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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Table of Contents

Transaction Instruction (TI) 3

1. TI Introduction 3
1.1 Background 3
1.1.1 Overview of HIPAA Legislation 3
1.1.2 Compliance according to HIPAA 3
1.1.3 Compliance according to ASC X12 3
1.2 Intended Use 4

2. Included ASC X12 Implementation Guides 4

3. Instruction Tables 4
3.1 837 Health Care Claim: Professional – Encounters 4
3.2 837 Health Care Claim: Institutional - Encounters 6
3.3 837 Health Care Claim: Dental – Encounters 8

4. TI Additional Information 10
4.1 Business Scenarios 10
4.1.1 837 Professional Transaction Notes - Encounters 10
4.1.2 837 Institutional Transaction Notes - Encounters 11
4.1.3 837 Dental Transaction Notes - Encounters 12
4.2 Payer Specific Business Rules and Limitations 13
4.3 Frequently Asked Questions 13
4.4 Other Resources 13

5. TI Change Summary 14

DRAFT

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		

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

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

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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

DRAFT

5. TI Change Summary

#	Location & Section	Revision
0.1		• Original Draft Version

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