

HI Segment ID's

HI segments are for Health Care Information. The first element tells what kind. The details are in the subfields.

HI01	DESCRIPTION	4010P	4010I	5010P	5010I
ABF	Diagnosis (ICD-10 coding)	NO	NO	Y	Y
ABJ	Admitting Diagnosis Code (ICD-10 coding)	NO	NO	NO	Y
ABK	Principal Diagnosis (ICD-10 coding)	NO	NO	Y	Y
ABN	External Cause of Injury (ICD-10 coding)	NO	NO	NO	Y
APR	Patient Reason for Visit (ICD-10 coding)	NO	NO	NO	Y
BBQ	Other Procedures (ICD-10 coding)	NO	NO	NO	Y
BBR	Principal Procedure (ICD-10 coding)	NO	NO	NO	Y
BE	Value Code & Amount	NO	Y	NO	Y
BF	Diagnosis (ICD-9 coding)	Y	Y	Y	Y
BG	Condition Code	NO	Y	Y	Y
BH	Occurrence Code & Date	NO	Y	NO	Y
BI	Span Code & Date	NO	Y	NO	Y
BJ	Admitting Diagnosis Code (ICD-9 coding)	NO	Y	NO	Y
BK	Principal Diagnosis (ICD-9 coding)	Y	Y	Y	NO
BN	External Cause of Injury	NO	Y	NO	Y
BO	Other Procedures (HCFA coding)	NO	Y	Y	NO
BP	Principal Procedure (HCFA coding)	NO	Y	Y	NO
BQ	Other Procedures (ICD-9 coding)	NO	Y	NO	Y
BR	Principal Procedure (ICD-9 coding)	NO	Y	NO	Y
CAH	Advanced Billing Concepts (ABC) Codes	NO	NO	NO	Y
DR	Diagnosis Related Group (DRG)	NO	Y	NO	Y
PR	Patient Reason for Visit	NO	NO	NO	Y
TC	Treatment Code	NO	Y	NO	Y
ZZ	Patient Reason for Visit	NO	Y	NO	NO

DTP Segment ID's

DTP segments are for Date or Time. The first element tells what kind. The second element gives format: D8=Date, RD8= Date Range, DT=Date and Time, TM = Time

DTP01	DESCRIPTION	4010P	4010I	5010P	5010I
011	Shipped	Y	NO	Y	NO
050	Repricer Received Date	NO	NO	Y	Y
090	Assumed Care Date	Y	NO	Y	NO
091	Relinquished Care Date	Y	NO	Y	NO
096	Discharge Date	Y	NO	Y	NO
096	Discharge Time	NO	Y	NO	Y
119	4 liter/min Test Performed	Y	NO	NO	NO
296	Authorized Return to Work	Y	NO	Y	NO
297	Date Last Worked	Y	NO	Y	NO
304	Latest Visit or Consultation	Y	NO	Y	NO
314	Disability Date	NO	NO	Y	NO
330	Referral Date	Y	NO	NO	NO
360	Disability Begin	Y	NO	Y	NO
361	Disability End	Y	NO	Y	NO
431	Onset of Current Symptoms or Illness	Y	NO	Y	NO
434	Statement From & To	NO	Y	NO	Y
435	Admission Date	Y	NO	Y	Y
435	Admission Date and Hour	NO	Y	NO	NO
438	Onset of Similar Condition or Illness	Y	NO	NO	NO
439	Accident (and hour)	Y	NO	Y	NO
444	Property and casualty date of first contact	NO	NO	Y	NO
453	Acute Manifestation Date	Y	NO	Y	NO
454	Initial Treatment	Y	NO	Y	NO
455	Last X-ray	Y	NO	Y	NO
461	Last Certification	Y	NO	Y	NO
463	Begin Therapy	Y	NO	Y	NO

471	Prescription-Hearing or Vision	Y	NO	Y	NO
472	Service Date(s)	Y	Y	Y	Y
480	Arterial Blood Gas Test	Y	NO	NO	NO
481	Oxygen Saturation Test	Y	N	NO	NO
484	Last Menstrual Period	Y	NO	Y	NO
573	Date Claim Paid	Y	Y	Y	Y
607	Certification Revision	Y	NO	Y	NO
738	Most recent Hemoglobin or Hematocrit or both	Y	NO	Y	NO
739	Most recent Serum Creatine	Y	NO	Y	NO
866	Assessment Date	NO	Y	NO	NO
938	Order	Y	NO	NO	NO
ABC	Estimated Date of Birth	Y	NO	NO	NO

AMT Segment ID's

AMT segments are for Amounts. The first element tells what type of Amount.

AMT01	DESCRIPTION	4010P	4010I	5010P	5010I
A8	COB Non-Covered Charges-Actual	NO	Y	Y	Y
AA	COB Medicare A Paid Amount	NO	Y	NO	NO
AAE	COB Approved Amount	Y	NO	NO	NO
AAE	Service Line Approved Amount	Y	NO	NO	NO
AU	COB Coverage Amount	Y	NO	NO	NO
B1	COB Medicare B Paid Amount	NO	Y	NO	NO
B6	COB Total Allowed Amount- Actual	Y	Y	NO	NO
C4	Payer Prior Payment Actual	NO	Y	NO	NO
C5	Payer Estimated Amount Due	NO	Y	NO	NO
D	COB Payer Amount Paid	Y	NO	Y	Y
D8	COB Discount Amount	Y	NO	NO	NO
DY	COB Per Day Limit	Y	NO	NO	NO
EAF	Remaining Patient Liability	NO	NO	Y	Y
F2	COB Patient Responsibility Actual	Y	NO	NO	NO
F3	Patient Estimated Amount Due	NO	Y	NO	Y
F4	Postage Claimed	Y	NO	Y	NO
F5	Patient Amount Paid	Y	Y	Y	NO
F5	COB Patient Amount Paid	Y	NO	NO	NO
GT	Goods and Services Tax	NO	Y	NO	Y
KF	Medicare Paid Amount - 100%	NO	Y	NO	NO
MA	Credit/Debit Card Maximum Amount	Y	Y	NO	NO
N1	COB Total Medicare Paid Amount	NO	Y	NO	NO
N8	Facility Tax Amount	NO	Y	NO	Y
NE	Purchased Services Amount	Y	NO	NO	NO
P6	Medicare paid Amount- 80%	NO	Y	NO	NO
T	Tax	Y	NO	Y	NO
T2	COB Total Claim Before Taxes	Y	NO	NO	NO
T3	COB Total Submitted Charges	NO	Y	Y	NO
YT	COB Total Denied Amount	NO	Y	NO	NO
ZZ	DRG Outlier Amount	NO	Y	NO	NO

QTY Segment ID's

QTY segments are for quantities. The first element tells what kind of Quantity. Professional claims use Qty only for Anesthesiology. Institutional only for Covered Days.

QTY01	DESCRIPTION	4010P	4010I	5010P	5010I
CA	Covered Days Actual	NO	Y	NO	NO
CD	Coinsurance Days-Actual	NO	Y	NO	NO
LA	Lifetime Reserve Days	NO	Y	NO	NO
NA	Non-Covered Days	NO	Y	NO	NO
PT	Ambulance Patient Count	NO	NO	Y	NO
FL	Obstetric Anesthesia Additional Units	NO	NO	Y	NO

Disclaimer: Use at your own risk. We think it's correct - but we could be wrong.

WHAT'S HIPA Aning!™

A
Quick Guide
to
837 Segments
Versions 4010 & 5010



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This guide is for Claim files in the HIPAA 837 format.
4010P indicates professional and 4010I indicates institutional.
The X12 format consists of many loops. The following is a list of the Start of the Major Loops:

Segment	Name	Loop
ISA	file header	
ST...	transaction set	
HL*n*n*20*...	provider	2000A
HL*n*n*22*...	subscriber	2000B
HL*n*n*23*...	patient	2000C
CLM*...	claim	2300
LX*n*...	n-th detail	2400

NM1 Segment ID's

NM1 segments are Names. The first element tells what name.

NM101	DESCRIPTION	4010P	4010I	5010P	5010I
40	Receiver	Y	Y	Y	Y
41	Submitter	Y	Y	Y	Y
45	Ambulance Drop Off Location	NO	NO	Y	NO
71	Attending Provider Name	NO	Y	NO	Y
72	Operating Physician	NO	Y	NO	Y
73	Other Physician	NO	Y	NO	NO
77	Service Facility Location	Y	NO	Y	Y
82	Rendering Provider	Y	NO	Y	Y
85	Billing Provider	Y	Y	Y	Y
87	Pay-To Provider/Address	Y	Y	Y	Y
AO	Credit/debit card Holder Name	Y	Y	NO	NO
DK	Ordering Physician	Y	NO	Y	NO
DN	Referring Provider	Y	Y	Y	Y
DQ	Supervising Physician	Y	NO	Y	NO
FA	Facility	Y	Y	NO	NO
IL	Insured or Subscriber	Y	Y	Y	Y
LI	Independent Lab	Y	NO	NO	NO
P3	Primary Care Provider	Y	Y	Y	NO
PE	Pay To Plan/Payee	NO	NO	Y	Y
PR	Payer	Y	Y	Y	Y
PW	Ambulance Pick Up Location	NO	NO	Y	NO
QB	Purchased Service Provider	Y	NO	Y	NO
QC	Patient	Y	Y	Y	Y
QD	Responsible Party Name	Y	Y	NO	NO
TL	Testing Laboratory	Y	NO	NO	NO
ZZ	Other Payer/Operating Provider	NO	NO	NO	Y

REF Segment ID's

REF segments are for Reference Identification.

The first element tells what kind.

REF01	DESCRIPTION	4010P	4010I	5010P	5010I
06	System Number	Y	Y	NO	NO
0B	State License Number	Y	Y	Y	Y
1A	Blue Cross Provider Number	Y	Y	NO	NO
1B	Blue Shield Provider Number	Y	Y	NO	NO
1C	Medicare Provider Number	Y	Y	NO	NO
1D	Medicaid Provider Number	Y	Y	NO	NO
1G	Provider UPIN Number	Y	Y	Y	Y

REF01	DESCRIPTION	4010P	4010I	5010P	5010I
1H	CHAMPUS Identification Number	Y	Y	NO	NO
1J	Facility ID Number	Y	Y	Y	NO
15	Ambulatory Patient Group (APG) Number	Y	NO	NO	NO
1W	Member Identification Number	Y	Y	NO	NO
23	Client Number	Y	Y	NO	NO
2U	Payer Identification Number	Y	Y	Y	Y
4N	Special Payment Reference Number	Y	Y	Y	Y
6R	Provider Control Number	Y	NO	Y	Y
87	Transmission Type Code	Y	Y	NO	NO
8U	Bank Assigned Security Identifier	Y	Y	NO	NO
9A	Repriced Claim Reference Number	Y	Y	Y	Y
9B	Repriced Line Item Reference Number	Y	NO	Y	Y
9C	Adjusted Repriced Claim Reference Number	Y	Y	Y	Y
9D	Adjusted Repriced Line Item Reference Number	Y	NO	Y	Y
9F	Referral Number	Y	Y	Y	Y
AB	Acceptable Source Purchaser ID	Y	Y	NO	NO
B3	Preferred Provider Organization Number	Y	Y	NO	NO
BB	Authorization Number	Y	Y	NO	NO
BQ	Health Maintenance Organization Code Number	Y	Y	NO	NO
BT	Batch Number	Y	NO	Y	NO
D9	Claim Number	Y	Y	Y	Y
DD	Document Identification Code	NO	Y	NO	NO
EA	Medical Record Number	Y	Y	Y	Y
EI	Employer's Identification Number	Y	Y	Y	Y
EM	Electronic Payment Reference Number	Y	Y	NO	NO
EW	Mammography Certification Number	Y	NO	Y	NO
F4	Facility Certification Number	Y	NO	Y	NO
F5	Medicare Version Code	Y	NO	Y	NO
F8	Original Reference Number	Y	Y	Y	Y
FH	Clinic Number	Y	Y	NO	NO
FY	Claim Office Number	Y	Y	Y	Y
G1	Prior Authorization Number	Y	Y	Y	Y
G2	Provider Commercial Number	Y	Y	Y	Y
G4	Peer Review Org. (PRO) approval number	NO	Y	NO	Y
G5	Provider Site Number	Y	Y	NO	NO
I6	Insurance Policy Number	Y	Y	NO	NO
IJ	Standard Industry Classification (SIC) Code	Y	Y	NO	NO
LU	Location Number	Y	Y	Y	Y
LX	Qualified Products List	Y	Y	Y	Y
N5	Provider Plan Network Identification Number	Y	Y	NO	NO
NF	NAIC Code	Y	Y	Y	Y
OZ	Product Number	Y	NO	NO	NO
P4	Project Code	Y	Y	Y	Y
RB	Rate Code Number	Y	Y	NO	NO
ST	Store Number	Y	Y	NO	NO
SY	Social Security Number	Y	Y	Y	Y
T4	Adjustment Indicator Signal Code	Y	NO	Y	Y
TJ	Federal Taxpayer's Identification Number	Y	Y	NO	NO
TP	Test Specification Number Oxygen Flow Rate	Y	NO	NO	NO
TT	Terminal Code	Y	Y	NO	NO
U3	Unique Supplier Identification Number (USIN)	Y	NO	NO	NO
VP	Vendor Product Number	Y	NO	NO	NO
VY	Link Sequence Number	NO	NO	Y	Y
X4	Clinical Lab Improvement Amendment Number	Y	NO	Y	NO
X5	State Industrial Accident Provider Number	Y	Y	NO	NO
XZ	Pharmacy Prescription Number	Y	Y	Y	Y
Y4	Agency Claim Number	Y	Y	Y	Y

How to find important data

Data in X12 format has a leading Segment Identifier, e.g., NM1. Fields are separated by "*" and subfields are separated by ":". Technically, they can be different, but these are the most common separators. In the following tables we give a reference to common items and the appropriate segment and either the ID (in bold) or position (3-2 means 3rd field 2nd subfield).

Professional	Segment	ID/POS
Principal Diagnosis Codes	HI	BK/ABK
Other Diagnosis Codes	HI	BF/ABF
Principal Procedure – Anesthesia Related	HI	BP
Other Procedure – Anesthesia Related	HI	BO
CPT/HCPCS Code	SV1	1-2
Modifier Code	SV1	1-3 to 1-6
POS	SV1	5
Charge Amount	SV1	2
Quantity	SV1	4
Diagnosis Reference	SV1	7-1 to 7-4
Date of Service	DTP	472
Date of Birth	DMG	2
Sex	DMG	3
Subscriber Name	NM1	IL
Patient Name	NM1	QC or IL
Payer	NM1	PR
Provider - Rendering	NM1	82
Provider-Referring	NM1	DN
Facility	NM1	FA
Service Location	NM1	77

Institutional Items	Segment	ID/POS
Principal Diagnosis Codes	HI	BK/ABK
Other Diagnosis Codes	HI	BF/ABF
Admitting Diagnosis	HI	BJ/ABJ
Ecode	HI	BN/ABN
DRG	HI	DRG
Rev Code	SV2	1
HCPCS Code	SV2	2-2
Charge Amount	SV2	3
Quantity	SV2	5
Non Covered Charges	SV2	7
Date of Service	DTP	472
Bill Type	CLM	5-1&5-3
Date of Birth	DMG	2
Sex	DMG	3
Subscriber Name	NM1	IL
Patient Name	NM1	QC or IL
Payer	NM1	PR
Provider-Attending	NM1	71
Provider-Referring	NM1	DN
Facility	NM1	FA
Principal Procedure & Dates (HCFA)	HI	BP
Other Procedures & Dates (HCFA)	HI	BO
Principal Procedure & Dates (ICD-9)	HI	BR/BBR
Other Procedures & Dates (ICD-9)	HI	BQ/BBQ
Condition Codes	HI	BG
Occurrence Codes	HI	BH
Span Codes & Dates	HI	BI
Value Codes & Amts	HI	BE
Statement From & To	DTP	434
Admission Date & Hour	DTP	435
Discharge Hour	DTP	096
Service Location	NM1	77

Another Hint

Claims may be for primary, secondary or tertiary payment. This is identified by looking at the SBR segment following HL*n*n*22. SBR*P*... is primary, SBR*S*... is secondary and SBR*T*... is tertiary. Information about other payment levels is included after the CLM segment in sections starting with segment SBR.