Definitions of valid values used by AHCCCS and additional information about AHCCCS data element requirements.

ISA/IEA INTERCHANGE CONTROL ENVELOPE SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Values**	**Definition/Format**
ISA INTERCHANGE HEADER						
NA	ISA	ISA01	AUTHORIZATION INFORMATION QUALIFIER	Code to identify the type of information in the Authorization Information Element/2 Characters	00	No Authorization Information Present
NA	ISA	ISA02	AUTHORIZATION INFORMATION	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/10 characters		Leave field blank – not used by AHCCCS
NA	ISA	ISA03	SECURITY INFORMATION QUALIFIER	Code to identify the type of information in the Security Information/2 characters	00	No Security Information present
NA	ISA	ISA04	SECURITY INFORMATION	This field is used for identifying the security information about the interchange sender and the data in the interchange; the type of information is set by the Security Information Qualifier/10 characters		Leave field blank – not used by AHCCCS
NA	ISA	ISA05	INTERCHANGE ID QUALIFIER	Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified/2 characters	ZZ	Mutually Defined
NA	ISA	ISA06	INTERCHANGE SENDER ID	Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element/15 characters		“AHCCCS” followed by the nine-digit AHCCCS Federal Tax ID number (866004791)
NA	ISA	ISA07	INTERCHANGE ID QUALIFIER	Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified/2 characters	ZZ	Mutually Defined
NA	ISA	ISA08	INTERCHANGE RECEIVER ID	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/15 characters		The three-character Health Plan acronym plus the Health Plan Tax ID (AAA860000000).
NA	ISA	ISA09	INTERCHANGE DATE	Date of the interchange/6 characters		The Interchange Date in YYMMDD format
NA	ISA	ISA10	INTERCHANGE TIME	Time of the interchange/4 characters		The Interchange Time in HHMM format

ISA/IEA INTERCHANGE CONTROL ENVELOPE SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Values**	**Definition/Format**
NA	ISA	ISA11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer/1 character	U	U.S. EDI Community of ASC X12, TDCC, and UCS
NA	ISA	ISA12	INTERCHANGE CONTROL VERSION NUMBER	This version number covers the interchange control segments/5 characters	00307	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedure Review Board through October 1997
NA	ISA	ISA13	INTERCHANGE CONTROL NUMBER	A control number assigned by the interchange sender/9 characters		The Interchange Control Number. ISA13 must be identical to the control number in associated Interchange Trailer field IEA02.
NA	ISA	ISA14	ACKNOWLEDGE-MENT REQUESTED	Code sent by the sender to request an Interchange Acknowledgement (TA1)/1 character	1	Interchange Acknowledgement Requested AHCCCS does not require TA1 Interchange Acknowledgement Segments from its trading partners. If trading partners send them, however, the AHCCCS translator will receive them and notify AHCCCS staff of their receipt.
NA	ISA	ISA15	USAGE INDICATOR	Code to indicate whether data enclosed is test, production or information/1 character	P T	Production Data or Test Data
NA	ISA	ISA16	COMPONENT ELEMENT SEPARATOR	The delimiter value used to separate components of composite data elements/1 character	|	A “pipe” (the symbol above the backslash on most keyboards) is the value used by AHCCCS for component separation. Segment and element level delimiters are defined by usage in the ISA Segment and do not require separate ISA elements to identify them. Delimiter values, by definition, cannot be used as data, even within free-form messages. The following separator or delimiter values are used by AHCCCS on outgoing transactions: Segment Delimiter - “~’ (tilde – hexadecimal

ISA/IEA INTERCHANGE CONTROL ENVELOPE SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Values**	**Definition/Format**
						value X”7E”) Element Delimiter - “{“ (left rounded bracket – hexadecimal value X”7B”) Composite Component Delimiter (ISA16) - “|” (pipe – hexadecimal value X”7C”) These values are used because they are not likely to occur within transaction data.
IEA INTERCHANGE TRAILER						
NA	IEA	IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS	A count of the number of functional groups included in an interchange/5 characters		The number of functional groups of transactions in the interchange
NA	IEA	IEA02	INTERCHANGE CONTROL NUMBER	A control number assigned by the interchange sender/9 characters		A control number identical to the header-level Interchange Control Number in ISA13.

GS/GE FUNCTIONAL GROUP ENVELOPE SPECIFICATIONS							
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Value**	**Definition/Format**	**Source**
GS FUNCTIONAL GROUP HEADER							
NA	GS	GS01	FUNCTIONAL IDENTIFIER CODE	Code identifying a group of application related transaction sets	HN	Health Care Claim Status Notification (277)	HIPAA Code Set
NA	GS	GS02	APPLICATION SENDER'S CODE	Code identifying party sending transmission; codes agreed to by trading partners		"AHCCCS" followed by the nine-digit AHCCCS Federal Tax ID number	Transmission sender
NA	GS	GS03	APPLICATION RECEIVER'S CODE	Codes identifying party receiving transmission. Codes agreed to by trading partners		The three-character Health Plan acronym plus the six-digit Health Plan ID assigned by AHCCCS.	Transmission sender
NA	GS	GS04	DATE	Date expressed as CCYYMMDD		The functional group creation date.	Transmission sender
NA	GS	GS05	TIME	Time on a 24-hour clock in HHMM format.		The functional group creation time.	Transmission sender
NA	GS	GS06	GROUP CONTROL NUMBER	Assigned number originated and maintained by the sender		A control number for the functional group of transactions.	Transaction sender
NA	GS	GS07	RESPONSIBLE AGENCY CODE	Code used in conjunction with Element GS08 to identify the issuer of the standard	X	Accredited Standards Committee X12	HIPAA Code Set
NA	GS	GS08	VERSION/ RELEASE/ INDUSTRY IDENTIFIER CODE	Code that identifies the version of the transaction(s) in the functional group		003070X070 The 277U Transaction has no Addenda.	HIPAA Code Set
GE FUNCTIONAL GROUP TRAILER							
NA	GE	GE01	NUMBER OF TRANSACTION SETS INCLUDED	The number of transactions in the functional group ended by this trailer segment			Transmission sender
NA	GE	GE02	GROUP CONTROL NUMBER	Assigned number originated and maintained by the sender		This number must match the control number in GS06.	Transmission sender

4.3 Acknowledgment Procedures

Overview of Acknowledgment Processes

Although AHCCCS does not require receivers of the 277U Transaction to return electronic acknowledgements, it accepts and processes the following ASC X12 Transactions from 277U receivers:

- TA1 Interchange Acknowledgement Transactions
- 997 Functional Acknowledgement Transactions
- 824 Implementation Guide Reporting Transactions

Trading partners can use the TA1 Transaction to acknowledge receipt of transmissions or "interchanges" of X12 Transactions and to tell AHCCCS of problems in the ISA/IEA Interchange Envelope. A 997 can be sent as an acknowledgement for each GS/GE Envelope or Functional Group of one or more transactions within the interchange or to report on some types of syntactical errors. The 824, with its substantial error handling capabilities, reports syntactical errors within the 277U Transaction received from AHCCCS.

Extensive syntactical problems are not anticipated because AHCCCS applies translator edits to outgoing as well as incoming transactions and corrects any problems revealed by the translator prior to transmission. Discrepancies are possible, however, due to variations in sender and receiver edits.

AHCCCS Interchange Flow Diagrams for the 277U appear later in this section. The transaction is built from PMMIS, processed by the AHCCCS translator and posted to the AHCCCS FTP Server, to be downloaded by receiving health plans.

TA1 Interchange Acknowledgement Transaction

The TA1 is really a segment of fixed-length fields rather than a full-blown X12 Transaction. In the X12 environment, the TA1 can be used to either acknowledge receipt of a valid transmission or file by a trading partner and/or to tell the trading partner of interchange errors. The TA1 does not cover data within functional envelopes or X12 transactions.

Detailed information on TA1 data elements appears in Appendix B of all HIPAA Implementation Guides.

997 Functional Acknowledgement Transaction

Like the TA1, the 997 Functional Acknowledgment Transaction is designed to both acknowledge receipt of a valid functional group of X12 Transactions or to report on some types of syntactical errors. Functional groups consist of one or more X12 Transactions as defined by GS/GE Functional Envelopes within ISA/IAE Interchanges. AHCCCS is prepared to receive 997 Transactions as acknowledgements of valid functional groups of 277U Transactions and as reports of transaction errors.

Details on the format and syntax of the 997 Transaction can be found in Appendix B of each Transaction Set's Standard Implementation Guide.

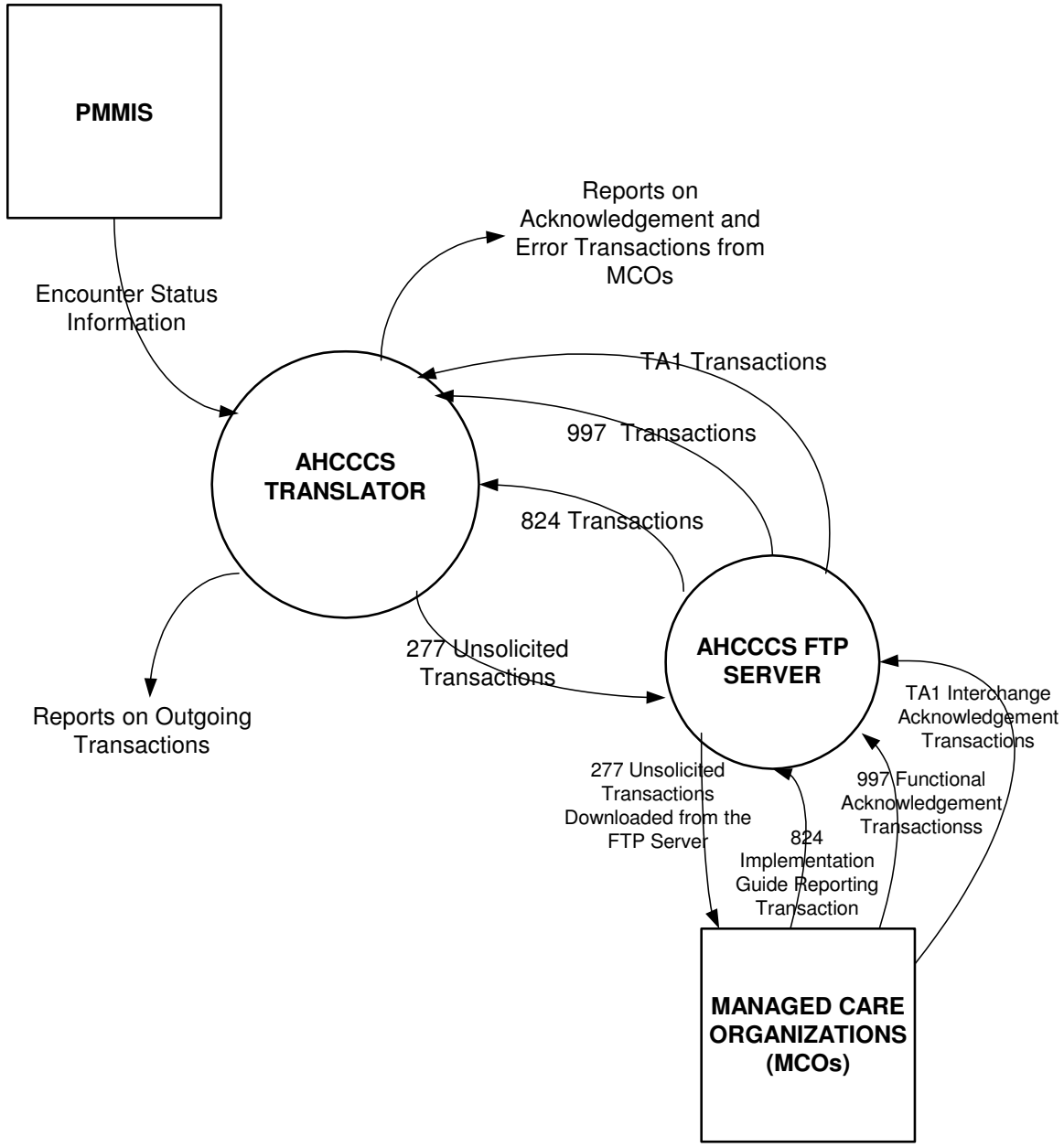
824 Implementation Guide Reporting Transaction

The 824 Transaction reports on deviations from Implementation Guide standards. These deviations can involve format conventions at transaction, segment, and data element levels as well as presence of required segments and elements and validity of element values defined in the transaction's Implementation Guide. The 824 can use both standard HIPAA compliant code sets and proprietary code sets to report errors.

AHCCCS anticipates 824 Transactions from receivers of 277U Transaction when receiver software detects syntactical errors within the 824's domain. As with the TA1, trading partners that return 824 error Transactions to AHCCCS should not make use of any data within the affected interchange. AHCCCS will correct and retransmit all data within the interchange.

A final Implementation Guide for the 824 Transaction has been published and is available at cost from the Washington Publishing Company (http://www.wpc-edi.com).

AHCCCS Interchange Flow for 277U Transaction



5. Transaction Specifications

5.1 About Transaction Specifications

Purpose

Transaction Specifications document the data elements and code set values that pass between AHCCCS and its trading partners. In some cases the values specified are subsets of the data element values listed or referenced in Implementation Guides. In others, they are specific to AHCCCS requirements.

For example, in the Subscriber Number Loop of a transaction in the Implementation Guide, Element NM109 is defined as an alphanumeric identification element that is between 1 and 30 characters long. In the Transaction Specifications, NM109 is defined as the member's AHCCCS ID. The length and format of the field are based on the characteristics of the AHCCCS Recipient ID rather than on the variable field size defined for the transaction by the more generic Implementation Guide.

Relationship to HIPAA Implementation Guides

Transaction Specifications supplement information in the Implementation Guides for each HIPAA Transaction with additional information specific to the trading partners using the transaction. AHCCCS has taken the same approach to its data requirements as it has for mandated transactions.

The information in the Transaction Specifications is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

5.2 277U Encounter Status Transaction Specifications

Overview

The purpose of these Transaction Specifications is to identify and describe the data elements used in the AHCCCS 277U Encounter Status Transaction. These elements tell encounter submitters the results of the periodic AHCCCS encounter adjudication process. Approved, pended and denied encounters are included.

A 277U Supplemental File accompanies the 277U Transaction for encounter submitters that request it. The Supplemental File carries encounter status data that is not supported by the 277U, including, for encounters denied by AHCCCS, the detailed Denial Reason Codes generated by PMMIS. More information can be found in Section 4.4, 277U Supplemental File.

Status Category and Status Codes

The 277U Transaction uses HIPAA compliant Health Care Claim Status Category and Health Care Claim Status Codes to show the statuses of selected encounters and service lines. For institutional encounters, statuses are reported at the invoice level. Professional, dental, and pharmacy statuses are reported at the service level line.

On the 277U Transaction, institutional encounters populate data in only the header-level 2200D Loop without use of the 2220D Service Line Loop. Professional, dental, and pharmacy encounters are “split” when they have more than one payment line. They are represented on the 277U by data in both 2200D and 2220D Loops with a separate header for each service line.

AHCCCS assigns four sets of Status Category/Status Code combinations at the institutional invoice or professional/dental/pharmacy service line level. Detailed information appears in the table below.

For each institutional invoice or professional/dental/pharmacy service line submitted during the previous month and accepted by AHCCCS, the system generates an appropriate HIPAA compliant Status Category/Status Code combination for the 277U Transaction.

STATUS CODES USED BY AHCCCS ON THE 277 ENCOUNTER STATUS TRANSACTION					
PMMIS Adjudication Status Code	**Current Description**	**HC Claim Status Category Code**	**Description**	**HC Claim Status Code**	**Description**
11	In Process	P1	Pending/In Process – The Claim or Encounter is in the Adjudication System	02	More detailed information in letter.
31	Adjudicated/ Approved	F0	Finalized – The Claim or Encounter has completed the adjudication cycle and no more action will be taken	641	Service adjudication or payment date
32	Adjudicated/ Voided Original	F3	Finalized/Revised – Adjudication information has been changed	686	The Claim or Encounter has completed the adjudication cycle and the entire claim has been voided
33	Adjudicated/ Replaced Original	F3	Finalized/Revised – Adjudication information has been changed	641	Service adjudication or payment date
41	Adjudicated/ Denied by AHCCCS	F2	Finalized/Denial – The Claim/Line has been denied	23	Returned to entity
43	Adjudicated/ Denied by Plan	F0	Finalized – The Claim or Encounter has completed the adjudication cycle and no more action will be taken	585	Denied Charge or Non-covered Charge

Transaction Specifications Table

277U Encounter Status Transaction Specifications for individual data elements are shown in the table beginning on the next page. Definitions of table columns follow:

Loop ID
The Implementation Guide's identifier for a data loop within a transaction.

Segment ID
The Implementation Guide's identifier for a data segment within a loop.

Element ID
The Implementation Guide's identifier for a data element within a segment.

Element Name
A data element name as shown in the Implementation Guide. When the industry name differs from the Data Element Dictionary name, the more descriptive industry name is used.

Element Definition
How the data element is defined in the Implementation Guide.

Valid Values
Data element values in the Implementation Guide that are used by AHCCCS.

Definition/Format
Definitions of valid values used by AHCCCS and additional information about AHCCCS data element requirements.

277U ENCOUNTER STATUS TRANSACTION SPECIFICATIONS						
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
N/A	ST	ST01	Transaction Set Identifier Code	Code uniquely identifying a Transaction Set	277	Health Care Claim Status Notification
N/A	ST	ST02	Transaction Set Control Number	The unique identification number within a transaction set		A number assigned by AHCCCS that is unique within the functional group (GS/GE) and interchange (ISA/ISE) envelopes
N/A	BHT	BHT01	Hierarchical Structure Code	Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	00010	Information Source, Information Receiver, Provider of Service, Subscriber, Dependant
N/A	BHT	BHT02	Transaction Set Purpose Code	Code identifying purpose of transaction set	08	Status
N/A	BHT	BHT03	Originator Application Transaction Identifier	An identification number that identifies a transaction within the originator's applications system		A unique number generated by AHCCCS to identify the 277U Transaction that is different from the number assigned to all other 277U Transactions. For the 277U Transaction, BHT03 consists of the Health Plan ID (X[6]), the TSN (X[3]), Date (CCYYMMDD), and a Transaction Sequence Number (N[3]).
N/A	BHT	BHT04	Transaction Set Creation Date	Identifies the date the submitter created the transaction		The date on which the 277U Transaction is created in CCYYMMDD format.
N/A	BHT	BHT06	Transaction Type Code	Code specifying the type of transaction	TH	Receipt Acknowledgement Advice
2000A	HL	HL01	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	1	Always "1" for the initial HL Segment
2000A	HL	HL03	Hierarchical Level Code	Code defining the characteristic of a level in a hierarchical structure	20	Information Source
2000A	HL	HL04	Hierarchical Child Code	Code indicating if there are hierarchical child data segments subordinate to the level being described	1	Additional subordinate HL Data Segment in this hierarchical structure
2100A	NM1	NM101	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual	PR	Payer
2100A	NM1	NM102	Entity Type Qualifier	Code qualifying the type of entity	2	Non-Person Entity
2100A	NM1	NM103	Payer Name	Name identifying the payer organization	AHCCCS	The organization name of the payer

277U ENCOUNTER STATUS TRANSACTION SPECIFICATIONS						
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2100A	NM1	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code	FI	Federal Taxpayer's Identification Number
2100A	NM1	NM109	Payer Identifier	Number identifying the payer organization	866004791	The AHCCCS Federal Tax ID
2000B	HL	HL01	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	2	The HL Segment within the 2000B Information Receiver Level Loop is always for the second HL Segment in the transaction.
2000B	HL	HL02	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	1	The level of the HL Segment to which this HL Segment is subordinate.
2000B	HL	HL03	Hierarchical Level Code	Code defining the characteristic of a level in a hierarchical structure	21	Information Receiver
2000B	HL	HL04	Hierarchical Child Code	Code indicating if there are hierarchical child data segments subordinate to the level being described	1	Additional subordinate HL Data Segment in this hierarchical structure
2100B	NM1	NM101	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual	41	Submitter
2100B	NM1	NM102	Entity Type Qualifier	Code qualifying the type of entity	2	Non-Person Entity
2100B	NM1	NM103	Information Receiver Last or Organization Name	The name of the organization or last name of the individual that expects to receive information or is receiving information		For AHCCCS, the information receiver is an organization with a single name. NM103 in this loop is an organization name for the receiving health plan.
2100B	NM1	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code	46	Electronic Transmitter Identification Number (ETIN)
2100B	NM1	NM109	Information Receiver Identification Number	The identification number of the individual or organization who expects to receive information in response to a query		The six-digit AHCCCS Health Plan ID, the three-digit Transmission Submitter Number (TSN).

277U ENCOUNTER STATUS TRANSACTION SPECIFICATIONS						
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2000C	HL	HL01	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	3 - nnn	For AHCCCS, this is the third, servicing provider level HL Level within the 277U Transaction. For 277U Transactions, with any number of servicing providers within a health plan network, the value of HL01 in Loop 2000C beings with 3 and increases by 1 for each servicing provider. The second servicing provider should have a 2000C/HL01 value of 4, the third a value of 5, and so forth.
2000C	HL	HL02	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	2	For AHCCCS, the 2000C Service Provider Level Loop is always subordinate to the 2000B Information Receiver Loop.
2000C	HL	HL03	Hierarchical Level Code	Code defining the characteristic of a level in a hierarchical structure	19	Provider of Service
2000C	HL	HL04	Hierarchical Child Code	Code indicating if there are hierarchical child data segments subordinate to the level being described	1	Additional Subordinate Data Segment in the Hierarchical Structure
2100C	NM1	NM101	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual	1P	Provider
2100C	NM1	NM102	Entity Type Qualifier	Code qualifying the type of entity	2	Non-Person Entity
2100C	NM1	NM103	Provider Last or Organization Name	The last name of the provider of care or name of the provider organization submitting a transaction or related to the information provided in or request by the transaction		The name of the encounter's servicing provider.
2100C	NM1	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code	XX SV	National Provider ID Number Service Provider Number
2100C	NM1	NM109	Provider Identifier	Number assigned by the payer, regulatory authority, or other authorized body or agency to identify the provider		The NPI number after May 22, 2007 as mandated by HIPAA. Prior to then or for those providers who do not have an NPI, the six-character AHCCCS Provider ID and two-character Location Code of the servicing provider on the encounter.

277U ENCOUNTER STATUS TRANSACTION SPECIFICATIONS						
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2000D	HL	HL01	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	4 - nnn	For AHCCCS, this is the final HL Level within the 277U Transaction. For interactive requests, HL01 in the 2000D Loop will always have a value of 4. 277U Transactions can have any number of recipient claim status requests; the value of HL01 in Loop 2000D begins with 4 and increases by 1.
2000D	HL	HL02	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	3	For AHCCCS, the 2000D Subscriber Loop is always subordinate to the 2000C Service Provider Loop.
2000D	HL	HL03	Hierarchical Level Code	Code defining the characteristic of a level in a hierarchical structure	22	Subscriber
2000D	HL	HL04	Hierarchical Child Code	Code indicating if there are hierarchical child data segments subordinate to the level being described	0	No subordinate HL Segment in this hierarchical structure A subordinate segment would be at the dependent level – not used by AHCCCS.
2100D	NM1	NM102	Entity Type Qualifier	Code qualifying the type of entity	1	Person
2100D	NM1	NM103	Subscriber Last Name	The surname of the insured individual or subscriber to the coverage		The patient's Last Name
2100D	NM1	NM104	Subscriber First Name	The first name of the insured individual or subscriber to the coverage		The patient's First Name
2100D	NM1	NM105	Subscriber Middle Name	The middle name of the subscriber to the indicated coverage or policy		The patient's Middle Name or Initial
2100D	NM1	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code	MI	Member Identification Number
2100D	NM1	NM109	Subscriber Identifier	Insured's or subscriber's unique identification number assigned by a payer		The member's AHCCCS ID

277U ENCOUNTER STATUS TRANSACTION SPECIFICATIONS						
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2200D 1st occurrence	TRN	TRN01	Trace Type Code	Code identifying the type of reassociation which needs to be performed	2	Referenced Transaction Trace Numbers The 2200D Loop, although it is called the "C Submitter's Identifier Loop" in the 277U Implementation Guide, is the loop that carrier header-level data for both institutional and non-institutional encounters. Two 2200D Loops will be created. The first occurrence of the 2200D Loop will contain the AHCCCS CRN in element REF02. The second occurrence of the 2200D Loop will contain the Health Plan CRN in element REF02.
2200D 1st occurrence	TRN	TRN02	Trace Number	Identification number used by originator of the transaction		Patient Account Number matches CLM01 from all 837 Transactions.
2200D 1st occurrence	STC	STC01-1	Health Care Claim Status Category Code	Code indicating the category of the associated claim status code		Four combinations of Status Category and Status Codes identify adjudication statuses equivalent to the statuses maintained in PMMIS. Specific code values and descriptions can be found in the Status Code Table earlier in this section.
2200D 1st occurrence	STC	STC01-2	Health Care Claim Status Code	Code conveying the status of a claim		Four combinations of Status Category and Status Codes identify adjudication statuses equivalent to the statuses maintained in PMMIS. Specific code values and descriptions can be found in the Status Code Table earlier in this section.
2200D 1st occurrence	STC	STC02	Status Information Effective Date	The date that the status information provided is effective		The AHCCCS Encounter Processing Date in YYMMDD format
2200D 1st occurrence	STC	STC03	Action Code	Code indicating type of action	NA	No Action Required Actions taken to correct pended encounters are separate from the 277U Transaction. Health plans receive separate Pended Encounter Files to facilitate encounter correction.
2200D 1st occurrence	STC	STC04	Total Claim Charge Amount	The sum of all charges included within this claim		The amount charged by the provider for all services on the claim that generated this encounter.

277U ENCOUNTER STATUS TRANSACTION SPECIFICATIONS						
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2200D 1st occurrence	REF	REF01	Reference Identification Qualifier	Code qualifying the reference identification	1K	Payer's Claim Number
2200D 1st occurrence	REF	REF02	Payer Claim Control Number	A number assigned by the payer to identify a claim. The number is usually referred to as an Internal Control Number (ICN), Claim Control Number (CCN) or a Document Control Number (DCN)		In the first occurrence of the 2200D Loop, this REF Segment carries the 14-digit Claim Reference number assigned by AHCCCS.
2200D 1st occurrence	REF	REF01	Reference Identification Qualifier	Code qualifying the specific type of bill or claim	BLT	Billing Type This REF Segment is used on institutional claims only
2200D 1st occurrence	REF	REF02	Bill Type Identifier	A code indicating the specific type of bill or claim		The Institutional claim's UB-92 Type of Bill Code
2200D 1st occurrence	REF	REF01	Reference Identification Qualifier	Code qualifying the reference identification	EA	Medical Record Identification Number
2200D 1st occurrence	REF	REF02	Medical Record Number	A unique number assigned to patient by the provider to assist in retrieval of medical records		When available, the Medical Record Number with which the claim used by the health plan to generate an encounter is associated.
2200D 1st occurrence	DTP	DTP01	Date Time Qualifier	Code specifying the type of date or time or both date and time	472	Service
2200D 1st occurrence	DTP	DTP02	Date Time Period Format Qualifier	Code indicating the date format, time format, or date and time format	RD8	Range of dates expressed in format CCYYMMDDCCYYMMDD

277U ENCOUNTER STATUS TRANSACTION SPECIFICATIONS						
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2200D 1st occurrence	DTP	DTP03	Date Time Period	Expression of a date. A time. Or range of dates, times or dates and times		On institutional encounters, the first and last Dates of Service. Dates of Service appear only at the service line level for professional, dental, and pharmacy encounters.
2200D 1st occurrence				Service Line Information Loop		This loop will not be present for encounters in a pend status.
2220D 1st occurrence	SVC	SVC01-1	Product or Service ID Qualifier	Code identifying the type/source of the descriptive number used in Product/Service ID	AD HC ND	American Dental Association Codes Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes National Drug Code The “AD” value is for dental service lines, the “HC” value for professional service lines, and the “ND” value for pharmacy service lines.
2220D 1st occurrence	SVC	SVC01-2	Service Identification Code	A code from a recognized coding scheme identified by a qualifier that describes the service rendered		On dental encounter lines, the ADA Procedure Code. On professional and outpatient lines, the HCPCS Procedure Code. On pharmacy lines, the NDC Code.
2220D 1st occurrence	SVC	SVC01-3	Procedure Modifier	This identifies special circumstances related to the performance of the service		If present, the first Procedure Modifier on a professional service line.
2220D 1st occurrence	SVC	SVC01-4	Procedure Modifier	This identifies special circumstances related to the performance of the service.		If present, the second Procedure Modifier on a professional service line.
2220D 1st occurrence	SVC	SVC01-5	Procedure Modifier	This identifies special circumstances related to the performance of the service.		If present, the third Procedure Modifier on a professional service line.
2220D 1st occurrence	SVC	SVC01-6	Procedure Modifier	This identifies special circumstances related to the performance of a service		If present, the fourth Procedure Modifier on a professional service line.

277U ENCOUNTER STATUS TRANSACTION SPECIFICATIONS						
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2220D 1st occurrence	SVC	SVC02	Line Item Charge Amount	Charges related to this service		For professional, dental, and pharmacy service lines, the amount charged by the provider for the service.
2220D 1st occurrence	SVC	SVC03	Line Item Charge Amount	The actual amount paid to the provider for this service line		For professional, dental, and pharmacy service lines, the amount paid by the health plan for the service.
2220D 1st occurrence	SVC	SVC07	Quantity	Numeric value of quantity		The Units of Service for the service line.
2220D 1st occurrence	STC	STC01-1	Health Care Claim Status Category Code	Code indicating the category of the associated claim status code		An STC01-1 value is generated, in combination with a value for STC01-2, for every professional, dental, or pharmacy service line reported on a 277U Transaction. Four combinations of Status Category and Status Codes identify adjudication statuses equivalent to the statuses maintained in PMMIS. Specific code values and descriptions can be found in the Status Code Table earlier in this section. For institutional encounters, Status Codes appear in the encounter level 2200D Loop.
2220D 1st occurrence	STC	STC01-2	Health Care Claim Status Code	Code conveying the status of a claim		AN STC01-2 value is generated, in combination with a value for STC01-1, for every professional, dental, or pharmacy service line reported on a 277U Transaction. Four combinations of Status Category and Status Codes identify adjudication statuses equivalent to the statuses maintained in PMMIS. Specific code values and descriptions can be found in the Status Code Table earlier in this section.
2220D 1st occurrence	REF	REF01	Reference Identification Qualifier	Code qualifying the reference identification	FJ	Line Item Control Number
2220D 1st occurrence	REF	REF02	Line Item Control Number	Identifier assigned by the submitter/provider to this line item		The AHCCCS Claim Reference Number (CRN) Suffix assigned to the service line.

277U ENCOUNTER STATUS TRANSACTION SPECIFICATIONS						
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2220D 1st occurrence	DTP	DTP01	Date Time Qualifier	Code specifying the type of date or time or both date and time	472	Service
2220D 1st occurrence	DTP	DTP02	Date Time Period Format Qualifier	Code indicating the date format, time format, or date and time format	RD8	A range of line item Service Dates in CCYYMMDDCCYYMMDD format. Both from and through dates are included even when they are the same.
2220D 1st occurrence	DTP	DTP03	Service Line Date	Date of service of the identified service line on the claim		Service line Begin and End Dates of Service for non-institutional encounters
2200D 2nd occurrence	TRN	TRN01	Trace Type Code	Code identifying the type of reassociation which needs to be performed	2	Referenced Transaction Trace Numbers The 2200D Loop, although it is called the “C Submitter’s Identifier Loop” in the 277U Implementation Guide, is the loop that carrier header-level data for both institutional and non-institutional encounters. Two 2200D Loops will be created. The first occurrence of the 2200D Loop will contain the AHCCCS CRN in element REF02. The second occurrence of the 2200D Loop will contain the Health Plan CRN in element REF02.
2200D 2nd occurrence	TRN	TRN02	Trace Number	Identification number used by originator of the transaction		Patient Account Number matches CLM01 from all 837 Transactions.
2200D 2nd occurrence	STC	STC01-1	Health Care Claim Status Category Code	Code indicating the category of the associated claim status code		Four combinations of Status Category and Status Codes identify adjudication statuses equivalent to the statuses maintained in PMMIS. Specific code values and descriptions can be found in the Status Code Table earlier in this section.
2200D 2nd occurrence	STC	STC01-2	Health Care Claim Status Code	Code conveying the status of a claim		Four combinations of Status Category and Status Codes identify adjudication statuses equivalent to the statuses maintained in PMMIS. Specific code values and descriptions can be found in the Status Code Table earlier in this section.

277U ENCOUNTER STATUS TRANSACTION SPECIFICATIONS						
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2200D 2nd occurrence	STC	STC02	Status Information Effective Date	The date that the status information provided is effective		The AHCCCS Encounter Processing Date in YYMMDD format
2200D 2nd occurrence	STC	STC03	Action Code	Code indicating type of action	NA	No Action Required Actions taken to correct pended encounters are separate from the 277U Transaction. Health plans receive separate Pended Encounter Files to facilitate encounter correction.
2200D 2nd occurrence	STC	STC04	Total Claim Charge Amount	The sum of all charges included within this claim		The amount charged by the provider for all services on the claim that generated this encounter.
2200D 2nd occurrence	REF	REF01	Reference Identification Qualifier	Code qualifying the reference identification	1K	Payer's Claim Number
2200D 2nd occurrence	REF	REF02	Payer Claim Control Number	A number assigned by the payer to identify a claim. The number is usually referred to as an Internal Control Number (ICN), Claim Control Number (CCN) or a Document Control Number (DCN)		The second occurrence of the 2200D Loop contains the Health Plan CRN.
2200D 2nd occurrence	REF	REF01	Reference Identification Qualifier	Code qualifying the specific type of bill or claim	BLT	Billing Type This REF Segment is used on institutional claims only
2200D 2nd occurrence	REF	REF02	Bill Type Identifier	A code indicating the specific type of bill or claim		The Institutional claim's UB-92 Type of Bill Code
2200D 2nd occurrence	REF	REF01	Reference Identification Qualifier	Code qualifying the reference identification	EA	Medical Record Identification Number

277U ENCOUNTER STATUS TRANSACTION SPECIFICATIONS						
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2200D 2nd occurrence	REF	REF02	Medical Record Number	A unique number assigned to patient by the provider to assist in retrieval of medical records		When available, the Medical Record Number with which the claim used by the health plan to generate an encounter is associated.
2200D 2nd occurrence	DTP	DTP01	Date Time Qualifier	Code specifying the type of date or time or both date and time	472	Service
2200D 2nd occurrence	DTP	DTP02	Date Time Period Format Qualifier	Code indicating the date format, time format, or date and time format	RD8	Range of dates expressed in format CCYYMMDDCCYYMMDD
2200D 2nd occurrence	DTP	DTP03	Date Time Period	Expression of a date. A time. Or range of dates, times or dates and times		On institutional encounters, the first and last Dates of Service. Dates of Service appear only at the service line level for professional, dental, and pharmacy encounters.
2200D 2nd occurrence				Service Line Information Loop		This loop will not be present for encounters in a pend status.
2220D 2nd occurrence	SVC	SVC01-1	Product or Service ID Qualifier	Code identifying the type/source of the descriptive number used in Product/Service ID	AD HC ND	American Dental Association Codes Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes National Drug Code The “AD” value is for dental service lines, the “HC” value for professional service lines, and the “ND” value for pharmacy service lines.
2220D 2nd occurrence	SVC	SVC01-2	Service Identification Code	A code from a recognized coding scheme identified by a qualifier that describes the service rendered		On dental encounter lines, the ADA Procedure Code. On professional and outpatient lines, the HCPCS Procedure Code. On pharmacy lines, the NDC Code.
2220D 2nd occurrence	SVC	SVC01-3	Procedure Modifier	This identifies special circumstances related to the performance of the service		If present, the first Procedure Modifier on a professional service line.

277U ENCOUNTER STATUS TRANSACTION SPECIFICATIONS						
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2220D 2nd occurrence	SVC	SVC01-4	Procedure Modifier	This identifies special circumstances related to the performance of the service.		If present, the second Procedure Modifier on a professional service line.
2220D 2nd occurrence	SVC	SVC01-5	Procedure Modifier	This identifies special circumstances related to the performance of the service.		If present, the third Procedure Modifier on a professional service line.
2220D 2nd occurrence	SVC	SVC01-6	Procedure Modifier	This identifies special circumstances related to the performance of a service		If present, the fourth Procedure Modifier on a professional service line.
2220D 2nd occurrence	SVC	SVC02	Line Item Charge Amount	Charges related to this service		For professional, dental, and pharmacy service lines, the amount charged by the provider for the service.
2220D 2nd occurrence	SVC	SVC03	Line Item Charge Amount	The actual amount paid to the provider for this service line		For professional, dental, and pharmacy service lines, the amount paid by the health plan for the service.
2220D 2nd occurrence	SVC	SVC07	Quantity	Numeric value of quantity		The Units of Service for the service line.
2220D 2nd occurrence	STC	STC01-1	Health Care Claim Status Category Code	Code indicating the category of the associated claim status code		An STC01-1 value is generated, in combination with a value for STC01-2, for every professional, dental, or pharmacy service line reported on a 277U Transaction. Four combinations of Status Category and Status Codes identify adjudication statuses equivalent to the statuses maintained in PMMIS. Specific code values and descriptions can be found in the Status Code Table earlier in this section. For institutional encounters, Status Codes appear in the encounter level 2200D Loop.

277U ENCOUNTER STATUS TRANSACTION SPECIFICATIONS						
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Valid Values**	**Definition/Format**
2220D 2nd occurrence	STC	STC01-2	Health Care Claim Status Code	Code conveying the status of a claim		AN STC01-2 value is generated, in combination with a value for STC01-1, for every professional, dental, or pharmacy service line reported on a 277U Transaction. Four combinations of Status Category and Status Codes identify adjudication statuses equivalent to the statuses maintained in PMMIS. Specific code values and descriptions can be found in the Status Code Table earlier in this section.
2220D 2nd occurrence	REF	REF01	Reference Identification Qualifier	Code qualifying the reference identification	FJ	Line Item Control Number
2220D 2nd occurrence	REF	REF02	Line Item Control Number	Identifier assigned by the submitter/provider to this line item		The AHCCCS Claim Reference Number (CRN) Suffix assigned to the service line.
2220D 2nd occurrence	DTP	DTP01	Date Time Qualifier	Code specifying the type of date or time or both date and time	472	Service
2220D 2nd occurrence	DTP	DTP02	Date Time Period Format Qualifier	Code indicating the date format, time format, or date and time format	RD8	A range of line item Service Dates in CCYYMMDDCCYYMMDD format. Both from and through dates are included even when they are the same.
2220D 2nd occurrence	DTP	DTP03	Service Line Date	Date of service of the identified service line on the claim		Service line Begin and End Dates of Service for non-institutional encounters
N/A	SE	SE01	Transaction Segment Count	A tally of all segments between the ST and the SE segments including the ST and SE segments		The number of segments in the transaction, including ST and SE segments.
N/A	SE	SE02	Transaction Set Control Number	The unique identification number within a transaction set		The same control number that appears in ST02.

6. 277U Supplemental File

Supplemental File Summary

AHCCCS generates the 277U Supplemental File in conjunction with 277U Transactions. The Supplemental File supplies encounter data not carried by the 277U Transaction, including the Encounter Denial Codes generated by PMMIS. Pended encounters are handled separately by the AHCCCS Encounter Pend Correction Process and Pend Codes are not necessary in this context. The Supplemental File is available to 277U receivers that request it from AHCCCS.

In terms of claim level and line level information, the Supplemental File follows the structure of the AHCCCS 277 Transaction. Encounters are represented as header-level segments for institutional encounters and as single services with both header and line segments for professional, dental, and pharmacy encounters.

The 277U Supplemental File is a fixed-length sequential file with 143-byte records. It is more similar in structure to pre-HIPAA AHCCCS interface files than to the 277U Transaction. It has three record types:

- A single Header Record with identification information on the payer (AHCCCS) and the information receiver (the AHCCCS health plan)
- Multiple Encounter Records with supplemental data elements for each institutional encounter or non-institutional service line
- A single Trailer Record with identifiers and a control count

Data element level information on the 277U Supplemental File appears in the remainder of this section.

File Naming Convention

277U Supplemental File

AZS277-nnnnnn-YYMMDD.TXT

- AZ is the state code.
- S to indicate Supplemental.
- 277 is the Transaction code.
- nnnnnn is the Health Plan ID.
- YYMMDD is the process date.
- TXT is the file extension.

277U SUPPLEMENTAL FILE SPECIFICATIONS				
Record Type	**Field Name**	**Field Description**	**Field Length/ Usage**	**Comments**
HEADER RECORD – 1 record per 277U Transaction				
Header	Contractor ID	The Health Plan ID assigned by AHCCCS	6AN	
Header	Transmission Submitter Number (TSN)	A number assigned by AHCCCS to submitters of electronic transactions	3AN	
Header	Process Date	The date on which the Supplemental File is created	8AN	Format is CCYYMMDD.
Header	File Type Code		2AN	Value is “SU” for Adjudicated Encounter
Header	Filler	Filler	122AN	
Header	Record Type		2AN	Value is “T0”
ENCOUNTER RECORD – 1 or more records per 277U Transaction				
Encounter	AHCCCS CRN	The Claim Reference Number assigned to the encounter by AHCCCS	14AN	For institutional encounters reported at the invoice level, the final two CRN positions are “00”. For non-institutional encounters, reporting is by service line and the final two positions have a value of from “01” to “50”.
Encounter	RI Number	Reinsurance Claim Number	10AN	
Encounter	Filler	Filler	14AN	
Encounter	AHCCCS CRN Status	A mnemonic for the status assigned to the encounter or service line by AHCCCS	2AN	“AP” = Adjudicated/Approved “AV” – Adjudicated/Void “DE” = Voluntary Plan Delete “DN” = Auto Deny “PE” = Pended
Encounter	Form Type		1AN	Form Type identifies the form type assigned by AHCCCS during processing.
Encounter	Filler	Filler	17AN	
Encounter	Primary Diagnosis Code	The Primary or Principal Diagnosis Code for the institutional invoice or non-institutional service line	6AN	Primary diagnosis is the diagnosis identified as primary on the encounter.
Encounter	Category of Service	The AHCCCS Category of Service assigned to the encounter	2AN	Category of Service is assigned to the encounter at the line level for all but institutional encounters.
Encounter	Filler	Filler	17AN	
Encounter	HP Paid Amt	Health Plan Paid Amount	12AN	
Encounter	Appr Amt	Health Plan Allowed/Approved Amount	12AN	
Encounter	Denial Reason	The Denial Reason Code or Codes on denied encounters and service lines	4AN	

277U SUPPLEMENTAL FILE SPECIFICATIONS				
Record Type	**Field Name**	**Field Description**	**Field Length/ Usage**	**Comments**
Encounter	Health Plan CRN	The Claim Reference Number assigned by the Health Plan	30AN	MCO CRN should be 30 characters.
Encounter	Record Type		2AN	Value is “C1”
TRAILER RECORD – 1 record per 277U Transaction				
Trailer	Filler	Filler	9AN	
Trailer	Transmission Submitter Number (TSN)	The number assigned to the transaction submitter by AHCCCS	3AN	
Trailer	Filler	Filler	6AN	
Trailer	Current Year		2N	YY format
Trailer	Current Julian Date		3N	DDD format
Trailer	File Type Code		2AN	“AE” = Adjudicated Encounter
Trailer	# of Records on File		8N	
Trailer	Filler	Filler	108AN	
Trailer	Record Type		2AN	Value is “T9”

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

834/820 Standard Companion Guide Transaction Information

Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010

Companion Guide Version Number: 1.1
May 2011

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Transaction Instruction (TI)

1. TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard
HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2. Included ASC X12 Implementation Guides

Unique ID	Name
005010X220	Benefit Enrollment and Maintenance (834)
005010X218	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)

3. Instruction Tables

3.1 834 Benefit Enrollment and Maintenance

Loop ID	Reference	Name	Codes	Notes/Comments
1000A	N1	Sponsor Name		
1000A	N102	Name	AHCCCS	
1000A	N104	Identification Code	866004791	
2320	COB	Coordination of Benefits		
2320	COB02	Reference Identification	TPL-INS-TYP (1) + TPL-POLICY-ID (20) or MEDICARE CLAIM ID NUMBER	Sent in 2300 COB loop only (when HD03=MM) When TPL Insurance Type='Z' Medicare Part A/B, expect '00050' Part A or '00051' Part B in 2330/NM103. When TPL Insurance Type is other than 'X', expect the Part D Plan ID in the 2330/NM103 when known or default value of '00052' when not known.
2320	REF	Additional Coordination of Benefits Identifiers		
2320	REF02	Reference Identification	INS-GRP-NUM or PART D DRUG PLAN ID NUMBER	Sent in 2300 COB loop only (when HD03=MM) Not used for Medicare Part A or B
2330	NM1	Coordination of Benefits Related Entity		

Loop ID	Reference	Name	Codes	Notes/Comments
2330	NM103	Name Last or Organization Name	MASTER CARRIER ID + CARRIER NAME/ MEDICARE PLAN NAME	Sent in 2300 COB loop only (when HD03=MM) If present, expect the 5-digit TPL Carrier ID or Medicare Part A Carrier ID = 00050, Medicare Part B Carrier ID = 00051 or Medicare Part D Carrier ID = 00052 when the Part D Plan ID is not known.
2750	REF	Reporting Category Reference		
2750	REF02	Reference Identification		Populated with an Action Code
2750	N1	Reporting Category		
2750	N102	Name	Prior Plan New Plan	Populated with literal “Prior Plan” only when last member enrollment was within 90 days and with a different plan. Populated with literal “New Plan” only when member is enrolled in a different plan the day after the term date.
2750	REF	Reporting Category Reference		
2750	REF02	Reference Identification		Prior Plan uses: PRIOR PLAN ID (6) + PRIOR PLAN NAME (25) New Plan uses: HMO PLAN ID (6) + HMO PLAN NAME (25)
2750	REF	Reporting Category Reference		
2750	REF02	Name	MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)	Sent in 2750 when: N102=”BHS” and REF01=XX1
2750	REF	Reporting Category Reference		
2750	REF02	Reference Identification	NURSING HOME ID (6) + NURSING HOME NAME (25) (or CASE WORKER ID [6] + CASE WORKER NAME [25])	Sent in 2750 when: N102=”LTC” and REF01=XX1

Loop ID	Reference	Name	Codes	Notes/Comments
2750	REF	Reporting Category Reference		
2750	REF02	Reference Identification	PLAN ID (5) + PLAN NAME (40)	Sent in 2750 when: N102="Medicare HMO" and REF01=PID

3.2 820 Payroll Deducted and Other Group Premium Payment for Insurance Products

Loop ID	Reference	Name	Codes	Notes/Comments
2300B	RMR	Individual Premium Remittance Detail		
2300B	RMR02	Insurance Remittance Reference Number	Contract Type X(1) + County X(2) + Rate Code X(4) + Voucher Number X(9) + Voucher Date 9(8)	AHCCCS strings the following fixed-length fields: • Contract Type X(1) • County X(2) • Rate Code X(4) • Voucher Number X(9) • Voucher Date 9(8)

4. TI Additional Information

4.1 Business Scenarios

4.1.1 834 Transaction Notes

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
	INTERCHANGE														
ISA01	Authorization Information Qualifier		00	00	00	00	00	00	00	00	00	00	00	00	00\
ISA02	Authorization Information		10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces
ISA03	Security Information Qualifier		00	00	00	00	00	00	00	00	00	00	00	00	00
ISA04	Security Information		10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces
ISA05	Interchange ID Qualifier		ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ
ISA06	Interchange Sender ID		AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791
ISA07	Interchange ID Qualifier		ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ
ISA08	Interchange Receiver ID		HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID
ISA09	Interchange Date		TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE
ISA10	Interchange Time		TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME
ISA11	Repetition Separator		^	^	^	^	^	^	^	^	^	^	^	^	^
ISA12	Interchange Control Version Number		00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501
ISA13	Interchange Control Number		ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED
ISA14	Acknowledgement requested		0	0	0	0	0	0	0	0	0	0	0	0	0
ISA15	Usage Indicator		P	P	P	P	P	P	P	P	P	P	P	P	P
ISA16	Component Element separator		|	|	|	|	|	|	|	|	|	|	|	|	|
	FUNCTIONAL GROUP														
GS01	Functional Identifier Code		BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE
GS02	Application Sender's Code		AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791	AHCCCS866 004791
GS03	Application Receiver's Code		HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID
GS04	Date		TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE
GS05	Time		TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME
GS06	Group Control Number		ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED
GS07	Responsible Agency Code		X	X	X	X	X	X	X	X	X	X	X	X	X
GS08	Version / Release / Industry Identifier Code; no addenda		005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1
	HEADER														

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
ST	**Transaction Set Header**														
ST01	**Transaction Set Identifier Code**		834	834	834	834	834	834	834	834	834	834	834	834	834
ST02	**Transaction Set Control Number**		000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001
ST03	**Implementation Convention Reference**		005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1	005010X220 A1
BGN	**Beginning Segment**														
BGN01	**Transaction Set Purpose Code**		00	00	00	00	00	00	00	00	00	00	00	00	00
BGN02	**Reference Identification**		0001	0001	0001	0001	0001	0001	0001	0001	0001	0001	0001	0001	0001
BGN03	**Date**		TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE	TRANSACTI ON DATE
BGN04	**Time**		TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME	TRANSACTI ON TIME
BGN08	**Action Code**		2	2	2	2	2	2	2	2	2	2	2	4	4
BGN09	**Security Level Code**														
REF	**Transaction Set Policy Number**														
REF01	**Reference Identification Qualifier**		38	38	38	38	38	38	38	38	38	38	38	38	38
REF02	**Reference Identification**		HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID
DTP	**File Effective Date**														
DTP01	**Date/Time Qualifier**		303	303	303	303	303	303	303	303	303	303	303	303	303
DTP02	**Date Time Period Format Qualifier**		D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8
DTP03	**Date Time Period**		PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE
QTY	**Transaction Set Control Totals**														
QTY01	Quantity Qualifier	Use 'TO' Total	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO
QTY02	Quantity	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count
	1000A SPONSOR NAME(1)														
N1	**Sponsor Name**														
N101	Entity Identifier Code		P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5
N102	Name		AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS
N103	Identification Code Qualifier		FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI
N104	Identification Code		866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791
	1000B PAYER (1)														
N1	**Payer**														
N101	Entity Identifier Code		IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN
N102	Name		HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
N103	Identification Code Qualifier		FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI
N104	Identification Code		HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID
	2000 MEMBER LEVEL DETAIL(>1)														
INS	**Member Level Detail**														
INS01	Yes/No Condition or Response Code		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
INS02	Individual Relationship Code		18	18	18	18	18	18	18	18	18	18	18	18	18
INS03	Maintenance Type Code		021	024	001	001	001	001	001	001	001	001	001	030	030
INS04	Maintenance Reason Code		02 - Birth 28 – Initial Enrollment 41 - Re-enrollment	03 - Death 07 – Termination of Benefits 14 - Voluntary Withdrawal 22 - Plan Change AH - Patient Moved	43 - Change of location	33 - Personnel Data	25 - Change in Identifying Data Element	22 - Plan Change	AI - No Reason Given	29 - Benefit Selection	33 - Personnel Data	33- Personnel Data	AI - No Reason Given	XN - Notification Only	XN - Notification Only
INS05	Benefit Status Code		A	A	A	A	A	A	A	A	A	A	A	A	A
INS06-1	Medicare Plan Code		MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE
INS08	Employment Status Code		AC	TE	AC	AC	AC	AC	AC	AC	AC	AC	AC	AC	AC
INS11	Date Time Period Format Qualifier		D8	D8											
INS12	Date Time Period	Use for Date of Death only, if present	DAT OF DTH	DAT OF DTH											
REF	**Subscriber Identifier**														
REF01	Reference Identification Qualifier		0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
REF02	Reference Identification	Format A########	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	"No Data"
REF	**Member Supplemental Identifier**														
REF01	Reference Identification Qualifier	3H-Case Number Q4-Prior Identifier Number (Primary AHCCCS ID) 17-Client Reporting Category (Voucher Number)	3H 17	3H Q4 17						3H 17				3H 17	
REF02	Reference Identification	1) Case Number (when REF01=3H) 2) Primary AHCCCS ID (when REF01=Q4) 3) Voucher Number (when REF01=17)	1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER	1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER						1) CASE ID 3) VOUCHER NUMBER				1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER	
DTP	**Member Level Dates**														
DTP01	Date/Time Qualifier		356 357	356 357	303	303	303	303	303	303	303	303	303	303	
DTP02	Date Time Period Format Qualifier		D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	
DTP03	Date Time Period		ENRL BEG ENRL END	ENRL BEG ENRL END	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	
	2100A MEMBER NAME(1)														
NM1	**Member Name**														
NM101	Entity Identifier Code		IL	IL	IL	IL	IL 74	IL	IL	IL	IL	IL	IL	IL	IL

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
NM102	Entity Type Qualifier		1	1	1	1	1	1	1	1	1	1	1	1	1
NM103	Name Last or Organization Name		LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	"No Last Name"
NM104	Name First		FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	"No First Name"
NM105	Name Middle		MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	
PER	**Member Communications Numbers**														
PER01	Contact Function Code		IP		IP									IP	
PER03	Communication Number Qualifier		HP		HP									HP	
PER04	Communication Number		HOME PHONE		HOME PHONE									HOME PHONE	
PER05	Communication Number Qualifier		TE		TE									TE	
PER06	Communication Number		EMER PHONE		EMER PHONE									EMER PHONE	
N3	**Member Residence Street Address**														
N301	Address Information		RES STR1		RES STR1									RES STR1	
N302	Address Information		RES STR2		RES STR2									RES STR2	
N4	**Member Residence City, State, ZIP Code**														
N401	City Name		CITY		CITY									CITY	
N402	State or Province Code		STATE		STATE									STATE	
N403	Postal Code		ZIP		ZIP									ZIP	
N405	Location Qualifier		CY		CY									CY	
N406	Location Identifier		CTY CODE		CTY CODE									CTY CODE	

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
DMG	**Member Demographics**														
DMG01	Date Time Period Format Qualifier		D8	D8			D8							D8	
DMG02	Date Time Period		DOB	DOB			DOB							DOB	
DMG03	Gender Code		GENDER	GENDER			GENDER							GENDER	
DMG04	Marital Status Code		MARITAL STA											MARITAL STA	
DMG05-1	Race or Ethnicity Code		ETHNICITY											ETHNICITY	
LUI	**Member Language**														
LUI01	Identification Code Qualifier		LE											LE	
LUI02	Identification Code		LANGUAGE											LANGUAGE	
LUI04	Use of Language Indicator		6											6	
	2100B INCORRECT MEMBER NAME(1)	Sent on Name change actions only; not used on monthly													
NM1	**Incorrect Member Name**														
NM101	Entity Identifier Code						70								
NM102	Entity Type Qualifier						1								
NM103	Name Last or Organization Name						PRIOR LAST NAME								
NM104	Name First						PRIOR FIRST NAME								
NM105	Name Middle						PRIOR MI								
DMG	**Incorrect Member Demographics**	Used when Action code ≠ NC (Name change); not used on monthly													

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
DMG01	Date Time Period Format Qualifier						D8								
DMG02	Date Time Period						PRIOR DOB								
DMG03	Gender Code						PRIOR GENDER								
	2100C MEMBER MAILING ADDRESS (1)	Only present if different from Residential Address													
NM1	**Member Mailing Address**														
NM101	Entity Identifier Code		31		31									31	
NM102	Entity Type Qualifier		1		1									1	
N3	**Member Mail Street Address**														
N301	Address Information		MAIL STR1		MAIL STR1									MAIL STR1	
N302	Address Information		MAIL STR2		MAIL STR2									MAIL STR2	
N4	**Member Mail City, State, Zip**														
N401	City Name		MAIL CITY		MAIL CITY									MAIL CITY	
N402	State or Province Code		MAIL ST		MAIL ST									MAIL ST	
N403	Postal Code		MAIL ZIP		MAIL ZIP									MAIL ZIP	
	2100G RESPONSIBLE PERSON (13)	Mother's information on Newborn Adds only (when INS04='02' Birth)													
NM1	**Responsible Person**														
NM101	Entity Identifier Code		S1												
NM102	Entity Type Qualifier		1												

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
NM103	Name Last or Organization Name		MOM-LAST-NAME												
NM104	Name First		MOM-FIRST-NAME												
NM105	Name Middle		MOM-MI												
NM108	Identification Code Qualifier		ZZ												
NM109	Identification Code		MOM-ID (9)+MOM-CASE-ID (9)												
N3	**Responsible Person Street Address**														
N301	Address Information		RES-STR-1												
N302	Address Information		RES-STR-2												
N4	**Responsible Person City, State, Zip**														
N401	City Name		RES-CITY												
N402	State or Province Code		RES-ST												
N403	Postal Code	5 or 9 digit Zip Code	RES-ZIP												
	2300 HEALTH COVERAGE(99)	**HMO LOOP**													
HD	**Health Coverage**														
HD01	Maintenance Type Code		021											030	
HD03	Insurance Line Code		HMO											HMO	

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
DTP	**Health Coverage Dates**														
DTP01	Date/Time Qualifier		348 349											348	
DTP02	Date Time Period Format Qualifier		D8											D8	
DTP03	Date Time Period		Begin Date End Date											Begin Date	
AMT	**Health Coverage Policy**														
AMT01	Amount Qualifier Code														
AMT02	Monetary Amount														
REF	**Health Coverage Policy Number**														
REF01	Reference Identification Qualifier		CE											CE	
REF02	Reference Identification		Contract Type											Contract Type	
	2300 HEALTH COVERAGE (99)	**SOC LOOP**													
HD	**Health Coverage**														
HD01	Maintenance Type Code		021								001			030	
HD03	Insurance Line Code		LTC								LTC			LTC	
DTP	**Health Coverage Dates**														
DTP01	Date/Time Qualifier		348								348			348	
DTP02	Date Time Period Format Qualifier		D8								D8			D8	
DTP03	Date Time Period		SOC Begin Date								SOC Begin Date			SOC Begin Date	

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
AMT	**Health Coverage Policy**														
AMT01	Amount Qualifier Code		C1								C1			C1	
AMT02	Monetary Amount		SOC-AMT								SOC-AMT			SOC-AMT	
	2300 HEALTH COVERAGE (99)	**COB LOOP**													
HD	**Health Coverage**														
HD01	Maintenance Type Code											001		030	
HD03	Insurance Line Code	Distinguishes the COB loop 001-Change on Daily 030-Notify Only on Monthly										MM		MM	
DTP	**Health Coverage Dates**														
DTP01	Date/Time Qualifier											303		303	
DTP02	Date Time Period Format Qualifier											D8		D8	
DTP03	Date Time Period											Effective Date		Effective Date	
	2320 COORDINATION OF BENEFITS (5)														
COB	**Coordination of Benefits**														
COB01	Payer Responsibility Sequence Number Code											U		U	

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
COB02	Reference Identification											TPL-INS-TYP (1) + TPL-POLICY-ID (20) or MEDICARE CLAIM ID NUMBER		TPL-INS-TYP (1) + TPL-POLICY-ID (20) or MEDICARE CLAIM ID NUMBER	
COB03	Coordination of Benefits Code											5		5	
REF	**Additional Coordination of Benefits Identifiers**														
REF01	Reference Identification Qualifier	6P-Group number										6P		6P	
REF02	Reference Identification	Not used for Medicare Part A or B										INS-GRP-NUM or PART D DRUG PLAN ID NUMBER		INS-GRP-NUM or PART D DRUG PLAN ID NUMBER	
REF	**Additional Coordination of Benefits Identifiers**														
REF01	Reference Identification Qualifier	60-Account Suffix code										60		60	
REF02	Reference Identification											TPL-SEQ-NO		TPL-SEQ-NO	
DTP	**Coordination of Benefits Eligibility Dates**														
DTP01	Date/Time Qualifier											344 345		344 345	
DTP02	Date Time Period Format Qualifier											D8		D8	
DTP03	Date Time Period											Begin Date End Date		Begin Date End Date	

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
	2330 COORDINATION OF BENEFITS RELATED ENTITY (3)														
NM1	**Coordination of Benefits Related Entity**	Note: This segment partially existed in 4010 at 2320/N1.													
NM101	Entity Identifier Code											IN		IN	
NM102	Entity Type Qualifier											2		2	
NM103	Name Last or Organization Name	If present,Medicare Part A Carrier ID = 00050,Medicare Part B Carrier ID = 00051 and Medicare Part D Carrier ID = 00052.										MASTER CARRIER ID + CARRIER NAME/MEDI CARE PLAN NAME		MASTER CARRIER ID + CARRIER NAME/MEDI CARE PLAN NAME	
N3	**Coordination of Benefits Related Entity Address**														
N301	Address Information	TPL address, if known, else "No Address Known" (No address known/stored for Medicare Part A, B or D.)										TPL-STR-1 or "No Address Known" (Medicare Part A/B)		TPL-STR-1 or "No Address Known" (Medicare Part A/B)	
N302	Address Information	TPL address, if present, (No address known/stored for Medicare Part A, B or D.)										TPL-STR-2		TPL-STR-2	

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
N4	**Coordination of Benefits Other Insurance Company City, State, ZIP Code**														
N401	City Name	TPL address, if known, else "No City" (No address known/stored for Medicare Part A, B or D.)										TPL-CITY or "No City"		TPL-CITY or "No City"	
N402	State or Province Code	TPL address, if known, else "AZ" (No address known/stored for Medicare Part A, B or D.)										TPL-STATE or "AZ"		TPL-STATE or "AZ"	
N403	Postal Code	TPL address, if known, else "85034" (No address known/stored for Medicare Part A, B or D.)										TPL-ZIP or "85034"		TPL-ZIP or "85034"	
PER	**Administrative Communications Contact**	TPL Phone Number, if present, else not used.													
PER01	Contact Function Code											CN		CN	
PER03	Communication Number Qualifier											TE		TE	
PER04	Communication Number											TPL-PHONE		TPL-PHONE	
												END			

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
	2700 ADDITIONAL REPORTING CATEGORIES(1)														
LS	**Additional Reporting Categories**														
LS01	Loop Identifier Code		2700	2700	2700	2700	2700	2700	2700	2700	2700		2700	2700	
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**ACTION CODE**													
LX01	Assigned Number	Incrementing number	Start with 1	Start with 1	Start with 1	Start with 1	Start with 1	Start with 1	Start with 1	Start with 1	Start with 1				
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75	75	75	75	75	75	75	75	75				
N102	Name		"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"				
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ				
REF02	Reference Identification		ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE				
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**RENEWAL DATE**													

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
LX01	Assigned Number	Incrementing number	Incrementing number	Incrementing number	Incrementing number	Incrementing number	Incrementing number	Incrementing number	Incrementing number	Incrementing number	Incrementing number		Incrementing number	Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75	75	75	75	75	75	75	75	75		75	75	
N102	Name		"RENEWAL DATE"	"RENEWAL DATE"	"RENEWAL DATE"	"RENEWAL DATE"	"RENEWAL DATE"	"RENEWAL DATE"	"RENEWAL DATE"	"RENEWAL DATE"	"RENEWAL DATE"		"RENEWAL DATE"	"RENEWAL DATE"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier														
REF02	Reference Identification														
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier		007	007	007	007	007	007	007	007	007		007	007	
DTP02	Date Time Period Format Qualifier		D8	D8	D8	D8	D8	D8	D8	D8	D8		D8	D8	
DTP03	Date Time Period		Renewal Date	Renewal Date	Renewal Date	Renewal Date	Renewal Date	Renewal Date	Renewal Date	Renewal Date	Renewal Date		Renewal Date	Renewal Date	
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**RATE CODE**													
LX01	Assigned Number	Incrementing number	Incrementing number							Incrementing number				Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75							75				75	

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
N102	Name		"Rate Code"							"Rate Code"				"Rate Code"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		9V							9V				9V	
REF02	Reference Identification		RATE CODE							RATE CODE				RATE CODE	
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier		007							007				007	
DTP02	Date Time Period Format Qualifier		D8							D8				D8	
DTP03	Date Time Period		Begin Date							Begin Date				Begin Date	
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**PRIOR PLAN**													
LX01	Assigned Number	Incrementing number	Incrementing number	Incrementing number											
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75	75											

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
N102	Name	ADD - Use Prior Plan only when last member enrollment was within 90 days and with a different plan. DISENROLL - Use New Plan only when member is enrolled in a different plan the day after the term date.	"Prior Plan"	"New Plan"											
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		18	18											
REF02	Reference Identification	ADD - Use Prior Plan only when last member enrollment was within 90 days and with a different plan. DISENROLL - Use New Plan only when member is enrolled in a different plan the day after the term date.	PRIOR PLAN ID (6) + PRIOR PLAN NAME (25)	NEW PLAN ID (6) + NEW PLAN NAME (25)											
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**CO-PAY LEVEL**													
LX01	Assigned Number	Incrementing number	Incrementing number			Incrementing number								Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
N101	Entity Identifier Code		75			75								75	
N102	Name		"Co-Pay Level"			"Co-Pay Level"								"Co-Pay Level"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		XX1			XX1								XX1	
REF02	Reference Identification		CO-PAY LEVEL NUMBER			CO-PAY LEVEL NUMBER								CO-PAY LEVEL NUMBER	
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier		007			007								007	
DTP02	Date Time Period Format Qualifier		D8			D8								D8	
DTP03	Date Time Period		Co-Pay Effective Begin Date			Co-Pay Effective Begin Date								Co-Pay Effective Begin Date	
	2710 MEMBER REPORTING CATEGORIES(>1)														
LX	**Member Reporting Categories**	**MH CATEGORY**		This 2700 Loop on Disenrolls for T/RBHAs only											
LX01	Assigned Number	Incrementing number	Incrementing number					Incrementing number						Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75	75				75						75	
N102	Name		"BHS"	"BHS"				"BHS"						"BHS"	

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		XX1	XX1				XX1						XX1	
REF02	Reference Identification		MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)	MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)				MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)						MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)	
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier		007	007				007						007	
DTP02	Date Time Period Format Qualifier		D8 RD8	D8 RD8				D8 RD8						D8	
DTP03	Date Time Period	ADD action = Begin Date or Begin Date through End Date; CHANGE action = Begin Date or Begin Date through End Date; TERM action = End Date or Begin Date through End Date	Begin Date Begin Date-End Date	Begin Date Begin Date-End Date				Begin Date or End Date Begin Date-End Date						Begin Date	
LX	**Member Reporting Categories**	**NICU INDICATOR**													
LX01	Assigned Number	Incrementing number	Incrementing number						Incrementing number					Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75						75					75	
N102	Name		"NICU"						"NICU"					"NICU"	
REF	**Reporting Category Reference**														

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
REF01	Reference Identification Qualifier		XX1						XX1					XX1	
REF02	Reference Identification		NI						NI					NI	
	2710 MEMBER REPORTING CATEGORIES(>1)														
LX	**Member Reporting Categories**	**PREGNANCY INDICATOR**													
LX01	Assigned Number	Incrementing number	Incrementing number						Incrementing number					Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75						75					75	
N102	Name		"Pregnancy"						"Pregnancy"					"Pregnancy"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		XX1						XX1					XX1	
REF02	Reference Identification		PG						PG					PG	
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier		007						007					007	
DTP02	Date Time Period Format Qualifier		D8						D8					D8	
DTP03	Date Time Period		EXPECTED DELIVERY DATE						EXPECTED DELIVERY DATE					EXPECTED DELIVERY DATE	

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**LTC** For Long Term Care recipients only.													
LX01	Assigned Number	Incrementing number	Incrementing number											Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75											75	
N102	Name		"LTC"											"LTC"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		XX1											XX1	
REF02	Reference Identification		NURSING HOME ID (6) + NURSING HOME NAME (25) (or CASE WORKER ID [6] + CASE WORKER NAME [25])											NURSING HOME ID (6) + NURSING HOME NAME (25) (or CASE WORKER ID [6] + CASE WORKER NAME [25])	
	2710 MEMBER REPORTING CATEGORIES(>1)														

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
LX	**Member Reporting Categories**	**LTC TRANSITION INDICATOR** For Long Term Care recipients only.													
LX01	Assigned Number	Incrementing number	Incrementing number											Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75											75	
N102	Name		"Transition Indicator"											"Transition Indicator"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		XX1											XX1	
REF02	Reference Identification		Y											Y	
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**AZEIP - AZ Early Intervention Program**													
LX01	Assigned Number	Incrementing number											Incrementing number		
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code												75		

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
N102	Name												"AZEIP"		
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**CRS - Children's Rehab Services**													
LX01	Assigned Number	Incrementing number											Incrementing number		
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code												75		
N102	Name												"CRS"		
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier												PID		
REF02	Reference Identification												CRS CLIENT ID		
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**MEDICARE HMO**													
LX01	Assigned Number	Incrementing number											Incrementing number		

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code												75		
N102	Name												"Medicare HMO"		
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier												PID		
REF02	Reference Identification												PLAN ID (5) + PLAN NAME (40)		
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**TSC - Targeted Support Coordination**													
LX01	Assigned Number	Incrementing number											Incrementing number		
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code												75		
N102	Name												"TSC"		

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**LTC PLACEMENT**													
LX01	Assigned Number	Incrementing number	Incrementing number		Incrementing number						Incrementing number			Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75		75						75			75	
N102	Name		"LTC PLACEMENT "		"LTC PLACEMENT "						"LTC PLACEMENT "			"LTC PLACEMENT "	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier	LU-Location Number	LU		LU						LU			LU	
REF02	Reference Identification		PLACEMENT CODE		PLACEMENT CODE						PLACEMENT CODE			PLACEMENT CODE	
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier		007		007						007			007	
DTP02	Date Time Period Format Qualifier		D8		D8						D8			D8	
DTP03	Date Time Period		BEGIN DATE		BEGIN DATE						BEGIN DATE			BEGIN DATE	
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**LTC RESIDENCE**													

Element	Identifier Description	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
			Daily 834												
LX01	Assigned Number	Incrementing number	Incrementing number		Incrementing number						Incrementing number			Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75		75						75			75	
N102	Name		"LTC RESIDENCE"		"LTC RESIDENCE"						"LTC RESIDENCE"			"LTC RESIDENCE"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		LU		LU						LU			LU	
REF02	Reference Identification		RESIDENCE CODE		RESIDENCE CODE						RESIDENCE CODE			RESIDENCE CODE	
LE	**Additional reporting Categories Loop Termination**														
LE01	Loop Identifier Code		2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	
	TRAILER														
SE	**Transaction Set Trailer**														
SE01	Number of Included Segments		Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count
SE02	Transaction Set Control Number		000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001

4.1.2 820 Examples

4.1.2.1 Normal 820 Example

Member #1 – Normal capitation payment of $89.30 for 10/01/09-10/14/09

Member #2 – Recoupment amount of $-94.06 for 10/01/09-10/31/09 and a capitation payment of $54.62 for 10/01/09-10/18/09.
Note that Member #2 has one occurrence of the 2000B/ENT loop with multiple 2300/RMR loops. This a change from the 4010 to the 5010 for AZ

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 3-character Health Plan acronym removed)
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	010101
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
ST	**820 Header**	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number	000000001
ST03	Implementation Convention Reference	005010X218
BPR	**Financial Information**	
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	**Total Premium Payment Amount**	**49.86**
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20091028
TRN	**Re-association Trace Number**	
TRN01	Trace Type Code	3 - Financial Re-association Trace Number
TRN02	Reference Identification	000000000075939
TRN03	Originating Company Identifier	1866004791
REF	**Premium Receivers Identification Key**	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	010101
DTM	**Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091001-20091031
	1000A PREMIUM RECEIVER'S NAME	
N1	**Premium Receiver's Name**	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	AZ HEALTH PLAN
N3	**Premium Receiver's Address**	
N301	Address Information	123 ADDRESS1 ST
N302	Address Information	SUITE #99
N4	**Premium Receiver's City, State, and Zip Code**	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
	1000B PREMIUM PAYER'S NAME	

Element	Identifier Description	Values
N1	**Premium Payer's Name**	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N3	**Premium Payer's Address**	
N301	Premium Payer Address Line	801 E JEFFERSON ST
N4	**Premium Payer's City, State, Zip Code**	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
	2000B INDIVIDUAL REMITTANCE	**MEMBER #1**
ENT	Individual Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2J - Individual
ENT03	Identification Code Qualifier	EI – Employee Identification Number
ENT04	Identification Code	A01234567
	2100B INDIVIDUAL NAME	
NM1	Individual Name	
NM101	Entity Identifier Code	IL - Insured/Subscriber ID
NM102	Entity Type Qualifier	1 - Person
NM103	Name Last or Organization Name	**REGAN**
NM104	Name First	**RONALD**
NM105	Name Middle	**A**
NM108	Identification Code Qualifier	N - Insured's Unique Identification Number
NM109	Identification Code	A01234567
	2300B INDIVIDUAL PREMIUM	
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	H19101FH00379182**20091001**
RMR04	**Detail Premium Payment Amount**	**89.30**
DTM	**Individual Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091014
	2000B INDIVIDUAL REMITTANCE	**MEMBER#2**
ENT	Individual Remittance	
ENT01	Assigned Number	2
ENT02	Entity Identifier Code	2J - Individual
ENT03	Identification Code Qualifier	EI – Employee Identification Number
ENT04	Identification Code	A07654321
	2100B INDIVIDUAL NAME	
NM1	Individual Name	
NM101	Entity Identifier Code	IL - Insured/Subscriber ID
NM102	Entity Type Qualifier	1 - Person
NM103	Name Last or Organization Name	**REGAN**
NM104	Name First	**NANCY**
NM105	Name Middle	**A**
NM108	Identification Code Qualifier	N - Insured's Unique Identification Number
NM109	Identification Code	A07654321
	2300B INDIVIDUAL PREMIUM	***OCCURRENCE #1***
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A191012H00379445**20091001**
RMR04	**Detail Premium Payment Amount**	**-94.06**
DTM	**Individual Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091031

Element	Identifier Description	Values
	2300B INDIVIDUAL PREMIUM	***OCCURRENCE #2***
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A191012H00379445**20091001**
RMR04	**Detail Premium Payment Amount**	**54.62**
DTM	**Individual Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091018
SE	**Transaction Set Trailer**	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

4.1.2.2 Sanction Adjustment Example

Total 820 Payment amount: $149.86
Total Remittances: $249.86
Sanction amount: $-100.00

Member #1 – Normal capitation payment of $89.30 for 10/01/09-10/14/09
Member #2 – Recoupment amount of $-94.06 for 10/01/09-10/31/09 and a capitation payment of $54.62 for 10/01/09-10/18/09.
Note that Member #2 has one occurrence of the 2000B/ENT loop with multiple 2300/RMR loops. This a change from the 4010 to the 5010 for AZ

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (3-character Health Plan acronym removed)
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	010101
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
ST	**820 Header**	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number	000000001
ST03	Implementation Convention Reference	005010X218
BPR	**Financial Information**	
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	**Total Premium Payment Amount**	**149.86**
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20091028
TRN	**Re-association Trace Number**	
TRN01	Trace Type Code	3 - Financial Re-association Trace Number
TRN02	Reference Identification	000000000075939
TRN03	Originating Company Identifier	1866004791
REF	**Premium Receivers Identification Key**	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	010101
DTM	**Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091001-20091031
	1000A PREMIUM RECEIVER'S NAME	
N1	**Premium Receiver's Name**	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	AZ HEALTH PLAN
N3	**Premium Receiver's Address**	
N301	Address Information	123 ADDRESS1 ST
N302	Address Information	SUITE #99
N4	**Premium Receiver's City, State, and Zip Code**	
N401	City Name	PHOENIX

Element	Identifier Description	Values
N402	State or Province Code	AZ
N403	Postal Code	85034
	1000B PREMIUM PAYER'S NAME	
N1	**Premium Payer's Name**	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N3	**Premium Payer's Address**	
N301	Premium Payer Address Line	801 E JEFFERSON ST
N4	**Premium Payer's City, State, Zip Code**	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
	2000A ORGANIZATION SUMMARY REMITTANCE	
ENT	Organization Summary Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	AG - Agency
ENT03	Identification Code Qualifier	FI - Federal Tax Identification Number
ENT04	Identification Code	866004791
	2300A ORGANIZATION SUMMARY REMITTANCE DETAIL	
RMR	Organization Summary Remittance Detail	
RMR01	Reference Identification Qualifier	IK
RMR02	Reference Identification	10J01SANCTN821
RMR03	Payment Action Code	PI – Pay Item
RMR04	**Detail Premium Payment Amount**	**-100**
DTM	**Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091001-20091031

	2000B INDIVIDUAL REMITTANCE	**MEMBER #1**
ENT	Individual Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2J - Individual
ENT03	Identification Code Qualifier	EI – Employee Identification Number
ENT04	Identification Code	A01234567
	2100B INDIVIDUAL NAME	
NM1	Individual Name	
NM101	Entity Identifier Code	IL - Insured/Subscriber ID
NM102	Entity Type Qualifier	1 - Person
NM103	Name Last or Organization Name	**REGAN**
NM104	Name First	**RONALD**
NM105	Name Middle	**A**
NM108	Identification Code Qualifier	N - Insured's Unique Identification Number
NM109	Identification Code	A01234567
	2300B INDIVIDUAL PREMIUM	
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	H19101FH00379182**20091001**
RMR04	**Detail Premium Payment Amount**	**189.30**
DTM	**Individual Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091014
	2000B INDIVIDUAL REMITTANCE	**MEMBER#2**
ENT	Individual Remittance	
ENT01	Assigned Number	2
ENT02	Entity Identifier Code	2J - Individual

Element	Identifier Description	Values
ENT03	Identification Code Qualifier	EI – Employee Identification Number
ENT04	Identification Code	A07654321
	2100B INDIVIDUAL NAME	
NM1	Individual Name	
NM101	Entity Identifier Code	IL - Insured/Subscriber ID
NM102	Entity Type Qualifier	1 - Person
NM103	Name Last or Organization Name	**REGAN**
NM104	Name First	**NANCY**
NM105	Name Middle	**A**
NM108	Identification Code Qualifier	N - Insured's Unique Identification Number
NM109	Identification Code	A07654321
	2300B INDIVIDUAL PREMIUM	***OCCURRENCE #1***
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A191012H00379445**20091001**
RMR04	**Detail Premium Payment Amount**	**-194.06**
DTM	**Individual Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091031
	2300B INDIVIDUAL PREMIUM	***OCCURRENCE #2***
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A191012H00379445**20091001**
RMR04	**Detail Premium Payment Amount**	**254.62**
DTM	**Individual Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091018
SE	**Transaction Set Trailer**	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

4.1.2.3 BHS Example

For BHS 820, Move (D Rec) ELG-GROUP+ (D Rec) TOTAL-GROUP-CAP from SLN01:

1. Move the ELG-GROUP (or "MANUAL ENTRY") to be concatenated with the Invoice number in 2300/RMR02

2. Move the TOTAL-GROUP-CAP to the 2300/RMR04 to replace the INV-AMT-PAID. The INV-AMT-PAID was equal to the BPR02 value for BHS.

Note:

1. The 2300A/RMR segment may occur more than 1x per 2000A/ENT loop.
2. Sum of all RMR04=BPR02

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 3-character Health Plan acronym removed)
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	BHS079999
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
ST	**820 Header**	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number	000000001
ST03	Implementation Convention Reference	005010X218
BPR	**Financial Information**	
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	**Total Premium Payment Amount**	**1084309.97**
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20091106
TRN	**Re-association Trace Number**	
TRN01	Trace Type Code	3 - Financial Re-association Trace Number
TRN02	Reference Identification	000000000000249
TRN03	Originating Company Identifier	1866004791
REF	**Premium Receivers Identification Key**	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	079999
DTM	**Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091101-20091130
	1000A PREMIUM RECEIVER'S NAME	
N1	**Premium Receiver's Name**	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	DHS - BEHAVIOR HEALTH
N3	**Premium Receiver's Address**	
N301	Address Information	123 ADDRESS1 ST
N302	Address Information	SUITE #99
N4	**Premium Receiver's City, State, and Zip Code**	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034

Element	Identifier Description	Values
	1000B PREMIUM PAYER'S NAME	
N1	**Premium Payer's Name**	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N3	**Premium Payer's Address**	
N301	Premium Payer Address Line	801 E JEFFERSON ST
N4	**Premium Payer's City, State, Zip Code**	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
	2000A ORGANIZATION SUMMARY REMITTANCE	
ENT	Organization Summary Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2L- Corporation
ENT03	Identification Code Qualifier	FI – Federal Tax ID
ENT04	Identification Code	866004791
	2300A ORGANIZATION SUMMARY REMITTANCE DETAIL	**>1** *Occurrence #1*
RMR	Organization Summary Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	TXXI KIDP00124334 (ELG-GROUP or "MANUAL ENTRY" +VOU-ID-BHS)
RMR03	Payment Action Code	Not used
RMR04	Detail Premium Payment Amount	**1050536.48**
DTM	**Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091101-20091130
	2310A SUMMARY LINE ITEM	
IT1	IT1 Segment - Summary Line Item	
IT101	Line Item Control Number	Start with '1' and increment
	2315A MEMBER COUNT	
SLN	SLN Segment - Member Count	
SLN01	Line Item Control Number	Start with '1' and increment
SLN03	Information Only Indicator	O – Information Only
SLN04	Head Count	Group count
SLN05	Unit or Basis for Measurement Code	IE - Person
	2300A ORGANIZATION SUMMARY REMITTANCE DETAIL	*Occurrence #2*
RMR	Organization Summary Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	TXXI ADUP00124334 (ELG-GROUP or "MANUAL ENTRY" +VOU-ID-BHS)
RMR03	Payment Action Code	Not used
RMR04	Detail Premium Payment Amount	**33773.49**
DTM	**Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091101-20091130
	2310A SUMMARY LINE ITEM	
IT1	IT1 Segment - Summary Line Item	
IT101	Line Item Control Number	2
	2315A MEMBER COUNT	
SLN	SLN Segment - Member Count	
SLN01	Line Item Control Number	2

Element	Identifier Description	Values
SLN03	Information Only Indicator	O – Information Only
SLN04	Head Count	Group count
SLN05	Unit or Basis for Measurement Code	IE - Person
SE	**Transaction Set Trailer**	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

4.1.2.4 BHS Adjustment Example

For BHS 820, Move (D Rec) ELG-GROUP+ (D Rec) TOTAL-GROUP-CAP from SLN01:

1. Move the ELG-GROUP (or "MANUAL ENTRY") to be concatenated with the Invoice number in 2300/RMR02

2. Move the TOTAL-GROUP-CAP to the 2300/RMR04 to replace the INV-AMT-PAID. The INV-AMT-PAID was equal to the BPR02 value for BHS.

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 3-character Health Plan acronym removed)
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	BHS079999
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
ST	**820 Header**	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number	000000001
ST03	Implementation Convention Reference	005010X218
BPR	**Financial Information**	
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	**Total Premium Payment Amount**	**1084309.97**
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20091106
TRN	**Re-association Trace Number**	
TRN01	Trace Type Code	3 - Financial Re-association Trace Number
TRN02	Reference Identification	000000000000249
TRN03	Originating Company Identifier	1866004791
REF	**Premium Receivers Identification Key**	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	079999
DTM	**Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091101-20091130
	1000A PREMIUM RECEIVER'S NAME	
N1	**Premium Receiver's Name**	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	DHS - BEHAVIOR HEALTH
N3	**Premium Receiver's Address**	
N301	Address Information	123 ADDRESS1 ST
N302	Address Information	SUITE #99
N4	**Premium Receiver's City, State, and Zip Code**	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
	1000B PREMIUM PAYER'S NAME	
N1	**Premium Payer's Name**	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS

Element	Identifier Description	Values
N3	**Premium Payer's Address**	
N301	Premium Payer Address Line	801 E JEFFERSON ST
N4	**Premium Payer's City, State, Zip Code**	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
	2000A ORGANIZATION SUMMARY REMITTANCE	
ENT	Organization Summary Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2L- Corporation
ENT03	Identification Code Qualifier	FI – Federal Tax ID
ENT04	Identification Code	866004791
	2300A ORGANIZATION SUMMARY REMITTANCE DETAIL	**>1**
RMR	Organization Summary Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	MANUAL ENTRYMH012433200000 (ELG-GROUP or "MANUAL ENTRY" +VOU-ID-BHS)
RMR03	Payment Action Code	Not used
RMR04	Detail Premium Payment Amount	1185786.44
RMR05	Billed Premium Amount	11741526.72
	2310A SUMMARY LINE ITEM	
IT1	IT1 Segment - Summary Line Item	
IT101	Line Item Control Number	Start with '1' and increment
	2315A MEMBER COUNT	
SLN	SLN Segment - Member Count	
SLN01	Line Item Control Number	Start with '1' and increment
SLN03	Information Only Indicator	O – Information Only
SLN04	Head Count	Default to '0'
SLN05	Unit or Basis for Measurement Code	IE - Person
	2320A ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT	
ADX	ADX Segment - Organization Summary Remittance Level Adjustment	
ADX01	Adjustment Amount	(ADJ-AMT + PREV-PD-AMT + REM-BAL) * -1
ADX02	Adjustment Reason Code	H6 – Partial Payment
SE	**Transaction Set Trailer**	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

4.1.2.5 CRS Example

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 3-character Health Plan acronym removed)
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	010101
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
ST	**820 Header**	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number	000000001
ST03	Implementation Convention Reference	005010X218
BPR	**Financial Information**	
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	**Total Premium Payment Amount**	**376190.47**
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20100210
TRN	**Re-association Trace Number**	
TRN01	Trace Type Code	3 - Financial Re-association Trace Number
TRN02	Reference Identification	000000000000253
TRN03	Originating Company Identifier	1866004791
REF	**Premium Receivers Identification Key**	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	999111
DTM	**Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20090501-20091130
	1000A PREMIUM RECEIVER'S NAME	
N1	**Premium Receiver's Name**	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	AZ HEALTH PLAN
N3	**Premium Receiver's Address**	
N301	Address Information	123 ADDRESS1 ST
N302	Address Information	SUITE #99
N4	**Premium Receiver's City, State, and Zip Code**	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
	1000B PREMIUM PAYER'S NAME	
N1	**Premium Payer's Name**	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N3	**Premium Payer's Address**	
N301	Premium Payer Address Line	801 E JEFFERSON ST
N4	**Premium Payer's City, State, Zip Code**	

Element	Identifier Description	Values
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
ENT	**Organization Summary Remittance**	
ENT01	Assigned Number	
ENT02	Entity Identifier Code	2L – Corporation
ENT03	Identification Code Qualifier	FI – Federal TIN
ENT04	Organization Identification Code	866004791
2300A	**Organization Summary Remittance Detail**	**1st occurrence**
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	CK0000116
RMR04	Detail Premium Payment Amount	0 (default)
2300A	**Organization Summary Remittance Detail**	**2nd occurrence +**
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	%136013CRSL (Contract Type, Service Area, Enroll Rate Code, CRS Rate Code)
RMR04	Detail Premium Payment Amount	-219.97
DTM	**Individual Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20090501-20090531
2300A	**Organization Summary Remittance Detail**	**Repeats**
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	%136013CRSL (Contract Type, Service Area, Enroll Rate Code, CRS Rate Code)
RMR04	Detail Premium Payment Amount	-219.97
DTM	**Individual Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20090601-20090630
SE	**Transaction Set Trailer**	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

4.1.2.6 CRS Manual Payment Example

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 3-character Health Plan acronym removed)
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	010101
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
ST	**820 Header**	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number	000000001
ST03	Implementation Convention Reference	005010X218
BPR	**Financial Information**	
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	**Total Premium Payment Amount**	**2000**
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20100210
TRN	**Re-association Trace Number**	
TRN01	Trace Type Code	3 - Financial Re-association Trace Number
TRN02	Reference Identification	000000000000253
TRN03	Originating Company Identifier	1866004791
REF	**Premium Receivers Identification Key**	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	999111
DTM	**Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20090828-20090828
	1000A PREMIUM RECEIVER'S NAME	
N1	**Premium Receiver's Name**	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	AZ HEALTH PLAN
N3	**Premium Receiver's Address**	
N301	Address Information	123 ADDRESS1 ST
N302	Address Information	SUITE #99
N4	**Premium Receiver's City, State, and Zip Code**	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
	1000B PREMIUM PAYER'S NAME	
N1	**Premium Payer's Name**	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N3	**Premium Payer's Address**	
N301	Premium Payer Address Line	801 E JEFFERSON ST
N4	**Premium Payer's City, State, Zip Code**	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
ENT	**Organization Summary Remittance**	

Element	Identifier Description	Values
ENT01	Assigned Number	
ENT02	Entity Identifier Code	2L – Corporation
ENT03	Identification Code Qualifier	FI – Federal TIN
ENT04	Organization Identification Code	866004791

2300A	Organization Summary Remittance Detail	1st occurrence
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	CK0000116
RMR04	Detail Premium Payment Amount	**2000** (Invoice Amount Paid; =BPR02)
RMR05	Billed Premium Amount	3000 (Invoice Amount)
ADX	**Organization Summary Remittance Level Adjustment**	
ADX01	Adjustment Amount	-1000 (Difference of 2300A/RMR04 and RMR05)
ADX02	Adjustment Reason Code	H6 – Partial Payment Remitted
SE	**Transaction Set Trailer**	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

4.1.2.7 Empty File Example

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 3-character Health Plan acronym removed)
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	010101
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
ST	**820 Header**	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number	000000001
ST03	Implementation Convention Reference	005010X218
BPR	**Financial Information**	
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	**Total Premium Payment Amount**	**0**
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20091028
TRN	**Re-association Trace Number**	
TRN01	Trace Type Code	3 - Financial Re-association Trace Number
TRN02	Reference Identification	"NO DATA"
TRN03	Originating Company Identifier	1866004791
REF	**Premium Receivers Identification Key**	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	010101
DTM	**Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091015-20091015
	1000A PREMIUM RECEIVER'S NAME	
N1	**Premium Receiver's Name**	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	"NO CAPITATION PAYMENT"
	1000B PREMIUM PAYER'S NAME	
N1	**Premium Payer's Name**	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N3	**Premium Payer's Address**	
N301	Premium Payer Address Line	801 E JEFFERSON ST
N4	**Premium Payer's City, State, Zip Code**	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
SE	**Transaction Set Trailer**	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

4.2 Payer Specific Business Rules and Limitations

4.2.1 834 Enrollment Transaction

The 834 Enrollment Transactions transmit enrollment information from the sponsor of the insurance coverage (AHCCCS) to a health care payer (an AHCCCS Health Plan) on a daily and monthly basis. The daily version of this transaction provides data on initial enrollments, enrollment terminations, and subsequent changes to member-level enrollment data. The monthly version provides a listing of active members that is the basis for the health plan's monthly capitation pre-payment.

The Daily 834 Enrollment Transaction is used to identify:

- New members for whom the health plan is responsible
- Terminated or deceased members for whom the health plan is no longer responsible
- Demographic changes for each member such as changes in name, address or date of birth
- Other changes for each member such as changes in Rate Code or TPL coverage

The Monthly 834 Enrollment Transaction is used to:

- Reconcile health plan and AHCCCS member files
- Audit updates to health plan data applied from Daily 834 Transactions during the previous month

Member lines on both Daily and Monthly 834 Transactions carry Voucher Numbers when they result in capitation payments or adjustments. Corresponding Voucher Numbers also appear on payment lines in the 820 Capitation Payment Transaction and can be used to link enrollments to member level capitation payments.

4.2.2 820 Capitation Transaction

The 820 Capitation Transactions is a weekly file that provides each AHCCCS health plan with an electronic remittance advice for its capitation payments. AHCCCS makes all capitation payments on a weekly basis with an electronic payment or check to each capitated health plan. The weekly 820 can accumulate and report capitation payments generated during the prior week by Daily Rosters, Monthly Rosters, and ad hoc Mass Adjustment Files. Financial sanctions and other payments to and recoupments from health plans that are not

member specific can also be carried on the 820. Partial capitation payments can be accommodated on the 820 as organization level negative payments.

The AHCCCS Division of Budget and Finance (DBF) control payment data on the 820 through the Oracle Financial System. Finance specifies the Oracle Invoice Numbers (derived from Voucher Numbers generated in PMMIS) to be included in each weekly payment. Although more than one Invoice Number can appear on a Roster, Finance specifies Invoice Numbers in a way that includes full Daily Roster data in each payment. Rosters are not normally split between payments.

Finance makes an exception to the weekly payment inclusiveness rule for Daily or Mass Adjustment Rosters that result in negative payments to a health plan. Because payments cannot be made for negative amounts, these rosters are saved for payment until the next Monthly Pre-Payment Cycle when the payment total is certain to be higher than any negative adjustment.

The 820 Transaction is used to:

- Show monthly capitation pre-payments for each health plan member
- Show pro-rated payments for each health plan member who joined during the previous month
- Show positive or negative adjustments that reflect changes to previous capitation payments
- Show positive or negative Rate Code adjustments based on retroactive capitation rate changes by AHCCCS (mass adjustments)
- Show AHCCCS payments and recoveries that are not member specific, including financial sanctions imposed by AHCCCS due to late encounter submission

For AHCCCS, the concept of retroactive capitation adjustments is different from the adjustments to current payments supported by the 820 Transaction. For this reason, payments and recoupments reported on the 820 are always considered original payments rather than 820 adjustments.

4.3 Frequently Asked Questions

None available at this time.

4.4 Other Resources

4.4.1 AHCCCS Action Code Translation Table

Action Type	Action Code	Description	834 Translation/INS03 Maintenance Type	834 Translation/INS04 Maintenance Reason Code Value
A	AA	Algorithm Assigned	021	AL – Algorithm Assigned Benefit Selection
A	AI	Admin-In	021	28 – Initial Enrollment
A	BI	Enrollment Block In	021	28 – Initial Enrollment
A	CI	County Move-In	021	AH - Patient Moved to a New Location
A	EC	Enrollment Choice	021	EC - Member Benefit Selection
A	EI	Open Enrollment-In	021	28 – Initial Enrollment
A	FI	Family Continuity-In	021	28 – Initial Enrollment
A	MI	Medical Care Continuity-In	021	28 – Initial Enrollment
A	NB	Newborn	021	02 - Birth
A	NE	Normal Enrollment	021	28 - Initial Enrollment
A	NI	NICU (Neonatal Intensive Care Unit) indicator	021	28 - Initial Enrollment
A	NP	Normal Enrollment Prior Plan	021	28 – Initial Enrollment
A	PA	End of Contract-In - Auto Assign	021	28 – Initial Enrollment
A	PD	End of Contract- In – Direct Move	021	28 – Initial Enrollment
A	PP	End of Contract- In - Percentage	021	28 – Initial Enrollment
A	PR	End of Contract - In - Rule M	021	28 – Initial Enrollment
A	RA	Retroactive Enrollment	021	28 – Initial Enrollment
A	RE	Re-Enrollment	021	41 - Re-enrollment
A	XN	Normal Enrl for Conversion	021	XT - Transfer
C	AC	Address Change	001	43 - Change of location
C	C1	"Combination Action Code" DB, NC, SX	001	25 - Change in Identifying Data Element
C	C2	"Combination Action Code" DB, NC	001	25 - Change in Identifying Data Element
C	C3	"Combination Action Code" DB, SX	001	25 - Change in Identifying Data Element

Action Type	Action Code	Description	834 Translation/INS03 Maintenance Type	834 Translation/INS04 Maintenance Reason Code Value
C	C4	"Combination Action Code" NC, SX	001	25 - Change in Identifying Data Element
C	CP	Co-pay Change	001	33 - Personnel Data
C	DB	Date of Birth Change	001	25 - Change in Identifying Data Element
C	HC	Acute Health Plan Change	001	22 – Plan Change
C	MC	Mental Health Change	001	22 – Plan Change
C	NC	Name Change	001	25 - Change in Identifying Data Element
C	NI	NICU (Neonatal Intensive Care Unit) indicator	001	28 – Initial Enrollment
C	PG	Pregnant Women	001	AI – No Reason Given
C	RC	Rate Code Change	001	29 - Benefit Selection
C	SC	Share of Cost Change	001	33 - Personnel Data
C	SX	Sex Change	001	25 - Change in Identifying Data Element
C	TM	Mental Health Termination	001	22 – Plan Change
C	N/A	FYI Changes - Daily on 1st of Month	001	AI – No Reason Given
C	N/A	COB Only - Daily 834	001	33 - Personnel Data
D	AE	Applied for New Eligibility	024	07 – Termination of Benefits
D	AO	Admin Out	024	22 - Plan Change
D	CH	Eligibility Change - Disenroll	024	07 – Termination of Benefits
D	CO	County Move-Out	024	22 – Plan Change
D	DE	Deceased	024	03 - Death
D	EO	Open Enrollment-Out	024	22 – Plan Change
D	FO	Family Continuity-Out	024	07 – Termination of Benefits
D	HO	Move out of Health Plan Area	024	07 – Termination of Benefits
D	IE	Ineligible	024	07 - Termination of Benefits
D	MO	Medical Care Continuity-Out	024	07 – Termination of Benefits
D	OS	Out of State Move	024	07 – Termination of Benefits
D	PO	End of Contract - Out - Direct	024	07 – Termination of Benefits
D	PT	End of Contract-Out - %, AA,	024	07 – Termination of Benefits
D	VW	Voluntary Withdrawal	024	14 - Voluntary Withdrawal
D	XA	Admin Out for Conversion	024	XT – Transfer
N/A	N/A	Monthly 834 and Monthly COB Only	030 - Audit/Compare (BGN08='4' Verify)	XN – Notification Only

Source: RF592

4.4.2 AHCCCS Contract Type Table

Type	Contract code	Description
%	CRS/CAP	CHILDREN'S REHAB SERVICES, CAPITATION
@	DES/DD/RI	DES DD REINSURANCE INDICATOR
A	ACU/CAP	ACUTE CAPITATED
B	ACU/CAP/PAR	ACUTE,PARTIALLY CAPITATED
C	ACU/CAP/ACU	ACUTE,CAPITATED ACUTE SVCS ONLY
D	ACU/FFS/ACU	ACUTE,FEE FOR SERVICE ACUTE SVCS ONLY
E	ACU/FFS	ACUTE FEE FOR SERVICE
F	ACU/FFS/EMO	ACUTE,FEE FOR SERVICE EMERGENCY SVCS ONLY
G	ACU/FFS/FPS	ACUTE, FEE FOR SVC, FAMILY PLANNING SVCS
H	ACU/PPC	ACUTE PRIOR PERIOD COVERAGE
I	ACU/PPC/EMO	ACUTE PRIOR PERIOD COVERAGE EMERGENCY SVCS
J	LTC/CAP	LONG TERM CARE,CAPITATED
K	MHS/CAP/ACU	MENTAL HEALTH SERVICES,CAPITATED,ACUTE ONLY
L	LTC/CAP/ACU	LONG TERM CARE CAP ACUTE ONLY
M	LTC/PPC	LONG TERM CARE PRIOR PERIOD COVERAGE
N	ACU/NBN	ACUTE NEWBORN NON-CAPPED
O	LTC/PPC/ACU	LONG TERM CARE PRIOR PERIOD COVERAGE ACUTE
P	LTC/CAP/PAR	LTC,PARTIALLY CAPITATED
Q	ACU/CAP/FPS	ACUTE CAPITATED FPS ONLY
R	LTC/FFS	LONG TERM CARE FEE FOR SERVICE
S	MHS/CAP/DD	MENTAL HEALTH SERVICES,CAPITATED,DD
T	LTC/FFS/ACU	LONG TERM CARE FFS ACUTE ONLY
U	UNDOC/FFS/EM	UNDOCUMENTED ALIENS, FFS, EMERGENCY SVCS ONLY
V	MHS/CAP/KC	MENTAL HEALTH SVCS CAPITATED KIDSCARE
W	ACU/KC/NOPAY	ADHS DIRECT SERVICES KIDSCARE NO PAYMENT
X	ACU/FFS/KC	ACUTE FFS KIDSCARE
Y	ACU/CAP/KC	ACUTE CAPITATED KIDSCARE
Z	MHS/CAP/HIFA	MENTAL HEALTH SERVICES CAPITATED HIFA
1	NO/PMT	NO PAYMENT ALLOWED
2	LTC/VD/CAP/F	LTC VENT DEPENDENT CAPITATED FULL SERVICES
3	LTC/FFS/VD	LONG TERM CARE FFS VD
4	LTC/VD/CAP/A	LTC VENT DEPENDENT CAPITATED ACUTE SERVICES
5	LTC/FFS/VHA	LTC,FFS,VENT.DEPEND.,ACUTE SVCS ONLY
6	MHS/CAP/TMCP	MENTAL HEALTH SERVICES, CAPITATED, TEMP MED
7	MHS/CAP/CMDP	MENTAL HEALTH SERVICES, CAPITATED
8	NON/PAY	NO PAYMENT/MEDICARE CLAIMS ONLY
9	NON/AHC	NON-AHCCCS CLAIMS PROCESSING ONLY

Source: RF410

4.4.3 AHCCCS Insurance Type Table

Code	Description
B	Behavioral Health
D	Dental
M	Medical
P	Pharmacy
S	Medicare Supplemental
V	Vision
X	Medicare Part D
Z	Medicare Part A or B

834: 2320/COB02

4.4.4 AHCCCS Mental Health Category Table

Code	Description
C	CHILDREN SERVICES
D	SUBSTANCE/ALCOHOL ABUSE MENTAL HLTH SVCS
G	GENERAL MENTAL HEALTH SERVICES
H	GMH ALCOHOL/SUBSTANCE SV (ELIM 11/17/95)
I	NON-SMI DD 18 THRU 20 (ELIM 09/30/99)
S	SMI
Z	SED CHILDREN

Source: RF404
834: 2750/REF02 for “BHS” Loop

5. TI Change Summary

#	Location & Section	Revision
1.0		Original Final Version (identified as 0.3)
1.1		V1.1 changes are effective 10/01/2011
1.1	Pages 1-2	• Added AHCCCSA watermark • Removed Page 2 – copyright box
1.1	Pages 4-7 3.1	• Cleaned up Instruction Tables
1.1	Pages 8 4.1.1	• Format Changes o Rename table from Crib Notes to Transaction Notes o Removed columns 3-5 (usage, ID, Min/Max) – fix table header o Expanded ISA and GS segments to show all data elements
1.1	Pages 8-9 4.1.1	• Change ISA/GS/BGN to reflect transaction creation date/time – not mainframe date/time. • Use errata version 005010X220A1
1.1	Pages 12 4.1.1	• 2100A/N3/N4 Member Residence address - Address requirement changed to situational with Errata; revert to original requirements to only send member address on Daily Add, Address change, and on Monthly 834.
1.1	Pages 21-22 4.1.1	• Create 2700 loop for Member Renewal date when present: All Daily actions and Monthly (excludes COB Only).
1.1	Pages 26 4.1.1 2750/DTP03	• Add clarification for MH Category – TM & MC • A MC is a change action – Expect a begin date (D8) or Begin-End date range (RD8). • A TM is a termination action – Expect a term date (D8) or a Begin-End date range (RD8)
1.1	Pages 34-48 4.1.2	• Clean up 820 Examples

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

837 Standard Companion Guide Transaction Information

Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010

Companion Guide Version Number: 0.1
June 2011

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Transaction Instruction (TI)

1. TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard

HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

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1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2. Included ASC X12 Implementation Guides

Unique ID	Name
005010X222	Health Care Claim: Professional (837)
005010X223	Health Care Claim: Institutional (837)
005010X224	Health Care Claim: Dental (837)

3. Instruction Tables

3.1 837 Health Care Claim: Professional – Encounters

Loop ID	Reference	Name 837-P 5010 A1 ENC	Codes	Notes/Comments
				Glossary: **NOT USED BY AHCCCS** - AHCCCS does not use the segment or element for processing or updating of the adjudication system (PMMIS). The field may still be required by a Validator. - Follow TR3 guidelines.
				Blue = Header segments
				Light Blue = Billing Provider Detail Segments
				Green = Subscriber Detail Segments
				Yellow = Claim Level Segments
				Orange = Line Level Segments
___	**ISA**	**INTERCHANGE CONTROL HEADER**		
	ISA06	Interchange Sender ID	Expect HP Tax ID+6 spaces	
	ISA08	Interchange Receiver ID	866004791	
___	**GS**	**FUNCTIONAL GROUP HEADER**		
	GS02	Application Sender Code	Expect HP ID	
	GS03	Application Receiver Code	AHCCCS866004791	
	GS08	Version Identifier Code	005010X222A1	
___	**ST**	**TRANSACTION SET HEADER**		
	ST03	Implementation Convention Reference	005010X222A1	

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Loop ID	Reference	Name 837-P 5010 A1 ENC	Codes	Notes/Comments
___	**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**		
	BHT06	Claim or Encounter ID	RP	
1000A	**NM1**	**SUBMITTER NAME**		
1000A	NM109	Submitter Identifier	Expect 6-digit HP ID	
1000A	**PER**	**SUBMITTER EDI CONTACT INFORMATION**		**2nd occurrence is for BBA attestation**
1000B	**NM1**	**RECEIVER NAME**		
1000B	NM103	Receiver Name	AHCCCS	
1000B	NM109	Receiver Primary Identifier	866004791	
2010BA	**NM1**	**SUBSCRIBER NAME**		
2010BA	NM109	Subscriber Primary Identifier	Expect AHCCCS MEMBER ID	
2010BB	**NM1**	**PAYER NAME**		
2010BB	NM108	Identification Code Qualifier	PI	
2010BB	NM109	Payer Identifier	866004791	
2310A	**REF**	**REFERRING PROVIDER SECONDARY ID**		Atypical Provider Only
2310A	REF02	Referring Provider Secondary Identifier	Expect 8-digit ID (6-digit AHCCCS Provider Registration ID+2-digit Location code)	
2310B	**REF**	**RENDERING PROVIDER SECONDARY ID**		Atypical Provider Only
2310B	REF02	Rendering Provider Secondary Identifier	Expect 8-digit ID (6-digit AHCCCS Provider Registration ID+2-digit Location code)	
2330B	**NM1**	**OTHER PAYER NAME**		
2330B	NM109	Other Payer Primary Identifier	DE note: When sending Line Adjudication Information for this payer, the identifier sent in SVD01 (Payer Identifier) of Loop ID-2430 (Line Adjudication Information) must match this value.	**Health Plan** - expect 2-character HP-ID **Medicare** - expect 'MA' or 'MB' **TPL/Other Insurance** - expect 'OI'

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3.2 837 Health Care Claim: Institutional - Encounters

Loop ID	Reference	Name 837-I 5010 A2 ENC	Codes	Notes/Comments
				Glossary: **NOT USED BY AHCCCS** - AHCCCS does not use the segment or element for processing or updating of the adjudication system (PMMIS). The field may still be required by a Validator. - Follow TR3 guidelines.
				Blue = Header segments
				Light Blue = Billing Provider & Pay To Segments
				Green = Subscriber & Payer Segments
				Yellow = Claim Level Segments
				Purple = Other Subscriber Info Segments
				Orange = Line Level Segments
	ISA	**INTERCHANGE CONTROL HEADER**		
	ISA06	Interchange Sender ID	HP Tax ID+6 spaces	
	ISA08	Interchange Receiver ID	866004791	
	GS	**FUNCTIONAL GROUP HEADER**		
	GS02	Application Sender Code	HP ID	
	GS03	Application Receiver Code	AHCCCS866004791	
	GS08	Version Identifier Code	005010X223A2	
	ST	**TRANSACTION SET HEADER**		
	ST03	Implementation Convention Reference	005010X223A2	
	BHT	**BEGINNING OF HIERARCHICAL TRANSACTION**		
	BHT06	Claim or Encounter ID	RP	
1000A	**NM1**	**SUBMITTER NAME**		
1000A	NM109	Submitter Identifier	HP ID	
1000A	**PER**	**SUBMITTER EDI CONTACT INFORMATION**		2nd occurrence is for BBA attestation
1000B	**NM1**	**RECEIVER NAME**		
1000B	NM103	Receiver Name	AHCCCS	
1000B	NM109	Receiver Primary Identifier	866004791	
2010BA	**NM1**	**SUBSCRIBER NAME**		
2010BA	NM109	Subscriber Primary Identifier	AHCCCS Member ID	
2010BB	**NM1**	**PAYER NAME**		

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Loop ID	Reference	Name 837-I 5010 A2 ENC	Codes	Notes/Comments
2010BB	NM108	Identification Code Qualifier	PI	
2010BB	NM109	Payer Identifier	866004791	
2310A	**REF**	**ATTENDING PROVIDER SECONDARY ID**		Atypical provider Only
2310A	REF01	Reference Identification Qualifier	G2	
2310A	REF02	Secondary Identifier	AHCCCS Provider Registration ID	
2310B	**REF**	**OPERATING PHYSICIAN SECONDARY ID**		Atypical provider Only
2310B	REF01	Qualifier	G2	
2310B	REF02	Secondary Identifier	AHCCCS Provider Registration ID	
2310C	**REF**	**OTHER OPERATING PHYSICIAN SECONDARY ID**		Atypical provider Only
2310C	REF01	Reference Identification Qualifier	G2	
2310C	REF02	Rendering Provider Secondary Identifier	AHCCCS Provider Registration ID	
2310E	**REF**	**SERVICE FACILITY LOCATION SECONDARY ID**		Atypical provider Only
2310E	REF01	Reference Identification Qualifier	G2	
2310E	REF02	Laboratory or Facility Secondary Identifier	AHCCCS Provider Registration ID	
2310F	**REF**	**REFERRING PROVIDER SECONDARY ID**		Atypical provider Only
2310F	REF01	Reference Identification Qualifier	G2	
2310F	REF02	Referring Provider Secondary Identifier	AHCCCS Provider Registration ID	
2320	**MIA**	**INPATIENT ADJUDICATION INFORMATION**		# of days actually paid on a inpatient claim
2320	MIA01	Covered Days or Visits Count	Expect # of days actually paid on a inpatient claim	

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3.3 837 Health Care Claim: Dental – Encounters

Loop ID	Reference	Name 837-D 5010 A2 ENC	Codes	Notes/Comments
				Glossary: **NOT USED BY AHCCCS** - AHCCCS does not use the segment or element for processing or updating of the adjudication system (PMMIS). The field may still be required by a Validator. - Follow TR3 guidelines.
				Blue = Header segments
				Light Blue = Billing Provider & Pay To Segments
				Green = Subscriber / Payer/ Patient Segments
				Yellow = Claim Level Segments
				Orange = Line Level Segments
	ISA	**Interchange Control Header**		
	ISA06	Interchange Sender ID	Expect HP Tax ID+6 spaces	
	ISA08	Interchange Receiver ID	866004791	
	GS	**Functional Group Header**		
	GS02	Application Sender Code	Expect HP ID	
	GS03	Application Receiver Code	AHCCCS866004791	
	GS08	Version Identifier Code	005010X224A2	
	ST	**Transaction Set Header**		
	ST03	Implementation Convention Reference	005010X224A2	
	BHT	**Beginning of Hierarchical Transaction**		
	BHT06	Claim or Encounter ID	RP	
1000A	**NM1**	**Submitter Name**		
1000A	NM109	Submitter Identifier	Expect 6-digit HP ID	
1000A	**PER**	**Submitter EDI Contact Information**		2nd occurrence is for BBA attestation in PER04
1000B	**NM1**	**Receiver Name**		
1000B	NM103	Receiver Name	AHCCCS	
1000B	NM109	Receiver Primary Identifier	866004791	
2010BA	**NM1**	**Subscriber Name**		
2010BA	NM109	Subscriber Primary Identifier	Expect AHCCCS Member ID	
2010BB	**NM1**	**Payer Name**		
2010BB	NM108	Identification Code Qualifier	PI	
2010BB	NM109	Payer Identifier	866004791	

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Loop ID	Reference	Name 837-D 5010 A2 ENC	Codes	Notes/Comments
2010BB	**REF**	**Billing Provider Secondary ID**		Atypical Provider
2010BB	REF01	Reference Identification Qualifier	Expect "G2"	
2010BB	REF02	Payer Additional Identifier	AHCCCS Provider Registration ID (6-digit)	
2310A	**REF**	**Referring Provider Secondary Identifier**		Atypical Provider
2310A	REF01	Reference Identification Qualifier	Expect 'G2'	
2310A	REF02	Referring Provider Secondary Identifier	AHCCCS Provider Registration ID (6-digit) + 2-digit Location code	
2310B	**REF**	**Rendering Provider Secondary ID**		Atypical Provider
2310B	REF01	Reference Identification Qualifier	Expect 'G2'	
2310B	REF02	Rendering Provider Secondary Identifier	AHCCCS Provider Registration ID (6-digit) + 2-digit Location code	
2420A	**REF**	**Rendering Provider Secondary ID**		Atypical Provider
2420A	REF01	Reference Identification Qualifier	Expect 'G2'	
2420A	REF02	Rendering Provider Secondary Identifier	AHCCCS Provider Registration ID (6-digit) + 2-digit Location code	

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4. TI Additional Information

4.1 Business Scenarios

4.1.1 837 Professional Transaction Notes - Encounters

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Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
															Glossary: **NOT USED BY AHCCCS** - AHCCCS does not use the segment or element for processing or updating o the adjudication system (PMMIS). The field may still be required by a Validator - Follow TR3 guidelines.
															Blue = Header segments
															Light Blue = Billing Provider Detail Segments
															Green = Subscriber Detail Segments
															Yellow = Claim Level Segments
															Orange = Line Level Segments
___	**ISA**	**INTERCHANGE CONTROL HEADER**		**1**	**R**	**1**	___	**ISA**	**INTERCHANGE CONTROL HEADER**		**1**	**R**			
	ISA01	Authorization Information Qualifier	ID	2-2	R			ISA01	Authorization Information Qualifier	ID	2-2	R	00, 03		Expect 00
	ISA02	Authorization Information	AN	10-10	R			ISA02	Authorization Information	AN	10-10	R			10 spaces
	ISA03	Security Information Qualifier	ID	2-2	R			ISA03	Security Information Qualifier	ID	2-2	R	00, 01		Expect 00
	ISA04	Security Information	AN	10-10	R			ISA04	Security Information	AN	10-10	R			10 spaces
	ISA05	Interchange ID Qualifier	ID	2-2	R			ISA05	Interchange ID Qualifier	ID	2-2	R	01, 14, 20, 27, 28, 29, 30, 33, ZZ		Expect ZZ
	ISA06	Interchange Sender ID	AN	15-15	R			ISA06	Interchange Sender ID	AN	15-15	R			Expect HP Tax ID+6 spaces
	ISA07	Interchange ID Qualifier	ID	2-2	R			ISA07	Interchange ID Qualifier	ID	2-2	R	01, 14, 20, 27, 28, 29, 30, 33, ZZ		Expect ZZ
	ISA08	Interchange Receiver ID	AN	15-15	R			ISA08	Interchange Receiver ID	AN	15-15	R			Expect 866004791
	ISA09	Interchange Date	DT	6-6	R			ISA09	Interchange Date	DT	6-6	R	YYMMDD		Expect Date
	ISA10	Interchange Time	TM	4-4	R			ISA10	Interchange Time	TM	4-4	R	HHMM		Expect Time
	ISA11	Interchange Control Standards ID	ID	1-1	R			ISA11	Interchange Control Standards ID		1-1	R			Expect ^
	ISA12	Interchange Control Version Number	ID	5-5	R			ISA12	Interchange Control Version Number	ID	5-5	R	00501		00501
	ISA13	Interchange Control Number	N0	9-9	R			ISA13	Interchange Control Number	N0	9-9	R			Expect Interchange Control Number
	ISA14	Acknowledgement Requested	ID	1-1	R			ISA14	Acknowledgement Requested	ID	1-1	R	0, 1		Expect 1
	ISA15	Usage Indicator	ID	1-1	R			ISA15	Usage Indicator	ID	1-1	R	P, T		Expect P or T
	ISA16	Component Element Separator	AN	1-1	R			ISA16	Component Element Separator	AN	1-1	R			Expect Pipe |
___	**GS**	**FUNCTIONAL GROUP HEADER**		**1**	**R**	**>1**	___	**GS**	**FUNCTIONAL GROUP HEADER**		**1**	**R**			
	GS01	Functional Identifier Code	ID	2-2	R			GS01	Functional Identifier Code	ID	2-2	R			Expect HC
	GS02	Application Sender Code	AN	2-15	R			GS02	Application Sender Code	AN	2-15	R			Expect HP ID
	GS03	Application Receiver Code	AN	2-15	R			GS03	Application Receiver Code	AN	2-15	R			Expect AHCCCS866004791
	GS04	Date	DT	8-8	R			GS04	Date	DT	8-8	R	CCYYMMDD		Expect Date
	GS05	Time	TM	4-8	R			GS05	Time	TM	4-8	R	HHMM		Expect Time HHMMSSDD
	GS06	Group Control Number	N0	1-9	R			GS06	Group Control Number	N0	1-9	R			Assigned by submitter; Same as GE02
	GS07	Responsible Agency Code	ID	1-2	R			GS07	Responsible Agency Code	ID	1-2	R	X		Expect X
	GS08	Version Identifier Code	AN	1-12	R			GS08	Version Identifier Code	AN	1-12	R	005010X222	Code Change	Expect '005010X222A1'
___	**ST**	**TRANSACTION SET HEADER**		**1**	**R**	**>1**	___	**ST**	**TRANSACTION SET HEADER**		**1**	**R**			
	ST01	Transaction Set Identifier Code	ID	3-3	R			ST01	Transaction Set Identifier Code	ID	3-3	R	837		Expect '837'

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	ST02	Transaction Set Control Number	AN	4-9	R			ST02	Transaction Set Control Number	AN	4-9	R			Assigned by submitter; Same as SE02
								ST03	Implementation Convention Reference	AN	1-35	R		New Element	Expect '005010X222A1'
___	**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**		**1**	**R**	**1**	___	**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**		**1**	**R**			
	BHT01	Hierarchical Structure Code	ID	4-4	R			BHT01	Hierarchical Structure Code	ID	4-4	R	0019		Expect '0019' Information Source, Subscriber, Dependent
	BHT02	Transaction Set Purpose Code	ID	2-2	R			BHT02	Transaction Set Purpose Code	ID	2-2	R	00, 18		Expect '00' Original
	BHT03	Originator Application Transaction ID	AN	1-30	R			BHT03	Originator Application Transaction ID	AN	1-50	R		This field is limited to 30 characters.	Assigned by submitter
	BHT04	Transaction Set Creation Date	DT	8-8	R			BHT04	Transaction Set Creation Date	DT	8-8	R	CCYYMMDD		Creation Date CCYYMMDD
	BHT05	Transaction Set Creation Time	TM	4-8	R			BHT05	Transaction Set Creation Time	TM	4-8	R	HHMM, HHMMSS, HHMMSSD, HHMMSSDD		Creation Time HHMM
	BHT06	Claim or Encounter ID	ID	2-2	R			BHT06	Claim or Encounter ID	ID	2-2	R	31, CH, RP		Expect 'RP' Reporting
___	**REF**	**TRANSMISSION TYPE IDENTIFICATION**		**1**	**R**	**1**		REF	Transmission Type Identification					SEGMENT DELETED	DELETED
1000A	**NM1**	**SUBMITTER NAME**		**1**	**R**	**1**	**1000A**	**NM1**	**SUBMITTER NAME**		**1**	**R**			
	NM101	Entity Identifier Code	ID	2-3	R		1000A	NM101	Entity Identifier Code	ID	2-3	R	41		Expect '41' Submitter
	NM102	Entity Type Qualifier	ID	1-1	R		1000A	NM102	Entity Type Qualifier	ID	1-1	R	1, 2		Expect '2' Non-Person Entity
	NM103	Submitter Last or Organization Name	AN	1-35	R		1000A	NM103	Submitter Last or Organization Name	AN	1-60	R		Increase from 35 - 60	Expect Organization Name
	NM104	Submitter First Name	AN	1-25	S		1000A	NM104	Submitter First Name	AN	1-35	S		Increase from 25 - 35	N/A
	NM105	Submitter Middle Name	AN	1-25	S		1000A	NM105	Submitter Middle Name	AN	1-25	S			N/A
	NM106	Name Prefix	AN	1-10	N/U		1000A	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Name Suffix	AN	1-10	N/U		1000A	NM107	Name Suffix	AN	1-10	N/U			NOT USED
	NM108	Identification Code Qualifier	ID	1-2	R		1000A	NM108	Identification Code Qualifier	ID	1-2	R	46		Expect '46' Electronic Transmitter Identification Number (ETIN)
	NM109	Submitter Identifier	AN	2-80	R		1000A	NM109	Submitter Identifier	AN	2-80	R			Expect 6-digit HP ID
	NM110	Entity Relationship Code	ID	2-2	N/U		1000A	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		1000A	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							1000A	NM112	Name Last or Organization Name	AN	1-60	N/U		NewElement	NOT USED
1000A	**PER**	**SUBMITTER EDI CONTACT INFORMATION**		**2**	**R**		**1000A**	**PER**	**SUBMITTER EDI CONTACT INFORMATION**		**2**	**R**			2nd occurrence is for BBA attestation in PER04
	PER01	Contact Function Code	ID	2-2	R		1000A	PER01	Contact Function Code	ID	2-2	R	IC		Expect 'IC' Information Contact
	PER02	Submitter Contact Name	AN	1-60	R		1000A	PER02	Submitter Contact Name	AN	1-60	S			Expect HP Contact Name
	PER03	Communication Number Qualifier	ID	2-2	R		1000A	PER03	Communication Number Qualifier	ID	2-2	R	EM, FX. TE	Code 'ED' EDI Number - Deleted	Expect 'EM' Email
	PER04	Communication Number	AN	1-80	R		1000A	PER04	Communication Number	AN	1-256	R		Increase from 80 - 256	Expect BBA attestation
	PER05	Communication Number Qualifier	ID	2-2	S		1000A	PER05	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE	Code Deleted	Expect 'EM' Email
	PER06	Communication Number	AN	1-80	S		1000A	PER06	Communication Number	AN	1-256	S		Increase from 80 - 256	Expect Contact Email
	PER07	Communication Number Qualifier	ID	2-2	S		1000A	PER07	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE	Code Deleted	Expect 'TE' Telephone
	PER08	Communication Number	AN	1-80	S		1000A	PER08	Communication Number	AN	1-256	S		Increase from 80 - 256	Expect Contact Phone
	PER09	Contact Inquiry Reference	AN	1-20	N/U		1000A	PER09	Contact Inquiry Reference	AN	1-20	N/U			NOT USED
1000B	**NM1**	**RECEIVER NAME**		**1**	**R**	**1**	**1000B**	**NM1**	**RECEIVER NAME**		**1**	**R**			
	NM101	Entity Identifier Code	ID	2-3	R		1000B	NM101	Entity Identifier Code	ID	2-3	R	40		Expect '40' Receiver
	NM102	Entity Type Qualifier	ID	1-1	R		1000B	NM102	Entity Type Qualifier	ID	1-1	R	2		Expect '2' Non-person Entity

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	NM103	Receiver Name	AN	1-35	R		1000B	NM103	Receiver Name	AN	1-60	R		Increase from 35 - 60	Expect 'AHCCCS'
	NM104	Name First	AN	1-25	N/U		1000B	NM104	Name First	AN	1-35	N/U		Increase from 25 - 35	NOT USED
	NM105	Name Middle	AN	1-25	N/U		1000B	NM105	Name Middle	AN	1-25	N/U			NOT USED
	NM106	Name Prefix	AN	1-10	N/U		1000B	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Name Suffix	AN	1-10	N/U		1000B	NM107	Name Suffix	AN	1-10	N/U			NOT USED
	NM108	Identification Code Qualifier	ID	1-2	R		1000B	NM108	Identification Code Qualifier	ID	1-2	R	46		Expect '46' Electronic Transmitter Identification Number (ETIN)
	NM109	Receiver Primary Identifier	AN	2-80	R		1000B	NM109	Receiver Primary Identifier	AN	2-80	R			Expect '866004791'
	NM110	Entity Relationship Code	ID	2-2	N/U		1000B	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		1000B	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							1000B	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
2000A	**HL**	**BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL**		**1**	**R**	**>1**	**2000A**	**HL**	**BILLING PROVIDER HIERARCHICAL LEVEL**		**1**	**R**		Name Change	
	HL01	Hierarchical ID Number	AN	1-12	R		2000A	HL01	Hierarchical ID Number	AN	1-12	R			Expect '1'
	HL02	Hierarchical Parent ID Number	AN	1-12	N/U		2000A	HL02	Hierarchical Parent ID Number	AN	1-12	N/U			NOT USED
	HL03	Hierarchical Level Code	ID	1-2	R		2000A	HL03	Hierarchical Level Code	ID	1-2	R	20		Expect '20' Information Source
	HL04	Hierarchical Child Code	ID	1-1	R		2000A	HL04	Hierarchical Child Code	ID	1-1	R	1		Expect '1' Additional Subordinate HL Data Segment in This Hierarchical Structure
2000A	**PRV**	**BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION**		**1**	**S**		**2000A**	**PRV**	**BILLING PROVIDER SPECIALTY INFORMATION**		**1**	**S**		Name Change	
	PRV01	Provider Code	ID	1-3	R			PRV01	Provider Code	ID	1-3	R	BI		Expect 'BI' Billing
	PRV02	Reference Identification Qualifier	ID	2-3	R			PRV02	Reference Identification Qualifier	ID	2-3	R	PXC		Expect 'PXC' Health Care Provider Taxonomy Code
	PRV03	Provider Taxonomy Code	AN	1-30	R			PRV03	Provider Taxonomy Code	AN	1-50	R		Increase 30 - 50	Expect Billing Provider Taxonomy code
	PRV04	State or Province Code	ID	2-2	N/U			PRV04	State or Province Code	ID	2-2	N/U			NOT USED
	PRV05	PROVIDER SPECIALTY INFORMATION			N/U			PRV05	PROVIDER SPECIALTY INFORMATION			N/U			NOT USED
	PRV06	Provider Organization Code	ID	3-3	N/U			PRV06	Provider Organization Code	ID	3-3	N/U			NOT USED
2000A	**CUR**	**FOREIGN CURRENCY INFORMATION**		**1**	**S**		**2000A**	**CUR**	**FOREIGN CURRENCY INFORMATION**		**1**	**S**			SEGMENT NOT USED BY AHCCCS
	CUR01	Entity Identifier Code	ID	2-3	R		2000A	CUR01	Entity Identifier Code	ID	2-3	R	85		NOT USED BY AHCCCS
	CUR02	Currency Code	ID	3-3	R		2000A	CUR02	Currency Code	ID	3-3	R			NOT USED BY AHCCCS
	CUR03	Exchange Rate	R	4-10	N/U		2000A	CUR03	Exchange Rate	R	4-10	N/U			NOT USED
	CUR04	Entity Identifier Code	ID	2-3	N/U		2000A	CUR04	Entity Identifier Code	ID	2-3	N/U			NOT USED
	CUR05	Currency Code	ID	3-3	N/U		2000A	CUR05	Currency Code	ID	3-3	N/U			NOT USED
	CUR06	Currency Market/Exchange Code	ID	3-3	N/U		2000A	CUR06	Currency Market/Exchange Code	ID	3-3	N/U			NOT USED
	CUR07	Date/Time Qualifier	ID	3-3	N/U		2000A	CUR07	Date/Time Qualifier	ID	3-3	N/U			NOT USED
	CUR08	Date	DT	8-8	N/U		2000A	CUR08	Date	DT	8-8	N/U			NOT USED
	CUR09	Time	TM	4-8	N/U		2000A	CUR09	Time	TM	4-8	N/U			NOT USED
	CUR10	Date/Time Qualifier	ID	3-3	N/U		2000A	CUR10	Date/Time Qualifier	ID	3-3	N/U			NOT USED
	CUR11	Date	DT	8-8	N/U		2000A	CUR11	Date	DT	8-8	N/U			NOT USED
	CUR12	Time	TM	4-8	N/U		2000A	CUR12	Time	TM	4-8	N/U			NOT USED
	CUR13	Date/Time Qualifier	ID	3-3	N/U		2000A	CUR13	Date/Time Qualifier	ID	3-3	N/U			NOT USED
	CUR14	Date	DT	8-8	N/U		2000A	CUR14	Date	DT	8-8	N/U			NOT USED
	CUR15	Time	TM	4-8	N/U		2000A	CUR15	Time	TM	4-8	N/U			NOT USED
	CUR16	Date/Time Qualifier	ID	3-3	N/U		2000A	CUR16	Date/Time Qualifier	ID	3-3	N/U			NOT USED
	CUR17	Date	DT	8-8	N/U		2000A	CUR17	Date	DT	8-8	N/U			NOT USED
	CUR18	Time	TM	4-8	N/U		2000A	CUR18	Time	TM	4-8	N/U			NOT USED
	CUR19	Date/Time Qualifier	ID	3-3	N/U		2000A	CUR19	Date/Time Qualifier	ID	3-3	N/U			NOT USED
	CUR20	Date	DT	8-8	N/U		2000A	CUR20	Date	DT	8-8	N/U			NOT USED
	CUR21	Time	TM	4-8	N/U		2000A	CUR21	Time	TM	4-8	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2010AA	**NM1**	**Billing Provider Name Suffix**		**1**	**R**	**1**	**2010AA**	**NM1**	**Billing Provider Name**		**1**	**R**		Name Change	
	NM101	Entity Identifier Code	ID	2-3	R		2010AA	NM101	Entity Identifier Code	ID	2-3	R	85		Expect '85' 85 Billing Provider
	NM102	Entity Type Qualifier	ID	1-1	R		2010AA	NM102	Entity Type Qualifier	ID	1-1	R	1, 2		Expect '1' Person or '2' Non-person Entity
	NM103	Billing Provider Last or Organizational Name	AN	1-35	R		2010AA	NM103	Billing Provider Last or Organizational Name	AN	1-60	R		Increase from 35 - 60	Expect Last or Organizational Name
	NM104	Billing Provider First Name	AN	1-25	S		2010AA	NM104	Billing Provider First Name	AN	1-35	S		Increase from 25 - 35	Expect First Name
	NM105	Billing Provider Middle Name	AN	1-25	S		2010AA	NM105	Billing Provider Middle Name	AN	1-25	S			Expect Middle Initial
	NM106	Name Prefix	AN	1-10	N/U		2010AA	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Billing Provider Name Suffix	AN	1-10	S		2010AA	NM107	Billing Provider Name Suffix	AN	1-10	S		Usage changed to Situational	N/A
	NM108	Identification Code Qualifier	ID	1-2	R		2010AA	NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted Usage changed to Situational	Expect 'XX' Centers for Medicare and Medicaid Services National Provider Identifier
	NM109	Billing Provider Identifier	AN	2-80	R		2010AA	NM109	Billing Provider Identifier	AN	2-80	S		Usage changed to Situational	Expect NPI
	NM110	Entity Relationship Code	ID	2-2	N/U		2010AA	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2010AA	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2010AA	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
2010AA	**N3**	**BILLING PROVIDER ADDRESS**		**1**	**R**		**2010AA**	**N3**	**BILLING PROVIDER ADDRESS**		**1**	**R**			
	N301	Billing Provider Address Line	AN	1-55	R		2010AA	N301	Billing Provider Address Line	AN	1-55	R			Expect Billing Address 1
	N302	Billing Provider Address Line	AN	1-55	S		2010AA	N302	Billing Provider Address Line	AN	1-55	S			Expect Billing Address 2
2010AA	**N4**	**BILLING PROVIDER CITY/STATE/ZIP CODE**		**1**	**R**		**2010AA**	**N4**	**BILLING PROVIDER CITY/STATE/ZIP CODE**		**1**	**R**			
	N401	Billing Provider City Name	AN	2-30	R		2010AA	N401	Billing Provider City Name	AN	2-30	R			Expect Billing City
	N402	Billing Provider State or Province Code	ID	2-2	R		2010AA	N402	Billing Provider State or Province Code	ID	2-2	S		Usage changed to Situational	Expect Billing State
	N403	Billing Provider Postal Zone or ZIP Code	ID	3-15	R		2010AA	N403	Billing Provider Postal Zone or ZIP Code	ID	3-15	S		Usage changed to Situational	Expect Billing Zip
	N404	Country Code	ID	2-3	S		2010AA	N404	Country Code	ID	2-3	S			NOT USED BY AHCCCS
	N405	Location Qualifier	ID	1-2	N/U		2010AA	N405	Location Qualifier	ID	1-2	N/U			NOT USED
	N406	Location Identifier	AN	1-30	N/U		2010AA	N406	Location Identifier	AN	1-30	N/U			NOT USED
							2010AA	N407	Country Subdivision Code	ID	1-3	S		New Element	NOT USED BY AHCCCS
2010AA	**REF**	**BILLING PROVIDER SECONDARY IDENTIFICATION**		**8**	**S**		**2010AA**	**REF**	**BILLING PROVIDER TAX IDENTIFICATION**		**1**	**R**		Name Change Usage changed to Required	
	REF01	Reference Identification Qualifier	ID	2-3	R		2010AA	REF01	Reference Identification Qualifier	ID	2-3	R	EI, SY	Code Deleted	Expect 'EI' Employer's Identification Number
	REF02	Billing Provider Additional Identifier	AN	1-30	R		2010AA	REF02	Billing Provider Additional Identifier	AN	1-50	R		Increase from 30 - 50	Expect Billing Tax ID
	REF03	Description	AN	1-80	N/U		2010AA	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2010AA	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2010AA	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2010AA	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2010AA	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2010AA	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2010AA	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2010AA	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2010AA	**REF**	**CREDIT/DEBIT CARD BILLING INFORMATION**		**8**	**S**		**2010AA**	**REF**	**BILLING PROVIDER UPIN/LICENSE INFORMATION**		**2**	**S**		Name Change	SEGMENT NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	REF01	Reference Identification Qualifier	ID	2-3	R		2010AA	REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G	Code Deleted	NOT USED BY AHCCCS
	REF02	Billing Provider Credit Card Identifier	AN	1-30	R		2010AA	REF02	Billing Provider Additional Identifier	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2010AA	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2010AA	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2010AA	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2010AA	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2010AA	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2010AA	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2010AA	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2010AA	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2010AA	**PER**	**BILLING PROVIDER CONTACT INFORMATION**		**2**	**S**		**2010AA**	**PER**	**BILLING PROVIDER CONTACT INFORMATION**		**2**	**S**			SEGMENT NOT USED BY AHCCCS
	PER01	Contact Function Code	ID	2-2	R		2010AA	PER01	Contact Function Code	ID	2-2	R	IC		NOT USED BY AHCCCS
	PER02	Billing Provider Contact Name	AN	1-60	R		2010AA	PER02	Billing Provider Contact Name	AN	1-60	S		Usage changed to Situational	NOT USED BY AHCCCS
	PER03	Communication Number Qualifier	ID	2-2	R		2010AA	PER03	Communication Number Qualifier	ID	2-2	R	EM, FX, TE		NOT USED BY AHCCCS
	PER04	Communication Number	AN	1-80	R		2010AA	PER04	Communication Number	AN	1-256	R		Increase from 80 - 256	NOT USED BY AHCCCS
	PER05	Communication Number Qualifier	ID	2-2	S		2010AA	PER05	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE		NOT USED BY AHCCCS
	PER06	Communication Number	AN	1-80	S		2010AA	PER06	Communication Number	AN	1-256	S		Increase from 80 - 256	NOT USED BY AHCCCS
	PER07	Communication Number Qualifier	ID	2-2	S		2010AA	PER07	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE		NOT USED BY AHCCCS
	PER08	Communication Number	AN	1-80	S		2010AA	PER08	Communication Number	AN	1-256	S		Increase from 80 - 256	NOT USED BY AHCCCS
	PER09	Contact Inquiry Reference	AN	1-20	N/U		2010AA	PER09	Contact Inquiry Reference	AN	1-20	N/U			NOT USED
2010AB	**NM1**	**PAY-TO PROVIDER NAME**		**1**	**S**	**1**	2010AB	**NM1**	**PAY-TO ADDRESS NAME**		**1**	**S**		Name Change	SEGMENT NOT USED BY AHCCCS -PAY-TO IS HEALTH PLAN. See 2330B for Health plan identification
	NM101	Entity Identifier Code	ID	2-3	R		2010AB	NM101	Entity Identifier Code	ID	2-3	R	87		NOT USED BY AHCCCS
	NM102	Entity Type Qualifier	ID	1-1	R		2010AB	NM102	Entity Type Qualifier	ID	1-1	R	1, 2		NOT USED BY AHCCCS
	NM103	Pay-to Provider Last or Organization Name	AN	1-35	R		2010AB	NM103	Pay-to Provider Last or Organization Name	AN	1-60	N/U		Increase from 35 - 60 Usage changed to Not Used	NOT USED
	NM104	Pay-to Provider First Name	AN	1-25	S		2010AB	NM104	Pay-to Provider First Name	AN	1-35	N/U		Increase from 25 - 35 Usage changed to Not Used	NOT USED
	NM105	Pay-to Provider Middle Name	AN	1-25	S		2010AB	NM105	Pay-to Provider Middle Name	AN	1-25	N/U		Usage changed to Not Used	NOT USED
	NM106	Name Prefix	AN	1-10	N/U		2010AB	NM106	Name Prefix	AN	1-10	N/U		Usage changed to Not Used	NOT USED
	NM107	Pay-to Provider Name Suffix	AN	1-10	S		2010AB	NM107	Pay-to Provider Name Suffix	AN	1-10	N/U		Usage changed to Not Used	NOT USED
	NM108	Identification Code Qualifier	ID	1-2	R		2010AB	NM108	Identification Code Qualifier	ID	1-2	N/U		Code Deleted Usage changed to Not Used	NOT USED
	NM109	Pay-to Provider Identifier	AN	2-80	R		2010AB	NM109	Pay-to Provider Identifier	AN	2-80	N/U		Usage changed to Not Used	NOT USED
	NM110	Entity Relationship Code	ID	2-2	N/U		2010AB	NM110	Entity Relationship Code	ID	2-2	N/U		Usage changed to Not Used	NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2010AB	NM111	Entity Identifier Code	ID	2-3	N/U		Usage changed to Not Used	NOT USED
							2010AB	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
2010AB	**N3**	**PAY-TO PROVIDER ADDRESS**		**1**	**R**		**2010AB**	**N3**	**PAY-TO PROVIDER ADDRESS**		**1**	**R**			SEGMENT NOT USED BY AHCCCS
	N301	Pay-to Provider Address Line	AN	1-55	R		2010AB	N301	Pay-to Provider Address Line	AN	1-55	R			NOT USED BY AHCCCS
	N302	Pay-to Provider Address Line	AN	1-55	S		2010AB	N302	Pay-to Provider Address Line	AN	1-55	S			NOT USED BY AHCCCS
2010AB	**N4**	**PAY-TO PROVIDER CITY/STATE/ZIP CODE**		**1**	**R**		**2010AB**	**N4**	**PAY-TO PROVIDER CITY/STATE/ZIP CODE**		**1**	**R**			SEGMENT NOT USED BY AHCCCS
	N401	Pay-to Provider City Name	AN	2-30	R		2010AB	N401	Pay-to Provider City Name	AN	2-30	R			NOT USED BY AHCCCS
	N402	Pay-to Provider State Code	ID	2-2	R		2010AB	N402	Pay-to Provider State Code	ID	2-2	S		Usage changed to Situational	NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep
	N403	Pay-to Provider Postal Zone or ZIP Code	ID	3-15	R	
	N404	Pay-to Provider Country Code	ID	2-3	S	
	N405	Location Qualifier	ID	1-2	N/U	
	N406	Location Identifier	AN	1-30	N/U	
2010AB	**REF**	**PAY-TO PROVIDER SECONDARY IDENTIFICATION**		**5**	**S**	

Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2010AB	N403	Pay-to Provider Postal Zone or ZIP Code	ID	3-15	S		Usage changed to Situational	NOT USED BY AHCCCS
2010AB	N404	Pay-to Provider Country Code	ID	2-3	S			NOT USED BY AHCCCS
2010AB	N405	Location Qualifier	ID	1-2	N/U			NOT USED
2010AB	N406	Location Identifier	AN	1-30	N/U			NOT USED
2010AB	N407	Country Subdivision Code	ID	1-3	S		New Element	NOT USED BY AHCCCS
							SEGMENT DELETED	DELETED
2010AC	**NM1**	**PAY TO PLAN NAME**		**1**	**S**		New Segment	SEGMENT NOT USED BY AHCCCS -PAY-TO IS HEALTH PLAN. See 2330B for Health plan identification
2010AC	NM101	Entity Identifier Code	ID	2-3	R	PE		NOT USED BY AHCCCS
2010AC	NM102	Entity Type Qualifier	ID	1-1	R	2		NOT USED BY AHCCCS
2010AC	NM103	Pay to Plan Organizational Name	AN	1-60	R			NOT USED BY AHCCCS
2010AC	NM104	Name First	AN	1-35	N/U			NOT USED
2010AC	NM105	Name Middle	AN	1-25	N/U			NOT USED
2010AC	NM106	Name Prefix	AN	1-10	N/U			NOT USED
2010AC	NM107	Name Suffix	AN	1-10	N/U			NOT USED
2010AC	NM108	Identification Code Qualifier	ID	1-2	R	PI, XV		NOT USED BY AHCCCS
2010AC	NM109	Identification Code	AN	2-80	R			NOT USED BY AHCCCS
2010AC	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
2010AC	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
2010AC	NM112	Name Last or Organization Name	AN	1-60	N/U			NOT USED
2010AC	**N3**	**PAY-TO PLAN ADDRESS**		**1**	**R**		New Segment	SEGMENT NOT USED BY AHCCCS
2010AC	N301	Pay-to Plan Address Line	AN	1-55	R			NOT USED BY AHCCCS
2010AC	N302	Pay-to Plan Address Line	AN	1-55	S			NOT USED BY AHCCCS
2010AC	**N4**	**PAY-TO PLAN CITY/STATE/ZIP CODE**		**1**	**R**		New Segment	SEGMENT NOT USED BY AHCCCS
2010AC	N401	Pay-to Plan City Name	AN	2-30	R			NOT USED BY AHCCCS
2010AC	N402	Pay-to Plan State Code	ID	2-2	S			NOT USED BY AHCCCS
2010AC	N403	Pay-to Plan Postal Zone or ZIP Code	ID	3-15	S			NOT USED BY AHCCCS
2010AC	N404	Pay-to Plan Country Code	ID	2-3	S			NOT USED BY AHCCCS
2010AC	N405	Location Qualifier	ID	1-2	N/U			NOT USED
2010AC	N406	Location Identifier	AN	1-30	N/U			NOT USED
2010AC	N407	Country Subdivision Code	ID	1-3	S			NOT USED BY AHCCCS
2010AC	**REF**	**PAY-TO PLAN SECONDARY IDENTIFICATION**		**1**	**S**		New Segment	SEGMENT NOT USED BY AHCCCS
2010AC	REF01	Reference Identification Qualifier	ID	2-3	R	2U, FY, NF		NOT USED BY AHCCCS
2010AC	REF02	Reference Identification	AN	1-50	R			NOT USED BY AHCCCS
2010AC	REF03	Description	AN	1-80	N/U			NOT USED
2010AC	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
2010AC	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
2010AC	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
2010AC	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
2010AC	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
2010AC	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
2010AC	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2010AC	**REF**	**PAY-TO PLAN TAX IDENTIFICATION**		**1**	**R**		New Segment	SEGMENT NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
							2010AC	REF01	Reference Identification Qualifier	ID	2-3	R	EI		NOT USED BY AHCCCS
							2010AC	REF02	Reference Identification	AN	1-50	R			NOT USED BY AHCCCS
							2010AC	REF03	Description	AN	1-80	N/U			NOT USED
							2010AC	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2010AC	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2010AC	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2010AC	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2010AC	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2010AC	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2010AC	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2000B	**HL**	**SUBSCRIBER HIERARCHICAL LEVEL**		**1**	**R**	**>1**	**2000B**	**HL**	**SUBSCRIBER HIERARCHICAL LEVEL**		**1**	**R**			
	HL01	Hierarchical ID Number	AN	1-12	R		2000B	HL01	Hierarchical ID Number	AN	1-12	R			Expect Incremented number from 2000A/HL Billing Provider Hierarchical Level
	HL02	Hierarchical Parent ID Number	AN	1-12	R		2000B	HL02	Hierarchical Parent ID Number	AN	1-12	R			Expect '1'
	HL03	Hierarchical Level Code	ID	1-2	R		2000B	HL03	Hierarchical Level Code	ID	1-2	R	22		Expect '22' Subscriber
	HL04	Hierarchical Child Code	ID	1-1	R		2000B	HL04	Hierarchical Child Code	ID	1-1	R	0, 1		Expect '0'
2000B	**SBR**	**SUBSCRIBER INFORMATION**		**1**	**R**		**2000B**	**SBR**	**SUBSCRIBER INFORMATION**		**1**	**R**			
	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R		2000B	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R	A, B, C, D, E, F, G, H, P, S, T, U	Code Deleted	Expect: P=Primary
	SBR02	Individual Relationship Code	ID	2-2	S		2000B	SBR02	Individual Relationship Code	ID	2-2	S	18		Expect '18' Self
	SBR03	Insured Group or Policy Number	AN	1-30	S		2000B	SBR03	Insured Group or Policy Number	AN	1-50	S		Increase from 30 - 50	NOT USED BY AHCCCS
	SBR04	Insured Group Name	AN	1-60	S		2000B	SBR04	Insured Group Name	AN	1-60	S			NOT USED BY AHCCCS
	SBR05	Insurance Type Code	ID	1-3	S		2000B	SBR05	Insurance Type Code	ID	1-3	S	12, 13, 14, 15, 16, 41, 42, 43, 47		NOT USED BY AHCCCS
	SBR06	Coordination of Benefits Code	ID	1-1	N/U		2000B	SBR06	Coordination of Benefits Code	ID	1-1	N/U			NOT USED
	SBR07	Yes/No Condition or Response Code	ID	1-1	N/U		2000B	SBR07	Yes/No Condition or Response Code	ID	1-1	N/U			NOT USED
	SBR08	Employment Status Code	ID	2-2	N/U		2000B	SBR08	Employment Status Code	ID	2-2	N/U			NOT USED
	SBR09	Claim Filing Indicator Code	ID	1-2	S		2000B	SBR09	Claim Filing Indicator Code	ID	1-2	S	11, 12, 13, 14,	Code Change	Expect 'MC' Medicaid
2000B	**PAT**	**PATIENT INFORMATION**		**1**	**S**		**2000B**	**PAT**	**PATIENT INFORMATION**		**1**	**S**			SEGMENT NOT USED BY AHCCCS
	PAT01	Individual Relationship Code	ID	2-2	N/U		2000B	PAT01	Individual Relationship Code	ID	2-2	N/U			NOT USED
	PAT02	Patient Location Code	ID	1-1	N/U		2000B	PAT02	Patient Location Code	ID	1-1	N/U			NOT USED
	PAT03	Employment Status Code	ID	2-2	N/U		2000B	PAT03	Employment Status Code	ID	2-2	N/U			NOT USED
	PAT04	Student Status Code	ID	1-1	N/U		2000B	PAT04	Student Status Code	ID	1-1	N/U			NOT USED
	PAT05	Date Time Period Format Qualifier	ID	2-3	S		2000B	PAT05	Date Time Period Format Qualifier	ID	2-3	S	D8		NOT USED BY AHCCCS
	PAT06	Insured Individual Death Date	AN	1-35	S		2000B	PAT06	Insured Individual Death Date	AN	1-35	S	CCYYMMDD		NOT USED BY AHCCCS
	PAT07	Unit or Basis for Measurement Code	ID	2-2	S		2000B	PAT07	Unit or Basis for Measurement Code	ID	2-2	S	01		NOT USED BY AHCCCS
	PAT08	Patient Weight 9(6)V99	R	1-10	S		2000B	PAT08	Patient Weight 9(6)V99	R	1-10	S			NOT USED BY AHCCCS
	PAT09	Pregnancy Indicator	ID	1-1	S		2000B	PAT09	Pregnancy Indicator	ID	1-1	S	Y		NOT USED BY AHCCCS
2010BA	**NM1**	**SUBSCRIBER NAME**		**1**	**R**	**1**	**2010BA**	**NM1**	**SUBSCRIBER NAME**		**1**	**R**			
	NM101	Entity Identifier Code	ID	2-3	R		2010BA	NM101	Entity Identifier Code	ID	2-3	R	IL		Expect 'IL' Insured or Subscriber
	NM102	Entity Type Qualifier	ID	1-1	R		2010BA	NM102	Entity Type Qualifier	ID	1-1	R	1, 2		Expect '1' Person
	NM103	Subscriber Last Name	AN	1-35	R		2010BA	NM103	Subscriber Last Name	AN	1-60	R		Increase from 35 - 60	Expect Member Last Name
	NM104	Subscriber First Name	AN	1-25	S		2010BA	NM104	Subscriber First Name	AN	1-35	S		Increase from 25 - 35	Expect Member First Name
	NM105	Subscriber Middle Name	AN	1-25	S		2010BA	NM105	Subscriber Middle Name	AN	1-25	S			Expect Member MI
	NM106	Name Prefix	AN	1-10	N/U		2010BA	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Subscriber Name Suffix	AN	1-10	S		2010BA	NM107	Subscriber Name Suffix	AN	1-10	S			N/A

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	NM108	Identification Code Qualifier	ID	1-2	S		2010BA	NM108	Identification Code Qualifier	ID	1-2	R	II, MI	Code Change Usage changed to Reqired	Expect 'MI' Member Identification Number
	NM109	Subscriber Primary Identifier	AN	2-80	S		2010BA	NM109	Subscriber Primary Identifier	AN	2-80	R		Usage changed to Required	Expect AHCCCS ID
	NM110	Entity Relationship Code	ID	2-2	N/U		2010BA	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2010BA	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2010BA	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
2010BA	**N3**	**SUBSCRIBER ADDRESS**		**1**	**S**		**2010BA**	**N3**	**SUBSCRIBER ADDRESS**		**1**	**S**			
	N301	Subscriber Address Line	AN	1-55	R		2010BA	N301	Subscriber Address Line	AN	1-55	R			Expect Member Address 1
	N302	Subscriber Address Line	AN	1-55	S		2010BA	N302	Subscriber Address Line	AN	1-55	S			Expect Member Address 2
2010BA	**N4**	**SUBSCRIBER CITY/STATE/ZIP CODE**		**1**	**S**		**2010BA**	**N4**	**SUBSCRIBER CITY/STATE/ZIP CODE**		**1**	**S**		Errata A1-Usage changed from Required to Situational	
	N401	Subscriber City Name	AN	2-30	R		2010BA	N401	Subscriber City Name	AN	2-30	R			Expect Member City
	N402	Subscriber State Code	ID	2-2	R		2010BA	N402	Subscriber State Code	ID	2-2	S		Usage changed to Situational	Expect Member State
	N403	Subscriber Postal Zone or ZIP Code	ID	3-15	R		2010BA	N403	Subscriber Postal Zone or ZIP Code	ID	3-15	S		Usage changed to Situational	Expect Member Zip
	N404	Subscriber Country Code	ID	2-3	S		2010BA	N404	Subscriber Country Code	ID	2-3	S			NOT USED BY AHCCCS
	N405	Location Qualifier	ID	1-2	N/U		2010BA	N405	Location Qualifier	ID	1-2	N/U			NOT USED
	N406	Location Identifier	AN	1-30	N/U		2010BA	N406	Location Identifier	AN	1-30	N/U			NOT USED
							2010BA	N407	Country Subdivision Code	ID	1-3	S		New Element	NOT USED BY AHCCCS
2010BA	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**		**1**	**S**		**2010BA**	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**		**1**	**S**			
	DMG01	Date Time Period Format Qualifier	ID	2-3	R		2010BA	DMG01	Date Time Period Format Qualifier	ID	2-3	R	D8		Expect 'D8' CCYYMMDD
	DMG02	Subscriber Birth Date	AN	1-35	R		2010BA	DMG02	Subscriber Birth Date	AN	1-35	R	CCYYMMDD		Expect Member DOB
	DMG03	Subscriber Gender Code	ID	1-1	R		2010BA	DMG03	Subscriber Gender Code	ID	1-1	R	F, M, U		Expect Gender
	DMG04	Marital Status Code	ID	1-1	N/U		2010BA	DMG04	Marital Status Code	ID	1-1	N/U			NOT USED
	DMG05	Race or Ethnicity Code	ID	1-1	N/U		2010BA	DMG05	Race or Ethnicity Code	ID	1-1	N/U			NOT USED
	DMG06	Citizenship Status Code	ID	1-2	N/U		2010BA	DMG06	Citizenship Status Code	ID	1-2	N/U			NOT USED
	DMG07	Country Code	ID	2-3	N/U		2010BA	DMG07	Country Code	ID	2-3	N/U			NOT USED
	DMG08	Basis of Verification Code	ID	1-2	N/U		2010BA	DMG08	Basis of Verification Code	ID	1-2	N/U			NOT USED
	DMG09	Quantity	R	1-15	N/U		2010BA	DMG09	Quantity	R	1-15	N/U			NOT USED
							2010BA	DMG10	Code List Qualifier Code	ID	1-3	N/U		New Element	NOT USED
							2010BA	DMG11	Industry Code	AN	1-30	N/U		New Element	NOT USED
2010BA	**REF**	**SUBSCRIBER SECONDARY IDENTIFICATION**		**4**	**S**		**2010BA**	**REF**	**SUBSCRIBER SECONDARY IDENTIFICATION**		**1**	**S**			SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2010BA	REF01	Reference Identification Qualifier	ID	2-3	R	SY	Code Removed	NOT USED BY AHCCCS
	REF02	Subscriber Supplemental Identifier	AN	1-30	R		2010BA	REF02	Subscriber Supplemental Identifier	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2010BA	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2010BA	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2010BA	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2010BA	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2010BA	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2010BA	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2010BA	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2010BA	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2010BA	**REF**	**PROPERTY AND CASUALTY CLAIM NUMBER**		**1**	**S**		**2010BA**	**REF**	**PROPERTY AND CASUALTY CLAIM NUMBER**		**1**	**S**			SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2010BA	REF01	Reference Identification Qualifier	ID	2-3	R	Y4		NOT USED BY AHCCCS
	REF02	Property Casualty Claim Number	AN	1-30	R		2010BA	REF02	Property Casualty Claim Number	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2010BA	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2010BA	REF04	REFERENCE IDENTIFIER			N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep
2010BB	**NM1**	**PAYER NAME**		**1**	**R**	**1**
	NM101	Entity Identifier Code	ID	2-3	R	
	NM102	Entity Type Qualifier	ID	1-1	R	
	NM103	Payer Name	AN	1-35	R	
	NM104	Name First	AN	1-25	N/U	
	NM105	Name Middle	AN	1-25	N/U	
	NM106	Name Prefix	AN	1-10	N/U	
	NM107	Name Suffix	AN	1-10	N/U	
	NM108	Identification Code Qualifier	ID	1-2	R	
	NM109	Payer Identifier	AN	2-80	R	
	NM110	Entity Relationship Code	ID	2-2	N/U	
	NM111	Entity Identifier Code	ID	2-3	N/U	
2010BB	**N3**	**PAYER ADDRESS**		**1**	**S**	
	N301	Payer Address Line	AN	1-55	R	
	N302	Payer Address Line	AN	1-55	S	
2010BB	**N4**	**PAYER CITY/STATE/ZIP CODE**		**1**	**S**	
	N401	Payer City Name	AN	2-30	R	
	N402	Payer State Code	ID	2-2	R	
	N403	Payer Postal Zone or ZIP Code	ID	3-15	R	
	N404	Payer Country Code	ID	2-3	S	
	N405	Location Qualifier	ID	1-2	N/U	
	N406	Location Identifier	AN	1-30	N/U	
2010BB	**REF**	**PAYER SECONDARY IDENTIFICATION**		**3**	**S**	
	REF01	Reference Identification Qualifier	ID	2-3	R	
	REF02	Payer Additional Identifier	AN	1-30	R	
	REF03	Description	AN	1-80	N/U	
	REF04	REFERENCE IDENTIFIER			N/U	

Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2010BA	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
2010BA	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
2010BA	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
2010BA	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2010BA	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
2010BA	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2010BA	**PER**	**PROPERTY AND CASUALTY SUBSCRIBER CONTACT INFORMATION**		**1**	**S**		New Segment	SEGMENT NOT USED BY AHCCCS
2010BA	PER01	Contact Function Code	ID	2-2	R	IC		NOT USED BY AHCCCS
2010BA	PER02	Billing Provider Contact Name	AN	1-60	S			NOT USED BY AHCCCS
2010BA	PER03	Communication Number Qualifier	ID	2-2	R	TE		NOT USED BY AHCCCS
2010BA	PER04	Communication Number	AN	1-256	R			NOT USED BY AHCCCS
2010BA	PER05	Communication Number Qualifier	ID	2-2	S	EX		NOT USED BY AHCCCS
2010BA	PER06	Communication Number	AN	1-256	S			NOT USED BY AHCCCS
2010BA	PER07	Communication Number Qualifier	ID	2-2	N/U			NOT USED
2010BA	PER08	Communication Number	AN	1-256	N/U			NOT USED
2010BA	PER09	Contact Inquiry Reference	AN	1-20	N/U			NOT USED
2010BB	**NM1**	**PAYER NAME**		**1**	**R**			
2010BB	NM101	Entity Identifier Code	ID	2-3	R	PR		Expect "PR"
2010BB	NM102	Entity Type Qualifier	ID	1-1	R	2		Expect "2"
2010BB	NM103	Payer Name	AN	1-60	R		Increase from 35 - 60	Expect Payer Name
2010BB	NM104	Name First	AN	1-35	N/U		Increase from 25 - 35	NOT USED
2010BB	NM105	Name Middle	AN	1-25	N/U			NOT USED
2010BB	NM106	Name Prefix	AN	1-10	N/U			NOT USED
2010BB	NM107	Name Suffix	AN	1-10	N/U			NOT USED
2010BB	NM108	Identification Code Qualifier	ID	1-2	R	PI, XV		Expect PI
2010BB	NM109	Payer Identifier	AN	2-80	R			Expect 866004791
2010BB	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
2010BB	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
2010BB	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
2010BB	**N3**	**PAYER ADDRESS**		**1**	**S**			SEGMENT NOT USED BY AHCCCS
2010BB	N301	Payer Address Line	AN	1-55	R			NOT USED BY AHCCCS
2010BB	N302	Payer Address Line	AN	1-55	S			NOT USED BY AHCCCS
2010BB	**N4**	**PAYER CITY/STATE/ZIP CODE**		**1**	**R**		Errata A1-Usage changed from Required to Situational	SEGMENT NOT USED BY AHCCCS
2010BB	N401	Payer City Name	AN	2-30	R			NOT USED BY AHCCCS
2010BB	N402	Payer State Code	ID	2-2	S		Usage changed to Situational	NOT USED BY AHCCCS
2010BB	N403	Payer Postal Zone or ZIP Code	ID	3-15	S		Usage changed to Situational	NOT USED BY AHCCCS
2010BB	N404	Payer Country Code	ID	2-3	S			NOT USED BY AHCCCS
2010BB	N405	Location Qualifier	ID	1-2	N/U			NOT USED
2010BB	N406	Location Identifier	AN	1-30	N/U			NOT USED
2010BB	N407	Country Subdivision Code	ID	1-3	S		New Element	NOT USED BY AHCCCS
2010BB	**REF**	**PAYER SECONDARY IDENTIFICATION**		**3**	**S**			SEGMENT NOT USED BY AHCCCS
2010BB	REF01	Reference Identification Qualifier	ID	2-3	R	2U, EI, FY, NF	Code Change	NOT USED BY AHCCCS
2010BB	REF02	Payer Additional Identifier	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
2010BB	REF03	Description	AN	1-80	N/U			NOT USED
2010BB	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
2010BB	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
2010BB	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
							2010BB	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2010BB	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2010BB	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2010BB	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2010BB	**REF**	**BILLING PROVIDER SECONDARY IDENTIFICATION**		**2**	**S**		New Segment Moved from 2010AA/REF	
							2010BB	REF01	Reference Identification Qualifier	ID	2-3	R	G2, LU		Expect "G2"
							2010BB	REF02	Payer Additional Identifier	AN	1-50	R			Expect Billing Atypical Provider ID (6-digit)
							2010BB	REF03	Description	AN	1-80	N/U			NOT USED
							2010BB	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2010BB	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2010BB	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2010BB	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2010BB	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2010BB	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2010BB	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2010BC	**NM1**	**RESPONSIBLE PARTY NAME**		**1**	**S**	**1**								SEGMENT DELETED	DELETED
2010BC	**N3**	**RESPONSIBLE PARTY ADDRESS**		**1**	**R**									SEGMENT DELETED	DELETED
2010BC	**N4**	**RESPONSIBLE PARTY CITY/STATE/ZIP CODE**		**1**	**R**									SEGMENT DELETED	DELETED
2010BD	**NM1**	**CREDIT/DEBIT CARD HOLDER NAME**		**1**	**S**	**1**								SEGMENT DELETED	DELETED
2010BD	**REF**	**CREDIT/DEBIT CARD INFORMATION**		**2**	**S**									SEGMENT DELETED	DELETED
2000C	**HL**	**PATIENT HIERARCHICAL LEVEL**		**1**	**S**	**>1**	**2000C**	**HL**	**PATIENT HIERARCHICAL LEVEL**		**1**	**S**			SEGMENT NOT USED BY AHCCCS
	HL01	Hierarchical ID Number	AN	1-12	R		2000C	HL01	Hierarchical ID Number	AN	1-12	R			NOT USED BY AHCCCS
	HL02	Hierarchical Parent ID Number	AN	1-12	R		2000C	HL02	Hierarchical Parent ID Number	AN	1-12	R			NOT USED BY AHCCCS
	HL03	Hierarchical Level Code	ID	1-2	R		2000C	HL03	Hierarchical Level Code	ID	1-2	R	23		NOT USED BY AHCCCS
	HL04	Hierarchical Child Code	ID	1-1	R		2000C	HL04	Hierarchical Child Code	ID	1-1	R	0		NOT USED BY AHCCCS
2000C	**PAT**	**PATIENT INFORMATION**		**1**	**R**		**2000C**	**PAT**	**PATIENT INFORMATION**		**1**	**R**			SEGMENT NOT USED BY AHCCCS
	PAT01	Individual Relationship Code	ID	2-2	R		2000C	PAT01	Individual Relationship Code	ID	2-2	R	01, 19, 20, 21,	Code Deleted	NOT USED BY AHCCCS
	PAT02	Patient Location Code	ID	1-1	N/U		2000C	PAT02	Patient Location Code	ID	1-1	N/U			NOT USED
	PAT03	Employment Status Code	ID	2-2	N/U		2000C	PAT03	Employment Status Code	ID	2-2	N/U			NOT USED
	PAT04	Student Status Code	ID	1-1	N/U		2000C	PAT04	Student Status Code	ID	1-1	N/U			NOT USED
	PAT05	Date Time Period Format Qualifier	ID	2-3	S		2000C	PAT05	Date Time Period Format Qualifier	ID	2-3	S	D8		NOT USED BY AHCCCS
	PAT06	Patient Death Date	AN	1-35	S		2000C	PAT06	Patient Death Date	AN	1-35	S	CCYYMMDD		NOT USED BY AHCCCS
	PAT07	Unit or Basis for Measurement Code	ID	2-2	S		2000C	PAT07	Unit or Basis for Measurement Code	ID	2-2	S	01		NOT USED BY AHCCCS
	PAT08	Patient Weight 9(6)V99	R	1-10	S		2000C	PAT08	Patient Weight 9(6)V99	R	1-10	S			NOT USED BY AHCCCS
	PAT09	Pregnancy Indicator	ID	1-1	S		2000C	PAT09	Pregnancy Indicator	ID	1-1	S	Y		NOT USED BY AHCCCS
2010CA	**NM1**	**PATIENT NAME**		**1**	**R**	**1**	**2010CA**	**NM1**	**PATIENT NAME**		**1**	**R**			SEGMENT NOT USED BY AHCCCS
	NM101	Entity Identifier Code	ID	2-3	R		2010CA	NM101	Entity Identifier Code	ID	2-3	R	QC		NOT USED BY AHCCCS
	NM102	Entity Type Qualifier	ID	1-1	R		2010CA	NM102	Entity Type Qualifier	ID	1-1	R	1		NOT USED BY AHCCCS
	NM103	Patient Last Name	AN	1-35	R		2010CA	NM103	Patient Last Name	AN	1-60	R		Increase from 35 - 60	NOT USED BY AHCCCS
	NM104	Patient First Name	AN	1-25	R		2010CA	NM104	Patient First Name	AN	1-35	S		Increase from 25 - 35 Usage changed to Situational	NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	NM105	Patient Middle Name	AN	1-25	S		2010CA	NM105	Patient Middle Name	AN	1-25	S			NOT USED BY AHCCCS
	NM106	Name Prefix	AN	1-10	N/U		2010CA	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Patient Name Suffix	AN	1-10	S		2010CA	NM107	Patient Name Suffix	AN	1-10	S			NOT USED BY AHCCCS
	NM108	Identification Code Qualifier	ID	1-2	S		2010CA	NM108	Identification Code Qualifier	ID	1-2	N/U		Code Deleted Usage changed to Not Used	NOT USED
	NM109	Patient Primary Identifier	AN	2-80	S		2010CA	NM109	Patient Primary Identifier	AN	2-80	N/U		Usage changed to Not Used	NOT USED
	NM110	Entity Relationship Code	ID	2-2	N/U		2010CA	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2010CA	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2010CA	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
2010CA	**N3**	**PATIENT ADDRESS**		**1**	**R**		**2010CA**	**N3**	**PATIENT ADDRESS**		**1**	**R**			SEGMENT NOT USED BY AHCCCS
	N301	Patient Address Line	AN	1-55	R		2010CA	N301	Patient Address Line	AN	1-55	R			NOT USED BY AHCCCS
	N302	Patient Address Line	AN	1-55	S		2010CA	N302	Patient Address Line	AN	1-55	S			NOT USED BY AHCCCS
2010CA	**N4**	**PATIENT CITY/STATE/ZIP CODE**		**1**	**R**		**2010CA**	**N4**	**PATIENT CITY/STATE/ZIP CODE**		**1**	**R**			SEGMENT NOT USED BY AHCCCS
	N401	Patient City Name	AN	2-30	R		2010CA	N401	Patient City Name	AN	2-30	R			NOT USED BY AHCCCS
	N402	Patient State Code	ID	2-2	R		2010CA	N402	Patient State Code	ID	2-2	S		Usage changed to Situational	NOT USED BY AHCCCS
	N403	Patient Postal Zone or ZIP Code	ID	3-15	R		2010CA	N403	Patient Postal Zone or ZIP Code	ID	3-15	S		Usage changed to Situational	NOT USED BY AHCCCS
	N404	Patient Country Code	ID	2-3	S		2010CA	N404	Patient Country Code	ID	2-3	S			NOT USED BY AHCCCS
	N405	Location Qualifier	ID	1-2	N/U		2010CA	N405	Location Qualifier	ID	1-2	N/U			NOT USED
	N406	Location Identifier	AN	1-30	N/U		2010CA	N406	Location Identifier	AN	1-30	N/U			NOT USED
							2010CA	N407	Country Subdivision Code	ID	1-3	S		New Element	NOT USED BY AHCCCS
2010CA	**DMG**	**PATIENT DEMOGRAPHIC INFORMATION**		**1**	**R**		**2010CA**	**DMG**	**PATIENT DEMOGRAPHIC INFORMATION**		**1**	**R**			SEGMENT NOT USED BY AHCCCS
	DMG01	Date Time Period Format Qualifier	ID	2-3	R		2010CA	DMG01	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DMG02	Patient Birth Date	AN	1-35	R		2010CA	DMG02	Patient Birth Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
	DMG03	Patient Gender Code	ID	1-1	R		2010CA	DMG03	Patient Gender Code	ID	1-1	R	F, M, U		NOT USED BY AHCCCS
	DMG04	Marital Status Code	ID	1-1	N/U		2010CA	DMG04	Marital Status Code	ID	1-1	N/U			NOT USED
	DMG05	Race or Ethnicity Code	ID	1-1	N/U		2010CA	DMG05	Race or Ethnicity Code	ID	1-1	N/U			NOT USED
	DMG06	Citizenship Status Code	ID	1-2	N/U		2010CA	DMG06	Citizenship Status Code	ID	1-2	N/U			NOT USED
	DMG07	Country Code	ID	2-3	N/U		2010CA	DMG07	Country Code	ID	2-3	N/U			NOT USED
	DMG08	Basis of Verification Code	ID	1-2	N/U		2010CA	DMG08	Basis of Verification Code	ID	1-2	N/U			NOT USED
	DMG09	Quantity	R	1-15	N/U		2010CA	DMG09	Quantity	R	1-15	N/U			NOT USED
							2010CA	DMG10	Code List Qualifier Code	ID	1-3	N/U		New Element	NOT USED
							2010CA	DMG11	Industry Code	AN	1-30	N/U		New Element	NOT USED
2010CA	**REF**	**PATIENT SECONDARY IDENTIFICATION**		**5**	**S**									SEGMENT DELETED	DELETED
2010CA	**REF**	**PROPERTY AND CASUALTY CLAIM NUMBER**		**1**	**S**		**2010CA**	**REF**	**PROPERTY AND CASUALTY CLAIM NUMBER**		**1**	**S**		Errata A1-New segment added	SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2010CA	REF01	Reference Identification Qualifier	ID	2-3	R	Y4		NOT USED BY AHCCCS
	REF02	Property Casualty Claim Number	AN	1-30	R		2010CA	REF02	Property Casualty Claim Number	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2010CA	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2010CA	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2010CA	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2010CA	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2010CA	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2010CA	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2010CA	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2010CA	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2010CA	**REF**	**PROPERTY AND CASUALTY PATIENT IDENTIFIER**		**1**	**S**		Errata A1-New segment	SEGMENT NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
							2010CA	REF01	Reference Identification Qualifier	ID	2-3	R	1W, SY	1W-Member Identification Number SY-Social Security Number	NOT USED BY AHCCCS
							2010CA	REF02	Property and Casualty Patient Identifier	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
							2010CA	REF03	Description	AN	1-80	N/U			NOT USED
							2010CA	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2010CA	**PER**	**PROPERTY AND CASUALTY PATIENT CONTACT INFORMATION**		**1**	**S**		New Segment	SEGMENT NOT USED BY AHCCCS
							2010CA	PER01	Contact Function Code	ID	2-2	R	IC		NOT USED BY AHCCCS
							2010CA	PER02	Billing Provider Contact Name	AN	1-60	S			NOT USED BY AHCCCS
							2010CA	PER03	Communication Number Qualifier	ID	2-2	R	TE		NOT USED BY AHCCCS
							2010CA	PER04	Communication Number	AN	1-256	R			NOT USED BY AHCCCS
							2010CA	PER05	Communication Number Qualifier	ID	2-2	S	EX		NOT USED BY AHCCCS
							2010CA	PER06	Communication Number	AN	1-256	S			NOT USED BY AHCCCS
							2010CA	PER07	Communication Number Qualifier	ID	2-2	N/U			NOT USED
							2010CA	PER08	Communication Number	AN	1-256	N/U			NOT USED
							2010CA	PER09	Contact Inquiry Reference	AN	1-20	N/U			NOT USED
2300	**CLM**	**CLAIM INFORMATION**		**1**	**R**	**100**	**2300**	**CLM**	**CLAIM INFORMATION**		**1**	**R**			
	CLM01	Patient Account Number	AN	1-38	R		2300	CLM01	Patient Account Number	AN	1-38	R			Expect Patient Control number
	CLM02	Total Claim Charge Amount S9(7)V99	R	1-18	R		2300	CLM02	Total Claim Charge Amount S9(7)V99	R	1-18	R			Expect Total Claim Charge
	CLM03	Claim Filing Indicator Code	ID	1-2	N/U		2300	CLM03	Claim Filing Indicator Code	ID	1-2	N/U			NOT USED
	CLM04	Non-Institutional Claim Type Code	ID	1-2	N/U		2300	CLM04	Non-Institutional Claim Type Code	ID	1-2	N/U			NOT USED
	CLM05	HEALTH CARE SERVICE LOCATION INFORMATION			R		2300	CLM05	HEALTH CARE SERVICE LOCATION INFORMATION			R			
	CLM05-1	Facility Type Code	AN	1-2	R		2300	CLM05-1	Place of Service Code	AN	1-2	R		Code Deleted	Expect Place of Service Code
	CLM05-2	Facility Code Qualifier	ID	1-2	N/U		2300	CLM05-2	Facility Code Qualifier	ID	1-2	R	B	Usage changed to Required	Expect 'B' Place of Service Codes for Professional or Dental Services
	CLM05-3	Claim Frequency Code	ID	1-1	R		2300	CLM05-3	Claim Frequency Code	ID	1-1	R		Code Deleted	Expect Claim Frequency Code 1=Original 7=Replacement (AHCCCS: to be used for Adjustment and Resubmission)
	CLM06	Provider or Supplier Signature Indicator	ID	1-1	R		2300	CLM06	Provider or Supplier Signature Indicator	ID	1-1	R	N, Y		Expect 'Y/N'
	CLM07	Medicare Assignment Code	ID	1-1	R		2300	CLM07	Medicare Assignment Code	ID	1-1	R	A, B, C	Code Deleted	Expect 'A, B, C'
	CLM08	Benefits Assignment Certification Indicator	ID	1-1	R		2300	CLM08	Benefits Assignment Certification Indicator	ID	1-1	R	N, W, Y	Code Added	Expect Y/N
	CLM09	Release of Information Code	ID	1-1	R		2300	CLM09	Release of Information Code	ID	1-1	R	I, Y	Code Deleted	Expect 'Y' Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
	CLM10	Patient Signature Source Code	ID	1-1	S		2300	CLM10	Patient Signature Source Code	ID	1-1	S	P	Required when a signature was executed on the patient's behalf under state or federal law. P-Signature generated by provider because the patient was not physically present for services Code Deleted	Expect P
	CLM11	RELATED CAUSES INFORMATION			S		2300	CLM11	RELATED CAUSES INFORMATION			S			
	CLM11-1	Related Causes Code	ID	2-3	R		2300	CLM11-1	Related Causes Code	ID	2-3	R	AA, EM, OA	Code 'AP' Deleted	Expect any Related Causes Code: AA=Auto Accident EM=Employment OA=Other Accident

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	CLM11-2	Related Causes Code	ID	2-3	S		2300	CLM11--2	Related Causes Code	ID	2-3	S	AA, EM, OA	Code Deleted	Expect any Related Causes Code: AA=Auto Accident EM=Employment OA=Other Accident
	CLM11-3	Related Causes Code	ID	2-3	S		2300	CLM11-3	Related Causes Code	ID	2-3	N/U		Code Deleted Usage changed to Not Used	NOT USED
	CLM11-4	Auto Accident State or Province Code	ID	2-2	S		2300	CLM11-4	Auto Accident State or Province Code	ID	2-2	S		Required when CLM11-1 or CLM11-2 has a value of 'AA' to identify the state, province or sub-country code in which the automobile accident occurred. If accident occurred in a country or location that does not have states, provinces or sub-country codes named in Code Source 22, do not use.	Expect State
	CLM11-5	Country Code	ID	2-3	S		2300	CLM11-5	Country Code	ID	2-3	S		Required when CLM11-1 or CLM11-2 = AA and the accident occurred in a country other than US or Canada.	NOT USED BY AHCCCS
	CLM12	Special Program Indicator	ID	2-3	S		2300	CLM12	Special Program Indicator	ID	2-3	S	02, 03, 05, 09	Code Deleted	02=Physically Handicapped Children's Program - This code is used for Medicaid claims only. 03=Special Federal Funding - This code is used for Medicaid claims only. 05=Disability - This code is used for Medicaid claims only. 09=Second Opinion or Surgery - This code is used for Medicaid claims only.
	CLM13	Yes/No Condition or Response Code	ID	1-1	N/U		2300	CLM13	Yes/No Condition or Response Code	ID	1-1	N/U			NOT USED
	CLM14	Level of Service Code	ID	1-3	N/U		2300	CLM14	Level of Service Code	ID	1-3	N/U			NOT USED
	CLM15	Yes/No Condition or Response Code	ID	1-1	N/U		2300	CLM15	Yes/No Condition or Response Code	ID	1-1	N/U			NOT USED
	CLM16	Participation Agreement	ID	1-1	S		2300	CLM16	Participation Agreement	ID	1-1	N/U		Coe Deleted	NOT USED
	CLM17	Claim Status Code	ID	1-2	N/U		2300	CLM17	Claim Status Code	ID	1-2	N/U			NOT USED
	CLM18	Yes/No Condition or Response Code	ID	1-1	N/U		2300	CLM18	Yes/No Condition or Response Code	ID	1-1	N/U			NOT USED
	CLM19	Claim Submission Reason Code	ID	2-2	N/U		2300	CLM19	Claim Submission Reason Code	ID	2-2	N/U			NOT USED
	CLM20	Delay Reason Code	ID	1-2	S		2300	CLM20	Delay Reason Code	ID	1-2	S	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15	Code Added	Expect any value
							2300	**DTP**	**DATE - ONSET OF CURRENT ILLNESS/SYMPTOM**		**1**	**S**		Required for the initial medical service or visit performed in response to a medical emergency when the date is available and is different than the date of service.	
							2300	DTP01	Date Time Qualifier	ID	3-3	R	431	431=Onset of Current Symptoms or Illness	Expect 431
							2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		Expect D8
							2300	DTP03	Onset of Current Illness or Injury Date	AN	1-35	R	CCYYMMDD		Expect Onset Illness date

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2300	**DTP**	**DATE - INITIAL TREATMENT**		**1**	**S**		**2300**	**DTP**	**DATE - INITIAL TREATMENT**		**1**	**S**		Required when the Initial Treatment Date is known to impact adjudication for claims involving spinal manipulation, physical therapy, occupational therapy, speech language pathology, dialysis, optical refractions, or pregnancy.	
	DTP01	Date Time Qualifier	ID	3-3	R		2300	DTP01	Date Time Qualifier	ID	3-3	R	454	454= Initial Treatment	Expect 454
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		Expect D8
	DTP03	Initial Treatment Date	AN	1-35	R		2300	DTP03	Initial Treatment Date	AN	1-35	R	CCYYMMDD		Expect CCYYMMDD
2300	**DTP**	**DATE - DATE LAST SEEN**		**1**	**S**		**2300**	**DTP**	**DATE - DATE LAST SEEN**		**1**	**S**		Required when claims involve services for routine foot care and it is known to impact the payer's adjudication process.	SEGMENT NOT USED BY AHCCCS
	DTP01	Date Time Qualifier	ID	3-3	R		2300	DTP01	Date Time Qualifier	ID	3-3	R	304	Required when Loop ID-2300 CR208 = "A" or "M", the claim involves spinal manipulation, and the payer is Medicare. NOT USED BY AHCCCS	NOT USED BY AHCCCS
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DTP03	Last Seen Date	AN	1-35	R		2300	DTP03	Last Seen Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2300	**DTP**	**DATE - ONSET OF CURRENT ILLNESS/SYMPTOM**		**1**	**S**									SEGMENT DELETED	DELETED
2300	**DTP**	**DATE - ACUTE MANIFESTATION**		**5**	**S**		**2300**	**DTP**	**DATE - ACUTE MANIFESTATION**		**1**	**S**		Required when Loop ID-2300 CR208 = "A" or "M", the claim involves spinal manipulation, and the payer is Medicare.	SEGMENT NOT USED BY AHCCCS
	DTP01	Date Time Qualifier	ID	3-3	R		2300	DTP01	Date Time Qualifier	ID	3-3	R	453	453=Acute Manifestation of a Chronic Condition	NOT USED BY AHCCCS
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DTP03	Acute Manifestation Date	AN	1-35	R		2300	DTP03	Acute Manifestation Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2300	**DTP**	**DATE - SIMILAR ILLNESS/SYMPTOM ONSET**		**10**	**S**									SEGMENT DELETED	DELETED
2300	**DTP**	**DATE - ACCIDENT**		**10**	**S**		**2300**	**DTP**	**DATE - ACCIDENT**		**1**	**S**		Required when CLM11-1 or CLM11-2 has a value of 'AA' or 'OA'. OR Required when CLM11-1 or CLM11-2 has a value of 'EM' and this claim is the result of an accident.	
	DTP01	Date Time Qualifier	ID	3-3	R		2300	DTP01	Date Time Qualifier	ID	3-3	R	439	439= Accident	Expect '439'
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8,		Expect 'D8'
	DTP03	Accident Date	AN	1-35	R		2300	DTP03	Accident Date	AN	1-35	R	CCYYMMDD	Code Deleted	Accident Date CCYYMMDD
2300	**DTP**	**DATE - LAST MENSTRUAL PERIOD**		**1**	**S**		**2300**	**DTP**	**DATE - LAST MENSTRUAL PERIOD**		**1**	**S**		Required when, in the judgment of the provider, the services on this claim are related to the patient's pregnancy.	

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	DTP01	Date Time Qualifier	ID	3-3	R		2300	DTP01	Date Time Qualifier	ID	3-3	R	484	484=Last Menstrual Period	Expect '484'
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		Expect 'D8'
	DTP03	Last Menstrual Period Date	AN	1-35	R		2300	DTP03	Last Menstrual Period Date	AN	1-35	R	CCYYMMDD		CCYYMMDD
2300	**DTP**	**DATE - LAST X-RAY**		**1**	**S**		**2300**	**DTP**	**DATE - LAST X-RAY**		**1**	**S**		Required when claim involves spinal manipulation and an x-ray was taken.	SEGMENT NOT USED BY AHCCCS
	DTP01	Date Time Qualifier	ID	3-3	R		2300	DTP01	Date Time Qualifier	ID	3-3	R	455	455=Last X-Ray	NOT USED BY AHCCCS
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DTP03	Last X-Ray Date	AN	1-35	R		2300	DTP03	Last X-Ray Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2300	**DTP**	**DATE - HEARING AND VISION PRESCRIPTION DATE**		**1**	**S**		**2300**	**DTP**	**DATE - HEARING AND VISION PRESCRIPTION DATE**		**1**	**S**		Required on claims where a prescription has been written for hearing devices or vision frames and lenses and it is being billed on this claim.	SEGMENT NOT USED BY AHCCCS
	DTP01	Date Time Qualifier	ID	3-3	R		2300	DTP01	Date Time Qualifier	ID	3-3	R	471	471=Prescription	NOT USED BY AHCCCS
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DTP03	Prescription Date	AN	1-35	R		2300	DTP03	Prescription Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2300	**DTP**	**DATE - DISABILITY BEGIN**		**5**	**S**									SEGMENT DELETED	DELETED
							2300	**DTP**	**DATE - DISABILITY DATES**		**1**	**S**		Required on claims involving disability where, in the judgment of the provider, the patient was or will be unable to perform the duties normally associated with his/her work.	SEGMENT NOT USED BY AHCCCS
							2300	DTP01	Date Time Qualifier	ID	3-3	R	314, 360, 361	314=Disability-when both disability start and end date are being reported. 360=Initial Disability Period Start-If patient is currently disabled and disability end date is unknown. 361=Initial Disability Period End-if patient is no longer disabled and the start date is unknown.	NOT USED BY AHCCCS
							2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8, RD8		NOT USED BY AHCCCS
							2300	DTP03	Disability From Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2300	**DTP**	**DATE - DISABILITY END**		**5**	**S**									SEGMENT DELETED	DELETED
2300	**DTP**	**DATE - LAST WORKED**		**1**	**S**		**2300**	**DTP**	**DATE - LAST WORKED**		**1**	**S**		Required on claims where this information is necessary for adjudication of the claim (for example, workers compensation claims involving absence from work).	SEGMENT NOT USED BY AHCCCS
	DTP01	Date Time Qualifier	ID	3-3	R		2300	DTP01	Date Time Qualifier	ID	3-3	R	297		NOT USED BY AHCCCS
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DTP03	Last Worked Date	AN	1-35	R		2300	DTP03	Last Worked Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2300	**DTP**	**DATE - AUTHORIZED RETURN TO WORK**		**1**	**S**		**2300**	**DTP**	**DATE - AUTHORIZED RETURN TO WORK**		**1**	**S**		Required on claims where this information is necessary for adjudication of the claim (for example, workers compensation claims involving absence from work).	SEGMENT NOT USED BY AHCCCS
	DTP01	Date Time Qualifier	ID	3-3	R		2300	DTP01	Date Time Qualifier	ID	3-3	R	296		NOT USED BY AHCCCS
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DTP03	Work Return Date	AN	1-35	R		2300	DTP03	Work Return Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2300	**DTP**	**DATE - ADMISSION**		**1**	**S**		**2300**	**DTP**	**DATE - ADMISSION**		**1**	**S**		Required on all ambulance claims when the patient was known to be admitted to the hospital. OR Required on all claims involving inpatient medical visits.	
	DTP01	Date Time Qualifier	ID	3-3	R		2300	DTP01	Date Time Qualifier	ID	3-3	R	435		Expect 435
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		Expect D8
	DTP03	Related Hospitalization Admission Date	AN	1-35	R		2300	DTP03	Related Hospitalization Admission Date	AN	1-35	R	CCYYMMDD		Expect Related Hospitalization Admission Date
2300	**DTP**	**DATE - DISCHARGE**		**1**	**S**		**2300**	**DTP**	**DATE - DISCHARGE**		**1**	**S**		Required for inpatient claims when the patient was discharged from the facility and the discharge date is known. FOR INSTITUTIONAL USE ONLY	SEGMENT NOT USED BY AHCCCS
	DTP01	Date Time Qualifier	ID	3-3	R		2300	DTP01	Date Time Qualifier	ID	3-3	R	096		NOT USED BY AHCCCS
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DTP03	Related Hospitalization Discharge Date	AN	1-35	R		2300	DTP03	Related Hospitalization Discharge Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2300	**DTP**	**DATE - ASSUMED AND RELINQUISHED CARE DATES**		**2**	**S**		**2300**	**DTP**	**DATE - ASSUMED AND RELINQUISHED CARE DATES**		**2**	**S**		Required to indicate “assumed care date” or “relinquished care date” when providers share post-operative care (global surgery claims). Assumed Care Date is the date care was assumed by another provider during post-operative care. Relinquished Care Date is the date the provider filing this claim ceased post-operative care.	SEGMENT NOT USED BY AHCCCS
	DTP01	Date Time Qualifier	ID	3-3	R		2300	DTP01	Date Time Qualifier	ID	3-3	R	090, 091	090=Report Start (Assumed Care Date) 091=Report End (Relinquished Care Date)	NOT USED BY AHCCCS
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DTP03	Assumed or Relinquished Care Date	AN	1-35	R		2300	DTP03	Assumed or Relinquished Care Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
							2300	**DTP**	**DATE - PROPERTY AND CASUALTY DATE OF FIRST CONTACT**		**1**	**S**		Required for Property and Casualty claims when state mandated	SEGMENT NOT USED BY AHCCCS
							2300	DTP01	Date Time Qualifier	ID	3-3	R	444		NOT USED BY AHCCCS
							2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
							2300	DTP03	Order Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
							2300	**DTP**	**DATE - REPRICER RECEIVED DATE**		**1**	**S**		Required when a repricer is passing the claim onto the payer	SEGMENT NOT USED BY AHCCCS
							2300	DTP01	Date Time Qualifier	ID	3-3	R	050		NOT USED BY AHCCCS
							2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
							2300	DTP03	Order Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2300	**PWK**	**CLAIM SUPPLEMENTAL INFORMATION**		**10**	**S**		**2300**	**PWK**	**CLAIM SUPPLEMENTAL INFORMATION**		**10**	**S**		Expected when there is a paper attachment to follow, or when attachments are sent electronically but transmitted in another functional group (275), or when provider deems necessary to identify additional information being held at provider's office and is available upon request by payer	
	PWK01	Attachment Report Type Code	ID	2-2	R		2300	PWK01	Attachment Report Type Code	ID	2-2	R	03, 04, 05, 06, 07, 08, 09, 10,	Code Added	Expect Applicable Attachment Report Type Code
	PWK02	Attachment Transmission Code	ID	1-2	R		2300	PWK02	Attachment Transmission Code	ID	1-2	R	AA, BM, EL, EM, FT, FX	AA=Available on Request at Provider Site BM=By Mail EL=Electronically Only EM=E-Mail FT=File Transfer FX=By Fax	Expect Applicable Transmission Code
	PWK03	Report Copies Needed	N0	1-2	N/U		2300	PWK03	Report Copies Needed	N0	1-2	N/U			NOT USED
	PWK04	Entity Identifier Code	ID	2-3	N/U		2300	PWK04	Entity Identifier Code	ID	2-3	N/U			NOT USED
	PWK05	Identification Code Qualifier	ID	1-2	S		2300	PWK05	Identification Code Qualifier	ID	1-2	S	AC	AC=Attachment Control Number when PWK02 = MB, EL, EM, FX or FT	Expect AC
	PWK06	Attachment Control Number	AN	2-80	S		2300	PWK06	Attachment Control Number	AN	2-80	S			Expect Attachment Control Number
	PWK07	Description	AN	1-80	N/U		2300	PWK07	Description	AN	1-80	N/U			NOT USED
	PWK08	ACTIONS INDICATED			N/U		2300	PWK08	ACTIONS INDICATED			N/U			NOT USED
	PWK09	Request Category Code	ID	1-2	N/U		2300	PWK09	Request Category Code	ID	1-2	N/U			NOT USED
2300	**CN1**	**CONTRACT INFORMATION**		**1**	**S**		**2300**	**CN1**	**CONTRACT INFORMATION**		**1**	**S**		Required when the submitter is contractually obligated to supply this information on post-adjudicated claims.	
	CN101	Contract Type Code	ID	2-2	R		2300	CN101	Contract Type Code	ID	2-2	R	01, 02, 03, 04, 05, 06, 09	05-Capitated Code Deleted	Expect Contract Type code
	CN102	Contract Amount S9(7)V99	R	1-18	S		2300	CN102	Contract Amount S9(7)V99	R	1-18	S			NOT USED BY AHCCCS
	CN103	Contract Percentage 9(2)V99	R	1-6	S		2300	CN103	Contract Percentage 9(2)V99	R	1-6	S			NOT USED BY AHCCCS
	CN104	Contract Code	AN	1-30	S		2300	CN104	Contract Code	AN	1-50	S		Increase from 30 - 50	NOT USED BY AHCCCS
	CN105	Terms Discount Percent 9(2)V99	R	1-6	S		2300	CN105	Terms Discount Percent 9(2)V99	R	1-6	S			NOT USED BY AHCCCS
	CN106	Contract Version Identifier	AN	1-30	S		2300	CN106	Contract Version Identifier	AN	1-30	S			NOT USED BY AHCCCS
2300	**AMT**	**CREDIT/DEBIT CARD MAXIMUM AMOUNT**		**1**	**S**									SEGMENT DELETED	DELETED
2300	**AMT**	**PATIENT AMOUNT PAID**		**1**	**S**		**2300**	**AMT**	**PATIENT AMOUNT PAID**		**1**	**S**		Required when patient has made payment specifically toward this claim.	
	AMT01	Amount Qualifier Code	ID	1-3	R		2300	AMT01	Amount Qualifier Code	ID	1-3	R	F5	F5=Patient Amount Paid	Expect F5

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	AMT02	Patient Amount Paid S9(7)V99	R	1-18	R		2300	AMT02	Patient Amount Paid S9(7)V99	R	1-18	R			Expect Patient Amount Paid
	AMT03	Credit/Debit Flag Code	ID	1-1	N/U		2300	AMT03	Credit/Debit Flag Code	ID	1-1	N/U			NOT USED
2300	**AMT**	**TOTAL PURCHASED SERVICE AMOUNT**		**1**	**S**									SEGMENT DELETED	DELETED
2300	**REF**	**SERVICE AUTHORIZATION EXCEPTION CODE**		**1**	**S**		**2300**	**REF**	**SERVICE AUTHORIZATION EXCEPTION CODE**		**1**	**S**		Required when mandated by government law or regulation to obtain authorization for specific service(s) but, for the reasons listed in REF02, the service was performed without obtaining the authorization.	SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2300	REF01	Reference Identification Qualifier	ID	2-3	R	4N		NOT USED BY AHCCCS
	REF02	Service Authorization Exception Code	AN	1-30	R		2300	REF02	Service Authorization Exception Code	AN	1-50	R	1, 2, 3, 4, 5, 6, 7		NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2300	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2300	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2300	**REF**	**MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR**		**1**	**S**		**2300**	**REF**	**MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR**		**1**	**S**		Required when the submitter is Medicare and the claim is a Medigap or COB crossover claim.	SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2300	REF01	Reference Identification Qualifier	ID	2-3	R	F5		NOT USED BY AHCCCS
	REF02	Medicare Section 4081 Indicator	AN	1-30	R		2300	REF02	Medicare Section 4081 Indicator	AN	1-50	R	Y,N		NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2300	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2300	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2300	**REF**	**MAMMOGRAPHY CERTIFICATION NUMBER**		**1**	**S**		**2300**	**REF**	**MAMMOGRAPHY CERTIFICATION NUMBER**		**1**	**S**		Required when mammography services are rendered by a certified mammography provider.	SEGMENT NOT USED BY AHCCCS
	REF01	Mammography Certification Number	ID	2-3	R		2300	REF01	Mammography Certification Number	ID	2-3	R	EW		NOT USED BY AHCCCS
	REF02	Mammography Certification Number	AN	1-30	R		2300	REF02	Mammography Certification Number	AN	1-50	R			NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2300	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2300	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2300	**REF**	**PRIOR AUTHORIZATION OR REFERRAL NUMBER**		**2**	**S**									SEGMENT DELETED	DELETED
2300	**REF**	**ORIGINAL REFERENCE NUMBER (ICN/DCN)**		**1**	**S**									SEGMENT DELETED	DELETED
							2300	**REF**	**REFERRAL NUMBER**		**1**	**S**		Required when a referral number is assigned by the payer or Utilization Management Organization (UMO) AND a referral is involved.	SEGMENT NOT USED BY AHCCCS
							2300	REF01	Reference Identification Qualifier	ID	2-3	R	9F		NOT USED BY AHCCCS
							2300	REF02	Prior Authorization or Referral Number	AN	1-50	R			NOT USED BY AHCCCS
							2300	REF03	Description	AN	1-80	N/U			NOT USED
							2300	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
							2300	**REF**	**PRIOR AUTHORIZATION**		**1**	**S**		New Segment	
							2300	REF01	Reference Identification Qualifier	ID	2-3	R	G1	G1=Prior Authorization Number	Expect G1
							2300	REF02	Prior Authorization or Referral Number	AN	1-50	R			Expect Prior Authorization Number
							2300	REF03	Description	AN	1-80	N/U			NOT USED
							2300	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
							2300	**REF**	**PAYER CLAIM CONTROL NUMBER**		**1**	**S**		Required when CLM05-3 (Claim Frequency Code) indicates this claim is a replacement or void to a previously adjudicated claim. Same for Header and Detail	
							2300	REF01	Reference Identification Qualifier	ID	2-3	R	F8	F8=Original Reference Number	Expect 'F8'
							2300	REF02	Claim Original Reference Number	AN	1-50	R			Expect Payer Claim Control Number
							2300	REF03	Description	AN	1-80	N/U			NOT USED
							2300	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2300	**REF**	**CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER**		**3**	**S**		**2300**	**REF**	**CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER**		**1**	**S**		Required for all CLIA certified facilities performing CLIA covered laboratory services.	
	REF01	Reference Identification Qualifier	ID	2-3	R		2300	REF01	Reference Identification Qualifier	ID	2-3	R	X4		Expect X4

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	REF02	Clinical Laboratory Improvement Amendment Number	AN	1-30	R		2300	REF02	Clinical Laboratory Improvement Amendment Number	AN	1-50	R			Expect CLIA Number
	REF03	Description	AN	1-80	N/U		2300	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2300	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2300	**REF**	**REPRICED CLAIM NUMBER**		**1**	**S**		**2300**	**REF**	**REPRICED CLAIM NUMBER**		**1**	**S**		Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only.	SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2300	REF01	Reference Identification Qualifier	ID	2-3	R	9A		NOT USED BY AHCCCS
	REF02	Repriced Claim Reference Number	AN	1-30	R		2300	REF02	Repriced Claim Reference Number	AN	1-50	R			NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2300	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2300	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2300	**REF**	**ADJUSTED REPRICED CLAIM NUMBER**		**1**	**S**		**2300**	**REF**	**ADJUSTED REPRICED CLAIM NUMBER**		**1**	**S**		Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only.	SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2300	REF01	Reference Identification Qualifier	ID	2-3	R	9C		NOT USED BY AHCCCS
	REF02	Adjusted Repriced Claim Reference Number	AN	1-30	R		2300	REF02	Adjusted Repriced Claim Reference Number	AN	1-50	R			NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2300	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2300	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2300	**REF**	**INVESTIGATIONAL DEVICE EXEMPTION NUMBER**		**1**	**S**		**2300**	**REF**	**INVESTIGATIONAL DEVICE EXEMPTION NUMBER**		**1**	**S**		Required when claim involves a Food and Drug Administration (FDA) assigned investigational device exemption (IDE) number. When more than one IDE applies, they must be split into separate claims.	SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2300	REF01	Reference Identification Qualifier	ID	2-3	R	LX		NOT USED BY AHCCCS
	REF02	Investigational Device Exemption Number	AN	1-30	R		2300	REF02	Investigational Device Exemption Number	AN	1-50	R			NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2300	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2300	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
							2300	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2300	**REF**	**CLAIM IDENTIFICATION NUMBER FOR CLEARING HOUSES AND OTHER TRANSMISSION INTERMEDIARIES**		**1**	**S**		**2300**	**REF**	**CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES**		**1**	**S**		Required when this information is deemed necessary by transmission intermediaries (Automated Clearinghouses, and others) who need to attach their own unique claim number.	SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2300	REF01	Reference Identification Qualifier	ID	2-3	R	D9		NOT USED BY AHCCCS
	REF02	Clearinghouse Trace Number	AN	1-30	R		2300	REF02	Clearinghouse Trace Number	AN	1-50	R			NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2300	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2300	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2300	**REF**	**AMBULATORY PATIENT GROUP (APG)**		**4**	**S**									SEGMENT DELETED	DELETED
2300	**REF**	**MEDICAL RECORD NUMBER**		**1**	**S**		**2300**	**REF**	**MEDICAL RECORD NUMBER**		**1**	**S**		Required when the provider needs to identify for future inquiries, the actual medical record of the patient identified in either Loop ID-2010BA or Loop ID-2010CA for this episode of care.	
	REF01	Reference Identification Qualifier	ID	2-3	R		2300	REF01	Reference Identification Qualifier	ID	2-3	R	EA		Expect 'EA'
	REF02	Medical Record Number	AN	1-30	R		2300	REF02	Medical Record Number	AN	1-50	R			Expect Medical Record Number
	REF03	Description	AN	1-80	N/U		2300	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2300	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2300	**REF**	**DEMONSTRATION PROJECT IDENTIFIER**		**1**	**S**		**2300**	**REF**	**DEMONSTRATION PROJECT IDENTIFIER**		**1**	**S**		Required when it is necessary to identify claims which are atypical in ways such as content, purpose, and/or payment, as could be the case for a demonstration or other special project, or a clinical trial.	SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2300	REF01	Reference Identification Qualifier	ID	2-3	R	P4		NOT USED BY AHCCCS
	REF02	Demonstration Project Identifier	AN	1-30	R		2300	REF02	Demonstration Project Identifier	AN	1-50	R			NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2300	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2300	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
							2300	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
							2300	**REF**	**CARE PLAN OVERSIGHT**		**1**	**S**		Required when the physician is billing Medicare for Care Plan Oversight (CPO).	SEGMENT NOT USED BY AHCCCS
							2300	REF01	Reference Identification Qualifier	ID	2-3	R	1J		NOT USED BY AHCCCS
							2300	REF02	Care Plan Oversight Number	AN	1-50	R			NOT USED BY AHCCCS
							2300	REF03	Description	AN	1-80	N/U			NOT USED
							2300	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2300	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2300	**K3**	**FILE INFORMATION**		**10**	**S**		**2300**	**K3**	**FILE INFORMATION**		**10**	**S**		Required when ALL of the following conditions are met: • A regulatory agency concludes it must use the K3 to meet an emergency legislative requirement; • The administering regulatory agency or other state organization has completed each one of the following steps: contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement • X12N determines that there is no method to meet the requirement.	SEGMENT NOT USED BY AHCCCS
	K301	Fixed Format Information	AN	1-80	R		2300	K301	Fixed Format Information	AN	1-80	R			NOT USED BY AHCCCS
	K302	Record Format Code	ID	1-2	N/U		2300	K302	Record Format Code	ID	1-2	N/U			NOT USED
	K303	COMPOSITE UNIT OF MEASURE			N/U		2300	K303	COMPOSITE UNIT OF MEASURE			N/U			NOT USED
2300	**NTE**	**CLAIM NOTE**		**1**	**S**		**2300**	**NTE**	**CLAIM NOTE**		**1**	**S**		Required when in the judgment of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set.	
	NTE01	Note Reference Code	ID	3-3	R		2300	NTE01	Note Reference Code	ID	3-3	R	ADD, CER, DCP, DGN, TPO		NOT USED BY AHCCCS
	NTE02	Claim Note Text	AN	1-80	R		2300	NTE02	Claim Note Text	AN	1-80	R			NOT USED BY AHCCCS
2300	**CR1**	**AMBULANCE TRANSPORT INFORMATION**		**1**	**S**		**2300**	**CR1**	**AMBULANCE TRANSPORT INFORMATION**		**1**	**S**		Required on all claims involving ambulance transport services.	**UNDER REVIEW**
	CR101	Unit or Basis for Measurement Code	ID	2-2	S		2300	CR101	Unit or Basis for Measurement Code	ID	2-2	S	LB		Expect 'LB'
	CR102	Patient Weight 9(3)	R	1-10	S		2300	CR102	Patient Weight 9(3)	R	1-10	S			Expect Patient weight
	CR103	Ambulance Transport Code	ID	1-1	R		2300	CR103	Ambulance Transport Code	ID	1-1	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	CR104	Ambulance Transport Reason Code	ID	1-1	R		2300	CR104	Ambulance Transport Reason Code	ID	1-1	R	A, B, C, D, E		Expect A, B, C, D, or E
	CR105	Unit or Basis for Measurement Code	ID	2-2	R		2300	CR105	Unit or Basis for Measurement Code	ID	2-2	R	DH		Expect 'DH'
	CR106	Transport Distance 9(4)	R	1-15	R		2300	CR106	Transport Distance 9(4)	R	1-15	R			Expect Transport Distance -check to see how mileage is charged by plans. Expect '0' for now.
	CR107	Address Information	AN	1-55	N/U		2300	CR107	Address Information	AN	1-55	N/U			NOT USED
	CR108	Address Information	AN	1-55	N/U		2300	CR108	Address Information	AN	1-55	N/U			NOT USED
	CR109	Round Trip Purpose Description	AN	1-80	S		2300	CR109	Round Trip Purpose Description	AN	1-80	S			AHCCCS Transportation services are separate legs and are not tracked for "round trip". Will leave open for usage as determined by the HP.
	CR110	Stretcher Purpose Description	AN	1-80	S		2300	CR110	Stretcher Purpose Description	AN	1-80	S			NOT USED BY AHCCCS
2300	**CR2**	**SPINAL MANIPULATION SERVICE INFORMATION**		**1**	**S**		**2300**	**CR2**	**SPINAL MANIPULATION SERVICE INFORMATION**		**1**	**S**		Required on chiropractic claims involving spinal manipulation when the information is known to impact the payer's adjudication process.	SEGMENT NOT USED BY AHCCCS
	CR201	Treatment Series Number 9(3)	N0	1-9	N/U		2300	CR201	Treatment Series Number 9(3)	N0	1-9	N/U			NOT USED
	CR202	Treatment Count 9(3)	R	1-15	N/U		2300	CR202	Treatment Count 9(3)	R	1-15				NOT USED
	CR203	Subluxation Level Code	ID	2-3	N/U		2300	CR203	Subluxation Level Code	ID	2-3				NOT USED
	CR204	Subluxation Level Code	ID	2-3	N/U		2300	CR204	Subluxation Level Code	ID	2-3				NOT USED
	CR205	Unit or Basis for Measurement Code	ID	2-2	N/U		2300	CR205	Unit or Basis for Measurement Code	ID	2-2	N/U			NOT USED
	CR206	Treatment Period Count 9(3)	R	1-15	N/U		2300	CR206	Treatment Period Count 9(3)	R	1-15	N/U			NOT USED
	CR207	Monthly Treatment Count 9(2)	R	1-15	N/U		2300	CR207	Monthly Treatment Count 9(2)	R	1-15	N/U			NOT USED
	CR208	Patient Condition Code	ID	1-1	R		2300	CR208	Patient Condition Code	ID	1-1	R	A, C, D, E, F, G, M		NOT USED BY AHCCCS
	CR209	Complication Indicator	ID	1-1	N/U		2300	CR209	Complication Indicator	ID	1-1	N/U			NOT USED
	CR210	Patient Condition Description	AN	1-80	S		2300	CR210	Patient Condition Description	AN	1-80	S			NOT USED BY AHCCCS
	CR211	Patient Condition Description	AN	1-80	S		2300	CR211	Patient Condition Description	AN	1-80	S			NOT USED BY AHCCCS
	CR212	X-ray Availability Indicator	ID	1-1	S		2300	CR212	Yes/No Condition or Response Code	ID	1-1	N/U			NOT USED
2300	**CRC**	**AMBULANCE CERTIFICATION**		**3**	**S**		**2300**	**CRC**	**AMBULANCE CERTIFICATION**		**3**	**S**		Required when the claim involves ambulance transport services AND when reporting condition codes in any of CRC03 through CRC07	SEGMENT NOT USED BY AHCCCS
	CRC01	Code Category	ID	2-2	R		2300	CRC01	Code Category	ID	2-2	R	07		NOT USED BY AHCCCS
	CRC02	Certification Condition Indicator	ID	1-1	R		2300	CRC02	Certification Condition Indicator	ID	1-1	R	N, Y		NOT USED BY AHCCCS
	CRC03	Condition Code	ID	2-2	R		2300	CRC03	Condition Code	ID	2-3	R	01, 04, 05, 06, 07, 08, 09, 12		NOT USED BY AHCCCS
	CRC04	Condition Code	ID	2-2	S		2300	CRC04	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12		NOT USED BY AHCCCS
	CRC05	Condition Code	ID	2-2	S		2300	CRC05	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12		NOT USED BY AHCCCS
	CRC06	Condition Code	ID	2-2	S		2300	CRC06	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12		NOT USED BY AHCCCS
	CRC07	Condition Code	ID	2-2	S		2300	CRC07	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12		NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2300	**CRC**	**PATIENT CONDITION INFORMATION: VISION**		**3**	**S**		**2300**	**CRC**	**PATIENT CONDITION INFORMATION: VISION**		**3**	**S**			SEGMENT NOT USED BY AHCCCS
	CRC01	Code Category	ID	2-2	R		2300	CRC01	Code Category	ID	2-2	R	E1, E2, E3		NOT USED BY AHCCCS
	CRC02	Certification Condition Indicator	ID	1-1	R		2300	CRC02	Certification Condition Indicator	ID	1-1	R	N, Y		NOT USED BY AHCCCS
	CRC03	Condition Code	ID	2-2	R		2300	CRC03	Condition Code	ID	2-3	R	L1, L2, L3, L4, L5		NOT USED BY AHCCCS
	CRC04	Condition Code	ID	2-2	S		2300	CRC04	Condition Code	ID	2-3	S	L1, L2, L3, L4, L5		NOT USED BY AHCCCS
	CRC05	Condition Code	ID	2-2	S		2300	CRC05	Condition Code	ID	2-3	S	L1, L2, L3, L4, L5		NOT USED BY AHCCCS
	CRC06	Condition Code	ID	2-2	S		2300	CRC06	Condition Code	ID	2-3	S	L1, L2, L3, L4, L5		NOT USED BY AHCCCS
	CRC07	Condition Code	ID	2-2	S		2300	CRC07	Condition Code	ID	2-3	S	L1, L2, L3, L4, L5		NOT USED BY AHCCCS
2300	**CRC**	**HOMEBOUND INDICATOR**		**1**	**S**		**2300**	**CRC**	**HOMEBOUND INDICATOR**		**1**	**S**		Required for Medicare claims when an independent laboratory renders an EKG tracing or obtains a specimen from a homebound or institutionalized patient.	SEGMENT NOT USED BY AHCCCS
	CRC01	Code Category	ID	2-2	R		2300	CRC01	Code Category	ID	2-2	R	75		NOT USED BY AHCCCS
	CRC02	Certification Condition Indicator	ID	1-1	R		2300	CRC02	Certification Condition Indicator	ID	1-1	R	Y		NOT USED BY AHCCCS
	CRC03	Homebound Indicator	ID	2-2	R		2300	CRC03	Homebound Indicator	ID	2-3	R	IH		NOT USED BY AHCCCS
	CRC04	Condition Indicator	ID	2-2	N/U		2300	CRC04	Condition Indicator	ID	2-3	N/U			NOT USED
	CRC05	Condition Indicator	ID	2-2	N/U		2300	CRC05	Condition Indicator	ID	2-3	N/U			NOT USED
	CRC06	Condition Indicator	ID	2-2	N/U		2300	CRC06	Condition Indicator	ID	2-3	N/U			NOT USED
	CRC07	Condition Indicator	ID	2-2	N/U		2300	CRC07	Condition Indicator	ID	2-3	N/U			NOT USED
2300	**CRC**	**EPSDT REFERRAL**		**1**	**S**		**2300**	**CRC**	**EPSDT REFERRAL**		**1**	**S**		Required on Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) claims when the screening service is being billed in this claim.	
	CRC01	Code Category	ID	2-2	R		2300	CRC01	Code Category	ID	2-2	R	ZZ	ZZ Mutually Defined (EPSDT Screening referral information.)	Expect 'ZZ'
	CRC02	Certification Condition Indicator	ID	1-1	R		2300	CRC02	Certification Condition Indicator	ID	1-1	R	N, Y	The response answers the question: Was an EPSDT referral given to the patient? If no, then choose “NU” in CRC03 indicating no referral given.	Expect 'Y/N'
	CRC03	Condition Code	ID	2-2	R		2300	CRC03	Condition Code	ID	2-3	R	AV, NU, S2, ST	AV=Available - Not Used NU=Not Used S2=Under Treatment ST=New Services Requested Increase from 2 - 3	Expect Condition Code value
	CRC04	Condition Code	ID	2-2	S		2300	CRC04	Condition Code	ID	2-3	S	AV, NU, S2, ST	AV=Available - Not Used NU=Not Used S2=Under Treatment ST=New Services Requested Increase from 2 - 3	Expect Condition Code value
	CRC05	Condition Code	ID	2-2	S		2300	CRC05	Condition Code	ID	2-3	S	AV, NU, S2, ST	AV=Available - Not Used NU=Not Used S2=Under Treatment ST=New Services Requested Increase from 2 - 3	Expect Condition Code value

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	CRC06	Condition Indicator	ID	2-2	N/U		2300	CRC06	Condition Indicator	ID	2-3	N/U		AV=Available - Not Used NU=Not Used S2=Under Treatment ST=New Services Requested Increase from 2 - 3	NOT USED
	CRC07	Condition Indicator	ID	2-2	N/U		2300	CRC07	Condition Indicator	ID	2-3	N/U		AV=Available - Not Used NU=Not Used S2=Under Treatment ST=New Services Requested Increase from 2 - 3	NOT USED
2300	**HI**	**HEALTH CARE DIAGNOSIS CODE**		**1**	**S**		**2300**	**HI**	**HEALTH CARE DIAGNOSIS CODE**		**1**	**R**		Do not transmit the decimal point for ICD codes. The decimal point is implied	
	HI01	HEALTH CARE CODE INFORMATION			R		2300	HI01	HEALTH CARE CODE INFORMATION			R			
	HI01-1	Diagnosis Type Code	ID	1-3	R		2300	HI01-1	Diagnosis Type Code	ID	1-3	R	ABK, BK	ABK=International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis BK=International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis Code Added	Expect ABK or BK
	HI01-2	Diagnosis Code	AN	1-30	R		2300	HI01-2	Diagnosis Code	AN	1-30	R			Expect Diagnosis Code
	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U		2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U			NOT USED
	HI01-4	Date Time Period	AN	1-35	N/U		2300	HI01-4	Date Time Period	AN	1-35	N/U			NOT USED
	HI01-5	Monetary Amount	R	1-18	N/U		2300	HI01-5	Monetary Amount	R	1-18	N/U			NOT USED
	HI01-6	Quantity	R	1-15	N/U		2300	HI01-6	Quantity	R	1-15	N/U			NOT USED
	HI01-7	Version Identifier	AN	1-30	N/U		2300	HI01-7	Version Identifier	AN	1-30	N/U			NOT USED
							2300	HI01-8	Industry code	AN	1-30	N/U		New Element	NOT USED
							2300	HI01-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element	NOT USED
	HI02	HEALTH CARE CODE INFORMATION			S		2300	HI02	HEALTH CARE CODE INFORMATION			S			
	HI02-1	Diagnosis Type Code	ID	1-3	R		2300	HI02-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Code Added	Expect ABK or BK
	HI02-2	Diagnosis Code	AN	1-30	R		2300	HI02-2	Diagnosis Code	AN	1-30	R			Expect Diagnosis Code
	HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U		2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U			NOT USED
	HI02-4	Date Time Period	AN	1-35	N/U		2300	HI02-4	Date Time Period	AN	1-35	N/U			NOT USED
	HI02-5	Monetary Amount	R	1-18	N/U		2300	HI02-5	Monetary Amount	R	1-18	N/U			NOT USED
	HI02-6	Quantity	R	1-15	N/U		2300	HI02-6	Quantity	R	1-15	N/U			NOT USED
	HI02-7	Version Identifier	AN	1-30	N/U		2300	HI02-7	Version Identifier	AN	1-30	N/U			NOT USED
							2300	HI02-8	Industry code	AN	1-30	N/U		New Element	NOT USED
							2300	HI02-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element	NOT USED
	HI03	HEALTH CARE CODE INFORMATION			S		2300	HI03	HEALTH CARE CODE INFORMATION			S			
	HI03-1	Diagnosis Type Code	ID	1-3	R		2300	HI03-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Code Added	Expect ABK or BK
	HI03-2	Diagnosis Code	AN	1-30	R		2300	HI03-2	Diagnosis Code	AN	1-30	R			Expect Diagnosis Code
	HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U		2300	HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U			NOT USED
	HI03-4	Date Time Period	AN	1-35	N/U		2300	HI03-4	Date Time Period	AN	1-35	N/U			NOT USED
	HI03-5	Monetary Amount	R	1-18	N/U		2300	HI03-5	Monetary Amount	R	1-18	N/U			NOT USED
	HI03-6	Quantity	R	1-15	N/U		2300	HI03-6	Quantity	R	1-15	N/U			NOT USED
	HI03-7	Version Identifier	AN	1-30	N/U		2300	HI03-7	Version Identifier	AN	1-30	N/U			NOT USED
							2300	HI03-8	Industry code	AN	1-30	N/U		New Element	NOT USED
							2300	HI03-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element	NOT USED
	HI04	HEALTH CARE CODE INFORMATION			S		2300	HI04	HEALTH CARE CODE INFORMATION			S			
	HI04-1	Diagnosis Type Code	ID	1-3	R		2300	HI04-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Code Added	Expect ABK or BK
	HI04-2	Diagnosis Code	AN	1-30	R		2300	HI04-2	Diagnosis Code	AN	1-30	R			Expect Diagnosis Code
	HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U		2300	HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U			NOT USED
	HI04-4	Date Time Period	AN	1-35	N/U		2300	HI04-4	Date Time Period	AN	1-35	N/U			NOT USED
	HI04-5	Monetary Amount	R	1-18	N/U		2300	HI04-5	Monetary Amount	R	1-18	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	HI04-6	Quantity	R	1-15	N/U		2300	HI04-6	Quantity	R	1-15	N/U			NOT USED
	HI04-7	Version Identifier	AN	1-30	N/U		2300	HI04-7	Version Identifier	AN	1-30	N/U			NOT USED
							2300	HI04-8	Industry code	AN	1-30	N/U		New Element	NOT USED
							2300	HI04-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element	NOT USED
	HI05	HEALTH CARE CODE INFORMATION			S		2300	HI05	HEALTH CARE CODE INFORMATION			S			
	HI05-1	Diagnosis Type Code	ID	1-3	R		2300	HI05-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Code Added	Expect ABK or BK
	HI05-2	Diagnosis Code	AN	1-30	R		2300	HI05-2	Diagnosis Code	AN	1-30	R			Expect Diagnosis Code
	HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U		2300	HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U			NOT USED
	HI05-4	Date Time Period	AN	1-35	N/U		2300	HI05-4	Date Time Period	AN	1-35	N/U			NOT USED
	HI05-5	Monetary Amount	R	1-18	N/U		2300	HI05-5	Monetary Amount	R	1-18	N/U			NOT USED
	HI05-6	Quantity	R	1-15	N/U		2300	HI05-6	Quantity	R	1-15	N/U			NOT USED
	HI05-7	Version Identifier	AN	1-30	N/U		2300	HI05-7	Version Identifier	AN	1-30	N/U			NOT USED
							2300	HI05-8	Industry code	AN	1-30	N/U		New Element	NOT USED
							2300	HI05-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element	NOT USED
	HI06	HEALTH CARE CODE INFORMATION			S		2300	HI06	HEALTH CARE CODE INFORMATION			S			
	HI06-1	Diagnosis Type Code	ID	1-3	R		2300	HI06-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Code Added	Expect ABK or BK
	HI06-2	Diagnosis Code	AN	1-30	R		2300	HI06-2	Diagnosis Code	AN	1-30	R			Expect Diagnosis Code
	HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U		2300	HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U			NOT USED
	HI06-4	Date Time Period	AN	1-35	N/U		2300	HI06-4	Date Time Period	AN	1-35	N/U			NOT USED
	HI06-5	Monetary Amount	R	1-18	N/U		2300	HI06-5	Monetary Amount	R	1-18	N/U			NOT USED
	HI06-6	Quantity	R	1-15	N/U		2300	HI06-6	Quantity	R	1-15	N/U			NOT USED
	HI06-7	Version Identifier	AN	1-30	N/U		2300	HI06-7	Version Identifier	AN	1-30	N/U			NOT USED
							2300	HI06-8	Industry code	AN	1-30	N/U		New Element	NOT USED
							2300	HI06-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element	NOT USED
	HI07	HEALTH CARE CODE INFORMATION			S		2300	HI07	HEALTH CARE CODE INFORMATION			S			
	HI07-1	Diagnosis Type Code	ID	1-3	R		2300	HI07-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Code Added	Expect ABK or BK
	HI07-2	Diagnosis Code	AN	1-30	R		2300	HI07-2	Diagnosis Code	AN	1-30	R			Expect Diagnosis Code
	HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U		2300	HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U			NOT USED
	HI07-4	Date Time Period	AN	1-35	N/U		2300	HI07-4	Date Time Period	AN	1-35	N/U			NOT USED
	HI07-5	Monetary Amount	R	1-18	N/U		2300	HI07-5	Monetary Amount	R	1-18	N/U			NOT USED
	HI07-6	Quantity	R	1-15	N/U		2300	HI07-6	Quantity	R	1-15	N/U			NOT USED
	HI07-7	Version Identifier	AN	1-30	N/U		2300	HI07-7	Version Identifier	AN	1-30	N/U			NOT USED
							2300	HI07-8	Industry code	AN	1-30	N/U		New Element	NOT USED
							2300	HI07-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element	NOT USED
	HI08	HEALTH CARE CODE INFORMATION			S		2300	HI08	HEALTH CARE CODE INFORMATION			S			
	HI08-1	Diagnosis Type Code	ID	1-3	R		2300	HI08-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Code Added	Expect ABK or BK
	HI08-2	Diagnosis Code	AN	1-30	R		2300	HI08-2	Diagnosis Code	AN	1-30	R			Expect Diagnosis Code
	HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U		2300	HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U			NOT USED
	HI08-4	Date Time Period	AN	1-35	N/U		2300	HI08-4	Date Time Period	AN	1-35	N/U			NOT USED
	HI08-5	Monetary Amount	R	1-18	N/U		2300	HI08-5	Monetary Amount	R	1-18	N/U			NOT USED
	HI08-6	Quantity	R	1-15	N/U		2300	HI08-6	Quantity	R	1-15	N/U			NOT USED
	HI08-7	Version Identifier	AN	1-30	N/U		2300	HI08-7	Version Identifier	AN	1-30	N/U			NOT USED
							2300	HI08-8	Industry code	AN	1-30	N/U		New Element	NOT USED
							2300	HI08-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element	NOT USED
	HI09	HEALTH CARE CODE INFORMATION			N/U		2300	HI09	HEALTH CARE CODE INFORMATION			S		Usage changed to Situational	
							2300	HI09-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	New Element	Expect ABK or BK
							2300	HI09-2	Diagnosis Code	AN	1-30	R		New Element	Expect Diagnosis Code
							2300	HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element	NOT USED
							2300	HI09-4	Date Time Period	AN	1-35	N/U		New Element	NOT USED
							2300	HI09-5	Monetary Amount	R	1-18	N/U		New Element	NOT USED
							2300	HI09-6	Quantity	R	1-15	N/U		New Element	NOT USED
							2300	HI09-7	Version Identifier	AN	1-30	N/U		New Element	NOT USED
							2300	HI09-8	Industry code	AN	1-30	N/U		New Element	NOT USED
							2300	HI09-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element	NOT USED
	HI10	HEALTH CARE CODE INFORMATION			N/U		2300	HI10	HEALTH CARE CODE INFORMATION			S		Usage changed to Situational	
							2300	HI10-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	New Element	Expect ABK or BK

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
							2300	HI10-2	Diagnosis Code	AN	1-30	R		New Element	Expect Diagnosis Code
							2300	HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element	NOT USED
							2300	HI10-4	Date Time Period	AN	1-35	N/U		New Element	NOT USED
							2300	HI10-5	Monetary Amount	R	1-18	N/U		New Element	NOT USED
							2300	HI10-6	Quantity	R	1-15	N/U		New Element	NOT USED
							2300	HI10-7	Version Identifier	AN	1-30	N/U		New Element	NOT USED
							2300	HI10-8	Industry code	AN	1-30	N/U		New Element	NOT USED
							2300	HI10-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element	NOT USED
	HI11	HEALTH CARE CODE INFORMATION			N/U		2300	HI11	HEALTH CARE CODE INFORMATION			S		Usage changed to Situational	
							2300	HI11-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	New Element	Expect ABK or BK
							2300	HI11-2	Diagnosis Code	AN	1-30	R		New Element	Expect Diagnosis Code
							2300	HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element	NOT USED
							2300	HI11-4	Date Time Period	AN	1-35	N/U		New Element	NOT USED
							2300	HI11-5	Monetary Amount	R	1-18	N/U		New Element	NOT USED
							2300	HI11-6	Quantity	R	1-15	N/U		New Element	NOT USED
							2300	HI11-7	Version Identifier	AN	1-30	N/U		New Element	NOT USED
							2300	HI11-8	Industry code	AN	1-30	N/U		New Element	NOT USED
							2300	HI11-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element	NOT USED
	HI12	HEALTH CARE CODE INFORMATION			N/U		2300	HI12	HEALTH CARE CODE INFORMATION			S		Usage changed to Situational	
							2300	HI12-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	New Element	Expect ABK or BK
							2300	HI12-2	Diagnosis Code	AN	1-30	R		New Element	Expect Diagnosis Code
							2300	HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element	NOT USED
							2300	HI12-4	Date Time Period	AN	1-35	N/U		New Element	NOT USED
							2300	HI12-5	Monetary Amount	R	1-18	N/U		New Element	NOT USED
							2300	HI12-6	Quantity	R	1-15	N/U		New Element	NOT USED
							2300	HI12-7	Version Identifier	AN	1-30	N/U		New Element	NOT USED
							2300	HI12-8	Industry code	AN	1-30	N/U		New Element	NOT USED
							2300	HI12-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element	NOT USED
							2300	**HI**	**ANESTHESIA RELATED PROCEDURE**		**1**	**S**		Required on claims where anesthesiology services are being billed or reported when the provider knows the surgical code and knows the adjudication of the claim will depend on provision of the surgical code.	SEGMENT NOT USED BY AHCCCS
							2300	HI01	HEALTH CARE CODE INFORMATION			R			NOT USED BY AHCCCS
							2300	HI01-1	Code List Qualifier	ID	1-3	R	BP		NOT USED BY AHCCCS
							2300	HI01-2	Anesthesia Related Surgical Procedure	AN	1-30	R			NOT USED BY AHCCCS
							2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U			NOT USED
							2300	HI01-4	Date Time Period	AN	1-35	N/U			NOT USED
							2300	HI01-5	Monetary Amount	R	1-18	N/U			NOT USED
							2300	HI01-6	Quantity	R	1-15	N/U			NOT USED
							2300	HI01-7	Version Identifier	AN	1-30	N/U			NOT USED
							2300	HI01-8	Industry code	AN	1-30	N/U			NOT USED
							2300	HI01-9	Yes/No Condition or response Code	ID	1-1	N/U			NOT USED
							2300	HI02	HEALTH CARE CODE INFORMATION			S			NOT USED BY AHCCCS
							2300	HI02-1	Code List Qualifier	ID	1-3	R	BO		NOT USED BY AHCCCS
							2300	HI02-2	Anesthesia Related Surgical Procedure	AN	1-30	R			NOT USED BY AHCCCS
							2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U			NOT USED
							2300	HI02-4	Date Time Period	AN	1-35	N/U			NOT USED
							2300	HI02-5	Monetary Amount	R	1-18	N/U			NOT USED
							2300	HI02-6	Quantity	R	1-15	N/U			NOT USED
							2300	HI02-7	Version Identifier	AN	1-30	N/U			NOT USED
							2300	HI02-8	Industry code	AN	1-30	N/U			NOT USED
							2300	HI02-9	Yes/No Condition or response Code	ID	1-1	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
							2300	HI03	HEALTH CARE CODE INFORMATION			N/U			NOT USED
							2300	HI04	HEALTH CARE CODE INFORMATION			N/U			NOT USED
							2300	HI05	HEALTH CARE CODE INFORMATION			N/U			NOT USED
							2300	HI06	HEALTH CARE CODE INFORMATION			N/U			NOT USED
							2300	HI07	HEALTH CARE CODE INFORMATION			N/U			NOT USED
							2300	HI08	HEALTH CARE CODE INFORMATION			N/U			NOT USED
							2300	HI09	HEALTH CARE CODE INFORMATION			N/U			NOT USED
							2300	HI10	HEALTH CARE CODE INFORMATION			N/U			NOT USED
							2300	HI11	HEALTH CARE CODE INFORMATION			N/U			NOT USED
							2300	HI12	HEALTH CARE CODE INFORMATION			N/U			NOT USED
							2300	**HI**	**CONDITION INFORMATION**		**2**	**S**		Required when condition information applies to the claim. -DOES NOT APPLY TO PROFESSIONAL	SEGMENT NOT USED BY AHCCCS
							2300	HI01	HEALTH CARE CODE INFORMATION			R			NOT USED BY AHCCCS
							2300	HI01-1	Code List Qualifier	ID	1-3	R	BG	BG=Condition	NOT USED BY AHCCCS
							2300	HI01-2	Condition Code	AN	1-30	R			NOT USED BY AHCCCS
							2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U			NOT USED
							2300	HI01-4	Date Time Period	AN	1-35	N/U			NOT USED
							2300	HI01-5	Monetary Amount	R	1-18	N/U			NOT USED
							2300	HI01-6	Quantity	R	1-15	N/U			NOT USED
							2300	HI01-7	Version Identifier	AN	1-30	N/U			NOT USED
							2300	HI01-8	Industry code	AN	1-30	N/U			NOT USED
							2300	HI01-9	Yes/No Condition or response Code	ID	1-1	N/U			NOT USED
							2300	HI02	HEALTH CARE CODE INFORMATION			S			NOT USED BY AHCCCS
							2300	HI03	HEALTH CARE CODE INFORMATION			S			NOT USED BY AHCCCS
							2300	HI04	HEALTH CARE CODE INFORMATION			S			NOT USED BY AHCCCS
							2300	HI05	HEALTH CARE CODE INFORMATION			S			NOT USED BY AHCCCS
							2300	HI06	HEALTH CARE CODE INFORMATION			S			NOT USED BY AHCCCS
							2300	HI07	HEALTH CARE CODE INFORMATION			S			NOT USED BY AHCCCS
							2300	HI08	HEALTH CARE CODE INFORMATION			S			NOT USED BY AHCCCS
							2300	HI09	HEALTH CARE CODE INFORMATION			S			NOT USED BY AHCCCS
							2300	HI10	HEALTH CARE CODE INFORMATION			S			NOT USED BY AHCCCS
							2300	HI11	HEALTH CARE CODE INFORMATION			S			NOT USED BY AHCCCS
							2300	HI12	HEALTH CARE CODE INFORMATION			S			NOT USED BY AHCCCS
2300	**HCP**	**CLAIM PRICING/REPRICING INFORMATION**		**1**	**S**		**2300**	**HCP**	**CLAIM PRICING/REPRICING INFORMATION**		**1**	**S**			SEGMENT NOT USED BY AHCCCS
	HCP01	Pricing Methodology	ID	2-2	R		2300	HCP01	Pricing Methodology	ID	2-2	R	00, 01, 02, 03,		NOT USED BY AHCCCS
	HCP02	Repriced Allowed Amount S9(7)V99	R	1-18	R		2300	HCP02	Repriced Allowed Amount S9(7)V99	R	1-18	R			NOT USED BY AHCCCS
	HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S		2300	HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S			NOT USED BY AHCCCS
	HCP04	Repricing Organization Identifier	AN	1-30	S		2300	HCP04	Repricing Organization Identifier	AN	1-50	S		Increase from 30 - 50	NOT USED BY AHCCCS
	HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S		2300	HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S			NOT USED BY AHCCCS
	HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-30	S		2300	HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-50	S		Increase from 30 - 50	NOT USED BY AHCCCS
	HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99	R	1-18	S		2300	HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99	R	1-18	S			NOT USED BY AHCCCS
	HCP08	Product/Service ID	AN	1-48	N/U		2300	HCP08	Product/Service ID	AN	1-48	N/U			NOT USED
	HCP09	Product/Service ID Qualifier	ID	2-2	N/U		2300	HCP09	Product/Service ID Qualifier	ID	2-2	N/U			NOT USED
	HCP10	Product/Service ID	AN	1-48	N/U		2300	HCP10	Product/Service ID	AN	1-48	N/U			NOT USED
	HCP11	Unit or Basis for Measurement Code	ID	2-2	N/U		2300	HCP11	Unit or Basis for Measurement Code	ID	2-2	N/U			NOT USED
	HCP12	Quantity 9(3)V9	R	1-15	N/U		2300	HCP12	Quantity 9(3)V9	R	1-15	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	HCP13	Reject Reason Code	ID	2-2	S		2300	HCP13	Reject Reason Code	ID	2-2	S	T1, T2, T3, T4, T5, T6		NOT USED BY AHCCCS
	HCP14	Policy Compliance Code	ID	1-2	S		2300	HCP14	Policy Compliance Code	ID	1-2	S	1, 2, 3, 4, 5		NOT USED BY AHCCCS
	HCP15	Exception Code	ID	1-2	S		2300	HCP15	Exception Code	ID	1-2	S	1, 2, 3, 4, 5, 6		NOT USED BY AHCCCS
2305	**CR7**	**HOME HEALTH CARE PLAN INFORMATION**		**1**	**S**	**6**								SEGMENT DELETED	DELETED
2305	**HSD**	**HEALTH CARE SERVICES DELIVERY**		**3**	**S**									SEGMENT DELETED	DELETED
2310A	**NM1**	**REFERRING PROVIDER NAME**		**1**	**S**	**2**	**2310A**	**NM1**	**REFERRING PROVIDER NAME**		**1**	**S**		Required when this claim involves a referral.	
	NM101	Entity Identifier Code	ID	2-3	R		2310A	NM101	Entity Identifier Code	ID	2-3	R	DN, P3	DN=Referring Provider P3=Primary Care Provider	Expect 'DN'
	NM102	Entity Type Qualifier	ID	1-1	R		2310A	NM102	Entity Type Qualifier	ID	1-1	R	1	1=Person Code '2' Non-person entity Deleted	Expect '1'
	NM103	Referring Provider Last Name	AN	1-35	R		2310A	NM103	Referring Provider Last Name	AN	1-60	R		Increase from 35 - 60	Expect Referring Provider Last Name
	NM104	Referring Provider First Name	AN	1-25	S		2310A	NM104	Referring Provider First Name	AN	1-35	S		Increase from 25 - 35	Expect Referring Provider First Name
	NM105	Referring Provider Middle Name	AN	1-25	S		2310A	NM105	Referring Provider Middle Name	AN	1-25	S			Expect Referring Provider MI
	NM106	Name Prefix	AN	1-10	N/U		2310A	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Referring Provider Name Suffix	AN	1-10	S		2310A	NM107	Referring Provider Name Suffix	AN	1-10	S			N/A
	NM108	Identification Code Qualifier	ID	1-2	S		2310A	NM108	Identification Code Qualifier	ID	1-2	S	XX	XX=NPI Code 24 and 34 Deleted	Expect 'XX'
	NM109	Referring Provider Identifier	AN	2-80	S		2310A	NM109	Referring Provider Identifier	AN	2-80	S			Expect NPI
	NM110	Entity Relationship Code	ID	2-2	N/U		2310A	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2310A	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2310A	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
2310A	**PRV**	**REFERRING PROVIDER SPECIALTY INFORMATION**		**1**	**S**									SEGMENT DELETED	DELETED
2310A	**REF**	**REFERRING PROVIDER SECONDARY IDENTIFICATION**		**5**	**S**		**2310A**	**REF**	**REFERRING PROVIDER SECONDARY IDENTIFICATION**		**3**	**S**			
	REF01	Reference Identification Qualifier	ID	2-3	R		2310A	REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number (Note: This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.) Code Deleted: 1B, 1C, 1D (Medicaid Provider Number), 1H, EI, LU, N5, SY, X5	Expect 'G2'
	REF02	Referring Provider Secondary Identifier	AN	1-30	R		2310A	REF02	Referring Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50	Expect 8-digit ID (6-digit AHCCCS Provider Registration ID+2-digit Location code)
	REF03	Description	AN	1-80	N/U		2310A	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2310A	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2310A	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2310A	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2310A	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2310A	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2310A	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
							2310A	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2310B	**NM1**	**RENDERING PROVIDER NAME**		**1**	**S**	**1**	**2310B**	**NM1**	**RENDERING PROVIDER NAME**		**1**	**S**		Required when the Rendering Provider information is different than that carried in Loop ID-2010AA - Billing Provider.	
	NM101	Entity Identifier Code	ID	2-3	R		2310B	NM101	Entity Identifier Code	ID	2-3	R	82	82=Rendering Provider	Expect '82'
	NM102	Entity Type Qualifier	ID	1-1	R		2310B	NM102	Entity Type Qualifier	ID	1-1	R	1, 2	1=Person 2=Non-Person Entity	Expect 1 or 2
	NM103	Rendering Provider Last or Organization Name	AN	1-35	R		2310B	NM103	Rendering Provider Last or Organization Name	AN	1-60	R		Increase from 35 - 60	Expect Rendering Provider Last Name or Organization name
	NM104	Rendering Provider First Name	AN	1-25	S		2310B	NM104	Rendering Provider First Name	AN	1-35	S		Increase from 25 - 35	Expect Rendering Provider First Name
	NM105	Rendering Provider Middle Name	AN	1-25	S		2310B	NM105	Rendering Provider Middle Name	AN	1-25	S			Expect Rendering Provider MI
	NM106	Name Prefix	AN	1-10	N/U		2310B	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Rendering Provider Name Suffix	AN	1-10	S		2310B	NM107	Rendering Provider Name Suffix	AN	1-10	S			N/A
	NM108	Identification Code Qualifier	ID	1-2	R		2310B	NM108	Identification Code Qualifier	ID	1-2	S	XX	XX=NPI Code 24, 34 Deleted Usage Changed to Situational	Expect 'XX'
	NM109	Rendering Provider Identifier	AN	2-80	R		2310B	NM109	Rendering Provider Identifier	AN	2-80	S		Usage Canged to Situational	Expect Rendering Provider NPI
	NM110	Entity Relationship Code	ID	2-2	N/U		2310B	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2310B	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2310B	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
2310B	**PRV**	**RENDERING PROVIDER SPECIALTY INFORMATION**		**1**	**S**		**2310B**	**PRV**	**RENDERING PROVIDER SPECIALTY INFORMATION**		**1**	**S**			AHCCCS will start collecting Taxonomy Codes
	PRV01	Provider Code	ID	1-3	R		2310B	PRV01	Provider Code	ID	1-3	R	PE	PE=Performing	Expect 'PE'
	PRV02	Reference Identification Qualifier	ID	2-3	R		2310B	PRV02	Reference Identification Qualifier	ID	2-3	R	PXC	PXC=Health Care Provider Taxonomy Code Code Change	Expect 'PXC'
	PRV03	Provider Taxonomy Code	AN	1-30	R		2310B	PRV03	Provider Taxonomy Code	AN	1-50	R		Increase from 30 - 50	Expect Rendering Provider Taxonomy Code
	PRV04	State or Province Code	ID	2-2	N/U		2310B	PRV04	State or Province Code	ID	2-2	N/U			NOT USED
	PRV05	PROVIDER SPECIALTY INFORMATION			N/U		2310B	PRV05	PROVIDER SPECIALTY INFORMATION			N/U			NOT USED
	PRV06	Provider Organization Code	ID	3-3	N/U		2310B	PRV06	Provider Organization Code	ID	3-3	N/U			NOT USED
2310B	**REF**	**RENDERING PROVIDER SECONDARY IDENTIFICATION**		**5**	**S**		**2310B**	**REF**	**RENDERING PROVIDER SECONDARY IDENTIFICATION**		**4**	**S**			
	REF01	Reference Identification Qualifier	ID	2-3	R		2310B	REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2, LU	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number (Note: This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.) LU=Location Number Code Deleted: 1B, 1C, 1D (Medicaid Provider Number), 1H, EI, N5, SY, X5	Expect 'G2'
	REF02	Rendering Provider Secondary Identifier	AN	1-30	R		2310B	REF02	Rendering Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50	Expect 8-digit ID (6-digit AHCCCS Provider Registration ID+2-digit Location code)
	REF03	Description	AN	1-80	N/U		2310B	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2310B	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2310B	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2310B	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
							2310B	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2310B	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2310B	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2310B	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2310C	**NM1**	**PURCHASED SERVICE PROVIDER NAME**		**1**	**S**	**1**								SEGMENT DELETED	DELETED
2310C	**REF**	**PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION**		**5**	**S**									SEGMENT DELETED	DELETED
2310D	**NM1**	**SERVICE FACILITY LOCATION**		**1**	**S**	**1**	**2310C**	**NM1**	**SERVICE FACILITY LOCATION**		**1**	**S**		Loop Change - moved from 2310D to 2310C Required when the location of health care service is different than that carried in Loop ID-2010AA (Billing Provider).	
	NM101	Entity Identifier Code	ID	2-3	R		2310C	NM101	Entity Identifier Code	ID	2-3	R	77	77=Service Location Code Deleted - FA, LI, TL	Expect '77'
	NM102	Entity Type Qualifier	ID	1-1	R		2310C	NM102	Entity Type Qualifier	ID	1-1	R	2	2=Non-person entity	Expect '2'
	NM103	Laboratory or Facility Name	AN	1-35	**S**		2310C	NM103	Laboratory or Facility Name	AN	1-60	R		Increase from 35 - 60 Usage changed to required	Expect Laboratory or Facility Name
	NM104	Name First	AN	1-25	N/U		2310C	NM104	Name First	AN	1-35	N/U		Increase from 25 - 35	NOT USED
	NM105	Name Middle	AN	1-25	N/U		2310C	NM105	Name Middle	AN	1-25	N/U			NOT USED
	NM106	Name Prefix	AN	1-10	N/U		2310C	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Name Suffix	AN	1-10	N/U		2310C	NM107	Name Suffix	AN	1-10	N/U			NOT USED
	NM108	Identification Code Qualifier	ID	1-2	S		2310C	NM108	Identification Code Qualifier	ID	1-2	S	XX	XX=NPI Code Deleted	Expect 'XX'
	NM109	Laboratory or Facility Primary Identifier	AN	2-80	S		2310C	NM109	Laboratory or Facility Primary Identifier	AN	2-80	S			Expect Service Facility NPI
	NM110	Entity Relationship Code	ID	2-2	N/U		2310C	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2310C	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2310C	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
2310D	**N3**	**SERVICE FACILITY LOCATION ADDRESS**		**1**	**R**		**2310C**	**N3**	**SERVICE FACILITY LOCATION ADDRESS**		**1**	**R**		If service facility location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, “crossroad of State Road 34 and 45” or “Exit near Mile marker 265 on Interstate 80”.)	
	N301	Laboratory or Facility Address Line	AN	1-55	R		2310C	N301	Laboratory or Facility Address Line	AN	1-55	R			Expect Laboratory or Facility Address Line
	N302	Laboratory or Facility Address Line	AN	1-55	S		2310C	N302	Laboratory or Facility Address Line	AN	1-55	S			Expect Laboratory or Facility Address Line
2310D	**N4**	**SERVICE FACILITY LOCATION CITY/STATE/ZIP**		**1**	**R**		**2310C**	**N4**	**SERVICE FACILITY LOCATION CITY/STATE/ZIP**		**1**	**R**		Loop Change	
	N401	Laboratory or Facility City Name	AN	2-30	R		2310C	N401	Laboratory or Facility City Name	AN	2-30	R			Expect Laboratory or Facility City Name
	N402	Laboratory or Facility State or Province Code	ID	2-2	R		2310C	N402	Laboratory or Facility State or Province Code	ID	2-2	S		Usage changed to Situational	Expect Laboratory or Facility State Code
	N403	Laboratory or Facility Postal Zone ZIP Code	ID	3-15	R		2310C	N403	Laboratory or Facility Postal Zone ZIP Code	ID	3-15	S		Usage changed to Situational	Expect Laboratory or Facility Zip code
	N404	Laboratory/Facility Country Code	ID	2-3	S		2310C	N404	Laboratory/Facility Country Code	ID	2-3	S			NOT USED BY AHCCCS
	N405	Location Qualifier	ID	1-2	N/U		2310C	N405	Location Qualifier	ID	1-2	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	N406	Location Identifier	AN	1-30	N/U		2310C	N406	Location Identifier	AN	1-30	N/U			NOT USED
							2310C	N407	Country Subdivision Code	ID	1-3	S		New Element	NOT USED BY AHCCCS
2310D	**REF**	**SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION**		**5**	**S**		**2310C**	**REF**	**SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION**		**3**	**S**		Loop Change	SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2310C	REF01	Reference Identification Qualifier	ID	2-3	R	0B, G2, LU	0B=State License Number G2=Provider Commercial Number (Note: This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.) LU=Location Number Code Deleted - 1A, 1B, 1C, 1D, 1G, 1H, N5, TJ, X4, X5	NOT USED BY AHCCCS
	REF02	Laboratory or Facility Secondary Identifier	AN	1-30	R		2310C	REF02	Laboratory or Facility Secondary Identifier	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2310C	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2310C	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2310C	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2310C	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2310C	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2310C	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2310C	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2310C	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2310C	**PER**	**SERVICE FACILITY CONTACT INFORMATION**		**1**	**R**		FOR PROPERTY AND CASUALTY CLAIMS	SEGMENT NOT USED BY AHCCCS
							2310C	PER01	Contact Function Code	ID	2-2	R	IC		NOT USED BY AHCCCS
							2310C	PER02	Submitter Contact Name	AN	1-60	S			NOT USED BY AHCCCS
							2310C	PER03	Communication Number Qualifier	ID	2-2	R	TE		NOT USED BY AHCCCS
							2310C	PER04	Communication Number	AN	1-256	R			NOT USED BY AHCCCS
							2310C	PER05	Communication Number Qualifier	ID	2-2	S	EX		NOT USED BY AHCCCS
							2310C	PER06	Communication Number	AN	1-256	S			NOT USED BY AHCCCS
							2310C	PER07	Communication Number Qualifier	ID	2-2	N/U			NOT USED
							2310C	PER08	Communication Number	AN	1-256	N/U			NOT USED
							2310C	PER09	Contact Inquiry Reference	AN	1-20	N/U			NOT USED
2310E	**NM1**	**SUPERVISING PROVIDER NAME**		**1**	**S**	**1**	**2310D**	**NM1**	**SUPERVISING PROVIDER NAME**		**1**	**S**		Required when the rendering provider is supervised by a physician.	SEGMENT NOT USED BY AHCCCS
	NM101	Entity Identifier Code	ID	2-3	R		2310D	NM101	Entity Identifier Code	ID	2-3	R	DQ		NOT USED BY AHCCCS
	NM102	Entity Type Qualifier	ID	1-1	R		2310D	NM102	Entity Type Qualifier	ID	1-1	R	1		NOT USED BY AHCCCS
	NM103	Supervising Provider Last Name	AN	1-35	R		2310D	NM103	Supervising Provider Last Name	AN	1-60	R			NOT USED BY AHCCCS
	NM104	Supervising Provider First Name	AN	1-25	R		2310D	NM104	Supervising Provider First Name	AN	1-35	S			NOT USED BY AHCCCS
	NM105	Supervising Provider Middle Name	AN	1-25	S		2310D	NM105	Supervising Provider Middle Name	AN	1-25	S			NOT USED BY AHCCCS
	NM106	Name Prefix	AN	1-10	N/U		2310D	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Supervising Provider Name Suffix	AN	1-10	S		2310D	NM107	Supervising Provider Name Suffix	AN	1-10	S			NOT USED BY AHCCCS
	NM108	Identification Code Qualifier	ID	1-2	S		2310D	NM108	Identification Code Qualifier	ID	1-2	S	XX		NOT USED BY AHCCCS
	NM109	Supervising Provider Identifier	AN	2-80	S		2310D	NM109	Supervising Provider Identifier	AN	2-80	S			NOT USED BY AHCCCS
	NM110	Entity Relationship Code	ID	2-2	N/U		2310D	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2310D	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2310D	NM112	Name Last or Organization Name	AN	1-60	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2310E	**REF**	**SUPERVISING PROVIDER SECONDARY IDENTIFIER**		**5**	**S**		**2310D**	**REF**	**SUPERVISING PROVIDER SECONDARY IDENTIFIER**		**4**	**S**		Required on or after the mandated NPI implementation date when the entity is not a Health Care provider (a.k.a. an atypical provider), and an identifier is necessary for the claims processor to identify the entity.	SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2310D	REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2, LU	Code Deleted	NOT USED BY AHCCCS
	REF02	Supervising Provider Secondary Identifier	AN	1-30	R		2310D	REF02	Supervising Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2310D	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2310D	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2310D	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2310D	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2310D	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2310D	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2310D	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2310D	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2310E	**NM1**	**AMBULANCE PICK UP LOCATION**		**1**	**S**		Required when billing for ambulance or non-emergency transportation services	
							2310E	NM101	Entity Identifier Code	ID	2-3	R	PW	PW=Pickup Address	Expect 'PW'
							2310E	NM102	Entity Type Qualifier	ID	1-1	R	2	2=Non-person entity	Expect '2'
							2310E	NM103	Name Last or Organization Name	AN	1-60	N/U			NOT USED
							2310E	NM104	Name First	AN	1-35	N/U			NOT USED
							2310E	NM105	Name Middle	AN	1-25	N/U			NOT USED
							2310E	NM106	Name Prefix	AN	1-10	N/U			NOT USED
							2310E	NM107	Name Suffix	AN	1-10	N/U			NOT USED
							2310E	NM108	Identification Code Qualifier	ID	1-2	N/U			NOT USED
							2310E	NM109	Identification Code	AN	2-80	N/U			NOT USED
							2310E	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
							2310E	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2310E	NM112	Name Last or Organization Name	AN	1-60	N/U			NOT USED
							2310E	**N3**	**AMBULANCE PICK UP LOCATION ADDRESS**		**1**	**R**		If the ambulance pickup location is in ar area where there are no street addresses, enter a description of where the service was rendered (for example, “crossroad of State Road 34 and 45” or “Exit near Mile marker 265 on Interstate 80”.)	
							2310E	N301	Ambulance Pick Up Address Line	AN	1-55	R			Expect Ambulance Pick Up Address Line
							2310E	N302	Ambulance Pick Up Address Line	AN	1-55	S			Expect Ambulance Pick Up Address Line
							2310E	**N4**	**AMBULANCE PICK UP LOCATION CITY/STATE/ZIP**		**1**	**R**		New Segment	
							2310E	N401	Ambulance Pick Up City Name	AN	2-30	R			Expect Ambulance Pick Up City
							2310E	N402	Ambulance Pick Up State or Province Code	ID	2-2	S			Expect Ambulance Pick Up State

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep
2320	**SBR**	**OTHER SUBSCRIBER INFORMATION**		**1**	**S**	**10**
	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R	

Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2310E	N403	Ambulance Pick Up Postal Zone ZIP Code	ID	3-15	S			Expect Ambulance Pick Up Zip
2310E	N404	Ambulance Pick Up Country Code	ID	2-3	S			NOT USED BY AHCCCS
2310E	N405	Location Qualifier	ID	1-2	N/U			NOT USED
2310E	N406	Location Identifier	AN	1-30	N/U			NOT USED
2310E	N407	Country Subdivision Code	ID	1-3	S			NOT USED BY AHCCCS
2310F	**NM1**	**AMBULANCE DROP OFF LOCATION**		**1**	**S**		Required when billing for ambulance or non-emergency transportation services.	
2310F	NM101	Entity Identifier Code	ID	2-3	R	45	45=Drop-off Location	Expect '45'
2310F	NM102	Entity Type Qualifier	ID	1-1	R	2	2=Non-person entity	Expect '2'
2310F	NM103	Ambulance Drop Off Location	AN	1-60	S			Expect Ambulance Drop-off location (Name)
2310F	NM104	Name First	AN	1-35	N/U			NOT USED
2310F	NM105	Name Middle	AN	1-25	N/U			NOT USED
2310F	NM106	Name Prefix	AN	1-10	N/U			NOT USED
2310F	NM107	Name Suffix	AN	1-10	N/U			NOT USED
2310F	NM108	Identification Code Qualifier	ID	1-2	N/U			NOT USED
2310F	NM109	Identification Code	AN	2-80	N/U			NOT USED
2310F	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
2310F	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
2310F	NM112	Name Last or Organization Name	AN	1-60	N/U			NOT USED
2310F	**N3**	**AMBULANCE DROP OFF LOCATION ADDRESS**		**1**	**R**		New Segment	
2310F	N301	Ambulance Drop Off Address Line	AN	1-55	R			Expect Ambulance Drop Off Address Line
2310F	N302	Ambulance Drop Off Address Line	AN	1-55	S			Expect Ambulance Drop Off Address Line
2310F	**N4**	**AMBULANCE DROP OFF LOCATION CITY/STATE/ZIP**		**1**	**R**		New Segment	
2310F	N401	Ambulance Drop Off City Name	AN	2-30	R			Expect Ambulance Drop Off City Name
2310F	N402	Ambulance Drop Off State or Province Code	ID	2-2	S			Expect Ambulance Drop Off State or Province Code
2310F	N403	Ambulance Drop Off Postal Zone ZIP Code	ID	3-15	S			Expect Ambulance Drop Off Postal Zone ZIP
2310F	N404	Ambulance Drop Off Country Code	ID	2-3	S			NOT USED BY AHCCCS
2310F	N405	Location Qualifier	ID	1-2	N/U			NOT USED
2310F	N406	Location Identifier	AN	1-30	N/U			NOT USED
2310F	N407	Country Subdivision Code	ID	1-3	S			NOT USED BY AHCCCS
2320	**SBR**	**OTHER SUBSCRIBER INFORMATION**		**1**	**S**			
2320	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R	A, B, C, D, E, F, G, H, P, S, T, U	P=Primary S=Secondary T=Tertiary U=Unknown (This code may only be used in payer to payer COB claims) Code Added; Other codes do not apply?	Expect P, S, T, or U

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	SBR02	Individual Relationship Code	ID	2-2	R		2320	SBR02	Individual Relationship Code	ID	2-2	R	01, 18, 19, 20, 21, 39, 40, 53, G8	01=Spouse 18=Self 19=Child 20=Employee 21=Unknown 39=Organ Donor 40=Cadaver Donor 53=Life Partner G8=Other Relationship Code Deleted	Expect any
	SBR03	Insured Group or Policy Number	AN	1-30	S		2320	SBR03	Insured Group or Policy Number	AN	1-50	S		Applies to a Group number assigned to the Subscriber for the Payer Increase from 30 - 50	NOT USED BY AHCCCS
	SBR04	Other Insured Group Name	AN	1-60	S		2320	SBR04	Other Insured Group Name	AN	1-60	S		Required when SBR03 is not used and the group name is available	NOT USED BY AHCCCS
	SBR05	Insurance Type Code	ID	1-3	R		2320	SBR05	Insurance Type Code	ID	1-3	S	12, 13, 14, 15, 16, 41, 42, 43, 47	12, 13, 14, 15, 16, 41, 42, 43, 47 Code Change Usage changed to Situational	Expect Any when SBR01='S' Secondary and SBR09 is 'MA' Medicare A or 'MB' Medicare B, else NOT USED BY AHCCCS
	SBR06	Coordination of Benefits Code	ID	1-1	N/U		2320	SBR06	Coordination of Benefits Code	ID	1-1	N/U			NOT USED
	SBR07	Yes/No Condition or Response Code	ID	1-1	N/U		2320	SBR07	Yes/No Condition or Response Code	ID	1-1	N/U			NOT USED
	SBR08	Employment Status Code	ID	2-2	N/U		2320	SBR08	Employment Status Code	ID	2-2	N/U			NOT USED
	SBR09	Claim Filing Indicator Code	ID	1-2	S		2320	SBR09	Claim Filing Indicator Code	ID	1-2	S	11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI ,HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	See code list in TR3 Code Change CI=Commercial Insurance MA=Medicare Part A MB=Medicare Part B	Expect 'CI', 'MA' or 'MB'
2320	**CAS**	**CLAIM LEVEL ADJUSTMENTS**		**5**	**S**		**2320**	**CAS**	**CLAIM LEVEL ADJUSTMENTS**		**5**	**S**			***CAS Adjustment Trios***
	CAS01	Claim Adjustment Group Code	ID	1-2	R		2320	CAS01	Claim Adjustment Group Code	ID	1-2	R	CO, CR, OA, PI, PR	CO=Contractual Obligations CR=Correction and Reversals OA=Other adjustments PI=Payor Initiated Reductions PR=Patient Responsibility	Expect CO, CR, OA, PI, PR
	CAS02	Adjustment Reason Code	ID	1-5	R		2320	CAS02	Adjustment Reason Code	ID	1-5	R		See WPC for Code list Occurrence 1	Expect Adjustment Reason Code
	CAS03	Adjustment Amount S9(7)V99	R	1-18	R		2320	CAS03	Adjustment Amount S9(7)V99	R	1-18	R			Expect Adjustment Amount
	CAS04	Adjustment Quantity 9(7)	R	1-15	S		2320	CAS04	Adjustment Quantity 9(7)	R	1-15	S			Expect Adjustment Qty
	CAS05	Adjustment Reason Code	ID	1-5	S		2320	CAS05	Adjustment Reason Code	ID	1-5	S		Occurrence 2	Expect Adjustment Reason Code
	CAS06	Adjustment Amount S9(7)V99	R	1-18	S		2320	CAS06	Adjustment Amount S9(7)V99	R	1-18	S			Expect Adjustment Amount
	CAS07	Adjustment Quantity 9(7)	R	1-15	S		2320	CAS07	Adjustment Quantity 9(7)	R	1-15	S			Expect Adjustment Qty
	CAS08	Adjustment Reason Code	ID	1-5	S		2320	CAS08	Adjustment Reason Code	ID	1-5	S		Occurrence 3	Expect Adjustment Reason Code
	CAS09	Adjustment Amount S9(7)V99	R	1-18	S		2320	CAS09	Adjustment Amount S9(7)V99	R	1-18	S			Expect Adjustment Amount
	CAS10	Adjustment Quantity 9(7)	R	1-15	S		2320	CAS10	Adjustment Quantity 9(7)	R	1-15	S			Expect Adjustment Qty
	CAS11	Adjustment Reason Code	ID	1-5	S		2320	CAS11	Adjustment Reason Code	ID	1-5	S		Occurrence 4	Expect Adjustment Reason Code
	CAS12	Adjustment Amount S9(7)V99	R	1-18	S		2320	CAS12	Adjustment Amount S9(7)V99	R	1-18	S			Expect Adjustment Amount
	CAS13	Adjustment Quantity 9(7)	R	1-15	S		2320	CAS13	Adjustment Quantity 9(7)	R	1-15	S			Expect Adjustment Qty
	CAS14	Adjustment Reason Code	ID	1-5	S		2320	CAS14	Adjustment Reason Code	ID	1-5	S		Occurrence 5	Expect Adjustment Reason Code
	CAS15	Adjustment Amount S9(7)V99	R	1-18	S		2320	CAS15	Adjustment Amount S9(7)V99	R	1-18	S			Expect Adjustment Amount
	CAS16	Adjustment Quantity 9(7)	R	1-15	S		2320	CAS16	Adjustment Quantity 9(7)	R	1-15	S			Expect Adjustment Qty

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	CAS17	Adjustment Reason Code	ID	1-5	S		2320	CAS17	Adjustment Reason Code	ID	1-5	S		Occurrence 6	Expect Adjustment Reason Code
	CAS18	Adjustment Amount S9(7)V99	R	1-18	S		2320	CAS18	Adjustment Amount S9(7)V99	R	1-18	S			Expect Adjustment Amount
	CAS19	Adjustment Quantity 9(7)	R	1-15	S		2320	CAS19	Adjustment Quantity 9(7)	R	1-15	S			Expect Adjustment Qty
2320	**AMT**	**COB PAYER PAID AMOUNT**		**1**	**S**		**2320**	**AMT**	**COB PAYER PAID AMOUNT**		**1**	**S**		Required when the claim has been adjudicated by the payer identified in Loop ID-2330B of this loop.	
	AMT01	Amount Qualifier Code	ID	1-3	R		2320	AMT01	Amount Qualifier Code	ID	1-3	R	D	D=Payor Amount Paid	Expect 'D'
	AMT02	Payer Paid Amount S9(7)V99	R	1-18	R		2320	AMT02	Payer Paid Amount S9(7)V99	R	1-18	R			Expect COB Payer Paid Amount
	AMT03	Credit/Debit Flag Code	ID	1-1	N/U		2320	AMT03	Credit/Debit Flag Code	ID	1-1	N/U			NOT USED
2320	**AMT**	**COB APPROVED AMOUNT**		**1**	**S**									SEGMENT DELETED	DELETED
							2320	**AMT**	**COB TOTAL NON-COVERED AMOUNT**		**1**	**S**		New Segment-COB TOTAL NON-COVERED AMOUNT Note: Required when the destination payer's cost avoidance policy allows providers to bypass claim submission to the otherwise prior payer identified in Loop ID-2330B. When this segment is used, the amount reported in AMT02 must equal the total claim charge amount reported in CLM02. Neither the prior payer paid AMT, nor any CAS segments are used as this claim has not been adjudicated by this payer.	SEGMENT NOT USED BY AHCCCS
							2320	AMT01	Amount Qualifier Code	ID	1-3	R	A8	A8=Noncovered Charges - Actual	NOT USED BY AHCCCS
							2320	AMT02	Non-Covered Amount S9(7)V99	R	1-18	R			NOT USED BY AHCCCS
							2320	AMT03	Credit/Debit Flag Code	ID	1-1	N/U			NOT USED
2320	**AMT**	**COB ALLOWED AMOUNT**		**1**	**S**									SEGMENT DELETED	DELETED
							2320	**AMT**	**REMAINING PATIENT LIABILITY**		**1**	**S**		New Segment-REMAINING PATIENT LIABILITY	SEGMENT NOT USED BY AHCCCS
							2320	AMT01	Amount Qualifier Code	ID	1-3	R	EAF	EAF=Amount Owed	NOT USED BY AHCCCS
							2320	AMT02	Remaining Patient Liability Amount S9(7)V99	R	1-18	R			NOT USED BY AHCCCS
							2320	AMT03	Credit/Debit Flag Code	ID	1-1	N/U			NOT USED
2320	**AMT**	**COB PATIENT RESPONSIBILITY AMOUNT**		**1**	**S**									SEGMENT DELETED	DELETED
2320	**AMT**	**COB COVERED AMOUNT**		**1**	**S**									SEGMENT DELETED	DELETED
2320	**AMT**	**COB DISCOUNT AMOUNT**		**1**	**S**									SEGMENT DELETED	DELETED
2320	**AMT**	**COB PER DAY LIMIT AMOUNT**		**1**	**S**									SEGMENT DELETED	DELETED
2320	**AMT**	**COB PATIENT PAID AMOUNT**		**1**	**S**									SEGMENT DELETED	DELETED
2320	**AMT**	**COB TAX AMOUNT**		**1**	**S**									SEGMENT DELETED	DELETED
2320	**AMT**	**COB TOTAL CLAIM BEFORE TAXES AMOUNT**		**1**	**S**									SEGMENT DELETED	DELETED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2320	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**		**1**	**S**									SEGMENT DELETED	DELETED
2320	**OI**	**OTHER INSURANCE COVERAGE INFORMATION**		**1**	**R**		**2320**	**OI**	**OTHER INSURANCE COVERAGE INFORMATION**		**1**	**R**		All information contained in the OI segment applies only to the payer identified in Loop ID-2330B in this iteration of Loop ID-2320.	SEGMENT NOT USED BY AHCCCS
	OI01	Claim Filing Indicator Code	ID	1-2	N/U		2320	OI01	Claim Filing Indicator Code	ID	1-2	N/U			NOT USED
	OI02	Claim Submission Reason Code	ID	2-2	N/U		2320	OI02	Claim Submission Reason Code	ID	2-2	N/U			NOT USED
	OI03	Benefits Assignment Certification Indicator	ID	1-1	R		2320	OI03	Benefits Assignment Certification Indicator	ID	1-1	R	N, W, Y	N=No W=Not Applicable - Use code 'W' when the patient refuses to assign benefits. Y=Yes Code Added	NOT USED BY AHCCCS
	OI04	Patient Signature Source Code	ID	1-1	S		2320	OI04	Patient Signature Source Code	ID	1-1	S	P	P=Signature generated by provider because the patient was not physically present for services Code Deleted	NOT USED BY AHCCCS
	OI05	Provider Agreement Code	ID	1-1	N/U		2320	OI05	Provider Agreement Code	ID	1-1	N/U			NOT USED
	OI06	Release of Information Code	ID	1-1	R		2320	OI06	Release of Information Code	ID	1-1	R	I, Y	I=Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes Y=Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim Code Deleted	NOT USED BY AHCCCS
2320	**MOA**	**MEDICARE OUTPATIENT ADJUDICATION INFORMATION**		**1**	**S**		**2320**	**MOA**	**MEDICARE OUTPATIENT ADJUDICATION INFORMATION**		**1**	**S**		Required when outpatient adjudication information is reported in the remittance advice OR Required when it is necessary to report remark codes.	SEGMENT NOT USED BY AHCCCS
	MOA01	Reimbursement Rate 9(3)V99	R	1-10	S		2320	MOA01	Reimbursement Rate 9(3)V99	R	1-10	S			NOT USED BY AHCCCS
	MOA02	HCPCS Payable Amount S9(7)V99	R	1-18	S		2320	MOA02	HCPCS Payable Amount S9(7)V99	R	1-18	S			NOT USED BY AHCCCS
	MOA03	Remark Code	AN	1-30	S		2320	MOA03	Remark Code	AN	1-50	S		Increase from 30 - 50	NOT USED BY AHCCCS
	MOA04	Remark Code	AN	1-30	S		2320	MOA04	Remark Code	AN	1-50	S		Increase from 30 - 50	NOT USED BY AHCCCS
	MOA05	Remark Code	AN	1-30	S		2320	MOA05	Remark Code	AN	1-50	S		Increase from 30 - 50	NOT USED BY AHCCCS
	MOA06	Remark Code	AN	1-30	S		2320	MOA06	Remark Code	AN	1-50	S		Increase from 30 - 50	NOT USED BY AHCCCS
	MOA07	Remark Code	AN	1-30	S		2320	MOA07	Remark Code	AN	1-50	S		Increase from 30 - 50	NOT USED BY AHCCCS
	MOA08	End Stage Renal Disease Payment Amount S9(7)V99	R	1-18	S		2320	MOA08	End Stage Renal Disease Payment Amount S9(7)V99	R	1-18	S			NOT USED BY AHCCCS
	MOA09	Non-Payable Professional Component Billed Amount S9(7)V99	R	1-18	S		2320	MOA09	Non-Payable Professional Component Billed Amount S9(7)V99	R	1-18	S			NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2330A	**NM1**	**OTHER SUBSCRIBER NAME**		**1**	**R**	**1**	**2330A**	**NM1**	**OTHER SUBSCRIBER NAME**		**1**	**R**		If the patient can be uniquely identified to the Other Payer indicated in this iteration of Loop ID-2320 by a unique Member Identification Number, then the patient is the subscriber or is considered to be the subscriber and is identified in this Other Subscriber's Name Loop ID-2330A.	SEGMENT NOT USED BY AHCCCS
	NM101	Entity Identifier Code	ID	2-3	R		2330A	NM101	Entity Identifier Code	ID	2-3	R	IL	IL=Insured or Subscriber	NOT USED BY AHCCCS
	NM102	Entity Type Qualifier	ID	1-1	R		2330A	NM102	Entity Type Qualifier	ID	1-1	R	1, 2	1=Person 2=Non-Person Entity	NOT USED BY AHCCCS
	NM103	Other Insured Last Name	AN	1-35	R		2330A	NM103	Other Insured Last Name	AN	1-60	R		Increase from 35 - 60	NOT USED BY AHCCCS
	NM104	Other Insured First Name	AN	1-25	S		2330A	NM104	Other Insured First Name	AN	1-35	S		Increase from 25 - 35	NOT USED BY AHCCCS
	NM105	Other Insured Middle Name	AN	1-25	S		2330A	NM105	Other Insured Middle Name	AN	1-25	S			NOT USED BY AHCCCS
	NM106	Name Prefix	AN	1-10	N/U		2330A	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Other Insured Name Suffix	AN	1-10	S		2330A	NM107	Other Insured Name Suffix	AN	1-10	S			NOT USED BY AHCCCS
	NM108	Identification Code Qualifier	ID	1-2	R		2330A	NM108	Identification Code Qualifier	ID	1-2	R	II, MI	Code Change	NOT USED BY AHCCCS
	NM109	Other Insured Identifier	AN	2-80	R		2330A	NM109	Other Insured Identifier	AN	2-80	R			NOT USED BY AHCCCS
	NM110	Entity Relationship Code	ID	2-2	N/U		2330A	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2330A	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2330A	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
2330A	**N3**	**OTHER SUBSCRIBER ADDRESS**		**1**	**S**		**2330A**	**N3**	**OTHER SUBSCRIBER ADDRESS**		**1**	**S**			SEGMENT NOT USED BY AHCCCS
	N301	Other Insured Address Line	AN	1-55	R		2330A	N301	Other Insured Address Line	AN	1-55	R			NOT USED BY AHCCCS
	N302	Other Insured Address Line	AN	1-55	S		2330A	N302	Other Insured Address Line	AN	1-55	S			NOT USED BY AHCCCS
2330A	**N4**	**OTHER SUBSCRIBER CITY/STATE/ZIP CODE**		**1**	**S**		**2330A**	**N4**	**OTHER SUBSCRIBER CITY/STATE/ZIP CODE**		**1**	**S**		Errata A1-Usage changed from Required to Situational	SEGMENT NOT USED BY AHCCCS
	N401	Other Insured City Name	AN	2-30	S		2330A	N401	Other Insured City Name	AN	2-30	R		Usage changed to Required	NOT USED BY AHCCCS
	N402	Other Insured State Code	ID	2-2	S		2330A	N402	Other Insured State Code	ID	2-2	S			NOT USED BY AHCCCS
	N403	Other Insured Postal Zone or ZIP Code	ID	3-15	S		2330A	N403	Other Insured Postal Zone or ZIP Code	ID	3-15	S			NOT USED BY AHCCCS
	N404	Subscriber Country Code	ID	2-3	S		2330A	N404	Subscriber Country Code	ID	2-3	S			NOT USED BY AHCCCS
	N405	Location Qualifier	ID	1-2	N/U		2330A	N405	Location Qualifier	ID	1-2	N/U			NOT USED
	N406	Location Identifier	AN	1-30	N/U		2330A	N406	Location Identifier	AN	1-30	N/U			NOT USED
							2330A	N407	Country Subdivision Code	ID	1-3	S		New Element	NOT USED BY AHCCCS
2330A	**REF**	**OTHER SUBSCRIBER SECONDARY IDENTIFICATION**		**3**	**S**		**2330A**	**REF**	**OTHER SUBSCRIBER SECONDARY IDENTIFICATION**		**1**	**S**		Required when an additional identification number to that provided in NM109 of this loop is necessary for the claim processor to identify the entity.	SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2330A	REF01	Reference Identification Qualifier	ID	2-3	R	SY	Code Deleted	NOT USED BY AHCCCS
	REF02	Other Insured Additional Identifier	AN	1-30	R		2330A	REF02	Other Insured Additional Identifier	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2330A	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2330A	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2330A	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2330A	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2330A	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2330A	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2330A	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2330A	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2330B	**NM1**	**OTHER PAYER NAME**		**1**	**R**	**1**	**2330B**	**NM1**	**OTHER PAYER NAME**		**1**	**R**			
	NM101	Entity Identifier Code	ID	2-3	R		2330B	NM101	Entity Identifier Code	ID	2-3	R	PR	PR=Payer	Expect 'PR'
	NM102	Entity Type Qualifier	ID	1-1	R		2330B	NM102	Entity Type Qualifier	ID	1-1	R	2	2=Non-Person Entity	Expect '2'
	NM103	Other Payer Last or Organization Name	AN	1-35	R		2330B	NM103	Other Payer Last or Organization Name	AN	1-60	R		Increase from 35 - 60	Expect Other Payer Organization Name
	NM104	Name First	AN	1-25	N/U		2330B	NM104	Name First	AN	1-35	N/U		Increase from 25 - 35	NOT USED
	NM105	Name Middle	AN	1-25	N/U		2330B	NM105	Name Middle	AN	1-25	N/U			NOT USED
	NM106	Name Prefix	AN	1-10	N/U		2330B	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Name Suffix	AN	1-10	N/U		2330B	NM107	Name Suffix	AN	1-10	N/U			NOT USED
	NM108	Identification Code Qualifier	ID	1-2	R		2330B	NM108	Identification Code Qualifier	ID	1-2	R	PI, XV	PI=Payor Identification XV=Centers for Medicare and Medicaid Services PlanID	Expect 'PI'
	NM109	Other Payer Primary Identifier	AN	2-80	R		2330B	NM109	Other Payer Primary Identifier	AN	2-80	R		DE note: When sending Line Adjudication Information for this payer, the identifier sent in SVD01 (Payer Identifier) of Loop ID-2430 (Line Adjudication Information) must match this value.	Expect Other Payer Primary Identifier For Health plan, expect 2-character HP-ID For Medicare, expect 'MA' or 'MB' For TPL/Other Insurance, expect 'OI'
	NM110	Entity Relationship Code	ID	2-2	N/U		2330B	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2330B	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2330B	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
							2330B	**N3**	**OTHER PAYER ADDRESS**		**1**	**S**		Required when the payer address is available and the submitter intends for the claim to be printed on paper at the next EDI location (for example, a clearinghouse).	SEGMENT NOT USED BY AHCCCS
							2330B	N301	Other Payer Address Line	AN	1-55	R			NOT USED BY AHCCCS
							2330B	N302	Other Payer Address Line	AN	1-55	S			NOT USED BY AHCCCS
							2330B	**N4**	**OTHER PAYER CITY/STATE/ZIP CODE**		**1**	**S**		Errata A1-Usage changed from Required to Situational New Segment	SEGMENT NOT USED BY AHCCCS
							2330B	N401	Other Payer City Name	AN	2-30	R			NOT USED BY AHCCCS
							2330B	N402	Other Payer State Code	ID	2-2	S			NOT USED BY AHCCCS
							2330B	N403	Other Payer Postal Zone or ZIP Code	ID	3-15	S			NOT USED BY AHCCCS
							2330B	N404	Other Payer Country Code	ID	2-3	S			NOT USED BY AHCCCS
							2330B	N405	Location Qualifier	ID	1-2	N/U			NOT USED
							2330B	N406	Location Identifier	AN	1-30	N/U			NOT USED
							2330B	N407	Country Subdivision Code	ID	1-3	S			NOT USED BY AHCCCS
2330B	**PER**	**OTHER PAYER CONTACT INFORMATION**		**2**	**S**									SEGMENT DELETED	DELETED
2330B	**DTP**	**CLAIM ADJUDICATION DATE**		**1**	**S**									SEGMENT DELETED	DELETED
							2330B	**DTP**	**DATE - CLAIM CHECK OR REMITTANCE DATE**		**1**	**S**		New Segment (Header Level) - DATE - CLAIM CHECK OR REMITTANCE DATE Required when the payer identified in this loop has previously adjudicated the claim and Loop ID-2430, Line Check or Remittance Date, is not used.	SEGMENT NOT USED BY AHCCCS - 837P Paid at the Line level
							2330B	DTP01	Date Time Qualifier	ID	3-3	R	573	573=Date Claim Paid	NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
							2330B	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8	D8=CCYYMMDD	NOT USED BY AHCCCS
							2330B	DTP03	Adjudication or Payment Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2330B	**REF**	**OTHER PAYER SECONDARY IDENTIFIER**		**2**	**S**		**2330B**	**REF**	**OTHER PAYER SECONDARY IDENTIFICATION**		**2**	**S**		Name Change Required prior to the mandated implementation date for the HIPAA National Plan Identifier when an additional identification number to that provided in the NM109 of this loop is necessary for the claim processor to identify the entity.	SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2330B	REF01	Reference Identification Qualifier	ID	2-3	R	2U, EI, FY, NF	Code Deleted	NOT USED BY AHCCCS
	REF02	Other Payer Secondary Identifier	AN	1-30	R		2330B	REF02	Other Payer Secondary Identifier	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2330B	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2330B	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2330B	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2330B	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2330B	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2330B	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2330B	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2330B	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2330B	**REF**	**OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER**		**2**	**S**		**2330B**	**REF**	**OTHER PAYER PRIOR AUTHORIZATION NUMBER**		**1**	**S**		Name Change Note: Prior Auth and Referral Number split from 4010	
	REF01	Reference Identification Qualifier	ID	2-3	R		2330B	REF01	Reference Identification Qualifier	ID	2-3	R	G1	G1=Prior Authorization Number Code 9F Deleted (see next REF segment)	Expect 'G1'
	REF02	Other Payer Prior Authorization or Referral Number	AN	1-30	R		2330B	REF02	Other Payer Prior Authorization Number	AN	1-50	R		Increase from 30 - 50	Expect Payer Prior Authorization number
	REF03	Description	AN	1-80	N/U		2330B	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2330B	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2330B	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2330B	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2330B	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2330B	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2330B	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2330B	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2330B	**REF**	**OTHER PAYER REFERRAL NUMBER**		**1**	**S**		New Segment Note: Prior Auth and Referral Number split from 4010	
							2330B	REF01	Reference Identification Qualifier	ID	2-3	R	9F	9F=Referral Number	Expect '9F'
							2330B	REF02	Other Payer Referral Number	AN	1-50	R			Expect Other Payer Referral Number
							2330B	REF03	Description	AN	1-80	N/U			NOT USED
							2330B	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2330B	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2330B	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2330B	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2330B	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2330B	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2330B	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2330B	**REF**	**OTHER PAYER CLAIM ADJUSTMENT INDICATOR**		**2**	**S**		**2330B**	**REF**	**OTHER PAYER CLAIM ADJUSTMENT INDICATOR**		**1**	**S**			SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2330B	REF01	Reference Identification Qualifier	ID	2-3	R	T4	T4=Signal Code	NOT USED BY AHCCCS
	REF02	Other Payer Claim Adjustment Indicator	AN	1-30	R		2330B	REF02	Other Payer Claim Adjustment Indicator	AN	1-50	R		Code Deleted Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2330B	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2330B	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2330B	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2330B	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2330B	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2330B	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2330B	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2330B	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2330C	**NM1**	**OTHER PAYER PATIENT INFORMATION**		**1**	**S**	**1**								SEGMENT DELETED	DELETED
							2330B	**REF**	**OTHER PAYER CLAIM CONTROL NUMBER**		**1**	**S**		New Segment	SEGMENT NOT USED BY AHCCCS
							2330B	REF01	Reference Identification Qualifier	ID	2-3	R	F8	F8=Original Reference Number	NOT USED BY AHCCCS
							2330B	REF02	Other Payer Claim Control Number	AN	1-50	R			NOT USED BY AHCCCS
							2330B	REF03	Description	AN	1-80	N/U			NOT USED
							2330B	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2330B	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2330B	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2330B	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2330B	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2330B	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2330B	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2330C	**REF**	**OTHER PAYER PATIENT IDENTIFICATION**		**3**	**S**									SEGMENT DELETED	DELETED
2330D	**NM1**	**OTHER PAYER REFERRING PROVIDER**		**1**	**S**	**2**	**2330C**	**NM1**	**OTHER PAYER REFERRING PROVIDER**		**1**	**S**		Loop Change - Moved from 2330D v4010 to 2330C v5010 COB Related	SEGMENT NOT USED BY AHCCCS
	NM101	Entity Identifier Code	ID	2-3	R		2330C	NM101	Entity Identifier Code	ID	2-3	R	DN, P3	DN=Referring Provider P3=Primary Care Provider	NOT USED BY AHCCCS
	NM102	Entity Type Qualifier	ID	1-1	R		2330C	NM102	Entity Type Qualifier	ID	1-1	R	1	Code Deleted	NOT USED BY AHCCCS
	NM103	Referring Provider Last Name	AN	1-35	N/U		2330C	NM103	Name Last or Organization Name	AN	1-60	N/U		Increase from 35 - 60	NOT USED
	NM104	Name First	AN	1-25	N/U		2330C	NM104	Name First	AN	1-35	N/U		Increase from 25 - 35	NOT USED
	NM105	Name Middle	AN	1-25	N/U		2330C	NM105	Name Middle	AN	1-25	N/U			NOT USED
	NM106	Name Prefix	AN	1-10	N/U		2330C	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Name Suffix	AN	1-10	N/U		2330C	NM107	Name Suffix	AN	1-10	N/U			NOT USED
	NM108	Identification Code Qualifier	ID	1-2	N/U		2330C	NM108	Identification Code Qualifier	ID	1-2	N/U			NOT USED
	NM109	Identification Code	AN	2-80	N/U		2330C	NM109	Other Payer Primary Identifier	AN	2-80	N/U			NOT USED
	NM110	Entity Relationship Code	ID	2-2	N/U		2330C	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2330C	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2330C	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
2330D	**REF**	**OTHER PAYER REFERRING PROVIDER IDENTIFICATION**		**3**	**R**		**2330C**	**REF**	**OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFIER**		**3**	**R**		Loop Change	SEGMENT NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep
	REF01	Reference Identification Qualifier	ID	2-3	R	
	REF02	Other Payer Referring Provider Identification	AN	1-30	R	
	REF03	Description	AN	1-80	N/U	
	REF04	REFERENCE IDENTIFIER			N/U	
2330E	**NM1**	**OTHER PAYER RENDERING PROVIDER**		**1**	**S**	**1**
	NM101	Entity Identifier Code	ID	2-3	R	
	NM102	Entity Type Qualifier	ID	1-1	R	
	NM103	Rendering Provider Last or Organization Name	AN	1-35	N/U	
	NM104	Name First	AN	1-25	N/U	
	NM105	Name Middle	AN	1-25	N/U	
	NM106	Name Prefix	AN	1-10	N/U	
	NM107	Name Suffix	AN	1-10	N/U	
	NM108	Identification Code Qualifier	ID	1-2	N/U	
	NM109	Identification Code	AN	2-80	N/U	
	NM110	Entity Relationship Code	ID	2-2	N/U	
	NM111	Entity Identifier Code	ID	2-3	N/U	
2330E	**REF**	**OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFICATION**		**3**	**R**	
	REF01	Reference Identification Qualifier	ID	2-3	R	
	REF02	Other Payer Rendering Provider Secondary Identifier	AN	1-30	R	
	REF03	Description	AN	1-80	N/U	
	REF04	REFERENCE IDENTIFIER			N/U	

Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2330C	REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number Code Change	NOT USED BY AHCCCS
2330C	REF02	Other Payer Referring Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
2330C	REF03	Description	AN	1-80	N/U			NOT USED
2330C	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
2330C	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
2330C	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
2330C	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
2330C	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2330C	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
2330C	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2330D	**NM1**	**OTHER PAYER RENDERING PROVIDER**		**1**	**S**		Loop Change COB Related	SEGMENT NOT USED BY AHCCCS
2330D	NM101	Entity Identifier Code	ID	2-3	R	82		NOT USED BY AHCCCS
2330D	NM102	Entity Type Qualifier	ID	1-1	R	1, 2		NOT USED BY AHCCCS
2330D	NM103	Name Last or Organization Name	AN	1-60	N/U		Increase from 35 - 60	NOT USED
2330D	NM104	Name First	AN	1-35	N/U		Increase from 25 - 35	NOT USED
2330D	NM105	Name Middle	AN	1-25	N/U			NOT USED
2330D	NM106	Name Prefix	AN	1-10	N/U			NOT USED
2330D	NM107	Name Suffix	AN	1-10	N/U			NOT USED
2330D	NM108	Identification Code Qualifier	ID	1-2	N/U			NOT USED
2330D	NM109	Other Payer Primary Identifier	AN	2-80	N/U			NOT USED
2330D	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
2330D	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
2330D	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
2330D	**REF**	**OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFIER**		**3**	**R**		Loop Change - Moved from 2330E v4010 Name Change	SEGMENT NOT USED BY AHCCCS
2330D	REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2, LU	Code Change	NOT USED BY AHCCCS
2330D	REF02	Other Payer Rendering Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
2330D	REF03	Description	AN	1-80	N/U			NOT USED
2330D	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
2330D	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
2330D	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
2330D	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
2330D	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2330D	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
2330D	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2330E	**NM1**	**OTHER PAYER SERVICE FACILITY LOCATION**		**1**	**S**		New Segment	SEGMENT NOT USED BY AHCCCS
2330E	NM101	Entity Identifier Code	ID	2-3	R	77	77=Service Location	NOT USED BY AHCCCS
2330E	NM102	Entity Type Qualifier	ID	1-1	R	2	2=Non-Person Entity	NOT USED BY AHCCCS
2330E	NM103	Name Last or Organization Name	AN	1-60	N/U			NOT USED
2330E	NM104	Name First	AN	1-35	N/U			NOT USED
2330E	NM105	Name Middle	AN	1-25	N/U			NOT USED
2330E	NM106	Name Prefix	AN	1-10	N/U			NOT USED
2330E	NM107	Name Suffix	AN	1-10	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
							2330E	NM108	Identification Code Qualifier	ID	1-2	N/U			NOT USED
							2330E	NM109	Other Payer Primary Identifier	AN	2-80	N/U			NOT USED
							2330E	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
							2330E	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2330E	NM112	Name Last or Organization Name	AN	1-60	N/U			NOT USED
							2330E	**REF**	**OTHER PAYER SERVICE FACILITY LOCATION SECONDARY IDENTIFIER**		**3**	**R**		New Segment	SEGMENT NOT USED BY AHCCCS
							2330E	REF01	Reference Identification Qualifier	ID	2-3	R	0B, G2, LU	0B=State License Number G2=Provider Commercial Number LU=Location Number	NOT USED BY AHCCCS
							2330E	REF02	Other Payer Service Facility Location Secondary Identifier	AN	1-50	R			NOT USED BY AHCCCS
							2330E	REF03	Description	AN	1-80	N/U			NOT USED
							2330E	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2330E	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2330E	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2330E	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2330E	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2330E	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2330E	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2330F	**NM1**	**OTHER PAYER PURCHASED SERVICE PROVIDER**		**1**	**S**	**1**								SEGMENT DELETED	DELETED
2330F	**REF**	**OTHER PAYER PURCHASED SERVICE PROVIDER IDENTIFICATION**		**3**	**R**									SEGMENT DELETED	DELETED
							2330F	**NM1**	**OTHER PAYER SUPERVISING PROVIDER**		**1**	**S**		New Segment	SEGMENT NOT USED BY AHCCCS
							2330F	NM101	Entity Identifier Code	ID	2-3	R	DQ	DQ=Supervising Physician	NOT USED BY AHCCCS
							2330F	NM102	Entity Type Qualifier	ID	1-1	R	1	1=Person	NOT USED BY AHCCCS
							2330F	NM103	Name Last or Organization Name	AN	1-60	N/U			NOT USED
							2330F	NM104	Name First	AN	1-35	N/U			NOT USED
							2330F	NM105	Name Middle	AN	1-25	N/U			NOT USED
							2330F	NM106	Name Prefix	AN	1-10	N/U			NOT USED
							2330F	NM107	Name Suffix	AN	1-10	N/U			NOT USED
							2330F	NM108	Identification Code Qualifier	ID	1-2	N/U			NOT USED
							2330F	NM109	Other Payer Primary Identifier	AN	2-80	N/U			NOT USED
							2330F	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
							2330F	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2330F	NM112	Name Last or Organization Name	AN	1-60	N/U			NOT USED
							2330F	**REF**	**OTHER PAYER SUPERVISING PROVIDER SECONDARY IDENTIFICATION**		**3**	**R**		New Segment	SEGMENT NOT USED BY AHCCCS
							2330F	REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2, LU		NOT USED BY AHCCCS
							2330F	REF02	Other Payer Supervising Provider Secondary Identifier	AN	1-50	R			NOT USED BY AHCCCS
							2330F	REF03	Description	AN	1-80	N/U			NOT USED
							2330F	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2330F	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2330F	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
							2330F	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2330F	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2330F	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2330F	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2330G	**NM1**	**OTHER PAYER SERVICE FACILITY LOCATION**		**1**	**S**	**1**								SEGMENT DELETED	DELETED
2330G	**REF**	**OTHER PAYER SERVICE FACILITY LOCATION IDENTIFICATION**		**3**	**R**									SEGMENT DELETED	DELETED
							2330G	**NM1**	**OTHER PAYER BILLING PROVIDER**		**1**	**S**		New Segment	SEGMENT NOT USED BY AHCCCS
							2330G	NM101	Entity Identifier Code	ID	2-3	R	85	85=Billing Provider	NOT USED BY AHCCCS
							2330G	NM102	Entity Type Qualifier	ID	1-1	R	1, 2	1=Person 2=Non-Person Entity	NOT USED BY AHCCCS
							2330G	NM103	Name Last or Organization Name	AN	1-60	N/U			NOT USED
							2330G	NM104	Name First	AN	1-35	N/U			NOT USED
							2330G	NM105	Name Middle	AN	1-25	N/U			NOT USED
							2330G	NM106	Name Prefix	AN	1-10	N/U			NOT USED
							2330G	NM107	Name Suffix	AN	1-10	N/U			NOT USED
							2330G	NM108	Identification Code Qualifier	ID	1-2	N/U			NOT USED
							2330G	NM109	Other Payer Primary Identifier	AN	2-80	N/U			NOT USED
							2330G	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
							2330G	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2330G	NM112	Name Last or Organization Name	AN	1-60	N/U			NOT USED
							2330G	**REF**	**OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION**		**2**	**R**		New Segment	SEGMENT NOT USED BY AHCCCS
							2330G	REF01	Reference Identification Qualifier	ID	2-3	R	G2, LU		NOT USED BY AHCCCS
							2330G	REF02	Other Payer Billing Provider Secondary Identification	AN	1-50	R			NOT USED BY AHCCCS
							2330G	REF03	Description	AN	1-80	N/U			NOT USED
							2330G	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2330G	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			NOT USED
							2330G	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			NOT USED
							2330G	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2330G	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED
							2330G	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2330G	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2330H	**NM1**	**OTHER PAYER SUPERVISING PROVIDER**		**1**	**S**	**1**								SEGMENT DELETED	DELETED
2330H	**REF**	**OTHER PAYER SUPERVISING PROVIDER IDENTIFICATION**		**3**	**R**									SEGMENT DELETED	DELETED
2400	**LX**	**SERVICE LINE**		**1**	**R**	**50**	2400	**LX**	**SERVICE LINE**		**1**	**R**			
	LX01	Assigned Number	N0	1-6	R		2400	LX01	Assigned Number	N0	1-6	R			Expect 1 and incremented
2400	**SV1**	**PROFESSIONAL SERVICE**		**1**	**R**		**2400**	**SV1**	**PROFESSIONAL SERVICE**		**1**	**R**			
	SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R		2400	SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R			

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	SV101-1	Product or Service ID Qualifier	ID	2-2	R		2400	SV101-1	Product or Service ID Qualifier	ID	2-2	R	ER, HC, IV, WK	ER=Jurisdiction Specific Procedure and Supply Codes HC=Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes IV=Home Infusion EDI Coalition (HIEC) Product/Service Code WK=Advanced Billing Concepts (ABC) Codes Code Change	Expect 'HC'
	SV101-2	Procedure Code	AN	1-48	R		2400	SV101-2	Procedure Code	AN	1-48	R			Expect Procedure Code
	SV101-3	Procedure Modifier	AN	2-2	S		2400	SV101-3	Procedure Modifier	AN	2-2	S			Expect Procedure Modifier
	SV101-4	Procedure Modifier	AN	2-2	S		2400	SV101-4	Procedure Modifier	AN	2-2	S			Expect Procedure Modifier
	SV101-5	Procedure Modifier	AN	2-2	S		2400	SV101-5	Procedure Modifier	AN	2-2	S			Expect Procedure Modifier
	SV101-6	Procedure Modifier	AN	2-2	S		2400	SV101-6	Procedure Modifier	AN	2-2	S			Expect Procedure Modifier
	SV101-7	Description	AN	1-80	N/U		2400	SV101-7	Description	AN	1-80	S			N/A
							2400	SV101-8	Product/Service ID	AN	1-48	N/U		New Element	NOT USED
	SV102	Line Item Charge Amount S9(7)V99	R	1-18	R		2400	SV102	Line Item Charge Amount	R	1-18	R			Expect Line Item Charge Amount
	SV103	Unit or Basis for Measurement Code	ID	2-2	R		2400	SV103	Unit or Basis for Measurement Code	ID	2-2	R	MJ, UN	MJ=Minutes UN=Unit	Expect 'MJ' or 'UN'
	SV104	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" = 9(3)V9	R	1-15	R		2400	SV104	Service Unit Count	R	1-15	R			Expect Quantity
	SV105	Place of Service Code	AN	1-2	S		2400	SV105	Place of Service Code	AN	1-2	S			Expect Place of Service Code
	SV106	Service Type Code	ID	1-2	N/U		2400	SV106	Service Type Code	ID	1-2	N/U			NOT USED
	SV107	COMPOSITE DIAGNOSIS CODE POINTER			S		2400	SV107	COMPOSITE DIAGNOSIS CODE POINTER			R		Usage changed to Required Allowed values are 1-12 If SV107-1 is present, use the number represented here to determine which diagnosis from the HI segment should be moved. Note: Only 4 Diagnosis code pointers to now 12 (prior 8) Diagnosis codes in 2300/HI segment	
	SV107-1	Diagnosis Code Pointer	N0	1-2	R		2400	SV107-1	Diagnosis Code Pointer	N0	1-2	R		If SV107-1 = 1, move HI01-2 If SV107-1 = 2, move HI02-2 If SV107-1 = 3, move HI03-2 If SV107-1 = 4, move HI04-2 If SV107-1 = 5, move HI05-2 If SV107-1 = 6, move HI06-2 If SV107-1 = 7, move HI07-2 If SV107-1 = 8, move HI08-2	Expect Diagnosis code pointer 1
	SV107-2	Diagnosis Code Pointer	N0	1-2	S		2400	SV107-2	Diagnosis Code Pointer	N0	1-2	S		If SV107-2 = 1, move HI01-2 If SV107-2 = 2, move HI02-2 If SV107-2 = 3, move HI03-2 If SV107-2 = 4, move HI04-2 If SV107-2 = 5, move HI05-2 If SV107-2 = 6, move HI06-2 If SV107-2 = 7, move HI07-2 If SV107-2 = 8, move HI08-2	Expect Diagnosis code pointer 2

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	SV107-3	Diagnosis Code Pointer	N0	1-2	S		2400	SV107-3	Diagnosis Code Pointer	N0	1-2	S		If SV107-3 = 1, move HI01-2 If SV107-3 = 2, move HI02-2 If SV107-3 = 3, move HI03-2 If SV107-3 = 4, move HI04-2 If SV107-3 = 5, move HI05-2 If SV107-3 = 6, move HI06-2 If SV107-3 = 7, move HI07-2 If SV107-3 = 8, move HI08-2	Expect Diagnosis code pointer 3
	SV107-4	Diagnosis Code Pointer	N0	1-2	S		2400	SV107-4	Diagnosis Code Pointer	N0	1-2	S		If SV107-4 = 1, move HI01-2 If SV107-4 = 2, move HI02-2 If SV107-4 = 3, move HI03-2 If SV107-4 = 4, move HI04-2 If SV107-4 = 5, move HI05-2 If SV107-4 = 6, move HI06-2 If SV107-4 = 7, move HI07-2 If SV107-4 = 8, move HI08-2	Expect Diagnosis code pointer 4
	SV108	Monetary Amount	R	1-18	N/U		2400	SV108	Monetary Amount	R	1-18	N/U			NOT USED
	SV109	Emergency Indicator	ID	1-1	S		2400	SV109	Emergency Indicator	ID	1-1	S	Y	Required when the service is known to be an emergency by the provider.	Expect Y/N
	SV110	Multiple Procedure Code	ID	1-2	N/U		2400	SV110	Multiple Procedure Code	ID	1-2	N/U			NOT USED
	SV111	EPSDT Indicator	ID	1-1	S		2400	SV111	EPSDT Indicator	ID	1-1	S	Y	Required when Medicaid services are the result of a screening referral	
	SV112	Family Planning Indicator	ID	1-1	S		2400	SV112	Family Planning Indicator	ID	1-1	S	Y	Required when applicable for Medicaid claims.	Expect 'Y' or Blank
	SV113	Review Code	ID	1-2	N/U		2400	SV113	Review Code	ID	1-2	N/U			NOT USED
	SV114	National or Local Assigned Review Value	AN	1-2	N/U		2400	SV114	National or Local Assigned Review Value	AN	1-2	N/U			NOT USED
	SV115	Co-Pay Status Code	ID	1-1	S		2400	SV115	Co-Pay Status Code	ID	1-1	S	0	Required when patient is exempt from co-pay.	NOT USED BY AHCCCS
	SV116	Health Care Professional Shortage Area Code	ID	1-1	N/U		2400	SV116	Health Care Professional Shortage Area Code	ID	1-1	N/U			NOT USED
	SV117	Reference Identification	AN	1-30	N/U		2400	SV117	Reference Identification	AN	1-30	N/U			NOT USED
	SV118	Postal Code	ID	3-15	N/U		2400	SV118	Postal Code	ID	3-15	N/U			NOT USED
	SV119	Monetary Amount	R	1-18	N/U		2400	SV119	Monetary Amount	R	1-18	N/U			NOT USED
	SV120	Level of Care Code	ID	1-1	N/U		2400	SV120	Level of Care Code	ID	1-1	N/U			NOT USED
	SV121	Provider Agreement Code	ID	1-1	N/U		2400	SV121	Provider Agreement Code	ID	1-1	N/U			NOT USED
2400	**SV5**	**DURABLE MEDICAL EQUIPMENT SERVICE**		**1**	**S**		2400	**SV5**	**DURABLE MEDICAL EQUIPMENT SERVICE**		**1**	**S**		Required when necessary to report both the rental **and** purchase price information for durable medical equipment. This is not used for claims where the provider is reporting **only** the rental price or **only** the purchase price.	SEGMENT NOT USED BY AHCCCS
	SV501	COMPOSITE MEDICAL PROCEDURE			R		2400	SV501	COMPOSITE MEDICAL PROCEDURE			R			NOT USED BY AHCCCS
	SV501-1	Procedure Identifier	ID	2-2	R		2400	SV501-1	Procedure Identifier	ID	2-2	R	HC	HC=Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	NOT USED BY AHCCCS
	SV501-2	Procedure Code	AN	1-48	R		2400	SV501-2	Procedure Code	AN	1-48	R			NOT USED BY AHCCCS
	SV501-3	Procedure Modifier	AN	2-2	N/U		2400	SV501-3	Procedure Modifier	AN	2-2	N/U			NOT USED
	SV501-4	Procedure Modifier	AN	2-2	N/U		2400	SV501-4	Procedure Modifier	AN	2-2	N/U			NOT USED
	SV501-5	Procedure Modifier	AN	2-2	N/U		2400	SV501-5	Procedure Modifier	AN	2-2	N/U			NOT USED
	SV501-6	Procedure Modifier	AN	2-2	N/U		2400	SV501-6	Procedure Modifier	AN	2-2	N/U			NOT USED
	SV501-7	Desription	AN	1-80	N/U		2400	SV501-7	Desription	AN	1-80	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
							2400	SV501-8	Product/Service ID	AN	1-48	N/U		New Element	NOT USED
	SV502	Unit or Basis for Measurement Code	ID	2-2	R		2400	SV502	Unit or Basis for Measurement Code	ID	2-2	R	DA	DA=Days	NOT USED BY AHCCCS
	SV503	Length of Medical Necessity 9(3)	R	1-15	R		2400	SV503	Length of Medical Necessity 9(3)	R	1-15	R			NOT USED BY AHCCCS
	SV504	DME Rental Price S9(7)V99	R	1-18	S		2400	SV504	DME Rental Price S9(7)V99	R	1-18	R		Usage changed to Required	NOT USED BY AHCCCS
	SV505	DME Purchase Price S9(7)V99	R	1-18	S		2400	SV505	DME Purchase Price S9(7)V99	R	1-18	R		Usage changed to Required	NOT USED BY AHCCCS
	SV506	Rental Unit Price Indicator	ID	1-1	S		2400	SV506	Rental Unit Price Indicator	ID	1-1	R	1, 4, 6	Usage changed to Required	NOT USED BY AHCCCS
	SV507	Prognosis Code	ID	1-1	N/U		2400	SV507	Prognosis Code	ID	1-1	N/U			NOT USED
							2400	**PWK**	**LINE SUPPLEMENTAL INFORMATION**		**10**	**S**		New Segment	SEGMENT NOT USED BY AHCCCS
							2400	PWK01	Attachment Report Type Code	ID	2-2	R	03, 04, 05, 06, 07, 08, 09, 10,		NOT USED BY AHCCCS
							2400	PWK02	Attachment Transmission Code	ID	1-2	R	AA, BM, EL, EM, FT, FX	AA=Available on Request at Provider Site BM=By Mail EL=Electronically Only EM=E-Mail	NOT USED BY AHCCCS
							2400	PWK03	Report Copies Needed	N0	1-2	N/U			NOT USED
							2400	PWK04	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2400	PWK05	Identification Code Qualifier	ID	1-2	S	AC	AC=Attachment Control Number	NOT USED BY AHCCCS
							2400	PWK06	Identification Code	AN	2-80	S			NOT USED BY AHCCCS
							2400	PWK07	Description	AN	1-80	N/U			NOT USED
							2400	PWK08	ACTIONS INDICATED			N/U			NOT USED
							2400	PWK09	Request Category Code	ID	1-2	N/U			NOT USED
2400	**PWK**	**DMERC CMN INDICATOR**		**1**	**S**		**2400**	**PWK**	**DURABLE MEDICAL EQUIPMENT CERTIFICATE OF MEDICAL NECESSITY INDICATOR**		**1**	**S**		Name Change from DMERC CMN INDICATOR Required on claims that include a Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN).	SEGMENT NOT USED BY AHCCCS
	PWK01	Attachment Report Type Code	ID	2-2	R		2400	PWK01	Attachment Report Type Code	ID	2-2	R	CT	CT=Certification	NOT USED BY AHCCCS
	PWK02	Attachment Transmission Code	ID	1-2	R		2400	PWK02	Attachment Transmission Code	ID	1-2	R	AB, AD, AF, AG, NS	AB=Previously Submitted to Payer AD=Certification Included in this Claim AF=Narrative Segment Included in this Claim AG=No Documentation is Required NS=Not Specified	NOT USED BY AHCCCS
	PWK03	Report Copies Needed	N0	1-2	N/U		2400	PWK03	Report Copies Needed	N0	1-2	N/U			NOT USED
	PWK04	Entity Identifier Code	ID	2-3	N/U		2400	PWK04	Entity Identifier Code	ID	2-3	N/U			NOT USED
	PWK05	Identification Code Qualifier	ID	1-2	N/U		2400	PWK05	Identification Code Qualifier	ID	1-2	N/U			NOT USED
	PWK06	Identification Code	AN	2-80	N/U		2400	PWK06	Identification Code	AN	2-80	N/U			NOT USED
	PWK07	Description	AN	1-80	N/U		2400	PWK07	Description	AN	1-80	N/U			NOT USED
	PWK08	ACTIONS INDICATED			N/U		2400	PWK08	ACTIONS INDICATED			N/U			NOT USED
	PWK09	Request Category Code	ID	1-2	N/U		2400	PWK09	Request Category Code	ID	1-2	N/U			NOT USED
2400	**CR1**	**AMBULANCE TRANSPORT INFORMATION**		**1**	**S**		**2400**	**CR1**	**AMBULANCE TRANSPORT INFORMATION**		**1**	**S**		Required on ambulance transport services when the information applicable to any one of the segment's elements is different than the information reported in the CR1 at the claim level (Loop ID-2300).	

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	CR101	Unit or Basis for Measurement Code	ID	2-2	S		2400	CR101	Unit or Basis for Measurement Code	ID	2-2	S	LB	LB=Pound	Expect LB
	CR102	Patient Weight 9(3)	R	1-10	S		2400	CR102	Patient Weight 9(3)	R	1-10	S			Expect Patient Weight
	CR103	Ambulance Transport Code	ID	1-1	R		2400	CR103	Ambulance Transport Code	ID	1-1	N/U		Code Deleted Usage changed to Not Used	NOT USED
	CR104	Ambulance Transport Reason Code	ID	1-1	R		2400	CR104	Ambulance Transport Reason Code	ID	1-1	R	A, B, C, D, E	A=Patient was transported to nearest facility for care of symptoms, complaints, or both B=Patient was transported for the benefit of a preferred physician C=Patient was transported for the nearness of family members D=Patient was transported for the care of a specialist or for availability of specialized equipment E=Patient Transferred to Rehabilitation Facility	Expect A, B, C, D, or E
	CR105	Unit or Basis for Measurement Code	ID	2-2	R		2400	CR105	Unit or Basis for Measurement Code	ID	2-2	R	DH	DH=Miles	Expect DH
	CR106	Transport Distance 9(4)	R	1-15	R		2400	CR106	Transport Distance 9(4)	R	1-15	R			Expect Miles
	CR107	Address Information	AN	1-55	N/U		2400	CR107	Address Information	AN	1-55	N/U			NOT USED
	CR108	Address Information	AN	1-55	N/U		2400	CR108	Address Information	AN	1-55	N/U			NOT USED
	CR109	Round Trip Purpose Description	AN	1-80	S		2400	CR109	Round Trip Purpose Description	AN	1-80	S		Required when the ambulance service is for a round trip.	Expect Round Trip Purpose description
	CR110	Stretcher Purpose Description	AN	1-80	S		2400	CR110	Stretcher Purpose Description	AN	1-80	S			Expect Stretcher Purpose description
2400	**CR2**	**SPINAL MANIPULATION SERVICE INFORMATION**		**5**	**S**									SEGMENT DELETED	DELETED
2400	**CR3**	**DURABLE MEDICAL EQUIPMENT CERTIFICATION**		**1**	**S**		**2400**	**CR3**	**DURABLE MEDICAL EQUIPMENT CERTIFICATION**		**1**	**S**		Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or a DMERC Information Form (DIF) or Oxygen Therapy Certification is included on this service line.	SEGMENT NOT USED BY AHCCCS
	CR301	Certification Type Code	ID	1-1	R		2400	CR301	Certification Type Code	ID	1-1	R	I,R,S	I=Initial R=Renewal S=Revised	NOT USED BY AHCCCS
	CR302	Unit or Basis for Measurement Code	ID	2-2	R		2400	CR302	Unit or Basis for Measurement Code	ID	2-2	R	MO	MO=Months	NOT USED BY AHCCCS
	CR303	Durable Medical Equipment Duration 9(2)	R	1-15	R		2400	CR303	Durable Medical Equipment Duration 9(2)	R	1-15	R			NOT USED BY AHCCCS
	CR304	Insulin Dependent Code	ID	1-1	N/U		2400	CR304	Insulin Dependent Code	ID	1-1	N/U			NOT USED
	CR305	Description	AN	1-80	N/U		2400	CR305	Description	AN	1-80	N/U			NOT USED
2400	**CR5**	**HOME OXYGEN THERAPY INFORMATION**		**1**	**S**									SEGMENT DELETED	DELETED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2400	**CRC**	**AMBULANCE CERTIFICATION**		**3**	**S**		**2400**	**CRC**	**AMBULANCE CERTIFICATION**		**3**	**S**		Required on ambulance transport services when the information applicable to any one of the segment's elements is different than the information reported in the Ambulance Certification CRC at the claim level (Loop ID-2300).	SEGMENT NOT USED BY AHCCCS
	CRC01	Code Category	ID	2-2	R		2400	CRC01	Code Category	ID	2-2	R	07	07=Ambulance Certification	NOT USED BY AHCCCS
	CRC02	Certification Condition Indicator	ID	1-1	R		2400	CRC02	Certification Condition Indicator	ID	1-1	R	N, Y	Y/N	NOT USED BY AHCCCS
	CRC03	Condition Code	ID	2-2	R		2400	CRC03	Condition Code	ID	2-3	R	01, 04, 05, 06, 07, 08, 09, 12	Code Deleted	NOT USED BY AHCCCS
	CRC04	Condition Code	ID	2-2	S		2400	CRC04	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12	Code Deleted	NOT USED BY AHCCCS
	CRC05	Condition Code	ID	2-2	S		2400	CRC05	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12	Code Deleted	NOT USED BY AHCCCS
	CRC06	Condition Code	ID	2-2	S		2400	CRC06	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12	Code Deleted	NOT USED BY AHCCCS
	CRC07	Condition Code	ID	2-2	S		2400	CRC07	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12	Code Deleted	NOT USED BY AHCCCS
2400	**CRC**	**HOSPICE EMPLOYEE INDICATOR**		**1**	**S**		**2400**	**CRC**	**HOSPICE EMPLOYEE INDICATOR**		**1**	**S**		Required on all **Medicare claims** involving physician services to hospice patients.	SEGMENT NOT USED BY AHCCCS
	CRC01	Code Category	ID	2-2	R		2400	CRC01	Code Category	ID	2-2	R	70		NOT USED BY AHCCCS
	CRC02	Hospice Employed Provider Indicator	ID	1-1	R		2400	CRC02	Hospice Employed Provider Indicator	ID	1-1	R	N, Y		NOT USED BY AHCCCS
	CRC03	Condition Indicator	ID	2-2	R		2400	CRC03	Condition Indicator	ID	2-3	R	65	Increase from 2 - 3	NOT USED BY AHCCCS
	CRC04	Condition Indicator	ID	2-2	N/U		2400	CRC04	Condition Indicator	ID	2-3	N/U		Increase from 2 - 3	NOT USED
	CRC05	Condition Indicator	ID	2-2	N/U		2400	CRC05	Condition Indicator	ID	2-3	N/U		Increase from 2 - 3	NOT USED
	CRC06	Condition Indicator	ID	2-2	N/U		2400	CRC06	Condition Indicator	ID	2-3	N/U		Increase from 2 - 3	NOT USED
	CRC07	Condition Indicator	ID	2-2	N/U		2400	CRC07	Condition Indicator	ID	2-3	N/U		Increase from 2 - 3	NOT USED
2400	**CRC**	**DMERC CONDITION INDICATOR**		**2**	**S**		**2400**	**CRC**	**CONDITION INDICATOR DURABLE MEDICAL EQUIPMENT**		**1**	**S**		Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or a DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line and the information is necessary for adjudication.	SEGMENT NOT USED BY AHCCCS
	CRC01	Code Category	ID	2-2	R		2400	CRC01	Code Category	ID	2-2	R	09	09 Durable Medical Equipment Certification Code Deleted - 11 Oxygen Therapy Certification	NOT USED BY AHCCCS
	CRC02	Certification Condition Indicator	ID	1-1	R		2400	CRC02	Certification Condition Indicator	ID	1-1	R	N, Y	Y/N	NOT USED BY AHCCCS
	CRC03	Condition Indicator	ID	2-2	R		2400	CRC03	Condition Indicator	ID	2-3	R	38, ZV	38 Certification signed by the physician is on file at the supplier's office ZV Replacement Item Code Deleted - 37, AL, P1 Increase from 2 - 3	NOT USED BY AHCCCS
	CRC04	Condition Indicator	ID	2-2	S		2400	CRC04	Condition Indicator	ID	2-3	S	38, ZV	Code Deleted Increase from 2 - 3	NOT USED BY AHCCCS
	CRC05	Condition Indicator	ID	2-2	S		2400	CRC05	Condition Indicator	ID	2-3	N/U		Usage changed to Not Used	NOT USED
	CRC06	Condition Indicator	ID	2-2	S		2400	CRC06	Condition Indicator	ID	2-3	N/U		Usage changed to Not Used	NOT USED
	CRC07	Condition Indicator	ID	2-2	S		2400	CRC07	Condition Indicator	ID	2-3	N/U		Usage changed to Not Used	NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2400	**DTP**	**DATE - SERVICE DATE**		**1**	**R**		**2400**	**DTP**	**DATE - SERVICE DATE**		**1**	**R**			
	DTP01	Date Time Qualifier	ID	3-3	R		2400	DTP01	Date Time Qualifier	ID	3-3	R	472	472=Service	Expect '472'
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8, RD8		Expect 'D8' or 'RD8'
	DTP03	Service Date	AN	1-35	R		2400	DTP03	Service Date	AN	1-35	R	CYYMMDD, CCYYMMDDC CYYMMDD		CCYYMMDD OR CCYYMMDD-CCYYMMDD
							2400	**DTP**	**DATE - PRESCRIPTION DATE**		**1**	**S**		New Segment - PRESCRIPTION DATE Required when a drug is billed for this line and a prescription was written (or otherwise communicated by the prescriber if not written).	
							2400	DTP01	Date Time Qualifier	ID	3-3	R	471	471=Prescription	Expect '471'
							2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		Expect 'D8'
							2400	DTP03	Prescription Date	AN	1-35	R	CCYYMMDD		Expect Prescription Date CCYYMMDD
2400	**DTP**	**DATE - CERTIFICATION REVISION DATE**		**1**	**S**		**2400**	**DTP**	**DATE - CERTIFICATION REVISION/RECERTIFICATION DATE**		**1**	**S**		Required when CR301 (DMERC Certification) = “R” or “S”.	SEGMENT NOT USED BY AHCCCS
	DTP01	Date Time Qualifier	ID	3-3	R		2400	DTP01	Date Time Qualifier	ID	3-3	R	607	607=Certification Revision	NOT USED BY AHCCCS
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DTP03	Certification Revision Date	AN	1-35	R		2400	DTP03	Certification Revision Recertification Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2400	**DTP**	**DATE - BEGIN THERAPY DATE**		**1**	**S**		**2400**	**DTP**	**DATE - BEGIN THERAPY DATE**		**1**	**S**		Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line.	SEGMENT NOT USED BY AHCCCS
	DTP01	Date Time Qualifier	ID	3-3	R		2400	DTP01	Date Time Qualifier	ID	3-3	R	463	463=Begin Therapy	NOT USED BY AHCCCS
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DTP03	Begin Therapy Date	AN	1-35	R		2400	DTP03	Begin Therapy Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2400	**DTP**	**DATE - LAST CERTIFICATION DATE**		**1**	**S**		**2400**	**DTP**	**DATE - LAST CERTIFICATION DATE**		**1**	**S**		Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN), DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line.	SEGMENT NOT USED BY AHCCCS
	DTP01	Date Time Qualifier	ID	3-3	R		2400	DTP01	Date Time Qualifier	ID	3-3	R	461	461=Last Certification	NOT USED BY AHCCCS
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DTP03	Last Certification Date	AN	1-35	R		2400	DTP03	Last Certification Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2400	**DTP**	**DATE - DATE LAST SEEN**		**1**	**S**		**2400**	**DTP**	**DATE - DATE LAST SEEN**		**1**	**S**		Required when a claim involves physician services for routine foot care; and is different than the date listed at the claim level and is known to impact the payer’s adjudication process.	SEGMENT NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	DTP01	Date Time Qualifier	ID	3-3	R		2400	DTP01	Date Time Qualifier	ID	3-3	R	304	304=Latest Visit or Consultation	NOT USED BY AHCCCS
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DTP03	Last Seen Date	AN	1-35	R		2400	DTP03	Last Seen Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2400	**DTP**	**DATE - TEST**		**2**	**S**		**2400**	**DTP**	**DATE - TEST**		**2**	**S**		Required on initial EPO claims service lines for dialysis patients when test results are being billed or reported.	
	DTP01	Date Time Qualifier	ID	3-3	R		2400	DTP01	Date Time Qualifier	ID	3-3	R	738, 739	738=Most Recent Hemoglobin or Hematocrit or Both 739=Most Recent Serum Creatine	Expect 738 or 739
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		Expect D8
	DTP03	Test Performed Date	AN	1-35	R		2400	DTP03	Test Performed Date	AN	1-35	R	CCYYMMDD		Expect Test Date
2400	**DTP**	**DATE - OXYGEN SATURATION/ARTERIAL BLOOD GAS TEST**		**3**	**S**									SEGMENT DELETED	DELETED
2400	**DTP**	**DATE - SHIPPED**		**1**	**S**		**2400**	**DTP**	**DATE - SHIPPED**		**1**	**S**		Required when billing or reporting shipped products.	SEGMENT NOT USED BY AHCCCS
	DTP01	Date Time Qualifier	ID	3-3	R		2400	DTP01	Date Time Qualifier	ID	3-3	R	011	011=Shipped	NOT USED BY AHCCCS
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DTP03	Shipped Date	AN	1-35	R		2400	DTP03	Shipped Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2400	**DTP**	**DATE - ONSET OF CURRENT SYMPTOM/ILLNESS**		**1**	**S**									SEGMENT DELETED	DELETED
2400	**DTP**	**DATE - LAST X-RAY**		**1**	**S**		**2400**	**DTP**	**DATE - LAST X-RAY**		**1**	**S**		Required when claim involves spinal manipulation and an x-ray was taken and is different than information at the claim level (Loop ID-2300).	SEGMENT NOT USED BY AHCCCS
	DTP01	Date Time Qualifier	ID	3-3	R		2400	DTP01	Date Time Qualifier	ID	3-3	R	455	455=Last X-Ray	NOT USED BY AHCCCS
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DTP03	Last X-Ray Date	AN	1-35	R		2400	DTP03	Last X-Ray Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2400	**DTP**	**DATE - ACUTE MANIFESTATION**		**1**	**S**									SEGMENT DELETED	DELETED
2400	**DTP**	**DATE - INITIAL TREATMENT**		**1**	**S**		**2400**	**DTP**	**DATE - INITIAL TREATMENT**		**1**	**S**		Required when the Initial Treatment Date is known to impact adjudication for claims involving spinal manipulation, physcial therapy, occupational therapy, or speech language pathology and when different from what is reported at the claim level.	SEGMENT NOT USED BY AHCCCS
	DTP01	Date Time Qualifier	ID	3-3	R		2400	DTP01	Date Time Qualifier	ID	3-3	R	454	454=Initial Treatment	NOT USED BY AHCCCS
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		NOT USED BY AHCCCS
	DTP03	Initial Treatment Date	AN	1-35	R		2400	DTP03	Initial Treatment Date	AN	1-35	R	CCYYMMDD		NOT USED BY AHCCCS
2400	**DTP**	**DATE - SIMILAR ILLNESS/SYMPTOM ONSET**		**1**	**S**									SEGMENT DELETED	DELETED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep
2400	MEA	**TEST RESULTS**		20	S	
	MEA01	Measurement Reference Identification Code	ID	2-2	R	
	MEA02	Measurement Qualifier	ID	1-3	R	
	MEA03	Test Result 9(3) "GRA", "R1", "R2", "R4", & "ZO" = 9(2)V9	R	1-20	R	
	MEA04	COMPOSITE UNIT OF MEASURE			N/U	
	MEA05	Range Minimum	R	1-20	N/U	
	MEA06	Range Maximum	R	1-20	N/U	
	MEA07	Measurement Significance Code	ID	2-2	N/U	
	MEA08	Measurement Attribute Code	ID	2-2	N/U	
	MEA09	Surface/Layer/Position Code	ID	2-2	N/U	
	MEA10	Measurement Method or Device	ID	2-4	N/U	

Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2400	**QTY**	**AMBULANCE PATIENT COUNT**		**1**	**S**		Segment Added - AMBULANCE PATIENT COUNT Required when more than one patient is transported in the same vehicle for Ambulance or non-emergency transportation services.	SEGMENT NOT USED BY AHCCCS
2400	QTY01	Quantity Qualifier	ID	2-2	R	PT	PT=Patients	NOT USED BY AHCCCS
2400	QTY02	Ambulance Patient Count 9(2)	R	1-15	R			NOT USED BY AHCCCS
2400	QTY03	COMPOSITE UNIT OF MEASURE			N/U			NOT USED
2400	QTY04	Fee-Form Message	AN	1-30	N/U			NOT USED
2400	**QTY**	**OBSTETRIC ANESTHESIA ADDITIONAL UNITS**		**1**	**S**		Segment Added - OBSTETRIC ANESTHESIA ADDITIONAL UNITS Required in conjunction with anesthesia for obstetric services when the anesthesia provider chooses to report additional complexity beyond the normal services reflected by the procedure base units and anesthesia time	SEGMENT NOT USED BY AHCCCS
2400	QTY01	Quantity Qualifier	ID	2-2	R	FL	FL=Units	NOT USED BY AHCCCS
2400	QTY02	Obstetric Additional Units 9(2)	R	1-15	R			NOT USED BY AHCCCS
2400	QTY03	COMPOSITE UNIT OF MEASURE			N/U			NOT USED
2400	QTY04	Fee-Form Message	AN	1-30	N/U			NOT USED
2400	**MEA**	**TEST RESULTS**		**5**	**S**		Required on Dialysis related service lines for ESRD. Use R1, R2, R3, or R4 to qualify the Hemoglobin, Hematocrit, Epoetin Starting Dosage, and Creatinine test results. OR Required on DMERC service lines to report the Patient's Height from the Certificate of Medical Necessity (CMN). Use HT qualifier.	SEGMENT NOT USED BY AHCCCS
2400	MEA01	Measurement Reference Identification Code	ID	2-2	R	OG, TR	OG=Original TR=Test Results	NOT USED BY AHCCCS
2400	MEA02	Measurement Qualifier	ID	1-3	R	HT, R1, R2, R3, R4	Code Deleted	NOT USED BY AHCCCS
2400	MEA03	Test Result "HT" 9(2), "R1", "R2", "R3", "R4" = 9(2)V9	R	1-20	R			NOT USED BY AHCCCS
2400	MEA04	COMPOSITE UNIT OF MEASURE			N/U			NOT USED
2400	MEA05	Range Minimum	R	1-20	N/U			NOT USED
2400	MEA06	Range Maximum	R	1-20	N/U			NOT USED
2400	MEA07	Measurement Significance Code	ID	2-2	N/U			NOT USED
2400	MEA08	Measurement Attribute Code	ID	2-2	N/U			NOT USED
2400	MEA09	Surface/Layer/Position Code	ID	2-2	N/U			NOT USED
2400	MEA10	Measurement Method or Device	ID	2-4	N/U			NOT USED
2400	MEA11	Code List Qualifier Code	ID	1-3	N/U		New Element	NOT USED
2400	MEA12	Industry Code	AN	1-30	N/U		New Element	NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2400	**CN1**	**CONTRACT INFORMATION**		**1**	**S**		**2400**	**CN1**	**CONTRACT INFORMATION**		**1**	**S**		Required when the submitter is contractually obligated to supply this information on post-adjudicated claims.	SEGMENT NOT USED BY AHCCCS
	CN101	Contract Type Code	ID	2-2	R		2400	CN101	Contract Type Code	ID	2-2	R	01, 02, 03, 04, 05, 06, 09	01 Diagnosis Related Group (DRG) 02 Per Diem 03 Variable Per Diem 04 Flat 05 Capitated 06 Percent 09 Other	NOT USED BY AHCCCS
	CN102	Contract Amount S9(7)V99	R	1-18	S		2400	CN102	Contract Amount S9(7)V99	R	1-18	S			NOT USED BY AHCCCS
	CN103	Contract Percentage 9(2)V99	R	1-6	S		2400	CN103	Contract Percentage 9(2)V99	R	1-6	S			NOT USED BY AHCCCS
	CN104	Contract Code	AN	1-30	S		2400	CN104	Contract Code	AN	1-50	S		Increase from 30 - 50	NOT USED BY AHCCCS
	CN105	Terms Discount Percent 9(2)V99	R	1-6	S		2400	CN105	Terms Discount Percent 9(2)V99	R	1-6	S			NOT USED BY AHCCCS
	CN106	Contract Version Identifier	AN	1-30	S		2400	CN106	Contract Version Identifier	AN	1-30	S			NOT USED BY AHCCCS
2400	**REF**	**REPRICED LINE ITEM REFERENCE NUMBER**		**1**	**S**		**2400**	**REF**	**REPRICED LINE ITEM REFERENCE NUMBER**		**1**	**S**		Repricers not used by AHCCCS	SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2400	REF01	Reference Identification Qualifier	ID	2-3	R	9B		NOT USED BY AHCCCS
	REF02	Repriced Line Item Reference Number	AN	1-30	R		2400	REF02	Repriced Line Item Reference Number	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2400	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2400	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2400	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2400	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2400	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2400	**REF**	**ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER**		**1**	**S**		**2400**	**REF**	**ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER**		**1**	**S**			SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2400	REF01	Reference Identification Qualifier	ID	2-3	R	9D		NOT USED BY AHCCCS
	REF02	Adjusted Repriced Line Item Reference Number	AN	1-30	R		2400	REF02	Adjusted Repriced Line Item Reference Number	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2400	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2400	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2400	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2400	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2400	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2400	**REF**	**PRIOR AUTHORIZATION OR REFERRAL NUMBER**		**2**	**S**		**2400**	**REF**	**PRIOR AUTHORIZATION**		**5**	**S**		Required when service line involved a prior authorization number that is different than the number reported at the claim level (Loop ID-2300).	
	REF01	Reference Identification Qualifier	ID	2-3	R		2400	REF01	Reference Identification Qualifier	ID	2-3	R	G1	G1=Prior Authorization Number Code Deleted	Expect 'G1'
	REF02	Prior Authorization or Referral Number	AN	1-30	R		2400	REF02	Prior Authorization or Referral Number	AN	1-50	R		Increase from 30 - 50	Expect Prior Authorization number
	REF03	Description	AN	1-80	N/U		2400	REF03	Description	AN	1-80	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	REF04	REFERENCE IDENTIFIER			N/U		2400	REF04	REFERENCE IDENTIFIER					Required when the Prior Authorization Number reported in REF02 of this segment is for a non-destination payer.	
							2400	REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U	New Element	NOT USED BY AHCCCS
							2400	REF04-2	Other Payer Primary Idenitifer	AN	1-50	R		New Element The payer identifier reported in this field must match the cooresponding payer identifier reported in Loop ID-2330B OTHER PAYER NAME NM109 IDENTIFIER.	NOT USED BY AHCCCS
							2400	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2400	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2400	**REF**	**LINE ITEM CONTROL NUMBER**		**1**	**S**		**2400**	**REF**	**LINE ITEM CONTROL NUMBER**		**1**	**S**			
	REF01	Reference Identification Qualifier	ID	2-3	R		2400	REF01	Reference Identification Qualifier	ID	2-3	R	6R	6R=Provider Control Number	Expect '6R'
	REF02	Line Item Control Number	AN	1-30	R		2400	REF02	Line Item Control Number	AN	1-50	R		Increase from 30 - 50	Expect Line Item Control Number
	REF03	Description	AN	1-80	N/U		2400	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2400	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2400	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2400	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2400	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2400	**REF**	**MAMMOGRAPHY CERTIFICATION NUMBER**		**1**	**S**		**2400**	**REF**	**MAMMOGRAPHY CERTIFICATION NUMBER**		**1**	**S**		Required when mammography services are rendered by a certified mammography provider and the mammography certification number is different than that sent in Loop ID-2300.	SEGMENT NOT USED BY AHCCCS
	REF01	Reference identification Qualifier	ID	2-3	R		2400	REF01	Reference identification Qualifier	ID	2-3	R	EW	EW=Mammography Certification Number	NOT USED BY AHCCCS
	REF02	Mammography Certification Number	AN	1-30	R		2400	REF02	Mammography Certification Number	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2400	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2400	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2400	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2400	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2400	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2400	**REF**	**CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION**		**1**	**S**		**2400**	**REF**	**CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION**		**1**	**S**		Required for all CLIA certified facilities performing CLIA covered laboratory services and the number is different than the CLIA number reported at the claim level (Loop ID-2300).	
	REF01	Reference Identification Qualifier	ID	2-3	R		2400	REF01	Reference Identification Qualifier	ID	2-3	R	X4	X4=Clinical Laboratory Improvement Amendment Number	Expect X4

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	REF02	Clinical Laboratory Improvement Amendment Number	AN	1-30	R		2400	REF02	Clinical Laboratory Improvement Amendment Number	AN	1-50	R		Increase from 30 - 50	Expect CLIA Number
	REF03	Description	AN	1-80	N/U		2400	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2400	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2400	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2400	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2400	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2400	**REF**	**REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY IDENTIFICATION**		**1**	**S**		**2400**	**REF**	**REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY IDENTIFICATION**		**1**	**S**		Required for claims for any laboratory that referred tests to another laboratory covered by the CLIA Act that is billed on this line.	SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2400	REF01	Reference Identification Qualifier	ID	2-3	R	F4	F4=Facility Certification Number	NOT USED BY AHCCCS
	REF02	Referring CLIA Number	AN	1-30	R		2400	REF02	Referring CLIA Number	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2400	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2400	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
							2400	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element	NOT USED
							2400	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2400	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2400	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2400	**REF**	**IMMUNIZATION BATCH NUMBER**		**1**	**S**		**2400**	**REF**	**IMMUNIZATION BATCH NUMBER**		**1**	**S**		Required when mandated by state or federal law or regulations to report an Immunization Batch Number.	
	REF01	Reference Identification Qualifier	ID	2-3	R		2400	REF01	Reference Identification Qualifier	ID	2-3	R	BT	BT=Batch Number	Expect BT
	REF02	Immunization Batch Number	AN	1-30	R		2400	REF02	Immunization Batch Number	AN	1-50	R		Increase from 30 - 50	Expect Batch Number
	REF03	Description	AN	1-80	N/U		2400	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2400	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
2400	**REF**	**AMBULATORY PATIENT GROUP (APG)**		**4**	**S**									SEGMENT DELETED	DELETED
2400	**REF**	**OXYGEN FLOW RATE**		**1**	**S**									SEGMENT DELETED	DELETED
2400	**REF**	**UNIVERSAL PRODUCT NUMBER (UPN)**		**1**	**S**									SEGMENT DELETED	DELETED
							2400	**REF**	**REFERRAL NUMBER**		**5**	**S**		New Segment Required when this service line involved a referral number that is different than the number reported at the claim level (Loop-ID 2300).	SEGMENT NOT USED BY AHCCCS
							2400	REF01	Reference Identification Qualifier	ID	2-3	R	9F	9F Referral Number	NOT USED BY AHCCCS
							2400	REF02	Referral Number	AN	1-50	R			NOT USED BY AHCCCS
							2400	REF03	Description	AN	1-80	N/U			NOT USED
							2400	REF04	REFERENCE IDENTIFIER						NOT USED BY AHCCCS
							2400	REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U		NOT USED BY AHCCCS
							2400	REF04-2	Other Payer Primary Idenitifer	AN	1-50	R			NOT USED BY AHCCCS
							2400	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2400	REF04-4	Reference Identification	AN	1-50	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
							2400	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			NOT USED
							2400	REF04-6	Reference Identification	AN	1-50	N/U			NOT USED
2400	**AMT**	**SALES TAX AMOUNT**		**1**	**S**		**2400**	**AMT**	**SALES TAX AMOUNT**		**1**	**S**		Required when sales tax applies to the service line and the submitter is required to report that information to the receiver.	SEGMENT NOT USED BY AHCCCS
	AMT01	Amount Qualifier Code	ID	1-3	R		2400	AMT01	Amount Qualifier Code	ID	1-3	R	T		NOT USED BY AHCCCS
	AMT02	Sales Tax Amount S9(7)V99	R	1-18	R		2400	AMT02	Sales Tax Amount S9(7)V99	R	1-18	R			NOT USED BY AHCCCS
	AMT03	Credit/Debit Flag Code	ID	1-1	N/U		2400	AMT03	Credit/Debit Flag Code	ID	1-1	N/U			NOT USED
2400	**AMT**	**APPROVED AMOUNT**		**1**	**S**									SEGMENT DELETED	DELETED
2400	**AMT**	**POSTAGE CLAIMED AMOUNT**		**1**	**S**		**2400**	**AMT**	**POSTAGE CLAIMED AMOUNT**		**1**	**S**		Required when service line charge (SV102) includes postage amount claimed in this service line.	SEGMENT NOT USED BY AHCCCS
	AMT01	Amount Qualifier Code	ID	1-3	R		2400	AMT01	Amount Qualifier Code	ID	1-3	R	F4	F4=Postage Claimed	NOT USED BY AHCCCS
	AMT02	Postage Claimed Amount S9(7)V99	R	1-18	R		2400	AMT02	Sales Tax Amount S9(7)V99	R	1-18	R			NOT USED BY AHCCCS
	AMT03	Credit/Debit Flag Code	ID	1-1	N/U		2400	AMT03	Credit/Debit Flag Code	ID	1-1	N/U			NOT USED
2400	**K3**	**FILE INFORMATION**		**10**	**S**		**2400**	**K3**	**FILE INFORMATION**		**10**	**S**		See TR3 note for special usage of this segment	SEGMENT NOT USED BY AHCCCS
	K301	Fixed Format Information	AN	1-80	R		2400	K301	Fixed Format Information	AN	1-80	R			NOT USED BY AHCCCS
	K302	Record Format Code	ID	1-2	N/U		2400	K302	Record Format Code	ID	1-2	N/U			NOT USED
	K303	COMPOSITE UNIT OF MEASURE			N/U		2400	K303	COMPOSITE UNIT OF MEASURE			N/U			NOT USED
2400	**NTE**	**LINE NOTE**		**1**	**S**		**2400**	**NTE**	**LINE NOTE**		**1**	**S**		Required when in the judgment of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set.	
	NTE01	Note Reference Code	ID	3-3	R		2400	NTE01	Note Reference Code	ID	3-3	R	ADD, DCP	ADD Additional Information DCP Goals, Rehabilitation Potential, or Discharge Plans Code Deleted - PMT, TPO	Expect ADD
	NTE02	Line Note Text	AN	1-80	R		2400	NTE02	Line Note Text	AN	1-80	R			Expect Line Note Text
							2400	**NTE**	**THIRD PARTY ORGANIZATION NOTE**		**1**	**S**		New Segment Required when the TPO/repricer needs to forward additional information to the payer. This segment is not completed by providers.	SEGMENT NOT USED BY AHCCCS
							2400	NTE01	Third Party Organization Notes	ID	3-3	R	TPO		NOT USED BY AHCCCS
							2400	NTE02	Line Note Text	AN	1-80	R			NOT USED BY AHCCCS
2400	**PS1**	**PURCHASED SERVICE INFORMATION**		**1**	**S**		**2400**	**PS1**	**PURCHASED SERVICE INFORMATION**		**1**	**S**		Required on non-vision service lines when adjudication is known to be impacted by the charge amount for services purchased from another source. OR Required on vision service lines when adjudication is known to be impacted by the acquisition cost of lenses.	SEGMENT NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	PS101	Purchased Service Provider Identifier	AN	1-30	R		2400	PS101	Purchased Service Provider Identifier	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	PS102	Purchased Service Charge Amount S9(7)V99	R	1-18	R		2400	PS102	Purchased Service Charge Amount S9(7)V99	R	1-18	R			NOT USED BY AHCCCS
	PS103	State or Province Code	ID	2-2	N/U		2400	PS103	State or Province Code	ID	2-2	N/U			NOT USED
2400	**HSD**	**HEALTH CARE SERVICES DELIVERY**		**1**	**S**									SEGMENT DELETED	DELETED
2400	**HCP**	**LINE PRICING/REPRICING INFORMATION**		**1**	**S**		**2400**	**HCP**	**LINE PRICING/REPRICING INFORMATION**		**1**	**S**		Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only.	SEGMENT NOT USED BY AHCCCS
	HCP01	Pricing Methodology	ID	2-2	R		2400	HCP01	Pricing Methodology	ID	2-2	R	00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14		NOT USED BY AHCCCS
	HCP02	Repriced Allowed Amount S9(7)V99	R	1-18	R		2400	HCP02	Repriced Allowed Amount S9(7)V99	R	1-18	R			NOT USED BY AHCCCS
	HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S		2400	HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S			NOT USED BY AHCCCS
	HCP04	Repricing Organization Identifier	AN	1-30	S		2400	HCP04	Repricing Organization Identifier	AN	1-50	S		Increase from 30 - 50	NOT USED BY AHCCCS
	HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S		2400	HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S			NOT USED BY AHCCCS
	HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-30	S		2400	HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-50	S		Increase from 30 - 50	NOT USED BY AHCCCS
	HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99	R	1-18	S		2400	HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99	R	1-18	S			NOT USED BY AHCCCS
	HCP08	Product/Service ID	AN	1-48	N/U		2400	HCP08	Product/Service ID	AN	1-48	N/U			NOT USED
	HCP09	Product or Service ID Qualifier	ID	2-2	S		2400	HCP09	Product or Service ID Qualifier	ID	2-2	S	ER, HC, IV, WK	Code Deleted	NOT USED BY AHCCCS
	HCP10	Procedure Code	AN	1-48	S		2400	HCP10	Procedure Code	AN	1-48	S			NOT USED BY AHCCCS
	HCP11	Unit or Basis for Measurement Code	ID	2-2	S		2400	HCP11	Unit or Basis for Measurement Code	ID	2-2	S	MJ, UN	Code Change	NOT USED BY AHCCCS
	HCP12	Repriced Approved Service Unit Count "DA" = 9(3) "UN" = 9(3)V9	R	1-15	S		2400	HCP12	Repriced Approved Service Unit Count "MJ" = 9(4) "UN" = 9(3)V9	R	1-15	S			NOT USED BY AHCCCS
	HCP13	Reject Reason Code	ID	2-2	S		2400	HCP13	Reject Reason Code	ID	2-2	S	T1, T2, T3, T4, T5, T6		NOT USED BY AHCCCS
	HCP14	Policy Compliance Code	ID	1-2	S		2400	HCP14	Policy Compliance Code	ID	1-2	S	1, 2, 3, 4, 5		NOT USED BY AHCCCS
	HCP15	Exception Code	ID	1-2	S		2400	HCP15	Exception Code	ID	1-2	S	1, 2, 3, 4, 5, 6		NOT USED BY AHCCCS
2410	**LIN**	**DRUG IDENTIFICATION**		**1**	**S**	**25**	**2410**	**LIN**	**DRUG IDENTIFICATION**		**1**	**S**		Required when government regulation mandates that prescribed drugs and biologics are reported with NDC numbers. OR Required when the provider or submitter chooses to report NDC numbers to enhance the claim reporting or adjudication processes.	
	LIN01	Assigned Identification	AN	1-20	N/U		2410	LIN01	Assigned Identification	AN	1-20	N/U			NOT USED
	LIN02	Product or Service ID Qualifier	ID	2-2	R		2410	LIN02	Product or Service ID Qualifier	ID	2-2	R	N4	N4=National Drug Code in 5-4-2 Format	Expect 'N4'
	LIN03	National Drug Code	AN	1-48	R		2410	LIN03	National Drug Code	AN	1-48	R			Expect NDC Code
	LIN04	Product/Service ID Qualifier	ID	2-2	N/U		2410	LIN04	Product/Service ID Qualifier	ID	2-2	N/U			NOT USED
	LIN05	Product/Service ID	AN	1-48	N/U		2410	LIN05	Product/Service ID	AN	1-48	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	LIN06	Product/Service ID Qualifier	ID	2-2	N/U		2410	LIN06	Product/Service ID Qualifier	ID	2-2	N/U			NOT USED
	LIN07	Product/Service ID	AN	1-48	N/U		2410	LIN07	Product/Service ID	AN	1-48	N/U			NOT USED
	LIN08	Product/Service ID Qualifier	ID	2-2	N/U		2410	LIN08	Product/Service ID Qualifier	ID	2-2	N/U			NOT USED
	LIN09	Product/Service ID	AN	1-48	N/U		2410	LIN09	Product/Service ID	AN	1-48	N/U			NOT USED
	LIN10	Product/Service ID Qualifier	ID	2-2	N/U		2410	LIN10	Product/Service ID Qualifier	ID	2-2	N/U			NOT USED
	LIN11	Product/Service ID	AN	1-48	N/U		2410	LIN11	Product/Service ID	AN	1-48	N/U			NOT USED
	LIN12	Product/Service ID Qualifier	ID	2-2	N/U		2410	LIN12	Product/Service ID Qualifier	ID	2-2	N/U			NOT USED
	LIN13	Product/Service ID	AN	1-48	N/U		2410	LIN13	Product/Service ID	AN	1-48	N/U			NOT USED
	LIN14	Product/Service ID Qualifier	ID	2-2	N/U		2410	LIN14	Product/Service ID Qualifier	ID	2-2	N/U			NOT USED
	LIN15	Product/Service ID	AN	1-48	N/U		2410	LIN15	Product/Service ID	AN	1-48	N/U			NOT USED
	LIN16	Product/Service ID Qualifier	ID	2-2	N/U		2410	LIN16	Product/Service ID Qualifier	ID	2-2	N/U			NOT USED
	LIN17	Product/Service ID	AN	1-48	N/U		2410	LIN17	Product/Service ID	AN	1-48	N/U			NOT USED
	LIN18	Product/Service ID Qualifier	ID	2-2	N/U		2410	LIN18	Product/Service ID Qualifier	ID	2-2	N/U			NOT USED
	LIN19	Product/Service ID	AN	1-48	N/U		2410	LIN19	Product/Service ID	AN	1-48	N/U			NOT USED
	LIN20	Product/Service ID Qualifier	ID	2-2	N/U		2410	LIN20	Product/Service ID Qualifier	ID	2-2	N/U			NOT USED
	LIN21	Product/Service ID	AN	1-48	N/U		2410	LIN21	Product/Service ID	AN	1-48	N/U			NOT USED
	LIN22	Product/Service ID Qualifier	ID	2-2	N/U		2410	LIN22	Product/Service ID Qualifier	ID	2-2	N/U			NOT USED
	LIN23	Product/Service ID	AN	1-48	N/U		2410	LIN23	Product/Service ID	AN	1-48	N/U			NOT USED
	LIN24	Product/Service ID Qualifier	ID	2-2	N/U		2410	LIN24	Product/Service ID Qualifier	ID	2-2	N/U			NOT USED
	LIN25	Product/Service ID	AN	1-48	N/U		2410	LIN25	Product/Service ID	AN	1-48	N/U			NOT USED
	LIN26	Product/Service ID Qualifier	ID	2-2	N/U		2410	LIN26	Product/Service ID Qualifier	ID	2-2	N/U			NOT USED
	LIN27	Product/Service ID	AN	1-48	N/U		2410	LIN27	Product/Service ID	AN	1-48	N/U			NOT USED
	LIN28	Product/Service ID Qualifier	ID	2-2	N/U		2410	LIN28	Product/Service ID Qualifier	ID	2-2	N/U			NOT USED
	LIN29	Product/Service ID	AN	1-48	N/U		2410	LIN29	Product/Service ID	AN	1-48	N/U			NOT USED
	LIN30	Product/Service ID Qualifier	ID	2-2	N/U		2410	LIN30	Product/Service ID Qualifier	ID	2-2	N/U			NOT USED
	LIN31	Product/Service ID	AN	1-48	N/U		2410	LIN31	Product/Service ID	AN	1-48	N/U			NOT USED
2410	**CTP**	**DRUG PRICING**		**1**	**S**		**2410**	**CTP**	**DRUG QUANTITY**		**1**	**R**			
	CTP01	Class of Trade Code	ID	2-2	N/U		2410	CTP01	Class of Trade Code	ID	2-2	N/U			NOT USED
	CTP02	Price Identifier Code	ID	3-3	N/U		2410	CTP02	Price Identifier Code	ID	3-3	N/U			NOT USED
	CTP03	Drug Unit Price S9(7)V99	R	1-17	R		2410	CTP03	Unit Price	R	1-17	N/U		Usage changed to Not Used	NOT USED
	CTP04	National Drug Unit Count - when CTP05 = "UN" 9(3)V9, CTP05 = "F2" 9(7)V999, CTP05 = "ML" or "GR" 9(2)V99	R	1-15	R		2410	CTP04	National Drug Unit Count - when CTP05-1 = "UN" 9(3)V9, "F2" 9(7)V999, "ML" or "GR" 9(2)V99, ME 9(5)V999	R	1-15	R			Expect NDC Count
	CTP05	COMPOSITE UNIT OF MEASURE					2410	CTP05	COMPOSITE UNIT OF MEASURE			R		Usage changed to Required	
	CTP05-1	Unit or Basis For Measurement Code	ID	2-2	R		2410	CTP05-1	Unit or Basis For Measurement Code	ID	2-2	R	F2, GR, ME, ML, UN	F2=International Unit GR=Gram ME=Milligram ML=Milliliter UN=Unit Code Added	Expect F2, GR, ME, ML, or UN
	CTP05-2	Exponent	R	1-15	N/U		2410	CTP05-2	Exponent	R	1-15	N/U			NOT USED
	CTP05-3	Multiplier	R	1-10	N/U		2410	CTP05-3	Multiplier	R	1-10	N/U			NOT USED
	CTP05-4	Unit or Basis For Measurement Code	ID	2-2	N/U		2410	CTP05-4	Unit or Basis For Measurement Code	ID	2-2	N/U			NOT USED
	CTP05-5	Exponent	R	1-15	N/U		2410	CTP05-5	Exponent	R	1-15	N/U			NOT USED
	CTP05-6	Multiplier	R	1-10	N/U		2410	CTP05-6	Multiplier	R	1-10	N/U			NOT USED
	CTP05-7	Unit or Basis For Measurement Code	ID	2-2	N/U		2410	CTP05-7	Unit or Basis For Measurement Code	ID	2-2	N/U			NOT USED
	CTP05-8	Exponent	R	1-15	N/U		2410	CTP05-8	Exponent	R	1-15	N/U			NOT USED
	CTP05-9	Multiplier	R	1-10	N/U		2410	CTP05-9	Multiplier	R	1-10	N/U			NOT USED
	CTP05-10	Unit or Basis For Measurement Code	ID	2-2	N/U		2410	CTP05-10	Unit or Basis For Measurement Code	ID	2-2	N/U			NOT USED
	CTP05-11	Exponent	R	1-15	N/U		2410	CTP05-11	Exponent	R	1-15	N/U			NOT USED
	CTP05-12	Multiplier	R	1-10	N/U		2410	CTP05-12	Multiplier	R	1-10	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	CTP05-13	Unit or Basis For Measurement Code	ID	2-2	N/U		2410	CTP05-13	Unit or Basis For Measurement Code	ID	2-2	N/U			NOT USED
	CTP05-14	Exponent	R	1-15	N/U		2410	CTP05-14	Exponent	R	1-15	N/U			NOT USED
	CTP05-15	Multiplier	R	1-10	N/U		2410	CTP05-15	Multiplier	R	1-10	N/U			NOT USED
	CTP06	Price Multiplier Qualifier	ID	3-3	N/U		2410	CTP06	Price Multiplier Qualifier	ID	3-3	N/U			NOT USED
	CTP07	Multiplier	R	1-10	N/U		2410	CTP07	Multiplier	R	1-10	N/U			NOT USED
	CTP08	Monetary Amount	R	1-18	N/U		2410	CTP08	Monetary Amount	R	1-18	N/U			NOT USED
	CTP09	Basis of Unit Price Code	ID	2-2	N/U		2410	CTP09	Basis of Unit Price Code	ID	2-2	N/U			NOT USED
	CTP10	Condition Value	AN	1-10	N/U		2410	CTP10	Condition Value	AN	1-10	N/U			NOT USED
	CTP11	Multiple Price Quantity	N0	1-2	N/U		2410	CTP11	Multiple Price Quantity	N0	1-2	N/U			NOT USED
2410	**REF**	**PRESCRIPTION NUBER**		**1**	**S**		**2410**	**REF**	**PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER**		**1**	**S**		Name change Required when dispensing of the drug has been done with an assigned prescription number. OR Required when the provided medication involves the compounding of two or more drugs being reported and there is no prescription number.	
	REF01	Reference Identification Qualifier	ID	2-3	R		2410	REF01	Reference Identification Qualifier	ID	2-3	R	VY, XZ	VY=Link Sequence Number XZ=Pharmacy Prescription Number Code Added	Expect XZ
	REF02	Prescription Number	AN	1-30	R		2410	REF02	Prescription Number	AN	1-50	R		Increase from 30 - 50	Expect Prescription Number
	REF03	Desciption	AN	1-80	N/U		2410	REF03	Desciption	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2410	REF04	REFERENCE IDENTIFIER			N/U			NOT USED
2420A	**NM1**	**RENDERING PROVIDER NAME**		**1**	**S**	**1**	2420A	**NM1**	**RENDERING PROVIDER NAME**		**1**	**S**		Required when the Rendering Provider NM1 information is different than that carried in the Loop ID-2310B Rendering Provider. OR Required when Loop ID-2310B Rendering Provider is not used AND this particular line item has different Rendering Provider information than that which is carried in Loop ID-2010AA Billing Provider.	SEGMENT NOT USED BY AHCCCS AHCCCS doesn't accept different Rendering Provider at the Line Level
	NM101	Entity Identifier Code	ID	2-3	R		2420A	NM101	Entity Identifier Code	ID	2-3	R	82	82=Rendering Provider	NOT USED BY AHCCCS
	NM102	Entity Type Qualifier	ID	1-1	R		2420A	NM102	Entity Type Qualifier	ID	1-1	R	1,2	1=Person 2=Non-Person Entity	NOT USED BY AHCCCS
	NM103	Rendering Provider Last or Organization Name	AN	1-35	R		2420A	NM103	Rendering Provider Last or Organization Name	AN	1-60	R			NOT USED BY AHCCCS
	NM104	Rendering Provider First Name	AN	1-25	S		2420A	NM104	Rendering Provider First Name	AN	1-35	S			NOT USED BY AHCCCS
	NM105	Rendering Provider Middle Name	AN	1-25	S		2420A	NM105	Rendering Provider Middle Name	AN	1-25	S			NOT USED BY AHCCCS
	NM106	Name Prefix	AN	1-10	N/U		2420A	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Rendering Provider Name Suffix	AN	1-10	S		2420A	NM107	Rendering Provider Name Suffix	AN	1-10	S			NOT USED BY AHCCCS
	NM108	Identification Code Qualifier	ID	1-2	R		2420A	NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted	NOT USED BY AHCCCS
	NM109	Rendering Provider Identifier	AN	2-80	R		2420A	NM109	Rendering Provider Identifier	AN	2-80	S			NOT USED BY AHCCCS
	NM110	Entity Relationship Code	ID	2-2	N/U		2420A	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2420A	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2420A	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
2420A	**PRV**	**RENDERING PROVIDER SPECIALTY INFORMATION**		**1**	**S**		**2420A**	**PRV**	**RENDERING PROVIDER SPECIALTY INFORMATION**		**1**	**S**		Required when adjudication is known to be impacted by the provider taxonomy code.	SEGMENT NOT USED BY AHCCCS
	PRV01	Provider Code	ID	1-3	R		2420A	PRV01	Provider Code	ID	1-3	R	PE		NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	PRV02	Reference Identification Qualifier	ID	2-3	R		2420A	PRV02	Reference Identification Qualifier	ID	2-3	R	PXC	Code change	NOT USED BY AHCCCS
	PRV03	Provider Taxonomy Code	AN	1-30	R		2420A	PRV03	Provider Taxonomy Code	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	PRV04	State or Province Code	ID	2-2	N/U		2420A	PRV04	State or Province Code	ID	2-2	N/U			NOT USED
	PRV05	PROVIDER SPECIALTY INFORMATION			N/U		2420A	PRV05	PROVIDER SPECIALTY INFORMATION			N/U			NOT USED
	PRV06	Provider Organization Code	ID	3-3	N/U		2420A	PRV06	Provider Organization Code	ID	3-3	N/U			NOT USED
2420A	**REF**	**RENDERING PROVIDER SECONDARY IDENTIFICATION**		**5**	**S**		**2420A**	**REF**	**RENDERING PROVIDER SECONDARY IDENTIFICATION**		**20**	**S**		Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider.	SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2420A	REF01	Reference Identification Qualifier	ID	2-3	R	OB, 1G, G2, LU	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number LU=Location Number Code Deleted - 1B, 1C, 1D, 1H, EI, N5, SY, X5	NOT USED BY AHCCCS
	REF02	Rendering Provider Secondary Identifier	AN	1-30	R		2420A	REF02	Rendering Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2420A	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2420A	REF04	REFERENCE IDENTIFIER			S		Required when the identifier reported in REF02 of this segment is for a non-destination payer. do not use this composite when the value reported in REF01 is either 0B or 1G.	NOT USED BY AHCCCS
							2420A	REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U	New Element 2U Payer Identification Number	NOT USED BY AHCCCS
							2420A	REF04-2	Other Payer Primary Idenitifer	AN	1-50	R		New Element Must match payer identifier reported in Loop ID-2330B NM109.	NOT USED BY AHCCCS
							2420A	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2420A	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2420A	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2420A	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2420B	**NM1**	**PURCHASED SERVICE PROVIDER NAME**		**1**	**S**	**1**	**2420B**	**NM1**	**PURCHASED SERVICE PROVIDER NAME**		**1**	**S**		Required when the service reported in this line item is a purchased service.	SEGMENT NOT USED BY AHCCCS
	NM101	Entity Identifier Code	ID	2-3	R		2420B	NM101	Entity Identifier Code	ID	2-3	R	QB	QB Purchased Service provider	NOT USED BY AHCCCS
	NM102	Entity Type Qualifier	ID	1-1	R		2420B	NM102	Entity Type Qualifier	ID	1-1	R	1, 2		NOT USED BY AHCCCS
	NM103	Name Last or Organization Name	AN	1-35	N/U		2420B	NM103	Name Last or Organization Name	AN	1-60	N/U		Increase from 35 - 60	NOT USED
	NM104	Name First	AN	1-25	N/U		2420B	NM104	Name First	AN	1-35	N/U		Increase from 25 - 35	NOT USED
	NM105	Name Middle	AN	1-25	N/U		2420B	NM105	Name Middle	AN	1-25	N/U			NOT USED
	NM106	Name Prefix	AN	1-10	N/U		2420B	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Name Suffix	AN	1-10	N/U		2420B	NM107	Name Suffix	AN	1-10	N/U			NOT USED
	NM108	Identification Code Qualifier	ID	1-2	S		2420B	NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted	NOT USED BY AHCCCS
	NM109	Purchased Service Provider Identifier	AN	2-80	S		2420B	NM109	Other Payer Primary Identifier	AN	2-80	S			NOT USED BY AHCCCS
	NM110	Entity Relationship Code	ID	2-2	N/U		2420B	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2420B	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2420B	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2420B	**REF**	**PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION**		**5**	**S**		**2420B**	**REF**	**PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION**		**20**	**S**			SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2420B	REF01	Reference Identification Qualifier	ID	2-3	R	OB, 1G, G2	Code Deleted. G2 Provider Commercial Number	NOT USED BY AHCCCS
	REF02	Purchased Service Provider Secondary Identifier	AN	1-30	R		2420B	REF02	Purchased Service Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2420B	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2420B	REF04	REFERENCE IDENTIFIER			S			NOT USED BY AHCCCS
							2420B	REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U	New Element 2U Payer Identification Number	NOT USED BY AHCCCS
							2420B	REF04-2	Other Payer Primary Idenitifer	AN	1-50	R		New Element Same as corresponding payer identifier reported in Loop ID-2330B NM109.	NOT USED BY AHCCCS
							2420B	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2420B	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2420B	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2420B	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2420C	**NM1**	**SERVICE FACILITY LOCATION**		**1**	**S**	**1**	**2420C**	**NM1**	**SERVICE FACILITY LOCATION NAME**		**1**	**S**		Required when the location of health care service for this service line is different than that carried in Loop ID-2010AA Billing Provider or Loop ID-2310C Service Facility Location.	
	NM101	Entity Identifier Code	ID	2-3	R		2420C	NM101	Entity Identifier Code	ID	2-3	R	77	77=Service Location	Expect 77
	NM102	Entity Type Qualifier	ID	1-1	R		2420C	NM102	Entity Type Qualifier	ID	1-1	R	2	2=Non-Person Entity	Expect 2
	NM103	Laboratory or Facility Name	AN	1-35	S		2420C	NM103	Name Last or Organization Name	AN	1-60	R		Laboratory or Facility Name Increase from 35 - 60	Expect Laboratory or Facility Name
	NM104	Name First	AN	1-25	N/U		2420C	NM104	Name First	AN	1-35	N/U			NOT USED
	NM105	Name Middle	AN	1-25	N/U		2420C	NM105	Name Middle	AN	1-25	N/U			NOT USED
	NM106	Name Prefix	AN	1-10	N/U		2420C	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Name Suffix	AN	1-10	N/U		2420C	NM107	Name Suffix	AN	1-10	N/U			NOT USED
	NM108	Identification Code Qualifier	ID	1-2	S		2420C	NM108	Identification Code Qualifier	ID	1-2	S	XX	XX=Centers for Medicare and Medicaid Services National Provider Identifier Code Deleted	Expect XX
	NM109	Laboratory or Facility Primary Identifier	AN	2-80	S		2420C	NM109	Other Payer Primary Identifier	AN	2-80	S			Expect NPI
	NM110	Entity Relationship Code	ID	2-2	N/U		2420C	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2420C	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2420C	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
2420C	**N3**	**SERVICE FACILITY LOCATION ADDRESS**		**1**	**R**		**2420C**	**N3**	**SERVICE FACILITY LOCATION ADDRESS**		**1**	**R**			SEGMENT NOT USED BY AHCCCS
	N301	Laboratory or Facility Address Line	AN	1-55	R		2420C	N301	Laboratory or Facility Address Line	AN	1-55	R			NOT USED BY AHCCCS
	N302	Laboratory or Facility Address Line	AN	1-55	S		2420C	N302	Laboratory or Facility Address Line	AN	1-55	S			NOT USED BY AHCCCS
2420C	**N4**	**SERVICE FACILITY LOCATION CITY/STATE/ZIP**		**1**	**R**		**2420C**	**N4**	**SERVICE FACILITY LOCATION CITY/STATE/ZIP**		**1**	**R**			SEGMENT NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	N401	Laboratory or Facility City Name	AN	2-30	R		2420C	N401	Laboratory or Facility City Name	AN	2-30	R			NOT USED BY AHCCCS
	N402	Laboratory or Facility State or Province Code	ID	2-2	R		2420C	N402	Laboratory or Facility State or Province Code	ID	2-2	S		Usage changed to Situational	NOT USED BY AHCCCS
	N403	Laboratory or Facility Postal Zone or ZIP Code	ID	3-15	R		2420C	N403	Laboratory or Facility Postal Zone ZIP Code	ID	3-15	S		Usage changed to Situational	NOT USED BY AHCCCS
	N404	Country Code	ID	2-3	S		2420C	N404	Laboratory or Facility Country Code	ID	2-3	S			NOT USED BY AHCCCS
	N405	Location Qualifier	ID	1-2	N/U		2420C	N405	Location Qualifier	ID	1-2	N/U			NOT USED
	N406	Location Identifier	ID	1-30	N/U		2420C	N406	Location Identifier	AN	1-30	N/U			NOT USED
							2420C	N407	Country Subdivision Code	ID	1-3	S		New Element	
2420C	**REF**	**SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION**		**5**	**S**		**2420C**	**REF**	**SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION**		**3**	**S**		Required on or after the mandated NPI implementation date when the entity is not a Health Care provider (a.k.a. an atypical provider), and an identifier is necessary for the claims processor to identify the entity.	
	REF01	Reference Identification Qualifier	ID	2-3	R		2420C	REF01	Reference Identification Qualifier	ID	2-3	R	G2, LU	G2=Provider Commercial Number LU=Location Number Code Deleted	Expect G2
	REF02	Service Facility Location Secondary Identifier	AN	1-30	R		2420C	REF02	Service Facility Location Secondary Identifier	AN	1-50	R		Increase from 30 - 50	Expect AHCCCS 6-digit Provider Registration ID
	REF03	Description	AN	1-80	N/U		2420C	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2420C	REF04	REFERENCE IDENTIFIER			S		Usage changed to Situational Required when the identifier reported in REF02 of this segment is for a non-destination payer.	
							2420C	REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U	New Element	Expect 2U
							2420C	REF04-2	Other Payer Primary Idenitifer	AN	1-50	R		New Element Must match 2330B/NM109	Expect Other Payer Identifier
							2420C	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2420C	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2420C	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2420C	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2420D	**NM1**	**SUPERVISING PROVIDER NAME**		**1**	**S**	**1**	**2420D**	**NM1**	**SUPERVISING PROVIDER NAME**		**1**	**S**		Required when the rendering provider is supervised by a physician and the supervising physician is different than that listed at the claim level for this service line.	SEGMENT NOT USED BY AHCCCS
	NM101	Entity Identifier Code	ID	2-3	R		2420D	NM101	Entity Identifier Code	ID	2-3	R	DQ	DQ=Supervising Physician	NOT USED BY AHCCCS
	NM102	Entity Type Qualifier	ID	1-1	R		2420D	NM102	Entity Type Qualifier	ID	1-1	R	1	1=Person	NOT USED BY AHCCCS
	NM103	Supervising Provider Last Name	AN	1-35	R		2420D	NM103	Supervising Provider Last Name	AN	1-60	R		Increase from 35 - 60	NOT USED BY AHCCCS
	NM104	Supervising Provider First Name	AN	1-25	R		2420D	NM104	Name First	AN	1-35	S		Increase from 25 - 35 Usage changed to Situational	NOT USED BY AHCCCS
	NM105	Supervising Provider Middle Name	AN	1-25	S		2420D	NM105	Name Middle	AN	1-25	S			NOT USED BY AHCCCS
	NM106	Name Prefix	AN	1-10	N/U		2420D	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Supervising Provider Name Suffix	AN	1-10	S		2420D	NM107	Name Suffix	AN	1-10	S			NOT USED BY AHCCCS
	NM108	Identification Code Qualifier	ID	1-2	S		2420D	NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted	NOT USED BY AHCCCS
	NM109	Supervising Provider Identifier	AN	2-80	S		2420D	NM109	Other Payer Primary Identifier	AN	2-80	S			NOT USED BY AHCCCS
	NM110	Entity Relationship Code	ID	2-2	N/U		2420D	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2420D	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2420D	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2420D	**REF**	**SUPERVISING PROVIDER SECONDARY IDENTIFICATION**		**5**	**S**		**2420D**	**REF**	**SUPERVISING PROVIDER SECONDARY IDENTIFICATION**		**20**	**S**			SEGMENT NOT USED BY AHCCCS
	REF01	Reference Identification Qualifier	ID	2-3	R		2420D	REF01	Reference Identification Qualifier	ID	2-3	R	OB, 1G, G2, LU	Code Deleted	NOT USED BY AHCCCS
	REF02	Supervising Provider Secondary Identifier	AN	1-30	R		2420D	REF02	Supervising Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2420D	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2420D	REF04	REFERENCE IDENTIFIER			S		Usage changed to Situational	NOT USED BY AHCCCS
							2420D	REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U	New Element	NOT USED BY AHCCCS
							2420D	REF04-2	Other Payer Primary Idenitifer	AN	1-50	R		New Element	NOT USED BY AHCCCS
							2420D	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2420D	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2420D	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2420D	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2420E	**NM1**	**ORDERING PROVIDER NAME**		**1**	**S**	**1**	**2420E**	**NM1**	**ORDERING PROVIDER NAME**		**1**	**S**		Required when the service or supply was ordered by a provider who is different than the rendering provider for this service line.	SEGMENT NOT USED BY AHCCCS
	NM101	Entity Identifier Code	ID	2-3	R		2420E	NM101	Entity Identifier Code	ID	2-3	R	DK	DK=Ordering Physician	NOT USED BY AHCCCS
	NM102	Entity Type Qualifier	ID	1-1	R		2420E	NM102	Entity Type Qualifier	ID	1-1	R	1	1=Person	NOT USED BY AHCCCS
	NM103	Ordering Provider Last Name	AN	1-35	R		2420E	NM103	Ordering Provider Last Name	AN	1-60	R		Increase from 35 - 60	NOT USED BY AHCCCS
	NM104	Ordering Provider First Name	AN	1-25	R		2420E	NM104	Ordering Provider First Name	AN	1-35	S		Increase from 25 - 35 Usage changed to Situational	NOT USED BY AHCCCS
	NM105	Ordering Provider Middle Name	AN	1-25	S		2420E	NM105	Ordering Provider Middle Name or Initial	AN	1-25	S			NOT USED BY AHCCCS
	NM106	Name Prefix	AN	1-10	N/U		2420E	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Ordering Provider Name Suffix	AN	1-10	S		2420E	NM107	Ordering Provider Name Suffix	AN	1-10	S			NOT USED BY AHCCCS
	NM108	Identification Code Qualifier	ID	1-2	S		2420E	NM108	Identification Code Qualifier	ID	1-2	S	XX	XX=NPI Code Deleted	NOT USED BY AHCCCS
	NM109	Ordering Provider Identifier	AN	2-80	S		2420E	NM109	Other Payer Primary Identifier	AN	2-80	S			NOT USED BY AHCCCS
	NM110	Entity Relationship Code	ID	2-2	N/U		2420E	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2420E	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2420E	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED
2420E	**N3**	**ORDERING PROVIDER ADDRESS**		**1**	**S**		**2420E**	**N3**	**ORDERING PROVIDER ADDRESS**		**1**	**S**			SEGMENT NOT USED BY AHCCCS
	N301	Ordering Provider Address Line	AN	1-55	R		2420E	N301	Ordering Provider Address Line	AN	1-55	R			NOT USED BY AHCCCS
	N302	Ordering Provider Address Line	AN	1-55	S		2420E	N302	Ordering Provider Address Line	AN	1-55	S			NOT USED BY AHCCCS
2420E	**N4**	**ORDERING PROVIDER CITY/STATE/ZIP CODE**		**1**	**S**		**2420E**	**N4**	**ORDERING PROVIDER CITY/STATE/ZIP CODE**		**1**	**S**		Errata A1-Usage changed from Required to Situational	SEGMENT NOT USED BY AHCCCS
	N401	Ordering Provider City Name	AN	2-30	R		2420E	N401	Ordering Provider City Name	AN	2-30	R			NOT USED BY AHCCCS
	N402	Ordering Provider State Code	ID	2-2	R		2420E	N402	Ordering Provider State or Province Code	ID	2-2	S		Usage changed to Situational	NOT USED BY AHCCCS
	N403	Ordering Provider Postal Zone or ZIP Code	ID	3-15	R		2420E	N403	Ordering Provider Postal Zone ZIP Code	ID	3-15	S		Usage changed to Situational	NOT USED BY AHCCCS
	N404	Country Code	ID	2-3	S		2420E	N404	Ordering Provider Country Code	ID	2-3	S			NOT USED BY AHCCCS
	N405	Location Qualifier	ID	1-2	N/U		2420E	N405	Location Qualifier	ID	1-2	N/U			NOT USED
	N406	Location Identifier	AN	1-30	N/U		2420E	N406	Location Identifier	AN	1-30	N/U			NOT USED
							2420E	N407	Country Subdivision Code	ID	1-3	S		New Element	NOT USED BY AHCCCS
2420E	**REF**	**ORDERING PROVIDER SECONDARY IDENTIFICATION**		**5**	**S**		**2420E**	**REF**	**ORDERING PROVIDER SECONDARY IDENTIFICATION**		**20**	**S**			SEGMENT NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	REF01	Reference Identification Qualifier	ID	2-3	R		2420E	REF01	Reference Identification Qualifier	ID	2-3	R	OB, 1G, G2	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number Code Deleted - 1B, 1C, 1D, 1H, EI, N5, SY, X5	NOT USED BY AHCCCS
	REF02	Ordering Provider Secondary Identifier	AN	1-30	R		2420E	REF02	Ordering Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50	NOT USED BY AHCCCS
	REF03	Description	AN	1-80	N/U		2420E	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2420E	REF04	REFERENCE IDENTIFIER			S		Usage changed to Situational	NOT USED BY AHCCCS
							2420E	REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U	New Element	NOT USED BY AHCCCS
							2420E	REF04-2	Other Payer Primary Idenitifer	AN	1-50	R		New Element	NOT USED BY AHCCCS
							2420E	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2420E	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2420E	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2420E	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2420E	**PER**	**ORDERING PROVIDER CONTACT INFORMATION**		**1**	**S**		**2420E**	**PER**	**ORDERING PROVIDER CONTACT INFORMATION**		**1**	**S**			SEGMENT NOT USED BY AHCCCS
	PER01	Contact Function Code	ID	2-2	R		2420E	PER01	Contact Function Code	ID	2-2	R	1C	IC=Information Contact	NOT USED BY AHCCCS
	PER02	Ordering Provider Contact Name	AN	1-60	R		2420E	PER02	Ordering Provider Contact Name	AN	1-60	S		Usage changed to Situational	NOT USED BY AHCCCS
	PER03	Communication Number Qualifier	ID	2-2	R		2420E	PER03	Communication Number Qualifier	ID	2-2	R	EM, FX, TE	EM=Electronic Mail FX=Facsimile TE=Telephone	NOT USED BY AHCCCS
	PER04	Communication Number	AN	1-80	R		2420E	PER04	Communication Number	AN	1-256	R			NOT USED BY AHCCCS
	PER05	Communication Number Qualifier	ID	2-2	S		2420E	PER05	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE	EM=Electronic Mail EX=Telephone Extension FX=Facsimile TE=Telephone	NOT USED BY AHCCCS
	PER06	Communication Number	AN	1-80	S		2420E	PER06	Communication Number	AN	1-256	S			NOT USED BY AHCCCS
	PER07	Communication Number Qualifier	ID	2-2	S		2420E	PER07	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE	EM=Electronic Mail EX=Telephone Extension FX=Facsimile TE=Telephone	NOT USED BY AHCCCS
	PER08	Communication Number	AN	1-80	S		2420E	PER08	Communication Number	AN	1-256	S			NOT USED BY AHCCCS
	PER09	Contact Inquiry Reference	AN	1-20	N/U		2420E	PER09	Contact Inquiry Reference	AN	1-20	N/U			NOT USED
2420F	**NM1**	**REFERRING PROVIDER NAME**		**1**	**S**	**2**	**2420F**	**NM1**	**REFERRING PROVIDER NAME**		**1**	**S**		Required when this service line involves a referral and the referring provider differs from that reported at the claim level (loop 2310A)	
	NM101	Entity Identifier Code	ID	2-3	R		2420F	NM101	Entity Identifier Code	ID	2-3	R	DN, P3	DN=Referring Provider P3=Primary Care Provider	Expect 'DN'
	NM102	Entity Type Qualifier	ID	1-1	R		2420F	NM102	Entity Type Qualifier	ID	1-1	R	1	1=Person	Expect '1'
	NM103	Referring Provider Last Name	AN	1-35	R		2420F	NM103	Referring Provider Last Name	AN	1-60	R		Increase from 35 - 60	Expect Referring Provider Last Name
	NM104	Referring Provider First Name	AN	1-25	R		2420F	NM104	Referring Provider First Name	AN	1-35	S		Increase from 25 - 35	Expect Provider First Name
	NM105	Referring Provider Middle Name	AN	1-25	S		2420F	NM105	Referring Provider Middle Name or Initial	AN	1-25	S			Referring Provider Middle Name or Initial
	NM106	Name Prefix	AN	1-10	N/U		2420F	NM106	Name Prefix	AN	1-10	N/U			NOT USED
	NM107	Referring Provider Name Suffix	AN	1-10	S		2420F	NM107	Referring Provider Name Suffix	AN	1-10	S			NOT USED BY AHCCCS
	NM108	Identification Code Qualifier	ID	1-2	S		2420F	NM108	Identification Code Qualifier	ID	1-2	S	XX	XX=NPI Code Deleted	Expect 'XX'
	NM109	Referring Provider Identifier	AN	2-80	S		2420F	NM109	Other Payer Primary Identifier	AN	2-80	S			Expect NPI
	NM110	Entity Relationship Code	ID	2-2	N/U		2420F	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U		2420F	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2420F	NM112	Name Last or Organization Name	AN	1-60	N/U		New Element	NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2420F	**PRV**	**REFERRING PROVIDER SPECIALTY INFORMATION**		**1**	**S**									SEGMENT DELETED	DELETED
2420F	**REF**	**REFERRING PROVIDER SECONDARY IDENTIFICATION**		**5**	**S**		**2420F**	**REF**	**REFERRING PROVIDER SECONDARY IDENTIFICATION**		**20**	**S**		Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider.	
	REF01	Reference Identification Qualifier	ID	2-3	R		2420F	REF01	Reference Identification Qualifier	ID	2-3	R	OB, 1G, G2	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number Code Deleted - 1B, 1C, 1D, 1H, EI, N5, SY, X5	Expect 'G2'
	REF02	Referring Provider Secondary Identifier	AN	1-30	R		2420F	REF02	Referring Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50	Expect 6-digit Provider Registration ID
	REF03	Description	AN	1-80	N/U		2420F	REF03	Description	AN	1-80	N/U			NOT USED
	REF04	REFERENCE IDENTIFIER			N/U		2420F	REF04	REFERENCE IDENTIFIER			S		Usage changed to Situational	The payer identifier reported in this field must match the corresponding payer identifier reported in Loop ID-2330B NM109.
							2420F	REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U	New Element 2U=Payer Identification Number	Expect 2U
							2420F	REF04-2	Other Payer Primary Idenitifer	AN	1-50	R		New Element	Expect Other Payer Primary Identifier
							2420F	REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2420F	REF04-4	Reference Identification	AN	1-50	N/U		New Element	NOT USED
							2420F	REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element	NOT USED
							2420F	REF04-6	Reference Identification	AN	1-50	N/U		New Element	NOT USED
2420G	**NM1**	**OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER**		**1**	**S**	**4**								SEGMENT DELETED	DELETED
2420G	**REF**	**OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER**		**2**	**R**									SEGMENT DELETED	DELETED
							2420G	**NM1**	**AMBULANCE PICK UP LOCATION**		**1**	**S**		Required when the ambulance pick-up location for this service line is different than the ambulance pick-up location provided in Loop ID-2310E.	
							2420G	NM101	Entity Identifier Code	ID	2-3	R	PW	PW=Pickup Address	Expect 'PW'
							2420G	NM102	Entity Type Qualifier	ID	1-1	R	2	2=Non-Person Entity	Expect '2'
							2420G	NM103	Name Last or Organization Name	AN	1-60	N/U			NOT USED
							2420G	NM104	Name First	AN	1-35	N/U			NOT USED
							2420G	NM105	Name Middle	AN	1-25	N/U			NOT USED
							2420G	NM106	Name Prefix	AN	1-10	N/U			NOT USED
							2420G	NM107	Name Suffix	AN	1-10	N/U			NOT USED
							2420G	NM108	Identification Code Qualifier	ID	1-2	N/U			NOT USED
							2420G	NM109	Identification Code	AN	2-80	N/U			NOT USED
							2420G	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
							2420G	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
							2420G	NM112	Name Last or Organization Name	AN	1-60	N/U			NOT USED

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep

Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2420G	**N3**	**AMBULANCE PICK UP LOCATION ADDRESS**		**1**	**R**		New Segment	
2420G	N301	Ambulance Pick Up Address Line	AN	1-55	R			Expect Ambulance pick up address line1
2420G	N302	Ambulance Pick Up Address Line	AN	1-55	S			Expect Ambulance pick up address line2
2420G	**N4**	**AMBULANCE PICK UP LOCATION CITY/STATE/ZIP**		**1**	**R**		New Segment	
2420G	N401	Ambulance Pick Up City Name	AN	2-30	R			Expect Ambulance pick up City
2420G	N402	Ambulance Pick Up State or Province Code	ID	2-2	S			Expect Ambulance pick up State
2420G	N403	Ambulance Pick Up Postal Zone ZIP Code	ID	3-15	S			Expect Ambulance pick up Zip
2420G	N404	Ambulance Pick Up Country Code	ID	2-3	S			NOT USED BY AHCCCS
2420G	N405	Location Qualifier	ID	1-2	N/U			NOT USED
2420G	N406	Location Identifier	AN	1-30	N/U			NOT USED
2420G	N407	Country Subdivision Code	ID	1-3	S			NOT USED BY AHCCCS
2420H	**NM1**	**AMBULANCE DROP OFF LOCATION**		**1**	**S**		Required when the ambulance drop-off location for this service line is different than the ambulance drop-off location provided in Loop ID-2310F.	
2420H	NM101	Entity Identifier Code	ID	2-3	R	45	45=Drop-off Location	Expect '45'
2420H	NM102	Entity Type Qualifier	ID	1-1	R	2	2=Non-Person Entity	Expect '2'
2420H	NM103	Ambulance Drop Off Location	AN	1-60	S		Required when drop-off location name is known	Expect Drop-off location name
2420H	NM104	Name First	AN	1-35	N/U			NOT USED
2420H	NM105	Name Middle	AN	1-25	N/U			NOT USED
2420H	NM106	Name Prefix	AN	1-10	N/U			NOT USED
2420H	NM107	Name Suffix	AN	1-10	N/U			NOT USED
2420H	NM108	Identification Code Qualifier	ID	1-2	N/U			NOT USED
2420H	NM109	Identification Code	AN	2-80	N/U			NOT USED
2420H	NM110	Entity Relationship Code	ID	2-2	N/U			NOT USED
2420H	NM111	Entity Identifier Code	ID	2-3	N/U			NOT USED
2420H	NM112	Name Last or Organization Name	AN	1-60	N/U			NOT USED
2420H	**N3**	**AMBULANCE DROP OFF LOCATION ADDRESS**		**1**	**R**		New Segment	
2420H	N301	Ambulance Drop Off Address Line	AN	1-55	R			Expect Drop off location Street1
2420H	N302	Ambulance Drop Off Address Line	AN	1-55	S			Expect Drop off location Street2
2420H	**N4**	**AMBULANCE DROP OFF LOCATION CITY/STATE/ZIP**		**1**	**R**		New Segment	
2420H	N401	Ambulance Drop Off City Name	AN	2-30	R			Expect Drop off location City
2420H	N402	Ambulance Drop Off State or Province Code	ID	2-2	S			Expect Drop off location State
2420H	N403	Ambulance Drop Off Postal Zone ZIP Code	ID	3-15	S			Expect Drop off location Zip
2420H	N404	Ambulance Drop Off Country Code	ID	2-3	S			NOT USED BY AHCCCS
2420H	N405	Location Qualifier	ID	1-2	N/U			NOT USED
2420H	N406	Location Identifier	AN	1-30	N/U			NOT USED
2420H	N407	Country Subdivision Code	ID	1-3	S			NOT USED BY AHCCCS

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
2430	**SVD**	**LINE ADJUDICATION INFORMATION**		**1**	**S**	**25**	**2430**	**SVD**	**LINE ADJUDICATION INFORMATION**		**1**	**S**		Required when the claim has been previously adjudicated by payer identified in Loop ID-2330B and this service line has payments and/or adjustments applied to it.	
	SVD01	Other Payer Primary Identifier	AN	2-80	R		2430	SVD01	Other Payer Primary Identifier	AN	2-80	R		Where 2430/SVD01 = 1000A/NM109 Must match with 2330B/NM109	Expect Health Plan ID
	SVD02	Service Line Paid Amount S9(7)V99	R	1-18	R		2430	SVD02	Service Line Paid Amount S9(7)V99	R	1-18	R			Expect Service Line Paid Amount
	SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R		2430	SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R			
	SVD03-1	Product or Service ID Qualifier	ID	2-2	R		2430	SVD03-1	Product or Service ID Qualifier	ID	2-2	R	ER, HC, IV, WK	ER=Jurisdiction Specific Procedure and Supply Codes HC=Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes IV=Home Infusion EDI Coalition (HIEC) Product/Service Code WK=Advanced Billing Concepts (ABC) Codes Code Change	Expect 'HC'
	SVD03-2	Procedure Code	AN	1-48	R		2430	SVD03-2	Procedure Code	AN	1-48	R			Expect HCPCS code
	SVD03-3	Procedure Modifier	AN	2-2	S		2430	SVD03-3	Procedure Modifier	AN	2-2	S			Expect Procedure Modifier
	SVD03-4	Procedure Modifier	AN	2-2	S		2430	SVD03-4	Procedure Modifier	AN	2-2	S			Expect Procedure Modifier
	SVD03-5	Procedure Modifier	AN	2-2	S		2430	SVD03-5	Procedure Modifier	AN	2-2	S			Expect Procedure Modifier
	SVD03-6	Procedure Modifier	AN	2-2	S		2430	SVD03-6	Procedure Modifier	AN	2-2	S			Expect Procedure Modifier
	SVD03-7	Procedure Code Description	AN	1-80	S		2430	SVD03-7	Procedure Code Description	AN	1-80	S			NOT USED BY AHCCCS
							2430	SVD03-8	Product/Service ID	AN	1-48	N/U		New Element	NOT USED
	SVD04	Product or Service ID	AN	1-48	N/U		2430	SVD04	Product or Service ID	AN	1-48	N/U			NOT USED
	SVD05	Paid Service Unit Count 9(7)V999	R	1-15	R		2430	SVD05	Paid Service Unit Count 9(7)V999	R	1-15	R			Expect Paid Units
	SVD06	Bundled Line Number	N0	1-6	S		2430	SVD06	Bundled or Unbundled Line Number	N0	1-6	S		Name Change	NOT USED BY AHCCCS
2430	**CAS**	**LINE ADJUSTMENT**		**99**	**S**		**2430**	**CAS**	**LINE ADJUSTMENT**		**5**	**S**		Required when the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged.	
	CAS01	Claim Adjustment Group Code	ID	1-2	R		2430	CAS01	Claim Adjustment Group Code	ID	1-2	R	CO, CR, OA, PI, PR	CO=Contractual Obligations CR=Correction and Reversals OA=Other adjustments PI=Payor Initiated Reductions PR=Patient Responsibility	Expect any PR will be used for Allowed/Approved amount calculation
	CAS02	Adjustment Reason Code	ID	1-5	R		2430	CAS02	Adjustment Reason Code	ID	1-5	R		See WPC for Code list Occurrence 1	Expect Adjustment Reason Code AHCCCS to crosswalk RF710 to http://www.wpc-edi.com/content/view/695/1
	CAS03	Adjustment Amount S9(7)V99	R	1-18	R		2430	CAS03	Adjustment Amount S9(7)V99	R	1-18	R			Expect Adjustment Amount
	CAS04	Adjustment Quantity 9(7)	R	1-15	S		2430	CAS04	Adjustment Quantity 9(7)	R	1-15	S			Expect Adjustment Qty
	CAS05	Adjustment Reason Code	ID	1-5	S		2430	CAS05	Adjustment Reason Code	ID	1-5	S		Occurrence 2	Expect Adjustment Reason Code
	CAS06	Adjustment Amount S9(7)V99	R	1-18	S		2430	CAS06	Adjustment Amount S9(7)V99	R	1-18	S			Expect Adjustment Amount
	CAS07	Adjustment Quantity 9(7)	R	1-15	S		2430	CAS07	Adjustment Quantity 9(7)	R	1-15	S			Expect Adjustment Qty
	CAS08	Adjustment Reason Code	ID	1-5	S		2430	CAS08	Adjustment Reason Code	ID	1-5	S		Occurrence 3	Expect Adjustment Reason Code
	CAS09	Adjustment Amount S9(7)V99	R	1-18	S		2430	CAS09	Adjustment Amount S9(7)V99	R	1-18	S			Expect Adjustment Amount
	CAS10	Adjustment Quantity 9(7)	R	1-15	S		2430	CAS10	Adjustment Quantity 9(7)	R	1-15	S			Expect Adjustment Qty
	CAS11	Adjustment Reason Code	ID	1-5	S		2430	CAS11	Adjustment Reason Code	ID	1-5	S		Occurrence 4	Expect Adjustment Reason Code

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	CAS12	Adjustment Amount S9(7)V99	R	1-18	S		2430	CAS12	Adjustment Amount S9(7)V99	R	1-18	S			Expect Adjustment Amount
	CAS13	Adjustment Quantity 9(7)	R	1-15	S		2430	CAS13	Adjustment Quantity 9(7)	R	1-15	S			Expect Adjustment Qty
	CAS14	Adjustment Reason Code	ID	1-5	S		2430	CAS14	Adjustment Reason Code	ID	1-5	S		Occurrence 5	Expect Adjustment Reason Code
	CAS15	Adjustment Amount S9(7)V99	R	1-18	S		2430	CAS15	Adjustment Amount S9(7)V99	R	1-18	S			Expect Adjustment Amount
	CAS16	Adjustment Quantity 9(7)	R	1-15	S		2430	CAS16	Adjustment Quantity 9(7)	R	1-15	S			Expect Adjustment Qty
	CAS17	Adjustment Reason Code	ID	1-5	S		2430	CAS17	Adjustment Reason Code	ID	1-5	S		Occurrence 6	Expect Adjustment Reason Code
	CAS18	Adjustment Amount S9(7)V99	R	1-18	S		2430	CAS18	Adjustment Amount S9(7)V99	R	1-18	S			Expect Adjustment Amount
	CAS19	Adjustment Quantity 9(7)	R	1-15	S		2430	CAS19	Adjustment Quantity 9(7)	R	1-15	S			Expect Adjustment Qty
2430	**DTP**	**LINE ADJUDICATION DATE**		**1**	**R**		**2430**	**DTP**	**LINE CHECK OR REMITTANCE DATE**		**1**	**R**			
	DTP01	Date Time Qualifier	ID	3-3	R		2430	DTP01	Date Time Qualifier	ID	3-3	R	573	573=Date Claim Paid	Expect '573'
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		2430	DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		Expect 'D8'
	DTP03	Adjudication or Payment Date	AN	1-35	R		2430	DTP03	Adjudication or Payment Date	AN	1-35	R	CCYYMMDD		Expect Adjudication or Payment Date CCYYMMDD
							2430	**AMT**	**REMAINING PATIENT LIABILITY**		**1**	**S**		Required when the Other Payer referenced in SVD01 of this iteration of Loop ID-2430 has adjudicated this claim, provided line level information, and the provider has the ability to report line item information.	SEGMENT NOT USED BY AHCCCS
							2430	AMT01	Amount Qualifier Code	ID	1-3	R	EAF	EAF=Amount Owed	NOT USED BY AHCCCS
							2430	AMT02	Remaining Patient Liability Amount S9(7)V99	R	1-18	R			NOT USED BY AHCCCS
							2430	AMT03	Credit/Debit Flag Code	ID	1-1	N/U			NOT USED
2440	**LQ**	**FORM IDENTIFICATION CODE**		**1**	**S**	**5**	**2440**	**LQ**	**FORM IDENTIFICATION CODE**		**1**	**S**		Required when adjudication is known to be impacted by one of the types of supporting documentation (standardized paper forms) listed in LQ01.	SEGMENT NOT USED BY AHCCCS
	LQ01	Code List Qualifier Code	ID	1-3	R		2440	LQ01	Code List Qualifier Code	ID	1-3	R	AS, UT	AS=Form Type Code UT=Centers for Medicare and Medicaid Services (CMS) Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN) Forms	NOT USED BY AHCCCS
	LQ02	Form Identifier	AN	1-30	R		2440	LQ02	Form Identifier	AN	1-30	R			NOT USED BY AHCCCS
2440	**FRM**	**SUPPORTING DOCUMENTATION**		**99**	**S**		**2440**	**FRM**	**SUPPORTING DOCUMENTATION**		**99**	**S**			SEGMENT NOT USED BY AHCCCS
	FRM01	Question Number/Letter	AN	1-20	R		2440	FRM01	Question Number/Letter	AN	1-20	R			NOT USED BY AHCCCS
	FRM02	Question Response	ID	1-1	S		2440	FRM02	Question Response	ID	1-1	S	N, W, Y	N=No W=Not Applicable Y=Yes	NOT USED BY AHCCCS
	FRM03	Question Response	AN	1-30	S		2440	FRM03	Question Response	AN	1-50	S		Increase from 30 - 50	NOT USED BY AHCCCS
	FRM04	Question Response	DT	8-8	S		2440	FRM04	Question Response	DT	8-8	S	CCYYMMDD		NOT USED BY AHCCCS
	FRM05	Question Response 9(3)V9	R	1-6	S		2440	FRM05	Question Response 9(3)V9	R	1-6	S			NOT USED BY AHCCCS
___	**SE**	**TRANSACTION SET TRAILER**		**1**	**R**	**>1**	___	**SE**	**TRANSACTION SET TRAILER**		**1**	**R**			
	SE01	Transaction Segment Count	N0	1-10	R			SE01	Transaction Segment Count	N0	1-10	R			
	SE02	Transaction Set Control Number	AN	4-9	R			SE02	Transaction Set Control Number	AN	4-9	R			
___	**GE**	**FUNCTION GROUP TRAILER**		**1**	**R**	**>1**	___	**GE**	**FUNCTION GROUP TRAILER**		**1**	**R**			

Loop	Element	Description 837-P 4010 A1 ENC	ID	Min. Max.	Use	Loop Rep	Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Values	Note	AHCCCS Usage/Expected Value
	GE01	Number of Transaction Sets Included	N0	1-6	R			GE01	Number of Transaction Sets Included	N0	1-6	R			
	GE02	Group Control Number	N0	1-9	R			GE02	Group Control Number	N0	1-9	R			Same as GS06
___	**IEA**	**INTERCHANGE CONTROL TRAILER**		**1**	**R**	**1**	**___**	**IEA**	**INTERCHANGE CONTROL TRAILER**		**1**	**R**			
	IEA01	Number of Included Functional Groups	N0	1-5	R			IEA01	Number of Included Functional Groups	N0	1-5	R			
	IEA02	Interchange Control Number	N0	9-9	R			IEA02	Interchange Control Number	N0	9-9	R			Same as ISA13

4.1.2 837 Institutional Transaction Notes - Encounters

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Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
																	Glossary: **NOT USED BY AHCCCS** - AHCCCS does not use the segment or element for processing or updating of the adjudication system (PMMIS). The field may still be required by a Validator. - Follow TR3 guidelines.
																	Blue = Header segments
																	Light Blue = Billing Provider & Pay To Segments
																	Green = Subscriber & Payer Segments
																	Yellow = Claim Level Segments
																	Purple = Other Subscriber Info Segments
																	Orange = Line Level Segments
	ISA	**INTERCHANGE CONTROL HEADER**		**1**	**R**	**1**			**ISA**	**INTERCHANGE CONTROL HEADER**		**1**	**R**	**1**			
	ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03		ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03		Expect 00
	ISA02	Authorization Information	AN	10-10	R				ISA02	Authorization Information	AN	10-10	R				10 spaces
	ISA03	Security Information Qualifier	ID	2-2	R		00, 01		ISA03	Security Information Qualifier	ID	2-2	R		00, 01		Expect 00
	ISA04	Security Information	AN	10-10	R				ISA04	Security Information	AN	10-10	R				10 spaces
	ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ		ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ		Expect ZZ
	ISA06	Interchange Sender ID	AN	15-15	R				ISA06	Interchange Sender ID	AN	15-15	R				Expect HP Tax ID+6 spaces
	ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ		ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ		Expect ZZ
	ISA08	Interchange Receiver ID	AN	15-15	R				ISA08	Interchange Receiver ID	AN	15-15	R				Expect 866004791
	ISA09	Interchange Date	DT	6-6	R		YYMMDD		ISA09	Interchange Date	DT	6-6	R		YYMMDD		Expect Date
	ISA10	Interchange Time	TM	4-4	R		HHMM		ISA10	Interchange Time	TM	4-4	R		HHMM		Expect Time
	ISA11	Interchange Control Standards ID		1-1	R				ISA11	Interchange Control Standards ID		1-1	R				Expect ^
	ISA12	Interchange Control Version Number	ID	5-5	R				ISA12	Interchange Control Version Number	ID	5-5	R		00501		00501
	ISA13	Interchange Control Number	N0	9-9	R				ISA13	Interchange Control Number	N0	9-9	R				Expect Interchange Control Number
	ISA14	Acknowledgement Requested	ID	1-1	R		0, 1		ISA14	Acknowledgement Requested	ID	1-1	R		0, 1		Expect 1
	ISA15	Usage Indicator	ID	1-1	R		P, T		ISA15	Usage Indicator	ID	1-1	R		P, T		Expect P or T
	ISA16	Component Element Separator	AN	1-1	R				ISA16	Component Element Separator	AN	1-1	R				Expect Pipe |
	GS	**FUNCTIONAL GROUP HEADER**		**1**	**R**	**1**			**GS**	**FUNCTIONAL GROUP HEADER**		**1**	**R**	**1**			
	GS01	Functional Identifier Code	ID	2-2	R				GS01	Functional Identifier Code	ID	2-2	R				Expect HC
	GS02	Application Sender Code	AN	2-15	R				GS02	Application Sender Code	AN	2-15	R				Expect HP ID
	GS03	Application Receiver Code	AN	2-15	R				GS03	Application Receiver Code	AN	2-15	R				Expect AHCCCS866004791
	GS04	Date	DT	8-8	R		CCYYMMDD		GS04	Date	DT	8-8	R		CCYYMMDD		Expect Date
	GS05	Time	TM	4-8	R		HHMM, HHMMSS, HHMMSSD, HHMMSSDD		GS05	Time	TM	4-8	R		HHMM, HHMMSS, HHMMSSD, HHMMSSDD		Expect Time HHMMSSDD
	GS06	Group Control Number	N0	1-9	R				GS06	Group Control Number	N0	1-9	R				Assigned by submitter; Same as GE02
	GS07	Responsible Agency Code	ID	1-2	R		X		GS07	Responsible Agency Code	ID	1-2	R		X		Expect X
	GS08	Version Identifier Code	AN	1-12	R		004010X096A1		GS08	Version Identifier Code	AN	1-12	R		005010X223	Code Change	Expect 005010X223A2
	ST	**TRANSACTION SET HEADER**		**1**	**R**	**>1**			**ST**	**TRANSACTION SET HEADER**		**1**	**R**	**>1**			

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
	ST01	Transaction Set Identifier Code	ID	3-3	R		837
	ST02	Transaction Set Control Number	AN	4-9	R		
	BHT	**BEGINNING OF HIERARCHICAL TRANSACTION**		**1**	**R**	**1**	
	BHT01	Hierarchical Structure Code	ID	4-4	R		0019
	BHT02	Transaction Set Purpose Code	ID	2-2	R		00, 18
	BHT03	Originator Application Transaction ID	AN	1-30	R		
	BHT04	Transaction Set Creation Date	DT	8-8	R		CCYYMMDD
	BHT05	Transaction Set Creation Time	TM	4-8	R		HHMM, HHMMSS, HHMMSSD, HHMMSSDD
	BHT06	Claim or Encounter ID	ID	2-2	R		CH, RP
	REF	**TRANSMISSION TYPE IDENTIFICATION**		**1**	**S**		
1000A	**NM1**	**SUBMITTER NAME**		**1**	**R**	**1**	
1000A	NM101	Entity Identifier Code	ID	2-3	R		41
1000A	NM102	Entity Type Qualifier	ID	1-1	R		1, 2
1000A	NM103	Submitter Last or Organization Name	AN	1-35	R		
1000A	NM104	Submitter First Name	AN	1-25	S		
1000A	NM105	Submitter Middle Name	AN	1-25	S		
1000A	NM106	Name Prefix	AN	1-10	N/U		
1000A	NM107	Name Suffix	AN	1-10	N/U		
1000A	NM108	Identification Code Qualifier	ID	1-2	R		46
1000A	NM109	Submitter Identifier	AN	2-80	R		
1000A	NM110	Entity Relationship Code	ID	2-2	N/U		
1000A	NM111	Entity Identifier Code	ID	2-3	N/U		
1000A	**PER**	**SUBMITTER EDI CONTACT INFORMATION**		**2**	**R**		
1000A	PER01	Contact Function Code	ID	2-2	R		IC
1000A	PER02	Submitter Contact Name	AN	1-60	R		
1000A	PER03	Communication Number Qualifier	ID	2-2	R		ED, EM, FX. TE
1000A	PER04	Communication Number	AN	1-80	R		
1000A	PER05	Communication Number Qualifier	ID	2-2	S		ED, EM, EX, FX, TE
1000A	PER06	Communication Number	AN	1-80	S		
1000A	PER07	Communication Number Qualifier	ID	2-2	S		ED, EM, EX, FX, TE
1000A	PER08	Communication Number	AN	1-80	S		
1000A	PER09	Contact Inquiry Reference	AN	1-20	N/U		
1000B	**NM1**	**RECEIVER NAME**		**1**	**R**	**1**	
1000B	NM101	Entity Identifier Code	ID	2-3	R		40
1000B	NM102	Entity Type Qualifier	ID	1-1	R		2
1000B	NM103	Receiver Name	AN	1-35	R		
1000B	NM104	Name First	AN	1-25	N/U		
1000B	NM105	Name Middle	AN	1-25	N/U		
1000B	NM106	Name Prefix	AN	1-10	N/U		
1000B	NM107	Name Suffix	AN	1-10	N/U		
1000B	NM108	Identification Code Qualifier	ID	1-2	R		46
1000B	NM109	Receiver Primary Identifier	AN	2-80	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
	ST01	Transaction Set Identifier Code	ID	3-3	R		837		Expect '837'
	ST02	Transaction Set Control Number	AN	4-9	R				Assigned by submitter; Same as SE02
	ST03	Implementation Convention Reference	AN	1-35	R			New Element	Expect 005010X223A2
	BHT	**BEGINNING OF HIERARCHICAL TRANSACTION**		**1**	**R**	**1**			
	BHT01	Hierarchical Structure Code	ID	4-4	R		0019		Expect '0019' Information Source,
	BHT02	Transaction Set Purpose Code	ID	2-2	R		00, 18		Expect '00' Original
	BHT03	Originator Application Transaction ID	AN	1-50	R			Increase from 30 - 50	Assigned by submitter
	BHT04	Transaction Set Creation Date	DT	8-8	R		CCYYMMDD		Creation Date CCYYMMDD
	BHT05	Transaction Set Creation Time	TM	4-8	R		HHMM, HHMMSS, HHMMSSD, HHMMSSDD		Creation Time HHMM
	BHT06	Claim or Encounter ID	ID	2-2	R		31, CH, RP	Code Added	Expect 'RP' Reporting
								SEGMENT DELETED	DELETED
1000A	**NM1**	**SUBMITTER NAME**		**1**	**R**	**1**			
1000A	NM101	Entity Identifier Code	ID	2-3	R		41		Expect '41' Submitter
1000A	NM102	Entity Type Qualifier	ID	1-1	R		1, 2		Expect '2' Non-Person Entity
1000A	NM103	Submitter Last or Organization Name	AN	1-60	R			Increase from 35 - 60	Expect Organization Name
1000A	NM104	Submitter First Name	AN	1-35	S			Increase from 25 - 35	NOT USED BY AHCCCS
1000A	NM105	Submitter Middle Name	AN	1-25	S				NOT USED BY AHCCCS
1000A	NM106	Name Prefix	AN	1-10	N/U				NOT USED
1000A	NM107	Name Suffix	AN	1-10	N/U				NOT USED
1000A	NM108	Identification Code Qualifier	ID	1-2	R		46		Expect '46' Electronic Transmitter Identification Number (ETIN)
1000A	NM109	Submitter Identifier	AN	2-80	R				Expect 6-digit HP ID
1000A	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
1000A	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
1000A	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
1000A	**PER**	**SUBMITTER EDI CONTACT INFORMATION**		**2**	**R**				2nd occurrence is for BBA attestation in PER04
1000A	PER01	Contact Function Code	ID	2-2	R		IC		Expect 'IC' Information Contact
1000A	PER02	Submitter Contact Name	AN	1-60	S			Usage change to Situational	Expect HP Contact Name
1000A	PER03	Communication Number Qualifier	ID	2-2	R		EM, FX. TE	Code ED deleted	Expect 'EM' Email
1000A	PER04	Communication Number	AN	1-256	R			Increase from 80 - 256	Expect BBA attestation
1000A	PER05	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE	Code deleted	Expect 'EM' Email
1000A	PER06	Communication Number	AN	1-256	S			Increase from 80 - 256	Expect Contact Email
1000A	PER07	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE	Code deleted	Expect 'TE' Telephone
1000A	PER08	Communication Number	AN	1-256	S			Increase from 80 - 256	Expect Contact Phone
1000A	PER09	Contact Inquiry Reference	AN	1-20	N/U				NOT USED
1000B	**NM1**	**RECEIVER NAME**		**1**	**R**	**1**			
1000B	NM101	Entity Identifier Code	ID	2-3	R		40		Expect '40' Receiver
1000B	NM102	Entity Type Qualifier	ID	1-1	R		2		Expect '2' Non-person Entity
1000B	NM103	Receiver Name	AN	1-60	R			Increase from 35 - 60	Expect 'AHCCCS'
1000B	NM104	Name First	AN	1-35	N/U			Increase from 25 - 35	NOT USED
1000B	NM105	Name Middle	AN	1-25	N/U				NOT USED
1000B	NM106	Name Prefix	AN	1-10	N/U				NOT USED
1000B	NM107	Name Suffix	AN	1-10	N/U				NOT USED
1000B	NM108	Identification Code Qualifier	ID	1-2	R		46		Expect '46' Electronic Transmitter Identification Number (ETIN)
1000B	NM109	Receiver Primary Identifier	AN	2-80	R				Expect '866004791'

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2000A	**HL**	**BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL**		**1**	**R**	**>1**	
2000A	HL01	Hierarchical ID Number	AN	1-12	R		
2000A	HL02	Hierarchical Parent ID Number	AN	1-12	N/U		
2000A	HL03	Hierarchical Level Code	ID	1-2	R		20
2000A	HL04	Hierarchical Child Code	ID	1-1	R		1
2000A	**PRV**	**BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION**		**1**	**S**		
2000A	PRV01	Provider Code	ID	1-3	R		BI, PT
2000A	PRV02	Reference Identification Qualifier	ID	2-3	R		ZZ
2000A	PRV03	Provider Taxonomy Code	AN	1-30	R		
2000A	**CUR**	**FOREIGN CURRENCY INFORMATION**		**1**	**S**		
2000A	CUR01	Entity Identifier Code	ID	2-3	R		85
2000A	CUR02	Currency Code	ID	3-3	R		
2010AA	**NM1**	**Billing Provider Name**		**1**	**R**	**1**	
2010AA	NM101	Entity Identifier Code	ID	2-3	R		85
2010AA	NM102	Entity Type Qualifier	ID	1-1	R		2
2010AA	NM103	Billing Provider Last or Organizational Name	AN	1-35	R		
2010AA	NM104	Name First	AN	1-25	N/U		
2010AA	NM105	Name Middle	AN	1-25	N/U		
2010AA	NM106	Name Prefix	AN	1-10	N/U		
2010AA	NM107	Name Suffix	AN	1-10	N/U		
2010AA	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, XX
2010AA	NM109	Billing Provider Identifier	AN	2-80	S		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
1000B	NM110	Entity Relationship Code			N/U				NOT USED
1000B	NM111	Entity Identifier Code			N/U				NOT USED
1000B	NM112	Name Last or Organization Name			N/U				NOT USED
2000A	**HL**	**BILLING PROVIDER HIERARCHICAL LEVEL**		**1**	**R**	**>1**		Name Change	
2000A	HL01	Hierarchical ID Number	AN	1-12	R				Expect '1'
2000A	HL02	Hierarchical Parent ID Number	AN	1-12	N/U				NOT USED
2000A	HL03	Hierarchical Level Code	ID	1-2	R		20		Expect '20' Information Source
2000A	HL04	Hierarchical Child Code	ID	1-1	R		1		Expect '1' Additional Subordinate HL Data Segment in This Hierarchical Structure
2000A	**PRV**	**BILLING PROVIDER SPECIALTY INFORMATION**		**1**	**S**			Name Change	
2000A	PRV01	Provider Code	ID	1-3	R		BI	Code Deleted	Expect 'BI' Billing
2000A	PRV02	Reference Identification Qualifier	ID	2-3	R		PXC	Code Change	Expect 'PXC' Health Care Provider Taxonomy Code
2000A	PRV03	Provider Taxonomy Code	AN	1-50	R			Increase from 30 - 50	Expect Billing Provider Taxonomy code
2000A	PRV04	State or Province Code	ID	2-2	N/U				NOT USED
2000A	PRV05	PROVIDER SPECIALTY INFORMATION			N/U				NOT USED
2000A	PRV06	Provider Organization Code	ID	3-3	N/U				NOT USED
2000A	**CUR**	**FOREIGN CURRENCY INFORMATION**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2000A	CUR01	Entity Identifier Code	ID	2-3	R		85		NOT USED BY AHCCCS
2000A	CUR02	Currency Code	ID	3-3	R				NOT USED BY AHCCCS
2000A	CUR03	Exchange Rate	R	4-10	N/U				NOT USED
2000A	CUR04	Entity Identifier Code	ID	2-3	N/U				NOT USED
2000A	CUR05	Currency Code	ID	3-3	N/U				NOT USED
2000A	CUR06	Currency Market/Exchange Code	ID	3-3	N/U				NOT USED
2000A	CUR07	Date/Time Qualifier	ID	3-3	N/U				NOT USED
2000A	CUR08	Date	DT	8-8	N/U				NOT USED
2000A	CUR09	Time	TM	4-8	N/U				NOT USED
2000A	CUR10	Date/Time Qualifier	ID	3-3	N/U				NOT USED
2000A	CUR11	Date	DT	8-8	N/U				NOT USED
2000A	CUR12	Time	TM	4-8	N/U				NOT USED
2000A	CUR13	Date/Time Qualifier	ID	3-3	N/U				NOT USED
2000A	CUR14	Date	DT	8-8	N/U				NOT USED
2000A	CUR15	Time	TM	4-8	N/U				NOT USED
2000A	CUR16	Date/Time Qualifier	ID	3-3	N/U				NOT USED
2000A	CUR17	Date	DT	8-8	N/U				NOT USED
2000A	CUR18	Time	TM	4-8	N/U				NOT USED
2000A	CUR19	Date/Time Qualifier	ID	3-3	N/U				NOT USED
2000A	CUR20	Date	DT	8-8	N/U				NOT USED
2000A	CUR21	Time	TM	4-8	N/U				NOT USED
2010AA	**NM1**	**Billing Provider Name**		**1**	**R**	**1**			
2010AA	NM101	Entity Identifier Code	ID	2-3	R		85		Expect '85' 85 Billing Provider
2010AA	NM102	Entity Type Qualifier	ID	1-1	R		2		Expect '1' Person or '2' Non-person Entity
2010AA	NM103	Billing Provider Last or Organizational Name	AN	1-60	R			Increase from 35 - 60	Expect Last or Organizational Name
2010AA	NM104	Billing Provider First Name	AN	1-35	N/U			Increase from 25 - 35	NOT USED
2010AA	NM105	Billing Provider Middle Name	AN	1-25	N/U				NOT USED
2010AA	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2010AA	NM107	Billing Provider Name Suffix	AN	1-10	N/U				NOT USED
2010AA	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted Usage change to Situational	Expect 'XX' Centers for Medicare and Medicaid Services National Provider Identifier
2010AA	NM109	Billing Provider Identifier	AN	2-80	S				Expect NPI

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2010AA	**N3**	**BILLING PROVIDER ADDRESS**		**1**	**R**		
2010AA	N301	Billing Provider Address Line	AN	1-55	R		
2010AA	N302	Billing Provider Address Line	AN	1-55	S		
2010AA	**N4**	**BILLING PROVIDER CITY/STATE/ZIP CODE**		**1**	**R**		
2010AA	N401	Billing Provider City Name	AN	2-30	R		
2010AA	N402	Billing Provider State or Province Code	ID	2-2	R		
2010AA	N403	Billing Provider Postal Zone or ZIP Code	ID	3-15	R		
2010AA	N404	Country Code	ID	2-3	S		
2010AA	N405	Location Qualifier	ID	1-2	N/U		
2010AA	N406	Location Identifier	AN	1-30	N/U		
2010AA	**REF**	**BILLING PROVIDER TAX IDENTIFICATION**		**8**	**R**		
2010AA	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, X5
2010AA	REF02	Billing Provider Additional Identifier	AN	1-30	R		
2010AA	**REF**	**CREDIT/DEBIT CARD BILLING INFORMATION**		**8**	**S**		
2010AA	**PER**	**BILLING PROVIDER CONTACT INFORMATION**		**2**	**S**		
2010AA	PER01	Contact Function Code	ID	2-2	R		IC
2010AA	PER02	Billing Provider Contact Name	AN	1-60	R		
2010AA	PER03	Communication Number Qualifier	ID	2-2	R		EM, FX, TE
2010AA	PER04	Communication Number	AN	1-80	R		
2010AA	PER05	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE
2010AA	PER06	Communication Number	AN	1-80	S		
2010AA	PER07	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE
2010AA	PER08	Communication Number	AN	1-80	S		
2010AB	**NM1**	**PAY-TO PROVIDER NAME**		**1**	**S**	**1**	
2010AB	NM101	Entity Identifier Code	ID	2-3	R		87
2010AB	NM102	Entity Type Qualifier	ID	1-1	R		2
2010AB	NM103	Pay-to Provider Last or Organization Name	AN	1-35	R		
2010AB	NM104	Name First	AN	1-25	N/U		
2010AB	NM105	Name Middle	AN	1-25	N/U		
2010AB	NM106	Name Prefix	AN	1-10	N/U		
2010AB	NM107	Name Suffix	AN	1-10	N/U		
2010AB	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, XX
2010AB	NM109	Pay-to Provider Identifier	AN	2-80	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2010AA	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2010AA	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2010AA	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2010AA	**N3**	**BILLING PROVIDER ADDRESS**		**1**	**R**				
2010AA	N301	Billing Provider Address Line	AN	1-55	R				Expect Billing Address 1
2010AA	N302	Billing Provider Address Line	AN	1-55	S				Expect Billing Address 2
2010AA	**N4**	**BILLING PROVIDER CITY/STATE/ZIP CODE**		**1**	**R**				
2010AA	N401	Billing Provider City Name	AN	2-30	R				Expect Billing City
2010AA	N402	Billing Provider State or Province Code	ID	2-2	S			Usage change to Situational	Expect Billing State
2010AA	N403	Billing Provider Postal Zone or ZIP Code	ID	3-15	S			Usage change to Situational	Expect Billing Zip
2010AA	N404	Country Code	ID	2-3	S				NOT USED BY AHCCCS
2010AA	N405	Location Qualifier	ID	1-2	N/U				NOT USED
2010AA	N406	Location Identifier	AN	1-30	N/U				NOT USED
2010AA	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY AHCCCS
2010AA	**REF**	**BILLING PROVIDER TAX IDENTIFICATION**		**1**	**R**			# Repeats change to 1	
2010AA	REF01	Reference Identification Qualifier	ID	2-3	R		EI	Code Deleted	Expect 'EI' Employer's Identification Number
2010AA	REF02	Billing Provider Additional Identifier	AN	1-50	R			Increase from 30 - 50	Expect Billing Tax ID
2010AA	REF03	Description	AN	1-80	N/U				NOT USED
2010AA	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								SEGMENT DELETED	DELETED
2010AA	**PER**	**BILLING PROVIDER CONTACT INFORMATION**		**2**	**S**				SEGMENT NOT USED BY AHCCCS
2010AA	PER01	Contact Function Code	ID	2-2	R		IC		NOT USED BY AHCCCS
2010AA	PER02	Billing Provider Contact Name	AN	1-60	S			Usage change to Situational	NOT USED BY AHCCCS
2010AA	PER03	Communication Number Qualifier	ID	2-2	R		EM, FX, TE		NOT USED BY AHCCCS
2010AA	PER04	Communication Number	AN	1-256	R			Increase from 80 - 256	NOT USED BY AHCCCS
2010AA	PER05	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE		NOT USED BY AHCCCS
2010AA	PER06	Communication Number	AN	1-256	S			Increase from 80 - 256	NOT USED BY AHCCCS
2010AA	PER07	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE		NOT USED BY AHCCCS
2010AA	PER08	Communication Number	AN	1-256	S			Increase from 80 - 256	NOT USED BY AHCCCS
2010AB	**NM1**	**PAY-TO ADDRESS NAME**		**1**	**S**	**1**		Name Change	SEGMENT NOT USED BY AHCCCS - PAY-TO IS HEALTH PLAN. See 2330B for Health plan identification
2010AB	NM101	Entity Identifier Code	ID	2-3	R		87		NOT USED BY AHCCCS
2010AB	NM102	Entity Type Qualifier	ID	1-1	R		2		NOT USED BY AHCCCS
2010AB	NM103	Pay-to Provider Last or Organization Name	AN	1-60	N/U			Increase from 35 - 60	NOT USED
2010AB	NM104	Pay-to Provider First Name	AN	1-35	N/U				NOT USED
2010AB	NM105	Pay-to Provider Middle Name	AN	1-25	N/U			Name Change	NOT USED
2010AB	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2010AB	NM107	Pay-to Provider Name Suffix	AN	1-10	N/U			Name Change	NOT USED
2010AB	NM108	Identification Code Qualifier	ID	1-2	N/U			Code Deleted	NOT USED
2010AB	NM109	Pay-to Provider Identifier	AN	2-80	N/U				NOT USED
2010AB	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2010AB	**N3**	**PAY-TO PROVIDER ADDRESS**		**1**	**R**		
2010AB	N301	Pay-to Provider Address Line	AN	1-55	R		
2010AB	N302	Pay-to Provider Address Line	AN	1-55	S		
2010AB	**N4**	**PAY-TO PROVIDER CITY/STATE/ZIP CODE**		**1**	**R**		
2010AB	N401	Pay-to Provider City Name	AN	2-30	R		
2010AB	N402	Pay-to Provider State Code	ID	2-2	R		
2010AB	N403	Pay-to Provider Postal Zone or ZIP Code	ID	3-15	R		
2010AB	N404	Pay-to Provider Country Code	ID	2-3	S		
2010AB	N405	Location Qualifier	ID	1-2	N/U		
2010AB	N406	Location Identifier	AN	1-30	N/U		
2010AB	**REF**	**PAY-TO PROVIDER SECONDARY IDENTIFICATION**		**5**	**S**		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2010AB	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2010AB	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2010AB	**N3**	**PAY-TO PROVIDER ADDRESS**		**1**	**R**				SEGMENT NOT USED BY AHCCCS
2010AB	N301	Pay-to Provider Address Line	AN	1-55	R				NOT USED BY AHCCCS
2010AB	N302	Pay-to Provider Address Line	AN	1-55	S				NOT USED BY AHCCCS
2010AB	**N4**	**PAY-TO PROVIDER CITY/STATE/ZIP CODE**		**1**	**R**				SEGMENT NOT USED BY AHCCCS
2010AB	N401	Pay-to Provider City Name	AN	2-30	R				NOT USED BY AHCCCS
2010AB	N402	Pay-to Provider State Code	ID	2-2	S			Usage change to Situational	NOT USED BY AHCCCS
2010AB	N403	Pay-to Provider Postal Zone or ZIP Code	ID	3-15	S			Usage change to Situational	NOT USED BY AHCCCS
2010AB	N404	Pay-to Provider Country Code	ID	2-3	S				
2010AB	N405	Location Qualifier	ID	1-2	N/U				NOT USED
2010AB	N406	Location Identifier	AN	1-30	N/U				NOT USED
2010AB	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY AHCCCS
								SEGMENT DELETED	DELETED
2010AC	**NM1**	**PAY TO PLAN NAME**		**1**	**S**	**1**		New Segment	SEGMENT NOT USED BY AHCCCS - PAY-TO IS HEALTH PLAN. See 2330B for Health plan identification
2010AC	NM101	Entity Identifier Code	ID	2-3	R		PE		NOT USED BY AHCCCS
2010AC	NM102	Entity Type Qualifier	ID	1-1	R		2		NOT USED BY AHCCCS
2010AC	NM103	Pay to Plan Organizational Name	AN	1-60	R				NOT USED BY AHCCCS
2010AC	NM104	Name First	AN	1-35	N/U				NOT USED
2010AC	NM105	Name Middle	AN	1-25	N/U				NOT USED
2010AC	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2010AC	NM107	Name Suffix	AN	1-10	N/U				NOT USED
2010AC	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV		NOT USED BY AHCCCS
2010AC	NM109	Identification Code	AN	2-80	R				NOT USED BY AHCCCS
2010AC	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2010AC	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2010AC	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2010AC	**N3**	**PAY-TO PLAN ADDRESS**		**1**	**R**			New Segment	SEGMENT NOT USED BY AHCCCS
2010AC	N301	Pay-to Plan Address Line	AN	1-55	R				NOT USED BY AHCCCS
2010AC	N302	Pay-to Plan Address Line	AN	1-55	S				NOT USED BY AHCCCS
2010AC									NOT USED BY AHCCCS
2010AC	**N4**	**PAY-TO PLAN CITY/STATE/ZIP CODE**		**1**	**R**			New Segment	SEGMENT NOT USED BY AHCCCS
2010AC	N401	Pay-to Plan City Name	AN	2-30	R				NOT USED BY AHCCCS
2010AC	N402	Pay-to Plan State Code	ID	2-2	S				NOT USED BY AHCCCS
2010AC	N403	Pay-to Plan Postal Zone or ZIP Code	ID	3-15	S				NOT USED BY AHCCCS
2010AC	N404	Pay-to Plan Country Code	ID	2-3	S				NOT USED BY AHCCCS
2010AC	N405	Location Qualifier	ID	1-2	N/U				NOT USED
2010AC	N406	Location Identifier	AN	1-30	N/U				NOT USED
2010AC	N407	Country Subdivision Code	ID	1-3	S				NOT USED BY AHCCCS
2010AC	**REF**	**PAY-TO PLAN SECONDARY IDENTIFICATION**		**1**	**S**			New Segment	SEGMENT NOT USED BY AHCCCS
2010AC	REF01	Reference Identification Qualifier	ID	2-3	R		2U, FY, NF		NOT USED BY AHCCCS
2010AC	REF02	Reference Identification	AN	1-50	R				NOT USED BY AHCCCS
2010AC	REF03	Description	AN	1-80	N/U				NOT USED
2010AC	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2010AC	**REF**	**PAY-TO PLAN TAX IDENTIFICATION**		**1**	**R**			New Segment	SEGMENT NOT USED BY AHCCCS
2010AC	REF01	Reference Identification Qualifier	ID	2-3	R		EI		NOT USED BY AHCCCS

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2000B	**HL**	**SUBSCRIBER HIERARCHICAL LEVEL**		**1**	**R**	**>1**	
2000B	HL01	Hierarchical ID Number	AN	1-12	R		
2000B	HL02	Hierarchical Parent ID Number	AN	1-12	R		
2000B	HL03	Hierarchical Level Code	ID	1-2	R		22
2000B	HL04	Hierarchical Child Code	ID	1-1	R		0, 1
2000B	**SBR**	**SUBSCRIBER INFORMATION**		**1**	**R**		
2000B	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R		P, S, T
2000B	SBR02	Individual Relationship Code	ID	2-2	S		18
2000B	SBR03	Insured Group or Policy Number	AN	1-30	S		
2000B	SBR04	Insured Group Name	AN	1-60	S		
2000B	SBR09	Claim Filing Indicator Code	ID	1-2	S		09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MA, MB, MC, OF, TV, VA, WC, ZZ
2010BA	**NM1**	**SUBSCRIBER NAME**		**1**	**R**	**1**	
2010BA	NM101	Entity Identifier Code	ID	2-3	R		IL
2010BA	NM102	Entity Type Qualifier	ID	1-1	R		1, 2
2010BA	NM103	Subscriber Last Name	AN	1-35	R		
2010BA	NM104	Subscriber First Name	AN	1-25	S		
2010BA	NM105	Subscriber Middle Name	AN	1-25	S		
2010BA	NM106	Name Prefix	AN	1-10	N/U		
2010BA	NM107	Subscriber Name Suffix	AN	1-10	S		
2010BA	NM108	Identification Code Qualifier	ID	1-2	S		MI, ZZ
2010BA	NM109	Subscriber Primary Identifier	AN	2-80	S		
2010BA	**N3**	**SUBSCRIBER ADDRESS**		**1**	**S**		
2010BA	N301	Subscriber Address Line	AN	1-55	R		
2010BA	N302	Subscriber Address Line	AN	1-55	S		
2010BA	**N4**	**SUBSCRIBER CITY/STATE/ZIP CODE**		**1**	**S**		
2010BA	N401	Subscriber City Name	AN	2-30	R		
2010BA	N402	Subscriber State Code	ID	2-2	R		
2010BA	N403	Subscriber Postal Zone or ZIP Code	ID	3-15	R		
2010BA	N404	Subscriber Country Code	ID	2-3	S		
2010BA	N405	Location Qualifier	ID	1-2	N/U		
2010BA	N406	Location Identifier	AN	1-30	N/U		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2010AC	REF02	Reference Identification	AN	1-50	R				NOT USED BY AHCCCS
2010AC	REF03	Description	AN	1-80	N/U				NOT USED
2010AC	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2000B	**HL**	**SUBSCRIBER HIERARCHICAL LEVEL**		**1**	**R**	**>1**			
2000B	HL01	Hierarchical ID Number	AN	1-12	R				Expect Incremented number from 2000A/HL Billing Provider Hierarchical Level
2000B	HL02	Hierarchical Parent ID Number	AN	1-12	R				Expect '1'
2000B	HL03	Hierarchical Level Code	ID	1-2	R		22		Expect '22' Subscriber
2000B	HL04	Hierarchical Child Code	ID	1-1	R		0, 1		Expect '1' Additional Subordinate HL Data Segment in This Hierarchical Structure - Subordinate to 2000A/HL
2000B	**SBR**	**SUBSCRIBER INFORMATION**		**1**	**R**				
2000B	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R		A, B, C, D, E, F, G, H, P, S, T, U	Code Added	Expect: P=Primary
2000B	SBR02	Individual Relationship Code	ID	2-2	S		18		Expect '18' Self
2000B	SBR03	Insured Group or Policy Number	AN	1-50	S			Increase from 30 - 50	NOT USED BY AHCCCS
2000B	SBR04	Insured Group Name	AN	1-60	S				NOT USED BY AHCCCS
2000B	SBR05	Insurance Type Code	ID	1-3	S				NOT USED BY AHCCCS
2000B	SBR06	Coordination of Benefits Code	ID	1-1	N/U				NOT USED
2000B	SBR07	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2000B	SBR08	Employment Status Code	ID	2-2	N/U				NOT USED
2000B	SBR09	Claim Filing Indicator Code	ID	1-2	S		11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	Code Change	Expect 'MC' Medicaid
2010BA	**NM1**	**SUBSCRIBER NAME**		**1**	**R**	**1**			
2010BA	NM101	Entity Identifier Code	ID	2-3	R		IL		Expect 'IL' Insured or Subscriber
2010BA	NM102	Entity Type Qualifier	ID	1-1	R		1, 2		Expect '1' Person
2010BA	NM103	Subscriber Last Name	AN	1-60	R			Increase from 35 - 60	Expect Member Last Name
2010BA	NM104	Subscriber First Name	AN	1-35	S			Increase from 25 - 35	Expect Member First Name
2010BA	NM105	Subscriber Middle Name	AN	1-25	S				Expect Member MI
2010BA	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2010BA	NM107	Subscriber Name Suffix	AN	1-10	S				NOT USED BY AHCCCS
2010BA	NM108	Identification Code Qualifier	ID	1-2	R		II, MI	Code Change Usage change to Required	Expect 'MI' Member Identification Number
2010BA	NM109	Subscriber Primary Identifier	AN	2-80	R			Usage change to Required	Expect AHCCCS ID
2010BA	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2010BA	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2010BA	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2010BA	**N3**	**SUBSCRIBER ADDRESS**		**1**	**S**				
2010BA	N301	Subscriber Address Line	AN	1-55	R				Expect Member Address 1
2010BA	N302	Subscriber Address Line	AN	1-55	S				Expect Member Address 2
2010BA	**N4**	**SUBSCRIBER CITY/STATE/ZIP CODE**		**1**	**S**				
2010BA	N401	Subscriber City Name	AN	2-30	R				Expect Member City
2010BA	N402	Subscriber State Code	ID	2-2	S			Usage change to Situational	Expect Member State
2010BA	N403	Subscriber Postal Zone or ZIP Code	ID	3-15	S			Usage change to Situational	Expect Member Zip
2010BA	N404	Subscriber Country Code	ID	2-3	S				NOT USED BY AHCCCS
2010BA	N405	Location Qualifier	ID	1-2	N/U				NOT USED
2010BA	N406	Location Identifier	AN	1-30	N/U				NOT USED
2010BA	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY AHCCCS

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2010BA	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**		**1**	**S**		
2010BA	DMG01	Date Time Period Format Qualifier	ID	2-3	R		D8
2010BA	DMG02	Subscriber Birth Date	AN	1-35	R		CCYYMMDD
2010BA	DMG03	Subscriber Gender Code	ID	1-1	R		F, M, U
2010BA	**REF**	**SUBSCRIBER SECONDARY IDENTIFICATION**		**4**	**S**		
2010BA	REF01	Reference Identification Qualifier	ID	2-3	R		1W, 23, IG, SY
2010BA	REF02	Subscriber Supplemental Identifier	AN	1-30	R		
2010BA	**REF**	**PROPERTY AND CASUALTY CLAIM NUMBER**		**1**	**S**		
2010BA	REF01	Reference Identification Qualifier	ID	2-3	R		Y4
2010BA	REF02	Property Casualty Claim Number	AN	1-30	R		
2010BB	**NM1**	**CREDIT/DEBIT CARD ACCOUNT HOLDER NAME**		**1**	**S**	**1**	
2010BB	**REF**	**CREDIT/DEBT CARD INFORMATION**		**2**	**S**		
2010BC	**NM1**	**PAYER NAME**		**1**	**R**	**1**	
2010BC	NM101	Entity Identifier Code	ID	2-3	R		PR
2010BC	NM102	Entity Type Qualifier	ID	1-1	R		2
2010BC	NM103	Payer Name	AN	1-35	R		
2010BC	NM104	Name First	AN	1-25	N/U		
2010BC	NM105	Name Middle	AN	1-25	N/U		
2010BC	NM106	Name Prefix	AN	1-10	N/U		
2010BC	NM107	Name Suffix	AN	1-10	N/U		
2010BC	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV
2010BC	NM109	Payer Identifier	AN	2-80	R		
2010BC	**N3**	**PAYER ADDRESS**		**1**	**S**		
2010BC	N301	Payer Address Line	AN	1-55	R		
2010BC	N302	Payer Address Line	AN	1-55	S		
2010BC	**N4**	**PAYER CITY/STATE/ZIP CODE**		**1**	**R**		
2010BC	N401	Payer City Name	AN	2-30	R		
2010BC	N402	Payer State Code	ID	2-2	R		
2010BC	N403	Payer Postal Zone or ZIP Code	ID	3-15	R		
2010BC	N404	Payer Country Code	ID	2-3	S		
2010BC	N405	Location Qualifier	ID	1-2	N/U		
2010BC	N406	Location Identifier	AN	1-30	N/U		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2010BA	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**		**1**	**S**				
2010BA	DMG01	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8' CCYYMMDD
2010BA	DMG02	Subscriber Birth Date	AN	1-35	R		CCYYMMDD		Expect Member DOB
2010BA	DMG03	Subscriber Gender Code	ID	1-1	R		F, M, U		Expect Gender
2010BA	DMG04	Marital Status Code	ID	1-1	N/U				NOT USED
2010BA	DMG05	Race or Ethnicity Code	ID	1-1	N/U				NOT USED
2010BA	DMG06	Citizenship Status Code	ID	1-2	N/U				NOT USED
2010BA	DMG07	Country Code	ID	2-3	N/U				NOT USED
2010BA	DMG08	Basis of Verification Code	ID	1-2	N/U				NOT USED
2010BA	DMG09	Quantity	R	1-15	N/U				NOT USED
2010BA	DMG10	Code List Qualifier Code	ID	1-3	N/U				NOT USED
2010BA	DMG11	Industry Code	AN	1-30	N/U				NOT USED
2010BA	**REF**	**SUBSCRIBER SECONDARY IDENTIFICATION**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2010BA	REF01	Reference Identification Qualifier	ID	2-3	R		SY	Code Deleted	NOT USED BY AHCCCS
2010BA	REF02	Subscriber Supplemental Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2010BA	REF03	Description	AN	1-80	N/U				NOT USED
2010BA	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2010BA	**REF**	**PROPERTY AND CASUALTY CLAIM NUMBER**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2010BA	REF01	Reference Identification Qualifier	ID	2-3	R		Y4		NOT USED BY AHCCCS
2010BA	REF02	Property Casualty Claim Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2010BA	REF03	Description	AN	1-80	N/U				NOT USED
2010BA	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
2010BB	**NM1**	**PAYER NAME**		**1**	**R**	**1**		Loop Change	
2010BB	NM101	Entity Identifier Code	ID	2-3	R		PR		Expect "PR"
2010BB	NM102	Entity Type Qualifier	ID	1-1	R		2		Expect "2"
2010BB	NM103	Payer Name	AN	1-60	R			Increase from 35 - 60	Expect Payer Name
2010BB	NM104	Name First	AN	1-35	N/U			Increase from 25 - 35	NOT USED
2010BB	NM105	Name Middle	AN	1-25	N/U				NOT USED
2010BB	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2010BB	NM107	Name Suffix	AN	1-10	N/U				NOT USED
2010BB	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV		Expect PI
2010BB	NM109	Payer Identifier	AN	2-80	R				Expect 866004791
2010BB	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2010BB	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2010BB	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2010BB	**N3**	**PAYER ADDRESS**		**1**	**S**			Loop Change	SEGMENT NOT USED BY AHCCCS
2010BB	N301	Payer Address Line	AN	1-55	R				NOT USED BY AHCCCS
2010BB	N302	Payer Address Line	AN	1-55	S				NOT USED BY AHCCCS
2010BB	**N4**	**PAYER CITY/STATE/ZIP CODE**		**1**	**R**			Loop Change	SEGMENT NOT USED BY AHCCCS
2010BB	N401	Payer City Name	AN	2-30	R				NOT USED BY AHCCCS
2010BB	N402	Payer State Code	ID	2-2	S			Usage change to Situational	NOT USED BY AHCCCS
2010BB	N403	Payer Postal Zone or ZIP Code	ID	3-15	S			Usage change to Situational	NOT USED BY AHCCCS
2010BB	N404	Payer Country Code	ID	2-3	S				NOT USED BY AHCCCS
2010BB	N405	Location Qualifier	ID	1-2	N/U				NOT USED
2010BB	N406	Location Identifier	AN	1-30	N/U				NOT USED
2010BB	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY AHCCCS

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2010BC	**REF**	**PAYER SECONDARY IDENTIFICATION**		**3**	**S**		
2010BC	REF01	Reference Identification Qualifier	ID	2-3	R		2U, FY, NF, TJ
2010BC	REF02	Payer Additional Identifier	AN	1-30	R		
2010BD	**NM1**	**RESPONSIBLE PARTY NAME**		**1**	**S**	**1**	
2010BC	**N3**	**RESPONSIBLE PARTY ADDRESS**		**1**	**S**		
2010BC	**N4**	**RESPONSIBLE PARTY CITY/STATE/ZIP CODE**		**1**	**R**		
2000C	**HL**	**PATIENT HIERARCHICAL LEVEL**		**1**	**S**	**>1**	
2000C	HL01	Hierarchical ID Number	AN	1-12	R		
2000C	HL02	Hierarchical Parent ID Number	AN	1-12	R		
2000C	HL03	Hierarchical Level Code	ID	1-2	R		23
2000C	HL04	Hierarchical Child Code	ID	1-1	R		0
2000C	**PAT**	**PATIENT INFORMATION**		**1**	**R**		
2000C	PAT01	Individual Relationship Code	ID	2-2	R		01, 04, 05, 07, 10,
2010CA	**NM1**	**PATIENT NAME**		**1**	**R**	**1**	
2010CA	NM101	Entity Identifier Code	ID	2-3	R		QC
2010CA	NM102	Entity Type Qualifier	ID	1-1	R		1
2010CA	NM103	Patient Last Name	AN	1-35	R		
2010CA	NM104	Patient First Name	AN	1-25	R		
2010CA	NM105	Patient Middle Name	AN	1-25	S		
2010CA	NM106	Name Prefix	AN	1-10	N/U		
2010CA	NM107	Patient Name Suffix	AN	1-10	S		
2010CA	NM108	Identification Code Qualifier	ID	1-2	S		MI, ZZ
2010CA	NM109	Patient Primary Identifier	AN	2-80	S		
2010CA	**N3**	**PATIENT ADDRESS**		**1**	**R**		
2010CA	N301	Patient Address Line	AN	1-55	R		
2010CA	N302	Patient Address Line	AN	1-55	S		
2010CA	**N4**	**PATIENT CITY/STATE/ZIP CODE**		**1**	**R**		
2010CA	N401	Patient City Name	AN	2-30	R		
2010CA	N402	Patient State Code	ID	2-2	R		
2010CA	N403	Patient Postal Zone or ZIP Code	ID	3-15	R		
2010CA	N404	Patient Country Code	ID	2-3	S		
2010CA	N405	Location Qualifier	ID	1-2	N/U		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2010BB	**REF**	**PAYER SECONDARY IDENTIFICATION**		**3**	**S**			Loop Change	SEGMENT NOT USED BY AHCCCS
2010BB	REF01	Reference Identification Qualifier	ID	2-3	R		2U, EI, FY, NF	Code Change	NOT USED BY AHCCCS
2010BB	REF02	Payer Additional Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2010BB	REF03	Description	AN	1-80	N/U				NOT USED
2010BB	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2010BB	**REF**	**BILLING PROVIDER SECONDARY IDENTIFICATION**		**1**	**S**			Segment Added	SEGMENT NOT USED BY AHCCCS
2010BB	REF01	Reference Identification Qualifier	ID	2-3	R		G2, LU		NOT USED BY AHCCCS
2010BB	REF02	Payer Additional Identifier	AN	1-50	R				NOT USED BY AHCCCS
2010BB	REF03	Description	AN	1-80	N/U				NOT USED
2010BB	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
2000C	**HL**	**PATIENT HIERARCHICAL LEVEL**		**1**	**S**	**>1**			SEGMENT NOT USED BY AHCCCS
2000C	HL01	Hierarchical ID Number	AN	1-12	R				NOT USED BY AHCCCS
2000C	HL02	Hierarchical Parent ID Number	AN	1-12	R				NOT USED BY AHCCCS
2000C	HL03	Hierarchical Level Code	ID	1-2	R		23		NOT USED BY AHCCCS
2000C	HL04	Hierarchical Child Code	ID	1-1	R		0		NOT USED BY AHCCCS
2000C	**PAT**	**PATIENT INFORMATION**		**1**	**R**				SEGMENT NOT USED BY AHCCCS
2000C	PAT01	Individual Relationship Code	ID	2-2	R		01, 19, 20, 21, 39,	Code Deleted	NOT USED BY AHCCCS
2000C	PAT02	Patient Location Code	ID	1-1	N/U				NOT USED
2000C	PAT03	Employment Status Code	ID	2-2	N/U				NOT USED
2000C	PAT04	Student Status Code	ID	1-1	N/U				NOT USED
2000C	PAT05	Date Time Period Format Qualifier	ID	2-3	S				NOT USED BY AHCCCS
2000C	PAT06	Patient Death Date	AN	1-35	S				NOT USED BY AHCCCS
2000C	PAT07	Unit or Basis for Measurement Code	ID	2-2	S				NOT USED BY AHCCCS
2000C	PAT08	Patient Weight 9(6)V99	R	1-10	S				NOT USED BY AHCCCS
2000C	PAT09	Pregnancy Indicator	ID	1-1	S				NOT USED BY AHCCCS
2010CA	**NM1**	**PATIENT NAME**		**1**	**R**	**1**			SEGMENT NOT USED BY AHCCCS
2010CA	NM101	Entity Identifier Code	ID	2-3	R		QC		NOT USED BY AHCCCS
2010CA	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY AHCCCS
2010CA	NM103	Patient Last Name	AN	1-60	R			Increase from 35 - 60	NOT USED BY AHCCCS
2010CA	NM104	Patient First Name	AN	1-35	S			Increase from 25 - 35 Usage change to Situational	NOT USED BY AHCCCS
2010CA	NM105	Patient Middle Name	AN	1-25	S				NOT USED BY AHCCCS
2010CA	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2010CA	NM107	Patient Name Suffix	AN	1-10	S				NOT USED BY AHCCCS
2010CA	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
2010CA	NM109	Patient Primary Identifier	AN	2-80	N/U			Usage change to Not Used	NOT USED
2010CA	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2010CA	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2010CA	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2010CA	**N3**	**PATIENT ADDRESS**		**1**	**R**				SEGMENT NOT USED BY AHCCCS
2010CA	N301	Patient Address Line	AN	1-55	R				NOT USED BY AHCCCS
2010CA	N302	Patient Address Line	AN	1-55	S				NOT USED BY AHCCCS
2010CA	**N4**	**PATIENT CITY/STATE/ZIP CODE**		**1**	**R**				SEGMENT NOT USED BY AHCCCS
2010CA	N401	Patient City Name	AN	2-30	R				NOT USED BY AHCCCS
2010CA	N402	Patient State Code	ID	2-2	S			Usage change to Situational	NOT USED BY AHCCCS
2010CA	N403	Patient Postal Zone or ZIP Code	ID	3-15	S			Usage change to Situational	NOT USED BY AHCCCS
2010CA	N404	Patient Country Code	ID	2-3	S				NOT USED BY AHCCCS
2010CA	N405	Location Qualifier	ID	1-2	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2010CA	N406	Location Identifier	AN	1-30	N/U		
2010CA	**DMG**	**PATIENT DEMOGRAPHIC INFORMATION**		**1**	**R**		
2010CA	DMG01	Date Time Period Format Qualifier	ID	2-3	R		D8
2010CA	DMG02	Patient Birth Date	AN	1-35	R		CCYYMMDD
2010CA	DMG03	Patient Gender Code	ID	1-1	R		F, M, U
2010CA	**REF**	**PATIENT SECONDARY IDENTIFICATION NUMBER**		**5**	**S**		
2010CA	**REF**	**PROPERTY AND CASUALTY CLAIM NUMBER**		**1**	**S**		
2010CA	REF01	Reference Identification Qualifier	ID	2-3	R		Y4
2010CA	REF02	Property Casualty Claim Number	AN	1-30	R		
2300	**CLM**	**CLAIM INFORMATION**		**1**	**R**	**100**	
2300	CLM01	Patient Account Number	AN	1-38	R		
2300	CLM02	Total Claim Charge Amount	R	1-18	R		
2300	CLM03	Claim Filing Indicator Code	ID	1-2	N/U		
2300	CLM04	Non-Institutional Claim Type Code	ID	1-2	N/U		
2300	CLM05	HEALTH CARE SERVICE LOCATION INFORMATION			R		
2300	CLM05-1	Facility Type Code	AN	1-2	R		
2300	CLM05-2	Facility Code Qualifier	ID	1-2	R		A
2300	CLM05-3	Claim Frequency Code	ID	1-1	R		
2300	CLM06	Provider or Supplier Signature Indicator	ID	1-1	N/U		N, Y
2300	CLM07	Medicare Assignment Code	ID	1-1	R		A, C
2300	CLM08	Benefits Assignment Certification Indicator	ID	1-1	R		N
2300	CLM09	Release of Information Code	ID	1-1	R		A, I, M, N, O, Y
2300	CLM10	Patient Signature Source Code	ID	1-1	N/U		
2300	CLM11	RELATED CAUSES INFORMATION			N/U		
2300	CLM12	Special Program Indicator	ID	2-3	N/U		
2300	CLM13	Yes/No Condition or Response Code	ID	1-1	N/U		
2300	CLM14	Level of Service Code	ID	1-3	N/U		
2300	CLM15	Yes/No Condition or Response Code	ID	1-1	N/U		
2300	CLM16	Participation Agreement	ID	1-1	N/U		
2300	CLM17	Claim Status Code	ID	1-2	N/U		
2300	CLM18	Yes/No Condition or Response Code	ID	1-1	R		N, Y
2300	CLM19	Claim Submission Reason Code	ID	2-2	N/U		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2010CA	N406	Location Identifier	AN	1-30	N/U				NOT USED
2010CA	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY AHCCCS
2010CA	**DMG**	**PATIENT DEMOGRAPHIC INFORMATION**		**1**	**R**				SEGMENT NOT USED BY AHCCCS
2010CA	DMG01	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY AHCCCS
2010CA	DMG02	Patient Birth Date	AN	1-35	R		CCYYMMDD		NOT USED BY AHCCCS
2010CA	DMG03	Patient Gender Code	ID	1-1	R		F, M, U		NOT USED BY AHCCCS
2010CA	DMG04	Marital Status Code	ID	1-1	N/U				NOT USED
2010CA	DMG05	Race or Ethnicity Code	ID	1-1	N/U				NOT USED
2010CA	DMG06	Citizenship Status Code	ID	1-2	N/U				NOT USED
2010CA	DMG07	Country Code	ID	2-3	N/U				NOT USED
2010CA	DMG08	Basis of Verification Code	ID	1-2	N/U				NOT USED
2010CA	DMG09	Quantity	R	1-15	N/U				NOT USED
2010CA	DMG10	Code List Qualifier Code	ID	1-3	N/U				NOT USED
2010CA	DMG11	Industry Code	AN	1-30	N/U				NOT USED
								SEGMENT DELETED	DELETED
2010CA	**REF**	**PROPERTY AND CASUALTY CLAIM NUMBER**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2010CA	REF01	Reference Identification Qualifier	ID	2-3	R		Y4		NOT USED BY AHCCCS
2010CA	REF02	Property Casualty Claim Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2300	**CLM**	**CLAIM INFORMATION**		**1**	**R**	**100**			
2300	CLM01	Patient Control Number	AN	1-38	R				Expect Patient Control number
2300	CLM02	Total Claim Charge Amount	R	1-18	R				Expect Total Claim Charge
2300	CLM03	Claim Filing Indicator Code	ID	1-2	N/U				NOT USED
2300	CLM04	Non-Institutional Claim Type Code	ID	1-2	N/U				NOT USED
2300	CLM05	HEALTH CARE SERVICE LOCATION INFORMATION			R				
2300	CLM05-1	Facility Type Code	AN	1-2	R				Expect Place of Service Code
2300	CLM05-2	Facility Code Qualifier	ID	1-2	R		A		Expect 'B' Place of Service Codes for Professional or Dental Services
2300	CLM05-3	Claim Frequency Code	ID	1-1	R				Expect Claim Frequency Code 1=Original 7=Replacement (AHCCCS: to be used for Adjustment and Resubmission) 8=Void
2300	CLM06	Provider or Supplier Signature Indicator	ID	1-1	N/U		N, Y		NOT USED
2300	CLM07	Medicare Assignment Code	ID	1-1	R		A, B, C	Code Added	Expect 'A, B, C'
2300	CLM08	Benefits Assignment Certification Indicator	ID	1-1	R		N, W, Y	Code Added	Expect Y/N
2300	CLM09	Release of Information Code	ID	1-1	R		I, Y	Code Deleted	Expect 'Y' Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
2300	CLM10	Patient Signature Source Code	ID	1-1	N/U				NOT USED
2300	CLM11	RELATED CAUSES INFORMATION			N/U				NOT USED
2300	CLM12	Special Program Indicator	ID	2-3	N/U		02, 03, 05, 09		NOT USED
2300	CLM13	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	CLM14	Level of Service Code	ID	1-3	N/U				NOT USED
2300	CLM15	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	CLM16	Participation Agreement	ID	1-1	N/U				NOT USED
2300	CLM17	Claim Status Code	ID	1-2	N/U				NOT USED
2300	CLM18	Yes/No Condition or Response Code	ID	1-1	N/U			Usage change to Not Used	NOT USED
2300	CLM19	Claim Submission Reason Code	ID	2-2	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	CLM20	Delay Reason Code	ID	1-2	S		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11
2300	**DTP**	**DATE - DISCHARGE HOUR**		**1**	**S**		
2300	DTP01	Date Time Qualifier	ID	3-3	R		96
2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		TM
2300	DTP03	Discharge Hour	AN	1-35	R		HHMM
2300	**DTP**	**DATE - STATEMENT DATES**		**1**	**R**		
2300	DTP01	Date Time Qualifier	ID	3-3	R		434
2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8, RD8
2300	DTP03	Statement From or To Date	AN	1-35	R		CCYYMMDDCCYYMMDD
2300	**DTP**	**DATE - ADMISSION DATE/HOUR**		**1**	**S**		
2300	DTP01	Date Time Qualifier	ID	3-3	R		435
2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		DT
2300	DTP03	Admission Date and Hour	AN	1-35	R		CCYYMMDDHHMM
2300	**CL1**	**INSTITUTIONAL CLAIM CODE**		**1**	**S**		
2300	CL101	Admission Type Code	ID	1-1	S		
2300	CL102	Admission Source Code	ID	1-1	S		
2300	CL103	Patient Status Code	ID	1-2	S		
2300	**PWK**	**CLAIM SUPPLEMENTAL INFORMATION**		**10**	**S**		
2300	PWK01	Attachment Report Type Code	ID	2-2	R		AS, B2, B3, B4, CT, DA, DG, DS, EB, MT, NN, OB, OZ, PN, PO, PZ, RB, RR, RT
2300	PWK02	Attachment Transmission Code	ID	1-2	R		AA, BM, EL, EM, FX
2300	PWK03	Report Copies Needed	N0	1-2	N/U		
2300	PWK04	Entity Identifier Code	ID	2-3	N/U		
2300	PWK05	Identification Code Qualifier	ID	1-2	S		AC
2300	PWK06	Attachment Control Number	AN	2-80	S		
2300	PWK07	Description	AN	1-80	S		
2300	**CN1**	**CONTRACT INFORMATION**		**1**	**S**		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	CLM20	Delay Reason Code	ID	1-2	S		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15	Code Added	Expect any value
2300	**DTP**	**DATE - DISCHARGE HOUR**		**1**	**S**				
2300	DTP01	Date Time Qualifier	ID	3-3	R		96		Expect '96'
2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		TM		Expect 'TM'
2300	DTP03	Discharge Time	AN	1-35	R		HHMM	Name Change	Expect HHMM
2300	**DTP**	**DATE - STATEMENT DATES**		**1**	**S**			Usage change to Situational	
2300	DTP01	Date Time Qualifier	ID	3-3	R		434		Expect '434'
2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		RD8	Code Deleted	Expect RD8
2300	DTP03	Statement From and To Date	AN	1-35	R		CCYYMMDDCCYYMMDD	Name Change	Expect Statement From and To date (Service Begin-End)
2300	**DTP**	**DATE - ADMISSION DATE/HOUR**		**1**	**S**				
2300	DTP01	Date Time Qualifier	ID	3-3	R		435		Expect '435'
2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8, DT	Code Added	Expect 'DT'
2300	DTP03	Admission Date and Hour	AN	1-35	R		CCYYMMDD, CCYYMMDDHHMM	Code Added	Expect CCYYMMDDHHMM
2300	**DTP**	**DATE - REPRICER RECEIVED DATE**		**1**	**S**			New Segment	SEGMENT NOT USED BY AHCCCS
2300	DTP01	Date Time Qualifier	ID	3-3	R		050		
2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		
2300	DTP03	Order Date	AN	1-35	R		CCYYMMDD		
2300	**CL1**	**INSTITUTIONAL CLAIM CODE**		**1**	**S**				
2300	CL101	Admission Type Code	ID	1-1	S				Expect Admission Type code
2300	CL102	Admission Source Code	ID	1-1	S				Expect Admission Source code
2300	CL103	Patient Status Code	ID	1-2	R			Usage change to Required	Expect Patient Status code
2300	CL104	Nursing Home Residential Status Code	ID	1-1	N/U				NOT USED
2300	**PWK**	**CLAIM SUPPLEMENTAL INFORMATION**		**10**	**S**				
2300	PWK01	Attachment Report Type Code	ID	2-2	R		03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, AS, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, OX, OZ, P4, P5, PE, PN, PO, PQ, PY, PZ, RB, RR, RT, RX, SG, V5, XP	Code Added	Expect Attachment Report Type code
2300	PWK02	Attachment Transmission Code	ID	1-2	R		AA, BM, EL, EM, FT, FX	Code Added	Expect Attachment Transmission code
2300	PWK03	Report Copies Needed	N0	1-2	N/U				NOT USED
2300	PWK04	Entity Identifier Code	ID	2-3	N/U				NOT USED
2300	PWK05	Identification Code Qualifier	ID	1-2	S		AC		Expect 'AC'
2300	PWK06	Attachment Control Number	AN	2-80	S				Expect Attachment Control number
2300	PWK07	Description	AN	1-80	N/U			Usage change to Not Used	NOT USED
2300	PWK08	ACTIONS INDICATED			N/U				NOT USED
2300	PWK09	Request Category Code	ID	1-2	N/U				NOT USED
2300	**CN1**	**CONTRACT INFORMATION**		**1**	**S**				

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	CN101	Contract Type Code	ID	2-2	R		01, 02, 03, 04, 05, 06, 09
2300	CN102	Contract Amount	R	1-18	S		
2300	CN103	Contract Percentage	R	1-6	S		
2300	CN104	Contract Code	AN	1-30	S		
2300	CN105	Terms Discount Percent	R	1-6	S		
2300	CN106	Contract Version Identifier	AN	1-30	S		
2300	**AMT**	**PAYER ESTIMATED AMOUNT DUE**		**1**	**S**		
2300	**AMT**	**PATIENT ESTIMATED AMOUNT DUE**		**1**	**S**		
2300	AMT01	Amount Qualifier Code	ID	1-3	R		F3
2300	AMT02	Patient Responsibility Amount	R	1-18	R		
2300	AMT03	Credit/Debit Flag Code	ID	1-1	N/U		
2300	**AMT**	**PATIENT PAID AMOUNT**		**1**	**S**		
2300	**AMT**	**CREDIT/DEBIT CARD MAXIMUM AMOUNT**		**1**	**S**		
2300	**REF**	**SERVICE AUTHORIZATION EXCEPTION CODE**		**1**	**S**		
2300	REF01	Reference Identification Qualifier	ID	2-3	R		4N
2300	REF02	Service Authorization Exception Code	AN	1-30	R		1, 2, 3, 4, 5, 6, 7
2300	**REF**	**PRIOR AUTHORIZATION**		**2**	**S**		
2300	REF01	Reference Identification Qualifier	ID	2-3	R		9F, G1
2300	REF02	Prior Authorization Number	AN	1-30	R		
2300	**REF**	**ORIGINAL REFERENCE NUMBER (ICN/DCN)**		**1**	**S**		
2300	REF01	Reference Identification Qualifier	ID	2-3	R		F8
2300	REF02	Claim Original Reference Number	AN	1-30	R		
2300	**REF**	**REPRICED CLAIM NUMBER**		**1**	**S**		
2300	REF01	Reference Identification Qualifier	ID	2-3	R		9A
2300	REF02	Repriced Claim Reference Number	AN	1-30	R		
2300	**REF**	**ADJUSTED REPRICED CLAIM NUMBER**		**1**	**S**		
2300	REF01	Reference Identification Qualifier	ID	2-3	R		9C
2300	REF02	Adjusted Repriced Claim Reference Number	AN	1-30	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	CN101	Contract Type Code	ID	2-2	R		01, 02, 03, 04, 05, 06, 09		Expect Contract Type code
2300	CN102	Contract Amount	R	1-18	S				NOT USED BY AHCCCS
2300	CN103	Contract Percentage	R	1-6	S				NOT USED BY AHCCCS
2300	CN104	Contract Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY AHCCCS
2300	CN105	Terms Discount Percent	R	1-6	S				NOT USED BY AHCCCS
2300	CN106	Contract Version Identifier	AN	1-30	S				NOT USED BY AHCCCS
								SEGMENT DELETED	DELETED
2300	**AMT**	**PATIENT ESTIMATED AMOUNT DUE**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2300	AMT01	Amount Qualifier Code	ID	1-3	R		F3		NOT USED BY AHCCCS
2300	AMT02	Patient Responsibility Amount	R	1-18	R				NOT USED BY AHCCCS
2300	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
2300	**REF**	**SERVICE AUTHORIZATION EXCEPTION CODE**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2300	REF01	Reference Identification Qualifier	ID	2-3	R		4N		NOT USED BY AHCCCS
2300	REF02	Service Authorization Exception Code	AN	1-50	R		1, 2, 3, 4, 5, 6, 7	Increase from 30 - 50	NOT USED BY AHCCCS
2300	REF03	Description	AN	1-80	N/U				NOT USED
2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	**REF**	**REFERRAL NUMBER**		**1**	**S**			New Segment	SEGMENT NOT USED BY AHCCCS
2300	REF01	Reference Identification Qualifier	ID	2-3	R		9F		NOT USED BY AHCCCS
2300	REF02	Prior Authorization or Referral Number	AN	1-50	R				NOT USED BY AHCCCS
2300	REF03	Description	AN	1-80	N/U				NOT USED
2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	**REF**	**PRIOR AUTHORIZATION**		**1**	**S**			# Repeats change to 1	
2300	REF01	Reference Identification Qualifier	ID	2-3	R		G1	Code Deleted	Expect G1
2300	REF02	Prior Authorization or Referral Number	AN	1-50	R			Increase from 30 - 50 Name Change	Expect Prior Authorization Number
2300	REF03	Description	AN	1-80	N/U				NOT USED
2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	**REF**	**PAYER CLAIM CONTROL NUMBER**		**1**	**S**			Name Change	
2300	REF01	Reference Identification Qualifier	ID	2-3	R		F8		Expect 'F8'
2300	REF02	Claim Original Reference Number	AN	1-50	R			Increase from 30 - 50	Expect Payer Claim Control Number
2300	REF03	Description	AN	1-80	N/U				NOT USED
2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	**REF**	**REPRICED CLAIM NUMBER**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2300	REF01	Reference Identification Qualifier	ID	2-3	R		9A		NOT USED BY AHCCCS
2300	REF02	Repriced Claim Reference Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2300	REF03	Description	AN	1-80	N/U				NOT USED
2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	**REF**	**ADJUSTED REPRICED CLAIM NUMBER**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2300	REF01	Reference Identification Qualifier	ID	2-3	R		9C		NOT USED BY AHCCCS
2300	REF02	Adjusted Repriced Claim Reference Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2300	REF03	Description	AN	1-80	N/U				NOT USED
2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	**REF**	**INVESTIGATIONAL DEVICE EXEMPTION NUMBER**		**1**	**S**		
2300	REF01	Reference Identification Qualifier	ID	2-3	R		LX
2300	REF02	Investigational Device Exemption Number	AN	1-30	R		
2300	**REF**	**CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES**		**1**	**S**		
2300	REF01	Reference Identification Qualifier	ID	2-3	R		D9
2300	REF02	Value Added Network Trace Number	AN	1-30	R		
2300	**REF**	**DOCUMENT IDENTIFICATION CODE**		**2**	**S**		
2300	**REF**	**MEDICAL RECORD NUMBER**		**1**	**S**		
2300	REF01	Reference Identification Qualifier	ID	2-3	R		EA
2300	REF02	Medical Record Number	AN	1-30	R		
2300	**REF**	**DEMONSTRATION PROJECT IDENTIFIER**		**1**	**S**		
2300	REF01	Reference Identification Qualifier	ID	2-3	R		P4
2300	REF02	Demonstration Project Identifier	AN	1-30	R		
2300	**REF**	**PEER REVIEW ORGANIZATION**		**1**	**S**		
2300	REF01	Reference Identification Qualifier	ID	2-3	R		G4
2300	REF02	PRO Number	AN	1-30	R		
2300	**K3**	**FILE INFORMATION**		**10**	**S**		
2300	K301	Fixed Format Information	AN	1-80	R		
2300	**NTE**	**CLAIM NOTE**		**10**	**S**		
2300	NTE01	Note Reference Code	ID	3-3	R		ALG, DCP, DGN, DME, MED, NTR, ODT, RHB, RLH, RNH, SET, SFM, SPT, UPI
2300	NTE02	Claim Note Text	AN	1-80	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	**REF**	**INVESTIGATIONAL DEVICE EXEMPTION NUMBER**		**5**	**S**				SEGMENT NOT USED BY AHCCCS
2300	REF01	Reference Identification Qualifier	ID	2-3	R		LX		NOT USED BY AHCCCS
2300	REF02	Investigational Device Exemption Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2300	REF03	Description	AN	1-80	N/U				NOT USED
2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	**REF**	**CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2300	REF01	Reference Identification Qualifier	ID	2-3	R		D9		NOT USED BY AHCCCS
2300	REF02	Clearinghouse Trace Number	AN	1-50	R			Increase from 30 - 50 Name Change	NOT USED BY AHCCCS
2300	REF03	Description	AN	1-80	N/U				NOT USED
2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								SEGMENT DELETED	DELETED
2300	**REF**	**AUTO ACCIDENT STATE**		**1**	**S**			New Segment	Expect if services on this claim are related to an auto accident and the accident occurred in a country or location from code source 22.
2300	REF01	Reference Identification Qualifier	ID	2-3	R		LU		Expect LU
2300	REF02	Auto Accident State or Province	AN	1-50	R				Expect applicable Auto Accident State or Province
2300	REF03	Description	AN	1-80	N/U				NOT USED
2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	**REF**	**MEDICAL RECORD NUMBER**		**1**	**S**				
2300	REF01	Reference Identification Qualifier	ID	2-3	R		EA		Expect 'EA'
2300	REF02	Medical Record Number	AN	1-50	R			Increase from 30 - 50	Expect Medical Record Number
2300	REF03	Description	AN	1-80	N/U				NOT USED
2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	**REF**	**DEMONSTRATION PROJECT IDENTIFIER**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2300	REF01	Reference Identification Qualifier	ID	2-3	R		P4		NOT USED BY AHCCCS
2300	REF02	Demonstration Project Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2300	REF03	Description	AN	1-80	N/U				NOT USED
2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	**REF**	**PEER REVIEW ORGANIZATION**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2300	REF01	Reference Identification Qualifier	ID	2-3	R		G4		NOT USED BY AHCCCS
2300	REF02	PRO Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2300	REF03	Description	AN	1-80	N/U				NOT USED
2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	**K3**	**FILE INFORMATION**		**10**	**S**				SEGMENT NOT USED BY AHCCCS
2300	K301	Fixed Format Information	AN	1-80	R				NOT USED BY AHCCCS
2300	K302	Record Format Code	ID	1-2	N/U				NOT USED
2300	K303	COMPOSITE UNIT OF MEASURE			N/U				NOT USED
2300	**NTE**	**CLAIM NOTE**		**10**	**S**				SEGMENT NOT USED BY AHCCCS
2300	NTE01	Note Reference Code	ID	3-3	R		ALG, DCP, DGN, DME, MED, NTR, ODT, RHB, RLH, RNH, SET, SFM, SPT, UPI		NOT USED BY AHCCCS
2300	NTE02	Claim Note Text	AN	1-80	R				NOT USED BY AHCCCS

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	**NTE**	**BILLING NOTE**		**1**	**S**		
2300	NTE01	Note Reference Code	ID	3-3	R		ADD
2300	NTE02	Billing Note Text	AN	1-80	R		
2300	**CR6**	**HOME HEALTH CARE INFORMATION**		**1**	**S**		
2300	**CRC**	**HOME HEALTH FUNCTIONAL LIMITATIONS**		**3**	**S**		
2300	**CRC**	**HOME HEALTH FUNCTIONAL LIMITATIONS**		**3**	**S**		
2300	**CRC**	**HOME HEALTH MENTAL STATUS**		**2**	**S**		
2300	**HI**	**PRINCIPAL DIAGNOSIS**		**1**	**S**		
2300	HI01	HEALTH CARE CODE			R		
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BK
2300	HI01-2	Industry Code	AN	1-30	R		
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U		
2300	HI01-4	Date Time Period	AN	1-35	N/U		
2300	HI01-5	Monetary Amount	R	1-18	N/U		
2300	HI01-6	Quantity	R	1-15	N/U		
2300	HI01-7	Version Identifier	AN	1-30	N/U		
2300							
2300							
2300	HI02	HEALTH CARE CODE			S		
2300	HI03	HEALTH CARE CODE			S		
2300	HI04	HEALTH CARE CODE			N/U		
2300	HI05	HEALTH CARE CODE			N/U		
2300	HI06	HEALTH CARE CODE			N/U		
2300	HI07	HEALTH CARE CODE			N/U		
2300	HI08	HEALTH CARE CODE			N/U		
2300	HI09	HEALTH CARE CODE			N/U		
2300	HI10	HEALTH CARE CODE			N/U		
2300	HI11	HEALTH CARE CODE			N/U		
2300	HI12	HEALTH CARE CODE			N/U		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	**NTE**	**BILLING NOTE**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2300	NTE01	Note Reference Code	ID	3-3	R		ADD		NOT USED BY AHCCCS
2300	NTE02	Billing Note Text	AN	1-80	R				NOT USED BY AHCCCS
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
2300	**CRC**	**EPSDT REFERRAL**		**1**	**S**			New Segment	Required on Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) claims when the screening service is being billed in this claim.
2300	CRC01	Code Category	ID	2-2	R		ZZ		Expect 'ZZ'
2300	CRC02	Certification Condition Indicator	ID	1-1	R		N, Y		Expect 'Y/N'
2300	CRC03	Condition Code	ID	2-3	R		AV, NU, S2, ST		Expect Condition Code value
2300	CRC04	Condition Code	ID	2-3	S		AV, NU, S2, ST		Expect Condition Code value
2300	CRC05	Condition Code	ID	2-3	S		AV, NU, S2, ST		Expect Condition Code value
2300	CRC06	Condition Indicator	ID	2-3	N/U				NOT USED
2300	CRC07	Condition Indicator	ID	2-3	N/U				NOT USED
2300	**HI**	**PRINCIPAL DIAGNOSIS**		**1**	**R**			Usage change to Required	
2300	HI01	HEALTH CARE CODE			R				
2300	HI01-1	Diagnosis Type Code	ID	1-3	R		ABK, BK	Name Change	Expect ABK or BK
2300	HI01-2	Principal Diagnosis Code	AN	1-30	R			Name Change	Expect Diagnosis Code
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI01-8	Industry code	AN	1-30	N/U			New Element	NOT USED
2300	HI01-9	Present on Admission indicator	ID	1-1	S		N, U, W, Y	New Element Required as directed by the NUBC billing manual.	Expect Present on Admission indicator
2300	HI02	HEALTH CARE CODE			N/U			Usage change to Not Used	NOT USED
2300	HI03	HEALTH CARE CODE			N/U			Usage change to Not Used	NOT USED
2300	HI04	HEALTH CARE CODE			N/U				NOT USED
2300	HI05	HEALTH CARE CODE			N/U				NOT USED
2300	HI06	HEALTH CARE CODE			N/U				NOT USED
2300	HI07	HEALTH CARE CODE			N/U				NOT USED
2300	HI08	HEALTH CARE CODE			N/U				NOT USED
2300	HI09	HEALTH CARE CODE			N/U				NOT USED
2300	HI10	HEALTH CARE CODE			N/U				NOT USED
2300	HI11	HEALTH CARE CODE			N/U				NOT USED
2300	HI12	HEALTH CARE CODE			N/U				NOT USED
2300	**HI**	**ADMITTING DIAGNOSIS**		**1**	**R**			New Segment	Required when claim involves an inpatient admission
2300	HI01	HEALTH CARE CODE			R				
2300	HI01-1	Diagnosis Type Code	ID	1-3	R		ABJ, BJ		Expect 'ABJ' or 'BJ'
2300	HI01-2	Admitting Diagnosis Code	AN	1-30	R				Expect Admitting Diagnosis code
2300	HI02	HEALTH CARE CODE			N/U				NOT USED
2300	HI03	HEALTH CARE CODE			N/U				NOT USED
2300	HI04	HEALTH CARE CODE			N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI05	HEALTH CARE CODE			N/U				NOT USED
2300	HI06	HEALTH CARE CODE			N/U				NOT USED
2300	HI07	HEALTH CARE CODE			N/U				NOT USED
2300	HI08	HEALTH CARE CODE			N/U				NOT USED
2300	HI09	HEALTH CARE CODE			N/U				NOT USED
2300	HI10	HEALTH CARE CODE			N/U				NOT USED
2300	HI11	HEALTH CARE CODE			N/U				NOT USED
2300	HI12	HEALTH CARE CODE			N/U				NOT USED
2300	**HI**	**PATIENT REASON FOR VISIT**		**1**	**R**			New Segment	Required when claim involves outpatient visits.
2300	HI01	HEALTH CARE CODE			R				
2300	HI01-1	Diagnosis Type Code	ID	1-3	R		APR, PR		Expect 'APR' or 'PR'
2300	HI01-2	Patient Reason For Visit	AN	1-30	R				Expect Patient Reason for visit
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI01-9	Yes/No Condition or response Code	ID	1-1	N/U				NOT USED
2300	HI02	HEALTH CARE CODE			S				
2300	HI02-1	Diagnosis Type Code	ID	1-3	R		APR, PR		Expect 'APR' or 'PR'
2300	HI02-2	Patient Reason For Visit	AN	1-30	R				Expect Patient Reason for visit
2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI02-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI02-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI02-6	Quantity	R	1-15	N/U				NOT USED
2300	HI02-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI02-8	Industry Code	AN	1-30	N/U				NOT USED
2300	HI02-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI03	HEALTH CARE CODE			S				
2300	HI03-1	Diagnosis Type Code	ID	1-3	R		APR, PR		Expect 'APR' or 'PR'
2300	HI03-2	Patient Reason For Visit	AN	1-30	R				Expect Patient Reason for visit
2300	HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI03-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI03-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI03-6	Quantity	R	1-15	N/U				NOT USED
2300	HI03-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI03-8	Industry Code	AN	1-30	N/U				NOT USED
2300	HI03-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI04	HEALTH CARE CODE			N/U				NOT USED
2300	HI05	HEALTH CARE CODE			N/U				NOT USED
2300	HI06	HEALTH CARE CODE			N/U				NOT USED
2300	HI07	HEALTH CARE CODE			N/U				NOT USED
2300	HI08	HEALTH CARE CODE			N/U				NOT USED
2300	HI09	HEALTH CARE CODE			N/U				NOT USED
2300	HI10	HEALTH CARE CODE			N/U				NOT USED
2300	HI11	HEALTH CARE CODE			N/U				NOT USED
2300	HI12	HEALTH CARE CODE			N/U				NOT USED
2300	**HI**	**EXTERNAL CAUSE OF INJURY**		**1**	**R**			New Segment	SEGMENT NOT USED BY AHCCCS
2300	HI01	HEALTH CARE CODE			R				NOT USED BY AHCCCS
2300	HI01-1	Diagnosis Type Code	ID	1-3	R		ABN, BN		NOT USED BY AHCCCS
2300	HI01-2	External Cause of Injury Code	AN	1-30	R				NOT USED BY AHCCCS
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	**HI**	**DIAGNOSIS RELATED GROUP (DRG) INFORMATION**		**1**	**R**		
2300	HI01	HEALTH CARE CODE			R		
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		DR
2300	HI01-2	DRG Code	AN	1-30	R		
2300	HI02	HEALTH CARE CODE			N/U		
2300	HI03	HEALTH CARE CODE			N/U		
2300	HI04	HEALTH CARE CODE			N/U		
2300	HI05	HEALTH CARE CODE			N/U		
2300	HI06	HEALTH CARE CODE			N/U		
2300	HI07	HEALTH CARE CODE			N/U		
2300	HI08	HEALTH CARE CODE			N/U		
2300	HI09	HEALTH CARE CODE			N/U		
2300	HI10	HEALTH CARE CODE			N/U		
2300	HI11	HEALTH CARE CODE			N/U		
2300	HI12	HEALTH CARE CODE			N/U		
2300	**HI**	**OTHER DIAGNOSIS INFORMATION**		**2**	**R**		
2300	HI01	HEALTH CARE CODE			R		
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BF
2300	HI01-2	Other Diagnosis	AN	1-30	R		
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U		
2300	HI01-4	Date Time Period	AN	1-35	N/U		
2300	HI01-5	Monetary Amount	R	1-18	N/U		
2300	HI01-6	Quantity	R	1-15	N/U		
2300	HI01-7	Version Identifier	AN	1-30	N/U		
2300	HI02	HEALTH CARE CODE			S		
2300	HI02-1	Code List Qualifier Code	ID	1-3	R		BF
2300	HI02-2	Other Diagnosis	AN	1-30	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI01-9	Present on Admission indicator	ID	1-1	S		N, U, W, Y		NOT USED BY AHCCCS
2300	HI02	HEALTH CARE CODE			S				NOT USED BY AHCCCS
2300	HI03	HEALTH CARE CODE			S				NOT USED BY AHCCCS
2300	HI04	HEALTH CARE CODE			S				NOT USED BY AHCCCS
2300	HI05	HEALTH CARE CODE			S				NOT USED BY AHCCCS
2300	HI06	HEALTH CARE CODE			S				NOT USED BY AHCCCS
2300	HI07	HEALTH CARE CODE			S				NOT USED BY AHCCCS
2300	HI08	HEALTH CARE CODE			S				NOT USED BY AHCCCS
2300	HI09	HEALTH CARE CODE			S				NOT USED BY AHCCCS
2300	HI10	HEALTH CARE CODE			S				NOT USED BY AHCCCS
2300	HI11	HEALTH CARE CODE			S				NOT USED BY AHCCCS
2300	HI12	HEALTH CARE CODE			S				NOT USED BY AHCCCS
2300	**HI**	**DIAGNOSIS RELATED GROUP (DRG) INFORMATION**		**1**	**R**				
2300	HI01	HEALTH CARE CODE			R				
2300	HI01-1	Qualifier	ID	1-3	R		DR		Expect 'DR'
2300	HI01-2	DRG Code	AN	1-30	R				Expect Diagnosis Related Group code
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	S				NOT USED BY AHCCCS
2300	HI02	HEALTH CARE CODE			N/U				NOT USED
2300	HI03	HEALTH CARE CODE			N/U				NOT USED
2300	HI04	HEALTH CARE CODE			N/U				NOT USED
2300	HI05	HEALTH CARE CODE			N/U				NOT USED
2300	HI06	HEALTH CARE CODE			N/U				NOT USED
2300	HI07	HEALTH CARE CODE			N/U				NOT USED
2300	HI08	HEALTH CARE CODE			N/U				NOT USED
2300	HI09	HEALTH CARE CODE			N/U				NOT USED
2300	HI10	HEALTH CARE CODE			N/U				NOT USED
2300	HI11	HEALTH CARE CODE			N/U				NOT USED
2300	HI12	HEALTH CARE CODE			N/U				NOT USED
2300	**HI**	**OTHER DIAGNOSIS INFORMATION**		**2**	**R**				
2300	HI01	HEALTH CARE CODE			R				
2300	HI01-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Name Change Code Added	Expect 'ABF' or 'BF'
2300	HI01-2	Other Diagnosis	AN	1-30	R				Expect Other Diagnosis code
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI01-8	Industry code	AN	1-30	N/U			New Element	NOT USED
2300	HI01-9	Present on Admission indicator	ID	1-1	S		N, U, W, Y	New Element Required as directed by the NUBC billing manual.	Expect Other Diagnosis code POA
2300	HI02	HEALTH CARE CODE			S				
2300	HI02-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Name Change Code Added	Expect 'ABF' or 'BF'
2300	HI02-2	Other Diagnosis	AN	1-30	R				Expect Other Diagnosis code

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U		
2300	HI02-4	Date Time Period	AN	1-35	N/U		
2300	HI02-5	Monetary Amount	R	1-18	N/U		
2300	HI02-6	Quantity	R	1-15	N/U		
2300	HI02-7	Version Identifier	AN	1-30	N/U		
2300	HI03	HEALTH CARE CODE			S		
2300	HI03-1	Code List Qualifier Code	ID	1-3	R		BF
2300	HI03-2	Other Diagnosis	AN	1-30	R		
2300	HI04	HEALTH CARE CODE			S		
2300	HI04-1	Code List Qualifier Code	ID	1-3	R		BF
2300	HI04-2	Other Diagnosis	AN	1-30	R		
2300	HI05	HEALTH CARE CODE			S		
2300	HI05-1	Code List Qualifier Code	ID	1-3	R		BF
2300	HI05-2	Other Diagnosis	AN	1-30	R		
2300	HI06	HEALTH CARE CODE			S		
2300	HI06-1	Code List Qualifier Code	ID	1-3	R		BF
2300	HI06-2	Other Diagnosis	AN	1-30	R		
2300	HI07	HEALTH CARE CODE			S		
2300	HI07-1	Code List Qualifier Code	ID	1-3	R		BF
2300	HI07-2	Other Diagnosis	AN	1-30	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI02-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI02-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI02-6	Quantity	R	1-15	N/U				NOT USED
2300	HI02-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI02-8	Industry code	AN	1-30	N/U			New Element	NOT USED
2300	HI02-9	Present on Admission indicator	ID	1-1	S		N, U, W, Y	New Element	Expect Other Diagnosis code POA
2300	HI03	HEALTH CARE CODE			S				
2300	HI03-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Name Change Code Added	Expect 'ABF' or 'BF'
2300	HI03-2	Other Diagnosis	AN	1-30	R				Expect Other Diagnosis code
2300	HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI03-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI03-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI03-6	Quantity	R	1-15	N/U				NOT USED
2300	HI03-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI03-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI03-9	Present on Admission indicator	ID	1-1	S				Expect Other Diagnosis code POA
2300	HI04	HEALTH CARE CODE			S				
2300	HI04-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Name Change Code Added	Expect 'ABF' or 'BF'
2300	HI04-2	Other Diagnosis	AN	1-30	R				Expect Other Diagnosis code
2300	HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI04-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI04-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI04-6	Quantity	R	1-15	N/U				NOT USED
2300	HI04-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI04-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI04-9	Present on Admission indicator	ID	1-1	S				Expect Other Diagnosis code POA
2300	HI05	HEALTH CARE CODE			S				
2300	HI05-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Name Change Code Added	Expect 'ABF' or 'BF'
2300	HI05-2	Other Diagnosis	AN	1-30	R				Expect Other Diagnosis code
2300	HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI05-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI05-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI05-6	Quantity	R	1-15	N/U				NOT USED
2300	HI05-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI05-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI05-9	Present on Admission indicator	ID	1-1	S				Expect Other Diagnosis code POA
2300	HI06	HEALTH CARE CODE			S				
2300	HI06-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Name Change Code Added	Expect 'ABF' or 'BF'
2300	HI06-2	Other Diagnosis	AN	1-30	R				Expect Other Diagnosis code
2300	HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI06-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI06-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI06-6	Quantity	R	1-15	N/U				NOT USED
2300	HI06-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI06-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI06-9	Present on Admission indicator	ID	1-1	S				Expect Other Diagnosis code POA
2300	HI07	HEALTH CARE CODE			S				
2300	HI07-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Name Change Code Added	Expect 'ABF' or 'BF'
2300	HI07-2	Other Diagnosis	AN	1-30	R				Expect Other Diagnosis code
2300	HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI07-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI07-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI07-6	Quantity	R	1-15	N/U				NOT USED
2300	HI07-7	Version Identifier	AN	1-30	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HI08	HEALTH CARE CODE			S		
2300	HI08-1	Code List Qualifier Code	ID	1-3	R		BF
2300	HI08-2	Other Diagnosis	AN	1-30	R		
2300	HI09	HEALTH CARE CODE			S		
2300	HI09-1	Code List Qualifier Code	ID	1-3	R		BF
2300	HI09-2	Other Diagnosis	AN	1-30	R		
2300	HI10	HEALTH CARE CODE			S		
2300	HI10-1	Code List Qualifier Code	ID	1-3	R		BF
2300	HI10-2	Other Diagnosis	AN	1-30	R		
2300	HI11	HEALTH CARE CODE			S		
2300	HI11-1	Code List Qualifier Code	ID	1-3	R		BF
2300	HI11-2	Other Diagnosis	AN	1-30	R		
2300	HI12	HEALTH CARE CODE			S		
2300	HI12-1	Code List Qualifier Code	ID	1-3	R		BF
2300	HI12-2	Other Diagnosis	AN	1-30	R		
2300	**HI**	**PRINCIPAL PROCEDURE INFORMATION**		**1**	**R**		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI07-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI07-9	Present on Admission indicator	ID	1-1	S				Expect Other Diagnosis code POA
2300	HI08	HEALTH CARE CODE			S				
2300	HI08-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Name Change Code Added	Expect 'ABF' or 'BF'
2300	HI08-2	Other Diagnosis	AN	1-30	R				Expect Other Diagnosis code
2300	HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI08-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI08-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI08-6	Quantity	R	1-15	N/U				NOT USED
2300	HI08-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI08-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI08-9	Present on Admission indicator	ID	1-1	S				Expect Other Diagnosis code POA
2300	HI09	HEALTH CARE CODE			S				
2300	HI09-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Name Change Code Added	Expect 'ABF' or 'BF'
2300	HI09-2	Other Diagnosis	AN	1-30	R				Expect Other Diagnosis code
2300	HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI09-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI09-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI09-6	Quantity	R	1-15	N/U				NOT USED
2300	HI09-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI09-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI09-9	Present on Admission indicator	ID	1-1	S				Expect Other Diagnosis code POA
2300	HI10	HEALTH CARE CODE			S				
2300	HI10-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Name Change Code Added	Expect 'ABF' or 'BF'
2300	HI10-2	Other Diagnosis	AN	1-30	R				Expect Other Diagnosis code
2300	HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI10-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI10-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI10-6	Quantity	R	1-15	N/U				NOT USED
2300	HI10-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI10-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI10-9	Present on Admission indicator	ID	1-1	S				Expect Other Diagnosis code POA
2300	HI11	HEALTH CARE CODE			S				
2300	HI11-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Name Change Code Added	Expect 'ABF' or 'BF'
2300	HI11-2	Other Diagnosis	AN	1-30	R				Expect Other Diagnosis code
2300	HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI11-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI11-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI11-6	Quantity	R	1-15	N/U				NOT USED
2300	HI11-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI11-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI11-9	Present on Admission indicator	ID	1-1	S				Expect Other Diagnosis code POA
2300	HI12	HEALTH CARE CODE			S				
2300	HI12-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Name Change Code Added	Expect 'ABF' or 'BF'
2300	HI12-2	Other Diagnosis	AN	1-30	R				Expect Other Diagnosis code
2300	HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI12-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI12-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI12-6	Quantity	R	1-15	N/U				NOT USED
2300	HI12-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI12-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI12-9	Present on Admission indicator	ID	1-1	S				Expect Other Diagnosis code POA
2300	**HI**	**PRINCIPAL PROCEDURE INFORMATION**		**1**	**R**				

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HI01	HEALTH CARE CODE			R		
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BP
2300	HI01-2	Principal Procedure Code	AN	1-30	R		
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	S		D8
2300	HI01-4	Date Time Period	AN	1-35	S		
2300	HI01-5	Monetary Amount	R	1-18	N/U		
2300	HI01-6	Quantity	R	1-15	N/U		
2300	HI01-7	Version Identifier	AN	1-30	N/U		
2300	HI02	HEALTH CARE CODE			N/U		
2300	HI03	HEALTH CARE CODE			N/U		
2300	HI04	HEALTH CARE CODE			N/U		
2300	HI05	HEALTH CARE CODE			N/U		
2300	HI06	HEALTH CARE CODE			N/U		
2300	HI07	HEALTH CARE CODE			N/U		
2300	HI08	HEALTH CARE CODE			N/U		
2300	HI09	HEALTH CARE CODE			N/U		
2300	HI10	HEALTH CARE CODE			N/U		
2300	HI11	HEALTH CARE CODE			N/U		
2300	HI12	HEALTH CARE CODE			N/U		
2300	**HI**	**OTHER PROCEDURE INFORMATION**		**2**	**R**		
2300	HI01	HEALTH CARE CODE			R		
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BO, BQ
2300	HI01-2	Procedure Code	AN	1-30	R		
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	S		D8
2300	HI01-4	Date Time Period	AN	1-35	S		CCYYMMDD
2300	HI02	HEALTH CARE CODE			S		
2300	HI02-1	Code List Qualifier Code	ID	1-3	R		BO, BQ
2300	HI02-2	Procedure Code	AN	1-30	R		
2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	S		D8
2300	HI02-4	Date Time Period	AN	1-35	S		CCYYMMDD
2300	HI03	HEALTH CARE CODE			S		
2300	HI03-1	Code List Qualifier Code	ID	1-3	R		BO, BQ
2300	HI03-2	Procedure Code	AN	1-30	R		
2300	HI03-3	Date Time Period Format Qualifier	ID	2-3	S		D8
2300	HI03-4	Date Time Period	AN	1-35	S		CCYYMMDD
2300	HI04	HEALTH CARE CODE			S		
2300	HI04-1	Code List Qualifier Code	ID	1-3	R		BO, BQ
2300	HI04-2	Procedure Code	AN	1-30	R		
2300	HI04-3	Date Time Period Format Qualifier	ID	2-3	S		D8
2300	HI04-4	Date Time Period	AN	1-35	S		CCYYMMDD

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI01	HEALTH CARE CODE			R				
2300	HI01-1	Qualifier	ID	1-3	R		BBR, BR	Name Change Code Change	Expect 'BBR' or 'BR'
2300	HI01-2	Principal Procedure Code	AN	1-30	R				Expect Principal Procedure
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U			Usage change to Not Used	NOT USED
2300	HI01-4	Date Time Period	AN	1-35	N/U			Usage change to Not Used	NOT USED
2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI02	HEALTH CARE CODE			N/U				NOT USED
2300	HI03	HEALTH CARE CODE			N/U				NOT USED
2300	HI04	HEALTH CARE CODE			N/U				NOT USED
2300	HI05	HEALTH CARE CODE			N/U				NOT USED
2300	HI06	HEALTH CARE CODE			N/U				NOT USED
2300	HI07	HEALTH CARE CODE			N/U				NOT USED
2300	HI08	HEALTH CARE CODE			N/U				NOT USED
2300	HI09	HEALTH CARE CODE			N/U				NOT USED
2300	HI10	HEALTH CARE CODE			N/U				NOT USED
2300	HI11	HEALTH CARE CODE			N/U				NOT USED
2300	HI12	HEALTH CARE CODE			N/U				NOT USED
2300	**HI**	**OTHER PROCEDURE INFORMATION**		**2**	**R**				
2300	HI01	HEALTH CARE CODE			R				
2300	HI01-1	Qualifier Code	ID	1-3	R		BBQ, BQ	Name Change/Code Change	Expect 'BBQ' or 'BQ'
2300	HI01-2	Procedure Code	AN	1-30	R				Expect Procedure code
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	R		D8	Usage change to Required	Expect 'D8'
2300	HI01-4	Date Time Period	AN	1-35	R		CCYYMMDD	Usage change to Required	Expect Procedure date
2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI02	HEALTH CARE CODE			S				
2300	HI02-1	Qualifier Code	ID	1-3	R		BBQ, BQ	Name Change/Code Change	Expect 'BBQ' or 'BQ'
2300	HI02-2	Procedure Code	AN	1-30	R				Expect Procedure code
2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	R		D8	Usage change to Required	Expect 'D8'
2300	HI02-4	Date Time Period	AN	1-35	R		CCYYMMDD	Usage change to Required	Expect Procedure date
2300	HI02-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI02-6	Quantity	R	1-15	N/U				NOT USED
2300	HI02-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI02-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI02-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI03	HEALTH CARE CODE			S				
2300	HI03-1	Qualifier Code	ID	1-3	R		BBQ, BQ	Name Change/Code Change	Expect 'BBQ' or 'BQ'
2300	HI03-2	Procedure Code	AN	1-30	R				Expect Procedure code
2300	HI03-3	Date Time Period Format Qualifier	ID	2-3	R		D8	Usage change to Required	Expect 'D8'
2300	HI03-4	Date Time Period	AN	1-35	R		CCYYMMDD	Usage change to Required	Expect Procedure date
2300	HI03-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI03-6	Quantity	R	1-15	N/U				NOT USED
2300	HI03-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI03-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI03-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI04	HEALTH CARE CODE			S				
2300	HI04-1	Qualifier Code	ID	1-3	R		BBQ, BQ	Name Change/Code Change	Expect 'BBQ' or 'BQ'
2300	HI04-2	Procedure Code	AN	1-30	R				Expect Procedure code
2300	HI04-3	Date Time Period Format Qualifier	ID	2-3	R		D8	Usage change to Required	Expect 'D8'
2300	HI04-4	Date Time Period	AN	1-35	R		CCYYMMDD	Usage change to Required	Expect Procedure date
2300	HI04-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI04-6	Quantity	R	1-15	N/U				NOT USED
2300	HI04-7	Version Identifier	AN	1-30	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HI05	HEALTH CARE CODE			S		
2300	HI05-1	Code List Qualifier Code	ID	1-3	R		BO, BQ
2300	HI05-2	Procedure Code	AN	1-30	R		
2300	HI05-3	Date Time Period Format Qualifier	ID	2-3	S		D8
2300	HI05-4	Date Time Period	AN	1-35	S		CCYYMMDD
2300	HI06	HEALTH CARE CODE			S		
2300	HI06-1	Code List Qualifier Code	ID	1-3	R		BO, BQ
2300	HI06-2	Procedure Code	AN	1-30	R		
2300	HI06-3	Date Time Period Format Qualifier	ID	2-3	S		D8
2300	HI06-4	Date Time Period	AN	1-35	S		CCYYMMDD
2300	HI07	HEALTH CARE CODE			S		
2300	HI07-1	Code List Qualifier Code	ID	1-3	R		BO, BQ
2300	HI07-2	Procedure Code	AN	1-30	R		
2300	HI07-3	Date Time Period Format Qualifier	ID	2-3	S		D8
2300	HI07-4	Date Time Period	AN	1-35	S		CCYYMMDD
2300	HI08	HEALTH CARE CODE			S		
2300	HI08-1	Code List Qualifier Code	ID	1-3	R		BO, BQ
2300	HI08-2	Procedure Code	AN	1-30	R		
2300	HI08-3	Date Time Period Format Qualifier	ID	2-3	S		D8
2300	HI08-4	Date Time Period	AN	1-35	S		CCYYMMDD
2300	HI09	HEALTH CARE CODE			S		
2300	HI09-1	Code List Qualifier Code	ID	1-3	R		BO, BQ
2300	HI09-2	Procedure Code	AN	1-30	R		
2300	HI09-3	Date Time Period Format Qualifier	ID	2-3	S		D8
2300	HI09-4	Date Time Period	AN	1-35	S		CCYYMMDD
2300	HI10	HEALTH CARE CODE			S		
2300	HI10-1	Code List Qualifier Code	ID	1-3	R		BO, BQ
2300	HI10-2	Procedure Code	AN	1-30	R		
2300	HI10-3	Date Time Period Format Qualifier	ID	2-3	S		D8
2300	HI10-4	Date Time Period	AN	1-35	S		CCYYMMDD

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI04-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI04-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI05	HEALTH CARE CODE			S				
2300	HI05-1	Qualifier Code	ID	1-3	R		BBQ, BQ	Name Change/Code Change	Expect 'BBQ' or 'BQ'
2300	HI05-2	Procedure Code	AN	1-30	R				Expect Procedure code
2300	HI05-3	Date Time Period Format Qualifier	ID	2-3	R		D8	Usage change to Required	Expect 'D8'
2300	HI05-4	Date Time Period	AN	1-35	R		CCYYMMDD	Usage change to Required	Expect Procedure date
2300	HI05-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI05-6	Quantity	R	1-15	N/U				NOT USED
2300	HI05-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI05-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI05-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI06	HEALTH CARE CODE			S				
2300	HI06-1	Qualifier Code	ID	1-3	R		BBQ, BQ	Name Change/Code Change	Expect 'BBQ' or 'BQ'
2300	HI06-2	Procedure Code	AN	1-30	R				Expect Procedure code
2300	HI06-3	Date Time Period Format Qualifier	ID	2-3	R		D8	Usage change to Required	Expect 'D8'
2300	HI06-4	Date Time Period	AN	1-35	R		CCYYMMDD	Usage change to Required	Expect Procedure date
2300	HI06-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI06-6	Quantity	R	1-15	N/U				NOT USED
2300	HI06-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI06-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI06-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI07	HEALTH CARE CODE			S				
2300	HI07-1	Qualifier Code	ID	1-3	R		BBQ, BQ	Name Change/Code Change	Expect 'BBQ' or 'BQ'
2300	HI07-2	Procedure Code	AN	1-30	R				Expect Procedure code
2300	HI07-3	Date Time Period Format Qualifier	ID	2-3	R		D8	Usage change to Required	Expect 'D8'
2300	HI07-4	Date Time Period	AN	1-35	R		CCYYMMDD	Usage change to Required	Expect Procedure date
2300	HI07-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI07-6	Quantity	R	1-15	N/U				NOT USED
2300	HI07-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI07-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI07-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI08	HEALTH CARE CODE			S				
2300	HI08-1	Qualifier Code	ID	1-3	R		BBQ, BQ	Name Change/Code Change	Expect 'BBQ' or 'BQ'
2300	HI08-2	Procedure Code	AN	1-30	R				Expect Procedure code
2300	HI08-3	Date Time Period Format Qualifier	ID	2-3	R		D8	Usage change to Required	Expect 'D8'
2300	HI08-4	Date Time Period	AN	1-35	R		CCYYMMDD	Usage change to Required	Expect Procedure date
2300	HI08-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI08-6	Quantity	R	1-15	N/U				NOT USED
2300	HI08-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI08-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI08-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI09	HEALTH CARE CODE			S				
2300	HI09-1	Qualifier Code	ID	1-3	R		BBQ, BQ	Name Change/Code Change	Expect 'BBQ' or 'BQ'
2300	HI09-2	Procedure Code	AN	1-30	R				Expect Procedure code
2300	HI09-3	Date Time Period Format Qualifier	ID	2-3	R		D8	Usage change to Required	Expect 'D8'
2300	HI09-4	Date Time Period	AN	1-35	R		CCYYMMDD	Usage change to Required	Expect Procedure date
2300	HI09-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI09-6	Quantity	R	1-15	N/U				NOT USED
2300	HI09-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI09-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI09-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI10	HEALTH CARE CODE			S				
2300	HI10-1	Qualifier Code	ID	1-3	R		BBQ, BQ	Name Change/Code Change	Expect 'BBQ' or 'BQ'
2300	HI10-2	Procedure Code	AN	1-30	R				Expect Procedure code
2300	HI10-3	Date Time Period Format Qualifier	ID	2-3	R		D8	Usage change to Required	Expect 'D8'
2300	HI10-4	Date Time Period	AN	1-35	R		CCYYMMDD	Usage change to Required	Expect Procedure date
2300	HI10-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI10-6	Quantity	R	1-15	N/U				NOT USED
2300	HI10-7	Version Identifier	AN	1-30	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HI11	HEALTH CARE CODE			S		
2300	HI11-1	Code List Qualifier Code	ID	1-3	R		BO, BQ
2300	HI11-2	Procedure Code	AN	1-30	R		
2300	HI11-3	Date Time Period Format Qualifier	ID	2-3	S		D8
2300	HI11-4	Date Time Period	AN	1-35	S		CCYYMMDD
2300	HI12	HEALTH CARE CODE			S		
2300	HI12-1	Code List Qualifier Code	ID	1-3	R		BO, BQ
2300	HI12-2	Procedure Code	AN	1-30	R		
2300	HI12-3	Date Time Period Format Qualifier	ID	2-3	S		D8
2300	HI12-4	Date Time Period	AN	1-35	S		CCYYMMDD
2300	**HI**	**OCCURRENCE SPAN INFORMATION**		**2**	**S**		
2300	HI01	HEALTH CARE CODE			R		
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BI
2300	HI01-2	Occurrence Span Code	AN	1-30	R		
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	R		RD8
2300	HI01-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD
2300	HI01-5	Monetary Amount	R	1-18	N/U		
2300	HI02	HEALTH CARE CODE			S		
2300	HI02-1	Code List Qualifier Code	ID	1-3	R		BI
2300	HI02-2	Occurrence Span Code	AN	1-30	R		
2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	R		RD8
2300	HI02-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD
2300	HI03	HEALTH CARE CODE			S		
2300	HI03-1	Code List Qualifier Code	ID	1-3	R		BI
2300	HI03-2	Occurrence Span Code	AN	1-30	R		
2300	HI03-3	Date Time Period Format Qualifier	ID	2-3	R		RD8
2300	HI03-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD
2300	HI04	HEALTH CARE CODE			S		
2300	HI04-1	Code List Qualifier Code	ID	1-3	R		BI

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI10-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI10-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI11	HEALTH CARE CODE			S				
2300	HI11-1	Qualifier Code	ID	1-3	R		BBQ, BQ	Name Change/Code Change	Expect 'BBQ' or 'BQ'
2300	HI11-2	Procedure Code	AN	1-30	R				Expect Procedure code
2300	HI11-3	Date Time Period Format Qualifier	ID	2-3	R		D8	Usage change to Required	Expect 'D8'
2300	HI11-4	Date Time Period	AN	1-35	R		CCYYMMDD	Usage change to Required	Expect Procedure date
2300	HI11-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI11-6	Quantity	R	1-15	N/U				NOT USED
2300	HI11-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI11-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI11-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI12	HEALTH CARE CODE			S				
2300	HI12-1	Qualifier Code	ID	1-3	R		BBQ, BQ	Name Change/Code Change	Expect 'BBQ' or 'BQ'
2300	HI12-2	Procedure Code	AN	1-30	R				Expect Procedure code
2300	HI12-3	Date Time Period Format Qualifier	ID	2-3	R		D8	Usage change to Required	Expect 'D8'
2300	HI12-4	Date Time Period	AN	1-35	R		CCYYMMDD	Usage change to Required	Expect Procedure date
2300	HI12-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI12-6	Quantity	R	1-15	N/U				NOT USED
2300	HI12-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI12-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI12-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	**HI**	**OCCURRENCE SPAN INFORMATION**		**2**	**R**			Usage change to Required	
2300	HI01	HEALTH CARE CODE			R				
2300	HI01-1	Qualifier	ID	1-3	R		BI	Name Change	Expect 'BI'
2300	HI01-2	Occurrence Span Code	AN	1-30	R				Expect Occurrence Span code
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	R		RD8		Expect 'RD8'
2300	HI01-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD		Expect Occurrence Span code date
2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI02	HEALTH CARE CODE			S				
2300	HI02-1	Qualifier	ID	1-3	R		BI	Name Change	Expect 'BI'
2300	HI02-2	Occurrence Span Code	AN	1-30	R				Expect Occurrence Span code
2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	R		RD8		Expect 'RD8'
2300	HI02-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD		Expect Occurrence Span code date
2300	HI02-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI02-6	Quantity	R	1-15	N/U				NOT USED
2300	HI02-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI02-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI02-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI03	HEALTH CARE CODE			S				
2300	HI03-1	Qualifier	ID	1-3	R		BI	Name Change	Expect 'BI'
2300	HI03-2	Occurrence Span Code	AN	1-30	R				Expect Occurrence Span code
2300	HI03-3	Date Time Period Format Qualifier	ID	2-3	R		RD8		Expect 'RD8'
2300	HI03-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD		Expect Occurrence Span code date
2300	HI03-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI03-6	Quantity	R	1-15	N/U				NOT USED
2300	HI03-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI03-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI03-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI04	HEALTH CARE CODE			S				
2300	HI04-1	Qualifier	ID	1-3	R		BI	Name Change	Expect 'BI'

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HI04-2	Occurrence Span Code	AN	1-30	R		
2300	HI04-3	Date Time Period Format Qualifier	ID	2-3	R		RD8
2300	HI04-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD
2300	HI05	HEALTH CARE CODE			S		
2300	HI05-1	Code List Qualifier Code	ID	1-3	R		BI
2300	HI05-2	Occurrence Span Code	AN	1-30	R		
2300	HI05-3	Date Time Period Format Qualifier	ID	2-3	R		RD8
2300	HI05-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD
2300	HI06	HEALTH CARE CODE			S		
2300	HI06-1	Code List Qualifier Code	ID	1-3	R		BI
2300	HI06-2	Occurrence Span Code	AN	1-30	R		
2300	HI06-3	Date Time Period Format Qualifier	ID	2-3	R		RD8
2300	HI06-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD
2300	HI07	HEALTH CARE CODE			S		
2300	HI07-1	Code List Qualifier Code	ID	1-3	R		BI
2300	HI07-2	Occurrence Span Code	AN	1-30	R		
2300	HI07-3	Date Time Period Format Qualifier	ID	2-3	R		RD8
2300	HI07-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD
2300	HI08	HEALTH CARE CODE			S		
2300	HI08-1	Code List Qualifier Code	ID	1-3	R		BI
2300	HI08-2	Occurrence Span Code	AN	1-30	R		
2300	HI08-3	Date Time Period Format Qualifier	ID	2-3	R		RD8
2300	HI08-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD
2300	HI09	HEALTH CARE CODE			S		
2300	HI09-1	Code List Qualifier Code	ID	1-3	R		BI
2300	HI09-2	Occurrence Span Code	AN	1-30	R		
2300	HI09-3	Date Time Period Format Qualifier	ID	2-3	R		RD8
2300	HI09-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI04-2	Occurrence Span Code	AN	1-30	R				Expect Occurrence Span code
2300	HI04-3	Date Time Period Format Qualifier	ID	2-3	R		RD8		Expect 'RD8'
2300	HI04-4	Date Time Period	AN	1-35	R		CCYYMMDDCCYYMMDD		Expect Occurrence Span code date
2300	HI04-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI04-6	Quantity	R	1-15	N/U				NOT USED
2300	HI04-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI04-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI04-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI05	HEALTH CARE CODE			S				
2300	HI05-1	Qualifier	ID	1-3	R		BI	Name Change	Expect 'BI'
2300	HI05-2	Occurrence Span Code	AN	1-30	R				Expect Occurrence Span code
2300	HI05-3	Date Time Period Format Qualifier	ID	2-3	R		RD8		Expect 'RD8'
2300	HI05-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD		Expect Occurrence Span code date
2300	HI05-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI05-6	Quantity	R	1-15	N/U				NOT USED
2300	HI05-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI05-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI05-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI06	HEALTH CARE CODE			S				
2300	HI06-1	Qualifier	ID	1-3	R		BI	Name Change	Expect 'BI'
2300	HI06-2	Occurrence Span Code	AN	1-30	R				Expect Occurrence Span code
2300	HI06-3	Date Time Period Format Qualifier	ID	2-3	R		RD8		Expect 'RD8'
2300	HI06-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD		Expect Occurrence Span code date
2300	HI06-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI06-6	Quantity	R	1-15	N/U				NOT USED
2300	HI06-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI06-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI06-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI07	HEALTH CARE CODE			S				
2300	HI07-1	Qualifier	ID	1-3	R		BI	Name Change	Expect 'BI'
2300	HI07-2	Occurrence Span Code	AN	1-30	R				Expect Occurrence Span code
2300	HI07-3	Date Time Period Format Qualifier	ID	2-3	R		RD8		Expect 'RD8'
2300	HI07-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD		Expect Occurrence Span code date
2300	HI07-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI07-6	Quantity	R	1-15	N/U				NOT USED
2300	HI07-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI07-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI07-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI08	HEALTH CARE CODE			S				
2300	HI08-1	Qualifier	ID	1-3	R		BI	Name Change	Expect 'BI'
2300	HI08-2	Occurrence Span Code	AN	1-30	R				Expect Occurrence Span code
2300	HI08-3	Date Time Period Format Qualifier	ID	2-3	R		RD8		Expect 'RD8'
2300	HI08-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD		Expect Occurrence Span code date
2300	HI08-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI08-6	Quantity	R	1-15	N/U				NOT USED
2300	HI08-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI08-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI08-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI09	HEALTH CARE CODE			S				
2300	HI09-1	Qualifier	ID	1-3	R		BI	Name Change	Expect 'BI'
2300	HI09-2	Occurrence Span Code	AN	1-30	R				Expect Occurrence Span code
2300	HI09-3	Date Time Period Format Qualifier	ID	2-3	R		RD8		Expect 'RD8'
2300	HI09-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD		Expect Occurrence Span code date
2300	HI09-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI09-6	Quantity	R	1-15	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HI10	HEALTH CARE CODE			S		
2300	HI10-1	Code List Qualifier Code	ID	1-3	R		BI
2300	HI10-2	Occurrence Span Code	AN	1-30	R		
2300	HI10-3	Date Time Period Format Qualifier	ID	2-3	R		RD8
2300	HI10-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD
2300	HI11	HEALTH CARE CODE			S		
2300	HI11-1	Code List Qualifier Code	ID	1-3	R		BI
2300	HI11-2	Occurrence Span Code	AN	1-30	R		
2300	HI11-3	Date Time Period Format Qualifier	ID	2-3	R		RD8
2300	HI11-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD
2300	HI12	HEALTH CARE CODE			S		
2300	HI12-1	Code List Qualifier Code	ID	1-3	R		BI
2300	HI12-2	Occurrence Span Code	AN	1-30	R		
2300	HI12-3	Date Time Period Format Qualifier	ID	2-3	R		RD8
2300	HI12-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD
2300	**HI**	**OCCURRENCE INFORMATION**		**2**	**R**		
2300	HI01	HEALTH CARE CODE			R		
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BH
2300	HI01-2	Occurrence Code	AN	1-30	R		
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	R		D8
2300	HI01-4	Date Time Period	AN	1-35	R		CCYYMMDD
2300							
2300	HI02	HEALTH CARE CODE			S		
2300	HI02-1	Code List Qualifier Code	ID	1-3	R		BH
2300	HI02-2	Occurrence Code	AN	1-30	R		
2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	R		D8
2300	HI02-4	Date Time Period	AN	1-35	R		CCYYMMDD

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI09-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI09-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI09-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI10	HEALTH CARE CODE			S				
2300	HI10-1	Qualifier	ID	1-3	R		BI	Name Change	Expect 'BI'
2300	HI10-2	Occurrence Span Code	AN	1-30	R				Expect Occurrence Span code
2300	HI10-3	Date Time Period Format Qualifier	ID	2-3	R		RD8		Expect 'RD8'
2300	HI10-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD		Expect Occurrence Span code date
2300	HI10-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI10-6	Quantity	R	1-15	N/U				NOT USED
2300	HI10-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI10-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI10-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI11	HEALTH CARE CODE			S				
2300	HI11-1	Qualifier	ID	1-3	R		BI	Name Change	Expect 'BI'
2300	HI11-2	Occurrence Span Code	AN	1-30	R				Expect Occurrence Span code
2300	HI11-3	Date Time Period Format Qualifier	ID	2-3	R		RD8		Expect 'RD8'
2300	HI11-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD		Expect Occurrence Span code date
2300	HI11-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI11-6	Quantity	R	1-15	N/U				NOT USED
2300	HI11-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI11-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI11-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI12	HEALTH CARE CODE			S				
2300	HI12-1	Qualifier	ID	1-3	R		BI	Name Change	Expect 'BI'
2300	HI12-2	Occurrence Span Code	AN	1-30	R				Expect Occurrence Span code
2300	HI12-3	Date Time Period Format Qualifier	ID	2-3	R		RD8		Expect 'RD8'
2300	HI12-4	Date Time Period	AN	1-35	R		CCYYMMDD-CCYYMMDD		Expect Occurrence Span code date
2300	HI12-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI12-6	Quantity	R	1-15	N/U				NOT USED
2300	HI12-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI12-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI12-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	**HI**	**OCCURRENCE INFORMATION**		**2**	**R**				Required when there is a Occurrence Code that applies to this claim
2300	HI01	HEALTH CARE CODE			R				
2300	HI01-1	Qualifier	ID	1-3	R		BH	Name Change	Expect 'BH'
2300	HI01-2	Occurrence Code	AN	1-30	R				Expect Occurrence code
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2300	HI01-4	Date Time Period	AN	1-35	R		CCYYMMDD		Expect Occurrence code date
2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI02	HEALTH CARE CODE			S				
2300	HI02-1	Qualifier	ID	1-3	R		BH	Name Change	Expect 'BH'
2300	HI02-2	Occurrence Code	AN	1-30	R				Expect Occurrence code
2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2300	HI02-4	Date Time Period	AN	1-35	R		CCYYMMDD		Expect Occurrence code date
2300	HI02-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI02-6	Quantity	R	1-15	N/U				NOT USED
2300	HI02-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI02-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI02-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HI03	HEALTH CARE CODE			S		
2300	HI03-1	Code List Qualifier Code	ID	1-3	R		BH
2300	HI03-2	Occurrence Code	AN	1-30	R		
2300	HI03-3	Date Time Period Format Qualifier	ID	2-3	R		D8
2300	HI03-4	Date Time Period	AN	1-35	R		CCYYMMDD
2300	HI04	HEALTH CARE CODE			S		
2300	HI04-1	Code List Qualifier Code	ID	1-3	R		BH
2300	HI04-2	Occurrence Code	AN	1-30	R		
2300	HI04-3	Date Time Period Format Qualifier	ID	2-3	R		D8
2300	HI04-4	Date Time Period	AN	1-35	R		CCYYMMDD
2300	HI05	HEALTH CARE CODE			S		
2300	HI05-1	Code List Qualifier Code	ID	1-3	R		BH
2300	HI05-2	Occurrence Code	AN	1-30	R		
2300	HI05-3	Date Time Period Format Qualifier	ID	2-3	R		D8
2300	HI05-4	Date Time Period	AN	1-35	R		CCYYMMDD
2300	HI06	HEALTH CARE CODE			S		
2300	HI06-1	Code List Qualifier Code	ID	1-3	R		BH
2300	HI06-2	Occurrence Code	AN	1-30	R		
2300	HI06-3	Date Time Period Format Qualifier	ID	2-3	R		D8
2300	HI06-4	Date Time Period	AN	1-35	R		CCYYMMDD
2300	HI07	HEALTH CARE CODE			S		
2300	HI07-1	Code List Qualifier Code	ID	1-3	R		BH
2300	HI07-2	Occurrence Code	AN	1-30	R		
2300	HI07-3	Date Time Period Format Qualifier	ID	2-3	R		D8
2300	HI07-4	Date Time Period	AN	1-35	R		CCYYMMDD
2300	HI08	HEALTH CARE CODE			S		
2300	HI08-1	Code List Qualifier Code	ID	1-3	R		BH
2300	HI08-2	Occurrence Code	AN	1-30	R		
2300	HI08-3	Date Time Period Format Qualifier	ID	2-3	R		D8
2300	HI08-4	Date Time Period	AN	1-35	R		CCYYMMDD

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI03	HEALTH CARE CODE			S				
2300	HI03-1	Qualifier	ID	1-3	R		BH	Name Change	Expect 'BH'
2300	HI03-2	Occurrence Code	AN	1-30	R				Expect Occurrence code
2300	HI03-3	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2300	HI03-4	Date Time Period	AN	1-35	R		CCYYMMDD		Expect Occurrence code date
2300	HI03-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI03-6	Quantity	R	1-15	N/U				NOT USED
2300	HI03-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI03-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI03-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI04	HEALTH CARE CODE			S				
2300	HI04-1	Qualifier	ID	1-3	R		BH	Name Change	Expect 'BH'
2300	HI04-2	Occurrence Code	AN	1-30	R				Expect Occurrence code
2300	HI04-3	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2300	HI04-4	Date Time Period	AN	1-35	R		CCYYMMDD		Expect Occurrence code date
2300	HI04-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI04-6	Quantity	R	1-15	N/U				NOT USED
2300	HI04-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI04-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI04-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI05	HEALTH CARE CODE			S				
2300	HI05-1	Qualifier	ID	1-3	R		BH	Name Change	Expect 'BH'
2300	HI05-2	Occurrence Code	AN	1-30	R				Expect Occurrence code
2300	HI05-3	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2300	HI05-4	Date Time Period	AN	1-35	R		CCYYMMDD		Expect Occurrence code date
2300	HI05-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI05-6	Quantity	R	1-15	N/U				NOT USED
2300	HI05-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI05-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI05-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI06	HEALTH CARE CODE			S				
2300	HI06-1	Qualifier	ID	1-3	R		BH	Name Change	Expect 'BH'
2300	HI06-2	Occurrence Code	AN	1-30	R				Expect Occurrence code
2300	HI06-3	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2300	HI06-4	Date Time Period	AN	1-35	R		CCYYMMDD		Expect Occurrence code date
2300	HI06-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI06-6	Quantity	R	1-15	N/U				NOT USED
2300	HI06-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI06-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI06-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI07	HEALTH CARE CODE			S				
2300	HI07-1	Qualifier	ID	1-3	R		BH	Name Change	Expect 'BH'
2300	HI07-2	Occurrence Code	AN	1-30	R				Expect Occurrence code
2300	HI07-3	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2300	HI07-4	Date Time Period	AN	1-35	R		CCYYMMDD		Expect Occurrence code date
2300	HI07-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI07-6	Quantity	R	1-15	N/U				NOT USED
2300	HI07-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI07-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI07-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI08	HEALTH CARE CODE			S				
2300	HI08-1	Qualifier	ID	1-3	R		BH	Name Change	Expect 'BH'
2300	HI08-2	Occurrence Code	AN	1-30	R				Expect Occurrence code
2300	HI08-3	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2300	HI08-4	Date Time Period	AN	1-35	R		CCYYMMDD		Expect Occurrence code date
2300	HI08-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI08-6	Quantity	R	1-15	N/U				NOT USED
2300	HI08-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI08-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI08-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HI09	HEALTH CARE CODE			S		
2300	HI09-1	Code List Qualifier Code	ID	1-3	R		BH
2300	HI09-2	Occurrence Code	AN	1-30	R		
2300	HI09-3	Date Time Period Format Qualifier	ID	2-3	R		D8
2300	HI09-4	Date Time Period	AN	1-35	R		CCYYMMDD
2300	HI10	HEALTH CARE CODE			S		
2300	HI10-1	Code List Qualifier Code	ID	1-3	R		BH
2300	HI10-2	Occurrence Code	AN	1-30	R		
2300	HI10-3	Date Time Period Format Qualifier	ID	2-3	R		D8
2300	HI10-4	Date Time Period	AN	1-35	R		CCYYMMDD
2300	HI11	HEALTH CARE CODE			S		
2300	HI11-1	Code List Qualifier Code	ID	1-3	R		BH
2300	HI11-2	Occurrence Code	AN	1-30	R		
2300	HI11-3	Date Time Period Format Qualifier	ID	2-3	R		D8
2300	HI11-4	Date Time Period	AN	1-35	R		CCYYMMDD
2300	HI12	HEALTH CARE CODE			S		
2300	HI12-1	Code List Qualifier Code	ID	1-3	R		BH
2300	HI12-2	Occurrence Code	AN	1-30	R		
2300	HI12-3	Date Time Period Format Qualifier	ID	2-3	R		D8
2300	HI12-4	Date Time Period	AN	1-35	R		CCYYMMDD
2300	**HI**	**VALUE INFORMATION**		**2**	**R**		
2300	HI01	HEALTH CARE CODE			R		
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BE
2300	HI01-2	Value Code	AN	1-30	R		
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U		
2300	HI01-4	Date Time Period	AN	1-35	N/U		
2300	HI01-5	Value Code Associated Amount	R	1-18	R		
2300	HI02	HEALTH CARE CODE			S		
2300	HI02-1	Code List Qualifier Code	ID	1-3	R		BE
2300	HI02-2	Value Code	AN	1-30	R		
2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U		
2300	HI02-4	Date Time Period	AN	1-35	N/U		
2300	HI02-5	Value Code Associated Amount	R	1-18	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI09	HEALTH CARE CODE			S				
2300	HI09-1	Qualifier	ID	1-3	R		BH	Name Change	Expect 'BH'
2300	HI09-2	Occurrence Code	AN	1-30	R				Expect Occurrence code
2300	HI09-3	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2300	HI09-4	Date Time Period	AN	1-35	R		CCYYMMDD		Expect Occurrence code date
2300	HI09-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI09-6	Quantity	R	1-15	N/U				NOT USED
2300	HI09-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI09-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI09-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI10	HEALTH CARE CODE			S				
2300	HI10-1	Qualifier	ID	1-3	R		BH	Name Change	Expect 'BH'
2300	HI10-2	Occurrence Code	AN	1-30	R				Expect Occurrence code
2300	HI10-3	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2300	HI10-4	Date Time Period	AN	1-35	R		CCYYMMDD		Expect Occurrence code date
2300	HI10-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI10-6	Quantity	R	1-15	N/U				NOT USED
2300	HI10-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI10-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI10-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI11	HEALTH CARE CODE			S				
2300	HI11-1	Qualifier	ID	1-3	R		BH	Name Change	Expect 'BH'
2300	HI11-2	Occurrence Code	AN	1-30	R				Expect Occurrence code
2300	HI11-3	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2300	HI11-4	Date Time Period	AN	1-35	R		CCYYMMDD		Expect Occurrence code date
2300	HI11-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI11-6	Quantity	R	1-15	N/U				NOT USED
2300	HI11-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI11-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI11-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI12	HEALTH CARE CODE			S				
2300	HI12-1	Qualifier	ID	1-3	R		BH	Name Change	Expect 'BH'
2300	HI12-2	Occurrence Code	AN	1-30	R				Expect Occurrence code
2300	HI12-3	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2300	HI12-4	Date Time Period	AN	1-35	R		CCYYMMDD		Expect Occurrence code date
2300	HI12-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI12-6	Quantity	R	1-15	N/U				NOT USED
2300	HI12-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI12-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI12-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	**HI**	**VALUE INFORMATION**		**2**	**R**				Required when there is a Value Code that applies to this claim.
2300	HI01	HEALTH CARE CODE			R				
2300	HI01-1	Qualifier	ID	1-3	R		BE	Name Change	Expect 'BE'
2300	HI01-2	Value Code	AN	1-30	R				Expect Value code
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI01-5	Value Code Amount	R	1-18	R			Name Change	Expect Value code amount
2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI02	HEALTH CARE CODE			S				
2300	HI02-1	Qualifier	ID	1-3	R		BE	Name Change	Expect 'BE'
2300	HI02-2	Value Code	AN	1-30	R				Expect Value code
2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI02-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI02-5	Value Code Amount	R	1-18	R			Name Change	Expect Value code amount
2300	HI02-6	Quantity	R	1-15	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HI03	HEALTH CARE CODE			S		
2300	HI03-1	Code List Qualifier Code	ID	1-3	R		BE
2300	HI03-2	Value Code	AN	1-30	R		
2300	HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U		
2300	HI03-4	Date Time Period	AN	1-35	N/U		
2300	HI03-5	Value Code Associated Amount	R	1-18	R		
2300	HI04	HEALTH CARE CODE			S		
2300	HI04-1	Code List Qualifier Code	ID	1-3	R		BE
2300	HI04-2	Value Code	AN	1-30	R		
2300	HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U		
2300	HI04-4	Date Time Period	AN	1-35	N/U		
2300	HI04-5	Value Code Associated Amount	R	1-18	R		
2300	HI05	HEALTH CARE CODE			S		
2300	HI05-1	Code List Qualifier Code	ID	1-3	R		BE
2300	HI05-2	Value Code	AN	1-30	R		
2300	HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U		
2300	HI05-4	Date Time Period	AN	1-35	N/U		
2300	HI05-5	Value Code Associated Amount	R	1-18	R		
2300	HI06	HEALTH CARE CODE			S		
2300	HI06-1	Code List Qualifier Code	ID	1-3	R		BE
2300	HI06-2	Value Code	AN	1-30	R		
2300	HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U		
2300	HI06-4	Date Time Period	AN	1-35	N/U		
2300	HI06-5	Value Code Associated Amount	R	1-18	R		
2300	HI07	HEALTH CARE CODE			S		
2300	HI07-1	Code List Qualifier Code	ID	1-3	R		BE
2300	HI07-2	Value Code	AN	1-30	R		
2300	HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U		
2300	HI07-4	Date Time Period	AN	1-35	N/U		
2300	HI07-5	Value Code Associated Amount	R	1-18	R		
2300	HI08	HEALTH CARE CODE			S		
2300	HI08-1	Code List Qualifier Code	ID	1-3	R		BE
2300	HI08-2	Value Code	AN	1-30	R		
2300	HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U		
2300	HI08-4	Date Time Period	AN	1-35	N/U		
2300	HI08-5	Value Code Associated Amount	R	1-18	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI02-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI02-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI02-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI03	HEALTH CARE CODE			S				
2300	HI03-1	Qualifier	ID	1-3	R		BE	Name Change	Expect 'BE'
2300	HI03-2	Value Code	AN	1-30	R				Expect Value code
2300	HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI03-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI03-5	Value Code Amount	R	1-18	R			Name Change	Expect Value code amount
2300	HI03-6	Quantity	R	1-15	N/U				NOT USED
2300	HI03-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI03-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI03-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI04	HEALTH CARE CODE			S				
2300	HI04-1	Qualifier	ID	1-3	R		BE	Name Change	Expect 'BE'
2300	HI04-2	Value Code	AN	1-30	R				Expect Value code
2300	HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI04-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI04-5	Value Code Amount	R	1-18	R			Name Change	Expect Value code amount
2300	HI04-6	Quantity	R	1-15	N/U				NOT USED
2300	HI04-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI04-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI04-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI05	HEALTH CARE CODE			S				
2300	HI05-1	Qualifier	ID	1-3	R		BE	Name Change	Expect 'BE'
2300	HI05-2	Value Code	AN	1-30	R				Expect Value code
2300	HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI05-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI05-5	Value Code Amount	R	1-18	R			Name Change	Expect Value code amount
2300	HI05-6	Quantity	R	1-15	N/U				NOT USED
2300	HI05-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI05-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI05-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI06	HEALTH CARE CODE			S				
2300	HI06-1	Qualifier	ID	1-3	R		BE	Name Change	Expect 'BE'
2300	HI06-2	Value Code	AN	1-30	R				Expect Value code
2300	HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI06-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI06-5	Value Code Amount	R	1-18	R			Name Change	Expect Value code amount
2300	HI06-6	Quantity	R	1-15	N/U				NOT USED
2300	HI06-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI06-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI06-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI07	HEALTH CARE CODE			S				
2300	HI07-1	Qualifier	ID	1-3	R		BE	Name Change	Expect 'BE'
2300	HI07-2	Value Code	AN	1-30	R				Expect Value code
2300	HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI07-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI07-5	Value Code Amount	R	1-18	R			Name Change	Expect Value code amount
2300	HI07-6	Quantity	R	1-15	N/U				NOT USED
2300	HI07-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI07-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI07-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI08	HEALTH CARE CODE			S				
2300	HI08-1	Qualifier	ID	1-3	R		BE	Name Change	Expect 'BE'
2300	HI08-2	Value Code	AN	1-30	R				Expect Value code
2300	HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI08-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI08-5	Value Code Amount	R	1-18	R			Name Change	Expect Value code amount
2300	HI08-6	Quantity	R	1-15	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HI09	HEALTH CARE CODE			S		
2300	HI09-1	Code List Qualifier Code	ID	1-3	R		BE
2300	HI09-2	Value Code	AN	1-30	R		
2300	HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U		
2300	HI09-4	Date Time Period	AN	1-35	N/U		
2300	HI09-5	Value Code Associated Amount	R	1-18	R		
2300	HI10	HEALTH CARE CODE			S		
2300	HI10-1	Code List Qualifier Code	ID	1-3	R		BE
2300	HI10-2	Value Code	AN	1-30	R		
2300	HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U		
2300	HI10-4	Date Time Period	AN	1-35	N/U		
2300	HI10-5	Value Code Associated Amount	R	1-18	R		
2300	HI11	HEALTH CARE CODE			S		
2300	HI11-1	Code List Qualifier Code	ID	1-3	R		BE
2300	HI11-2	Value Code	AN	1-30	R		
2300	HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U		
2300	HI11-4	Date Time Period	AN	1-35	N/U		
2300	HI11-5	Value Code Associated Amount	R	1-18	R		
2300	HI12	HEALTH CARE CODE			S		
2300	HI12-1	Code List Qualifier Code	ID	1-3	R		BE
2300	HI12-2	Value Code	AN	1-30	R		
2300	HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U		
2300	HI12-4	Date Time Period	AN	1-35	N/U		
2300	HI12-5	Value Code Associated Amount	R	1-18	R		
2300	**HI**	**CONDITION INFORMATION**		**2**	**R**		
2300	HI01	HEALTH CARE CODE			R		
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BG
2300	HI01-2	Condition Code	AN	1-30	R		
							D8
							CCYYMMDD
2300	HI02	HEALTH CARE CODE			S		
2300	HI02-1	Code List Qualifier Code	ID	1-3	R		BG
2300	HI02-2	Condition Code	AN	1-30	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI08-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI08-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI08-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI09	HEALTH CARE CODE			S				
2300	HI09-1	Qualifier	ID	1-3	R		BE	Name Change	Expect 'BE'
2300	HI09-2	Value Code	AN	1-30	R				Expect Value code
2300	HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI09-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI09-5	Value Code Amount	R	1-18	R			Name Change	Expect Value code amount
2300	HI09-6	Quantity	R	1-15	N/U				NOT USED
2300	HI09-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI09-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI09-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI10	HEALTH CARE CODE			S				
2300	HI10-1	Qualifier	ID	1-3	R		BE	Name Change	Expect 'BE'
2300	HI10-2	Value Code	AN	1-30	R				Expect Value code
2300	HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI10-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI10-5	Value Code Amount	R	1-18	R			Name Change	Expect Value code amount
2300	HI10-6	Quantity	R	1-15	N/U				NOT USED
2300	HI10-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI10-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI10-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI11	HEALTH CARE CODE			S				
2300	HI11-1	Qualifier	ID	1-3	R		BE	Name Change	Expect 'BE'
2300	HI11-2	Value Code	AN	1-30	R				Expect Value code
2300	HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI11-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI11-5	Value Code Amount	R	1-18	R			Name Change	Expect Value code amount
2300	HI11-6	Quantity	R	1-15	N/U				NOT USED
2300	HI11-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI11-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI11-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI12	HEALTH CARE CODE			S				
2300	HI12-1	Qualifier	ID	1-3	R		BE	Name Change	Expect 'BE'
2300	HI12-2	Value Code	AN	1-30	R				Expect Value code
2300	HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI12-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI12-5	Value Code Amount	R	1-18	R			Name Change	Expect Value code amount
2300	HI12-6	Quantity	R	1-15	N/U				NOT USED
2300	HI12-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI12-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI12-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	**HI**	**CONDITION INFORMATION**		**2**	**R**				Required when there is a Condition Code that applies to this claim.
2300	HI01	HEALTH CARE CODE			R				
2300	HI01-1	Qualifier	ID	1-3	R		BG	Name Change	Expect 'BG'
2300	HI01-2	Condition Code	AN	1-30	R				Expect Condition code
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U		D8		NOT USED
2300	HI01-4	Date Time Period	AN	1-35	N/U		CCYYMMDD		NOT USED
2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI02	HEALTH CARE CODE			S				
2300	HI02-1	Qualifier	ID	1-3	R		BG	Name Change	Expect 'BG'
2300	HI02-2	Condition Code	AN	1-30	R				Expect Condition code
2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HI03	HEALTH CARE CODE			S		
2300	HI03-1	Code List Qualifier Code	ID	1-3	R		BG
2300	HI03-2	Condition Code	AN	1-30	R		
2300	HI04	HEALTH CARE CODE			S		
2300	HI04-1	Code List Qualifier Code	ID	1-3	R		BG
	HI04-2	Condition Code	AN	1-30	R		
2300	HI05	HEALTH CARE CODE			S		
2300	HI05-1	Code List Qualifier Code	ID	1-3	R		BG
2300	HI05-2	Condition Code	AN	1-30	R		
2300	HI06	HEALTH CARE CODE			S		
2300	HI06-1	Code List Qualifier Code	ID	1-3	R		BG
2300	HI06-2	Condition Code	AN	1-30	R		
2300	HI07	HEALTH CARE CODE			S		
2300	HI07-1	Code List Qualifier Code	ID	1-3	R		BG
2300	HI07-2	Condition Code	AN	1-30	R		
2300	HI08	HEALTH CARE CODE			S		
2300	HI08-1	Code List Qualifier Code	ID	1-3	R		BG
2300	HI08-2	Condition Code	AN	1-30	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI02-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI02-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI02-6	Quantity	R	1-15	N/U				NOT USED
2300	HI02-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI02-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI02-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI03	HEALTH CARE CODE			S				
2300	HI03-1	Qualifier	ID	1-3	R		BG	Name Change	Expect 'BG'
2300	HI03-2	Condition Code	AN	1-30	R				Expect Condition code
2300	HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI03-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI03-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI03-6	Quantity	R	1-15	N/U				NOT USED
2300	HI03-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI03-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI03-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI04	HEALTH CARE CODE			S				
2300	HI04-1	Qualifier	ID	1-3	R		BG	Name Change	Expect 'BG'
2300	HI04-2	Condition Code	AN	1-30	R				Expect Condition code
2300	HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI04-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI04-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI04-6	Quantity	R	1-15	N/U				NOT USED
2300	HI04-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI04-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI04-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI05	HEALTH CARE CODE			S				
2300	HI05-1	Qualifier	ID	1-3	R		BG	Name Change	Expect 'BG'
2300	HI05-2	Condition Code	AN	1-30	R				Expect Condition code
2300	HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI05-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI05-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI05-6	Quantity	R	1-15	N/U				NOT USED
2300	HI05-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI05-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI05-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI06	HEALTH CARE CODE			S				
2300	HI06-1	Qualifier	ID	1-3	R		BG	Name Change	Expect 'BG'
2300	HI06-2	Condition Code	AN	1-30	R				Expect Condition code
2300	HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI06-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI06-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI06-6	Quantity	R	1-15	N/U				NOT USED
2300	HI06-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI06-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI06-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI07	HEALTH CARE CODE			S				
2300	HI07-1	Qualifier	ID	1-3	R		BG	Name Change	Expect 'BG'
2300	HI07-2	Condition Code	AN	1-30	R				Expect Condition code
2300	HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI07-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI07-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI07-6	Quantity	R	1-15	N/U				NOT USED
2300	HI07-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI07-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI07-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI08	HEALTH CARE CODE			S				
2300	HI08-1	Qualifier	ID	1-3	R		BG	Name Change	Expect 'BG'
2300	HI08-2	Condition Code	AN	1-30	R				Expect Condition code
2300	HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HI09	HEALTH CARE CODE			S		
2300	HI09-1	Code List Qualifier Code	ID	1-3	R		BG
2300	HI09-2	Condition Code	AN	1-30	R		
2300	HI10	HEALTH CARE CODE			S		
2300	HI10-1	Code List Qualifier Code	ID	1-3	R		BG
2300	HI10-2	Condition Code	AN	1-30	R		
2300	HI11	HEALTH CARE CODE			S		
2300	HI11-1	Code List Qualifier Code	ID	1-3	R		BG
2300	HI11-2	Condition Code	AN	1-30	R		
2300	HI12	HEALTH CARE CODE			S		
2300	HI12-1	Code List Qualifier Code	ID	1-3	R		BG
2300	HI12-2	Condition Code	AN	1-30	R		
2300	**HI**	**TREATMENT CODE INFORMATION**		**2**	**R**		
2300	HI01	HEALTH CARE CODE			R		
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		TC
2300	HI01-2	Treatment Code	AN	1-30	R		
2300							CCYYMMDD
2300							

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI08-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI08-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI08-6	Quantity	R	1-15	N/U				NOT USED
2300	HI08-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI08-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI08-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI09	HEALTH CARE CODE			S				
2300	HI09-1	Qualifier	ID	1-3	R		BG	Name Change	Expect 'BG'
2300	HI09-2	Condition Code	AN	1-30	R				Expect Condition code
2300	HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI09-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI09-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI09-6	Quantity	R	1-15	N/U				NOT USED
2300	HI09-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI09-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI09-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI10	HEALTH CARE CODE			S				
2300	HI10-1	Qualifier	ID	1-3	R		BG	Name Change	Expect 'BG'
2300	HI10-2	Condition Code	AN	1-30	R				Expect Condition code
2300	HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI10-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI10-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI10-6	Quantity	R	1-15	N/U				NOT USED
2300	HI10-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI10-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI10-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI11	HEALTH CARE CODE			S				
2300	HI11-1	Qualifier	ID	1-3	R		BG	Name Change	Expect 'BG'
2300	HI11-2	Condition Code	AN	1-30	R				Expect Condition code
2300	HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI11-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI11-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI11-6	Quantity	R	1-15	N/U				NOT USED
2300	HI11-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI11-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI11-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI12	HEALTH CARE CODE			S				
2300	HI12-1	Qualifier	ID	1-3	R		BG	Name Change	Expect 'BG'
2300	HI12-2	Condition Code	AN	1-30	R				Expect Condition code
2300	HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI12-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI12-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI12-6	Quantity	R	1-15	N/U				NOT USED
2300	HI12-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI12-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI12-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	**HI**	**TREATMENT CODE INFORMATION**		**2**	**R**				Required when Home Health Agencies need to report Plan of Treatment information under various payer contracts
2300	HI01	HEALTH CARE CODE			R				
2300	HI01-1	Qualifier	ID	1-3	R		TC	Name Change	Expect 'TC'
2300	HI01-2	Treatment Code	AN	1-30	R				Expect Treatment code
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HI02	HEALTH CARE CODE			S		
2300	HI02-1	Code List Qualifier Code	ID	1-3	R		TC
2300	HI02-2	Treatment Code	AN	1-30	R		
2300							
2300							
2300							
2300	HI03	HEALTH CARE CODE			S		
2300	HI03-1	Code List Qualifier Code	ID	1-3	R		TC
2300	HI03-2	Treatment Code	AN	1-30	R		
2300							
2300							
2300							
2300	HI04	HEALTH CARE CODE			S		
2300	HI04-1	Code List Qualifier Code	ID	1-3	R		TC
2300	HI04-2	Treatment Code	AN	1-30	R		
2300	HI05	HEALTH CARE CODE			S		
2300	HI05-1	Code List Qualifier Code	ID	1-3	R		TC
2300	HI05-2	Treatment Code	AN	1-30	R		
2300	HI06	HEALTH CARE CODE			S		
2300	HI06-1	Code List Qualifier Code	ID	1-3	R		TC
2300	HI06-2	Treatment Code	AN	1-30	R		
2300	HI07	HEALTH CARE CODE			S		
2300	HI07-1	Code List Qualifier Code	ID	1-3	R		TC
2300	HI07-2	Treatment Code	AN	1-30	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI02	HEALTH CARE CODE			S				
2300	HI02-1	Qualifier	ID	1-3	R		TC	Name Change	Expect 'TC'
2300	HI02-2	Treatment Code	AN	1-30	R				Expect Treatment code
2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI02-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI02-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI02-6	Quantity	R	1-15	N/U				NOT USED
2300	HI02-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI02-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI02-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI03	HEALTH CARE CODE			S				
2300	HI03-1	Qualifier	ID	1-3	R		TC	Name Change	Expect 'TC'
2300	HI03-2	Treatment Code	AN	1-30	R				Expect Treatment code
2300	HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI03-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI03-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI03-6	Quantity	R	1-15	N/U				NOT USED
2300	HI03-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI03-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI03-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI04	HEALTH CARE CODE			S				
2300	HI04-1	Qualifier	ID	1-3	R		TC	Name Change	Expect 'TC'
2300	HI04-2	Treatment Code	AN	1-30	R				Expect Treatment code
2300	HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI04-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI04-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI04-6	Quantity	R	1-15	N/U				NOT USED
2300	HI04-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI04-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI04-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI05	HEALTH CARE CODE			S				
2300	HI05-1	Qualifier	ID	1-3	R		TC	Name Change	Expect 'TC'
2300	HI05-2	Treatment Code	AN	1-30	R				Expect Treatment code
2300	HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI05-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI05-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI05-6	Quantity	R	1-15	N/U				NOT USED
2300	HI05-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI05-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI05-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI06	HEALTH CARE CODE			S				
2300	HI06-1	Qualifier	ID	1-3	R		TC	Name Change	Expect 'TC'
2300	HI06-2	Treatment Code	AN	1-30	R				Expect Treatment code
2300	HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI06-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI06-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI06-6	Quantity	R	1-15	N/U				NOT USED
2300	HI06-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI06-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI06-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI07	HEALTH CARE CODE			S				
2300	HI07-1	Qualifier	ID	1-3	R		TC	Name Change	Expect 'TC'
2300	HI07-2	Treatment Code	AN	1-30	R				Expect Treatment code
2300	HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI07-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI07-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI07-6	Quantity	R	1-15	N/U				NOT USED
2300	HI07-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI07-8	Industry code	AN	1-30	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HI08	HEALTH CARE CODE			S		
2300	HI08-1	Code List Qualifier Code	ID	1-3	R		TC
2300	HI08-2	Treatment Code	AN	1-30	R		
2300	HI09	HEALTH CARE CODE			S		
2300	HI09-1	Code List Qualifier Code	ID	1-3	R		TC
2300	HI09-2	Treatment Code	AN	1-30	R		
2300	HI10	HEALTH CARE CODE			S		
2300	HI10-1	Code List Qualifier Code	ID	1-3	R		TC
2300	HI10-2	Treatment Code	AN	1-30	R		
2300	HI11	HEALTH CARE CODE			S		
2300	HI11-1	Code List Qualifier Code	ID	1-3	R		TC
2300	HI11-2	Treatment Code	AN	1-30	R		
2300	HI12	HEALTH CARE CODE			S		
2300	HI12-1	Code List Qualifier Code	ID	1-3	R		TC
2300	HI12-2	Treatment Code	AN	1-30	R		
2300	**QTY**	**CLAIM QUANTITY**		**4**	**S**		
2300	**HCP**	**CLAIM PRICING/REPRICING INFORMATION**		**1**	**S**		
2300	HCP01	Pricing Methodology	ID	2-2	R		00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10 ,11, 12, 13, 14
2300	HCP02	Repriced Allowed Amount	R	1-18	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HI07-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI08	HEALTH CARE CODE			S				
2300	HI08-1	Qualifier	ID	1-3	R		TC	Name Change	Expect 'TC'
2300	HI08-2	Treatment Code	AN	1-30	R				Expect Treatment code
2300	HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI08-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI08-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI08-6	Quantity	R	1-15	N/U				NOT USED
2300	HI08-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI08-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI08-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI09	HEALTH CARE CODE			S				
2300	HI09-1	Qualifier	ID	1-3	R		TC	Name Change	Expect 'TC'
2300	HI09-2	Treatment Code	AN	1-30	R				Expect Treatment code
2300	HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI09-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI09-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI09-6	Quantity	R	1-15	N/U				NOT USED
2300	HI09-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI09-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI09-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI10	HEALTH CARE CODE			S				
2300	HI10-1	Qualifier	ID	1-3	R		TC	Name Change	Expect 'TC'
2300	HI10-2	Treatment Code	AN	1-30	R				Expect Treatment code
2300	HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI10-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI10-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI10-6	Quantity	R	1-15	N/U				NOT USED
2300	HI10-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI10-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI10-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI11	HEALTH CARE CODE			S				
2300	HI11-1	Qualifier	ID	1-3	R		TC	Name Change	Expect 'TC'
2300	HI11-2	Treatment Code	AN	1-30	R				Expect Treatment code
2300	HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI11-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI11-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI11-6	Quantity	R	1-15	N/U				NOT USED
2300	HI11-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI11-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI11-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI12	HEALTH CARE CODE			S				
2300	HI12-1	Qualifier	ID	1-3	R		TC	Name Change	Expect 'TC'
2300	HI12-2	Treatment Code	AN	1-30	R				Expect Treatment code
2300	HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI12-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI12-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI12-6	Quantity	R	1-15	N/U				NOT USED
2300	HI12-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI12-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI12-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
								SEGMENT DELETED	DELETED
2300	**HCP**	**CLAIM PRICING/REPRICING INFORMATION**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2300	HCP01	Pricing Methodology	ID	2-2	R		00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10 ,11, 12, 13, 14		NOT USED BY AHCCCS
2300	HCP02	Repriced Allowed Amount	R	1-18	R				NOT USED BY AHCCCS

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2300	HCP03	Repriced Saving Amount	R	1-18	S		
2300	HCP04	Repricing Organization Identifier	AN	1-30	S		
2300	HCP05	Repricing Per Diem or Flat Rate Amount	R	1-9	S		
2300	HCP06	Repriced Approved DRG Code	AN	1-30	S		
2300	HCP07	Repriced Approved Amount	R	1-18	S		
2300	HCP08	Product/Service ID	AN	1-48	S		
2300	HCP09	Product/Service ID Qualifier	ID	2-2	S		HC
2300	HCP10	Product/Service ID	AN	1-48	S		
2300	HCP11	Unit or Basis for Measurement Code	ID	2-2	S		DA, UN
2300	HCP12	Quantity	R	1-15	S		
2300	HCP13	Reject Reason Code	ID	2-2	S		T1, T2, T3, T4, T5, T6
2300	HCP14	Policy Compliance Code	ID	1-2	S		1, 2, 3, 4, 5
2300	HCP15	Exception Code	ID	1-2	S		1, 2, 3, 4, 5, 6
2305	**CR7**	**HOME HEALTH CARE PLAN INFORMATION**		**1**	**S**	**6**	
2305	**HSD**	**HOME CARE SERVICES DELIVERY**		**12**	**S**		
2310A	**NM1**	**ATTENDING PHYSICIAN NAME**		**1**	**S**	**1**	
2310A	NM101	Entity Identifier Code	ID	2-3	R		71
2310A	NM102	Entity Type Qualifier	ID	1-1	R		1, 2
2310A	NM103	Name Last	AN	1-35	R		
2310A	NM104	Name First	AN	1-25	S		
2310A	NM105	Name Middle	AN	1-25	S		
2310A	NM106	Name Prefix	AN	1-10	N/U		
2310A	NM107	Name Suffix	AN	1-10	S		
2310A	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, XX
2310A	NM109	Provider Identifier	AN	2-80	R		
2310A	**PRV**	**ATTENDING PHYSICIAN SPECIALTY INFORMATION**		**1**	**S**		
2310A	PRV01	Provider Code	ID	1-3	R		AT, SU
2310A	PRV02	Reference Identification Qualifier	ID	2-3	R		ZZ
2310A	PRV03	Provider Taxonomy Code	AN	1-30	R		
2310A	**REF**	**ATTENDING PHYSICIAN SECONDARY IDENTIFICATION**		**5**	**S**		
2310A	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
2310A	REF02	Attending Physician Secondary Identifier	AN	1-30	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2300	HCP03	Repriced Saving Amount	R	1-18	S				NOT USED BY AHCCCS
2300	HCP04	Repricing Organization Identifier	AN	1-50	S			Increase from 30 - 50	NOT USED BY AHCCCS
2300	HCP05	Repricing Per Diem or Flat Rate Amount	R	1-9	S				NOT USED BY AHCCCS
2300	HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-50	S			Increase from 30 - 50 Name Change	NOT USED BY AHCCCS
2300	HCP07	Repriced Approved Ambulatory Patient Group Amount	R	1-18	S			Name Change	NOT USED BY AHCCCS
2300	HCP08	Product/Service ID	AN	1-48	S				NOT USED BY AHCCCS
2300	HCP09	Product/Service ID Qualifier	ID	2-2	N/U			Usage change to Not Used	NOT USED
2300	HCP10	Product/Service ID	AN	1-48	N/U			Usage change to Not Used	NOT USED
2300	HCP11	Unit or Basis for Measurement Code	ID	2-2	S		DA, UN		NOT USED BY AHCCCS
2300	HCP12	Quantity	R	1-15	S				NOT USED BY AHCCCS
2300	HCP13	Reject Reason Code	ID	2-2	S		T1, T2, T3, T4, T5, T6		NOT USED BY AHCCCS
2300	HCP14	Policy Compliance Code	ID	1-2	S		1, 2, 3, 4, 5		NOT USED BY AHCCCS
2300	HCP15	Exception Code	ID	1-2	S		1, 2, 3, 4, 5, 6		NOT USED BY AHCCCS
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
2310A	**NM1**	**ATTENDING PROVIDER NAME**		**1**	**S**	**1**		Name Change	
2310A	NM101	Entity Identifier Code	ID	2-3	R		71		Expect '71'
2310A	NM102	Entity Type Qualifier	ID	1-1	R		1	Code Deleted	Expect '1'
2310A	NM103	Attending Provider Last Name	AN	1-60	R			Name Change Increase from 35 - 60	Expect Attending Provider Last name
2310A	NM104	Attending Provider First Name	AN	1-35	S			Name Change Increase 25 - 35	Expect Attending Provider First Name
2310A	NM105	Attending Provider Middle Name or Initial	AN	1-25	S			Name Change	Expect Attending Provider MI
2310A	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2310A	NM107	Attending Provider Name Suffix	AN	1-10	S				NOT USED BY AHCCCS
2310A	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted Usage change to Situational	Expect 'XX'
2310A	NM109	Attending Provider Primary Identifier	AN	2-80	S			Usage change to Situational	Expect Attending Provider NPI
2310A	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2310A	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2310A	NM112	Name Last or Organization Name	AN	1-60	N/U			New Data element	NOT USED
2310A	**PRV**	**ATTENDING PROVIDER SPECIALTY INFORMATION**		**1**	**S**			Name Change	
2310A	PRV01	Provider Code	ID	1-3	R		AT	Code Deleted	Expect 'AT'
2310A	PRV02	Reference Identification Qualifier	ID	2-3	R		PXC	Code Change	NOT USED BY AHCCCS
2310A	PRV03	Provider Taxonomy Code	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2310A	PRV04	State or Province Code	ID	2-2	N/U				NOT USED
2310A	PRV05	PROVIDER SPECIALTY INFORMATION			N/U				NOT USED
2310A	PRV06	Provider Organization Code	ID	3-3	N/U				NOT USED
2310A	**REF**	**ATTENDING PROVIDER SECONDARY IDENTIFICATION**		**4**	**S**			Name Change # Repeats change to 4	
2310A	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Deleted	Expect 'G2'
2310A	REF02	Secondary Identifier	AN	1-50	R			Increase from 30 - 50 Name Change	Expect Attending Provider's AHCCCS Provider Registration ID
2310A	REF03	Description	AN	1-80	N/U				NOT USED
2310A	REF04	REFERENCE IDENTIFIER			N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2310B	**NM1**	**OPERATING PHYSICIAN NAME**		**1**	**S**	**1**	
2310B	NM101	Entity Identifier Code	ID	2-3	R		72
2310B	NM102	Entity Type Qualifier	ID	1-1	R		1
2310B	NM103	Last or Organization Name	AN	1-35	R		
2310B	NM104	Name First	AN	1-25	R		
2310B	NM105	Middle Name	AN	1-25	S		
2310B	NM106	Name Prefix	AN	1-10	N/U		
2310B	NM107	Name Suffix	AN	1-10	S		
2310B	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, XX
2310B	NM109	Identifier	AN	2-80	R		
2310B	**REF**	**OPERATING PHYSICIAN SECONDARY IDENTIFICATION**		**5**	**S**		
2310B	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
2310B	REF02	Secondary Identifier	AN	1-30	R		
2310C	**NM1**	**OTHER PROVIDER NAME**		**1**	**S**	**1**	
2310C	NM101	Entity Identifier Code	ID	2-3	R		73
2310C	NM102	Entity Type Qualifier	ID	1-1	R		1, 2
2310C	NM103	Last or Organization Name	AN	1-35	R		
2310C	NM104	First Name	AN	1-25	R		
2310C	NM105	Middle Name	AN	1-25	S		
2310C	NM106	Name Prefix	AN	1-10	N/U		
2310C	NM107	Name Suffix	AN	1-10	S		
2310C	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, XX
2310C	NM109	Identifier	AN	2-80	S		
2310C	**REF**	**OTHER PROVIDER SECONDARY IDENTIFICATION**		**5**	**S**		
2310C	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
2310C	REF02	Rendering Provider Secondary Identifier	AN	1-30	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2310B	**NM1**	**OPERATING PHYSICIAN NAME**		**1**	**S**	**1**			Required when a surgical procedure code is listed on this claim
2310B	NM101	Entity Identifier Code	ID	2-3	R		72		Expect '72'
2310B	NM102	Entity Type Qualifier	ID	1-1	R		1		Expect 1
2310B	NM103	Operating Physician Last Name	AN	1-60	R			Increase from 35 - 60	Expect Operating Physician Last Name
2310B	NM104	Operating Physician First Name	AN	1-35	S			Increase from 25 - 35 Usage change to Situational	Expect Operating Physician First Name
2310B	NM105	Middle Name	AN	1-25	S				Expect Operating Physician MI
2310B	NM106	Operating Physician Middle Name or Initial	AN	1-10	N/U				NOT USED
2310B	NM107	Name Suffix	AN	1-10	S				NOT USED BY AHCCCS
2310B	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted Usage change to Situational	Expect 'XX'
2310B	NM109	Operating Physician Primary Identifier	AN	2-80	S			Usage change to Situational	Expect Operating Physician NPI
2310B	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2310B	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2310B	NM112	Name Last or Organization Name	AN	1-60	N/U			New Data element	NOT USED
2310B	**REF**	**OPERATING PHYSICIAN SECONDARY IDENTIFICATION**		**4**	**S**			# Repeats change to 4	
2310B	REF01	Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Deleted	Expect 'G2'
2310B	REF02	Secondary Identifier	AN	1-50	R			Increase from 30 - 50	Expect Operating Physician's AHCCCS Provider Registration ID
2310B	REF03	Description	AN	1-80	N/U				NOT USED
2310B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2310C	**NM1**	**OTHER OPERATING PHYSICIAN NAME**		**1**	**S**	**1**		Name Change	Required when another Operating Physician is involved.
2310C	NM101	Entity Identifier Code	ID	2-3	R		ZZ	Code Change	Expect ZZ
2310C	NM102	Entity Type Qualifier	ID	1-1	R		1	Code Deleted	Expect 1
2310C	NM103	Last or Organization Name	AN	1-60	R			Increase from 35 - 60	Expect Other Operating Physician Last Name.
2310C	NM104	First Name	AN	1-35	S			Increase from 25 - 35 Usage change to Situational	Expect Other Operating Physician First Name if applicable.
2310C	NM105	Middle Name	AN	1-25	S				Expect Other Operating Physician MI
2310C	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2310C	NM107	Name Suffix	AN	1-10	S				NOT USED BY AHCCCS
2310C	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted Usage change to Situational	Expect 'XX'
2310C	NM109	Identifier	AN	2-80	S				Expect NPI
2310C	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2310C	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2310C	NM112	Name Last or Organization Name	AN	1-60	N/U			New Data element	NOT USED
2310C	**REF**	**OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION**		**4**	**S**			Name Change # of Repeats change to 4	
2310C	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Deleted	Expect G2
2310C	REF02	Rendering Provider Secondary Identifier	AN	1-50	R			Increase from 30 - 50	Expect Other Operating Physician Provider's AHCCCS Provider Registration ID
2310D	REF03	Description	AN	1-80	N/U				NOT USED
2310D	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2310D	**NM1**	**RENDERING PHYSICIAN NAME**		**1**	**S**	**1**		New Segment	

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2310E	**NM1**	**SERVICE FACILITY NAME**		**1**	**S**	**1**	
2310E	NM101	Entity Identifier Code	ID	2-3	R		FA
2310E	NM102	Entity Type Qualifier	ID	1-1	R		2
2310E	NM103	Laboratory or Facility Name	AN	1-35	R		
2310E	NM104	Name First	AN	1-25	N/U		
2310E	NM105	Name Middle	AN	1-25	N/U		
2310E	NM106	Name Prefix	AN	1-10	N/U		
2310E	NM107	Name Suffix	AN	1-10	N/U		
2310E	NM108	Identification Code Qualifier	ID	1-2	S		24, 34, XX
2310E	NM109	Laboratory or Facility Primary Identifier	AN	2-80	S		
2310E	**N3**	**SERVICE FACILITY ADDRESS**		**1**	**R**		
2310E	N301	Laboratory or Facility Address Line	AN	1-55	R		
2310E	N302	Laboratory or Facility Address Line	AN	1-55	S		
2310E	**N4**	**SERVICE FACILITY CITY/STATE/ZIP CODE**		**1**	**R**		
2310E	N401	Laboratory or Facility City Name	AN	2-30	R		
2310E	N402	Laboratory or Facility State or Province Code	ID	2-2	R		
2310E	N403	Laboratory or Facility Postal Zone or ZIP Code	ID	3-15	R		
2310E	N404	Laboratory/Facility Country Code	ID	2-3	S		
2310E	N405	Location Qualifier	ID	1-2	N/U		
2310E	N406	Location Identifier	AN	1-30	N/U		
2310E	**REF**	**SERVICE FACILITY SECONDARY IDENTIFICATION**		**5**	**S**		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2310D	NM101	Entity Identifier Code	ID	2-3	R		82		Expect 82
2310D	NM102	Entity Type Qualifier	ID	1-1	R		1		Expect 1
2310D	NM103	Rendering Provider Last or Organization Name	AN	1-60	R				Expect Rendering Provider Last Name
2310D	NM104	Rendering Provider First Name	AN	1-35	S				Expect Rendering Provider First Name
2310D	NM105	Rendering Provider Middle Name	AN	1-25	S				Expect Rendering Provider Middle Name
2310D	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2310D	NM107	Rendering Provider Name Suffix	AN	1-10	S				NOT USED BY AHCCCS
2310D	NM108	Identification Code Qualifier	ID	1-2	S		XX		Expect XX
2310D	NM109	Rendering Provider Identifier	AN	2-80	S				Expect Rendering Provider NPI
2310D	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2310D	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2310D	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2310D	**REF**	**RENDERING PHYSICIAN SECONDARY IDENTIFICATION**		**4**	**S**			New Segment	
2310D	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU		Expect G2
2310D	REF02	Rendering Provider Secondary Identifier	AN	1-50	R				Expect Rendering Provider's AHCCCS Provider Registration ID
2310D	REF03	Description	AN	1-80	N/U				NOT USED
2310D	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2310E	**NM1**	**SERVICE FACILITY LOCATION**		**1**	**S**	**1**		Name Change	
2310E	NM101	Entity Identifier Code	ID	2-3	R		77	Code Change	Expect 77
2310E	NM102	Entity Type Qualifier	ID	1-1	R		2		Expect 2
2310E	NM103	Laboratory or Facility Name	AN	1-60	R			Increase from 35 - 60	Expect Service Facility Location name
2310E	NM104	Name First	AN	1-35	N/U			Increase from 25 - 35	NOT USED
2310E	NM105	Name Middle	AN	1-25	N/U				NOT USED
2310E	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2310E	NM107	Name Suffix	AN	1-10	N/U				NOT USED
2310E	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted	Expect XX
2310E	NM109	Laboratory or Facility Primary Identifier	AN	2-80	S				Expect Service Facility Location NPI
2310E	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2310E	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2310E	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2310E	**N3**	**SERVICE FACILITY LOCATION ADDRESS**		**1**	**R**			Name Change	
2310E	N301	Laboratory or Facility Address Line	AN	1-55	R				Expect Service Facility Address1
2310E	N302	Laboratory or Facility Address Line	AN	1-55	S				Expect Service Facility Address2
2310E	**N4**	**SERVICE FACILITY LOCATION CITY/STATE/ZIP**		**1**	**R**			Name Change	
2310E	N401	Laboratory or Facility City Name	AN	2-30	R				Expect Service Facility City
2310E	N402	Laboratory or Facility State or Province Code	ID	2-2	S			Usage change to Situational	Expect Service Facility State
2310E	N403	Laboratory or Facility Postal Zone ZIP Code	ID	3-15	S			Usage change to Situational	Expect Service Facility Zip
2310E	N404	Laboratory/Facility Country Code	ID	2-3	S				NOT USED BY AHCCCS
2310E	N405	Location Qualifier	ID	1-2	N/U				NOT USED
2310E	N406	Location Identifier	AN	1-30	N/U				NOT USED
2310E	N407	Country Subdivision Code	ID	1-3	S			New Element	
2310E	**REF**	**SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION**		**3**	**S**			Name Change # of Repeats change to 3	

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2310E	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
2310E	REF02	Laboratory or Facility Secondary Identifier	AN	1-30	R		
2320	**SBR**	**OTHER SUBSCRIBER INFORMATION**		**1**	**S**	**10**	
2320	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R		P, S, T
2320	SBR02	Individual Relationship Code	ID	2-2	R		01, 04, 05, 07, 10, 15, 17, 18, 19, 20, 21, 22, 23, 24, 29, 32, 33, 36, 39, 40, 41, 43, 53, G8
2320	SBR03	Insured Group or Policy Number	AN	1-30	S		
2320	SBR04	Other Insured Group Name	AN	1-60	S		
2320	SBR05	Insurance Type Code	ID	1-3	N/U		
2320	SBR06	Coordination of Benefits Code	ID	1-1	N/U		
2320	SBR07	Yes/No Condition or Response Code	ID	1-1	N/U		
2320	SBR08	Employment Status Code	ID	2-2	N/U		
2320	SBR09	Claim Filing Indicator Code	ID	1-2	S		09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MA, MB, MC, OF, TV, VA, WC, ZZ
2320	**CAS**	**CLAIM LEVEL ADJUSTMENTS**		**5**	**S**		
2320	CAS01	Claim Adjustment Group Code	ID	1-2	R		CO, CR, OA, PI, PR
2320	CAS02	Adjustment Reason Code	ID	1-5	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2310E	REF01	Reference Identification Qualifier	ID	2-3	R		0B, G2, LU	Code Deleted	Expect G2
2310E	REF02	Laboratory or Facility Secondary Identifier	AN	1-50	R			Increase from 30 - 50	Expect Laboratory/Facility Location's AHCCCS Provider Registration ID
2310E	REF03	Description	AN	1-80	N/U				NOT USED
2310E	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2310F	**NM1**	**REFERRING PROVIDER NAME**		**1**	**S**	**1**		New Segment	
2310F	NM101	Entity Identifier Code	ID	2-3	R		DN		Expect 'DN'
2310F	NM102	Entity Type Qualifier	ID	1-1	R		1		Expect '1'
2310F	NM103	Referring Provider Last Name	AN	1-60	R				Expect Referring Provider Last Name
2310F	NM104	Referring Provider First Name	AN	1-35	S				Expect Referring Provider First Name
2310F	NM105	Referring Provider Middle Name	AN	1-25	S				Expect Referring Provider Middle Name
2310F	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2310F	NM107	Referring Provider Name Suffix	AN	1-10	S				NOT USED BY AHCCCS
2310F	NM108	Identification Code Qualifier	ID	1-2	S		XX		Expect XX
2310F	NM109	Referring Provider Identifier	AN	2-80	S				Expect Referring Provider NPI
2310F	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2310F	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2310F	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2310F	**REF**	**REFERRING PROVIDER SECONDARY IDENTIFICATION**		**3**	**S**			New Segment	
2310F	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2		Expect G2
2310F	REF02	Referring Provider Secondary Identifier	AN	1-50	R				Expect Referring Provider's AHCCCS Provider Registration ID
2310F	REF03	Description	AN	1-80	N/U				NOT USED
2310F	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2320	**SBR**	**OTHER SUBSCRIBER INFORMATION**		**1**	**S**	**10**			
2320	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R		A, B, C, D, E, F, G, H, P, S, T, U	Code Added	Expect any value
2320	SBR02	Individual Relationship Code	ID	2-2	R		01, 18, 19, 20, 21, 39, 40, 53, G8	Code Deleted	Expect any value
2320	SBR03	Insured Group or Policy Number	AN	1-50	S			Increase from 30 - 50	NOT USED BY AHCCCS
2320	SBR04	Other Insured Group Name	AN	1-60	S			Required when SBR03 is not used and the group name is available.	NOT USED BY AHCCCS
2320	SBR05	Insurance Type Code	ID	1-3	N/U				NOT USED
2320	SBR06	Coordination of Benefits Code	ID	1-1	N/U				NOT USED
2320	SBR07	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2320	SBR08	Employment Status Code	ID	2-2	N/U				NOT USED
2320	SBR09	Claim Filing Indicator Code	ID	1-2	S		11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	Code Change	Expect any value
2320	**CAS**	**CLAIM LEVEL ADJUSTMENTS**		**5**	**S**				
2320	CAS01	Claim Adjustment Group Code	ID	1-2	R		CO, CR, OA, PI, PR		Expect any value
2320	CAS02	Adjustment Reason Code	ID	1-5	R				Expect Adjustment Reason Code

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2320	CAS03	Adjustment Amount	R	1-18	R		
2320	CAS04	Adjustment Quantity	R	1-15	S		
2320	CAS05	Adjustment Reason Code	ID	1-5	S		
2320	CAS06	Adjustment Amount	R	1-18	S		
2320	CAS07	Adjustment Quantity	R	1-15	S		
2320	CAS08	Adjustment Reason Code	ID	1-5	S		
2320	CAS09	Adjustment Amount	R	1-18	S		
2320	CAS10	Adjustment Quantity	R	1-15	S		
2320	CAS11	Adjustment Reason Code	ID	1-5	S		
2320	CAS12	Adjustment Amount	R	1-18	S		
2320	CAS13	Adjustment Quantity	R	1-15	S		
2320	CAS14	Adjustment Reason Code	ID	1-5	S		
2320	CAS15	Adjustment Amount	R	1-18	S		
2320	CAS16	Adjustment Quantity	R	1-15	S		
2320	CAS17	Adjustment Reason Code	ID	1-5	S		
2320	CAS18	Adjustment Amount	R	1-18	S		
2320	CAS19	Adjustment Quantity	R	1-15	S		
2320	**AMT**	**PAYER PRIOR PAYMENT**		**1**	**S**		
2320	AMT01	Amount Qualifier Code	ID	1-3	R		C4
2320	AMT02	Other Payer Patient Paid Amount	R	1-18	R		
2320	**AMT**	**COORDINATION OF BENEFITS (COB) TOTAL ALLOWED AMOUNT**		**1**	**S**		
2320	**AMT**	**COORDINATION OF BENEFITS (COB) TOTAL SUBMITTED CHARGES**		**1**	**S**		
2320	**AMT**	**DIAGNOSTIC RELATED GROUP (DRG) OUTLIER AMOUNT**		**1**	**S**		
2320	**AMT**	**COORDINATION OF BENEFITS (COB) TOTAL MEDICARE PAID AMOUNT**		**1**	**S**		
2320	**AMT**	**MEDICARE PAID AMOUNT - 100%**		**1**	**S**		
2320	**AMT**	**MEDICARE PAID AMOUNT - 80%**		**1**	**S**		
2320	**AMT**	**COORDINATION OF BENEFITS (COB) MEDICARE A TRUST FUND PAID AMOUNT**		**1**	**S**		
2320	**AMT**	**COORDINATION OF BENEFITS (COB) MEDICARE B TRUST FUND PAID AMOUNT**		**1**	**S**		
2320	**AMT**	**COORDINATION OF BENEFITS (COB) TOTAL NON-COVERED AMOUNT**		**1**	**S**		
2320	**AMT**	**COORDINATION OF BENEFITS (COB) TOTAL DENIED AMOUNT**		**1**	**S**		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2320	CAS03	Adjustment Amount	R	1-18	R				Expect Adjustment Amount
2320	CAS04	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2320	CAS05	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
2320	CAS06	Adjustment Amount	R	1-18	S				Expect Adjustment Amount
2320	CAS07	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2320	CAS08	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
2320	CAS09	Adjustment Amount	R	1-18	S				Expect Adjustment Amount
2320	CAS10	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2320	CAS11	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
2320	CAS12	Adjustment Amount	R	1-18	S				Expect Adjustment Amount
2320	CAS13	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2320	CAS14	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
2320	CAS15	Adjustment Amount	R	1-18	S				Expect Adjustment Amount
2320	CAS16	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2320	CAS17	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
2320	CAS18	Adjustment Amount	R	1-18	S				Expect Adjustment Amount
2320	CAS19	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2320	**AMT**	**COB PAYER PAID AMOUNT**		**1**	**S**			Name Change	
2320	AMT01	Amount Qualifier Code	ID	1-3	R		D	Code Change	Expect 'D'
2320	AMT02	Payer Paid Amount	R	1-18	R			Name Change	Expect Payer Paid Amount
2320	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2320	DMG	**OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION**		**1**	**S**		
2320	OI	**OTHER INSURANCE COVERAGE INFORMATION**		**1**	**R**		
2320	OI01	Claim Filing Indicator Code	ID	1-2	N/U		
2320	OI02	Claim Submission Reason Code	ID	2-2	N/U		
2320	OI03	Benefits Assignment Certification Indicator	ID	1-1	R		N, Y
2320	OI04	Patient Signature Source Code	ID	1-1	N/U		
2320	OI05	Provider Agreement Code	ID	1-1	N/U		
2320	OI06	Release of Information Code	ID	1-1	R		A, I, M, N, O, Y
2320	MIA	**MEDICARE INPATIENT ADJUDICATION INFORMATION**		**1**	**S**		
2320	MIA01	Covered Days or Visits Count	R	1-15	R		
2320	MIA02	Lifetime Reserve Days Count	R	1-15	S		
2320	MIA03	Lifetime Psychiatric Days	R	1-15	S		
2320	MIA04	Claim DRG Amount	R	1-18	S		
2320	MIA05	Remark Code	AN	1-30	S		
2320	MIA06	Claim Disproportionate Share Amount	R	1-18	S		
2320	MIA07	Claim MSP Pass-through Amount	R	1-18	S		
2320	MIA08	Claim PPS Capital Amount	R	1-18	S		
2320	MIA09	PPS-Capital FSP DRG Amount	R	1-18	S		
2320	MIA10	PPS-Capital HSP DRG Amount	R	1-18	S		
2320	MIA11	PPS-Capital DSH DRG Amount	R	1-18	S		
2320	MIA12	Old Capital Amount	R	1-18	S		
2320	MIA13	PPS-Capital IME Amount	R	1-18	S		
2320	MIA14	PPS-Operating Hospital Specific DRG Amount	R	1-18	S		
2320	MIA15	Cost Report Day Count	R	1-15	S		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2320	AMT	**REMAINING PATIENT LIABILITY**		**1**	**S**			TR3 note: 1. In the judgment of the provider, this is the remaining amount to be paid after adjudication by the Other Payer identified in Loop ID-2330B of this iteration of Loop ID-2320. **2. This segment is only used in provider submitted claims. It is not used in Payer-to-Payer Coordination of Benefits (COB).** 3. This segment is not used if the line level (Loop ID-2430) Remaining Patient Liability AMT segment is used for this Other Payer.	SEGMENT NOT USED BY AHCCCS
2320	AMT01	Amount Qualifier Code	ID	1-3	R		EAF		NOT USED BY AHCCCS
2320	AMT02	Remaining Patient Liability Amount	R	1-18	R				NOT USED BY AHCCCS
2320	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
2320	AMT	**COB TOTAL NON-COVERED AMOUNT**		**1**	**S**			New Segment	SEGMENT NOT USED BY AHCCCS
2320	AMT01	Amount Qualifier Code	ID	1-3	R		A8		NOT USED BY AHCCCS
2320	AMT02	Non-Covered Amount	R	1-18	R				NOT USED BY AHCCCS
2320	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
								SEGMENT DELETED	DELETED
2320	OI	**OTHER INSURANCE COVERAGE INFORMATION**		**1**	**R**				SEGMENT NOT USED BY AHCCCS
2320	OI01	Claim Filing Indicator Code	ID	1-2	N/U				NOT USED
2320	OI02	Claim Submission Reason Code	ID	2-2	N/U				NOT USED
2320	OI03	Benefits Assignment Certification Indicator	ID	1-1	R		N, W, Y	Code Added	NOT USED BY AHCCCS
2320	OI04	Patient Signature Source Code	ID	1-1	N/U				NOT USED
2320	OI05	Provider Agreement Code	ID	1-1	N/U				NOT USED
2320	OI06	Release of Information Code	ID	1-1	R		I, Y	Code Deleted	NOT USED BY AHCCCS
2320	MIA	**INPATIENT ADJUDICATION INFORMATION**		**1**	**S**				
2320	MIA01	Covered Days or Visits Count	R	1-15	S			Usage change to Situational	Expect # of days actual paid on a inpatient claim
2320	MIA02	Amount	R	1-18	N/U			Usage change to Not Used	NOT USED
2320	MIA03	Lifetime Psychiatric Days	R	1-15	S				NOT USED BY AHCCCS
2320	MIA04	Remaining Patient Liability Amount	R	1-18	S			Name Change	NOT USED BY AHCCCS
2320	MIA05	Claim Payment Remark Code	AN	1-50	S			Increase from 30 - 50 Name Change	NOT USED BY AHCCCS
2320	MIA06	Claim Disproportionate Share Amount	R	1-18	S				NOT USED BY AHCCCS
2320	MIA07	Claim MSP Pass-through Amount	R	1-18	S				NOT USED BY AHCCCS
2320	MIA08	Claim PPS Capital Amount	R	1-18	S				NOT USED BY AHCCCS
2320	MIA09	PPS-Capital FSP DRG Amount	R	1-18	S				NOT USED BY AHCCCS
2320	MIA10	PPS-Capital HSP DRG Amount	R	1-18	S				NOT USED BY AHCCCS
2320	MIA11	PPS-Capital DSH DRG Amount	R	1-18	S				NOT USED BY AHCCCS
2320	MIA12	Old Capital Amount	R	1-18	S				NOT USED BY AHCCCS
2320	MIA13	PPS-Capital IME Amount	R	1-18	S				NOT USED BY AHCCCS
2320	MIA14	PPS-Operating Hospital Specific DRG Amount	R	1-18	S				NOT USED BY AHCCCS
2320	MIA15	Cost Report Day Count	R	1-15	S				NOT USED BY AHCCCS

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2320	MIA16	PPS-Operating Federal Specific DRG Amount	R	1-18	S		
2320	MIA17	Claim PPS Capital Outlier Amount	R	1-18	S		
2320	MIA18	Claim Indirect Teaching Amount	R	1-18	S		
2320	MIA19	Non-Payable Professional Component Amount	R	1-18	S		
2320	MIA20	Remark Code	AN	1-30	S		
2320	MIA21	Remark Code	AN	1-30	S		
2320	MIA22	Remark Code	AN	1-30	S		
2320	MIA23	Remark Code	AN	1-30	S		
2320	MIA24	PPS-Capital Exception Amount	R	1-18	S		
2320	**MOA**	**MEDICARE OUTPATIENT ADJUDICATION INFORMATION**		**1**	**S**		
2320	MOA01	Reimbursement Rate	R	1-10	S		
2320	MOA02	Claim HCPCS Payable Amount	R	1-18	S		
2320	MOA03	Remark Code	AN	1-30	S		
2320	MOA04	Remark Code	AN	1-30	S		
2320	MOA05	Remark Code	AN	1-30	S		
2320	MOA06	Remark Code	AN	1-30	S		
2320	MOA07	Remark Code	AN	1-30	S		
2320	MOA08	Claim ESRD Payment Amount	R	1-18	S		
2320	MOA09	Non-Payable Professional Component Amount	R	1-18	S		
2330A	**NM1**	**OTHER SUBSCRIBER NAME**		**1**	**R**	**1**	
2330A	NM101	Entity Identifier Code	ID	2-3	R		IL
2330A	NM102	Entity Type Qualifier	ID	1-1	R		1, 2
2330A	NM103	Other Insured Last Name	AN	1-35	R		
2330A	NM104	Other Insured First Name	AN	1-25	S		
2330A	NM105	Other Insured Middle Name	AN	1-25	S		
2330A	NM106	Name Prefix	AN	1-10	N/U		
2330A	NM107	Other Insured Name Suffix	AN	1-10	S		
2330A	NM108	Identification Code Qualifier	ID	1-2	R		MI, ZZ
2330A	NM109	Other Insured Identifier	AN	2-80	R		
2330A	**N3**	**OTHER SUBSCRIBER ADDRESS**		**1**	**S**		
2330A	N301	Other Insured Address Line	AN	1-55	R		
2330A	N302	Other Insured Address Line	AN	1-55	S		
2330A	**N4**	**OTHER SUBSCRIBER CITY/STATE/ZIP CODE**		**1**	**S**		
2330A	N401	Other Insured City Name	AN	2-30	R		
2330A	N402	Other Insured State Code	ID	2-2	R		
2330A	N403	Other Insured Postal Zone or ZIP Code	ID	3-15	R		
2330A	N404	Subscriber Country Code	ID	2-3	S		
2330A	N405	Location Qualifier	ID	1-2	N/U		
2330A	N406	Location Identifier	AN	1-30	N/U		
2330A	**REF**	**OTHER SUBSCRIBER SECONDARY IDENTIFICATION**		**3**	**S**		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2320	MIA16	PPS-Operating Federal Specific DRG Amount	R	1-18	S				NOT USED BY AHCCCS
2320	MIA17	Claim PPS Capital Outlier Amount	R	1-18	S				NOT USED BY AHCCCS
2320	MIA18	Claim Indirect Teaching Amount	R	1-18	S				NOT USED BY AHCCCS
2320	MIA19	Non-Payable Professional Component Billed Amount	R	1-18	S			Name Change	NOT USED BY AHCCCS
2320	MIA20	Claim Payment Remark Code	AN	1-50	S			Increase from 30 - 50 Name Change	NOT USED BY AHCCCS
2320	MIA21	Claim Payment Remark Code	AN	1-50	S			Increase from 30 - 50 Name Change	NOT USED BY AHCCCS
2320	MIA22	Claim Payment Remark Code	AN	1-50	S			Increase from 30 - 50 Name Change	NOT USED BY AHCCCS
2320	MIA23	Claim Payment Remark Code	AN	1-50	S			Increase from 30 - 50 Name Change	NOT USED BY AHCCCS
2320	MIA24	PPS-Capital Exception Amount	R	1-18	S				NOT USED BY AHCCCS
2320	**MOA**	**MEDICARE OUTPATIENT ADJUDICATION INFORMATION**		**1**	**S**			Required when outpatient adjudication information is reported in the remittance	SEGMENT NOT USED BY AHCCCS
2320	MOA01	Reimbursement Rate	R	1-10	S				NOT USED BY AHCCCS
2320	MOA02	HCPCS Payable Amount	R	1-18	S			Name Change	NOT USED BY AHCCCS
2320	MOA03	Remark Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY AHCCCS
2320	MOA04	Remark Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY AHCCCS
2320	MOA05	Remark Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY AHCCCS
2320	MOA06	Remark Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY AHCCCS
2320	MOA07	Remark Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY AHCCCS
2320	MOA08	End Stage Renal Disease Payment Amount	R	1-18	S			Name Change	NOT USED BY AHCCCS
2320	MOA09	Non-Payable Professional Component Billed Amount	R	1-18	S			Name Change	NOT USED BY AHCCCS
2330A	**NM1**	**OTHER SUBSCRIBER NAME**		**1**	**R**	**1**			
2330A	NM101	Entity Identifier Code	ID	2-3	R		IL		Expect IL
2330A	NM102	Entity Type Qualifier	ID	1-1	R		1, 2		Expect 1
2330A	NM103	Other Insured Last Name	AN	1-60	R			Increase from 35 - 60	Expect Other Insured Last Name
2330A	NM104	Other Insured First Name	AN	1-35	S			Increase from 25 - 35	Expect Other Insured First Name
2330A	NM105	Other Insured Middle Name	AN	1-25	S				Expect Other Insured MI
2330A	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2330A	NM107	Other Insured Name Suffix	AN	1-10	S				NOT USED BY AHCCCS
2330A	NM108	Identification Code Qualifier	ID	1-2	R		II, MI	Code Change	Expect MI
2330A	NM109	Other Insured Identifier	AN	2-80	R				Expect Other Insured Identifier (AHCCCS ID)
2330A	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2330A	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2330A	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2330A	**N3**	**OTHER SUBSCRIBER ADDRESS**		**1**	**S**				
2330A	N301	Other Insured Address Line	AN	1-55	R				Expect Other Insured Address1
2330A	N302	Other Insured Address Line	AN	1-55	S				Expect Other Insured Address2
2330A	**N4**	**OTHER SUBSCRIBER CITY/STATE/ZIP CODE**		**1**	**R**				
2330A	N401	Other Insured City Name	AN	2-30	R				Expect Other Insured City Name
2330A	N402	Other Insured State Code	ID	2-2	S			Usage change to Situational	Expect Other Insured State Code
2330A	N403	Other Insured Postal Zone or ZIP Code	ID	3-15	S			Usage change to Situational	Expect Other Insured Zip Code
2330A	N404	Subscriber Country Code	ID	2-3	S				NOT USED BY AHCCCS
2330A	N405	Location Qualifier	ID	1-2	N/U				NOT USED
2330A	N406	Location Identifier	AN	1-30	N/U				NOT USED
2330A	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY AHCCCS
2330A	**REF**	**OTHER SUBSCRIBER SECONDARY IDENTIFICATION**		**2**	**S**			# of Repeat change to 2	SEGMENT NOT USED BY AHCCCS

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2330A	REF01	Reference Identification Qualifier	ID	2-3	R		1W, 23, !G, SY
2330A	REF02	Other Insured Additional Identifier	AN	1-30	R		
2330B	**NM1**	**OTHER PAYER NAME**		**1**	**R**	**1**	
2330B	NM101	Entity Identifier Code	ID	2-3	R		PR
2330B	NM102	Entity Type Qualifier	ID	1-1	R		2
2330B	NM103	Other Payer Last or Organization Name	AN	1-35	R		
2330B	NM104	Name First	AN	1-25	N/U		
2330B	NM105	Name Middle	AN	1-25	N/U		
2330B	NM106	Name Prefix	AN	1-10	N/U		
2330B	NM107	Name Suffix	AN	1-10	N/U		
2330B	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV
2330B	NM109	Other Payer Primary Identifier	AN	2-80	R		
2330B	**N3**	**OTHER PAYER ADDRESS**		**1**	**S**		
2330B	N301	Other Payer Address Line	AN	1-55	R		
2330B	N302	Other Payer Address Line	AN	1-55	S		
2330B	**N4**	**OTHER PAYER CITY/STATE/ZIP CODE**		**1**	**S**		
2330B	N401	Other Payer City Name	AN	2-30	R		
2330B	N402	Other Payer State Code	ID	2-2	R		
2330B	N403	Other Payer Postal Zone or ZIP Code	ID	3-15	R		
2330B	N404	Payer Country Code	ID	2-3	S		
2330B	N405	Location Qualifier	ID	1-2	N/U		
2330B	N406	Location Identifier	AN	1-30	N/U		
2330B	**DTP**	**CLAIM ADJUDICATION DATE**		**1**	**S**		
2330B	DTP01	Date Time Qualifier	ID	3-3	R		573
2330B	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8
2330B	DTP03	Adjudication or Payment Date	AN	1-35	R		CCYYMMDD
2330B	**REF**	**OTHER PAYER SECONDARY IDENTIFICATION AND REFERENCE NUMBER**		**2**	**S**		
2330B	REF01	Reference Identification Qualifier	ID	2-3	R		2U, F8, FY, NF, TJ
2330B	REF02	Other Payer Secondary Identifier	AN	1-30	R		
2330B	**REF**	**OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER**		**1**	**S**		
2330B	REF01	Reference Identification Qualifier	ID	2-3	R		9F, G1

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2330A	REF01	Reference Identification Qualifier	ID	2-3	R		SY	Code Deleted	NOT USED BY AHCCCS
2330A	REF02	Other Insured Additional Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2330A	REF03	Description	AN	1-80	N/U				NOT USED
2330A	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330B	**NM1**	**OTHER PAYER NAME**		**1**	**R**	**1**			
2330B	NM101	Entity Identifier Code	ID	2-3	R		PR		Expect PR
2330B	NM102	Entity Type Qualifier	ID	1-1	R		2		Expect 2
2330B	NM103	Other Payer Last or Organization Name	AN	1-60	R			Increase from 35 - 60	Expect Other Payer Name
2330B	NM104	Name First	AN	1-35	N/U			Increase from 25 - 35	NOT USED
2330B	NM105	Name Middle	AN	1-25	N/U				NOT USED
2330B	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2330B	NM107	Name Suffix	AN	1-10	N/U				NOT USED
2330B	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV		Expect PI
2330B	NM109	Other Payer Primary Identifier	AN	2-80	R			When sending Line Adjudication Information for this payer, the identifier sent in SVD01 (Payer Identifier) of Loop ID-2430 (Line Adjudication Information) must match this value.	Expect Other Payer Primary Identifier
2330B	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2330B	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2330B	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330B	**N3**	**OTHER PAYER ADDRESS**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2330B	N301	Other Payer Address Line	AN	1-55	R				NOT USED BY AHCCCS
2330B	N302	Other Payer Address Line	AN	1-55	S				NOT USED BY AHCCCS
2330B	**N4**	**OTHER PAYER CITY/STATE/ZIP CODE**		**1**	**R**			Usage change to Required	SEGMENT NOT USED BY AHCCCS
2330B	N401	Other Payer City Name	AN	2-30	R				NOT USED BY AHCCCS
2330B	N402	Other Payer State Code	ID	2-2	S			Usage change to Situational	NOT USED BY AHCCCS
2330B	N403	Other Payer Postal Zone or ZIP Code	ID	3-15	S			Usage change to Situational	NOT USED BY AHCCCS
2330B	N404	Other Payer Country Code	ID	2-3	S			Name Change	NOT USED BY AHCCCS
2330B	N405	Location Qualifier	ID	1-2	N/U				NOT USED
2330B	N406	Location Identifier	AN	1-30	N/U				NOT USED
2330B	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY AHCCCS
2330B	**DTP**	**DATE - CLAIM CHECK OR REMITTANCE DATE**		**1**	**S**			Name Change	
2330B	DTP01	Date Time Qualifier	ID	3-3	R		573		Expect '573'
2330B	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2330B	DTP03	Adjudication or Payment Date	AN	1-35	R		CCYYMMDD		Expect Adjudication/Payment Date
2330B	**REF**	**OTHER PAYER SECONDARY IDENTIFICATION**		**2**	**S**			Name Change	Required prior to the mandated implementation date for the HIPAA National Plan Identifier when an additional identification number to that provided in the NM109 of this loop is necessary for the claim processor to identify the entity.
2330B	REF01	Reference Identification Qualifier	ID	2-3	R		2U, EI, FY, NF	Code Change	
2330B	REF02	Other Payer Secondary Identifier	AN	1-50	R			Increase from 30 - 50	
2330B	REF03	Description	AN	1-80	N/U				NOT USED
2330B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330B	**REF**	**OTHER PAYER PRIOR AUTHORIZATION NUMBER**		**1**	**S**				
2330B	REF01	Reference Identification Qualifier	ID	2-3	R		G1	Code Change	Expect 'G1'

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2330B	REF02	Other Payer Prior Authorization or Referral Number	AN	1-30	R		
2330C	**NM1**	**OTHER PAYER PATIENT INFORMATION**		**1**	**S**	**1**	
2330C	**REF**	**OTHER PAYER PATIENT IDENTIFICATION NUMBER**		**3**	**S**		
2330D	**NM1**	**OTHER PAYER ATTENDING PROVIDER**		**1**	**S**	**1**	
2330D	NM101	Entity Identifier Code	ID	2-3	R		71
2330D	NM102	Entity Type Qualifier	ID	1-1	R		1, 2
2330D	**REF**	**OTHER PAYER ATTENDING PROVIDER SECONDARY IDENTIFICATION**		**3**	**R**		
2330D	REF01	Reference Identification Qualifier	ID	2-3	R		1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5
2330D	REF02	Secondary Identifier	AN	1-30	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2330B	REF02	Other Payer Prior Authorization Number	AN	1-50	R			Increase from 30 - 50	Expect Prior Authorization Number
2330B	REF03	Description	AN	1-80	N/U				NOT USED
2330B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330B	**REF**	**OTHER PAYER REFERRAL NUMBER**		**1**	**S**			New Segment	
2330B	REF01	Reference Identification Qualifier	ID	2-3	R		9F		Expect '9F'
2330B	REF02	Other Payer Referral Number	AN	1-50	R				Expect Referral Number
2330B	REF03	Description	AN	1-80	N/U				NOT USED
2330B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330B	**REF**	**OTHER PAYER CLAIM ADJUSTMENT INDICATOR**		**1**	**S**			New Segment	
2330B	REF01	Reference Identification Qualifier	ID	2-3	R		T4	T4-Signal Code	Expect 'T4'
2330B	REF02	Other Payer Claim Adjustment Indicator	AN	1-50	R				Only allowed value is “Y”.
2330B	REF03	Description	AN	1-80	N/U				NOT USED
2330B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330B	**REF**	**OTHER PAYER CLAIM CONTROL NUMBER**		**1**	**S**			New Segment	
2330B	REF01	Reference Identification Qualifier	ID	2-3	R		F8		Expect 'F8'
2330B	REF02	Other Payer Claim Control Number	AN	1-50	R				Expect Other Payer Claim Control Number. If submitting a void transaction, the AHCCCS CRN of the encounter to be adjusted must be included in this field.
2330B	REF03	Description	AN	1-80	N/U				NOT USED
2330B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
2330C	**NM1**	**OTHER PAYER ATTENDING PROVIDER**		**1**	**S**	**1**		Loop Change	SEGMENT NOT USED BY AHCCCS
2330C	NM101	Entity Identifier Code	ID	2-3	R		71		NOT USED BY AHCCCS
2330C	NM102	Entity Type Qualifier	ID	1-1	R		1	Code Deleted	NOT USED BY AHCCCS
2330C	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330C	NM104	Name First	AN	1-35	N/U				NOT USED
2330C	NM105	Name Middle	AN	1-25	N/U				NOT USED
2330C	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2330C	NM107	Name Suffix	AN	1-10	N/U				NOT USED
2330C	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
2330C	NM109	Identification Code	AN	2-80	N/U				NOT USED
2330C	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2330C	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2330C	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330C	**REF**	**OTHER PAYER ATTENDING PROVIDER SECONDARY IDENTIFICATION**		**4**	**R**			Loop Change # Repeats change to 4	SEGMENT NOT USED BY AHCCCS
2330C	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Change	NOT USED BY AHCCCS
2330C	REF02	Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2330C	REF03	Description	AN	1-80	N/U				NOT USED
2330C	REF04	REFERENCE IDENTIFIER			N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2330E	**NM1**	**OTHER PAYER OPERATING PROVIDER**		**1**	**S**	**1**	
2330E	NM101	Entity Identifier Code	ID	2-3	R		72
2330E	NM102	Entity Type Qualifier	ID	1-1	R		1
2330E	**REF**	**OTHER PAYER OPERATING PROVIDER IDENTIFICATION**		**3**	**R**		
2330E	REF01	Reference Identification Qualifier	ID	2-3	R		1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5
2330E	REF02	Secondary Identifier	AN	1-30	R		
2330F	**NM1**	**OTHER PAYER OTHER PROVIDER**		**1**	**S**	**1**	
2330F	NM101	Entity Identifier Code	ID	2-3	R		73
2330F	NM102	Entity Type Qualifier	ID	1-1	R		1, 2
2330F	**REF**	**OTHER PAYER OTHER PROVIDER IDENTIFICATION**		**3**	**R**		
2330F	REF01	Reference Identification Qualifier	ID	2-3	R		1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY
2330F	REF02	Secondary Identifier	AN	1-30	R		
2330H	**NM1**	**OTHER PAYER SERVICE FACILITY PROVIDER**		**1**	**S**	**1**	
2330H	NM101	Entity Identifier Code	ID	2-3	R		FA
2330H	NM102	Entity Type Qualifier	ID	1-1	R		2

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2330D	**NM1**	**OTHER PAYER OPERATING PROVIDER**		**1**	**S**	**1**		Loop Change	SEGMENT NOT USED BY AHCCCS
2330D	NM101	Entity Identifier Code	ID	2-3	R		72		NOT USED BY AHCCCS
2330D	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY AHCCCS
2330D	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330D	NM104	Name First	AN	1-35	N/U				NOT USED
2330D	NM105	Name Middle	AN	1-25	N/U				NOT USED
2330D	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2330D	NM107	Name Suffix	AN	1-10	N/U				NOT USED
2330D	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
2330D	NM109	Identification Code	AN	2-80	N/U				NOT USED
2330D	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2330D	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2330D	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330D	**REF**	**OTHER PAYER OPERATING PROVIDER SECONDARY IDENTIFICATION**		**4**	**R**			Loop Change Name Change # Repeats change to 4	SEGMENT NOT USED BY AHCCCS
2330D	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Change	NOT USED BY AHCCCS
2330D	REF02	Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2330D	REF03	Description	AN	1-80	N/U				NOT USED
2330D	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330E	**NM1**	**OTHER PAYER OTHER OPERATING PROVIDER**		**1**	**S**	**1**		Loop Change Name Change	SEGMENT NOT USED BY AHCCCS
2330E	NM101	Entity Identifier Code	ID	2-3	R		ZZ	Code Change	NOT USED BY AHCCCS
2330E	NM102	Entity Type Qualifier	ID	1-1	R		1	Code Deleted	NOT USED BY AHCCCS
2330E	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330E	NM104	Name First	AN	1-35	N/U				NOT USED
2330E	NM105	Name Middle	AN	1-25	N/U				NOT USED
2330E	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2330E	NM107	Name Suffix	AN	1-10	N/U				NOT USED
2330E	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
2330E	NM109	Identification Code	AN	2-80	N/U				NOT USED
2330E	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2330E	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2330E	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330E	**REF**	**OTHER PAYER OTHER OPERATING PROVIDER SECONDARY IDENTIFICATION**		**4**	**R**			Loop Change Name Change # Repeats change to 4	SEGMENT NOT USED BY AHCCCS
2330E	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Change	NOT USED BY AHCCCS
2330E	REF02	Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2330E	REF03	Description	AN	1-80	N/U				NOT USED
2330E	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330F	**NM1**	**OTHER PAYER SERVICE FACILITY LOCATION**		**1**	**S**	**1**		Loop Change Name Change	SEGMENT NOT USED BY AHCCCS
2330F	NM101	Entity Identifier Code	ID	2-3	R		77	Code Change	NOT USED BY AHCCCS
2330F	NM102	Entity Type Qualifier	ID	1-1	R		2		NOT USED BY AHCCCS
2330F	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330F	NM104	Name First	AN	1-35	N/U				NOT USED
2330F	NM105	Name Middle	AN	1-25	N/U				NOT USED
2330F	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2330F	NM107	Name Suffix	AN	1-10	N/U				NOT USED
2330F	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
2330F	NM109	Identification Code	AN	2-80	N/U				NOT USED
2330F	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2330F	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2330H	**REF**	**OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFICATION**		**3**	**R**		
2330H	REF01	Reference Identification Qualifier	ID	2-3	R		1B, 1C, 1D, EI, G2, LU, N5
2330H	REF02	Other Payer Service Facility Location Secondary Identifier	AN	1-30	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2330F	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330F	**REF**	**OTHER PAYER SERVICE FACILITY LOCATION SECONDARY IDENTIFIER**		**3**	**R**			Loop Change Name Change	SEGMENT NOT USED BY AHCCCS
2330F	REF01	Reference Identification Qualifier	ID	2-3	R		0B, G2, LU	Code Change	NOT USED BY AHCCCS
2330F	REF02	Other Payer Service Facility Location Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2330F	REF03	Description	AN	1-80	N/U				NOT USED
2330F	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330G	**NM1**	**OTHER PAYER RENDERING PROVIDER**		**1**	**S**	**1**		New Segment	SEGMENT NOT USED BY AHCCCS
2330G	NM101	Entity Identifier Code	ID	2-3	R		82		NOT USED BY AHCCCS
2330G	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY AHCCCS
2330G	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330G	NM104	Name First	AN	1-35	N/U				NOT USED
2330G	NM105	Name Middle	AN	1-25	N/U				NOT USED
2330G	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2330G	NM107	Name Suffix	AN	1-10	N/U				NOT USED
2330G	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
2330G	NM109	Identification Code	AN	2-80	N/U				NOT USED
2330G	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2330G	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2330G	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330G	**REF**	**OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFIER**		**4**	**R**			New Segment	SEGMENT NOT USED BY AHCCCS
2330G	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU		NOT USED BY AHCCCS
2330G	REF02	Other Payer Rendering Provider Secondary Identifier	AN	1-50	R				NOT USED BY AHCCCS
2330G	REF03	Description	AN	1-80	N/U				NOT USED
2330G	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330H	**NM1**	**OTHER PAYER REFERRING PROVIDER**		**1**	**S**	**1**		New Segment	SEGMENT NOT USED BY AHCCCS
2330H	NM101	Entity Identifier Code	ID	2-3	R		DN		NOT USED BY AHCCCS
2330H	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY AHCCCS
2330H	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330H	NM104	Name First	AN	1-35	N/U				NOT USED
2330H	NM105	Name Middle	AN	1-25	N/U				NOT USED
2330H	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2330H	NM107	Name Suffix	AN	1-10	N/U				NOT USED
2330H	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
2330H	NM109	Identification Code	AN	2-80	N/U				NOT USED
2330H	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2330H	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2330H	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330H	**REF**	**OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFIER**		**3**	**R**			New Segment	SEGMENT NOT USED BY AHCCCS
2330H	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2		NOT USED BY AHCCCS
2330H	REF02	Other Payer Referring Provider Secondary Identifier	AN	1-50	R				NOT USED BY AHCCCS
2330H	REF03	Description	AN	1-80	N/U				NOT USED
2330H	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330I	**NM1**	**OTHER PAYER BILLING PROVIDER**		**1**	**S**	**1**		New Segment	SEGMENT NOT USED BY AHCCCS
2330I	NM101	Entity Identifier Code	ID	2-3	R		85		NOT USED BY AHCCCS

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2400	**LX**	**SERVICE LINE NUMBER**		**1**	**R**	**999**	
2400	LX01	Assigned Number	N0	1-6	R		
2400	**SV2**	**INSTITUTIONAL SERVICE LINE**		**1**	**R**		
2400	SV201	Revenue Code	AN	1-48	R		
2400	SV202	COMPOSITE			S		
2400	SV202-1	Product or Service ID Qualifier	ID	2-2	R		HC, IV, ZZ
2400	SV202-2	Procedure Code	AN	1-48	R		
2400	SV202-3	Procedure Modifier	AN	2-2	S		
2400	SV202-4	Procedure Modifier	AN	2-2	S		
2400	SV202-5	Procedure Modifier	AN	2-2	S		
2400	SV202-6	Procedure Modifier	AN	2-2	S		
2400	SV202-7	Description	AN	1-80	N/U		
2400	SV203	Line Item Charge Amount	R	1-18	R		
2400	SV204	Unit or Basis for Measurement Code	ID	2-2	R		DA, F2, UN
2400	SV205	Service Unit Count	R	1-15	R		
2400	SV206	Unit Rate	ID	1-10	S		
2400	SV207	Monetary Amount	R	1-18	S		
2400	**PWK**	**LINE SUPPLEMENTAL INFORMATION**		**5**	**S**		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2330I	NM102	Entity Type Qualifier	ID	1-1	R		2		NOT USED BY AHCCCS
2330I	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330I	NM104	Name First	AN	1-35	N/U				NOT USED
2330I	NM105	Name Middle	AN	1-25	N/U				NOT USED
2330I	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2330I	NM107	Name Suffix	AN	1-10	N/U				NOT USED
2330I	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
2330I	NM109	Identification Code	AN	2-80	N/U				NOT USED
2330I	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2330I	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2330I	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330I	**REF**	**OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION**		**2**	**R**			New Segment	SEGMENT NOT USED BY AHCCCS
2330I	REF01	Reference Identification Qualifier	ID	2-3	R		G2, LU		NOT USED BY AHCCCS
2330I	REF02	Other Payer Billing Provider Secondary Identification	AN	1-50	R				NOT USED BY AHCCCS
2330I	REF03	Description	AN	1-80	N/U				NOT USED
2330I	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2400	**LX**	**SERVICE LINE**		**1**	**R**	**999**		Name Change	
2400	LX01	Assigned Number	N0	1-6	R				Expect Line counter
2400	**SV2**	**INSTITUTIONAL SERVICE LINE**		**1**	**R**				
2400	SV201	Revenue Code	AN	1-48	R				Expect Revenue code
2400	SV202	COMPOSITE			R			Usage change to Required	
2400	SV202-1	Product or Service ID Qualifier	ID	2-2	R		ER, HC, HP, IV, WK	Code Change	Expect 'HC'
2400	SV202-2	Procedure Code	AN	1-48	R				Expect Procedure code
2400	SV202-3	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier
2400	SV202-4	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier
2400	SV202-5	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier
2400	SV202-6	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier
2400	SV202-7	Description	AN	1-80	S			Usage change to Situational	NOT USED BY AHCCCS
2400	SV202-8	Product/Service ID	AN	1-48	N/U			New Element	NOT USED
2400	SV203	Line Item Charge Amount	R	1-18	R				Expect Line Item Charge Amount
2400	SV204	Unit or Basis for Measurement Code	ID	2-2	R		DA, UN	Code Deleted	Expect DA or UN
2400	SV205	Service Units/Days	R	1-15	R			Name Change	Expect Units or Days
2400	SV206	Unit Rate	ID	1-10	N/U			Usage change to Not Used	NOT USED
2400	SV207	Monetary Amount	R	1-18	S				Expect Line Non-covered charges
2400	SV208	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2400	SV209	Nursing Home Residential Status Code	ID	1-1	N/U				NOT USED
2400	SV210	Level of Care Code	ID	1-1	N/U				NOT USED
2400	**PWK**	**LINE SUPPLEMENTAL INFORMATION**		**10**	**S**			# Repeats change to 10	

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2400	PWK01	Attachment Report Type Code	ID	2-2	R		AS, B2, B3, B4, CT, D2, DA, DG, DS, EB, MT, NN, OB, OZ, PN, PO, PZ, RB, RR, RT
2400	PWK02	Attachment Transmission Code	ID	1-2	R		AA, AB, AD, AF, AG, BM, EL, EM, FX
2400	PWK03	Report Copies Needed	N0	1-2	N/U		
2400	PWK04	Entity Identifier Code	ID	2-3	N/U		
2400	PWK05	Identification Code Qualifier	ID	1-2	S		AC
2400	PWK06	Identification Code	AN	2-80	S		
2400	**DTP**	**SERVICE LINE DATE**		**1**	**R**		
2400	DTP01	Date Time Qualifier	ID	3-3	R		472
2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8, RD8
2400	DTP03	Service Date	AN	1-35	R		CYYMMDD, CCYYMMDD-CCYYMMDD
2400	**DTP**	**ASSESSMENT DATE**		**1**	**S**		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2400	PWK01	Attachment Report Type Code	ID	2-2	R		03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, AS, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, OX, OZ, P4, P5, PE, PN, PO, PQ, PY, PZ, RB, RR, RT, RX, SG, V5, XP	Code Added	Expect Attachment Report Type code
2400	PWK02	Attachment Transmission Code	ID	1-2	R		AA, BM, EL, EM, FT, FX	Code Change	Expect Attachment Transmission code
2400	PWK03	Report Copies Needed	N0	1-2	N/U				NOT USED
2400	PWK04	Entity Identifier Code	ID	2-3	N/U				NOT USED
2400	PWK05	Identification Code Qualifier	ID	1-2	S		AC		Expect 'AC'
2400	PWK06	Attachment Control Number	AN	2-80	S				Expect Attachment Control Number
2400	PWK07	Description	AN	1-80	N/U				NOT USED
2400	PWK08	ACTIONS INDICATED			N/U				NOT USED
2400	PWK09	Request Category Code	ID	1-2	N/U				NOT USED
2400	**DTP**	**DATE - SERVICE DATE**		**1**	**R**			Name Change Usage change to Required	Required on outpatient service lines where a drug is not being billed and the Statement Covers Period is greater than one day. OR Required on service lines where a drug is being billed and the payer's adjudication is known to be impacted by the drug duration or the date the prescription was written.
2400	DTP01	Date Time Qualifier	ID	3-3	R		472		Expect '472'
2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8, RD8		Expect 'D8' or 'RD8'
2400	DTP03	Service Date	AN	1-35	R		CYYMMDD, CCYYMMDD-CCYYMMDD		Expect Service Line Date
								SEGMENT DELETED	DELETED
2400	**REF**	**LINE ITEM CONTROL NUMBER**		**1**	**S**			New Segment	DE note: The maximum number of characters to be supported for this field is '30'. A submitter may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any receiving system is '30'. Characters beyond 30 are not required to be stored nor returned by any 837-receiving system.
2400	REF01	Reference Identification Qualifier	ID	2-3	R		6R		Expect '6R'
2400	REF02	Line Item Control Number	AN	1-50	R				Expect Line Item Control Number
2400	REF03	Description	AN	1-80	N/U				NOT USED
2400	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2400	**REF**	**REPRICED LINE ITEM REFERENCE NUMBER**		**1**	**S**			New Segment	SEGMENT NOT USED BY AHCCCS

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2400	**AMT**	**SERVICE TAX AMOUNT**		**1**	**S**		
2400	AMT01	Amount Qualifier Code	ID	1-3	R		GT
2400	AMT02	Service Tax Amount	R	1-18	R		
2400	**AMT**	**FACILITY TAX AMOUNT**		**1**	**S**		
2400	AMT01	Amount Qualifier Code	ID	1-3	R		N8
2400	AMT02	Facility Tax Amount	R	1-18	R		
2400	**HCP**	**LINE PRICING/REPRICING INFORMATION**		**1**	**S**		
2400	HCP01	Pricing Methodology	ID	2-2	R		00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14
2400	HCP02	Repriced Allowed Amount	R	1-18	R		
2400	HCP03	Repriced Saving Amount	R	1-18	S		
2400	HCP04	Repricing Organization Identifier	AN	1-30	S		
2400	HCP05	Repricing Per Diem or Flat Rate Amount	R	1-9	S		
2400	HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-30	S		
2400	HCP07	Repriced Approved Ambulatory Patient Group Amount	R	1-18	S		
2400	HCP08	Product/Service ID	AN	1-48	S		
2400	HCP09	Product or Service ID Qualifier	ID	2-2	S		HC
2400	HCP10	Procedure Code	AN	1-48	S		
2400	HCP11	Unit or Basis for Measurement Code	ID	2-2	S		DA, UN
2400	HCP12	Repriced Approved Service Unit Count "DA" "UN"	R	1-15	S		
2400	HCP13	Reject Reason Code	ID	2-2	S		T1, T2, T3, T4, T5, T6
2400	HCP14	Policy Compliance Code	ID	1-2	S		1, 2, 3, 4, 5
2400	HCP15	Exception Code	ID	1-2	S		1, 2, 3, 4, 5, 6
2410	**LIN**	**DRUG IDENTIFICATION**		**1**	**S**	**25**	
2410	LIN01	Assigned Identification	AN	1-20	N/U		
2410	LIN02	Product or Service ID Qualifier	ID	2-2	R		N4
2410	LIN03	National Drug Code	AN	1-48	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2400	REF01	Reference Identification Qualifier	ID	2-3	R		9B		NOT USED BY AHCCCS
2400	REF02	Repriced Line Item Reference Number	AN	1-50	R				NOT USED BY AHCCCS
2400	REF03	Description	AN	1-80	N/U				NOT USED
2400	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2400	**REF**	**ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER**		**1**	**S**			New Segment	SEGMENT NOT USED BY AHCCCS
2400	REF01	Reference Identification Qualifier	ID	2-3	R		9D		NOT USED BY AHCCCS
2400	REF02	Adjusted Repriced Line Item Reference Number	AN	1-50	R				NOT USED BY AHCCCS
2400	REF03	Description	AN	1-80	N/U				NOT USED
2400	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2400	**AMT**	**SERVICE TAX AMOUNT**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2400	AMT01	Amount Qualifier Code	ID	1-3	R		GT		NOT USED BY AHCCCS
2400	AMT02	Tax Amount	R	1-18	R			Name Change	NOT USED BY AHCCCS
2400	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
2400	**AMT**	**FACILITY TAX AMOUNT**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2400	AMT01	Amount Qualifier Code	ID	1-3	R		N8		NOT USED BY AHCCCS
2400	AMT02	Facility Tax Amount	R	1-18	R				NOT USED BY AHCCCS
2400	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
2400	**NTE**	**THIRD PARTY ORGANIZATION NOTES**		**1**	**S**			Segment Added	SEGMENT NOT USED BY AHCCCS
2400	NTE01	Note Reference Code	ID	3-3	R		TPO		NOT USED BY AHCCCS
2400	NTE02	Claim Note Text	AN	1-80	R				NOT USED BY AHCCCS
2400	**HCP**	**LINE PRICING/REPRICING INFORMATION**		**1**	**S**				SEGMENT NOT USED BY AHCCCS
2400	HCP01	Pricing Methodology	ID	2-2	R		00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14		NOT USED BY AHCCCS
2400	HCP02	Repriced Allowed Amount	R	1-18	R				NOT USED BY AHCCCS
2400	HCP03	Repriced Saving Amount	R	1-18	S				NOT USED BY AHCCCS
2400	HCP04	Repricing Organization Identifier	AN	1-50	S			Increase from 30 - 50	NOT USED BY AHCCCS
2400	HCP05	Repricing Per Diem or Flat Rate Amount	R	1-9	S				NOT USED BY AHCCCS
2400	HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY AHCCCS
2400	HCP07	Repriced Approved Ambulatory Patient Group Amount	R	1-18	S				NOT USED BY AHCCCS
2400	HCP08	Product/Service ID	AN	1-48	N/U			Usage change to Not Used	NOT USED
2400	HCP09	Product or Service ID Qualifier	ID	2-2	S		ER, HC, HP, IV, WK	Code Added	NOT USED BY AHCCCS
2400	HCP10	Procedure Code	AN	1-48	S				NOT USED BY AHCCCS
2400	HCP11	Unit or Basis for Measurement Code	ID	2-2	S		DA, UN		NOT USED BY AHCCCS
2400	HCP12	Repriced Approved Service Unit Count "DA" "UN"	R	1-15	S				NOT USED BY AHCCCS
2400	HCP13	Reject Reason Code	ID	2-2	S		T1, T2, T3, T4, T5, T6		NOT USED BY AHCCCS
2400	HCP14	Policy Compliance Code	ID	1-2	S		1, 2, 3, 4, 5		NOT USED BY AHCCCS
2400	HCP15	Exception Code	ID	1-2	S		1, 2, 3, 4, 5, 6		NOT USED BY AHCCCS
2410	**LIN**	**DRUG IDENTIFICATION**		**1**	**S**	**1**		# Loop Repeats change to 1	
2410	LIN01	Assigned Identification	AN	1-20	N/U				NOT USED
2410	LIN02	Product or Service ID Qualifier	ID	2-2	R		N4		Expect 'N4'
2410	LIN03	National Drug Code	AN	1-48	R				Expect NDC code
2410	LIN04	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
2410	LIN05	Product/Service ID	AN	1-48	N/U				NOT USED
2410	LIN06	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
2410	LIN07	Product/Service ID	AN	1-48	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2410	**CTP**	**DRUG QUANTITY**		**1**	**S**		
2410	CTP01	Class of Trade Code	ID	2-2	N/U		
2410	CTP02	Price Identifier Code	ID	3-3	N/U		
2410	CTP03	Unit Price	R	1-17	R		
2410	CTP04	National Drug Unit Count	R	1-15	R		
2410	CTP05	COMPOSITE UNIT OF MEASURE			R		
2410	CTP05-1	Unit or Basis For Measurement Code	ID	2-2	R		F2, GR, ML, UN
2410	**REF**	**PRESCRIPTION NUMBER**		**1**	**S**		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2410	LIN08	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
2410	LIN09	Product/Service ID	AN	1-48	N/U				NOT USED
2410	LIN10	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
2410	LIN11	Product/Service ID	AN	1-48	N/U				NOT USED
2410	LIN12	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
2410	LIN13	Product/Service ID	AN	1-48	N/U				NOT USED
2410	LIN14	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
2410	LIN15	Product/Service ID	AN	1-48	N/U				NOT USED
2410	LIN16	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
2410	LIN17	Product/Service ID	AN	1-48	N/U				NOT USED
2410	LIN18	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
2410	LIN19	Product/Service ID	AN	1-48	N/U				NOT USED
2410	LIN20	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
2410	LIN21	Product/Service ID	AN	1-48	N/U				NOT USED
2410	LIN22	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
2410	LIN23	Product/Service ID	AN	1-48	N/U				NOT USED
2410	LIN24	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
2410	LIN25	Product/Service ID	AN	1-48	N/U				NOT USED
2410	LIN26	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
2410	LIN27	Product/Service ID	AN	1-48	N/U				NOT USED
2410	LIN28	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
2410	LIN29	Product/Service ID	AN	1-48	N/U				NOT USED
2410	LIN30	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
2410	LIN31	Product/Service ID	AN	1-48	N/U				NOT USED
2410	**CTP**	**DRUG QUANTITY**		**1**	**R**			Usage Change to Required	
2410	CTP01	Class of Trade Code	ID	2-2	N/U				NOT USED
2410	CTP02	Price Identifier Code	ID	3-3	N/U				NOT USED
2410	CTP03	Unit Price	R	1-17	N/U			Usage change to Not Used	NOT USED
2410	CTP04	National Drug Unit Count	R	1-15	R				Expect unit count
2410	CTP05	COMPOSITE UNIT OF MEASURE			R				
2410	CTP05-1	Unit or Basis For Measurement Code	ID	2-2	R		F2, GR, ME, ML, UN	Code Added	Expect Measurement code
2410	CTP05-2	Exponent	R	1-15	N/U				NOT USED
2410	CTP05-3	Multiplier	R	1-10	N/U				NOT USED
2410	CTP05-4	Unit or Basis For Measurement Code	ID	2-2	N/U				NOT USED
2410	CTP05-5	Exponent	R	1-15	N/U				NOT USED
2410	CTP05-6	Multiplier	R	1-10	N/U				NOT USED
2410	CTP05-7	Unit or Basis For Measurement Code	ID	2-2	N/U				NOT USED
2410	CTP05-8	Exponent	R	1-15	N/U				NOT USED
2410	CTP05-9	Multiplier	R	1-10	N/U				NOT USED
2410	CTP05-10	Unit or Basis For Measurement Code	ID	2-2	N/U				NOT USED
2410	CTP05-11	Exponent	R	1-15	N/U				NOT USED
2410	CTP05-12	Multiplier	R	1-10	N/U				NOT USED
2410	CTP05-13	Unit or Basis For Measurement Code	ID	2-2	N/U				NOT USED
2410	CTP05-14	Exponent	R	1-15	N/U				NOT USED
2410	CTP05-15	Multiplier	R	1-10	N/U				NOT USED
2410	CTP06	Price Multiplier Qualifier	ID	3-3	N/U				NOT USED
2410	CTP07	Multiplier	R	1-10	N/U				NOT USED
2410	CTP08	Monetary Amount	R	1-18	N/U				NOT USED
2410	CTP09	Basis of Unit Price Code	ID	2-2	N/U				NOT USED
2410	CTP10	Condition Value	AN	1-10	N/U				NOT USED
2410	CTP11	Multiple Price Quantity	N0	1-2	N/U				NOT USED
2410	**REF**	**PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER**		**1**	**S**			Name Change	

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2410	REF01	Reference Identification Qualifier	ID	2-3	R		XZ
2410	REF02	Prescription Number	AN	1-30	R		
2420A	NM1	ATTENDING PHYSICIAN NAME		1	S	1	
2420A	REF	ATTENDING PHYSICIAN SECONDARY IDENTIFICATION		1	S		
2420B	NM1	OPERATING PHYSICIAN NAME		1	S	1	
2420B	NM101	Entity Identifier Code	ID	2-3	R		72
2420B	NM102	Entity Type Qualifier	ID	1-1	R		1
2420B	NM103	Last Name	AN	1-35	R		
2420B	NM104	First Name	AN	1-25	S		
2420B	NM105	Middle Name	AN	1-25	S		
2420B	NM106	Name Prefix	AN	1-10	N/U		
2420B	NM107	Name Suffix	AN	1-10	S		
2420B	NM108	Identification Code Qualifier	ID	1-2	S		24, 34, XX
2420B	NM109	Identifier	AN	2-80	S		
2420A	NM110	Entity Relationship Code	ID	2-2	N/U		
2420A	NM111	Entity Identifier Code	ID	2-3	N/U		
2420A	NM112	Name Last or Organization Name	AN	1-60	N/U		
2420B	REF	OPERATING PHYSICIAN SECONDARY IDENTIFICATION		1	S		
2420B	REF01	Reference Identification Qualifier	ID	2-3	R		OB, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
2420B	REF02	Secondary Identifier	AN	1-30	R		
2420B	REF03	Description	AN	1-80	N/U		
2420B	REF04	REFERENCE IDENTIFIER			N/U		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2410	REF01	Reference Identification Qualifier	ID	2-3	R		VY, XZ	Code Added VY Link Sequence Number XZ Pharmacy Prescription Number	Expect Reference qualifier
2410	REF02	Prescription Number	AN	1-50	R			Increase from 30 - 50	Expect Compound Drug Prescription number
2410	REF03	Description	AN	1-80	N/U				NOT USED
2410	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
2420A	NM1	OPERATING PHYSICIAN NAME		1	S	1			SEGMENT NOT USED BY AHCCCS
2420A	NM101	Entity Identifier Code	ID	2-3	R		72		NOT USED BY AHCCCS
2420A	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY AHCCCS
2420A	NM103	Last Name	AN	1-60	R			Increase from 35 - 60	NOT USED BY AHCCCS
2420A	NM104	First Name	AN	1-35	S			Increase from 25 - 35	NOT USED BY AHCCCS
2420A	NM105	Middle Name	AN	1-25	S				NOT USED BY AHCCCS
2420A	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2420A	NM107	Name Suffix	AN	1-10	S				NOT USED BY AHCCCS
2420A	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted	NOT USED BY AHCCCS
2420A	NM109	Identifier	AN	2-80	S				NOT USED BY AHCCCS
2420A	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2420A	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2420A	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2420A	REF	OPERATING PHYSICIAN SECONDARY IDENTIFICATION		20	S			# Repeats change to 20	SEGMENT NOT USED BY AHCCCS
2420A	REF01	Reference Identification Qualifier	ID	2-3	R		OB, 1G, G2, LU	Code Change	NOT USED BY AHCCCS
2420A	REF02	Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY AHCCCS
2420A	REF03	Description	AN	1-80	N/U				NOT USED
2420A	REF04	REFERENCE IDENTIFIER			S			Usage change to Situational	NOT USED BY AHCCCS
2420A	REF04-1	Reference Identifier Qualifier	ID	2-3	R		2U	New Element	NOT USED BY AHCCCS
2420A	REF04-2	Identifier	AN	1-50	R			New Element	NOT USED BY AHCCCS
2420A	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
2420A	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
2420A	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
2420A	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2420B	NM1	OTHER OPERATING PHYSICIAN NAME		1	S	1		New Segment	SEGMENT NOT USED BY AHCCCS
2420B	NM101	Entity Identifier Code	ID	2-3	R		ZZ		NOT USED BY AHCCCS
2420B	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY AHCCCS
2420B	NM103	Last Name	AN	1-60	R				NOT USED BY AHCCCS
2420B	NM104	First Name	AN	1-35	S				NOT USED BY AHCCCS
2420B	NM105	Middle Name	AN	1-25	S				NOT USED BY AHCCCS
2420B	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2420B	NM107	Name Suffix	AN	1-10	S				NOT USED BY AHCCCS
2420B	NM108	Identification Code Qualifier	ID	1-2	S		XX		NOT USED BY AHCCCS
2420B	NM109	Identifier	AN	2-80	S				NOT USED BY AHCCCS
2420B	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2420B	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2420B	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2420B	REF	OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION		20	S			New Segment	SEGMENT NOT USED BY AHCCCS
2420B	REF01	Reference Identification Qualifier	ID	2-3	R		OB, 1G, G2, LU		NOT USED BY AHCCCS
2420B	REF02	Secondary Identifier	AN	1-50	R				NOT USED BY AHCCCS
2420B	REF03	Description	AN	1-80	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2420C	**NM1**	**OTHER PROVIDER NAME**		**1**	**S**	**1**	
2420B	**REF**	**OTHER PROVIDER SECONDARY IDENTIFICATION**		**1**	**S**		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2420B	REF04	REFERENCE IDENTIFIER			S				NOT USED BY AHCCCS
2420B	REF04-1	Reference Identifier Qualifier	ID	2-3	R		2U		NOT USED BY AHCCCS
2420B	REF04-2	Identifier	AN	1-50	R				NOT USED BY AHCCCS
2420B	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
2420B	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
2420B	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
2420B	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
								SEGMENT DELETED	DELETED
								SEGMENT DELETED	DELETED
2420C	**NM1**	**RENDERING PROVIDER NAME**		**1**	**S**	**1**		New Segment	SEGMENT NOT USED BY AHCCCS
2420C	NM101	Entity Identifier Code	ID	2-3	R		82		NOT USED BY AHCCCS
2420C	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY AHCCCS
2420C	NM103	Rendering Provider Last or Organization Name	AN	1-60	R				NOT USED BY AHCCCS
2420C	NM104	Rendering Provider First Name	AN	1-35	S				NOT USED BY AHCCCS
2420C	NM105	Rendering Provider Middle Name	AN	1-25	S				NOT USED BY AHCCCS
2420C	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2420C	NM107	Rendering Provider Name Suffix	AN	1-10	S				NOT USED BY AHCCCS
2420C	NM108	Identification Code Qualifier	ID	1-2	S		XX		NOT USED BY AHCCCS
2420C	NM109	Rendering Provider Identifier	AN	2-80	S				NOT USED BY AHCCCS
2420C	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2420C	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2420C	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2420C	**REF**	**RENDERING PROVIDER SECONDARY IDENTIFICATION**		**20**	**S**			New Segment	SEGMENT NOT USED BY AHCCCS
2420C	REF01	Reference Identification Qualifier	ID	2-3	R		OB, 1G, G2, LU		
2420C	REF02	Rendering Provider Secondary Identifier	AN	1-50	R				NOT USED BY AHCCCS
2420C	REF03	Description	AN	1-80	N/U				NOT USED
2420C	REF04	REFERENCE IDENTIFIER			S				NOT USED BY AHCCCS
2420C	REF04-1	Reference Identifier Qualifier	ID	2-3	R		2U		NOT USED BY AHCCCS
2420C	REF04-2	Other Payer Primary Identifier	AN	1-50	R				NOT USED BY AHCCCS
2420C	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
2420C	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
2420C	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
2420C	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
2420D	**NM1**	**REFERRING PROVIDER NAME**		**1**	**S**	**1**		New Segment	SEGMENT NOT USED BY AHCCCS
2420D	NM101	Entity Identifier Code	ID	2-3	R		DN		NOT USED BY AHCCCS
2420D	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY AHCCCS
2420D	NM103	Referring Provider Last Name	AN	1-60	R				NOT USED BY AHCCCS
2420D	NM104	Referring Provider First Name	AN	1-35	S				NOT USED BY AHCCCS
2420D	NM105	Referring Provider Middle Name or Initial	AN	1-25	S				NOT USED BY AHCCCS
2420D	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2420D	NM107	Referring Provider Name Suffix	AN	1-10	S				NOT USED BY AHCCCS
2420D	NM108	Identification Code Qualifier	ID	1-2	S		XX		NOT USED BY AHCCCS
2420D	NM109	Other Payer Primary Identifier	AN	2-80	S				NOT USED BY AHCCCS
2420D	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2420D	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2420D	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2420D	**REF**	**REFERRING PROVIDER SECONDARY IDENTIFICATION**		**20**	**S**			New Segment	SEGMENT NOT USED BY AHCCCS
2420D	REF01	Reference Identification Qualifier	ID	2-3	R		OB, 1G, G2		NOT USED BY AHCCCS
2420D	REF02	Referring Provider Secondary Identifier	AN	1-50	R				NOT USED BY AHCCCS

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
2430	**SVD**	**LINE ADJUDICATION INFORMATION**		**1**	**S**	**25**	
2430	SVD01	Payer Identifier	AN	2-80	R		
2430	SVD02	Service Line Paid Amount	R	1-18	R		
2430	SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R		
2430	SVD03-1	Product or Service ID Qualifier	ID	2-2	R		HC, IV, ZZ
2430	SVD03-2	Procedure Code	AN	1-48	R		
2430	SVD03-3	Procedure Modifier	AN	2-2	S		
2430	SVD03-4	Procedure Modifier	AN	2-2	S		
2430	SVD03-5	Procedure Modifier	AN	2-2	S		
2430	SVD03-6	Procedure Modifier	AN	2-2	S		
2430	SVD03-7	Procedure Code Description	AN	1-80	S		
2430	SVD04	Product or Service ID	AN	1-48	R		
2430	SVD05	Paid Service Unit Count	R	1-15	R		
2430	SVD06	Bundled or Unbundled Line Number	N0	1-6	S		
2430	**CAS**	**LINE ADJUSTMENT**		**99**	**S**		
2430	CAS01	Claim Adjustment Group Code	ID	1-2	R		CO, CR, OA, PI, PR
2430	CAS02	Adjustment Reason Code	ID	1-5	R		
2430	CAS03	Adjustment Amount	R	1-18	R		
2430	CAS04	Adjustment Quantity	R	1-15	S		
2430	CAS05	Adjustment Reason Code	ID	1-5	S		
2430	CAS06	Adjustment Amount	R	1-18	S		
2430	CAS07	Adjustment Quantity	R	1-15	S		
2430	CAS08	Adjustment Reason Code	ID	1-5	S		
2430	CAS09	Adjustment Amount	R	1-18	S		
2430	CAS10	Adjustment Quantity	R	1-15	S		
2430	CAS11	Adjustment Reason Code	ID	1-5	S		
2430	CAS12	Adjustment Amount	R	1-18	S		
2430	CAS13	Adjustment Quantity	R	1-15	S		
2430	CAS14	Adjustment Reason Code	ID	1-5	S		
2430	CAS15	Adjustment Amount	R	1-18	S		
2430	CAS16	Adjustment Quantity	R	1-15	S		
2430	CAS17	Adjustment Reason Code	ID	1-5	S		
2430	CAS18	Adjustment Amount	R	1-18	S		
2430	CAS19	Adjustment Quantity	R	1-15	S		
2430	**DTP**	**SERVICE ADJUDICATION DATE**		**1**	**S**		
2430	DTP01	Date Time Qualifier	ID	3-3	R		573
2430	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8
2430	DTP03	Adjudication or Payment Date	AN	1-35	R		CCYYMMDD

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
2420D	REF03	Description	AN	1-80	N/U				NOT USED
2420D	REF04	REFERENCE IDENTIFIER			S				NOT USED BY AHCCCS
2420D	REF04-1	Reference Identifier Qualifier	ID	2-3	R		2U		NOT USED BY AHCCCS
2420D	REF04-2	Other Payer Primary Identifier	AN	1-50	R				NOT USED BY AHCCCS
2420D	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
2420D	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
2420D	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
2420D	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
2430	**SVD**	**LINE ADJUDICATION INFORMATION**		**1**	**S**	**15**			
2430	SVD01	Other Payer Primary Identifier	AN	2-80	R			Name Change	Expect Health Plan ID
2430	SVD02	Service Line Paid Amount	R	1-18	R				Expect Health Plan Paid Amount
2430	SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R				
2430	SVD03-1	Product or Service ID Qualifier	ID	2-2	R		ER, HC, HP, IV, WK	Code Change	Expect 'HC'
2430	SVD03-2	Procedure Code	AN	1-48	R				Expect Procedure code
2430	SVD03-3	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier1
2430	SVD03-4	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier2
2430	SVD03-5	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier3
2430	SVD03-6	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier4
2430	SVD03-7	Procedure Code Description	AN	1-80	S				NOT USED BY AHCCCS
2430	SVD03-8	Product/Service ID	AN	1-48	N/U			New Element	NOT USED
2430	SVD04	Service Line Revenue Code	AN	1-48	R			Errata A2-Usage changed from Not used to Required, Industry name added	Expect Revenue code
2430	SVD05	Paid Service Unit Count	R	1-15	R				Expect Paid Service Unit count
2430	SVD06	Bundled or Unbundled Line Number	N0	1-6	S				NOT USED BY AHCCCS
2430	**CAS**	**LINE ADJUSTMENT**		**5**	**S**				
2430	CAS01	Claim Adjustment Group Code	ID	1-2	R		CO, CR, OA, PI, PR		Expect any value
2430	CAS02	Adjustment Reason Code	ID	1-5	R				Expect Adjustment Reason Code
2430	CAS03	Adjustment Amount	R	1-18	R				Expect Adjustment Amount
2430	CAS04	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2430	CAS05	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
2430	CAS06	Adjustment Amount	R	1-18	S				Expect Adjustment Amount
2430	CAS07	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2430	CAS08	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
2430	CAS09	Adjustment Amount	R	1-18	S				Expect Adjustment Amount
2430	CAS10	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2430	CAS11	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
2430	CAS12	Adjustment Amount	R	1-18	S				Expect Adjustment Amount
2430	CAS13	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2430	CAS14	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
2430	CAS15	Adjustment Amount	R	1-18	S				Expect Adjustment Amount
2430	CAS16	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2430	CAS17	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
2430	CAS18	Adjustment Amount	R	1-18	S				Expect Adjustment Amount
2430	CAS19	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2430	**DTP**	**LINE CHECK OR REMITTANCE DATE**		**1**	**R**			Name Change Usage change to Required	
2430	DTP01	Date Time Qualifier	ID	3-3	R		573		Expect '573'
2430	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2430	DTP03	Adjudication or Payment Date	AN	1-35	R		CCYYMMDD		Expect Payer Adjudication or Payment Date
2430	**AMT**	**REMAINING PATIENT LIABILITY**		**1**	**S**			New Segment	SEGMENT NOT USED BY AHCCCS
2430	AMT01	Amount Qualifier Code	ID	1-3	R		EAF		NOT USED BY AHCCCS
2430	AMT02	Remaining Patient Liability Amount	R	1-18	R				NOT USED BY AHCCCS
2430	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 ENC	ID	Min. Max.	USE	Loop Rep	Values
	SE	**TRANSACTION SET TRAILER**		**1**	**R**	**>1**	
	SE01	Transaction Segment Count	N0	1-10	R		
	SE02	Transaction Set Control Number	AN	4-9	R		
	GE	**FUNCTION GROUP TRAILER**		**1**	**R**	**1**	
	GE01	Number of Transaction Sets Included	N0	1-6	R		
	GE02	Group Control Number	N0	1-9	R		
	IEA	**INTERCHANGE CONTROL TRAILER**		**1**	**R**	**1**	
	IEA01	Number of Included Functional Groups	N0	1-5	R		
	IEA02	Interchange Control Number	N0	9-9	R		

Loop	Element	Description 837-I 5010 A2 ENC	ID	Min. Max.	USE	Loop Rep	Values	Note	AHCCCS Usage/Expected Value
	SE	**TRANSACTION SET TRAILER**		**1**	**R**	**>1**			
	SE01	Transaction Segment Count	N0	1-10	R				
	SE02	Transaction Set Control Number	AN	4-9	R				
	GE	**FUNCTION GROUP TRAILER**		**1**	**R**	**1**			
	GE01	Number of Transaction Sets Included	N0	1-6	R				
	GE02	Group Control Number	N0	1-9	R				
	IEA	**INTERCHANGE CONTROL TRAILER**		**1**	**R**	**1**			
	IEA01	Number of Included Functional Groups	N0	1-5	R				
	IEA02	Interchange Control Number	N0	9-9	R				

4.1.3 837 Dental Transaction Notes - Encounters

DRAFT

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
				Glossary: **NOT USED BY AHCCCS** - AHCCCS does not use the segment or element for processing or updating of the adjudication system (PMMIS). The field may still be required by a Validator. - Follow TR3 guidelines.
				Blue = Header segments
				Light Blue = Billing Provider & Pay To Segments
				Green = Subscriber / Payer/ Patient Segments
				Yellow = Claim Level Segments
				Orange = Line Level Segments
	ISA	**Interchange Control Header**		
	ISA01	Authorization Information Qualifier		Expect 00
	ISA02	Authorization Information		10 spaces
	ISA03	Security Information Qualifier		Expect 00
	ISA04	Security Information		10 spaces
	ISA05	Interchange ID Qualifier		Expect ZZ
	ISA06	Interchange Sender ID		Expect HP Tax ID+6 spaces
	ISA07	Interchange ID Qualifier		Expect ZZ
	ISA08	Interchange Receiver ID		Expect 996001089
	ISA09	Interchange Date		Expect Date
	ISA10	Interchange Time		Expect Time
	ISA11	Interchange Control Standards ID		Expect ^
	ISA12	Interchange Control Version Number		00501
	ISA13	Interchange Control Number		Expect Interchange Control Number
	ISA14	Acknowledgement Requested		Expect 1
	ISA15	Usage Indicator		Expect P or T
	ISA16	Component Element Separator		Expect Pipe |
	GS	**Functional Group Header**		
	GS01	Functional Identifier Code		Expect HC
	GS02	Application Sender Code		Expect HP ID
	GS03	Application Receiver Code		Expect AHCCCS866004791
	GS04	Date		Expect Date
	GS05	Time		Expect Time HHMMSSDD
	GS06	Group Control Number		Assigned by submitter; Same as GE02
	GS07	Responsible Agency Code		Expect X
	GS08	Version Identifier Code		005010X224A2
	ST	**Transaction Set Header**		
	ST01	Transaction Set Identifier Code		Expect '837'
	ST02	Transaction Set Control Number		Assigned by submitter; Same as SE02

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
	ST03	Implementation Convention Reference		005010X224A2
	BHT	**Beginning of Hierarchical Transaction**		
	BHT01	Hierarchical Structure Code		Expect '837'

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
1000B	NM108	Identification Code Qualifier	46	Expect '46' Electronic Transmitter Identification Number (ETIN)
1000B	NM109	Receiver Primary Identifier		Expect '996001089'
1000B	NM110	Entity Relationship Code		NOT USED
1000B	NM111	Entity Identifier Code		NOT USED
1000B	NM112	Name Last or Organization Name		NOT USED
2000A	**HL**	**Billing Provider Hierarchical Level**		
2000A	HL01	Hierarchical ID Number		Expect '1'
2000A	HL02			NOT USED
2000A	HL03	Hierarchical Level Code	20	Expect '20' Information Source
2000A	HL04	Hierarchical Child Code	1	Expect '1' Additional Subordinate HL Data Segment in This
2000A	**PRV**	**Billing Provider Specialty Information**		
2000A	PRV01	Provider Code	BI	Expect 'BI' Billing
2000A	PRV02	Reference Identification Qualifier	PXC	Expect 'PXC' Health Care Provider Taxonomy Code
2000A	PRV03	Provider Taxonomy Code		Expect Billing Provider Taxonomy code
2000A	PRV04	State or Province Code		NOT USED
2000A	PRV05	PROVIDER SPECIALTY INFORMATION		NOT USED
2000A	PRV06	Provider Organization Code		NOT USED
2000A	**CUR**	**Foreign Currency Information**		**SEGMENT NOT USED BY AHCCCS**
2000A	CUR01	Entity Identifier Code	85	NOT USED BY AHCCCS
2000A	CUR02	Currency Code		NOT USED BY AHCCCS
2000A	CUR03	Exchange Rate		NOT USED
2000A	CUR04	Entity Identifier Code		NOT USED
2000A	CUR05	Currency Code		NOT USED
2000A	CUR06	Currency Market/Exchange Code		NOT USED
2000A	CUR07	Date/Time Qualifier		NOT USED
2000A	CUR08	Date		NOT USED
2000A	CUR09	Time		NOT USED
2000A	CUR10	Date/Time Qualifier		NOT USED
2000A	CUR11	Date		NOT USED
2000A	CUR12	Time		NOT USED
2000A	CUR13	Date/Time Qualifier		NOT USED
2000A	CUR14	Date		NOT USED
2000A	CUR15	Time		NOT USED
2000A	CUR16	Date/Time Qualifier		NOT USED
2000A	CUR17	Date		NOT USED
2000A	CUR18	Time		NOT USED
2000A	CUR19	Date/Time Qualifier		NOT USED
2000A	CUR20	Date		NOT USED
2000A	CUR21	Time		NOT USED
2010AA	**NM1**	**Billing Provider Name**		
2010AA	NM101	Entity Identifier Code	85	Expect '85' 85 Billing Provider
2010AA	NM102	Entity Type Qualifier	1, 2	Expect '1' Person or '2' Non-person Entity

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2010AA	NM103	Billing Provider Last or Organizational Name		Expect Last or Organizational Name
2010AA	NM104	Billing Provider First Name		Expect First Name
2010AA	NM105	Billing Provider Middle Name or Initial		Expect Middle Initial
2010AA	NM106	Name Prefix		NOT USED
2010AA	NM107	Billing Provider Name Suffix		NOT USED BY AHCCCS
2010AA	NM108	Identification Code Qualifier	XX	Expect 'XX' Centers for Medicare and Medicaid Services National Provider Identifier
2010AA	NM109	Billing Provider Identifier		Expect NPI
2010AA	NM110	Entity Relationship Code		NOT USED
2010AA	NM111	Entity Identifier Code		NOT USED
2010AA	NM112	Name Last or Organization Name		NOT USED
2010AA	**N3**	**Billing Provider Address**		
2010AA	N301	Billing Provider Address Line		Expect Billing Address 1
2010AA	N302	Billing Provider Address Line		Expect Billing Address 2
2010AA	**N4**	**Billing Provider City/State/Zip Code**		
2010AA	N401	Billing Provider City Name		Expect Billing City
2010AA	N402	Billing Provider State or Province Code		Expect Billing State
2010AA	N403	Billing Provider Postal Zone or ZIP Code		Expect Billing Zip
2010AA	N404	Country Code		NOT USED BY AHCCCS
2010AA	N405	Location Qualifier		NOT USED
2010AA	N406	Location Identifier		NOT USED
2010AA	N407	Country Subdivision Code		NOT USED BY AHCCCS
2010AA	**REF**	**Billing Provider Tax Identification**		
2010AA	REF01	Reference Identification Qualifier	EI, SY	Expect 'EI' Employer's Identification Number
2010AA	REF02	Billing Provider Tax Identification Number		Expect Billing Tax ID
2010AA	REF03			NOT USED
2010AA	REF04			NOT USED
2010AA	**REF**	**Credit/Debit Card Billing Information**		**SEGMENT DELETED**
2010AA	**REF**	**Billing Provider UPIN/License Information**		**SEGMENT NOT USED BY AHCCCS**
2010AA	REF01	Reference Identification Qualifier	0B, 1G	NOT USED BY AHCCCS
2010AA	REF02	Billing Provider License and/or UPIN Information		NOT USED BY AHCCCS
2010AA	REF03	Description		NOT USED
2010AA	REF04	REFERENCE IDENTIFIER		NOT USED
2010AA	**PER**	**Billing Provider Contact Information**		**SEGMENT NOT USED BY AHCCCS**
2010AA	PER01	Contact Function Code	IC	NOT USED BY AHCCCS
2010AA	PER02	Billing Provider Contact Name		NOT USED BY AHCCCS
2010AA	PER03	Communication Number Qualifier	EM, FX, TE	NOT USED BY AHCCCS
2010AA	PER04	Communication Number		NOT USED BY AHCCCS
2010AA	PER05	Communication Number Qualifier	EM, EX, FX, TE	NOT USED BY AHCCCS
2010AA	PER06	Communication Number		NOT USED BY AHCCCS
2010AA	PER07	Communication Number Qualifier	EM, EX, FX, TE	NOT USED BY AHCCCS
2010AA	PER08	Communication Number		NOT USED BY AHCCCS

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2010AA	PER09	Contact Inquiry Reference		NOT USED
2010AB	**NM1**	**Pay-To Address Name**		SEGMENT NOT USED BY AHCCCS - PAY-TO IS HEALTH PLAN. See 2330B for Health plan identification
2010AB	NM101	Entity Identifier Code	87	NOT USED BY AHCCCS
2010AB	NM102	Entity Type Qualifier	1, 2	NOT USED BY AHCCCS
2010AB	NM103	Pay-to Provider Last or Organization Name		NOT USED
2010AB	NM104	Pay-to Provider First Name		NOT USED
2010AB	NM105	Pay-to Provider Middle Name		NOT USED
2010AB	NM106	Name Prefix		NOT USED
2010AB	NM107	Pay-to Provider Name Suffix		NOT USED
2010AB	NM108	Identification Code Qualifier		NOT USED
2010AB	NM109	Pay-to Provider Identifier		NOT USED
2010AB	NM110	Entity Relationship Code		NOT USED
2010AB	NM111	Entity Identifier Code		NOT USED
2010AB	NM112	Name Last or Organization Name		NOT USED
2010AB	**N3**	**Pay-to Address**		**SEGMENT NOT USED BY AHCCCS**
2010AB	N301	Pay-to Provider Address Line		NOT USED BY AHCCCS
2010AB	N302	Pay-to Provider Address Line		NOT USED BY AHCCCS
2010AB	**N4**	**Pay-To Provider City/State/Zip Code**		**SEGMENT NOT USED BY AHCCCS**
2010AB	N401	Pay-to Provider City Name		NOT USED BY AHCCCS
2010AB	N402	Pay-to Provider State Code		NOT USED BY AHCCCS
2010AB	N403	Pay-to Provider Postal Zone or ZIP Code		NOT USED BY AHCCCS
2010AB	N404	Pay-to Provider Country Code		NOT USED BY AHCCCS
2010AB	N405	Location Qualifier		NOT USED
2010AB	N406	Location Identifier		NOT USED
2010AB	N407	Country Subdivision Code		NOT USED BY AHCCCS
2010AC	**NM1**	**Pay to Plan Name**		**SEGMENT NOT USED BY AHCCCS** - PAY-TO IS HEALTH PLAN. See 2330B for Health plan identification
2010AC	NM101	Entity Identifier Code	PE	NOT USED BY AHCCCS
2010AC	NM102	Entity Type Qualifier	2	NOT USED BY AHCCCS
2010AC	NM103	Pay to Plan Organizational Name		NOT USED BY AHCCCS
2010AC	NM104	Name First		NOT USED
2010AC	NM105	Name Middle		NOT USED
2010AC	NM106	Name Prefix		NOT USED
2010AC	NM107	Name Suffix		NOT USED
2010AC	NM108	Identification Code Qualifier	PI, XV	NOT USED BY AHCCCS
2010AC	NM109	Identification Code		NOT USED BY AHCCCS
2010AC	NM110	Entity Relationship Code		NOT USED
2010AC	NM111	Entity Identifier Code		NOT USED
2010AC	NM112	Name Last or Organization Name		NOT USED
2010AC	**N3**	**Pay-To Plan Address**		**SEGMENT NOT USED BY AHCCCS**
2010AC	N301	Pay-to Plan Address Line		NOT USED BY AHCCCS

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2010AC	N302	Pay-to Plan Address Line		NOT USED BY AHCCCS
2010AC	**N4**	**Pay-To Plan City/State/Zip Code**		**SEGMENT NOT USED BY AHCCCS**
2010AC	N401	Pay-to Plan City Name		NOT USED BY AHCCCS
2010AC	N402	Pay-to Plan State Code		NOT USED BY AHCCCS
2010AC	N403	Pay-to Plan Postal Zone or ZIP Code		NOT USED BY AHCCCS
2010AC	N404	Pay-to Plan Country Code		NOT USED BY AHCCCS
2010AC	N405	Location Qualifier		NOT USED
2010AC	N406	Location Identifier		NOT USED
2010AC	N407	Country Subdivision Code		NOT USED BY AHCCCS
2010AC	**REF**	**Pay-To Plan Secondary Identification**		**SEGMENT NOT USED BY AHCCCS**
2010AC	REF01	Reference Identification Qualifier	2U, FY, NF	NOT USED BY AHCCCS
2010AC	REF02	Reference Identification		NOT USED BY AHCCCS
2010AC	REF03	Description		NOT USED
2010AC	REF04	REFERENCE IDENTIFIER		NOT USED
2010AC	**REF**	**Pay-To Plan Tax Identification**		**SEGMENT NOT USED BY AHCCCS**
2010AC	REF01	Reference Identification Qualifier	EI	NOT USED BY AHCCCS
2010AC	REF02	Reference Identification		NOT USED BY AHCCCS
2010AC	REF03	Description		NOT USED
2010AC	REF04	REFERENCE IDENTIFIER		NOT USED
2000B	**HL**	**Subscriber Hierarchical Level**		
2000B	HL01	Hierarchical ID Number		Expect Incremented number from 2000A/HL Billing Provider Hierarchical Level
2000B	HL02	Hierarchical Parent ID Number		Expect '1'
2000B	HL03	Hierarchical Level Code	22	Expect '22' Subscriber
2000B	HL04	Hierarchical Child Code	0, 1	Expect '0' Hierarchical Structure - Subordinate to 2000A/HL
2000B	**SBR**	**Subscriber Information**		
2000B	SBR01	Payer Responsibility Sequence Number Code	A, B, C, D, E, F, G, H, P, S, T, U	Expect 'P' Primary
2000B	SBR02	Individual Relationship Code	18	Expect '18' Self
2000B	SBR03	Insured Group or Policy Number		NOT USED BY AHCCCS
2000B	SBR04	Insured Group Name		NOT USED BY AHCCCS
2000B	SBR05	Insurance Type Code	12, 13, 14, 15, 16, 41, 42, 43, 47	NOT USED BY AHCCCS
2000B	SBR06	Coordination of Benefits Code		NOT USED
2000B	SBR07	Yes/No Condition or Response Code		NOT USED
2000B	SBR08	Employment Status Code		NOT USED
2000B	SBR09	Claim Filing Indicator Code	11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	Expect 'MC' Medicaid
2010BA	**NM1**	**Subscriber Name**		
2010BA	NM101	Entity Identifier Code	IL	Expect 'IL' Insured or Subscriber
2010BA	NM102	Entity Type Qualifier	1, 2	Expect '1' Person
2010BA	NM103	Subscriber Last Name		Expect Member Last Name
2010BA	NM104	Subscriber First Name		Expect Member First Name

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2010BA	NM105	Subscriber Middle Name		Expect Member MI
2010BA	NM106	Name Prefix		NOT USED
2010BA	NM107	Subscriber Name Suffix		NOT USED BY AHCCCS
2010BA	NM108	Identification Code Qualifier	II, MI	Expect 'MI' Member Identification Number
2010BA	NM109	Subscriber Primary Identifier		Expect AHCCCS ID
2010BA	NM110	Entity Relationship Code		NOT USED
2010BA	NM111	Entity Identifier Code		NOT USED
2010BA	NM112	Name Last or Organization Name		NOT USED
2010BA	**N3**	**Subscriber Address**		
2010BA	N301	Subscriber Address Line		Expect Member Address 1
2010BA	N302	Subscriber Address Line		Expect Member Address 2
2010BA	**N4**	**Subscriber City/State/Zip Code**		
2010BA	N401	Subscriber City Name		Expect Member City
2010BA	N402	Subscriber State Code		Expect Member State
2010BA	N403	Subscriber Postal Zone or ZIP Code		Expect Member Zip
2010BA	N404	Subscriber Country Code		NOT USED BY AHCCCS
2010BA	N405	Location Qualifier		NOT USED
2010BA	N406	Location Identifier		NOT USED
2010BA	N407	Country Subdivision Code		NOT USED BY AHCCCS
2010BA	**DMG**	**Subscriber Demographic Information**		
2010BA	DMG01	Date Time Period Format Qualifier	D8	Expect 'D8' CCYYMMDD
2010BA	DMG02	Subscriber Birth Date	CCYYMMDD	Expect Member DOB
2010BA	DMG03	Subscriber Gender Code	F, M, U	Expect Gender
2010BA	DMG04	Marital Status Code		NOT USED
2010BA	DMG05	Race or Ethnicity Code		NOT USED
2010BA	DMG06	Citizenship Status Code		NOT USED
2010BA	DMG07	Country Code		NOT USED
2010BA	DMG08	Basis of Verification Code		NOT USED
2010BA	DMG09	Quantity		NOT USED
2010BA	DMG10	Code List Qualifier Code		NOT USED
2010BA	DMG11	Industry Code		NOT USED
2010BA	**REF**	**Subscriber Secondary Identification**		**SEGMENT NOT USED BY AHCCCS**
2010BA	REF01	Reference Identification Qualifier		NOT USED BY AHCCCS
2010BA	REF02	Subscriber Supplemental Identifier		NOT USED BY AHCCCS
2010BA	REF03	Description		NOT USED
2010BA	REF04	REFERENCE IDENTIFIER		NOT USED
2010BA	**REF**	**Property and Casualty Claim Number**		**SEGMENT NOT USED BY AHCCCS**
2010BA	REF01	Reference Identification Qualifier		NOT USED BY AHCCCS
2010BA	REF02	Property Casualty Claim Number		NOT USED BY AHCCCS
2010BA	REF03	Description		NOT USED
2010BA	REF04	REFERENCE IDENTIFIER		NOT USED
2010BB	**NM1**	**Payer Name**		
2010BB	NM101	Entity Identifier Code		Expect "PR"

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2010BB	NM102	Entity Type Qualifier		Expect "2"
2010BB	NM103	Payer Name		Expect Payer Name
2010BB	NM104	Name First		NOT USED
2010BB	NM105	Name Middle		NOT USED
2010BB	NM106	Name Prefix		NOT USED
2010BB	NM107	Name Suffix		NOT USED
2010BB	NM108	Identification Code Qualifier		Expect PI
2010BB	NM109	Payer Identifier		Expect 866004791
2010BB	NM110	Entity Relationship Code		NOT USED
2010BB	NM111	Entity Identifier Code		NOT USED
2010BB	NM112	Name Last or Organization Name		NOT USED
2010BB	**N3**	**Payer Address**		**SEGMENT NOT USED BY AHCCCS**
2010BB	N301	Payer Address Line		NOT USED BY AHCCCS
2010BB	N302	Payer Address Line		NOT USED BY AHCCCS
2010BB	**N4**	**Payer City/State/Zip Code**		**SEGMENT NOT USED BY AHCCCS**
2010BB	N401	Payer City Name		NOT USED BY AHCCCS
2010BB	N402	Payer State Code		NOT USED BY AHCCCS
2010BB	N403	Payer Postal Zone or ZIP Code		NOT USED BY AHCCCS
2010BB	N404	Payer Country Code		NOT USED BY AHCCCS
2010BB	N405	Location Qualifier		NOT USED
2010BB	N406	Location Identifier		NOT USED
2010BB	N407	Country Subdivision Code		NOT USED BY AHCCCS
2010BB	**REF**	**Payer Secondary Identification**		**SEGMENT NOT USED BY AHCCCS**
2010BB	REF01	Reference Identification Qualifier		NOT USED BY AHCCCS
2010BB	REF02	Payer Additional Identifier		NOT USED BY AHCCCS
2010BB	REF03	Description		NOT USED
2010BB	REF04	REFERENCE IDENTIFIER		NOT USED
2010BB	**REF**	**Billing Provider Secondary Identification**		
2010BB	REF01	Reference Identification Qualifier		Expect "G2"
2010BB	REF02	Payer Additional Identifier		Expect Billing Provider 6-digit ID
2010BB	REF03	Description		NOT USED
2010BB	REF04	REFERENCE IDENTIFIER		NOT USED
2010BC		**LOOP DELETED**		**LOOP DELETED**
2000C				**LOOP NOT USED BY AHCCCS**
2000C	**HL**	**Patient Hierarchical Level**		**SEGMENT NOT USED BY AHCCCS**
2000C	HL01	Hierarchical ID Number		NOT USED BY AHCCCS
2000C	HL02	Hierarchical Parent ID Number		NOT USED BY AHCCCS
2000C	HL03	Hierarchical Level Code	Code value note: '23' Dependent is when the Patient and the Subscriber are not the same person	NOT USED BY AHCCCS
2000C	HL04	Hierarchical Child Code		NOT USED BY AHCCCS
2000C	**PAT**	**Patient Information**		**SEGMENT NOT USED BY AHCCCS**
2000C	PAT01	Individual Relationship Code		NOT USED BY AHCCCS

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2000C	PAT02	Patient Location Code		NOT USED
2000C	PAT03	Employment Status Code		NOT USED
2000C	PAT04	Student Status Code		NOT USED
2000C	PAT05	Date Time Period Format Qualifier		NOT USED
2000C	PAT06	Patient Death Date		NOT USED
2000C	PAT07	Unit or Basis for Measurement Code		NOT USED
2000C	PAT08	Patient Weight 9(6)V99		NOT USED
2000C	PAT09	Pregnancy Indicator		NOT USED
2010CA				**LOOP NOT USED BY AHCCCS**
2010CA	**NM1**	**Patient Name**		**SEGMENT NOT USED BY AHCCCS**
2010CA	NM101	Entity Identifier Code		NOT USED BY AHCCCS
2010CA	NM102	Entity Type Qualifier		NOT USED BY AHCCCS
2010CA	NM103	Patient Last Name		NOT USED BY AHCCCS
2010CA	NM104	Patient First Name		NOT USED BY AHCCCS
2010CA	NM105	Patient Middle Name		NOT USED BY AHCCCS
2010CA	NM106	Name Prefix		NOT USED
2010CA	NM107	Patient Name Suffix		NOT USED BY AHCCCS
2010CA	NM108	Identification Code Qualifier		NOT USED
2010CA	NM109	Patient Primary Identifier		NOT USED
2010CA	NM110	Entity Relationship Code		NOT USED
2010CA	NM111	Entity Identifier Code		NOT USED
2010CA	NM112	Name Last or Organization Name		NOT USED
2010CA	**N3**	**Patient Address**		**SEGMENT NOT USED BY AHCCCS**
2010CA	N301	Patient Address Line		NOT USED BY AHCCCS
2010CA	N302	Patient Address Line		NOT USED BY AHCCCS
2010CA	**N4**	**Patient City/State/Zip Code**		**SEGMENT NOT USED BY AHCCCS**
2010CA	N401	Patient City Name		NOT USED BY AHCCCS
2010CA	N402	Patient State Code		NOT USED BY AHCCCS
2010CA	N403	Patient Postal Zone or ZIP Code		NOT USED BY AHCCCS
2010CA	N404	Patient Country Code		NOT USED BY AHCCCS
2010CA	N405	Location Qualifier		NOT USED
2010CA	N406	Location Identifier		NOT USED
2010CA	N407	Country Subdivision Code		NOT USED BY AHCCCS
2010CA	**DMG**	**Patient Demographic Information**		**SEGMENT NOT USED BY AHCCCS**
2010CA	DMG01	Date Time Period Format Qualifier		NOT USED BY AHCCCS
2010CA	DMG02	Patient Birth Date		NOT USED BY AHCCCS
2010CA	DMG03	Patient Gender Code		NOT USED BY AHCCCS
2010CA	DMG04	Marital Status Code		NOT USED
2010CA	DMG05	Race or Ethnicity Code		NOT USED
2010CA	DMG06	Citizenship Status Code		NOT USED
2010CA	DMG07	Country Code		NOT USED
2010CA	DMG08	Basis of Verification Code		NOT USED
2010CA	DMG09	Quantity		NOT USED
2010CA	DMG10	Code List Qualifier Code		NOT USED
2010CA	DMG11	Industry Code		NOT USED

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2010CA	**REF**	**Patient Secondary Identification**		**SEGMENT DELETED**
2010CA	**REF**	**Property and Casualty Claim Number**		**SEGMENT NOT USED BY AHCCCS**
2010CA	REF01	Reference Identification Qualifier	1W-Member Identification Number SY-Social Security Number	NOT USED BY AHCCCS
2010CA	REF02	Property Casualty Claim Number	Increase from 30 - 50	NOT USED BY AHCCCS
2010CA	REF03	Description		NOT USED
2010CA	REF04	REFERENCE IDENTIFIER		NOT USED
2300	**CLM**	**Claim Information**		
2300	CLM01	Patient Control Number		Expect Patient Control number
2300	CLM02	Total Claim Charge Amount		Expect Total Claim Charge
2300	CLM03	Claim Filing Indicator Code		NOT USED
2300	CLM04	Non-Institutional Claim Type Code		NOT USED
2300	CLM05	Health Care Service Location Information		
2300	CLM05-1	Place of Service Code		Expect Place of Service Code
2300	CLM05-2	Facility Code Qualifier		Expect 'B' Place of Service Codes for Professional or Dental Services
2300	CLM05-3	Claim Frequency Code		Expect Claim Frequency Code 1=Original 7=Replacement (AHCCCS: to be used for Adjustment and Resubmission) 8=Void
2300	CLM06	Provider or Supplier Signature Indicator		Expect 'Y/N'
2300	CLM07	Provider Accept Assignment Code		Expect 'A, B, C'
2300	CLM08	Benefits Assignment Certification Indicator		Expect Y/N
2300	CLM09	Release of Information Code		Expect 'Y' Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
2300	CLM10	Patient Signature Source Code		NOT USED
2300	CLM11	Related Causes Information		
2300	CLM11-1	Related Causes Code	AA=Auto Accident EM=Employment OA=Other Accident	Expect Related Causes Code
2300	CLM11-2	Related Causes Code	AA=Auto Accident EM=Employment OA=Other Accident	Expect Related Causes Code
2300	CLM11-3	Related-Causes Code		NOT USED
2300	CLM11-4	Auto Accident State or Province Code		Expect Auto Accident State
2300	CLM11-5	Country Code		NOT USED BY AHCCCS
2300	CLM12	Special Program Indicator	02=Physically Handicapped Children's Program - This code is used for Medicaid claims only. 03=Special Federal Funding - This code is used for Medicaid claims only. 05=Disability - This code is used for Medicaid claims only. 09=Second Opinion or Surgery - This code is used for Medicaid claims only.	Expect Special Program Indicator

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2300	CLM13	Yes/No Condition or Response Code		NOT USED
2300	CLM14	Level of Service Code		NOT USED
2300	CLM15	Yes/No Condition or Response Code		NOT USED
2300	CLM16	Participation Agreement		NOT USED
2300	CLM17	Claim Status Code		NOT USED
2300	CLM18	Yes/No Condition or Response Code		NOT USED
2300	CLM19	Predetermination of Benefits Code	PB	NOT USED BY AHCCCS
2300	CLM20	Delay Reason Code		Expect Delay Reason code
2300	**DTP**	**Date - Admission**		**SEGMENT DELETED**
2300	**DTP**	**Date - Discharge**		**SEGMENT DELETED**
2300	**DTP**	**Date - Referral**		**SEGMENT DELETED**
2300	**DTP**	**Date - Accident**	Required when CLM11-1 or CLM11-2 has a value of 'AA' or 'OA'. OR Required when CLM11-1 or CLM11-2 has a value of 'EM' and this claim is the result of an accident.	
2300	DTP01	Date Time Qualifier	439	Expect '439'
2300	DTP02	Date Time Period Format Qualifier	D8	Expect 'D8'
2300	DTP03	Accident Date		Accident Date CCYYMMDD
2300	**DTP**	**Date-Appliance Placement**		**SEGMENT NOT USED BY AHCCCS**
2300	DTP01	Date Time Qualifier	452	NOT USED BY AHCCCS
2300	DTP02	Date Time Period Format Qualifier	D8	NOT USED BY AHCCCS
2300	DTP03	Orthodontic Banding Date		NOT USED BY AHCCCS
2300	**DTP**	**Date-Service Date**		
2300	DTP01	Date Time Qualifier	472	Expect '472'
2300	DTP02	Date Time Period Format Qualifier	D8, RD8	Expect 'D8' or 'RD8'
2300	DTP03	Service Date		Expect Service Date
2300	**DTP**	**Date - Repricer Received Date**	Required when a repricer is passing the claim onto the payer.	**SEGMENT NOT USED BY AHCCCS**
2300	DTP01	Date Time Qualifier	050	NOT USED BY AHCCCS
2300	DTP02	Date Time Period Format Qualifier		NOT USED BY AHCCCS
2300	DTP03	Repricer Received Date		NOT USED BY AHCCCS
2300	**DN1**	**Orthodontic Total Months of Treatment**		**SEGMENT NOT USED BY AHCCCS**
2300	DN101	Orthodontic Treatment Months Count		NOT USED BY AHCCCS
2300	DN102	Orthodontic Treatment Months Remaining Count		NOT USED BY AHCCCS
2300	DN103	Yes/No Condition or Response Code		NOT USED
2300	DN104	Orthodontic Treatment Indicator		NOT USED BY AHCCCS
2300	**DN2**	**Tooth Status**		
2300	DN201	Tooth Number		Expect Tooth number
2300	DN202	Tooth Status Code		Expect Tooth Status code

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2300	DN203	Quantity		NOT USED
2300	DN204	Date Time Period Format Qualifier		NOT USED
2300	DN205	Date Time Period		NOT USED
2300	DN206	Code List Qualifier Code		NOT USED
2300	**PWK**	**Claim Supplemental Information**		**SEGMENT NOT USED BY AHCCCS**
2300	PWK01	Attachment Report Type Code	Code Added	NOT USED BY AHCCCS
2300	PWK02	Attachment Transmission Code	AA=Available on Request at Provider Site BM=By Mail EL=Electronically Only EM=E-Mail FT=File Transfer FX=By Fax	NOT USED BY AHCCCS
2300	PWK03	Report Copies Needed		NOT USED
2300	PWK04	Entity Identifier Code		NOT USED
2300	PWK05	Identification Code Qualifier	AC=Attachment Control Number Required when PWK02 = “BM”, “EL”, “EM”, “FX” or “FT”.	NOT USED BY AHCCCS
2300	PWK06	Attachment Control Number		NOT USED BY AHCCCS
2300	PWK07	Description		NOT USED
2300	PWK08	ACTIONS INDICATED		NOT USED
2300	PWK09	Request Category Code		NOT USED
2300	**CN1**	**Contract Information**	Required when the submitter is contractually obligated to supply this information on post-adjudicated claims.	
2300	CN101	Contract Type Code	05-Capitated	Expect Contract Type code
2300	CN102	Contract Amount		NOT USED BY AHCCCS
2300	CN103	Contract Percentage		NOT USED BY AHCCCS
2300	CN104	Contract Code	Increase from 30 - 50	NOT USED BY AHCCCS
2300	CN105	Terms Discount Percent		NOT USED BY AHCCCS
2300	CN106	Contract Version Identifier		NOT USED BY AHCCCS
2300	**AMT**	**Patient Amount Paid**	Required when patient has made payment specifically toward this claim.	**SEGMENT NOT USED BY AHCCCS**
2300	AMT01	Amount Qualifier Code	F5=Patient Amount Paid	NOT USED BY AHCCCS
2300	AMT02	Patient Amount Paid		NOT USED BY AHCCCS
2300	AMT03	Credit/Debit Flag Code		NOT USED
2300	**AMT**	**Credit/Debit Card - Maximum Amount**		**SEGMENT DELETED**
2300	**REF**	**Predetermination Identification**		**SEGMENT NOT USED BY AHCCCS**
2300	REF01	Reference Identification Qualifier	G3	NOT USED BY AHCCCS
2300	REF02	Predetermination of Benefits Identifier		NOT USED BY AHCCCS
2300	REF03	Description		NOT USED
2300	REF04	REFERENCE IDENTIFIER		NOT USED
2300	**REF**	**Service Authorization Exception Code**		**SEGMENT NOT USED BY AHCCCS**

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2300	REF01	Reference Identification Qualifier	4N	NOT USED BY AHCCCS
2300	REF02	Service Authorization Exception Code		NOT USED BY AHCCCS
2300	REF03	Description		NOT USED
2300	REF04	REFERENCE IDENTIFIER		NOT USED
2300	**REF**	**Original Reference Number (ICN/DCN)**		**SEGMENT DELETED**
2300	**REF**	**Prior Authorization or Referral Number**		**SEGMENT DELETED**
2300	**REF**	**Payer Claim Control Number**		
2300	REF01	Reference Identification Qualifier	F8	Expect 'F8'
2300	REF02	Payer Claim Control Number		Expect Original CRN
2300	REF03	Description		NOT USED
2300	REF04	REFERENCE IDENTIFIER		NOT USED
2300	**REF**	**Referral Number**		**SEGMENT NOT USED BY AHCCCS**
2300	REF01	Reference Identification Qualifier	9F	NOT USED BY AHCCCS
2300	REF02	Referral Number		NOT USED BY AHCCCS
2300	REF03	Description		NOT USED
2300	REF04	REFERENCE IDENTIFIER		NOT USED
2300	**REF**	**Prior Authorization**		**SEGMENT NOT USED BY AHCCCS**
2300	REF01	Reference Identification Qualifier	G1	NOT USED BY AHCCCS
2300	REF02	Prior Authorization Number		NOT USED BY AHCCCS
2300	REF03	Description		NOT USED
2300	REF04	REFERENCE IDENTIFIER		NOT USED
2300	**REF**	**Repriced Claim Number**		**SEGMENT NOT USED BY AHCCCS**
2300	REF01	Reference Identification Qualifier	9A	NOT USED BY AHCCCS
2300	REF02	Repriced Claim Reference Number		NOT USED BY AHCCCS
2300	REF03	Description		NOT USED
2300	REF04	REFERENCE IDENTIFIER		NOT USED
2300	**REF**	**Adjusted Repriced Claim Number**		**SEGMENT NOT USED BY AHCCCS**
2300	REF01	Reference Identification Qualifier	9C	NOT USED BY AHCCCS
2300	REF02	Adjusted Repriced Claim Reference Number		NOT USED BY AHCCCS
2300	REF03	Description		NOT USED
2300	REF04	REFERENCE IDENTIFIER		NOT USED
2300	**REF**	**Claim Identifier for Transmission Intermediaries**		**SEGMENT NOT USED BY AHCCCS**
2300	REF01	Reference Identification Qualifier	D9	NOT USED BY AHCCCS
2300	REF02	Value Added Network Trace Number		NOT USED BY AHCCCS
2300	REF03	Description		NOT USED BY AHCCCS
2300	REF04	REFERENCE IDENTIFIER		NOT USED BY AHCCCS
2300	**K3**	**File Information**		**SEGMENT NOT USED BY AHCCCS**
2300	K301	Fixed Format Information		NOT USED BY AHCCCS
2300	K302	Record Format Code		NOT USED
2300	K303	COMPOSITE UNIT OF MEASURE		NOT USED

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2300	**NTE**	**Claim Note**		**SEGMENT NOT USED BY AHCCCS**
2300	NTE01	Note Reference Code		NOT USED BY AHCCCS
2300	NTE02	Claim Note Text		NOT USED BY AHCCCS
2300	**HI**	**Health Care Diagnosis Code**		**SEGMENT NOT USED BY AHCCCS**
2300	HI01	Health Care Code Information		NOT USED BY AHCCCS
2300	HI01-1	Code List Qualifier Code		NOT USED BY AHCCCS
2300	HI01-2	Principal Diagnosis Code		NOT USED BY AHCCCS
2300	HI01-3	Date Time Period Format Qualifier		NOT USED
2300	HI01-4	Date Time Period		NOT USED
2300	HI01-5	Monetary Amount		NOT USED
2300	HI01-6	Quantity		NOT USED
2300	HI01-7	Version Identifier		NOT USED
2300	HI01-8	Industry code		NOT USED
2300	HI01-9	Yes/No Condition or response Code		NOT USED
2300	HI02	Health Care Code Information		NOT USED BY AHCCCS
2300	HI03	Health Care Code Information		NOT USED BY AHCCCS
2300	HI04	Health Care Code Information		NOT USED BY AHCCCS
2300	HI05	HEALTH CARE CODE INFORMATION		NOT USED
2300	HI06	HEALTH CARE CODE INFORMATION		NOT USED
2300	HI07	HEALTH CARE CODE INFORMATION		NOT USED
2300	HI08	HEALTH CARE CODE INFORMATION		NOT USED
2300	HI09	HEALTH CARE CODE INFORMATION		NOT USED
2300	HI10	HEALTH CARE CODE INFORMATION		NOT USED
2300	HI11	HEALTH CARE CODE INFORMATION		NOT USED
2300	HI12	HEALTH CARE CODE INFORMATION		NOT USED
2300	**HCP**	**Claim Pricing/Repricing Information**		**SEGMENT NOT USED BY AHCCCS**
2300	HCP01	Pricing Methodology		NOT USED BY AHCCCS
2300	HCP02	Repriced Allowed Amount		NOT USED BY AHCCCS
2300	HCP03	Repriced Saving Amount		NOT USED BY AHCCCS
2300	HCP04	Repricing Organization Identifier		NOT USED BY AHCCCS
2300	HCP05	Repricing Per Diem or Flat Rate Amount		NOT USED BY AHCCCS
2300	HCP06	Repriced Approved Ambulatory Patient Group Code		NOT USED BY AHCCCS
2300	HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99		NOT USED
2300	HCP08	Product/Service ID		NOT USED
2300	HCP09	Product/Service ID Qualifier		NOT USED
2300	HCP10	Product/Service ID		NOT USED
2300	HCP11	Unit or Basis for Measurement Code		NOT USED
2300	HCP12	Quantity 9(3)V9		NOT USED
2300	HCP13	Reject Reason Code		NOT USED BY AHCCCS
2300	HCP14	Policy Compliance Code		NOT USED BY AHCCCS
2300	HCP15	Exception Code		NOT USED BY AHCCCS
2310A	**NM1**	**Referring Provider Name**		
2310A	NM101	Entity Identifier Code		Expect 'DN'
2310A	NM102	Entity Type Qualifier		Expect '1'

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2310A	NM103	Referring Provider Last Name		Expect Referring Provider Last Name
2310A	NM104	Referring Provider First Name		Expect Referring Provider First Name
2310A	NM105	Referring Provider Middle Name or Initial		Expect Referring Provider MI
2310A	NM106	Name Prefix		NOT USED
2310A	NM107	Referring Provider Name Suffix		NOT USED BY AHCCCS
2310A	NM108	Identification Code Qualifier		Expect 'XX'
2310A	NM109	Referring Provider Identifier		Expect NPI
2310A	NM110	Entity Relationship Code		NOT USED
2310A	NM111	Entity Identifier Code		NOT USED
2310A	NM112	Name Last or Organization Name		NOT USED
2310A	**PRV**	**Referring Provider Specialty Information**		**SEGMENT NOT USED BY AHCCCS**
2310A	PRV01	Provider Code	RF	NOT USED BY AHCCCS
2310A	PRV02	Reference Identification Qualifier	PXC	NOT USED BY AHCCCS
2310A	PRV03	Provider Taxonomy Code		NOT USED BY AHCCCS
2310A	**REF**	**Referring Provider Secondary Identification**		
2310A	REF01	Reference Identification Qualifier	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number	Expect 'G2'
2310A	REF02	Referring Provider Secondary Identifier		Expect 8-digit Provider ID (6-digit Provider ID+2-digit Location code)
2310A	REF03	Description		NOT USED
2310A	REF04	REFERENCE IDENTIFIER		NOT USED
2310B	**NM1**	**Rendering Provider Name**		
2310B	NM101	Entity Identifier Code	82=Rendering Provider	Expect '82'
2310B	NM102	Entity Type Qualifier	1=Person 2=Non-Person Entity	Expect 1 or 2
2310B	NM103	Rendering Provider Last or Organization Name		Expect Rendering Provider Last Name or Organization name
2310B	NM104	Rendering Provider First Name		Expect Rendering Provider First Name
2310B	NM105	Rendering Provider Middle Name or Initial		Expect Rendering Provider MI
	NM106	Name Prefix		NOT USED
2310B	NM107	Rendering Provider Name Suffix		NOT USED BY AHCCCS
2310B	NM108	Identification Code Qualifier		Expect 'XX'
2310B	NM109	Rendering Provider Identifier		Expect Rendering Provider NPI
2310B	NM110	Entity Relationship Code		NOT USED
2310B	NM111	Entity Identifier Code		NOT USED
2310B	NM112	Name Last or Organization Name		NOT USED
2310B	**PRV**	**Rendering Provider Specialty Information**		
2310B	PRV01	Provider Code	PE	Expect 'PE'
2310B	PRV02	Reference Identification Qualifier	PXC	Expect 'PXC'
2310B	PRV03	Provider Taxonomy Code		Expect Rendering Provider Taxonomy Code
2310B	PRV04	State or Province Code		NOT USED
2310B	PRV05	PROVIDER SPECIALTY INFORMATION		NOT USED
2310B	PRV06	Provider Organization Code		NOT USED

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2310B	**REF**	**Rendering Provider Secondary Identification**		
2310B	REF01	Reference Identification Qualifier	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number	Expect 'G2'
2310B	REF02	Rendering Provider Secondary Identifier		Expect 8-digit Provider ID (6-digit Provider ID+2-digit Location code)
2310B	REF03	Description		NOT USED
2310B	REF04	REFERENCE IDENTIFIER		NOT USED
2310C	**NM1**	**Service Facility Location Name**		
2310C	NM101	Entity Identifier Code		Required when the location of health care service is different than that carried in Loop ID-2010AA (Billing Provider).
2310C	NM102	Entity Type Qualifier	77=Service Location Code Deleted - FA, LI, TL	Expect '77'
2310C	NM103	Laboratory or Facility Name	2=Non-person entity	Expect '2'
2310C	NM104	Name First		NOT USED
2310C	NM105	Name Middle		NOT USED
2310C	NM106	Name Prefix		NOT USED
2310C	NM107	Name Suffix		NOT USED
2310C	NM108	Identification Code Qualifier		NOT USED BY AHCCCS
2310C	NM109	Laboratory or Facility Primary Identifier		Expect 'XX'
2310C	NM110	Entity Relationship Code		NOT USED
2310C	NM111	Entity Identifier Code		NOT USED
2310C	NM112	Name Last or Organization Name		NOT USED
2310C	**N3**	**Service Facility Location Address**		**SEGMENT NOT USED BY AHCCCS**
2310C	N301	Laboratory or Facility Address Line		NOT USED BY AHCCCS
2310C	N302	Laboratory or Facility Address Line		NOT USED BY AHCCCS
2310C	**N4**	**Service Facility Location City/State/ Zip Code**		**SEGMENT NOT USED BY AHCCCS**
2310C	N401	Laboratory or Facility City Name		NOT USED BY AHCCCS
2310C	N402	Laboratory or Facility State or Province Code		NOT USED BY AHCCCS
2310C	N403	Laboratory or Facility Postal Zone Zip Code		NOT USED BY AHCCCS
2310C	N404	Country Code		NOT USED BY AHCCCS
2310C	N405	Location Qualifier		NOT USED
2310C	N406	Location Identifier		NOT USED
2310C	N407	Country Subdivision Code		
2310C	**REF**	**Service Facility Location Secondary Identification**		**SEGMENT NOT USED BY AHCCCS**
2310C	REF01	Reference Identification Qualifier	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number	NOT USED BY AHCCCS
2310C	REF02	Laboratory or Facility Secondary Identifier		NOT USED BY AHCCCS
2310C	REF03	Description		NOT USED
2310C	REF04	REFERENCE IDENTIFIER		NOT USED
2310D	**NM1**	**Assistant Surgeon Name**		**SEGMENT NOT USED BY AHCCCS**

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2310D	NM101	Entity Identifier Code	DD	NOT USED BY AHCCCS
2310D	NM102	Entity Type Qualifier		NOT USED BY AHCCCS
2310D	NM103	Assistant Surgeon Last Name		NOT USED BY AHCCCS
2310D	NM104	Assistant Surgeon First Name		NOT USED BY AHCCCS
2310D	NM105	Assistant Surgeon Middle Name or Initial		NOT USED BY AHCCCS
2310D	NM106	Name Prefix		NOT USED
2310D	NM107	Assistant Surgeon Name Suffix		NOT USED BY AHCCCS
2310D	NM108	Identification Code Qualifier		NOT USED BY AHCCCS
2310D	NM109	Assistant Surgeon Primary Identifier		NOT USED BY AHCCCS
2310D	NM110	Entity Relationship Code		NOT USED
2310D	NM111	Entity Identifier Code		NOT USED
2310D	NM112	Name Last or Organization Name		NOT USED
2310D	**PRV**	**Assistant Surgeon Specialty Information**		**SEGMENT NOT USED BY AHCCCS**
2310D	PRV01	Provider Code	AS	NOT USED BY AHCCCS
2310D	PRV02	Reference Identification Qualifier	PXC	NOT USED BY AHCCCS
2310D	PRV03	Provider Taxonomy Code		NOT USED BY AHCCCS
2310D	PRV04	State or Province Code		NOT USED
2310D	PRV05	PROVIDER SPECIALTY INFORMATION		NOT USED
2310D	PRV06	Provider Organization Code		NOT USED
2310D	**REF**	**Assistant Surgeon Secondary Identification**		**SEGMENT NOT USED BY AHCCCS**
2310D	REF01	Reference Identification Qualifier	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number	NOT USED BY AHCCCS
2310D	REF02	Assistant Surgeon Secondary Identifier		NOT USED BY AHCCCS
2310D	REF03	Description		NOT USED
2310D	REF04	REFERENCE IDENTIFIER		NOT USED
2310E	**NM1**	**Supervising Provider Name**		**SEGMENT NOT USED BY AHCCCS**
2310E	NM101	Entity Identifier Code	DQ	NOT USED BY AHCCCS
2310E	NM102	Entity Type Qualifier		NOT USED BY AHCCCS
2310E	NM103	Supervising Provider Last Name		NOT USED BY AHCCCS
2310E	NM104	Supervising Provider Last Name		NOT USED BY AHCCCS
2310E	NM105	Supervising Provider Middle Name or Initial		NOT USED BY AHCCCS
2310E	NM106	Name Prefix		NOT USED
2310E	NM107	Supervising Provider Name Suffix		NOT USED BY AHCCCS
2310E	NM108	Identification Code Qualifier		NOT USED BY AHCCCS
2310E	NM109	Supervising Provider Identifier		NOT USED BY AHCCCS
2310E	NM110	Entity Relationship Code		NOT USED
2310E	NM111	Entity Identifier Code		NOT USED
2310E	NM112	Name Last or Organization Name		NOT USED
2310E	**REF**	**Supervising Provider Secondary Identification**		**SEGMENT NOT USED BY AHCCCS**
2310E	REF01	Reference Identification Qualifier	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number	NOT USED BY AHCCCS
2310E	REF02	Supervising Provider Secondary Identifier		NOT USED BY AHCCCS
2310E	REF03	Description		NOT USED

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2310E	REF04	REFERENCE IDENTIFIER		NOT USED
2320	**SBR**	**Other Subscriber Information**		
2320	SBR01	Payer Responsibility Sequence Number Code	P=Primary S=Secondary T=Tertiary U=Unknown (This code may only be used in payer to payer COB claims)	Expect P, S, T, or U
2320	SBR02	Individual Relationship Code	01=Spouse 18=Self 19=Child 20=Employee 21=Unknown 39=Organ Donor 40=Cadaver Donor 53=Life Partner G8=Other Relationship Code Deleted	Expect Individual relationship code
2320	SBR03	Insured Group or Policy Number	Applies to a Group number assigned to the Subscriber for the Payer Increase from 30 - 50	NOT USED BY AHCCCS
2320	SBR04	Other Insured Group Name	Required when SBR03 is not used and the group name is available	NOT USED BY AHCCCS
2320	SBR05	Insurance Type Code	12, 13, 14, 15, 16, 41, 42, 43, 47	Expect Insurance Type code when SBR01='S' Secondary and SBR09 is 'MA' Medicare A or 'MB' Medicare B
2320	SBR06	Coordination of Benefits Code		NOT USED
2320	SBR07	Yes/No Condition or Response Code		NOT USED
2320	SBR08	Employment Status Code		NOT USED
2320	SBR09	Claim Filing Indicator Code		Expect 'CI', 'MA', 'MB', or 'MC'
2320	**CAS**	**Claim Level Adjustments**		***CAS Adjustment Trios***
2320	CAS01	Claim Adjustment Group Code		Expect CO, CR, OA, PI, PR
2320	CAS02	Adjustment Reason Code		Expect Adjustment Reason Code
2320	CAS03	Adjustment Amount		Expect Adjustment Amount
2320	CAS04	Adjustment Quantity		Expect Adjustment Qty
2320	CAS05	Adjustment Reason Code		Expect Adjustment Reason Code
2320	CAS06	Adjustment Amount		Expect Adjustment Amount
2320	CAS07	Adjustment Quantity		Expect Adjustment Qty
2320	CAS08	Adjustment Reason Code		Expect Adjustment Reason Code
2320	CAS09	Adjustment Amount		Expect Adjustment Amount
2320	CAS10	Adjustment Quantity		Expect Adjustment Qty
2320	CAS11	Adjustment Reason Code		Expect Adjustment Reason Code
2320	CAS12	Adjustment Amount		Expect Adjustment Amount
2320	CAS13	Adjustment Quantity		Expect Adjustment Qty
2320	CAS14	Adjustment Reason Code		Expect Adjustment Reason Code
2320	CAS15	Adjustment Amount		Expect Adjustment Amount
2320	CAS16	Adjustment Quantity		Expect Adjustment Qty
2320	CAS17	Adjustment Reason Code		Expect Adjustment Reason Code

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2320	CAS18	Adjustment Amount		Expect Adjustment Amount
2320	CAS19	Adjustment Quantity		Expect Adjustment Qty
2320	**AMT**	**COB Payer Paid Amount**		
2320	AMT01	Amount Qualifier Code - D	D	Expect 'D'
2320	AMT02	Payer Paid Amount		Expect COB Payer Paid Amount
2320	AMT03	Credit/Debit Flag Code		NOT USED
2320	**AMT**	**Remaining Patient Liability**		**SEGMENT NOT USED BY AHCCCS**
2320	AMT01	Amount Qualifier Code	EAF	NOT USED BY AHCCCS
2320	AMT02	Remaining Patient Liability Amount		NOT USED BY AHCCCS
2320	AMT03	Credit/Debit Flag Code		NOT USED
2320	**AMT**	**COB Total Non-Covered Amount**		**SEGMENT NOT USED BY AHCCCS**
2320	AMT01	Amount Qualifier Code	A8	NOT USED BY AHCCCS
2320	AMT02	Non-Coverage Charge Amount		NOT USED BY AHCCCS
2320	AMT03	Credit/Debit Flag Code		NOT USED
2320	**OI**	**Other Insurance Coverage Information**		**SEGMENT NOT USED BY AHCCCS**
2320	OI01	Claim Filing Indicator Code		NOT USED
2320	OI02	Claim Submission Reason Code		NOT USED
2320	OI03	Benefits Assignment Certification Indicator		NOT USED BY AHCCCS
2320	OI04	Patient Signature Source Code		NOT USED
2320	OI05	Provider Agreement Code		NOT USED
2320	OI06	Release of Information Code		NOT USED BY AHCCCS
2320	**MOA**	**Outpatient Adjudication Information**		**SEGMENT NOT USED BY AHCCCS**
2320	MOA01	Reimbursement Rate		NOT USED BY AHCCCS
2320	MOA02	HCPCS Payable Amount		NOT USED BY AHCCCS
2320	MOA03	Claim Payment Remark Code		NOT USED BY AHCCCS
2320	MOA04	Claim Payment Remark Code		NOT USED BY AHCCCS
2320	MOA05	Claim Payment Remark Code		NOT USED BY AHCCCS
2320	MOA06	Claim Payment Remark Code		NOT USED BY AHCCCS
2320	MOA07	Claim Payment Remark Code		NOT USED BY AHCCCS
2320	MOA08	End Stage Renal Disease Payment Amount S9(7)V99		NOT USED
2320	MOA09	Non-Payable Professional Component Billed Amount		NOT USED BY AHCCCS
2330A	**NM1**	**Other Subscriber Name**		**SEGMENT NOT USED BY AHCCCS**
2330A	NM101	Entity Identifier Code		NOT USED BY AHCCCS
2330A	NM102	Entity Type Qualifier		NOT USED BY AHCCCS
2330A	NM103	Other Insured Last Name		NOT USED BY AHCCCS
2330A	NM104	Other Insured First Name		NOT USED BY AHCCCS
2330A	NM105	Other Insured Middle Name		NOT USED BY AHCCCS
2330A	NM106	Name Prefix		NOT USED
2330A	NM107	Other Insured Name Suffix		NOT USED BY AHCCCS
2330A	NM108	Identification Code Qualifier		NOT USED BY AHCCCS
2330A	NM109	Other Insured Identifier		NOT USED BY AHCCCS
2330A	NM110	Entity Relationship Code		NOT USED
2330A	NM111	Entity Identifier Code		NOT USED

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2330A	NM112	Name Last or Organization Name		NOT USED
2330A	**N3**	**Other Subscriber Address**		**SEGMENT NOT USED BY AHCCCS**
2330A	N301	Other Insured Address Line		NOT USED BY AHCCCS
2330A	N302	Other Insured Address Line		NOT USED BY AHCCCS
2330A	**N4**	**Other Subscriber City/State/Zip Code**		**SEGMENT NOT USED BY AHCCCS**
2330A	N401	Other Insured City Name		NOT USED BY AHCCCS
2330A	N402	Other Insured State Code		NOT USED BY AHCCCS
2330A	N403	Other Insured Postal Zone or ZIP Code		NOT USED BY AHCCCS
2330A	N404	Subscriber Country Code		NOT USED BY AHCCCS
2330A	N405	Location Qualifier		NOT USED
2330A	N406	Location Identifier		NOT USED
2330A	N407	Country Subdivision Code		
2330A	**REF**	**Other Subscriber Secondary Identification**		**SEGMENT NOT USED BY AHCCCS**
2330A	REF01	Reference Identification Qualifier		NOT USED BY AHCCCS
2330A	REF02	Other Insured Additional Identifier		NOT USED BY AHCCCS
2330A	REF03	Description		NOT USED
2330A	REF04	REFERENCE IDENTIFIER		NOT USED
2330B	**NM1**	**Other Payer Name**		
2330B	NM101	Entity Identifier Code		Expect 'PR'
2330B	NM102	Entity Type Qualifier		Expect '2'
2330B	NM103	Other Payer Last or Organization Name		Expect Other Payer Organization Name
2330B	NM104	Name First		NOT USED
2330B	NM105	Name Middle		NOT USED
2330B	NM106	Name Prefix		NOT USED
2330B	NM107	Name Suffix		NOT USED
2330B	NM108	Identification Code Qualifier		Expect 'PI'
2330B	NM109	Other Payer Primary Identifier		Expect Other Payer Primary Identifier For Health plan, expect 2-character HP-ID For Medicare, expect 'MA' or 'MB' For TPL/Other Insurance, expect 'OI'
2330B	NM110	Entity Relationship Code		NOT USED
2330B	NM111	Entity Identifier Code		NOT USED
2330B	NM112	Name Last or Organization Name		NOT USED
2330B	**N3**	**Other Payer Address**		**SEGMENT NOT USED BY AHCCCS**
2330B	N301	Other Payer Address Line		NOT USED BY AHCCCS
2330B	N302	Other Payer Address Line		NOT USED BY AHCCCS
2330B	**N4**	**Other Payer City/State/zip Code**		**SEGMENT NOT USED BY AHCCCS**
2330B	N401	Other Payer City Name		NOT USED BY AHCCCS
2330B	N402	Other Payer State Code		NOT USED BY AHCCCS
2330B	N403	Other Payer Postal Zone or ZIP Code		NOT USED BY AHCCCS
2330B	N404	Other Payer Country Code		NOT USED BY AHCCCS
2330B	N405	Location Qualifier		NOT USED
2330B	N406	Location Identifier		NOT USED

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2330B	N407	Country Subdivision Code		NOT USED BY AHCCCS
2330B	**DTP**	**Claim Check or Remittance Date**		**SEGMENT NOT USED BY AHCCCS**
2330B	DTP01	Date Time Qualifier	573	NOT USED BY AHCCCS
2330B	DTP02	Date Time Period Format Qualifier		NOT USED BY AHCCCS
2330B	DTP03	Adjudication or Payment Date		NOT USED BY AHCCCS
2330B	**REF**	**Other Payer Secondary Identifier**		**SEGMENT NOT USED BY AHCCCS**
2330B	REF01	Reference Identification Qualifier	2U, EI, FY, NF	NOT USED BY AHCCCS
2330B	REF02	Other Payer Secondary Identifier		NOT USED BY AHCCCS
2330B	REF03	Description		NOT USED
2330B	REF04	REFERENCE IDENTIFIER		NOT USED
2330B	**REF**	**Other Payer Prior Authorization Number**		
2330B	REF01	Reference Identification Qualifier	G1	Expect 'G1'
2330B	REF02	Other Payer Prior Authorization Number		Expect Payer Prior Authorization number
2330B	REF03	Description		NOT USED
2330B	REF04	REFERENCE IDENTIFIER		NOT USED
2330B	**REF**	**Other Payer Referral Number**		
2330B	REF01	Reference Identification Qualifier	9F	Expect '9F'
2330B	REF02	Other Payer Referral Number		Expect Other Payer Referral Number
2330B	REF03	Description		NOT USED
2330B	REF04	REFERENCE IDENTIFIER		NOT USED
2330B	**REF**	**Other Payer Claim Adjustment Indicator**		**SEGMENT NOT USED BY AHCCCS**
2330B	REF01	Reference Identification Qualifier	T4	NOT USED BY AHCCCS
2330B	REF02	Other Payer Claim Adjustment Indicator		NOT USED BY AHCCCS
2330B	REF03	Description		NOT USED
2330B	REF04	REFERENCE IDENTIFIER		NOT USED
2330B	**REF**	**Other Payer Predetermination Identification**		**SEGMENT NOT USED BY AHCCCS**
2330B	REF01	Reference Identification Qualifier	G3	NOT USED BY AHCCCS
2330B	REF02	Other Payer Predetermination of Benefits Identifier		NOT USED BY AHCCCS
2330B	REF03	Description		NOT USED
2330B	REF04	REFERENCE IDENTIFIER		NOT USED
2330B	**REF**	**Other Payer Claim Control Number**		**SEGMENT NOT USED BY AHCCCS**
2330B	REF01	Reference Identification Qualifier	F8	NOT USED BY AHCCCS
2330B	REF02	Other Payer Claim Control Number		NOT USED BY AHCCCS
2330B	REF03	Description		NOT USED
2330B	REF04	REFERENCE IDENTIFIER		NOT USED
2330C	**NM1**	**Other Payer Referring Provider**		**SEGMENT NOT USED BY AHCCCS**
2330C	NM101	Entity Identifier Code	DN, P3	NOT USED BY AHCCCS
2330C	NM102	Entity Type Qualifier		NOT USED BY AHCCCS
2330C	NM103	Name Last or Organization Name		NOT USED
2330C	NM104	Name First		NOT USED
2330C	NM105	Name Middle		NOT USED

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2330C	NM106	Name Prefix		NOT USED
2330C	NM107	Name Suffix		NOT USED
2330C	NM108	Identification Code Qualifier		NOT USED
2330C	NM109	Identification Code		NOT USED
2330C	NM110	Entity Relationship Code		NOT USED
2330C	NM111	Entity Identifier Code		NOT USED
2330C	NM112	Name Last or Organization Name		NOT USED
2330C	**REF**	**Other Payer Referring Provider Secondary Identifier**		**SEGMENT NOT USED BY AHCCCS**
2330C	REF01	Reference Identification Qualifier	0B, 1G, G2	NOT USED BY AHCCCS
2330C	REF02	Other Payer Referring Provider Secondary Identifier		NOT USED BY AHCCCS
2330C	REF03	Description		NOT USED
2330C	REF04	REFERENCE IDENTIFIER		NOT USED
2330D	**NM1**	**Other Payer Rendering Provider**		**SEGMENT NOT USED BY AHCCCS**
2330D	NM101	Entity Identifier Code	82	NOT USED BY AHCCCS
2330D	NM102	Entity Type Qualifier		NOT USED BY AHCCCS
2330D	NM103	Name Last or Organization Name		NOT USED
2330D	NM104	Name First		NOT USED
2330D	NM105	Name Middle		NOT USED
2330D	NM106	Name Prefix		NOT USED
2330D	NM107	Name Suffix		NOT USED
2330D	NM108	Identification Code Qualifier		NOT USED
2330D	NM109	Identification Code		NOT USED
2330D	NM110	Entity Relationship Code		NOT USED
2330D	NM111	Entity Identifier Code		NOT USED
2330D	NM112	Name Last or Organization Name		NOT USED
2330D	**REF**	**Other Payer Rendering Provider Secondary Identifier**		**SEGMENT NOT USED BY AHCCCS**
2330D	REF01	Reference Identification Qualifier	0B, 1G, G2, LU	NOT USED BY AHCCCS
2330D	REF02	Other Payer Rendering Provider Secondary Identifier		NOT USED BY AHCCCS
2330D	REF03	Description		NOT USED
2330D	REF04	REFERENCE IDENTIFIER		NOT USED
2330E	**NM1**	**Other Payer Supervising Provider**		**SEGMENT NOT USED BY AHCCCS**
2330E	NM101	Entity Identifier Code	DQ	NOT USED BY AHCCCS
2330E	NM102	Entity Type Qualifier		NOT USED BY AHCCCS
2330E	NM103	Name Last or Organization Name		NOT USED
2330E	NM104	Name First		NOT USED
2330E	NM105	Name Middle		NOT USED
2330E	NM106	Name Prefix		NOT USED
2330E	NM107	Name Suffix		NOT USED
2330E	NM108	Identification Code Qualifier		NOT USED
2330E	NM109	Identification Code		NOT USED
2330E	NM110	Entity Relationship Code		NOT USED
2330E	NM111	Entity Identifier Code		NOT USED
2330E	NM112	Name Last or Organization Name		NOT USED

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2330E	**REF**	**Other Payer Supervising Provider Secondary Identifier**		**SEGMENT NOT USED BY AHCCCS**
2330E	REF01	Reference Identification Qualifier	0B, 1G, G2, LU	NOT USED BY AHCCCS
2330E	REF02	Other Payer Supervising Provider Secondary Identifier		NOT USED BY AHCCCS
2330E	REF03	Description		NOT USED
2330E	REF04	REFERENCE IDENTIFIER		NOT USED
2330F	**NM1**	**Other Payer Billing Provider**		**SEGMENT NOT USED BY AHCCCS**
2330F	NM101	Entity Identifier Code	85	NOT USED BY AHCCCS
2330F	NM102	Entity Type Qualifier		NOT USED BY AHCCCS
2330F	NM103	Name Last or Organization Name		NOT USED
2330F	NM104	Name First		NOT USED
2330F	NM105	Name Middle		NOT USED
2330F	NM106	Name Prefix		NOT USED
2330F	NM107	Name Suffix		NOT USED
2330F	NM108	Identification Code Qualifier		NOT USED
2330F	NM109	Identification Code		NOT USED
2330F	NM110	Entity Relationship Code		NOT USED
2330F	NM111	Entity Identifier Code		NOT USED
2330F	NM112	Name Last or Organization Name		NOT USED
2330F	**REF**	**Other Payer Billing Provider Secondary Identification**		**SEGMENT NOT USED BY AHCCCS**
2330F	REF01	Reference Identification Qualifier	G2, LU	NOT USED BY AHCCCS
2330F	REF02	Other Payer Billing Provider Secondary Identifier		NOT USED BY AHCCCS
2330F	REF03	Description		NOT USED
2330F	REF04	REFERENCE IDENTIFIER		NOT USED
2330G	**NM1**	**Other Payer Service Facility Location**		**SEGMENT NOT USED BY AHCCCS**
2330G	NM101	Entity Identifier Code	77	NOT USED BY AHCCCS
2330G	NM102	Entity Type Qualifier		NOT USED BY AHCCCS
2330G	NM103	Name Last or Organization Name		NOT USED
2330G	NM104	Name First		NOT USED
2330G	NM105	Name Middle		NOT USED
2330G	NM106	Name Prefix		NOT USED
2330G	NM107	Name Suffix		NOT USED
2330G	NM108	Identification Code Qualifier		NOT USED
2330G	NM109	Identification Code		NOT USED
2330G	NM110	Entity Relationship Code		NOT USED
2330G	NM111	Entity Identifier Code		NOT USED
2330G	NM112	Name Last or Organization Name		NOT USED
2330G	**REF**	**Other Payer Service Facility Location Secondary Identification**		**SEGMENT NOT USED BY AHCCCS**
2330G	REF01	Reference Identification Qualifier	DQ	NOT USED BY AHCCCS
2330G	REF02	Other Payer Service Facility Location Identifier		NOT USED BY AHCCCS
2330G	REF03	Description		NOT USED
2330G	REF04	REFERENCE IDENTIFIER		NOT USED

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2330H	**NM1**	**Other Payer Assistant Surgeon**		**SEGMENT NOT USED BY AHCCCS**
2330H	NM101	Entity Identifier Code	DD	NOT USED BY AHCCCS
2330H	NM102	Entity Type Qualifier		NOT USED BY AHCCCS
2330H	NM103	Name Last or Organization Name		NOT USED
2330H	NM104	Name First		NOT USED
2330H	NM105	Name Middle		NOT USED
2330H	NM106	Name Prefix		NOT USED
2330H	NM107	Name Suffix		NOT USED
2330H	NM108	Identification Code Qualifier		NOT USED
2330H	NM109	Identification Code		NOT USED
2330H	NM110	Entity Relationship Code		NOT USED
2330H	NM111	Entity Identifier Code		NOT USED
2330H	NM112	Name Last or Organization Name		NOT USED
2330H	**REF**	**Other Payer Assistant Surgeon Secondary Identifier**		**SEGMENT NOT USED BY AHCCCS**
2330H	REF01	Reference Identification Qualifier	0B, 1G, G2, LU	NOT USED BY AHCCCS
2330H	REF02	Other Payer Assistant Surgeon Secondary Identifier		NOT USED BY AHCCCS
2330H	REF03	Description		NOT USED
2330H	REF04	REFERENCE IDENTIFIER		NOT USED
2400	**LX**	**Service Line Number**		
2400	LX01	Assigned Number		Expect assigned line number
2400	**SV3**	**Dental Service**		
2400	SV301	Composite Medical Procedure Identifier		
2400	SV301-1	Product or Service ID Qualifier	AD American Dental Association Codes CDT = Current Dental Terminology	Expect 'AD'
2400	SV301-2	Procedure Code		Expect Procedure code
2400	SV301-3	Procedure Modifier		Expect Procedure Modifier
2400	SV301-4	Procedure Modifier		Expect Procedure Modifier
2400	SV301-5	Procedure Modifier		Expect Procedure Modifier
2400	SV301-6	Procedure Modifier		Expect Procedure Modifier
2400	SV301-7	Procedure Code Description		NOT USED BY AHCCCS
2400	SV301-8	Product/Service ID		NOT USED
2400	SV302	Line Item Charge Amount		Expect Line Item charge amount
2400	SV303	Place of Service Code		Expect Place of Service Code
2400	SV304	Oral Cavity Designation		
2400	SV304-1	Oral Cavity Designation Code		Expect Oral Cavity Designation Code
2400	SV304-2	Oral Cavity Designation Code		Expect Oral Cavity Designation Code
2400	SV304-3	Oral Cavity Designation Code		Expect Oral Cavity Designation Code
2400	SV304-4	Oral Cavity Designation Code		Expect Oral Cavity Designation Code
2400	SV304-5	Oral Cavity Designation Code		Expect Oral Cavity Designation Code
2400	SV305	Prosthesis, Crown, or Inlay Code		

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2400	SV306	Procedure Count		Expect Procedure count
2400	SV307	Description		NOT USED
2400	SV308	Copay Status Code		NOT USED
2400	SV309	Provider Agreement Code		NOT USED
2400	SV310	Yes/No Condition or Response Code		NOT USED
2400	SV311	Composite Diagnosis Code Pointer		NOT USED BY AHCCCS
2400	SV311-1	Diagnosis Code Pointer		NOT USED BY AHCCCS
2400	SV311-2	Diagnosis Code Pointer		NOT USED BY AHCCCS
2400	SV311-3	Diagnosis Code Pointer		NOT USED BY AHCCCS
2400	SV311-4	Diagnosis Code Pointer		NOT USED BY AHCCCS
2400	**TOO**	**Tooth Information**		
2400	TOO01	Code List Qualifier Code	JP Universal National Tooth Designation System	Expect 'JP'
2400	TOO02	Tooth Code		Expect Tooth code
2400	TOO03	Tooth Surface	B Buccal D Distal F Facial I Incisal L Lingual M Mesial O Occlusal	Expect Tooth Surface
2400	TOO03-1	Tooth Surface Code		Expect Tooth Surface code
2400	TOO03-2	Tooth Surface Code		Expect Tooth Surface code
2400	TOO03-3	Tooth Surface Code		Expect Tooth Surface code
2400	TOO03-4	Tooth Surface Code		Expect Tooth Surface code
2400	TOO03-5	Tooth Surface Code		Expect Tooth Surface code
2400	**DTP**	**Date- Service Date**		
2400	DTP01	Date Time Qualifier	472	Expect '472'
2400	DTP02	Date Time Period Format Qualifier		Expect 'D8'
2400	DTP03	Service Date		Expect Service date
2400	**DTP**	**Date - Prior Replacement**	Required when the value of SV305 for this iteration of the 2400 loop is R - Replacement.	**SEGMENT NOT USED BY AHCCCS**
2400	DTP01	Date Time Qualifier	139 Estimated 441 Prior Placement	NOT USED BY AHCCCS
2400	DTP02	Date Time Period Format Qualifier	D8	NOT USED BY AHCCCS
2400	DTP03	Prior Placement Date		NOT USED BY AHCCCS
2400	**DTP**	**Date - Appliance Placement**	Required when the orthodontic appliance placement date is different than the orthodontic appliance placement date in the DTP segment in the loop ID-2300 loop.	**SEGMENT NOT USED BY AHCCCS**
2400	DTP01	Date Time Qualifier	452	NOT USED BY AHCCCS
2400	DTP02	Date Time Period Format Qualifier	D8	NOT USED BY AHCCCS
2400	DTP03	Orthodontic Banding Date		NOT USED BY AHCCCS
2400	**DTP**	**Date - Replacement**	Required when reporting the date that an orthodontic appliance was replaced.	**SEGMENT NOT USED BY AHCCCS**

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2400	DTP01	Date Time Qualifier	446	NOT USED BY AHCCCS
2400	DTP02	Date Time Period Format Qualifier	D8	NOT USED BY AHCCCS
2400	DTP03	Replacement Date		NOT USED BY AHCCCS
2400	**DTP**	**Date - Treatment Start**	Required when reporting initial impression or preparation for a crown or denture. OR Required when reporting initial endodontic treatment. OR Required when reporting the implant fixture placement.	**SEGMENT NOT USED BY AHCCCS**
2400	DTP01	Date Time Qualifier	196	NOT USED BY AHCCCS
2400	DTP02	Date Time Period Format Qualifier	D8	NOT USED BY AHCCCS
2400	DTP03	Treatment Start Date		NOT USED BY AHCCCS
2400	**DTP**	**Date - Treatment Completion**	Required when reporting the date that a course of treatment was completed.	**SEGMENT NOT USED BY AHCCCS**
2400	DTP01	Date Time Qualifier	198	NOT USED BY AHCCCS
2400	DTP02	Date Time Period Format Qualifier	D8	NOT USED BY AHCCCS
2400	DTP03	Treatment Completion Date		NOT USED BY AHCCCS
		Anesthesia Quantity Identifier		**SEGMENT DELETED**
2400	**CN1**	**Contract Information**	Required when the submitter is contractually obligated to supply this information on post-adjudicated claims.	
2400	CN101	Contract Type Code	02 Per Diem 03 Variable Per Diem 04 Flat 05 Capitated 06 Percent 09 Other	Expect Contract Type code
2400	CN102	Contract Amount		NOT USED BY AHCCCS
2400	CN103	Contract Percentage		NOT USED BY AHCCCS
2400	CN104	Contract Code		NOT USED BY AHCCCS
2400	CN105	Terms Discount Percent		NOT USED BY AHCCCS
2400	CN106	Contract Version Identifier		NOT USED BY AHCCCS
2400	**REF**	**Service Predetermination Identification**		
2400	REF01	Reference Identification Qualifier	G3 Predetermination of Benefits Identification Number	
2400	REF02	Predetermination of Benefits Identifier		
2400	REF03	Description		NOT USED
2400	REF04	Reference Identifier		
2400	REF04-1	Reference Identification Qualifier	2U Payer Identification Number	
2400	REF04-2	Other Payer Primary Identifier		
2400	REF04-3	Reference Identification Qualifier		NOT USED
2400	REF04-4	Reference Identification		NOT USED
2400	REF04-5	Reference Identification Qualifier		NOT USED

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2400	REF04-6	Reference Identification		NOT USED
2400	**REF**	**Prior Authorization**		**SEGMENT NOT USED BY AHCCCS**
2400	REF01	Reference Identification Qualifier	G1	NOT USED BY AHCCCS
2400	REF02	Prior Authorization or Referral Number		NOT USED BY AHCCCS
2400	REF03	Description		NOT USED
2400	REF04	Reference Identifier		NOT USED BY AHCCCS
2400	REF04-1	Reference Identification Qualifier		NOT USED BY AHCCCS
2400	REF04-2	Other Payer Primary Identifier		NOT USED BY AHCCCS
2400	REF04-3	Reference Identification Qualifier		NOT USED
2400	REF04-4	Reference Identification		NOT USED
2400	REF04-5	Reference Identification Qualifier		NOT USED
2400	REF04-6	Reference Identification		NOT USED
2400	**REF**	**Line Item Control Number**		
2400	REF01	Reference Identification Qualifier	6R	
2400	REF02	Line Item Control Number	The maximum number of characters to be supported for this field is '30'. A submitter may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any receiving system is '30'. Characters beyond 30 are not required to be stored nor returned by any 837-receiving system.	
2400	REF03	Description		NOT USED
2400	REF04	REFERENCE IDENTIFIER		NOT USED
2400	**REF**	**Repriced Claim Number**		**SEGMENT NOT USED BY AHCCCS**
2400	REF01	Reference Identification Qualifier	9A	NOT USED BY AHCCCS
2400	REF02	Repriced Claim Reference Number		NOT USED BY AHCCCS
2400	REF03	Description		NOT USED
2400	REF04	REFERENCE IDENTIFIER		NOT USED
2400	**REF**	**Adjusted Repriced Claim Number**		**SEGMENT NOT USED BY AHCCCS**
2400	REF01	Reference Identification Qualifier	9C	NOT USED BY AHCCCS
2400	REF02	Adjusted Repriced Claim Reference Number		NOT USED BY AHCCCS
2400	REF03	Description		NOT USED
2400	REF04	REFERENCE IDENTIFIER		NOT USED
2400	**REF**	**Referral Number**		**SEGMENT NOT USED BY AHCCCS**
2400	REF01	Reference Identification Qualifier	9F	NOT USED BY AHCCCS
2400	REF02	Referral Number		NOT USED BY AHCCCS
2400	REF03	Description		NOT USED
2400	REF04	Reference Identifier		NOT USED BY AHCCCS
2400	REF04-1	Reference Identifier Qualifier		NOT USED BY AHCCCS
2400	REF04-2	Other Payer Primary Identifier		NOT USED BY AHCCCS
2400	REF04-3	Reference Identification Qualifier		NOT USED
2400	REF04-4	Reference Identification		NOT USED
2400	REF04-5	Reference Identification Qualifier		NOT USED
2400	REF04-6	Reference Identification		NOT USED

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2400	**AMT**	**Sales Tax Amount**		**SEGMENT NOT USED BY AHCCCS**
2400	AMT01	Amount Qualifier Code	T	NOT USED BY AHCCCS
2400	AMT02	Sales Tax Amount		NOT USED BY AHCCCS
2400	AMT03	Credit/Debit Flag Code		NOT USED
2400	**K3**	**File Information**		**SEGMENT NOT USED BY AHCCCS**
2400	K301	Fixed Format Information		NOT USED BY AHCCCS
2400	K302	Record Format Code		NOT USED
2400	K303	COMPOSITE UNIT OF MEASURE		NOT USED
2400	**HCP**	**Line Pricing/ Repricing information**		**SEGMENT NOT USED BY AHCCCS**
2400	HCP01	Pricing Methodology	00-14	NOT USED BY AHCCCS
2400	HCP02	Repriced Allowed Amount		NOT USED BY AHCCCS
2400	HCP03	Repriced Saving Amount		NOT USED BY AHCCCS
2400	HCP04	Repricing Organization Identifier		NOT USED BY AHCCCS
2400	HCP05	Repricing Per Diem or Flat Rate Amount		NOT USED BY AHCCCS
2400	HCP06	Reference Identification		NOT USED
2400	HCP07	Monetary Amount		NOT USED
2400	HCP08	Product/Service ID		NOT USED
2400	HCP09	Product or Service ID Qualifier		NOT USED BY AHCCCS
2400	HCP10	Repriced Approved HCPCS Code		NOT USED BY AHCCCS
2400	HCP11	Unit or Basis for Measurement Code		NOT USED BY AHCCCS
2400	HCP12	Repriced Approved Service Unit Count		NOT USED BY AHCCCS
2400	HCP13	Reject Reason Code		NOT USED BY AHCCCS
2400	HCP14	Policy Compliance Code		NOT USED BY AHCCCS
2400	HCP15	Exception Code		NOT USED BY AHCCCS
2420A	**NM1**	**Rendering Provider Name**		
2420A	NM101	Entity Identifier Code	82	Expect '82'
2420A	NM102	Entity Type Qualifier	1 Person 2 Non-Person Entity	Expect '1'
2420A	NM103	Rendering Provider Last or Organization Name		Rendering Provider Last or Organization Name
2420A	NM104	Rendering Provider First Name		Rendering Provider First Name
2420A	NM105	Rendering Provider Middle Name or Initial		Rendering Provider Middle Name or Initial
2420A	NM106	Name Prefix		NOT USED
2420A	NM107	Rendering Provider Name Suffix		NOT USED BY AHCCCS
2420A	NM108	Identification Code Qualifier		Expect XX
2420A	NM109	Rendering Provider Identifier		Expect Rendering Provider NPI
2420A	NM110	Entity Relationship Code		NOT USED
2420A	NM111	Entity Identifier Code		NOT USED
2420A	NM112	Name Last or Organization Name		NOT USED
2420A	**PRV**	**Rendering Provider Specialty Information**		
2420A	PRV01	Provider Code	PE Performing	Expect 'PE'
2420A	PRV02	Reference Identification Qualifier	PXC	Expect 'PXC'
2420A	PRV03	Provider Taxonomy Code		Expect Taxonomy Code
2420A	PRV04	State or Province Code		NOT USED

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2420A	PRV05	PROVIDER SPECIALTY INFORMATION		NOT USED
2420A	PRV06	Provider Organization Code		NOT USED
2420A	**REF**	**Rendering Provider Secondary Identification**		
2420A	REF01	Reference Identification Qualifier	0B, 1G, G2, LU	Expect 'G2'
2420A	REF02	Rendering Provider Secondary Identifier		Expect 8-digit AHCCCS Provider ID
2420A	REF03	Description		NOT USED
2420A	REF04	Reference Identifier		
2420A	REF04-1	Reference Identifier Qualifier		
2420A	REF04-2	Other Payer Primary Identifier		
2420A	REF04-3	Reference Identification Qualifier		NOT USED
2420A	REF04-4	Reference Identification		NOT USED
2420A	REF04-5	Reference Identification Qualifier		NOT USED
2420A	REF04-6	Reference Identification		NOT USED
2420B	**NM1**	**Assistant Surgeon Name**		**SEGMENT NOT USED BY AHCCCS**
2420B	NM101	Entity Identifier Code	DD	NOT USED BY AHCCCS
2420B	NM102	Entity Type Qualifier		NOT USED BY AHCCCS
2420B	NM103	Assistant Surgeon Last or Organization Name		NOT USED BY AHCCCS
2420B	NM104	Assistant Surgeon First Name		NOT USED BY AHCCCS
2420B	NM105	Assistant Surgeon Middle Name or Initial		NOT USED BY AHCCCS
2420B	NM106	Name Prefix		NOT USED
2420B	NM107	Assistant Surgeon Name Suffix		NOT USED BY AHCCCS
2420B	NM108	Identification Code Qualifier		NOT USED BY AHCCCS
2420B	NM109	Assistant Surgeon Primary Identifier		NOT USED BY AHCCCS
2420B	NM110	Entity Relationship Code		NOT USED
2420B	NM111	Entity Identifier Code		NOT USED
2420B	NM112	Name Last or Organization Name		NOT USED
2420B	**PRV**	**Assistant Surgeon Specialty Information**		**SEGMENT NOT USED BY AHCCCS**
2420B	PRV01	Provider Code	AS	NOT USED BY AHCCCS
2420B	PRV02	Reference Identification Qualifier		NOT USED BY AHCCCS
2420B	PRV03	Provider Taxonomy Code		NOT USED BY AHCCCS
2420B	PRV04	State or Province Code		NOT USED
2420B	PRV05	PROVIDER SPECIALTY INFORMATION		NOT USED
2420B	PRV06	Provider Organization Code		NOT USED
2420B	**REF**	**Assistant Surgeon Secondary Identification**		**SEGMENT NOT USED BY AHCCCS**
2420B	REF01	Reference Identification Qualifier	0B, 1G, G2, LU	NOT USED BY AHCCCS
2420B	REF02	Assistant Surgeon Secondary Identifier		NOT USED BY AHCCCS
2420B	REF03	Description		NOT USED
2420B	REF04	Reference Identifier		NOT USED BY AHCCCS
2420B	REF04-1	Reference Identification Qualifier		NOT USED BY AHCCCS
2420B	REF04-2	Other Payer Primary Identifier		NOT USED BY AHCCCS
2420B	REF04-3	Reference Identification Qualifier		NOT USED
2420B	REF04-4	Reference Identification		NOT USED
2420B	REF04-5	Reference Identification Qualifier		NOT USED
2420B	REF04-6	Reference Identification		NOT USED

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2420C	**NM1**	**Supervising Provider Name**		**SEGMENT NOT USED BY AHCCCS**
2420C	NM101	Entity Identifier Code	DQ	NOT USED BY AHCCCS
2420C	NM102	Entity Type Qualifier		NOT USED BY AHCCCS
2420C	NM103	Supervising Provider Last Name		NOT USED BY AHCCCS
2420C	NM104	Supervising Provider First Name		NOT USED BY AHCCCS
2420C	NM105	Supervising Provider Middle Name or Initial		NOT USED BY AHCCCS
2420C	NM106	Name Prefix		NOT USED
2420C	NM107	Supervising Provider Name Suffix		NOT USED BY AHCCCS
2420C	NM108	Identification Code Qualifier		NOT USED BY AHCCCS
2420C	NM109	Supervising Provider Identifier		NOT USED BY AHCCCS
2420C	NM110	Entity Relationship Code		NOT USED
2420C	NM111	Entity Identifier Code		NOT USED
2420C	NM112	Name Last or Organization Name		NOT USED
2420C	**PRV**	**Assistant Surgeon Specialty Information**		**SEGMENT DELETED**
2420C	**REF**	**Supervising Provider Secondary Identification**		**SEGMENT NOT USED BY AHCCCS**
2420C	REF01	Reference Identification Qualifier	0B, 1G, G2, LU	NOT USED BY AHCCCS
2420C	REF02	Supervising Provider Secondary Identifier		NOT USED BY AHCCCS
2420C	REF03	Description		NOT USED
2420C	REF04	Reference Identifier		NOT USED BY AHCCCS
2420C	REF04-1	Reference Identification Qualifier		NOT USED BY AHCCCS
2420C	REF04-2	Other Payer Primary Identifier		NOT USED BY AHCCCS
2420C	REF04-3	Reference Identification Qualifier		NOT USED
2420C	REF04-4	Reference Identification		NOT USED
2420C	REF04-5	Reference Identification Qualifier		NOT USED
2420C	REF04-6	Reference Identification		NOT USED
2420D	**NM1**	**Service Facility Location Name**	New Loop	
2420D	NM101	Entity Identifier Code	77	Expect 77
2420D	NM102	Entity Type Qualifier		Expect 2
2420D	NM103	Laboratory or Facility Name		Expect Laboratory or Facility Name
2420D	NM104	Name First		NOT USED
2420D	NM105	Name Middle		NOT USED
2420D	NM106	Name Prefix		NOT USED
2420D	NM107	Name Suffix		NOT USED
2420D	NM108	Identification Code Qualifier		Expect XX
2420D	NM109	Laboratory or Facility Primary Identifier		Expect NPI
2420D	NM110	Entity Relationship Code		NOT USED
2420D	NM111	Entity Identifier Code		NOT USED
2420D	NM112	Name Last or Organization Name		NOT USED
2420D	**N3**	**Service Facility Location Address**		**SEGMENT NOT USED BY AHCCCS**
2420D	N301	Laboratory or Facility Address Line		NOT USED BY AHCCCS
2420D	N302	Laboratory or Facility Address Line		NOT USED BY AHCCCS
2420D	**N4**	**Service Facility Location City, State, Zip Code**		**SEGMENT NOT USED BY AHCCCS**
2420D	N401	Laboratory or Facility City Name		NOT USED BY AHCCCS
2420D	N402	Laboratory or Facility City State or Province Code		NOT USED BY AHCCCS

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2420D	N403	Laboratory or Facility Postal Zone or Zip Code		NOT USED BY AHCCCS
2420D	N404	Country Code		NOT USED BY AHCCCS
2420D	N405	Location Qualifier		NOT USED
2420D	N406	Location Identifier		NOT USED
2420D	N407	Country Subdivision Code		NOT USED BY AHCCCS
2420D	**REF**	**Service Facility Location Secondary Identification**		**SEGMENT NOT USED BY AHCCCS**
2420D	REF01	Reference Identification Qualifier	1G, G2, LU	NOT USED BY AHCCCS
2420D	REF02	Service Facility Location Secondary Identifier		NOT USED BY AHCCCS
2420D	REF03	Description		NOT USED
2420D	REF04	Reference Identifier		NOT USED BY AHCCCS
2420D	REF04-1	Reference Identifier Qualifier		NOT USED BY AHCCCS
2420D	REF04-2	Other Payer Primary Identifier		NOT USED BY AHCCCS
2420D	REF04-3	Reference Identification Qualifier		NOT USED
2420D	REF04-4	Reference Identification		NOT USED
2420D	REF04-5	Reference Identification Qualifier		NOT USED
2420D	REF04-6	Reference Identification		NOT USED
2430	**SVD**	**Line Adjudication Information**		
2430	SVD01	Other Payer Primary Identifier	Where 2430/SVD01 = 1000A/NM109 Must match with 2330B/NM109	Expect Health Plan ID
2430	SVD02	Service Line Paid Amount		Expect Service Line Paid Amount
2430	SVD03	Composite Medical Procedure Identifier		
2430	SVD03-1	Product or Service ID Qualifier	AD American Dental Association Codes ER Jurisdiction Specific Procedure and Supply Codes	Expect 'AD'
2430	SVD03-2	Procedure Code		Expect HCPCS code
2430	SVD03-3	Procedure Modifier		Expect Procedure Modifier
2430	SVD03-4	Procedure Modifier		Expect Procedure Modifier
2430	SVD03-5	Procedure Modifier		Expect Procedure Modifier
2430	SVD03-6	Procedure Modifier		Expect Procedure Modifier
2430	SVD03-7	Procedure Code Description		NOT USED BY AHCCCS
2430	SVD04	Product/Service ID		NOT USED
2430	SVD05	Paid Service Unit Count		Expect Paid Units
2430	SVD06	Bundled or Unbundled Line Number		NOT USED BY AHCCCS
2430	**CAS**	**Line Adjustment**		
2430	CAS01	Claim Adjustment Group Code	CO=Contractual Obligations CR=Correction and Reversals OA=Other adjustments PI=Payor Initiated Reductions PR=Patient Responsibility	Expect any PR will be used for Allowed/Approved amount calculation
2430	CAS02	Adjustment Reason Code		Expect Adjustment Reason Code AHCCCS to crosswalk RF710 to http://www.wpc-edi.com/content/view/695/1
2430	CAS03	Adjustment Amount		Expect Adjustment Amount
2430	CAS04	Adjustment Quantity		Expect Adjustment Qty
2430	CAS05	Adjustment Reason Code		Expect Adjustment Reason Code
2430	CAS06	Adjustment Amount		Expect Adjustment Amount

ID	Element	Description 837-D 5010 A2 ENC	Values / Note	AHCCCS Usage / Expected Value
2430	CAS07	Adjustment Quantity		Expect Adjustment Qty
2430	CAS08	Adjustment Reason Code		Expect Adjustment Reason Code
2430	CAS09	Adjustment Amount		Expect Adjustment Amount
2430	CAS10	Adjustment Quantity		Expect Adjustment Qty
2430	CAS11	Adjustment Reason Code		Expect Adjustment Reason Code
2430	CAS12	Adjustment Amount		Expect Adjustment Amount
2430	CAS13	Adjustment Quantity		Expect Adjustment Qty
2430	CAS14	Adjustment Reason Code		Expect Adjustment Reason Code
2430	CAS15	Adjustment Amount		Expect Adjustment Amount
2430	CAS16	Adjustment Quantity		Expect Adjustment Qty
2430	CAS17	Adjustment Reason Code		Expect Adjustment Reason Code
2430	CAS18	Adjustment Amount		Expect Adjustment Amount
2430	CAS19	Adjustment Quantity		Expect Adjustment Qty
2430	**DTP**	**Line Check or Remittance Date**		
2430	DTP01	Date Time Qualifier	573	Expect '573'
2430	DTP02	Date Time Period Format Qualifier		Expect 'D8'
2430	DTP03	Adjudication or Payment Date		Expect Adjudication or Payment Date CCYYMMDD
2430	**AMT**	**Remaining Patient Liability**		**SEGMENT NOT USED BY AHCCCS**
2430	AMT01	Amount Qualifier Code	EAF=Amount Owed	NOT USED BY AHCCCS
2430	AMT02	Remaining Patient Liability		NOT USED BY AHCCCS
2430	AMT03	Credit/Debit Flag Code		NOT USED
	SE	**Transaction Set Trailer**		
	SE01	Transaction Set Control Number		
	SE02	Transaction Set Control Number		
	GE	**Function Group Trailer**		
	GE01	Number of Transaction Sets Included		
	GE02	Group Control Number		
	IEA	**Interchange Control Trailer**		
	IEA01	Number of Included Functional Groups		
	IEA02	Interchange Control Number		

4.2 Payer Specific Business Rules and Limitations

4.3 Frequently Asked Questions

None available at this time.

4.4 Other Resources

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5. TI Change Summary

#	Location & Section	Revision
0.1		• Original Draft Version

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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

Companion Document
and
Transaction Specifications
for HIPAA
NCPDP Batch 1.1 Version 5.1
Encounter Transactions

January 2010
Version 1.3

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Revision History

Date	Version	Description	Author
6.26.2006	1.0	Draft for distribution to health plans.	AHCCCS Information Services Division
6.15.2007	1.1	NPI updates and Permission to Reproduce	AHCCCS Information Services Division
10.26.2007	1.2	Edits to differentiate from Implementation Guide	AHCCCS Information Services Division
01.27.2010	1.3	Removed references to NPI contingency plan. Added notation pertaining to segment order (AM04 before AM01). Added notation regarding file failure. Corrected value in 342-HC from 7 to 8, Amount Paid. When Medicare is Other Payer, "Medicare" should be reflected in 340-7C. Input Mode should be 1 in 22nd position of Transaction Sender ID, 880-K1. Added DUR/PPS and Pricing segments to report Seasonal Flu, Pneumonia and H1N1 vaccines. Streamlined document, including the removal of website links that are no longer valid.	AHCCCS Information Services Division

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1 Introduction

Companion Documents

Companion Documents are intended to supplement the standard HIPAA Implementation Guides and are technical in nature. They are intended for technical staff members who are responsible for electronic transaction/file exchanges. This document provides specific information related to the fields and values reported.

Disclaimer

This Companion Document is intended to be a technical document describing the specific technical and procedural requirements for interfaces between AHCCCS and its trading partners. It does not supersede either health plan contracts or the specific procedure manuals for various operational processes. If there are conflicts between this document and either the health plan contracts or operational procedure manuals, the contract or procedure manual will prevail.

Substantial effort has been taken to minimize conflicts or errors; however, AHCCCS, the AHCCCS Information Services Division, or its employees will not be liable or responsible for any errors or expenses resulting from the use of information in this document. If you believe there is an error in the document, please notify the AHCCCS Information Services Division immediately

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2. NCPDP Transactions

2.1 Overview

NCPDP Overview	The NCPDP 5.1 transaction is used by the AHCCCS contracted health plans to report post adjudicated pharmacy encounters. AHCCCS accepts NCPDP transactions from the contracted health plans, completes a validation check, translates files that pass validation and then forwards the file to the adjudication system for processing.
File Submission	To exchange electronic data with AHCCCS, Trading Partners must establish individual user accounts to the secure file transfer server (SFTS, aka EFT). When permissions have been granted to the SFTS, Trading Partners will upload their NCPDP transactions for processing. Note: Files such as Word Documents, Excel Documents and/or zero byte files will be removed from the server and no notification will be provided to the Trading Partner.
Validation	AHCCCS validates NCPDP transactions for compliance. Files that pass validation will be forwarded to the translator. Files that fail validation will discontinue processing and the Trading Partner will receive a response file with a .BAD extension.
Translation	Files that pass validation will be translated and sent to the adjudication system for processing.
Submission Schedule	Encounter submitters can transmit NCPDP transactions to AHCCCS at anytime. AHCCCS typically processes files each evening, Monday through Friday.

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3 Technical Infrastructure and Procedures

3.1 Technical Environment

Connectivity

Authorized individuals from the Trading Partner organization may connect to the AHCCCS secure file transfer server (SFTS) using a standard internet browser. To obtain an individual SFTS account, the Electronic Data Exchange Request and External User Affirmation Statement forms must be completed and submitted to AHCCCS Data Security. These forms can be obtained from the AHCCCS website.

Technical Assistance and Help

The AHCCCS Information Services Division (ISD) Customer Support Center is the primary contact for all questions related to submission of electronic transactions and data. The preferred method of contact is email. All inquiries result in Ticket Number assignment and problem tracking. The Contact information is:

- Email: EDICustomerSupport@azahcccs.gov
- **Telephone Number:** (602) 417-4451
- **Hours:** 7:00 AM – 5:00 PM Arizona Time, Monday through Friday
- **Information required for initial inquiry:**
  - Customer Name
  - Organization Name
  - Customer Email Address
  - Customer Telephone Number
  - Health Plan ID/Provider ID/Submitter ID
  - Transaction ID Inquiring About
  - Applicable IS/GS Control Numbers
  - Topic/Nature of Problem (setup, connectivity, etc.)
- **Information required for follow up inquiry:**
  - Ticket Number assigned by the Customer Support Center

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3.2 Directory and File Naming Conventions

SFTS Directory Structure

The SFTS Directory Structure is as follows:

XXX/Environment/Type and Direction

- XXX-Three byte Health Plan Identifier
- Environment
  Dev is for internal AHCCCS development staff
  Other is for sending/receiving large files that cannot be sent in an email or contains PHI.
  Prod is for sending/receiving production files
  Test is for sending/receiving test files
- Type and Direction
  EDI-IN is for sending HIPAA X12 and NCPDP 5.1 transaction files only. Zipped files will not be allowed.
  EDI-OUT is for receiving HIPAA X12 NCPDP 5.1 response files.
  IN is for sending proprietary files.
  OUT is for receiving proprietary files.

File Naming Conventions

File naming convention is as follows:

- Inbound filenames can be any name designated by the Health Plan/Program Contractor, but should not exceed 25 characters.
- Files should be rendered in a standard text file format and should not have a .tmp, .zip and/or any other application file extension.
- NCPDP 5.1 files that fail validation will be returned to the Health Plan EDI-Out directory with the original filename and a .bad file extension.

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4 Encounter Transaction Specifications – NCPDP Encounters

4.1 Overview

Transaction Specifications Table

The NCPDP Encounter Transaction Specifications for individual data elements are shown in the table starting on the next page. Definitions of table columns follow.

Segment
The name of the segment or standard grouping of data elements within a NCPDP Transaction.

Field
The data element's identifier as shown in the NCPDP Implementation Guide and Data Element Dictionary.

Field Name
The field's name as shown in the NCPDP Implementation Guide and Data Element Dictionary.

Field Definition
How the field is defined in the NCPDP Data Element Dictionary.

Value
Data element values in the Implementation Guide that are used by AHCCCS.

Comments
Definitions of valid values used by AHCCCS and additional information about AHCCCS data element requirements.

4.2 Segment Order

Billing (B1) Reversal (B2) And Rebill Transactions (B3)

When applicable, the AHCCCS translator prefers the AM04 Insurance segment before the AM01 Patient Segment.

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AHCCCS DRUG ENCOUNTER TRANSACTION SPECIFICATIONS Based on NCPDP Telecommunication and Batch Standard					
TRANMISSION HEADER RECORD – Appears at the beginning of transmissions of from 1 to 9,999,999,997 NCPDP Transactions					
Segment	**Field**	**Field Name**	**Field Definition**	**Value**	**Comments**
Transmission Header	880-K1	SENDER ID/ 24 BYTES	An identification number of the transmission sender defined by the processor.		Submitting health plans are identified by a 3-byte acronym assigned by AHCCCS followed by the submitter's Tax ID [9], AHCCCS Health Plan ID [6], a three-character Transmission Submitter Number (TSN), and a one-character Input Mode of 1.
Transmission Header	880-K7	RECEIVER ID/ 24 BYTES	A receiver identification number that "reflects valid enrollment between trading partners for batch file submission."	AHCCCS86-6004791	"AHCCCS" followed by the AHCCCS Federal Tax ID.

TRANSACTION DETAIL DEFINITION RECORD – Encloses each NCPDP Transaction					
Segment	**Field**	**Field Name**	**Field Definition**	**Value**	**Comments**
Transaction Header	202-B2	SERVICE PROVIDER ID QUALIFIER	Code qualifying the `Service Provider ID' (2O1-B1).	01 05	National Provider Identifier Medicaid ID Used in the B1, B2 and B3 record.
Transaction Header	201-B1	SERVICE PROVIDER ID	ID assigned to a pharmacy or provider.		Provider Id/Pharmacy Number. Until May 22, 2007, AHCCCS Id and Location Number NNNNNNLL May 23, 2007 and after, National Provider Identifier Used in the B1, B2 and B3 record.
Insurance	302-C2	CARDHOLDER ID	Insurance ID assigned to the cardholder.		The health plan member's AHCCCS ID Used in the B1 record.
Patient	332-CY	PATIENT ID	Resubmission Claim Number		The Claim Reference Number (CRN) of the original encounter being voided or replaced. Required when the original encounter is being voided or replaced. Used in the B2 and B3 record.
Claim	330-CW	ALTERNATE ID	The Medicaid unique claim identification number (also referred to as the ICN or TCN)		Health Plan CRN Used in the B1 record.
Prescriber	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	03	Prescriber Segment Used in the B1 and B3 record.
Prescriber	466-EZ	PRESCRIBER ID QUALIFIER	Code qualifying the `Prescriber ID' (411-DB).	01 05	National Provider Identifier Medicaid ID Used in the B1 and B3 record.

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TRANSACTION DETAIL DEFINITION RECORD – Encloses each NCPDP Transaction					
Segment	**Field**	**Field Name**	**Field Definition**	**Value**	**Comments**
Prescriber	411-DB	PRESCRIBER ID	ID assigned to the prescriber.		Prescribing providers should use an NPI, but AHCCCS will accept submissions of both the NPI and/or other legacy identifiers (AHCCCS ID and Location Number NNNNNNLL) until March 1, 2008. Used in the B1 and B3 record.
COB/Other Payments	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	05	Coordination of Benefits (COB) Segment One occurrence of the COB/Other Payments Segment is required for health plan payment information. Subsequent iterations of the segment can be used for data on other third party payers. Used in the B1 and B3 record.
COB/Other Payments	337-4C	COORDINATION OF BENEFITS/ OTHER PAYMENTS COUNT	Count of other payment occurrences.		The number of “other coverages” involved in the claim that resulted in this encounter. Always 1 for the health plan, incremented by 1 for each additional coverage (2, for example, when the health plan member has Medicare A). Used in the B1 and B3 record.
COB/Other Payments	338-5C	OTHER PAYER COVERAGE TYPE	Code identifying the type of `Other Payer ID' (340-7C).		Any valid value. Used in the B1 and B3 record.
COB/Other Payments	339-6C	OTHER PAYER ID QUALIFIER	Code qualifying the `Other Payer ID' (34O-7C).		Use a value of “99” when the payer is a health plan and an appropriate Implementation Guide value when the payer is an additional other carrier. Used in the B1 and B3 record.
COB/Other Payments	340-7C	OTHER PAYER ID	ID assigned to the payer.		The AHCCCS Health Plan ID and TSN for health plans. If Other Payer is Medicare, Other Payer ID must be “MEDICARE.” Any available identifier for other additional carriers is acceptable. Used in the B1 and B3 record.
COB/Other Payments	341-HB	OTHER PAYER AMOUNT PAID COUNT	Count of the payer amount paid occurrences.		The number of “other payers” (including the health plan but excluding AHCCCS) that made payments. Used in the B1 and B3 record.
COB/Other Payments	342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Code qualifying the `Other Payer Amount Paid' (431-DV).		For health plan segments, the value is always “08” Amount Paid. Use the most appropriate Implementation Guide value for additional other payers. Used in the B1 and B3 record.
COB/Other Payments	431-DV	OTHER PAYER AMOUNT PAID	Amount of any payment known by the pharmacy from other sources (including coupons).		For the health plan COB Segment, the Health Plan Paid Amount. If additional other payers are involved, the amount paid by each of them. Used in the B1 and B3 record.

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DUR/PPS	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	08	DUR/PPS Segment To report Seasonal Flu, Pneumonia and H1N1 vaccines for RX Billings.
DUR/PPS	473-7E	DUR/PPS CODE COUNTER	Counter number for each DUR/PPS set/logical grouping.	1	RX Billing
DUR/PPS	440-E5	PROFESSIONAL SERVICE CODE	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.	MA	Medication Administered If dispensing and administering a covered vaccine to the member. Leave blank if only dispensing the vaccine and not providing administration of the vaccine to the member.
Pricing	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	11	Pricing Segment To report Seasonal Flu, Pneumonia and H1N1 vaccine costs.
Pricing	438-E3	INCENTIVE AMOUNT SUBMITTED	Amount represents a fee that is submitted by the pharmacy for contractually agreed upon services. This amount is included in the 'Gross Amount Due (430-DU).		Submit the Vaccine Administration Fee which shall include all supplies necessary to give the injection and administration of the vaccine. Encounter value for this fee is limited to no more than $15.43.
Pricing	409-D9	INGREDIENT COST SUBMITTED	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (430-DU)		The amount for the vaccine ingredient cost.
Pricing	412-DC	DISPENSING FEE SUBMITTED	Dispensing fee submitted by the pharmacy. This amount is included in the 'Gross Amount Due' (430-DU).		The amount for the dispensing fee may be submitted when the vaccine is not being administered to the member by the pharmacy/pharmacist.
Pricing	426-DQ	USUAL AND CUSTOMARY CHARGE	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed.		The U&C amount submitted should include the cost for the vaccine PLUS the administration fee.

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TRANMISSION TRAILER RECORD – Appears at the end of transmissions of from 1 to 9,999,999,997 NCPDP Transactions					
Segment	**Field**	**Field Name**	**Field Definition**	**Value**	**Comments**
Transmission Trailer	504-F4	MESSAGE/ 35 BYTES	Information regarding the batch.		The submitter should add an abbreviated attestation message that is compliant with BBA specifications. For example: "Attested John Doe CFO"

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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

270/271 Standard Companion Guide Transaction Information

Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010

Companion Guide Version Number: 0.3
May 2011

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Transaction Instruction (TI)

1. TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard
HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

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1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2. Included ASC X12 Implementation Guides

Unique ID	Name
005010X281	Eligibility, Coverage, or Benefit Inquiry (270)
005010X282	Eligibility, Coverage, or Benefit Information (271)

3. Instruction Tables

3.1 270 Eligibility, Coverage, or Benefit Inquiry

LOOP ID	Reference	Name	Codes	Notes/Comments
				• If the file success rate falls below 75% during the search process, then all ST/SE transaction sets will contain an error "41" in the 2100B/ AAA03 on the 271 response file. • The following provider types are excluded from submitting Inquiries: o DJ - Dept of Juvenile corrections o DN - DOC Non-pay provider o F1 - Fiscal Intermediaries o H2 - One Time only out of state o 45 - county Phase in o 73 - Out-of-state ENC or 1 time FFS Prov o 91 - QMB only Recipient • Due to linked records – it is possible to have multiple overlapping enrollments for the same time period (Primary record and Secondary record).
2100A	**NM1**	**INFORMATION SOURCE NAME**		
2100A	NM101	Entity Identifier Code	PR	
2100A	NM102	Entity Type Qualifier	2	
2100A	NM103	Name Last or Organization Name	AHCCCS	
2100A	NM108	Identification Code Qualifier	FI	
2100A	NM109	Identification Code	866004791	
2100B	**NM1**	**INFORMATION RECEIVER NAME**		This could either be an AHCCCS Registered Provider OR a Clearinghouse. Whoever will physically receive the data.

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LOOP ID	Reference	Name	Codes	Notes/Comments
2100B	**REF**	**INFORMATION RECEIVER ADDITIONAL IDENTIFICATION**		SEGMENT NOT USED BY AHCCCS
2100B	**N3**	**INFORMATION RECEIVER ADDRESS**		SEGMENT NOT USED BY AHCCCS
2100B	**N4**	**INFORMATION RECEIVER CITY/STATE/ ZIP CODE**		SEGMENT NOT USED BY AHCCCS
2100B	**PRV**	**INFORMATION RECEIVER PROVIDER INFORMATION**		Not required by AHCCCS. If value sent in PRV01 it will be returned on 271.
2000C	**TRN**	**SUBSCRIBER TRACE NUMBER**		This segment is not sent when performing a newborn request using the 2000D Dependent loop.
2100C	**NM1**	**SUBSCRIBER NAME**	Name	See 4.2.1 270 Search Criteria
2100C	**REF**	**SUBSCRIBER ADDITIONAL IDENTIFICATION**	SSN	See 4.2.1 270 Search Criteria
2100C	**REF**	**SUBSCRIBER ADDITIONAL IDENTIFICATION**	Medicare Claim ID	See 4.2.1 270 Search Criteria
2100C	**N3**	**SUBSCRIBER ADDRESS**		SEGMENT NOT USED BY AHCCCS
2100C	**N4**	**SUBSCRIBER CITY/STATE/ZIP CODE**		SEGMENT NOT USED BY AHCCCS
2100C	**PRV**	**PROVIDER INFORMATION**		THIS SEGMENT IS NOT REQUIRED IF THE PROVIDER ENTERED DATA IN THE 2100B LOOP. THIS SEGMENT USED ONLY IF PROVIDER IS NOT THE SAME AS IN 2100B SEGMENT
2100C	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**	Date of Birth	See 4.2.1 270 Search Criteria
2100C	**INS**	**MULTIPLE BIRTH SEQUENCE NUMBER**		SEGMENT NOT USED BY AHCCCS
2100C	**HI**	**SUBSCRIBER HEALTH CARE DIAGNOSIS CODE**		SEGMENT NOT USED BY AHCCCS
2100C	**DTP**	**SUBSCRIBER DATE**		
2100C	DTP01	Date Time Qualifier	291	
2110C	**EQ**	**SUBSCIBER ELIGIBILITY/BENEFIT INQUIRY INFORMATION**		
2110C	EQ01	Service Type Code	30	
2110C	EQ02	COMPOSITE MEDICAL PROCEDURE IDENTIFIER		NOT USED BY AHCCCS
2110C	EQ03	Coverage Level Code		NOT USED BY AHCCCS
2110C	EQ05	COMPOSITE DIAGNOSIS CODE POINTER		NOT USED BY AHCCCS

LOOP ID	Reference	Name	Codes	Notes/Comments
2110C	**AMT**	**SUBSCRIBER SPEND DOWN AMOUNT**		SEGMENT NOT USED BY AHCCCS
2110C	**AMT**	**SUBSCRIBER SPEND DOWN TOTAL BILLED AMOUNT**		SEGMENT NOT USED BY AHCCCS
2110C	**III**	**SUBSCRIBER ELIGIBILITY/BENEFIT ADDITIONAL INQUIRY INFORMATION**		SEGMENT NOT USED BY AHCCCS
2110C	**REF**	**SUBSCRIBER ADDITIONAL INFORMATION**		SEGMENT NOT USED BY AHCCCS
2110C	**DTP**	**SUBSCRIBER ELIGIBILITY/ BENEFIT DATE**		SEGMENT NOT USED BY AHCCCS
2000D	**HL**	**DEPENDENT LEVEL**		When provider is requesting information about a mother's newborn child (DOB must be less than 12 months in past), this segment will be used by the provider to submit gender and DOB of newborn and the 2100C segments will provide the mother's demographic data. If found, the newborn data will be returned on the 271 as the subscriber and mother's data will not be returned. If newborn DOB is more than 12 months in the past, data in 271 will only be provided on mother.
2000D	**TRN**	**DEPENDENT TRACE NUMBER**		The 2000C/TRN Subscriber Level is not used when the 2000D/TRN Dependent Level is used for a newborn request.
2100D	**REF**	**DEPENDENT ADDITIONAL IDENTIFICATION**		SEGMENT NOT USED BY AHCCCS
2100D	**N3**	**DEPENDENT ADDRESS**		SEGMENT NOT USED BY AHCCCS
2100D	**N4**	**DEPENDENT CITY/STATE/ZIP CODE**		SEGMENT NOT USED BY AHCCCS
2100D	**PRV**	**PROVIDER INFORMATION**		SEGMENT NOT USED BY AHCCCS
2100D	**DMG**	**DEPENDENT DEMOGRAPHIC INFORMATION**	Date of Birth	See 4.2.1 270 Search Criteria
2100D	**INS**	**DEPENDENT RELATIONSHIP**		SEGMENT NOT USED BY AHCCCS
2100D	**HI**	**DEPENDENT HEALTH CARE DIAGNOSIS CODE**		SEGMENT NOT USED BY AHCCCS
2100D	**DTP**	**DEPENDENT DATE**		SEGMENT NOT USED BY AHCCCS
2110D	**III**	**DEPENDENT ELIGIBILITY/BENEFIT ADDITIONAL INQUIRY**		SEGMENT NOT USED BY AHCCCS

LOOP ID	Reference	Name	Codes	Notes/Comments
2110D	**REF**	**DEPENDENT ADDITIONAL INFORMATION**		SEGMENT NOT USED BY AHCCCS
2110D	**DTP**	**DEPENDENT ELIGIBILITY/ BENEFIT DATE**		SEGMENT NOT USED BY AHCCCS

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3.2 271 Eligibility, Coverage, or Benefit Information

Loop ID	Reference	Description	Codes	Notes/Comments
2000A	**AAA**	**REQUEST VALIDATION**		This AAA segment will not apply as the Validator will not allow unauthorized use or invalid participant to even get into the process. Those will be rejected up front.
2100B	**REF**	**INFORMATION RECEIVER ADDITIONAL IDENTIFICATION**		SEGMENT NOT USED BY AHCCCS
2100B	**N3**	**INFORMATION RECEIVER ADDRESS**		SEGMENT NOT USED BY AHCCCS
2100B	**N4**	**INFORMATION RECEIVER CITY/STATE/ZIP CODE**		SEGMENT NOT USED BY AHCCCS
2100C	**PRV**	**PROVIDER INFORMATION**		SEGMENT NOT USED BY AHCCCS
2100C	**HI**	**SUBSCRIBER HEALTH CARE DIAGNOSIS CODE**		SEGMENT NOT USED BY AHCCCS
2100C	**MPI**	**SUBSCRIBER MILITARY PERSONNEL INFORMATION**		SEGMENT NOT USED BY AHCCCS
2110C	**EB**	**SUBSCRIBER ELIGIBILITY/ BENEFIT INFORMATION**		This segment will be repeated for each of the following benefit groupings: • ELIGIBLE (up to 20x) • ENRLL FFS (up to 20x) • ENROLL CAP (up to 20x) • MDC PT D (up to 2x) • MEDICARE HMO (up to 1x) • MEDICARE (1x for each type) • TPL (up to 2x) • COPAY (up to 1x) • SHARE OF COST (up to 20x) • BHS (up to 3x) • CRS (up to 1x) • TSC (up to 1x) • AZEIP (up to 1x)
2110C	EB06	Time Period Qualifier		NOT USED BY AHCCCS
2110C	EB08	Percentage as Decimal		NOT USED BY AHCCCS
2110C	EB09	Quantity Qualifier		NOT USED BY AHCCCS
2110C	EB10	Quantity		NOT USED BY AHCCCS
2110C	EB11	Yes/No Condition or Response Code		NOT USED BY AHCCCS
2110C	EB12	Yes/No Condition or Response Code		NOT USED BY AHCCCS
2110C	EB13	COMPOSITE MEDICAL PROCEDURE IDENTIFIER		NOT USED BY AHCCCS
2110C	EB14	COMPOSITE DIAGNOSIS CODE POINTER		NOT USED BY AHCCCS
2110C	**HSD**	**HEALTH CARE SERVICES DELIVERY**		SEGMENT NOT USED BY AHCCCS

Loop ID	Reference	Description	Codes	Notes/Comments
2110C	AAA	SUBSCRIBER REQUEST VALIDATION		SEGMENT NOT USED BY AHCCCS
2110C	MSG	MESSAGE TEXT		SEGMENT NOT USED BY AHCCCS
2115C	III	SUBSCRIBER ELIGIBILITY/BENEFIT ADDITIONAL INFORMATION		SEGMENT NOT USED BY AHCCCS
2120C	PRV	SUBSCRIBER BENEFIT RELATED PROVIDER INFORMATION		SEGMENT NOT USED BY AHCCCS
2000D	HL	DEPENDENT LEVEL		DEPENDENT LOOP AND SEGMENTS NOT USED BY AHCCCS

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4. TI Additional Information

4.1 Business Scenarios

4.1.1 270 Transaction Notes

ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
ISA		**INTERCHANGE CONTROL HEADER**			
	ISA01	Authorization Information Qualifier		Expect value "00" (No authorization information present)	
	ISA02	Authorization Information		Expect 10 blank spaces	
	ISA03	Security Information Qualifier		Expect value "00" (No security information present)	
	ISA04	Security Information		Expect 10 blank spaces	
	ISA05	Interchange ID Qualifier		Expect value "ZZ"	
	ISA06	Interchange Sender ID		Expect to be populated by sender ID number known to AHCCCS. This can be an AHCCCS provider, approved entity acting on the provider's behalf or a clearing house.	
	ISA07	Interchange ID Qualifier		Expect value "ZZ"	
	ISA08	Interchange Receiver ID		Expect "AHCCCS866004791"	
	ISA09	Interchange Date		Expect Interchange Date	
	ISA10	Interchange Time		Expect Interchange Time	
	ISA11	Repetition Separator		Expect "^"	
	ISA12	Interchange Control Version Number		Expect "00501"	
	ISA13	Interchange Control Number		Expect assigned unique 9 digit control number	
	ISA14	Acknowledgement Requested		Expect value "0" (No interchange acknowledgement requested)	
	ISA15	Interchange Usage Indicator		Expect value "P" (Production) (unless testing than value of "T")	
	ISA16	Component Element Separator		Expect value "|" Pipe	
	GS	**FUNCTIONAL GROUP HEADER**			
	GS01	Functional Identifier Code		Expect "HS" 270 Request	
	GS02	Application Sender's Code		Expect to be populated by sender ID number known to AHCCCS. This can be an AHCCCS provider, approved entity acting on the provider's behalf or a clearing house.	
	GS03	Application Receiver's Code		Expect value "AHCCCS866004791"	
	GS04	Date		Expect Creation Date	
	GS05	Time		Expect Creation Time (HHMM)	
	GS06	Group Control Number		Expect Group Control Number assigned by sender	
	GS07	Responsible Agency Code		Expect value "X" Accredited Standards Committee X12	
	GS08	Version/Release/ Industry Identifier Code		Expect "005010X279A1"	
HDR	**ST**	**TRANSACTION SET HEADER**			
HDR	ST01	Transaction Set Identifier Code		Expect value "270"	
HDR	ST02	Transaction Set Control Number		Expect a numeric value	X

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
HDR	ST03	Implementation Convention Reference		Expect value "005010X279A1"	
HDR	**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**			
HDR	BHT01	Hierarchical Structure Code	0022 Information Source, Information Receiver, Subscriber, Dependent	Expect value "0022"	
HDR	BHT02	Transaction Set Purpose Code	13 Request	Expect value "13"	
HDR	BHT03	Reference Identification		Expect a value to be populated if Real Time. This will be passed back on 271. If batch, may or may not be populated.	X
HDR	BHT04	Transaction Set Creation Date		Expect the date on which the transaction is created (CCYYMMDD)	
HDR	BHT05	Time		Expect the time at which the transaction set was generated. (HHMMSS)	
HDR	BHT06	Transaction Type Code		Do not expect a value in this field. If one is placed, ignore	
2000A	**HL**	**INFORMATION SOURCE LEVEL**			
2000A	HL01	Hierarchical ID Number		Must begin with the value of 1 for the first HL and increment +1 for each subsequent HL in the transaction	X
2000A	HL02	Hierarchical Parent ID Number		NOT USED	
2000A	HL03	Hierarchical Level Code	20 Information Source	Expect value "20"	X
2000A	HL04	Hierarchical Child Code	1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	Expect '1'	X
2100A	**NM1**	**INFORMATION SOURCE NAME**			
2100A	NM101	Entity Identifier Code	PR Payer	Must be 'PR'	X
2100A	NM102	Entity Type Qualifier	2 Non-Person Entity	Must be '2'	X
2100A	NM103	Name Last or Organization Name		Must be "AHCCCS"	X
2100A	NM104	Name First		Not to be used	
2100A	NM105	Name Middle		Not to be used	
2100A	NM106	Name Prefix		NOT USED	
2100A	NM107	Name Suffix		Not to be used	
2100A	NM108	Identification Code Qualifier	FI Federal Taxpayer's Identification Number	Must be "FI"	X
2100A	NM109	Identification Code		Must be "866004791"	X
2100A	NM110	Entity Relationship Code		NOT USED	
2100A	NM111	Entity Identifier Code		NOT USED	
2100A	NM112	Name Last or Organization Name		NOT USED	
2000B	**HL**	**INFORMATION RECEIVER LEVEL**			
2000B	HL01	Hierarchical ID Number		Incremented number from previous HL segment	
2000B	HL02	Hierarchical Parent ID Number		To be populated by sender	
2000B	HL03	Hierarchical Level Code	21 Information Receiver	Expect value "21"	

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2000B	HL04	Hierarchical Child Code	1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	Expect value "1"	
2100B	**NM1**	**INFORMATION RECEIVER NAME**		This could either be an AHCCCS Registered Provider OR a Clearinghouse.	**X**
2100B	NM101	Entity Identifier Code		Expect any value of the actual sender	
2100B	NM102	Entity Type Qualifier	1 Person 2 Non-Person Entity	Expect either value '1' or '2'	
2100B	NM103	Name Last or Organization Name		Expect Provider or clearing house name Who physically is to receive data	
2100B	NM104	Name First		Expect name if NM102 = 1	
2100B	NM105	Name Middle		Expect name if NM102 = 1	
2100B	NM106	Name Prefix		NOT USED	
2100B	NM107	Name Suffix		Expect name if NM102 = 1	
2100B	NM108	Identification Code Qualifier	SV Service Provider Number XX Centers for Medicare and Medicaid Services National Provider Identifier	Expect value "XX" if required to have NPI or "SV" in using AHCCCS Provider ID number when NM101 = '1P', '80', 'FA', or 'GP'	
2100B	NM109	Identification Code	1P Provider 2B Third-Party Administrator 36 Employer 80 Hospital FA Facility GP Gateway Provider P5 Plan Sponsor PR Payer	If NM101 = '1P', '80', 'FA', or 'GP' Expect National Provider ID if NM108 = 'XX' or AHCCCS Provider ID if NM108 = 'SV' Otherwise ignore number	
2100B	NM110	Entity Relationship Code		NOT USED	
2100B	NM111	Entity Identifier Code		NOT USED	
2100B	NM112	Name Last or Organization Name		NOT USED	
2100B	**REF**	**INFORMATION RECEIVER ADDITIONAL IDENTIFICATION**		SEGMENT NOT USED BY AHCCCS	
2100B	REF01	Reference Identification Qualifier		Will not be used if populated	
2100B	REF02	Reference Identification		Will not be used if populated	
2100B	REF03	Description		Will not be used if populated	
2100B	REF04	REFERENCE IDENTIFIER		NOT USED	
2100B	**N3**	**INFORMATION RECEIVER ADDRESS**		SEGMENT NOT USED BY AHCCCS	
2100B	N301	Address Information		Will not be used if populated	
2100B	N302	Address Information		Will not be used if populated	
2100B	**N4**	**INFORMATION RECEIVER CITY/STATE/ ZIP CODE**		SEGMENT NOT USED BY AHCCCS	
2100B	N401	City Name		Will not be used if populated	
2100B	N402	State or Province Code		Will not be used if populated	
2100B	N403	Postal Code		Will not be used if populated	

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100B	N404	Country Code		Will not be used if populated	
2100B	N405	Location Qualifier		NOT USED	
2100B	N406	Location Qualifier		NOT USED	
2100B	N407	Country Subdivision Code		Not to be used	
2100B	**PRV**	**INFORMATION RECEIVER PROVIDER INFORMATION**			**X**
2100B	PRV01	Provider Code	Provider Type Codes: AD Admitting AT Attending BI Billing CO Consulting CV Covering H Hospital HH Home Health Care LA Laboratory OT Other Physician P1 Pharmacist P2 Pharmacy PC Primary Care Physician PE Performing R Rural Health Clinic RF Referring SB Submitting SK Skilled Nursing Facility SU Supervising	If used, return on 271	**X**
2100B	PRV02	Reference Identification Qualifier	PXC Health Care Provider Taxonomy Code	NOT TO BE USED	
2100B	PRV03	Reference Identification		NOT TO BE USED	
2100B	PRV04	State or Province Code		NOT USED	
2100B	PRV05	PROVIDER SPECIALTY INFORMATION		NOT USED	
2100B	PRV06	Provider Organization Code		NOT USED	
2000C	**HL**	**SUBSCRIBER LEVEL**			
2000C	HL01	Hierarchical ID Number		Incremented number from previous HL segment	
2000C	HL02	Hierarchical Parent ID Number		Expect to be populated with a positive numeric value	
2000C	HL03	Hierarchical Level Code	22 Subscriber	Expect Value '22'	
2000C	HL04	Hierarchical Child Code	0 No Subordinate HL Segment in this Hierarchical Structure. 1 Additional Subordinate HL Data Segment in this Hierarchical Structure. - Used for Newborn search	Expect Value '0' or '1'	
2000C	**TRN**	**SUBSCRIBER TRACE NUMBER**		**This segment is not sent when performing a newborn request using the 2000D Dependent loop.**	
2000C	TRN01	Trace Type Code	1 Current Transaction Trace Numbers	Expect Value '1'	
2000C	TRN02	Reference Identifier		Expect to be populated with a numeric value	**X**

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2000C	TRN03	Originating Company Identifier		Expect 1+Requester's 9-digit Federal Tax ID	X
2000C	TRN04	Reference Identification		If present, return on 271	X
2100C	**NM1**	**SUBSCRIBER NAME**			
2100C	NM101	Entity Identifier Code	IL Insured or Subscriber	Expect value "IL"	
2100C	NM102	Entity Type Qualifier	1 Person	Expect value "1"	
2100C	NM103	Name Last or Organization Name	Used in Search	Recipient's Last Name may or may not be provided.	
2100C	NM104	Name First	Used in Search	Recipient's First Name may or may not be provided.	
2100C	NM105	Name Middle		Recipient's Middle Name may or may not be provided.	
2100C	NM106	Name Prefix		NOT USED	
2100C	NM107	Name Suffix			
2100C	NM108	Identification Code Qualifier	MI Member Identification Number	Expect value "MI" if value in NM109 is populated and begins with 'A'	
2100C	NM109	Identification Code	Used in Search	Expect AHCCCS Recipient ID if NM108 is "MI"	
2100C	NM110	Entity Relationship Code		NOT USED	
2100C	NM111	Entity Identifier Code		NOT USED	
2100C	NM112	Name Last or Organization Name		NOT USED	
2100C	**REF**	**SUBSCRIBER ADDITIONAL IDENTIFICATION**		SSN - For use in Optional search	
2100C	REF01	Reference Identification Qualifier	SY Social Security Number	Expect 'SY' for SSN	
2100C	REF02	Reference Identification	If SSN does not match, will not be returned in 271	Recipient's SSN	X
2100C	REF03	Description		NOT USED	
2100C	REF04	REFERENCE IDENTIFIER		NOT USED	
2100C	**REF**	**SUBSCRIBER ADDITIONAL IDENTIFICATION**		Medicare Claim ID - for use in Optional search	
2100C	REF01	Reference Identification Qualifier	F6 Health Insurance Claim (HIC) Number	Expect 'F6' Medicare Claim ID	
2100C	REF02	Reference Identification	Medicare Claim ID number will be returned if Recipient has Medicare	Expect Recipient's Medicare Claim ID	X
2100C	REF03	Description		NOT USED	
2100C	REF04	REFERENCE IDENTIFIER		NOT USED	
2100C	**N3**	**SUBSCRIBER ADDRESS**		SEGMENT NOT USED BY AHCCCS	
2100C	N301	Address Information		Not to be used	
2100C	N302	Address Information		Not to be used	
2100C	**N4**	**SUBSCRIBER CITY/STATE/ZIP CODE**		SEGMENT NOT USED BY AHCCCS	
2100C	N401	City Name		Not to be used	
2100C	N402	State or Province Name		Not to be used	
2100C	N403	Postal Code		Not to be used	
2100C	N404	Country Code		NOT USED	
2100C	N405	Location Qualifier		NOT USED	
2100C	N406	Location Qualifier		NOT USED	
2100C	N407	Country Subdivision Code		NONE	

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100C	**PRV**	**PROVIDER INFORMATION**		THIS SEGMENT IS NOT REQUIRED IF THE PROVIDER ENTERED DATA IN THE 2100B LOOP. THIS SEGMENT USED ONLY IF PROVIDER IS NOT THE SAME AS IN 2100B SEGMENTCheck If 2100B NM101 is not = '1P', '80', 'FA', or 'GP", then use this segment	**X**
2100C	PRV01	Provider Code	AD Admitting AT Attending BI Billing CO Consulting CV Covering H Hospital HH Home Health Care LA Laboratory OT Other Physician P1 Pharmacist P2 Pharmacy PC Primary Care Physician PE Performing R Rural Health Clinic RF Referring SK Skilled Nursing Facility SU Supervising	Expect this field to contain a value	**X**
2100C	PRV02	Reference Identification Qualifier	9K Servicer HPI Centers for Medicare and Medicaid Services National Provider Identifier	Expect "HPI" NPI or "9K" if no NPI	**X**
2100C	PRV03	Reference Identification		Expect NPI or Provider ID	**X**
2100C	PRV04	State or Province Code		NOT USED	
2100C	PRV05	PROVIDER SPECIALTY INFORMATION		NOT USED	
2100C	PRV06	Provider Organization Code		NOT USED	
2100C	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**			
2100C	DMG01	Date Time Period Format Qualifier	D8 CCYYMMDD	Expect Value 'D8' if DMG02 populated	
2100C	DMG02	Date Time Period		Recipient's DOB may or may not be provided	**X**
2100C	DMG03	Gender Code		Recipient's Gender may or may not be provided	**X**
2100C	DMG04	Marital Status Code		NOT USED	
2100C	DMG05	Composite Race or Ethnicity Information		NOT USED	
2100C	DMG06	Citizenship Status Code		NOT USED	
2100C	DMG07	Country Code		NOT USED	
2100C	DMG08	Basis of Verification Code		NOT USED	
2100C	DMG09	Quantity		NOT USED	
2100C	DMG10	Code List Qualifier Code		NOT USED	
2100C	DMG11	Industry Code		NOT USED	
2100C	**INS**	**MULTIPLE BIRTH SEQUENCE NUMBER**		SEGMENT NOT USED BY AHCCCS	
2100C	INS01	Yes/No Condition or Response Code		Not to be used	

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100C	INS02	Individual Relationship Code		Not to be used	
2100C	INS03	Maintenance Type Code		NOT USED	
2100C	INS04	Maintenance Reason Code		NOT USED	
2100C	INS05	Benefit Status Code		NOT USED	
2100C	INS06	MEDICARE STATUS CODE		NOT USED	
2100C	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying		NOT USED	
2100C	INS08	Employment Status Code		NOT USED	
2100C	INS09	Student Status Code		NOT USED	
2100C	INS10	Yes/No Condition or Response Code		NOT USED	
2100C	INS11	Date Time Period Format Qualifier		NOT USED	
2100C	INS12	Date Time Period		NOT USED	
2100C	INS13	Confidentiality Code		NOT USED	
2100C	INS14	City Name		NOT USED	
2100C	INS15	State or Province Code		NOT USED	
2100C	INS16	Country Code		NOT USED	
2100C	INS17	Number		Not to be used	
2100C	**HI**	**SUBSCRIBER HEALTH CARE DIAGNOSIS CODE**		SEGMENT NOT USED BY AHCCCS	
2100C	HI01	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI01 - 1	Code List Qualifier Code		Not to be used	
2100C	HI01 - 2	Industry Code		Not to be used	
2100C	HI01 - 3	Date Time Period Format Qualifier		NOT USED	
2100C	HI01 - 4	Date Time Period		NOT USED	
2100C	HI01 - 5	Monetary Amount		NOT USED	
2100C	HI01 - 6	Quantity		NOT USED	
2100C	HI01 - 7	Version Identifier		NOT USED	
2100C	HI01 - 8	Industry Code		NOT USED	
2100C	HI01 - 9	Yes/No Condition or Response Code		NOT USED	
2100C	HI02	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI02 - 1	Code List Qualifier Code		Not to be used	
2100C	HI02 - 2	Industry Code		Not to be used	
2100C	HI02 - 3	Date Time Period Format Qualifier		NOT USED	
2100C	HI02 - 4	Date Time Period		NOT USED	
2100C	HI02 - 5	Monetary Amount		NOT USED	
2100C	HI02 - 6	Quantity		NOT USED	
2100C	HI02 - 7	Version Identifier		NOT USED	
2100C	HI02 - 8	Industry Code		NOT USED	
2100C	HI02 - 9	Yes/No Condition or Response Code		Not to be used	
2100C	HI03	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI03 - 1	Code List Qualifier Code		Not to be used	
2100C	HI03 - 2	Industry Code		Not to be used	

ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100C	HI03 - 3	Date Time Period Format Qualifier		NOT USED	
2100C	HI03 - 4	Date Time Period		NOT USED	
2100C	HI03 - 5	Monetary Amount		NOT USED	
2100C	HI03 - 6	Quantity		NOT USED	
2100C	HI03 - 7	Version Identifier		NOT USED	
2100C	HI03 - 8	Industry Code		NOT USED	
2100C	HI03 - 9	Yes/No Condition or Response Code		NOT USED	
2100C	HI04	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI04 - 1	Code List Qualifier Code		Not to be used	
2100C	HI04 - 2	Industry Code		Not to be used	
2100C	HI04 - 3	Date Time Period Format Qualifier		NOT USED	
2100C	HI04 - 4	Date Time Period		NOT USED	
2100C	HI04 - 5	Monetary Amount		NOT USED	
2100C	HI04 - 6	Quantity		NOT USED	
2100C	HI04 - 7	Version Identifier		NOT USED	
2100C	HI04 - 8	Industry Code		NOT USED	
2100C	HI04 - 9	Yes/No Condition or Response Code		NOT USED	
2100C	HI05	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI05 - 1	Code List Qualifier Code		Not to be used	
2100C	HI05 - 2	Industry Code		Not to be used	
2100C	HI05 - 3	Date Time Period Format Qualifier		NOT USED	
2100C	HI05 - 4	Date Time Period		NOT USED	
2100C	HI05 - 5	Monetary Amount		NOT USED	
2100C	HI05 - 6	Quantity		NOT USED	
2100C	HI05 - 7	Version Identifier		NOT USED	
2100C	HI05 - 8	Industry Code		NOT USED	
2100C	HI05 - 9	Yes/No Condition or Response Code		NOT USED	
2100C	HI06	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI06 - 1	Code List Qualifier Code		Not to be used	
2100C	HI06 - 2	Industry Code		Not to be used	
2100C	HI06 - 3	Date Time Period Format Qualifier		NOT USED	
2100C	HI06 - 4	Date Time Period		NOT USED	
2100C	HI06 - 5	Monetary Amount		NOT USED	
2100C	HI06 - 6	Quantity		NOT USED	
2100C	HI06 - 7	Version Identifier		NOT USED	
2100C	HI06 - 8	Industry Code		NOT USED	
2100C	HI06 - 9	Yes/No Condition or Response Code		NOT USED	
2100C	HI07	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI07 - 1	Code List Qualifier Code		Not to be used	
2100C	HI07 - 2	Industry Code		Not to be used	
2100C	HI07 - 3	Date Time Period Format Qualifier		NOT USED	

ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100C	HI07 - 4	Date Time Period		NOT USED	
2100C	HI07 - 5	Monetary Amount		NOT USED	
2100C	HI07 - 6	Quantity		NOT USED	
2100C	HI07 - 7	Version Identifier		NOT USED	
2100C	HI07 - 8	Industry Code		NOT USED	
2100C	HI07 - 9	Yes/No Condition or Response Code		NOT USED	
2100C	HI08	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI08 - 1	Code List Qualifier Code		Not to be used	
2100C	HI08 - 2	Industry Code		Not to be used	
2100C	HI08 - 3	Date Time Period Format Qualifier		NOT USED	
2100C	HI08 - 4	Date Time Period		NOT USED	
2100C	HI08 - 5	Monetary Amount		NOT USED	
2100C	HI08 - 6	Quantity		NOT USED	
2100C	HI08 - 7	Version Identifier		NOT USED	
2100C	HI08 - 8	Industry Code		NOT USED	
2100C	HI08 - 9	Yes/No Condition or Response Code		NOT USED	
2100C	HI09	HEALTH CARE CODE INFORMATION		NOT USED	
2100C	HI10	HEALTH CARE CODE INFORMATION		NOT USED	
2100C	HI11	HEALTH CARE CODE INFORMATION		NOT USED	
2100C	HI12	HEALTH CARE CODE INFORMATION		NOT USED	
2100C	**DTP**	**SUBSCRIBER DATE**			
2100C	DTP01	Date Time Qualifier	291-Plan	Expect value "291"	
2100C	DTP02	Date Time Period Format Qualifier	D8 CCYYMMDDRD8 CCYYMMDD-CCYYMMDD	Expect value "D8" or "RD8"	
2100C	DTP03	Date Time Period	AHCCCS will use the date the transaction date is process if no date is supplied.	Expect one date if DTP01 is D8 and expect a date range if RD8	
2110C	**EQ**	**SUBSCIBER ELIGIBILITY/BENEFIT INQUIRY INFORMATION**			
2110C	EQ01	Service Type Code	30 Health Benefit Plan Coverage	Expect Value "30" since we will not support Explicit Inquires	
2110C	EQ02	COMPOSITE MEDICAL PROCEDURE IDENTIFIER		Not to be used	
2110C	EQ02 - 1	Product/Service ID Qualifier		Not to be used	
2110C	EQ02 - 2	Product/Service ID		Not to be used	
2110C	EQ02 - 3	Procedure Modifier		Not to be used	
2110C	EQ02 - 4	Procedure Modifier		Not to be used	
2110C	EQ02 - 5	Procedure Modifier		Not to be used	

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2110C	EQ02 - 6	Procedure Modifier		Not to be used	
2110C	EQ02 - 7	Description		NOT USED	
2110C	EQ02 - 8	Product/Service ID		NOT USED	
2110C	EQ03	Coverage Level Code		Not to be used	
2110C	EQ04	Insurance Type Code		NOT USED	
2110C	EQ05	COMPOSITE DIAGNOSIS CODE POINTER		Not to be used	
2110C	EQ05 - 1	Diagnosis Code Pointer		Not to be used	
2110C	EQ05 - 2	Diagnosis Code Pointer		Not to be used	
2110C	EQ05 - 3	Diagnosis Code Pointer		Not to be used	
2110C	EQ05 - 4	Diagnosis Code Pointer		Not to be used	
2110C	**AMT**	**SUBSCRIBER SPEND DOWN AMOUNT**		SEGMENT NOT USED BY AHCCCS	
2110C	AMT01	Amount Qualifier Code		Not to be used	
2110C	AMT02	Monetary Amount		Not to be used	
2110C	AMT03	Credit/Debit Flag Code		NOT USED	
2110C	**AMT**	**SUBSCRIBER SPEND DOWN TOTAL BILLED AMOUNT**		SEGMENT NOT USED BY AHCCCS	
2110C	AMT01	Amount Qualifier Code		Not to be used	
2110C	AMT02	Monetary Amount		Not to be used	
2110C	AMT03	Credit/Debit Flag Code		NOT USED	
2110C	**III**	**SUBSCRIBER ELIGIBILITY/BENEFIT ADDITIONAL INQUIRY INFORMATION**		SEGMENT NOT USED BY AHCCCS	
2110C	III01	Code List Qualifier Code		Not to be used	
2110C	III02	Industry Code		Not to be used	
2110C	III03	Code Category		NOT USED	
2110C	III04	Free-Form Message Text		NOT USED	
2110C	III05	Quantity		NOT USED	
2110C	III06	COMPOSITE UNIT OF MEASURE		NOT USED	
2110C	III07	Surface/Layer/Position Code		NOT USED	
2110C	III08	Surface/Layer/Position Code		NOT USED	
2110C	III09	Surface/Layer/Position Code		NOT USED	
2110C	**REF**	**SUBSCRIBER ADDITIONAL INFORMATION**		SEGMENT NOT USED BY AHCCCS	
2110C	REF01	Reference Identification Qualifier		Not to be used	
2110C	REF02	Reference Identification		Not to be used	
2110C	REF03	Description		NOT USED	
2110C	REF04	REFERENCE IDENTIFIER		NOT USED	
2110C	**DTP**	**SUBSCRIBER ELIGIBILITY/ BENEFIT DATE**		SEGMENT NOT USED BY AHCCCS	
2110C	DTP01	Date Time Qualifier		Not to be used	

ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2110C	DTP02	Date Time Period Format Qualifier		Not to be used	
2110C	DTP03	Date Time Period Format Qualifier		Not to be used	
2000D	**HL**	**DEPENDENT LEVEL**		When provider is requesting information about a mother's newborn child (DOB must be less than 12 months in past), this segment will be used by the provider to submit gender and DOB of newborn and the 2100C segments will provide the mother's demographic data. If found, the newborn data will be returned on the 271 as the subscriber and mother's data will not be returned. If newborn DOB is more than 12 months in the past, data in 271 will only be provided on mother.	
2000D	HL01	Hierarchical ID Number		Expect to be populated with a positive numeric value	
2000D	HL02	Hierarchical Parent ID Number		Expect to be populated with a positive numeric value	
2000D	HL03	Hierarchical Level Code		Expect to be populated with "23"	
2000D	HL04	Hierarchical Child Code		Expect to be populated with "0"	
2000D	**TRN**	**DEPENDENT TRACE NUMBER**		The 2000C/TRN Subscriber Level is not used when the 2000D/TRN Dependent Level is used for a newborn request.	
2000D	TRN01	Trace Type Code		Expect to be populated with "1"	
2000D	TRN02	Reference Identification		Expect to be populated with a number	**X**
2000D	TRN03	Originating Company Identifier		Expect to be populated with a number	**X**
2000D	TRN04	Reference Identification		May or may not be populated	**X**
2100D	**NM1**	**DEPENDENT NAME**			
2100D	NM101	Entity Identifier Code		Expect to be populated with "03"	
2100D	NM102	Entity Type Qualifier		Expect to be populated with "1"	
2100D	NM103	Name Last or Organization Name	New for Newborn, but not used in Search Return value in PMMIS if found, else use value from 270	Expect Newborn Last Name	**X**
2100D	NM104	Name First	New for Newborn, but not used in Search Return value in PMMIS if found, else use value from 270	Expect Newborn First Name	**X**
2100D	NM105	Name Middle	New for Newborn, but not used in Search Return value in PMMIS if found, else use value from 270	Expect Newborn Middle Initial	**X**
2100D	NM106	Name Prefix		NOT USED	
2100D	NM107	Name Suffix		Not to be used	
2100D	NM108	Identification Code Qualifier		NOT USED	
2100D	NM109	Identification Code		NOT USED	
2100D	NM110	Entity Relationship Code		NOT USED	
2100D	NM111	Entity Identifier Code		NOT USED	
2100D	NM112	Name Last or Organization Name		NOT USED	

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100D	**REF**	**DEPENDENT ADDITIONAL IDENTIFICATION**		SEGMENT NOT USED BY AHCCCS	
2100D	REF01	Reference Identification Qualifier		Not to be used	
2100D	REF02	Reference Identification		Not to be used	
2100D	REF03	Description		NOT USED	
2100D	REF04	REFERENCE IDENTIFIER		NOT USED	
2100D	**N3**	**DEPENDENT ADDRESS**		SEGMENT NOT USED BY AHCCCS	
2100D	N301	Address Information		Not to be used	
2100D	N302	Address Information		Not to be used	
2100D	**N4**	**DEPENDENT CITY/STATE/ZIP CODE**		SEGMENT NOT USED BY AHCCCS	
2100D	N401	City Name		Not to be used	
2100D	N402	State or Province Code		Not to be used	
2100D	N403	Postal Code		Not to be used	
2100D	N404	Country Code		Not to be used	
2100D	N405	Location Qualifier		NOT USED	
2100D	N406	Location Qualifier		NOT USED	
2100D	N407	Country Subdivision Code		Not to be used	
2100D	**PRV**	**PROVIDER INFORMATION**		SEGMENT NOT USED BY AHCCCS	
2100D	PRV01	Provider Code		Not to be used	
2100D	PRV02	Reference Identification Qualifier		Not to be used	
2100D	PRV03	Reference Identification		Not to be used	
2100D	PRV04	State or Province Code		NOT USED	
2100D	PRV05	PROVIDER SPECIALITY INFORMATION		NOT USED	
2100D	PRV06	Provider Organization Code		NOT USED	
2100D	**DMG**	**DEPENDENT DEMOGRAPHIC INFORMATION**			
2100D	DMG01	Date Time Period Format Qualifier		Expect to be populated with "D8"	
2100D	DMG02	Date Time Period	Used for NB search	Expect to be populated with DOB of newborn	X
2100D	DMG03	Gender Code	Used for NB search	Expect to be populated with newborns gender	X
2100D	DMG04	Marital Status Code		NOT USED	
2100D	DMG05	Composite Race or Ethnicity Code		NOT USED	
2100D	DMG06	Citizenship Status Code		NOT USED	
2100D	DMG07	Country Code		NOT USED	
2100D	DMG08	Basis of Verification Code		NOT USED	
2100D	DMG09	Quantity		NOT USED	
2100D	DMG10	Code List Qualifier Code		NOT USED	
2100D	DMG11	Industry Code		NOT USED	
2100D	**INS**	**DEPENDENT RELATIONSHIP**		SEGMENT NOT USED BY AHCCCS	
2100D	INS01	Yes/No Condition or Response Code		Not to be used	
2100D	INS02	Individual Relationship Code		Not to be used	
2100D	INS03	Maintenance Type Code		NOT USED	

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100D	INS04	Maintenance Reason Code		NOT USED	
2100D	INS05	Benefit Status Code		NOT USED	
2100D	INS06	MEDICARE STATUS CODE		NOT USED	
2100D	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying		NOT USED	
2100D	INS08	Employment Status Code		NOT USED	
2100D	INS09	Student Status Code		NOT USED	
2100D	INS10	Yes/No Condition or Response Code		NOT USED	
2100D	INS11	Date Time Period Format Qualifier		NOT USED	
2100D	INS12	Date Time Period		NOT USED	
2100D	INS13	Confidentiality Code		NOT USED	
2100D	INS14	City Name		NOT USED	
2100D	INS15	State or Province Code		NOT USED	
2100D	INS16	Country Code		NOT USED	
2100D	INS17	Number		Not to be used	
2100D	**HI**	**DEPENDENT HEALTH CARE DIAGNOSIS CODE**		SEGMENT NOT USED BY AHCCCS	
2100D	HI01	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI01 - 1	Code List Qualifier Code		Not to be used	
2100D	HI01 - 2	Industry Code		Not to be used	
2100D	HI01 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI01 - 4	Date Time Period		NOT USED	
2100D	HI01 - 5	Monetary Amount		NOT USED	
2100D	HI01 - 6	Quantity		NOT USED	
2100D	HI01 - 7	Version Identifier		NOT USED	
2100D	HI01 - 8	Industry Code		NOT USED	
2100D	HI01 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI02	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI02 - 1	Code List Qualifier Code		Not to be used	
2100D	HI02 - 2	Industry Code		Not to be used	
2100D	HI02 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI02 - 4	Date Time Period		NOT USED	
2100D	HI02 - 5	Monetary Amount		NOT USED	
2100D	HI02 - 6	Quantity		NOT USED	
2100D	HI02 - 7	Version Identifier		NOT USED	
2100D	HI02 - 8	Industry Code		NOT USED	
2100D	HI02 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI03	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI03 - 1	Code List Qualifier Code		Not to be used	
2100D	HI03 - 2	Industry Code		Not to be used	
2100D	HI03 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI03 - 4	Date Time Period		NOT USED	

ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100D	HI03 - 5	Monetary Amount		NOT USED	
2100D	HI03 - 6	Quantity		NOT USED	
2100D	HI03 - 7	Version Identifier		NOT USED	
2100D	HI03 - 8	Industry Code		NOT USED	
2100D	HI03 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI04	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI04 - 1	Code List Qualifier Code		Not to be used	
2100D	HI04 - 2	Industry Code		Not to be used	
2100D	HI04 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI04 - 4	Date Time Period		NOT USED	
2100D	HI04 - 5	Monetary Amount		NOT USED	
2100D	HI04 - 6	Quantity		NOT USED	
2100D	HI04 - 7	Version Identifier		NOT USED	
2100D	HI04 - 8	Industry Code		NOT USED	
2100D	HI04 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI05	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI05 - 1	Code List Qualifier Code		Not to be used	
2100D	HI05 - 2	Industry Code		Not to be used	
2100D	HI05 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI05 - 4	Date Time Period		NOT USED	
2100D	HI05 - 5	Monetary Amount		NOT USED	
2100D	HI05 - 6	Quantity		NOT USED	
2100D	HI05 - 7	Version Identifier		NOT USED	
2100D	HI05 - 8	Industry Code		NOT USED	
2100D	HI05 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI06	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI06 - 1	Code List Qualifier Code		Not to be used	
2100D	HI06 - 2	Industry Code		Not to be used	
2100D	HI06 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI06 - 4	Date Time Period		NOT USED	
2100D	HI06 - 5	Monetary Amount		NOT USED	
2100D	HI06 - 6	Quantity		NOT USED	
2100D	HI06 - 7	Version Identifier		NOT USED	
2100D	HI06 - 8	Industry Code		NOT USED	
2100D	HI06 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI07	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI07 - 1	Code List Qualifier Code		Not to be used	
2100D	HI07 - 2	Industry Code		Not to be used	
2100D	HI07 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI07 - 4	Date Time Period		NOT USED	
2100D	HI07 - 5	Monetary Amount		NOT USED	

ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100D	HI07 - 6	Quantity		NOT USED	
2100D	HI07 - 7	Version Identifier		NOT USED	
2100D	HI07 - 8	Industry Code		NOT USED	
2100D	HI07 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI08	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI08 - 1	Code List Qualifier Code		Not to be used	
2100D	HI08 - 2	Industry Code		Not to be used	
2100D	HI08 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI08 - 4	Date Time Period		NOT USED	
2100D	HI08 - 5	Monetary Amount		NOT USED	
2100D	HI08 - 6	Quantity		NOT USED	
2100D	HI08 - 7	Version Identifier		NOT USED	
2100D	HI08 - 8	Industry Code		NOT USED	
2100D	HI08 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI09	HEALTH CARE CODE INFORMATION		NOT USED	
2100D	HI10	HEALTH CARE CODE INFORMATION		NOT USED	
2100D	HI11	HEALTH CARE CODE INFORMATION		NOT USED	
2100D	HI12	HEALTH CARE CODE INFORMATION		NOT USED	
2100D	**DTP**	**DEPENDENT DATE**		SEGMENT NOT USED BY AHCCCS	
2100D	DTP01	Date Time Qualifier		Not to be used	
2100D	DTP02	Date Time Period Format Qualifier		Not to be used	
2100D	DTP03	Date Time Period		Not to be used	
2110D	**EQ**	**DEPENDENT ELIGIBILITY/BENEFIT INQUIRY**			
2110D	EQ01	Service Type Code		Expect '30'	
2110D	EQ02	COMPOSITE MEDICAL PROCEDURE IDENTIFIER		Not to be used	
2110D	EQ02 - 1	Product/Service ID Qualifier		Not to be used	
2110D	EQ02 - 2	Product/Service ID		Not to be used	
2110D	EQ02 - 3	Procedure Modifier		Not to be used	
2110D	EQ02 - 4	Procedure Modifier		Not to be used	
2110D	EQ02 - 5	Procedure Modifier		Not to be used	
2110D	EQ02 - 6	Procedure Modifier		Not to be used	
2110D	EQ02 - 7	Description		NOT USED	
2110D	EQ02 - 8	Product/Service ID		NOT USED	
2110D	EQ03	Coverage Level Code		NOT USED	
2110D	EQ04	Insurance Type Code		NOT USED	

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2110D	EQ05	COMPOSITE DIAGNOSIS CODE POINTER		NONE	
2110D	EQ05 - 1	Diagnosis Code Pointer		NONE	
2110D	EQ05 - 2	Diagnosis Code Pointer		NONE	
2110D	EQ05 - 3	Diagnosis Code Pointer		NONE	
2110D	EQ05 - 4	Diagnosis Code Pointer		NONE	
2110D	**III**	**DEPENDENT ELIGIBILITY/BENEFIT ADDITIONAL INQUIRY**		SEGMENT NOT USED BY AHCCCS	
2110D	III01	Code List Qualifier Code		Not to be used	
2110D	III02	Industry Code		Not to be used	
2110D	III03	Code Category		NOT USED	
2110D	III04	Free-Form Message Text		NOT USED	
2110D	III05	Quantity		NOT USED	
2110D	III06	COMPOSITE UNIT OF MEASURE		NOT USED	
2110D	III07	Surface/Layer/Position Code		NOT USED	
2110D	III08	Surface/Layer/Position Code		NOT USED	
2110D	III09	Surface/Layer/Position Code		NOT USED	
2110D	**REF**	**DEPENDENT ADDITIONAL INFORMATION**		SEGMENT NOT USED BY AHCCCS	
2110D	REF01	Reference Identification Qualifier		Not to be used	
2110D	REF02	Reference Identification		Not to be used	
2110D	REF03	Description		NOT USED	
2110D	REF04	REFRENCE IDENTIFIER		NOT USED	
2110D	**DTP**	**DEPENDENT ELIGIBILITY/ BENEFIT DATE**		SEGMENT NOT USED BY AHCCCS	
2110D	DTP01	Date Time Qualifier		Not to be used	
2110D	DTP02	Date Time Period Format Qualifier		Not to be used	
2110D	DTP03	Date Time Period		Not to be used	
	SE	**TRANSACTION SET TRAILER**			
	SE01	Number of Included Segments		Expect to be populated with count	
	SE02	Transaction Set Control Number		Must match ST02 number	
	GE	**FUNCTIONAL GROUP TRAILER**			
	GE01	Number of Transaction Sets Included		Total number of transactions sent	
	GE02	Group Control Number		Must be the same at GS06	
	IEA	**INTERCHANGE CONTROL TRAILER**			
	IEA01	Number of Included Functional Groups		Total number of functional groups sent	
	IEA02	Interchange Control Number		Expect to be populated	

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4.1.2 271 Transaction Notes

ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
	ISA	**INTERCHANGE CONTROL HEADER**																	
	ISA01	Authorization Information Qualifier	Expect value "00" (No authorization information present)	Expect value "00" (No authorization information present)	Expect value "00" (No authorization information present)	Expect value "00" (No authorization information present)	Expect value "00" (No authorization information present)												
	ISA02	Authorization Information	Use 10 spaces	Use 10 spaces	Use 10 spaces	Use 10 spaces	Use 10 spaces												
	ISA03	Security Information Qualifier	Expect value "00" (No security information present)	Expect value "00" (No security information present)	Expect value "00" (No security information present)	Expect value "00" (No security information present)	Expect value "00" (No security information present)												
	ISA04	Security Information	Use 10 spaces	Use 10 spaces	Use 10 spaces	Use 10 spaces	Use 10 spaces												
	ISA05	Interchange ID Qualifier	Use "ZZ" Mutually Defined	Use "ZZ" Mutually Defined	Use "ZZ" Mutually Defined	Use "ZZ" Mutually Defined	Use "ZZ" Mutually Defined												
	ISA06	Interchange Sender ID	Use "AHCCCS866004 791"	Use "AHCCCS866004 791"	Use "AHCCCS866004 791"	Use "AHCCCS866004 791"	Use "AHCCCS866004 791"												
	ISA07	Interchange ID Qualifier	Use "ZZ" Mutually Defined	Use "ZZ" Mutually Defined	Use "ZZ" Mutually Defined	Use "ZZ" Mutually Defined	Use "ZZ" Mutually Defined												
	ISA08	Interchange Receiver ID	Use Health Plan ID or Provider ID from mainframe file	Use Health Plan ID or Provider ID from mainframe file	Use Health Plan ID or Provider ID from mainframe file	Use Health Plan ID or Provider ID from mainframe file	Use Health Plan ID or Provider ID from mainframe file												
	ISA09	Interchange Date	Use Transaction Date from mainframe file	Use Transaction Date from mainframe file	Use Transaction Date from mainframe file	Use Transaction Date from mainframe file	Use Transaction Date from mainframe file												
	ISA10	Interchange Time	Use Transaction Time from mainframe file	Use Transaction Time from mainframe file	Use Transaction Time from mainframe file	Use Transaction Time from mainframe file	Use Transaction Time from mainframe file												
	ISA11	Repetition Separator	Use "^"	Use "^"	Use "^"	Use "^"	Use "^"												
	ISA12	Interchange Control Version Number	Use "00501"	Use "00501"	Use "00501"	Use "00501"	Use "00501"												
	ISA13	Interchange Control Number	Must be a positive unsigned number that also matches IEA02 Date/time stamp of 271 created	Must be a positive unsigned number that also matches IEA02 Date/time stamp of 271 created	Must be a positive unsigned number that also matches IEA02 Date/time stamp of 271 created	Must be a positive unsigned number that also matches IEA02 Date/time stamp of 271 created	Must be a positive unsigned number that also matches IEA02 Date/time stamp of 271 created												
	ISA14	Acknowledgement Requested	Expect value "0" (No interchange acknowledgement requested)	Expect value "0" (No interchange acknowledgement requested)	Expect value "0" (No interchange acknowledgement requested)	Expect value "0" (No interchange acknowledgement requested)	Expect value "0" (No interchange acknowledgement requested)												
	ISA15	Interchange Usage Indicator	Use "P" Production	Use "P" Production	Use "P" Production	Use "P" Production	Use "P" Production												
	ISA16	Component Element Separator	Use "|" Pipe	Use "|" Pipe	Use "|" Pipe	Use "|" Pipe	Use "|" Pipe												
	GS	**FUNCTIONAL GROUP HEADER**																	
	GS01	Functional Identifier Code	Use "HB" 271 Response	Use "HB" 271 Response	Use "HB" 271 Response	Use "HB" 271 Response	Use "HB" 271 Response												
	GS02	Application Sender's Code	Use "AHCCCS866004 791"	Use "AHCCCS866004 791"	Use "AHCCCS866004 791"	Use "AHCCCS866004 791"	Use "AHCCCS866004 791"												
	GS03	Application Receiver's Code	Use value found in GS02 of 270	Use value found in GS02 of 270	Use value found in GS02 of 270	Use value found in GS02 of 270	Use value found in GS02 of 270												
	GS04	Date	Create Date	Create Date	Create Date	Create Date	Create Date												
	GS05	Time	Create Time	Create Time	Create Time	Create Time	Create Time												
	GS06	Group Control Number	Use value found in GE02 trailer of 270 request	Use value found in GE02 trailer of 270 request	Use value found in GE02 trailer of 270 request	Use value found in GE02 trailer of 270 request	Use value found in GE02 trailer of 270 request												
	GS07	Responsible Agency Code	Use "X" Accredited Standards Committee X12	Use "X" Accredited Standards Committee X12	Use "X" Accredited Standards Committee X12	Use "X" Accredited Standards Committee X12	Use "X" Accredited Standards Committee X12												
	GS08	Version/Release/ Industry Identifier Code	Use "005010X279A1"	Use "005010X279A1"	Use "005010X279A1"	Use "005010X279A1"	Use "005010X279A1"												
HDR	**ST**	**TRANSACTION SET HEADER**																	
HDR	ST01	Transaction Set Identifier Code	Use "271"	Use "271"	Use "271"	Use "271"	Use "271"												
HDR	ST02	Transaction Set Control Number	Incremental number and must match SE02	Incremental number and must match SE02	Incremental number and must match SE02	Incremental number and must match SE02	Incremental number and must match SE02												
HDR	ST03	Implementation Convention Reference	Use "005010X279A1"	Use "005010X279A1"	Use "005010X279A1"	Use "005010X279A1"	Use "005010X279A1"												

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ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
HDR	**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**																	
HDR	BHT01	Hierarchical Structure Code	Use "0022"	Use "0022"	Use "0022"	Use "0022"	Use "0022"												
HDR	BHT02	Transaction Set Purpose Code	Use "11" when a response	Use "11" when a response	Use "11" when a response	Use "11" when a response	Use "11" when a response												
HDR	BHT03	Reference Identification	Use data from 270 BHT03 if received.	Use data from 270 BHT03 if received.	Use data from 270 BHT03 if received.	Use data from 270 BHT03 if received.	Use data from 270 BHT03 if received.												
HDR	BHT04	Date	Use Transaction Date	Use Transaction Date	Use Transaction Date	Use Transaction Date	Use Transaction Date												
HDR	BHT05	Time	Use Transaction Time	Use Transaction Time	Use Transaction Time	Use Transaction Time	Use Transaction Time												
HDR	BHT06	Transaction Type Code	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED												
2000A	**HL**	**INFORMATION SOURCE LEVEL**																	
2000A	HL01	Hierarchical ID Number	Start with '1' and increment by 1 for each HL01 within one set of ST and SE	Start with '1' and increment by 1 for each HL01 within one set of ST and SE	Start with '1' and increment by 1 for each HL01 within one set of ST and SE	Start with '1' and increment by 1 for each HL01 within one set of ST and SE	Start with '1' and increment by 1 for each HL01 within one set of ST and SE												
2000A	HL02	Hierarchical Parent ID Number																	
2000A	HL03	Hierarchical Level Code	Use "20"	Use "20"	Use "20"	Use "20"	Use "20"												
2000A	HL04	Hierarchical Child Code	Use '0' No subordinate	Use "1"	Use "1"	Use "1"	Use "1"												
2000A	**AAA**	**REQUEST VALIDATION**	This AAA segment will not apply as the Validator will not allow unauthorized use or invalid participant to even get into the process. Those will be rejected up front.																
	AAA01	Yes/No Condition or Response Code	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2000A	AAA02	Agency Qualifier Code	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED												
2000A	AAA03	Reject Reason Code	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2000A	AAA04	Follow-up Action Code	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	**NM1**	**INFORMATION SOURCE NAME**																	
2100A	NM101	Entity Identifier Code	Use "PR" Payer	Use "PR" Payer	Use "PR" Payer	Use "PR" Payer	Use "PR" Payer												
2100A	NM102	Entity Type Qualifier	Use "2" Non-Person	Use "2" Non-Person	Use "2" Non-Person	Use "2" Non-Person	Use "2" Non-Person												
2100A	NM103	Name Last or Organization Name	Use "AHCCCS"	Use "AHCCCS"	Use "AHCCCS"	Use "AHCCCS"	Use "AHCCCS"												
2100A	NM104	Name First	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	NM105	Name Middle	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	NM106	Name Prefix	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED												
2100A	NM107	Name Suffix	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	NM108	Identification Code Qualifier	Use "FI" Tax Identification	Use "FI" Tax Identification	Use "FI" Tax Identification	Use "FI" Tax Identification	Use "FI" Tax Identification												
2100A	NM109	Identification Code	Use "866004791"	Use "866004791"	Use "866004791"	Use "866004791"	Use "866004791"												
2100A	NM110	Entity Relationship Code	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED												
2100A	NM111	Entity Identifier Code	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED												
2100A	NM112	Name Last or Organization Name	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED												
2100A	**PER**	**PAYER CONTACT INFORMATION**																	
2100A	PER01	Contact Function Code	Populate with 'IC' Information Contact	Populate with 'IC' Information Contact	Populate with 'IC' Information Contact	Populate with 'IC' Information Contact	Populate with 'IC' Information Contact												
2100A	PER02	Name	Populate with 'EDI CUSTOMER SUPPORT'	Populate with 'EDI CUSTOMER SUPPORT'	Populate with 'EDI CUSTOMER SUPPORT'	Populate with 'EDI CUSTOMER SUPPORT'	Populate with 'EDI CUSTOMER SUPPORT'												
2100A	PER03	Communication Number Qualifier	Populate with 'EM' Email	Populate with 'EM' Email	Populate with 'EM' Email	Populate with 'EM' Email	Populate with 'EM' Email												
2100A	PER04	Communication Number	Populate with 'EDICustomerSupport@azahcccs.gov'	Populate with 'EDICustomerSupport@azahcccs.gov'	Populate with 'EDICustomerSupport@azahcccs.gov'	Populate with 'EDICustomerSupport@azahcccs.gov'	Populate with 'EDICustomerSupport@azahcccs.gov'												
2100A	PER05	Communication Number Qualifier	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	PER06	Communication Number	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												

ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
2100A	PER07	Communication Number Qualifier	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	PER08	Communication Number	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	PER09	Contact Inquiry Reference	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED												
2100A	**AAA**	**REQUEST VALIDATION**	Use for Error at Information Source Level																
2100A	AAA01	Yes/No Condition or Response Code	Use 'N' No	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	AAA02	Agency Qualifier Code	NOT USED																
2100A	AAA03	Reject Reason Code	04-Number of requests exceeded	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	AAA04	Follow-up Action Code	Use 'C' Correct and Resubmit	Will not be used	Will not be used	Will not be used	Will not be used												
			*****END RESPONSE FOR INFO SOURCE ERROR*****																
2000B	**HL**	**INFORMATION RECEIVER LEVEL**																	
2000B	HL01	Hierarchical ID Number		An increment of 1 from previous HL01 loop within one set of ST and SE	An increment of 1 from previous HL01 loop within one set of ST and SE	An increment of 1 from previous HL01 loop within one set of ST and SE	An increment of 1 from previous HL01 loop within one set of ST and SE												
2000B	HL02	Hierarchical Parent ID Number		Sequentially assigned beginning with 1	Sequentially assigned beginning with 1	Sequentially assigned beginning with 1	Sequentially assigned beginning with 1												
2000B	HL03	Hierarchical Level Code		Use "21"	Use "21"	Use "21"	Use "21"												
2000B	HL04	Hierarchical Child Code		Use "0" No subordinate	Use "1"	Use "1"	Use "1"												
2100B	**NM1**	**INFORMATION RECEIVER NAME**																	
2100B	NM101	Entity Identifier Code		Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B												
2100B	NM102	Entity Type Qualifier		Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B												
2100B	NM103	Name Last or Organization Name		Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B												
2100B	NM104	Name First		Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B												
2100B	NM105	Name Middle		Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B												
2100B	NM106	Name Prefix																	
2100B	NM107	Name Suffix																	
2100B	NM108	Identification Code Qualifier		Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B												
2100B	NM109	Identification Code		Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B												
2100B	NM110	Entity Relationship Code		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	NM111	Entity Identifier Code		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	NM112	Name Last or Organization Name		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	**REF**	**INFORMATION RECEIVER ADDITIONAL IDENTIFICATION**	Will not be used																
2100B	REF01	Reference Identification Qualifier		Will not be used	Will not be used	Will not be used	Will not be used												
2100B	REF02	Reference Identification		Will not be used	Will not be used	Will not be used	Will not be used												
2100B	REF03	Description		Will not be used	Will not be used	Will not be used	Will not be used												
2100B	REF04	REFERENCE IDENTIFIER		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	**N3**	**INFORMATION RECEIVER ADDRESS**	Will not be used	Errata A1-Segment added	Errata A1-Segment added	Errata A1-Segment added	Errata A1-Segment added												
2100B	N301	Address Information		Will not be used	Will not be used	Will not be used	Will not be used												
2100B	N302	Address Information		Will not be used	Will not be used	Will not be used	Will not be used												
2100B	**N4**	**INFORMATION RECEIVER CITY/STATE/ZIP CODE**	Will not be used	Errata A1-Segment added	Errata A1-Segment added	Errata A1-Segment added	Errata A1-Segment added												

ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
2100B	N401	City Name		Will not be used	Will not be used	Will not be used	Will not be used												
2100B	N402	State or Province Code		Will not be used	Will not be used	Will not be used	Will not be used												
2100B	N403	Postal Code		Will not be used	Will not be used	Will not be used	Will not be used												
2100B	N404	Country Code		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	N405	Location Qualifier		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	N406	Location Qualifier		Will not be used	Will not be used	Will not be used	Will not be used												
2100B	N407	Country Subdivision Code		Will not be used	Will not be used	Will not be used	Will not be used												
2100B	**AAA**	**INFORMATION RECEIVER VALIDATION REQUEST**		*Used when error on Information Receiver*															
2100B	AAA01	Yes/ No Condition or Response Code		41 and 43, use 'N'; 50 and 51 use 'Y'	Will not be used	Will not be used	Will not be used												
2100B	AAA02	Agency Qualifier Code		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	AAA03	Reject Reason Code		If submitter falls below success rate threshold, use "41" If invalid or missing NPI or not found, use "43" If Provider is Terminated/Pended status or excluded, use "50" If NPI/Provider ID not found, use "51"	Will not be used	Will not be used	Will not be used												
2100B	AAA04	Follow-up Action Code		41, 43, and 51 use 'C'; 50 use 'N'	Will not be used	Will not be used	Will not be used												
2100B	**PRV**	**INFORMATION RECEIVER PROVIDER INFORMATION**																	
2100B	PRV01	Provider Code			Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B												
2100B	PRV02	Reference Identification Qualifier			Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B												
2100B	PRV03	Reference Identification			Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B												
2100B	PRV04	State or Province Code			NOT USED	NOT USED	NOT USED												
2100B	PRV05	Provider Specialty Information			NOT USED	NOT USED	NOT USED												
2100B	PRV06	Provider Organization Code			NOT USED	NOT USED	NOT USED												
				*****END RESPONSE FOR INFO RCVR ERROR*****															
2000C	**HL**	**SUBSCRIBER LEVEL**																	
2000C	HL01	Hierarchical ID Number			Translator will populate	Translator will populate	Translator will populate												
2000C	HL02	Hierarchical Parent ID Number			Translator will populate	Translator will populate	Translator will populate												
2000C	HL03	Hierarchical Level Code			Populate with '22"	Populate with '22"	Populate with '22"												
2000C	HL04	Hierarchical Child Code			Populate with "0"	Populate with "0"	Populate with "1"												
2000C	**TRN**	**SUBSCRIBER TRACE NUMBER**																	
2000C	TRN01	Trace Type Code			Use "2"	Use "2"	Use "2"												
2000C	TRN02	Reference Identification			Use 270 TRN02 number	Use 270 TRN02 number	Use 270 TRN02 number												
2000C	TRN03	Originating Company Identifier			Use 270 TRN03 number	Use 270 TRN03 number	Use 270 TRN03 number												
2000C	TRN04	Reference Identification			Use 270 TRN04 number	Use 270 TRN04 number	Use 270 TRN04 number												
2100C	**NM1**	**SUBSCRIBER NAME**																	

ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
2100C	NM101	Entity Identifier Code			Use "1L"	Use "1L"	Use "1L"												
2100C	NM102	Entity Type Qualifier			Use "1"	Use "1"	Use "1"												
2100C	NM103	Name Last or Organization Name			Use last name from 270	Use last name from PMMIS	Use last name from PMMIS												
2100C	NM104	Name First			Use first Name from 270	Use first Name from PMMIS	Use first Name from PMMIS												
2100C	NM105	Name Middle			Use middle initial from 270 (if any)	Use middle initial from PMMIS (if any)	Use middle initial from PMMIS (if any)												
2100C	NM106	Name Prefix			NOT USED	NOT USED	NOT USED												
2100C	NM107	Name Suffix			Will not be used	Will not be used	Will not be used												
2100C	NM108	Identification Code Qualifier			Will not be used	Use "MI"	Use "MI"												
2100C	NM109	Identification Code			Will not be used	Use AHCCCS ID number	Use AHCCCS ID number												
2100C	NM110	Entity Relationship Code			NOT USED	NOT USED	NOT USED												
2100C	NM111	Entity Identifier Code			NOT USED	NOT USED	NOT USED												
2100C	NM112	Name Last or Organization Name			NOT USED	NOT USED	NOT USED												
2100C	**REF**	**SUBSCRIBER ADDITIONAL IDENTIFICATION**				SSN will only be returned if 270 SSN matched	SSN will only be returned if 270 SSN matched												
2100C	REF01	Reference Identification Qualifier			Will not be used	Populate with 'SY' SSN	Populate with 'SY' SSN												
2100C	REF02	Reference Identification			Will not be used	Populate with SSN	Populate with SSN												
2100C	REF03	Description			Will not be used	Will not be used	Will not be used												
2100C	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED												
2100C	**REF**	**SUBSCRIBER ADDITIONAL IDENTIFICATION**					Medicare Claim ID returned when member has Medicare records												
2100C	REF01	Reference Identification Qualifier			Will not be used	Will not be used	Populate with 'F6' Medicare Claim ID												
2100C	REF02	Reference Identification			Will not be used	Will not be used	Populate with Medicare Claim ID #												
2100C	REF03	Description			Will not be used	Will not be used	Will not be used												
2100C	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED												
2100C	**N3**	**SUBSCRIBER ADDRESS**																	
2100C	N301	Address Information			Will not be used	Populate with member's address line 1	Populate with member's address line 1												
2100C	N302	Address Information			Will not be used	Populate with member's address line 2 (if any)	Populate with member's address line 2 (if any)												
2100C	**N4**	**SUBSCRIBER CITY/STATE/ZIP CODE**																	
2100C	N401	City Name			Will not be used	Populate with member's city	Populate with member's city												
2100C	N402	State or Province Code			Will not be used	Populate with member's state	Populate with member's state												
2100C	N403	Postal Code			Will not be used	Populate with member's zip code	Populate with member's zip code												
2100C	N404	Country Code			Will not be used	Will not be used	Will not be used												
2100C	N405	Location Qualifier			NOT USED	NOT USED	NOT USED												
2100C	N406	Location Qualifier			NOT USED	NOT USED	NOT USED												
2100C	N407	Country Subdivision Code			Will not be used	Will not be used	Will not be used												
2100C	**AAA**	**SUBSCRIBER REQUEST VALIDATION**																	
2100C	AAA01	Yes/No Condition or Response Code			Use 'N'	Will not be used	Will not be used												
2100C	AAA02	Agency Qualifier Code			NOT USED	NOT USED	NOT USED												

ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
2100C	AAA03	Reject Reason Code			Use "15" Did not supply minimum search criteria for subscriber. No elig/enroll data is returned. Use "57" Invalid Begin/End date used in request. No elig/enroll data is returned. Use "60" if DOB is after DOS Use "61" if DOD precedes DOS Use "62" if DOS is more than 12 months in past Use "63" if begin DOS is in future or if end DOS is more than 60 days in future Use "72" if multiple matches found or no match on SSN or Medicare Claim ID; AHCCCS ID is different (data will still be returned); Prisoner ID used in search or a subscriber was found and has a Prisoner ID (No data will be returned)	Will not be used	Will not be used													
2100C	AAA04	Follow-up Action Code			Use "C"	Will not be used	Will not be used												
2100C	**PRV**	**PROVIDER INFORMATION**	will not be used																
2100C	PRV01	Provider Code			Will not be used	Will not be used	Will not be used												
2100C	PRV02	Reference Identification Qualifier			Will not be used	Will not be used	Will not be used												
2100C	PRV03	Reference Identification			Will not be used	Will not be used	Will not be used												
2100C	PRV04	State or Province Code			NOT USED	NOT USED	NOT USED												
2100C	PRV05	PROVIDER SPECIALITY INFORMATION			NOT USED	NOT USED	NOT USED												
2100C	PRV06	Provider Organization Code			NOT USED	NOT USED	NOT USED												
2100C	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**																	
2100C	DMG01	Date Time Period Format Qualifier			Use "D8"	Use "D8"	Use "D8"												
2100C	DMG02	Date Time Period			Use member DOB	Use member DOB	Use member DOB												
2100C	DMG03	Gender Code			Use member Gender	Use member Gender	Use member Gender												
2100C	DMG04	Marital Status Code			NOT USED	NOT USED	NOT USED												
2100C	DMG05	COMPOSITE RACE OR ETHNICITY INFORMATION			NOT USED	NOT USED	NOT USED												
2100C	DMG06	Citizenship Status Code			NOT USED	NOT USED	NOT USED												
2100C	DMG07	Country Code			NOT USED	NOT USED	NOT USED												

ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
2100C	DMG08	Basis of Verification Code			NOT USED	NOT USED	NOT USED												
2100C	DMG09	Quantity			NOT USED	NOT USED	NOT USED												
2100C	DMG10	Code List Qualifier Code			NOT USED	NOT USED	NOT USED												
2100C	DMG11	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	**INS**	**SUBSCRIBER RELATIONSHIP**					Set to 'Y' when member's AHCCCS ID differs from 270, else Will not be used.												
2100C	INS01	Yes/ No Condition or Response Code			Will not be used	Will not be used	Use "Y"												
2100C	INS02	Individual Relationship Code			Will not be used	Will not be used	Use "18"												
2100C	INS03	Maintenance Type Code			Will not be used	Will not be used	Use "001"												
2100C	INS04	Maintenance Reason Code			Will not be used	Will not be used	Use "25"												
2100C	INS05	Benefit Status Code			NOT USED	NOT USED	NOT USED												
2100C	INS06	MEDICARE STATUS CODE			NOT USED	NOT USED	NOT USED												
2100C	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying			NOT USED	NOT USED	NOT USED												
2100C	INS08	Employment Status Code			NOT USED	NOT USED	NOT USED												
2100C	INS09	Student Status Code			NOT USED	NOT USED	NOT USED												
2100C	INS10	Yes/ No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	INS11	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	INS12	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	INS13	Confidentiality Code			NOT USED	NOT USED	NOT USED												
2100C	INS14	City Name			NOT USED	NOT USED	NOT USED												
2100C	INS15	State or Province Code			NOT USED	NOT USED	NOT USED												
2100C	INS16	Country Code			NOT USED	NOT USED	NOT USED												
2100C	INS17	Number			Will not be used	Will not be used	Will not be used												
2100C	**HI**	**SUBSCRIBER HEALTH CARE DIAGNOSIS CODE**	will not be used																
2100C	HI01	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	HI01 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	HI01 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	HI01 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	HI01 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	HI01 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	HI01 - 6	Quantity			NOT USED	NOT USED	NOT USED												
2100C	HI01 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	HI01 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	HI01 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	HI02	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	HI02 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	HI02 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	HI02 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	HI02 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	HI02 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	HI02 - 6	Quantity			NOT USED	NOT USED	NOT USED												
2100C	HI02 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	HI02 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	HI02 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												

ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
2100C	HI03	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	HI03 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	HI03 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	HI03 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	HI03 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	HI03 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	HI03 - 6	Quantity			NOT USED	NOT USED	NOT USED												
2100C	HI03 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	HI03 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	HI03 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	HI04	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	HI04 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	HI04 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	HI04 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	HI04 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	HI04 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	HI04 - 6	Quantity			NOT USED	NOT USED	NOT USED												
2100C	HI04 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	HI04 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	HI04 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	HI05	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	HI05 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	HI05 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	HI05 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	HI05 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	HI05 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	HI05 - 6	Quantity			NOT USED	NOT USED	NOT USED												
2100C	HI05 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	HI05 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	HI05 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	HI06	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	HI06 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	HI06 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	HI06 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	HI06 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	HI06 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	HI06 - 6	Quantity			NOT USED	NOT USED	NOT USED												
2100C	HI06 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	HI06 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	HI06 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	HI07	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	HI07 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	HI07 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	HI07 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	HI07 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	HI07 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	HI07 - 6	Quantity			NOT USED	NOT USED	NOT USED												

ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
2100C	HI07 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	HI07 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	HI07 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	HI08	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	HI08 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	HI08 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	HI08 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	HI08 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	HI08 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	HI08 - 6	Quantity			NOT USED	NOT USED	NOT USED												
2100C	HI08 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	HI08 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	HI08 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	HI09	HEALTH CARE CODE INFORMATION			NOT USED	NOT USED	NOT USED												
2100C	HI10	HEALTH CARE CODE INFORMATION			NOT USED	NOT USED	NOT USED												
2100C	HI11	HEALTH CARE CODE INFORMATION			NOT USED	NOT USED	NOT USED												
2100C	HI12	HEALTH CARE CODE INFORMATION			NOT USED	NOT USED	NOT USED												
2100C	**DTP**	**SUBSCRIBER DATE**																	
2100C	DTP01	Date Time Qualifier			Use '291' Plan Date	Use '291' Plan Date	Use '291' Plan Date												
2100C	DTP02	Date Time Period Format Qualifier			Use "RD8"	Use "RD8"	Use "RD8"												
2100C	DTP03	Date Time Period			Use Service Begin/End date	Use Service Begin/End date	Use Service Begin/End date												
					*****END RESPONSE FOR SUBSCRIBER ERROR*****														
2100C	**DTP**	**SUBSCRIBER DATE**					**1st-occurrence-Date of Death**												
2100C	DTP01	Date Time Qualifier				Use "442" Date of Death	Use "442" Date of Death												
2100C	DTP02	Date Time Period Format Qualifier				Use "D8"	Use "D8"												
2100C	DTP03	Date Time Period				Use DOD	Use DOD												
2100C	**DTP**	**SUBSCRIBER DATE**				Will not be used	**2nd occurrence-Renewal Date**												
2100C	DTP01	Date Time Qualifier				Will not be used	Use "771" Status												
2100C	DTP02	Date Time Period Format Qualifier				Will not be used	Use "D8"												
2100C	DTP03	Date Time Period				Will not be used	Use Renewal Date												
2100C	**MPI**	**SUBSCRIBER MILITARY PERSONNEL INFORMATION**	Will not be used																
2100C	MPI01	Information Status Code				Will not be used	Will not be used												
2100C	MPI02	Employment Status Code				Will not be used	Will not be used												
2100C	MPI03	Government Service Affiliation Code				Will not be used	Will not be used												
2100C	MPI04	Description				Will not be used	Will not be used												
2100C	MPI05	Military Service Rank Code				Will not be used	Will not be used												
2100C	MPI06	Date Time Period Format Qualifier				Will not be used	Will not be used												
2100C	MPI07	Date Time Period				Will not be used	Will not be used												

ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
2110C	**EB**	**SUBSCRIBER ELIGIBILITY/ BENEFIT INFORMATION**				**NOT ELIGIBLE**	**ELIGIBLE (up to 20x)**	**ENRLL FFS (up to 20x)**	**ENROLL CAP (up to 20x)**	**MDC PT D (up to 2x)**	**MEDICARE HMO**	**MEDICARE (1x for each type)**	**TPL (up to 2x)**	**COPAY**	**SHARE OF COST**	**BHS (up to 3x)**	**CRS**	**TSC**	**AZEIP**
2110C	EB01	Eligibility or Benefit Information				6-Inactive - Returned when an DTP03 End Date is present and is before the current date	1-Active -Returned when an DTP03 End Date is not present or is on or after the current date	Populate with "1" (Active)	Populate with "3" (Active-Services Capitated)	Populate with "R" (Other or Additional Payer)	Populate with "R" (Other or Additional Payer)	Populate with "R" (Other or Additional Payer)	Populate with "R" (Other or Additional Payer)	Populate with "D" (Benefit Description)	Populate with "G" (Out of pocket)	Populate with "3" (Active-Services Capitated)	Populate with "3" (Active-Services Capitated)	Populate with "3" (Active-Services Capitated)	Populate with "3" (Active-Services Capitated)
2110C	EB02	Coverage Level Code				Will not be used	Populate with "IND" (Individual)	Populate with "IND" (Individual)	Populate with "IND" (Individual)	Populate with "IND"	Populate with "IND"	Populate with "IND"	Populate with "IND"	Populate with "IND"	Populate with "IND"	Populate with "IND"	Populate with "IND"	Populate with "IND"	Populate with "IND"
2110C	EB03	Service Type Code				Will not be used	Will not be used	Populate with the various codes dependent upon the contract type and plan. See new SERVICE CATEGORIES REFERENCE TABLE	Populate with "30" (Health Benefit Plan Coverage) (Providers to contact Health plans for specific benefits)	Populate with "88" (Pharmacy Coverage)	Populate with "30" (Health Benefit Plan Coverage)	Populate with "30" (Health Benefit Plan Coverage)	Populate with "30" (Health Benefit Plan Coverage)	Will not be used	Will not be used	Populate with "CH" (Mental Health Facility-Outpatient	Populate with "A9" (Rehabilitation)	Populate with "CQ" (Case Management)	Populate with "CQ" (Case Management)
2110C	EB04	Insurance Type Code				Will not be used	LC-Long Term Care MC-Medicaid HS-Special Low Income Medicare Beneficiary MP-Medicare Primary QM-Qualified Medicare Beneficiary	Populate with "MC" (Medicaid)	Populate with "HM" (Health Maintenance Organization)	Populate with "OT" (Other)	Will not be used	If Medicare Part A populate with "MA" If Medicare Part B populate with "MB"	Populate with "C1" (Commercial)	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB05	Plan Coverage Description				Populate with "NO ELIGIBILITY FOUND"	Populate with Eligibility Group Description	Populate with Plan ID and Name	Populate with Plan ID and Name	Populate with 'Medicare Part D'	Populate with 'MEDICARE HMO'	Will not be used	Populate with TPL Coverage Type	Populate with 'COPAY LEVEL'	Will not be used	Populate with BHS Category Description	Populate with "CHILDRENS REHABILITATION SERVICES"	Populate with "DES/DDD TARGETED SUPPORT COORDINATION"	Populate with "AZ EARLY INTERVENTION PROGRAM"
2110C	EB06	Time Period Qualifier				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB07	Monetary Amount				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Populate with Share of Cost amount	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB08	Percentage as Decimal				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB09	Quantity Qualifier				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB10	Quantity				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB11	Yes/No Condition or Response Code				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB12	Yes/No Condition or Response Code				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13	COMPOSITE MEDICAL PROCEDURE IDENTIFIER				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13 - 1	Product/Service ID Qualifier				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13 - 2	Product/Service ID				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13 - 3	Procedure Modifier				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13 - 4	Procedure Modifier				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13 - 5	Procedure Modifier				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13 - 6	Procedure Modifier				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13 - 7	Description				NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2110C	EB13 - 8	Product/Service ID				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB14	COMPOSITE DIAGNOSIS CODE POINTER																	

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ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
2110C	EB14 - 1	Diagnosis Code Pointer				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB14 - 2	Diagnosis Code Pointer				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB14 - 3	Diagnosis Code Pointer				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB14 - 4	Diagnosis Code Pointer				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
						*****END RESPONSE FOR NOT ELIGIBLE*****													
2110C	**HSD**	**HEALTH CARE SERVICES DELIVERY**	Will not be used																
2110C	HSD01	Quantity Qualifier					Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	HSD02	Quantity					Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	HSD03	Unit or Basis for Measurement Code					Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	HSD04	Sample Selection Modulus					Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	HSD05	Time Period Qualifier					Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	HSD06	Number of Periods					Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	HSD07	Ship/Delivery or Calendar Pattern Code					Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	HSD08	Ship/Delivery Pattern Time Code					Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	**REF**	**SUBSCRIBER ADDITIONAL IDENTIFICATION**						**1ST OCCURRENCE-CONTRACT TYPE**	**1ST OCCURRENCE-CONTRACT TYPE**										
2110C	REF01	Reference Identification Qualifier					Will not be used	Populate with "6P"	Populate with "6P"	Will not be used	Will not be used	Populate with "F6" (HIC number)	Populate with "IG" (Policy number)	Populate with "1L" (Group or Policy Number)	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	REF02	Reference Identification					Will not be used	Populate with Contract Type code. See 4.4.1 RF410 – Contract Type Table	Populate with Contract Type code. See 4.4.1 RF410 – Contract Type Table	Will not be used	Will not be used	Populate with Medicare Claim number	Populate with TPL policy number	Populate with current Copay level and description	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	REF03	Description					Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	REF04	REFERENCE IDENTIFIER					NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2110C	**REF**	**SUBSCRIBER ADDITIONAL IDENTIFICATION**						**2ND OCCURRENCE-ENROLL RATE CODE**	**2ND OCCURRENCE-ENROLL RATE CODE**										
2110C	REF01	Reference Identification Qualifier					Will not be used	Populate with "M7"	Populate with "M7"	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	REF02	Reference Identification					Will not be used	Populate with Rate Code and description	Populate with Rate Code and description	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	REF03	Description					Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	REF04	REFERENCE IDENTIFIER					NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2110C	**DTP**	**SUBSCRIBER ELIGIBILITY/ BENEFIT DATE**					**1ST OCCURRENCE**												
2110C	DTP01	Date Time Qualifier					Populate with "307" (Eligibility)	Populate with '291' (Plan)	Populate with '291' (Plan)	Populate with "292" (Benefit)	Populate with "292" (Benefit)	Populate with "292" (Benefit)	Populate with "292" (Benefit)	Populate with "292" (Benefit)	Populate with "292" (Benefit)	Populate with "292" (Benefit)	Populate with "292" (Benefit)	Populate with "292" (Benefit)	Populate with "292" (Benefit)
2110C	DTP02	Date Time Period Format Qualifier					Populate with "RD8" OR "D8"	Populate with "RD8"	Populate with "RD8" or "D8"	Populate with 'RD8' or "D8"	Populate with 'RD8' or "D8"	Populate with 'RD8' or "D8"	Populate with 'RD8' or "D8"	Populate with 'RD8' or "D8"	Populate with "D8"	Populate with 'RD8' or "D8"	Populate with 'RD8' or "D8"	Populate with 'RD8' or "D8"	Populate with 'RD8' or "D8"
2110C	DTP03	Date Time Period					Populate with Begin-End OR Begin dates of coverage	Populate with begin/end date of coverage	Populate with begin/end or Begin date of coverage	Populate with actual begin/end dates	Populate with actual begin/end dates	Populate with Medicare begin/end dates	Populate with TPL begin and end dates	Populate with Copay begin and end dates	Populate with Share of Cost month	Populate with begin and end dates of BHS coverage	Populate with begin and end dates for CRS	Populate with begin and end dates	Populate with begin and end dates
2110C	**DTP**	**SUBSCRIBER ELIGIBILITY/ BENEFIT DATE**					**2ND OCCURRENCE**										*****END CRS LOOP*****	*****END TSC LOOP*****	*****END AZEIP LOOP*****
2110C	DTP01	Date Time Qualifier					Populate with "318" (Added)												
2110C	DTP02	Date Time Period Format Qualifier					Populate with "D8"												

ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
2110C	DTP03	Date Time Period					Populate with Date Record Added												
2110C	**AAA**	**SUBSCRIBER REQUEST VALIDATION**	**Will not be used**																
2110C	AAA01	Yes/No Condition or Response Code					Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2110C	AAA02	Agency Qualifier Code					NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2110C	AAA03	Reject Reason Code					Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2110C	AAA04	Follow-up Action code					Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2110C	**MSG**	**MESSAGE TEXT**	**Will not be used**																
2110C	MSG01	Free-Form Message Text					Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2110C	MSG02	Printer Carriage Control Code					NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2110C	MSG03	Number					NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
							*****END ELIGIBILITY LOOP, GO TO 2110/EB FOR ENROLLMENT*****												
2115C	**III**	**SUBSCRIBER ELIGIBILITY/BENEFIT ADDITIONAL INFORMATION**	**Will not be used**																
2115C	III01	Code List Quantifier Code						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2115C	III02	Industry Code						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2115C	III03	Code Category						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2115C	III04	Free-Form Message Text						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2115C	III05	Quantity						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2115C	III06	COMPOSITE UNIT OF MEASURE						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2115C	III07	Surface/Layer/Position Code						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2115C	III08	Surface/Layer/Position Code						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2115C	III09	Surface/Layer/Position Code						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2110C	**LS**	**LOOP HEADER**																	
2110C	LS01	Loop Identifier Code						Populate with "2120"	Populate with "2120"	Populate with "2120"	Populate with "2120"	Populate with "2120"	Populate with "2120"	Populate with "2120"	Populate with "2120"	Populate with "2120"			
2120C	**NM1**	**SUBSCRIBER BENEFIT RELATED ENTITY NAME**																	
2120C	NM101	Entity Identifier Code						Populate with "PR" (Payer)	Populate with "Y2" (Managed Care Organization)	Populate with "13" (Contracted Service Provider)	Populate with "13" (Contracted Service Provider)	Will not be used	Populate with "2B" (Third Party Admin)	Populate with "PR" (Payer)	Populate with "PR" (Payer)	Populate with "13" Contracted Service Provider			
2120C	NM102	Entity Type Qualifier						Populate with "2" (Non Person entity)	Populate with "2" (Non Person entity)	Populate with "2" (Non-Person Entity)	Populate with "2" (Non-Person Entity)	Will not be used	Populate with "2" (Non-Person Entity)	Populate with "2" (Non-Person Entity)	Populate with "2" (Non-Person Entity)	Populate with "2" (Non-Person Entity)			
2120C	NM103	Name Last or Organization Name						Populate with Plan Name	Populate with Health Plan Name	Populate with FYI Part D Drug Plan ID and Plan name	Populate with Medicare HMO Plan ID and Plan name	Will not be used	Populate with TPL carrier name	Populate with "AHCCCS COPAY"	Populate with "AHCCCS SHARE OF COST"	Populate with BHS Site code and description			
2120C	NM104	Name First						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	NM105	Name Middle						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	NM106	Name Prefix						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2120C	NM107	Name Suffix						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	NM108	Identification Code Qualifier						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	NM109	Identification Code						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			

ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
2120C	NM110	Entity Relationship Code						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	NM111	Entity Identifier Code						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2120C	NM112	Name Last or Organization Name						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2120C	**N3**	**SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS**																	
2120C	N301	Address Information						Populate with HP Contract plan address line 1	Populate with HP Contract plan address line 1	Will not be used	Will not be used	Will not be used	Populate with TPL address or "NO KNOWN ADDRESS"	Will not be used	Will not be used	Will not be used			
2120C	N302	Address Information						Populate with HP Contract plan address line 2	Populate with HP Contract plan address line 2	Will not be used	Will not be used	Will not be used	Populate with TPL address	Will not be used	Will not be used	Will not be used			
2120C	**N4**	**SUBSCRIBER BENEFIT RELATED ENTITY CITY/STATE/ZIP CODE**																	
2120C	N401	City Name						Populate with HP Contract plan address city	Populate with HP Contract plan address city	Will not be used	Will not be used	Will not be used	Populate with TPL address or "PHOENIX"	Will not be used	Will not be used	Will not be used			
2120C	N402	State or Province Code						Populate with HP Contract plan address state	Populate with HP Contract plan address state	Will not be used	Will not be used	Will not be used	Populate with TPL address or "AZ"	Will not be used	Will not be used	Will not be used			
2120C	N403	Postal Code						Populate with HP Contract plan address zip code	Populate with HP Contract plan address zip code	Will not be used	Will not be used	Will not be used	Populate with TPL address or "85034"	Will not be used	Will not be used	Will not be used			
2120C	N404	Country Code						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	N405	Location Qualifier						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	N406	Location Qualifier						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	N407	Country Subdivision Code						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	**PER**	**SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION**																	
2120C	PER01	Contact Function Code						Populate with "IC" (Information Contact)	Populate with "IC" (Information Contact)	Will not be used	Will not be used	Will not be used	Populate with "IC" if TPL Phone number present	Populate with "IC"	Populate with "IC"	Will not be used			
2120C	PER02	Name						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Populate with "TE"	Will not be used	Will not be used	Will not be used			
2120C	PER03	Communication Number Qualifier						Populate with "TE"	Populate with "TE"	Will not be used	Will not be used	Will not be used	Populate with TPL phone number	Populate with "UR"	Populate with "UR"	Will not be used			
2120C	PER04	Communication Number						Populate with AHCCCS Customer Service "6024174451"	Populate with HP Contract plan correspondence phone number	Will not be used	Will not be used	Will not be used	Will not be used	Use Copay URL: http://www.azahcccs.gov/commercial/ProviderBilling/copayments.aspx	Use Share of Cost URL: http://www.azahcccs.gov/shared/Downloads/EligibilityManual/AEPM/chapter_1200/1201_00_share_of_cost_soc_.htm	Will not be used			
2120C	PER05	Communication Number Qualifier						Populate with "UR" (URL)	Populate with "UR" (URL)	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			

ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
2120C	PER06	Communication Number						Use FFS PROVIDER MANUAL URL: http://www.azahccs.gov/commercial/ProviderBilling/manuals/FFSProviderManual.aspx	Use AMPM URL: http://www.azahccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	PER07	Communication Number Qualifier						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	PER08	Communication Number						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	PER09	Contact Inquiry Reference						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2120C	**PRV**	**SUBSCRIBER BENEFIT RELATED PROVIDER INFORMATION**	Will not be used																
2120C	PRV01	Provider Code						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	PRV02	Reference Identification Qualifier						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	PRV03	Reference Identification						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	PRV04	State or Province Code						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2120C	PRV05	PROVIDER SPECIALTY INFORMATION						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2120C	PRV06	Provider Organization Code						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2110C	**LE**	**LOOP TRAILER**																	
2120C	LE01	Loop Identifier Code						Populate with 2120	Populate with 2120	Populate with 2120	Populate with 2120	Populate with 2120	Populate with 2120	Populate with 2120	Populate with 2120	Populate with 2120			
2000D	**HL**	**DEPENDENT LEVEL**						*****DEPENDENT LOOP NOT USED IN 271*****			*****DEPENDENT LOOP NOT USED IN 271*****			*****DEPENDENT LOOP NOT USED IN 271*****			*****DEPENDENT LOOP NOT USED IN 271*****		
	TRN	**DEPENDENT TRACE NUMBER**						Will not be used			Will not be used			Will not be used			Will not be used		
	NM1	**DEPENDENT NAME**						Will not be used			Will not be used			Will not be used			Will not be used		
	REF	**DEPENDENT ADDITIONAL IDENTIFICATION**						Will not be used			Will not be used			Will not be used			Will not be used		
	N3	**DEPENDENT ADDRESS**						Will not be used			Will not be used			Will not be used			Will not be used		
	N4	**DEPENDENT CITY/STATE/ZIP CODE**						Will not be used			Will not be used			Will not be used			Will not be used		
	AAA	**DEPENDENT REQUEST VALIDATION**						Will not be used			Will not be used			Will not be used			Will not be used		
	PRV	**PROVIDER INFORMATION**						Will not be used			Will not be used			Will not be used			Will not be used		
	DMG	**DEPENDENT DEMOGRAPHIC INFORMATION**						Will not be used			Will not be used			Will not be used			Will not be used		
	INS	**DEPENDENT RELATIONSHIP**						Will not be used			Will not be used			Will not be used			Will not be used		
	HI	**DEPENDENT HEALTH CARE DIAGNOSIS CODE**						Will not be used			Will not be used			Will not be used			Will not be used		
	DTP	**DEPENDENT DATE**						Will not be used			Will not be used			Will not be used			Will not be used		
	MPI	**DEPENDENT MILITARY**						Will not be used			Will not be used			Will not be used			Will not be used		

ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
		PERSONNEL INFORMATION																	
	EB	**DEPENDENT ELIGIBILITY/BENEFIT INFORMATION**						Will not be used			Will not be used			Will not be used			Will not be used		
	HSD	**HEALTH CARE SERVICES DELIVERY**						Will not be used			Will not be used			Will not be used			Will not be used		
	REF	**DEPENDENT ADDITIONAL IDENTIFICATION**						Will not be used			Will not be used			Will not be used			Will not be used		
	DTP	**DEPENDENT ELIGIBILITY/BENEFIT DATE**						Will not be used			Will not be used			Will not be used			Will not be used		
	AAA	**DEPENDENT REQUEST VALIDATION**						Will not be used			Will not be used			Will not be used			Will not be used		
	MSG	**MESSAGE TEXT**						Will not be used			Will not be used			Will not be used			Will not be used		
	III	**DEPENDENT ELIGIBILITY/BENEFIT ADDITIONAL INFORMATION**						Will not be used			Will not be used			Will not be used			Will not be used		
	LS	**LOOP HEADER**						Will not be used			Will not be used			Will not be used			Will not be used		
	NM1	**DEPENDENT BENEFIT RELATED ENTITY NAME**						Will not be used			Will not be used			Will not be used			Will not be used		
	N3	**DEPENDENT BENEFIT RELATED ENTITY ADDRESS**						Will not be used			Will not be used			Will not be used			Will not be used		
	PER	**DEPENDENT BENEFIT RELATED ENTITY CONTACT INFORMATION**						Will not be used			Will not be used			Will not be used			Will not be used		
	PRV	**DEPENDENT BENEFIT RELATED PROVIDER INFORMATION**						Will not be used			Will not be used			Will not be used			Will not be used		
	LE	**LOOP TRAILER**						Will not be used			Will not be used			Will not be used			Will not be used		
	SE	**TRANSACTION SET TRAILER**																	
	SE01	Number of Included Segments	Populate with total number of segments included in transaction set including ST & SE segments	Populate with total number of segments included in transaction set including ST & SE segments	Populate with total number of segments included in transaction set including ST & SE segments	Populate with total number of segments included in transaction set including ST & SE segments	Populate with total number of segments included in transaction set including ST & SE segments												
	SE02	Transaction Set Control Number	Must be the same as the ST02	Must be the same as the ST02	Must be the same as the ST02	Must be the same as the ST02	Must be the same as the ST02												
	GE	**FUNCTIONAL GROUP TRAILER**																	
	GE01	Number of Transaction Sets Included																	
	GE02	Group Control Number																	
	IEA	**INTERCHANGE CONTROL TRAILER**																	
	IEA01	Number of Included Functional Groups																	
	IEA02	Interchange Control Number																	

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4.1.3 270/271 Examples

4.1.3.1 ELIGIBLE AND ENROLLED IN A CAPITATED PLAN FOR REQUEST DATE OF 1/1/10 TO 12/1/10

270 Request:	
ISA{00{ {00{ {ZZ{438897 {ZZ{AHCCCS866004791{110114{1003{^{00501{110420001{0{T{|	Identifies the sender and receiver of the 270
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{{20{1	
NM1{PR{2{AHCCCS{{{{{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{{{{{XX{1215961248	Information Receiver and NPI
HL{3{2{22{0	
TRN{1{1111{1999456789	Trace Number
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member Name and AHCCCS ID
REF{SY{123456789	Member SSN
DTP{291{RD8{20100101-20101201	Requested Plan date
EQ{30	
SE{13{32501 GE{1{32501 IEA{1{110420001	

271 Response:	
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158 {101014{1215{^{00501{914120400{0{T{|	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{005010X279A1	Identifies the transaction and version HB=Eligibility, Coverage or Benefit Information (271)
ST{271{00001{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{11{{20101014{120500	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{{20{1	
NM1{P5{2{AHCCCS{{{{{FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER	Information source contact information
HL{2{1{21{1	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCSPROVIDER{{{{{SV{010158	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	
TRN{2{1111{1999456789	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member's name & AHCCCS ID
REF{SY{123456789	Member's SSN (send in request)
N3{701 E JEFFERSON	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{20080320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Plan Date
	ELIG INFO
EB{1{IND{{MC{ACUTE	Eligibility type
DTP{307{D8{20090101	Eligibility begin date
DTP{318{D8{20090115	Date record added
	ENROLLMENT INFO
EB{3{IND{30{HM{MERCY CARE PLAN	Enrolled HP with info of 'Health Benefit Plan Coverage' (no details)
REF{6P{ACU/PPC	Enrollment contract type
REF{M7{101BTANF 01-05 M & F NON-ME	Enrollment rate code and description

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DTP{291{RD8{20100101-20100114	Enrollment begin and end dates
LS{2120	
NM1{Y2{2{MERCY CARE PLAN	Enrollment to a 'Managed Care Organization'
N3{801 E JEFFERSON	Plan's address
N4{PHOENIX{AZ{85034	Plan's address
PER{IC{{TE{6025551212	Plan's telephone number
PER{IC{{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=contractormanuals	Link to the AMPM (AHCCCS Medical Policy Manual)
LE{2120	
	ENROLLMENT INFO
EB{3{IND{30{HM{MERCY CARE PLAN	Enrolled HP with info of 'Health Benefit Plan Coverage' (no details)
REF{6P{ACU/CAP	Enrollment contract type
REF{M7{1118TANF EXPANDED 45-64 M&F	Enrollment rate code and description
DTP{291{D8{20100115	Enrollment begin and end dates
LS{2120	
NM1{Y2{2{MERCY CARE PLAN	Enrollment to a 'Managed Care Organization'
N3{801 E JEFFERSON	Plan's address
N4{PHOENIX{AZ{85034	Plan's address
PER{IC{{TE{6025551212	Plan's telephone number
PER{IC{{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=contractormanuals	Link to the AMPM (AHCCCS Medical Policy Manual)
LE{2120	
	PART D INFO
EB{R{IND{88{OT{MEDICARE PART D	Enrolled into a Part D plan for Pharmacy (88)
DTP{292{D8{20100301	Begin date of Part D enrollment
LS{2120	
NM1{13{2{Z1234567BLUE CROSS VALUE	Part D plan ID and name
LE{2120	
	MEDICARE INFO
EB{R{IND{30{MA	MA = Medicare Part A
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{20090301	Medicare Begin date
EB{R{IND{30{MB	MB = Medicare Part B
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{20090301	Medicare Begin date
	TPL INFO
EB{R{IND{30{C1{M	TPL coverage type – M=Medical
REF{1G{Z01234567	TPL Policy number
DTP{292{D8{20090301	TPL Begin date
LS{2120	
NM1{2B{2{BLUE CROSS	TPL Carrier
N3{123 S MAIN ST	Carrier address
N4{PHOENIX{AZ{85034	Carrier address
PER{IC{{TE{6025551212	Carrier phone number
LE{2120	
	COPAY DATA
EB{D{IND{{{COPAY LEVEL	Identified Copay info
REF{1L{50TMA	Copay level and description
DTP{292{D8{20101010	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{{UR{HTTP://WWW.AZAHCCCS.GOV/COMMERCIAL/PROVIDERBILLING/COPAYMENTS.ASPX	Link to Copay info on Website
LE{2120	
	BHS DATA
EB{3{IND{CH{{GENERAL MENTAL HEALTH SERVICES	BHS Category description
DTP{292{D8{20100401	Begin date of BHS segment
LS{2120	
NM1{13{2{079999CENPATICO 2	BHS Site and description
LE{2120	
	CRS DATA

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EB{3{IND{A9{{CHILDRENS REHABILITATION SERVICES	CRS name
DTP{292{D8{20100101	Begin date of CRS segment
	TSC DATA
EB{3{IND{CQ{{DES/DDD TARGETED SUPPORT COORDINATION	TSC name
DTP{292{D8{20100601	Begin date of TSC segment
	AZEIP DATA
EB{3{IND{CQ{{AZ EARLY INTERVENTION PROGRAM	AZ EIP name
DTP{292{D8{20100601	Begin date of AZEIP segment
	TRAILER
SE{79{00001 GE{1{123456789 IEA{1{914120400	

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4.1.3.2 ELIGIBLE AND ENROLLED IN A FFS PLAN FOR REQUEST DATE OF 1/1/10 TO 12/1/10

270 Request:	
ISA{00{ {00{ {ZZ{438897 {ZZ{AHCCCS866004791{110114{1003{^{00501{110420001{0{T{|	Identifies the sender and receiver of the 270
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{{20{1	
NM1{PR{2{AHCCCS{{{{{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{{{{{XX{1215961248	Information Receiver and NPI
HL{3{2{22{0	
TRN{1{1111{1999456789	Trace Number
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member Name and AHCCCS ID
DMG{D8{19980320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Requested Plan date

271 Response:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158 {101014{1215{^{00501{914120400{0{T{|	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{005010X279A1	Identifies the transaction and version
ST{271{00001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{{20101014{120500	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{{20{1	
NM1{P5{2{AHCCCS{{{{{FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER SUPPORT{EM{EDICustomerSupport@azahcccs.gov	Information source contact information
HL{2{1{21{1	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCSPROVIDER{{{{{SV{010158	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	
TRN{2{1111{1999456789	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member's name & AHCCCS ID
N3{701 E JEFFERSON	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{19980320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Plan date
	ELIG INFO
EB{1{IND{{MC{ACUTE	Eligibility type
DTP{307{D8{20100101	Eligibility begin date
DTP{318{D8{20100115	Date record added
	ENROLLMENT INFO
EB{3{IND{1^2^33^35^45^47^82^86^88^93^98^AD^AF^AL^PT^BY^BZ^UC{MC{AMERICAN INDIAN HEALTH PLAN	Enrolled in an FFS segment and identifies the Service Codes covered (not all inclusive)
REF{6P{ACU/FFS	Type of FFS coverage
REF{M7{2120TANF 21-44 FEMALE WITH MEDICARE	Enrollment Rate code and description
DTP{291{D8{20100101	Begin Date of FFS coverage
LS{2120	
NM1{PR{2{AMERICAN INDIAN HEALTH PLAN	Name of FFS Plan
N3{801 E JEFFERSON	Address of FFS Plan

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N4{PHOENIX{AZ{85034	Address of FFS Plan
PER{IC{{TE{6025551212	Telephone number of FFS plan
PER{IC{{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=contractormanuals	Link to AMPM
LE{2120	
	PART D INFO
EB{R{IND{88{OT{MEDICARE PART D	Enrolled into a Part D plan for Pharmacy (88)
DTP{292{D8{20100301	Begin date of Part D enrollment
LS{2120	
NM1{13{2{Z1234567BLUE CROSS VALUE	Part D plan ID and name
LE{2120	
	MEDICARE INFO
EB{R{IND{30{MA	MA = Medicare Part A
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{20090301	Medicare Begin date
EB{R{IND{30{MB	MB = Medicare Part B
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{20090301	Medicare Begin date
	TPL INFO
EB{R{IND{30{C1{M	TPL coverage type – M=Medical Information'
REF{1G{134WTKS	TPL Policy ID
DTP{292{D8{20090301	TPL Begin date
LS{2120	
NM1{2B{2{BLUE CROSS	TPL Carrier
N3{123 S MAIN ST	Carrier address
N4{PHOENIX{AZ{85034	Carrier address
PER{IC{{TE{6025551212	Carrier phone number
LE{2120	
	COPAY DATA
EB{D{IND{{{COPAY LEVEL	Identified Copay info
REF{1L{00NO CO-PAY	Copay level
DTP{292{D8{20101010	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{{UR{HTTP://WWW.AZAHCCCS.GOV/COMMERCIAL/PROVIDERBILLING/COPAYMENTS.ASPX	Link to Copay info on Website
LE{2120	
	BHS DATA
EB{3{IND{CH{{GENERAL MENTAL HEALTH SERVICES	BHS Category description
DTP{292{D8{20100401	Begin date of BHS segment
NM1{13{2{079999CENPATICO 2	BHS Site and description
	CRS DATA
EB{3{IND{A9{{CHILDRENS REHABILITATION SERVICES	CRS name
DTP{292{D8{20090101	Begin date of CRS segment
	TSC DATA
EB{3{IND{CQ{{DES/DDD TARGETED SUPPORT COORDINATION	TSC name
DTP{292{D8{20100601	Begin date of TSC segment
	TRAILER
SE{55{00001 GE{1{123456789 IEA{1{914120400	

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4.1.3.3 ELIGIBLE AND ENROLLED IN A FFS AND CAPITATED PLAN FOR REQUEST DATE OF 1/1/10 TO 12/1/10

270 Request:	
ISA{00{ {00{ {ZZ{438897 {ZZ{AHCCCS866004791{110114{1003{^{00501{110420001{0{T{|	Identifies the sender and receiver of the 270
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{{20{1	
NM1{PR{2{AHCCCS{{{{{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{{{{{XX{1215961248	Information Receiver and NPI
HL{3{2{22{0	
TRN{1{1111{1999456789	Trace Number
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member Name and AHCCCS ID
DMG{D8{19980320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Requested Plan date

271 Response:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158 {101014{1215{^{00501{914120400{0{T{|	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{005010X279A1	Identifies the transaction and version
ST{271{00001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{{20101014{120500	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{{20{1	
NM1{P5{2{AHCCCS{{{{{FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER SUPPORT{EM{EDICustomerSupport@azahcccs.gov	Information source contact information
HL{2{1{21{1	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCSPROVIDER{{{{{SV{010158	Information receiver name & ID number. This may be a provider or
HL{3{2{22{0	
TRN{2{1111{1999456789	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member's name & AHCCCS ID
N3{701 E JEFFERSON	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{20080320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Plan date
	ELIG INFO
EB{1{IND{{MC{ACUTE	Eligibility type
DTP{307{D8{20100101	Eligibility begin date
DTP{318{D8{20100115	Date record added
	ENROLLMENT INFO
EB{3{IND{1^2^33^35^45^47^82^86^88^93^98^AD^AF^AL^PT^BY^BZ^UC{MC{ AMERICAN INDIAN HEALTH PLAN	Enrolled in an FFS segment and identifies the Service Codes covered (not all inclusive)
REF{6P{ACU/FFS	Type of FFS coverage
REF{M7{2120TANF 21-44 FEMALE WITH MEDICARE	Enrollment Rate code and description
DTP{291{RD8{20100101-20100228	Begin Date of FFS coverage
LS{2120	
NM1{PR{2{AMERICAN INDIAN HEALTH PLAN	Name of FFS Plan
N3{801 E JEFFERSON	Address of FFS Plan
N4{PHOENIX{AZ{85034	Address of FFS Plan
PER{IC{{TE{6025551212	Telephone number of FFS plan

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PER{IC{{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=contractormanuals	Link to AMPM
LE{2120	
	ENROLLMENT INFO
EB{3{IND{30{HM{MERCY CARE PLAN	Enrolled HP with info of 'Health Benefit Plan Coverage' (no details)
REF{6P{ACU/PPC	Enrollment contract type
DTP{291{RD8{20100301-20100314	Enrollment begin and end dates
LS{2120	
NM1{Y2{2{MERCY CARE PLAN	Enrollment to a 'Managed Care Organization'
N3{801 E JEFFERSON	Plan's address
N4{PHOENIX{AZ{85034	Plan's address
PER{IC{{TE{6025551212	Plan's telephone number
PER{IC{{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=contractormanuals	Link to the AMPM (AHCCCS Medical Policy Manual)
LE{2120	
	ENROLLMENT INFO
EB{3{IND{30{HM{MERCY CARE PLAN	Enrolled HP with info of 'Health Benefit Plan Coverage' (no details)
REF{6P{ACU/CAP	Enrollment contract type
REF{M7{2120TANF 21-44 FEMALE WITH MEDICARE	Enrollment Rate code and description
DTP{291{D8{20100315	Enrollment begin and end dates
LS{2120	
NM1{Y2{2{MERCY CARE PLAN	Enrollment to a 'Managed Care Organization'
N3{801 E JEFFERSON	Plan's address
N4{PHOENIX{AZ{85034	Plan's address
PER{IC{{TE{6025551212	Plan's telephone number
PER{IC{{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=contractormanuals	Link to the AMPM (AHCCCS Medical Policy Manual)
LE{2120	
	PART D INFO
EB{R{IND{88{OT{MEDICARE PART D	Enrolled into a Part D plan for Pharmacy (88)
DTP{292{D8{20090301	Begin date of Part D enrollment
LS{2120	
NM1{13{2{Z1234567BLUE CROSS VALUE	Part D plan ID and name
LE{2120	
	MEDICARE INFO
EB{R{IND{30{MA	MA = Medicare Part A
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{20090301	Medicare Begin date
EB{R{IND{30{MB	MB = Medicare Part B
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{20090301	Medicare Begin date
	COPAY DATA
EB{D{IND{{{COPAY LEVEL	Identified Copay info
REF{1L{00NO CO-PAY	Copay level
DTP{292{D8{20101010	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{{UR{HTTP://WWW.AZAHCCCS.GOV/COMMERCIAL/PROVIDERBILLING/COPAYMENTS.ASPX	Link to Copay info on Website
LE{2120	
	BHS DATA
EB{3{IND{CH{{GENERAL MENTAL HEALTH SERVICES	BHS Category description
DTP{292{D8{20100401	Begin date of BHS segment
NM1{13{2{079999CENPATICO 2	BHS Site and description
	CRS DATA
EB{3{IND{A9{{CHILDRENS REHABILITATION SERVICES	CRS name
DTP{292{D8{20090101	Begin date of CRS segment
	TRAILER
SE{73{00001 GE{1{123456789 IEA{1{914120400	

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4.1.3.4 NOT ELIGIBLE FOR REQUEST DATE OF 1/1/10 TO 12/1/10

270 Request:	
ISA{00{ {00{ {ZZ{438897 {ZZ{AHCCCS866004791{110114{1003{^{00501{110420001{0{T{|	Identifies the sender and receiver of the 270
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{{20{1	
NM1{PR{2{AHCCCS{{{{{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{{{{{XX{1215961248	Information Receiver and NPI
HL{3{2{22{0	
TRN{1{1111{1999456789	Trace Number
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member Name and AHCCCS ID
DMG{D8{19980320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Requested Plan date

271 Response:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158 {101014{1215{^{00501{914120400{0{T{|	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{005010X279A1	Identifies the transaction and version
ST{271{00001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{{20101014{120500	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{{20{1	
NM1{P5{2{AHCCCS{{{{{FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER	Information source contact information
HL{2{1{21{1	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCSPROVIDER{{{{{SV{010158	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	
TRN{2{1111{1999456789	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member's name & AHCCCS ID
N3{701 E JEFFERSON	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{20080320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Plan date
	ELIG INFO
EB{6{{{{NO ELIGIBILITY FOUND	No eligibility
	TRAILER
SE{5{00001 GE{1{123456789 IEA{1{914120400	

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4.1.3.5 MEMBER NOT FOUND FOR REQUEST DATE OF 1/1/10 TO 12/1/10

270 Request:	
ISA{00{ {00{ {ZZ{438897 {ZZ{AHCCCS866004791{110114{1003{^{00501{110420001{0{T{|	Identifies the sender and receiver of the 270
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{{20{1	
NM1{PR{2{AHCCCS{{{{{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{{{{{XX{1215961248	Information Receiver and NPI
HL{3{2{22{0	
TRN{1{1111{1999456789	Trace Number
NM1{IL{1{SMITH{MARY	Member Name
DMG{D8{19980320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Requested Plan date

271 Response:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158 {101014{1215{^{00501{914120400{0{T{|	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{005010X279A1	Identifies the transaction and version
ST{271{00001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{{20101014{120500	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{{20{1	
NM1{P5{2{AHCCCS{{{{{FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER SUPPORT{EM{EDICustomerSupport@azahcccs.gov	Information source contact information
HL{2{1{21{1	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCSPROVIDER{{{{{SV{010158	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	
TRN{2{1111{1999456789	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{MARY	Member's name
AAA{N{{15{C	Subscriber error – 15 Required Application data missing C-Correct and resubmit
DMG{D8{20080320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Plan date
	TRAILER
SE{5{00001 GE{1{123456789 IEA{1{914120400	

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4.1.3.6 QMB MEMBER FOUND FOR REQUEST DATE OF 1/1/10 TO 12/1/10

270 Request:	
ISA{00{ {00{ {ZZ{438897 {ZZ{AHCCCS866004791{110114{1003{^{00501{110420001{0{T{|	Identifies the sender and receiver of the 270
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{{20{1	
NM1{PR{2{AHCCCS{{{{{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{{{{{XX{1215961248	Information Receiver and NPI
HL{3{2{22{0	
TRN{1{1111{1999456789	Trace Number
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member Name and AHCCCS ID
DMG{D8{19980320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Requested Plan date

271 Response:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158 {101014{1215{^{00501{914120400{0{T{|	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{005010X279A1	Identifies the transaction and version
ST{271{00001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{{20101014{120500	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{{20{1	
NM1{P5{2{AHCCCS{{{{{FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER	Information source contact information
HL{2{1{21{1	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCSPROVIDER{{{{{SV{010158	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	
TRN{2{1111{1999456789	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member's name & AHCCCS ID
N3{701 E JEFFERSON	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{20080320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Plan date
	ELIG INFO
EB{1{IND{{QM{QMB	Eligibility type – QM=Qualified Medicare Beneficiary
DTP{307{RD8{20080201-20100930	Eligibility date
DTP{318{D8{20080201	Date record added
	ENROLLMENT INFO
EB{1{IND{30{MC{AHCCCS QMB-ONLY	
REF{6P{NON/PAY	Type of coverage
REF{M7{8020QMB ONLY	Enrollment Rate code and description
DTP{291{RD8{20080201-20100930	Begin Date and End date of Non-pay coverage
LS{2120	
NM1{PR{2{AHCCCS QMB - ONLY	Name of Non-pay Plan
N3{801 E JEFFERSON	Address of Non-pay Plan
N4{PHOENIX{AZ{85034	Address of Non-pay Plan
PER{IC{{TE{6025551212	Telephone number of Non-pay plan

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PER{IC{{UR{http://www.azahcccs.gov/shared/Downloads/EligibilityManual/AEPM/chapter_0300/302_05medicarecostsharingpackages.htm	Link to AMPM
LE{2120	
	PART D INFO
EB{R{IND{88{OT{MEDICARE PART D	Enrolled into a Part D plan for Pharmacy (88)
DTP{292{RD8{20090101-20100930	Begin date of Part D enrollment
LS{2120	
NM1{13{2{S5678001HEALTH NE/HEALTH N	Part D plan name
LE{2120	
	MEDICARE INFO
EB{R{IND{30{MA	MA = Medicare Part A
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{20090301	Medicare Begin date
EB{R{IND{30{MB	MB = Medicare Part B
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{20090301	Medicare Begin date
	COPAY DATA
EB{D{IND{{{COPAY LEVEL	Identified Copay info
REF{1L{00NO CO-PAY	Copay level
DTP{292{D8{20101010	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{{UR{HTTP://WWW.AZAHCCCS.GOV/COMMERCIAL/PROVIDERBILLING/COPAYMENTS.ASPX	Link to Copay info on Website
LE{2120	
	TRAILER
SE{47{00001 GE{1{123456789 IEA{1{914120400	

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4.1.3.7 SLMB MEMBER FOUND FOR REQUEST DATE OF 1/1/10 TO 12/1/10

270 Request:	
ISA{00{ {00{ {ZZ{438897 {ZZ{AHCCCS866004791{110114{1003{^{00501{110420001{0{T{|	Identifies the sender and receiver of the 270
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{{20{1	
NM1{PR{2{AHCCCS{{{{{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{{{{{XX{1215961248	Information Receiver and NPI
HL{3{2{22{0	
TRN{1{1111{1999456789	Trace Number
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member Name and AHCCCS ID
DMG{D8{19980320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Requested Plan date

271 Response:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158 {101014{1215{^{00501{914120400{0{T{|	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{005010X279A1	Identifies the transaction and version
ST{271{00001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{{20101014{120500	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{{20{1	
NM1{P5{2{AHCCCS{{{{{FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER SUPPORT{EM{EDICustomerSupport@azahcccs.gov	Information source contact information
HL{2{1{21{1	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCSPROVIDER{{{{{SV{010158	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	
TRN{2{1111{1999456789	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member's name & AHCCCS ID
N3{701 E JEFFERSON	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{20080320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Plan date
	ELIG INFO
EB{1{IND{{HS{SLMB – Part B premium	Eligibility type – HS=Special Low Income Medicare Beneficiary
DTP{307{D8{20071101	Eligibility date
DTP{318{D8{20071209	Date record added
	ENROLLMENT INFO
EB{1{IND{30{MC{AHCCCS SLMB-PART B BUY-	Enrolled plan
REF{6P{NON/PAY	Type of coverage
REF{M7{8040SLMB ONLY	Enrollment Rate code and description
DTP{291{D8{20071101	Begin Date and End date of Non-pay coverage
LS{2120	
NM1{PR{2{AHCCCS SLMB-PART B BUY-	Name of Non-pay Plan
N3{801 E JEFFERSON	Address of Non-pay Plan

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N4{PHOENIX{AZ{85034	Address of Non-pay Plan
PER{IC{{TE{6025551212	Telephone number of Non-pay plan
PER{IC{{UR{http://www.azahcccs.gov/shared/Downloads/EligibilityManual/AEPM/chapter_0300/302_05medicarecostsharingpackages.htm	Link to AMPM
LE{2120	
	PART D INFO
EB{R{IND{88{OT{MEDICARE PART D	Enrolled into a Part D plan for Pharmacy (88)
DTP{292{D8{20101101	Begin date of Part D enrollment
LS{2120	
NM1{13{2{H0354012CIGNA HEA/CIGNA	Part D plan name
LE{2120	
	MEDICARE INFO
EB{R{IND{30{MA	MA = Medicare Part A
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{19930701	Medicare Begin date
EB{R{IND{30{MB	MB = Medicare Part B
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{19930701	Medicare Begin date
	TPL INFO
EB{R{IND{30{C1{M	TPL coverage type – M=Medical Information'
REF{IG{MEBB1234	TPL Policy ID
DTP{292{D8{20051201	TPL begin date
LS{2120	
NM1{2B{2{AETNA HEALTHCARE	TPL Carrier
N3{123 S MAIN ST	Carrier address
N4{PHOENIX{AZ{85034	Carrier address
PER{IC{{TE{6025551212	Carrier phone number
LE{2120	
	COPAY DATA
EB{D{IND{{{COPAY LEVEL	Identified Copay info
REF{1L{00NO CO-PAY	Copay level
DTP{292{D8{20101010	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{{UR{HTTP://WWW.AZAHCCCS.GOV/COMMERCIAL/PROVIDERBILLING/COPAYMENTS.ASPX	Link to Copay info on Website
LE{2120	
	TRAILER
SE{5{00001 GE{1{123456789 IEA{1{914120400	

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4.1.3.8 INFORMATION RECEIVER ERROR

271 Response:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158 {101014{1215{^{00501{914120400{0{T{|	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{005010X279A1	Identifies the transaction and version
ST{271{00001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{{20101014{120500	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{{20{1	
NM1{P5{2{AHCCCS{{{{{FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER SUPPORT{EM{EDICustomerSupport@azahcccs.gov	Information source contact information
HL{2{1{21{0	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCSPROVIDER{{{{{SV{010158	Information receiver name & ID number. This may be a provider or clearinghouse
AAA{Y{{51{C	Y-Valid Request; 51=Provider Not on File; C=Correct and resubmit
	TRAILER
SE{5{00001 GE{1{123456789 IEA{1{914120400	

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4.1.3.9 NEWBORN REQUEST AND RESPONSE FOR DATE 01/01/11 – 04/27/11

270 Request:	
ISA{00{ {00{ {ZZ{438897 {ZZ{AHCCCS866004791{110114{1003{^{00501{110420001{0{T{|	Identifies the sender and receiver of the 270
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{{20{1	
NM1{PR{2{AHCCCS{{{{{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{{{{{XX{1215961248	Information Receiver and NPI
HL{3{2{22{1	
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Mother's Name and AHCCCS ID
DMG{D8{19740705{F	Member SSN
DTP{291{RD8{20110101-20110427	Requested Plan date
HL{4{3{23{0	
TRN{1{DEPTRN01{9NEWBNGOOD	
NM1{03{1{SMITH{BABY GIRL	Newborn Name
DMG{D8{20110101{F	Newborn DOB and Gender
EQ{30	
SE{13{32501 GE{1{32501 IEA{1{110420001	

271 Response:	
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158 {101014{1215{^{00501{914120400{0{T{|	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{005010X279A1	Identifies the transaction and version HB=Eligibility, Coverage or Benefit Information (271)
ST{271{00001{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{11{{20101014{120500	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{{20{1	
NM1{P5{2{AHCCCS{{{{{FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER SUPPORT{EM{EDICustomerSupport@azahcccs.gov	Information source contact information
HL{2{1{21{1	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCSPROVIDER{{{{{SV{010158	Information receiver name & ID number. This may be a provider or
HL{3{2{22{0	
TRN{2{DEPTRN01{9NEWBNGOOD	Trace number from requester
	MEMBER DATA – Newborn becomes the subscriber
NM1{IL{1{SMITH{BABY GIRL{{{{MI{A11111111	Newborn's Member's name & AHCCCS ID
N3{701 E JEFFERSON	Newborn's mailing address
N4{PHOENIX{AZ{85034	Newborn's mailing address
DMG{D8{20110101{F	Newborn's DOB & gender
DTP{291{RD8{20100101-20110427	Plan Date
	ELIG INFO
EB{1{IND{{MC{ACUTE NEWBORN	Eligibility type
DTP{307{RD8{20110101-20120131	Eligibility begin date
DTP{318{D8{20110103	Date record added
	ENROLLMENT INFO
EB{3{IND{30{HM{010158ARIZONA PHYSICIANS IPA	Enrolled HP with info of 'Health Benefit Plan Coverage' (no details)
REF{6P{ACU/CAP	Enrollment contract type
REF{M7{1011TANF <1 M & F NON-MEDICAR	Enrollment rate code and description
DTP{291{D8{20110103	Enrollment begin and end dates

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LS{2120	
NM1{Y2{2{ARIZONA PHYSICIANS IPA	Enrollment to a 'Managed Care Organization'
N3{3141 NORTH 3RD AVE	Plan's address
N4{PHOENIX{AZ{85013	Plan's address
PER{IC{{TE{6025551212	Plan's telephone number
PER{IC{{TE{8003484058{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx	Link to the AMPM (AHCCCS Medical Policy Manual)
LE{2120	
	ENROLLMENT INFO
EB{3{IND{30{HM{010158ARIZONA PHYSICIANS IPA	Enrolled HP with info of 'Health Benefit Plan Coverage' (no details)
REF{6P{ACU/NBN	Enrollment contract type
REF{M7{1011TANF <1 M & F NON-MEDICAR	Enrollment rate code and description
DTP{291{RD8{20110101-20110102	Enrollment begin and end dates
LS{2120	
NM1{Y2{2{ARIZONA PHYSICIANS IPA	Enrollment to a 'Managed Care Organization'
N3{3141 NORTH 3RD AVE	Plan's address
N4{PHOENIX{AZ{85013	Plan's address
PER{IC{{TE{6025551212	Plan's telephone number
PER{IC{{TE{8003484058{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx	Link to the AMPM (AHCCCS Medical Policy Manual)
LE{2120	
	COPAY DATA
EB{B{IND	Identified co-pay info
REF{1L{00NO CO-PAY	Copay level
DTP{292{D8{20110103	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{{UR{http://www.azahcccs.gov/commercial/ProviderBilling/copayments.aspx	Link to Copay info on Website
LE{2120	
	BHS DATA
EB{3{IND{CH{{CHILDREN SERVICES	BHS Category description
DTP{292{RD8{20110103-20120131	Begin date of BHS segment
LS{2120	
NM1{13{2{07MAGELLAN HEALTH SERV	BHS Site and description
LE{2120	
	TRAILER
SE{79{00001 GE{1{123456789 IEA{1{914120400	

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4.2 Payer Specific Business Rules and Limitations

4.2.1 270 Search Criteria

Transaction	Search Type	AHCCCS ID (A*) NM108/09	LName	FName	DOB	ALT ID REF01/02	Source
270 Inbound Eligibility Lookup							• Allow a requested date to go back as far as 24 month in the past and up to 30 days in the future. • 270/271 Errata X279A1 dated 6/2010: Information Source must allow inquiry date ranges that follow their claims filing limitations and for dates in the future to the end of the current month. • The begin date must be less than or equal to today, and the end date can be up to 24 months back from today or 30 days forward from today. • No CORE requirements for member lookup
Required Search	Primary	✔	✔	✔	✔		TR3 1.4.8.1 ID/Last Name/First Name/DOB
Required Alternate	Alt 1	✔	✔		✔		TR3 1.4.8.2 ID/DOB/Last Name
Required Alternate	Alt 2	✔	✔	✔			TR3 1.4.8.2 ID/Last Name/First Name
Optional	Opt 1		✔	✔	✔		TR3 1.4.8.3 Last Name/First Name/DOB
Optional	Opt 2	✔			✔		TR3 1.4.8.4 ID/DOB
Optional	Opt 3		✔	✔	✔	✔ SSN	TR3 1.4.8.5 SSN=Social Security #; Verified only • If SSN does not match, will not be returned on response • Used when there are multiple records found for Last Name/First Name/DOB search
Optional	Opt 4		✔	✔	✔	✔ MCN	TR3 1.4.8.5 MCN=Medicare ID # (aka HIC) • Used when there are multiple records found for Last Name/First Name/DOB

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4.3 Frequently Asked Questions

None available at this time.

4.4 Other Resources

4.4.1 RF410 – Contract Type Table

TYPE	CONTRACT CODE	CONTRACT CODE DESCRIPTION
%	CRS/CAP	CHILDREN'S REHAB SERVICES, CAPITATION
@	DES/DD/RI	DES DD REINSURANCE INDICATOR
A	ACU/CAP	ACUTE CAPITATED
B	ACU/CAP/PAR	ACUTE,PARTIALLY CAPITATED
C	ACU/CAP/ACU	ACUTE,CAPITATED ACUTE SVCS ONLY
D	ACU/FFS/ACU	ACUTE,FEE FOR SERVICE ACUTE SVCS ONLY
E	ACU/FFS	ACUTE FEE FOR SERVICE
F	ACU/FFS/EMO	ACUTE,FEE FOR SERVICE EMERGENCY SVCS ONLY
G	ACU/FFS/FPS	ACUTE, FEE FOR SVC, FAMILY PLANNING SVCS
H	ACU/PPC	ACUTE PRIOR PERIOD COVERAGE
I	ACU/PPC/EMO	ACUTE PRIOR PERIOD COVERAGE EMERGENCY SVCS
J	LTC/CAP	LONG TERM CARE,CAPITATED
K	MHS/CAP/ACU	MENTAL HEALTH SERVICES,CAPITATED,ACUTE ONLY
L	LTC/CAP/ACU	LONG TERM CARE CAP ACUTE ONLY
M	LTC/PPC	LONG TERM CARE PRIOR PERIOD COVERAGE
N	ACU/NBN	ACUTE NEWBORN NON-CAPPED
O	LTC/PPC/ACU	LONG TERM CARE PRIOR PERIOD COVERAGE ACUTE
P	LTC/CAP/PAR	LTC,PARTIALLY CAPITATED
Q	ACU/CAP/FPS	ACUTE CAPITATED FPS ONLY
R	LTC/FFS	LONG TERM CARE FEE FOR SERVICE
S	MHS/CAP/DD	MENTAL HEALTH SERVICES,CAPITATED,DD
T	LTC/FFS/ACU	LONG TERM CARE FFS ACUTE ONLY
U	UNDOC/FFS/EM	UNDOCUMENTED ALIENS, FFS, EMERGENCY SVCS ONLY
V	MHS/CAP/KC	MENTAL HEALTH SVCS CAPITATED KIDSCARE
W	ACU/KC/NOPAY	ADHS DIRECT SERVICES KIDSCARE NO PAYMENT
X	ACU/FFS/KC	ACUTE FFS KIDSCARE
Y	ACU/CAP/KC	ACUTE CAPITATED KIDSCARE
Z	MHS/CAP/HIFA	MENTAL HEALTH SERVICES CAPITATED HIFA
1	NO/PMT	NO PAYMENT ALLOWED
2	LTC/VD/CAP/F	LTC VENT DEPENDENT CAPITATED FULL SERVICES
3	LTC/FFS/VD	LONG TERM CARE FFS VD
4	LTC/VD/CAP/A	LTC VENT DEPENDENT CAPITATED ACUTE SERVICES
5	LTC/FFS/VHA	LTC,FFS,VENT.DEPEND.,ACUTE SVCS ONLY
6	MHS/CAP/TMCP	MENTAL HEALTH SERVICES, CAPITATED, TEMP MED
7	MHS/CAP/CMDP	MENTAL HEALTH SERVICES, CAPITATED
8	NON/PAY	NO PAYMENT/MEDICARE CLAIMS ONLY
9	NON/AHC	NON-AHCCCS CLAIMS PROCESSING ONLY

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5. TI Change Summary

#	Location & Section	Revision
0.3	Page 5 - 3.1 270 Instruction Table	• Corrected 1st box to clarify that "DJ - Dept of Juvenile corrections" is excluded.
0.3	Page 6 - 3.1 2100D/INS Segment	• Changed note to "Segment not used by AHCCCS". • Deleted elements 2100D/INS02 & INS17 from this table (since segment is not used).
0.3	Page 10 - 4.1.1 270 Transaction Notes	• Clean up table
0.3	Page 21 - 4.1.1 270 Transaction Notes 2100D/INS Segment	• Changed note to "Segment not used by AHCCCS". • Changed elements INS01 & INS02 note to "not to be used".
0.3	Page 39 – 4.1.2 271 Transaction Notes	• 2000D Dependent Level – deleted all elements within these segments – segments/elements will not be used

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