



# Encounter Data Minimum Data Elements

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**8/1/2014**

## Encounter Data Minimum Data Elements

The minimum data elements that are required in order to pass Encounter Data System (EDS) translator and Common Edits and Enhancements Module (CEM) level edits are provided below. MAOs and other entities must include at least these minimum data elements when submitting encounter data. MAOs and other entities may use this information for the accurate and complete submission of encounters, including paper claims, member reimbursement claims, etc.

The situational fields associated with these minimum data elements must also be submitted if the situation is present. Loops, segments, and data elements listed in the table below with an “\*” denote the situational fields specific to the minimum data elements that are commonly submitted to the EDS.

**Please note:** This document is not inclusive of all situational loops, segments, and data elements in the 837-I and 837-P Technical Report Type 3 (TR3) documents. MAOs and other entities must reference the 837-I and 837-P TR3 and the CEM edits spreadsheets to determine the correct usage of situational fields.

The 837-I and 837-P TR3 documents contain fields that are specific to the electronic submission of the file, which may not be available on a paper claim. If these data elements are not populated, they will not pass translator and CEM level edits.

**TABLE 1 - ISA INTERCHANGE CONTROL HEADER**

Reference	Name	Field Description	EDS Guidance
ISA01	Authorization Information Qualifier	00 = No authorization information present	0
		03 = Additional Data Identification	
ISA02	Authorization Information	If 03 was populated in ISA01, would contain the authorization information	Blank fill
ISA03	Security Information Qualifier	00 = No security information present	0
		01 = Password	
ISA04	Security Information	If 01 was populated in ISA03, would contain the security information	Blank fill
ISA05	Interchange ID Qualifier	01 = Duns 14 = Duns Plus Suffix 20 = HIN 27 = Carrier Identification Number as assigned by the HCFA 28 = Fiscal Intermediary ID Number as assigned by HCFA 29 = Medicare Provider and Supplier ID Number as assigned by HCFA 30 = Tax ID 33 = NAIC ZZ = Mutually Defined	ZZ

## Encounter Data Minimum Data Elements

Reference	Name	Field Description	EDS Guidance
ISA06	Interchange Sender ID	Identifies the Submitter sending the file	Submitter ID
ISA07	Interchange ID Qualifier	01 = Duns 14 = Duns Plus Suffix 20 = HIN 27 = Carrier Identification Number as assigned by the HCFA 28 = Fiscal Intermediary ID Number as assigned by HCFA 29 = Medicare Provider and Supplier ID Number as assigned by HCFA 30 = Tax ID 33 = NAIC ZZ = Mutually Defined	
ISA08	Interchange Receiver ID	Identifies the Receiving system (Institutional, Professional, or DMEPOS)	80881 = Institutional 80882 = Professional 80887 = DMEPOS
ISA09	Interchange Date	Date the file was sent by the Submitter	YYMMDD format
ISA10	Interchange Time	Time the file was sent by the Submitter	HHMM format
ISA11	Repetition Separator	Provides the delimiter used to separate repeated occurrences of simple and composite data elements.	^
ISA12	Interchange Control Version Number	Specifies the version number of the file	501
ISA13	Interchange Control Number	Identified by the Submitter – must match the value in IEA02 and be unique within a 12 month period	
ISA14	Acknowledgement Request	0 = No Interchange Acknowledgement Requested 1 = Interchange Acknowledgement Requested (TA1)	1
ISA15	Usage Indicator	Indicates whether the file is a test or production file T = Test P = Production	
ISA16	Component Element Separator	Delimiter to separate component data elements – must be different than ISA11	

## Encounter Data Minimum Data Elements

**TABLE 2 – GS FUNCTIONAL GROUP HEADER**

Reference	Name	Field Description	EDS Guidance
GS01	Functional Identifier Code	Two character code assigned to each transaction set by X12.	
GS02	Application Sender's Code	Identifies the Submitter sending the file	Submitter ID
GS03	Application Receiver's Code	Identifies the Receiving system (Institutional, Professional, or DMEPOS)	80881 = Institutional 80882 = Professional 80887 = DMEPOS
GS04	Group Creation Date	Identifies the date the functional group was created	CCYYMMDD format
GS05	Group Creation Time	Identifies the time the functional group was created	HHMM format
GS06	Group Control Number	Originated and maintained by the sender – must be unique within the file. Must match the value in GE02.	(Submitter generated)
GS07	Responsible Agency Code	Code identifying the issuer of the standard X = Accredited Standards Committee X12	X
GS08	Version/Release/Industry Identifier Code	Unique version/release/industry identifier code 0050101X222 (Professional and DME) 0050101X223 (Institutional)	

**TABLE 3 – ST TRANSACTION SET HEADER**

Reference	Name	Field Description	EDS Guidance
ST01	Transaction Set Identifier Code	Identifies the type of transaction 837 = Health Care Claim	837
ST02	Transaction Set Control Number	Originated and maintained by the sender – must be unique within the file. Must match the value in SE02	(Submitter generated)
ST03	Implementation Guide Version	Unique version/release/industry identifier code 0050101X222 (Professional and DME) 0050101X223 (Institutional)	

## Encounter Data Minimum Data Elements

**TABLE 4 – BHT BEGIN HIERARCHICAL TRANSACTION**

Reference	Name	Field Description	EDS Guidance
BHT01	Hierarchical Structure Code	0019 = Information Source, Subscriber, Dependent	(Only available value)
BHT02	Transaction Set Purpose Code	Code identifying the purpose of the transaction set 00 = Original (transmissions have never been sent before) 18 = Reissue (if a transmission was disrupted and Palmetto requests a retransmission)	
BHT03	Batch Control Number	Originated and maintained by the sender – must be unique across all files.	(Submitter generated)
BHT04	Transaction Set Creation Date	Identifies the date the transaction set was created	CCYYMMDD format
BHT05	Transaction Set Creation Time	Identifies the time the transaction set was created	HHMM format
BHT06	Transaction Set Type Code	Identifies the encounter 31 = Subrogation Demand CH = Chargeable RP = Reporting	CH

**TABLE 5 – 1000A SUBMITTER NAME**

Reference	Name	Field Description	EDS Guidance
NM101	Entity Identifier Code	Qualifier that identifies the information populated in NM103 pertains to the submitter 41 = Submitter	41 only available value
NM102	Entity Type Qualifier	Qualifier that identifies the type of submitter 1 = Person 2 = Non-person entity	2
NM103	Organization Name/Last Name	Identifies the Submitter's Name	
NM108	Identification Code Qualifier	Qualifier that identifies the information populated in NM109 pertains to the Submitter ID 46 = Electronic Transmitter Identifier Number	
NM109	Submitter ID	Identifies the Submitter sending the file	Submitter ID
PER01	Contact Function Code	Qualifier that identifies the information populated in PER02 pertains to the Submitter contact person IC = Information Contact	IC only available value

## Encounter Data Minimum Data Elements

Reference	Name	Field Description	EDS Guidance
PER02	Submitter Contact Name	Submitter's Contact Name	
PER03	Communication Qualifier	Qualifier that identifies the information populated in PER04 pertains to the communication type. EM = Electronic Mail FX = Fax TE = Telephone	TE It is recommended that MAOs and other entities populate the submitter's telephone number
PER04	Communication Number	Submitter's Contact Telephone Number, Fax Number, or email address	

**TABLE 6 – 1000B RECEIVER NAME**

Reference	Name	Field Description	EDS Guidance
NM101	Entity Identifier Code	Qualifier that identifies the information populated in NM103 pertains to the receiver (Palmetto/CMS) 40 = Receiver	40 only available value
NM102	Entity Type Qualifier	Qualifier that identifies the type of receiver 2 = Non-person entity	2 only available value
NM103	Organization Name	Identifies the Receiver's name	EDSCMS
NM108	Identification Code Qualifier	Qualifier that identifies the information populated in NM109 will provide the receiver's ID. 46 = Electronic Transmitter Identifier Number	46 only available value
NM109	Receiver Identifier	Provides the receiver's ID depending on the encounter type	80881 = Institutional 80882 = Professional 80887 = DMEPOS

## Encounter Data Minimum Data Elements

**TABLE 7 – 2000A BILLING PROVIDER HIERARCHICAL LEVEL**

Reference	Name	Field Description	EDS Guidance
HL01	Hierarchical ID Number	Unique number assigned by the submitter that identifies the hierarchical structure - must begin with '1' and increase incrementally	1, 2, 3, 4, etc.
HL03	Hierarchical Level Code	Identifies the characteristic of the hierarchical level 20 = Information Source (Billing Provider information is to follow)	20 only available value
HL04	Hierarchical Child Code	Identifies if there are other (subordinate) after the 1st hierarchical level 1 = Additional Subordinate HL Data Segment in this Hierarchical Structure	1 only available value

**TABLE 8 – 2010A BILLING PROVIDER NAME**

Reference	Name	Field Description	EDS Guidance
NM101	Entity Identifier Code	Qualifier that identifies the information populated in NM103 pertains to the Billing Provider 85 = Billing Provider	85 only available value
NM102	Entity Type Qualifier	Qualifier that identifies the type of Billing Provider 1 = Person 2 = Non-person entity	
NM103	Organization Name/Last Name	Identifies the Billing Provider's Last Name (if NM102 = 1) or Organization Name (if NM102 = 2)	
NM108	Identification Code Qualifier	Qualifier that identifies the information populated in NM109 (NPI) pertains to the Billing Provider XX = CMS NPI	XX only available value
NM109	National Provider Identifier (NPI)	Identifies the Billing Provider's NPI	
N301	Billing Provider Street	Identifies the Billing Provider's Street Name	
N401	Billing Provider City	Identifies the Billing Provider's City	
N402	Billing Provider State	Identifies the Billing Provider's State	

## Encounter Data Minimum Data Elements

Reference	Name	Field Description	EDS Guidance
N403	Billing Provider ZIP Code	Identifies the Billing Provider's ZIP Code	All nine (9) digits of ZIP Code required. If the last four (4) digits are not available, populate a default value of '9999'
REF01	Reference Identification Qualifier	Qualifier that identifies the information populated in REF02 pertains to the Billing Provider's Employer Identification Number EI = Employer's Identification Number SY = Social Security Number	EI
REF02	Billing Provider Tax Identification Number	Identifies the Billing Provider's EIN	

**TABLE 9 – 2000B SUBSCRIBER HIERARCHICAL LEVEL**

Reference	Name	Field Description	EDS Guidance
HL01	Hierarchical ID Number	Unique number assigned by the submitter that identifies the hierarchical structure - must begin with '1' and increase incrementally	
HL02	Hierarchical Parent ID Number	Identifies the ID number of the next higher hierarchical data segment that the subscriber information pertains to.	
HL03	Hierarchical Level Code	Identifies that the information that follows pertains to the Subscriber 22 = Subscriber	22 only available value
HL04	Hierarchical Child Code	Identifies if there are other (subordinate) after the current level 0 = No Subordinate HL Segment in this hierarchical structure (used when the patient is the subscriber and there are no dependent claims) 1 = Additional Subordinate HL segments in this hierarchical structure (used when the subscriber has dependents)	



## Encounter Data Minimum Data Elements

Reference	Name	Field Description	EDS Guidance
SBR01	Payer Responsibility Sequence Number	Qualifier that identifies the level of the payer (Primary, Secondary, Tertiary, etc.) A = Payer Responsibility Four B = Payer Responsibility Five C = Payer Responsibility Six D = Payer Responsibility Seven E = Payer Responsibility Eight F = Payer Responsibility Nine G = Payer Responsibility Ten H = Payer Responsibility Eleven P = Primary S = Secondary T = Tertiary	S EDSCMS is considered the destination (secondary) payer
SBR02	Individual Relationship Code	Specifies the relationship to the subscriber 18 = Self	18 only available value
SBR03*	Subscriber Group or Policy Number	<i>Situational</i> - Identifies the subscriber's group number	
SBR04*	Subscriber Group Name	<i>Situational</i> - Identifies the subscriber's group name	
SBR09*	Claim Filing Indicator Code	Identifies if the receiver is Institutional or Professional/DME MA = Medicare Part A MB = Medicare Part B	MA = Institutional MB = Professional/DME

**TABLE 10 – 2010B SUBSCRIBER NAME**

Reference	Name	Field Description	EDS Guidance
NM101	Entity Identifier Code	Qualifier that identifies the information in NM103 pertains to the Subscriber IL = Insured or Subscriber	IL only available value
NM102	Entity Type Qualifier	Qualifier that identifies the type of Subscriber 1 = Person 2 = Non-person entity	
NM103	Subscriber Last Name	Identifies the Subscriber's Last Name	
NM104	Subscriber First Name	Identifies the Subscriber's First Name	
NM105*	Subscriber Middle Name	<i>Situational</i> - Identifies the Subscriber's Middle Name	

## Encounter Data Minimum Data Elements

Reference	Name	Field Description	EDS Guidance
NM107*	Subscriber Name Suffix	<i>Situational</i> - Identifies the Subscriber's Suffix (Jr., Sr., etc.)	
NM108	Identification Code Qualifier	Qualifier that identifies the information in NM109 pertains to the Subscriber II = Standard Unique Identifier for each person in the US MI = Member Identification Number	MI
NM109	Subscriber HICN	Identifies the Subscriber's HICN	
N301	Subscriber Street	Identifies the Subscriber's Street Name	
N401	Subscriber City	Identifies the Subscriber's City	
N402	Subscriber State	Identifies the Subscriber's State	
N403	Subscriber ZIP Code	Identifies the Subscriber's ZIP Code	
DMG01	Date Format Qualifier	Qualifier that identifies the format of the information populated in DMG02 D8 = CCYYMMDD	D8 only available value
DMG02	Subscriber Date of Birth	Identifies the Subscriber's Date of Birth	
DMG03	Subscriber Gender	Identifies the Subscriber's Gender F = Female M = Male U = Unknown	

**TABLE 11 – 2010B PAYER NAME**

Reference	Name	Field Description	EDS Guidance
NM101	Entity Identifier Code	Qualifier that identifies the information populated in NM103 pertains to the Payer (CMS) PR = Payer	PR only available value
NM102	Entity Type Description	Qualifier that identifies the type of Payer 2 = Non-Person Entity	2 only available value
NM103	Name Last or Organization	Identifies the name of the Payer (CMS)	EDSCMS
NM108	Identification Code Qualifier		
NM109	Payer Identification (EDSCMS)	Provides the Payer ID depending on the encounter type	80881 = Institutional 80882 = Professional 80887 = DMEPOS
N301	Payer Street	Identifies CMS' Street Name and Address	7500 Security Blvd
N401	Payer City	Identifies CMS' City	Baltimore

## Encounter Data Minimum Data Elements

Reference	Name	Field Description	EDS Guidance
N402	Payer State	Identifies CMS' State	MD
N403	Payer ZIP Code	Identifies CMS' ZIP Code	212441850
REF01	Reference Identification Qualifier – Payer Identification Number	Qualifier that identifies the information populated in REF02 pertains to the Contract ID 2U = Payer Identification Number EI = Employer's Identification FY = Claim Office Number NF = NAIC Code	2U
REF02	Reference Identification – Payer Additional Identifier (Contract ID)	Identifies the Contract ID	

**TABLE 12 – 2300 CLAIM INFORMATION**

Reference	Name	Field Description	EDS Guidance
CLM01	Claim Submitter's Identifier (Patient Control Number)	Identifies the Patient's Control Number or the Claim ID (depending on the MAO's internal system)	
CLM02	Monetary Amount	Provides the total claim charge (billed) amount	
CLM05-1	Facility Type Code	Identifies the first two (2) digits of either the Place of Service (Professional) or Type of Bill (Institutional)	
CLM05-2	Facility Code Qualifier	Qualifier that identifies the information in CLM05-3 pertains either to the Place of Service or Type of Bill A = TOB B = POS	
CLM05-3	Claim Frequency Type Code	Identifies the frequency of the encounter submitted	1 = Original claim 2 = Interim – First Claim (Institutional) 3 = Interim – Continuing Claim (Institutional) 4 = Interim – Last Claim (Institutional) 7 = Correct/Replace 8 = Void/Delete 9 = Final Claim for HH PPS (Institutional)

## Encounter Data Minimum Data Elements

Reference	Name	Field Description	EDS Guidance
CLM06	Provider or Supplier Signature Indicator (Professional Only)	Identifies if the Provider's Signature is on File N = No Y = Yes	
CLM07	Assignment or Plan Participation Code	Identifies if the Provider accepted assignment A = Assigned B = Assignment accepted on clinical lab services only C = Not assigned (required when neither A nor B apply)	
CLM08	Benefits Assignment Certification Indicator	Identifies if the subscriber has authorized the MAO to remit payment to the provider N = No W = Not applicable (used when the patient refuses to assign benefits) Y = Yes	
CLM09	Release of Information Code	Identifies if the provider has a written statement on file authorizing the release of medical information I = Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes Y = Yes, Provider has signature on file	
CLM11-1*	Related Causes Code Indicator	<i>Situational</i> - Qualifier that identifies the information populated in CLM11-2 pertains to the type of accident AA = Auto Accident EM = Employment OA = Other Accident	
CLM11-2*	Related Causes Code	<i>Situational</i> -only populated when more than one type of accident applies	
DTP01*	Date Time Period Qualifier – Accident Date (Professional Only)	<i>Situational</i> - Qualifier that identifies the information populated in DTP03 pertains to the accident date 439 = Accident	439 only available value
DTP02*	Date Time Period Format Qualifier – Accident Date (Professional Only)	<i>Situational</i> - Qualifier that identifies the format of the accident date D8 = CCYYMMDD	
DTP03*	Accident Date (Professional Only)	<i>Situational</i> - Identifies the date of the accident	

## Encounter Data Minimum Data Elements

Reference	Name	Field Description	EDS Guidance
DTP01*	Date Time Qualifier – Discharge Hour (Institutional Only)	<i>Situational</i> - Qualifier that identifies the information populated in DTP03 pertains to the discharge hour 096 = Discharge	096 only available value
DTP02*	Date Time Period Format Qualifier – Discharge Hour (Institutional Only)	<i>Situational</i> - Qualifier that identifies the format of the discharge hour TM = HHMM	
DTP03*	Date Time Period – Discharge Hour (Institutional Only)	<i>Situational</i> - Identifies the discharge hour	
DTP01	Date Time Qualifier – Statement Date (Institutional Only)	Qualifier that identifies the information populated in DTP03 pertains to the statement date 434 = Statement Date	434 only available value
DTP02	Date Time Period Format Qualifier (Institutional Only)	Qualifier that identifies the format of the statement date RD8 = CCYMMDD - CCYMMDD	RD8 only available value
DTP03	Date Time Period (Institutional Only)	Identifies the statement date	
DTP01*	Date Time Period Qualifier – Admission (Institutional Only)	<i>Situational</i> - Qualifier that identifies the information populated in DTP03 pertains to the admission date 435 = Admission	435 only available value
DTP02*	Date Time Period Qualifier (Institutional Only)	<i>Situational</i> - Qualifier that identifies the format of the admission date D8 = CCYMMDD DT = CCYMMDDHHMM	Hours (HH) expressed as “00” for midnight, “01” for 1AM, etc. through “23” for 11PM. Minutes (MM) expressed as “00” through “59”. If actual minutes are not known, use default of “00”. This is only required for original or final bills
DTP03*	Date Time Period (Institutional Only)	<i>Situational</i> - Identifies the admission date	

## Encounter Data Minimum Data Elements

Reference	Name	Field Description	EDS Guidance
PWK01*	Report Type Code	<i>Situational</i> - Repurposed to identify special notifications	09 = Chart Review AM = Default ambulance pick-up or drop-off ZIP code (Billing or Rendering Provider's) OZ = Encounters generated as a result of paper claims PY = Encounters generated as a result of 4010 submission only
PWK02*	Attachment Transmission Code	<i>Situational</i> - Identifies where the supporting information is stored AA = Available on request BM = By Mail EL = Electronic Only EM = Email FT = File Transfer	AA
CL101*	Admission Type Code – Institutional Claim Code (Institutional Only)	<i>Situational</i> - Identifies the reason the patient was admitted 1 = Emergency Patient requires immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions. 2 = Urgent Patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally the patient is admitted to the first available/suitable accommodation. 3 = Elective Patient's condition permits adequate time to schedule the admission based on the availability of a suitable accommodation. 4 = Newborn Use of this code necessitates the use of special codes in the Source of Admission. 5 = Trauma Visit to a trauma center/hospital as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons and involving a trauma activation. 9 = Information not available Provider cannot classify the type of admission.	

## Encounter Data Minimum Data Elements

Reference	Name	Field Description	EDS Guidance
CL102*	Admission Source Code (Institutional Only)	<p><i>Situational</i> - Identifies the source of the admission</p> <p>1 = Non-Health Facility Point of Origin                      Inpatient: Patient was admitted to this facility upon an order of a physician.                      Outpatient: Patient presents to facility with an order from a physician for services or seeks scheduled services for which an order is not required (e.g. mammography). Includes non-emergent self-referrals.</p> <p>2 = Clinic                      Inpatient: Patient referred to facility as a transfer from a freestanding or non-freestanding clinic.                      Outpatient: Patient referred to facility for outpatient or referenced diagnostic services.</p> <p>3 = Reserved for assignment by the NUBC.</p> <p>4 = Transfer From a Hospital (Different Facility)                      Inpatient: Patient admitted to facility as a hospital transfer from an acute care facility where he or she was an inpatient or outpatient.                      Outpatient: Patient transferred to facility as an outpatient from an acute care facility.</p> <p>5 = Transfer From a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)                      Inpatient: Patient admitted to facility as a transfer from a SNF or ICF where he or she was a resident.                      Outpatient: Patient referred to facility for outpatient or referenced diagnostic services for a SNF or ICF where he or she was a resident. Note: NYS no longer uses ICF determination.</p> <p>6 = Transfer From Another Health Care Facility                      Inpatient: Patient admitted to facility as a transfer from another type of health care facility not defined elsewhere in this code list.                      Outpatient: Patient referred to facility for services by (a physician of) another health care facility not defined elsewhere in this code list where he or she was an inpatient or outpatient.</p> <p>7 = Emergency Room                      Inpatient: Patient admitted to facility after receiving services in this facility's emergency department.</p>	

## Encounter Data Minimum Data Elements

		<p>Outpatient: Patient received unscheduled services in facility's emergency department and discharged without an inpatient admission. Includes self-referrals in emergency situations that require immediate medical attention.</p> <p>Excludes: Patients who came to the emergency room from another health care facility.</p> <p>8 = Court/Law Enforcement</p> <p>Inpatient: Patient admitted to facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.</p> <p>Outpatient: Patient referred to facility upon the direction of a court of law, or upon the request of a law enforcement agency representative for outpatient or referenced diagnostic services.</p> <p>9 = Information Not Available</p> <p>The means by which the patient was admitted to this hospital was not known.</p> <p>Patient admitted to facility as a transfer from a Rural Primary Care Hospital (RPCH) where he or she was an inpatient.</p> <p>D = Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</p> <p>Inpatient: Patient admitted to facility as a transfer from hospital inpatient within this facility resulting in a separate claim to the payer.</p> <p>Outpatient: Patient received outpatient services in this facility as a transfer from within this hospital resulting in a separate claim to the payer.</p> <p>E = Transfer from Ambulatory Surgery Center (Effective 10/1/2007) Inpatient: Patient admitted to facility as a transfer from an ambulatory surgery center.</p> <p>Outpatient: Patient referred to facility for outpatient or referenced diagnostic services from an ambulatory surgery center.</p> <p>F = Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program (Effective 10/1/2007) Inpatient: Patient admitted to facility as a transfer from a hospice.</p> <p>Outpatient: Patient referred to facility for outpatient or referenced diagnostic services from a hospice.</p>	
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## Encounter Data Minimum Data Elements

Reference	Name	Field Description	EDS Guidance
CL103	Patient Status Code (Institutional Only)	<i>Situational</i> - Identifies the status of the patient	
REF01*	Original Reference Number	<i>Situational</i> - Qualifier that identifies the information in REF02 pertains to the ICN of the previously accepted and stored encounter F8 = Original Reference Number	F8 only available value
REF02*	Payer Claim Control Number	<i>Situational</i> - Identifies the ICN of the previously accepted and stored encounter	
HI01-1	Diagnosis Type Code Qualifier – Principal Diagnosis (Institutional Only)	Qualifier that identifies the information populated in HI01-2 pertains to the principal diagnosis code BK = Principal Diagnosis Code	BK only available value
HI01-2	Diagnosis Code – Principal Diagnosis (Institutional Only)	Identifies the principal diagnosis code (ICD-9)	
HI01-1	Diagnosis Type Code Qualifier – Health Care Diagnosis Code (Professional Only)	Qualifier that identifies the information populated in HI01-1 pertains to the first diagnosis code BK = Diagnosis Code	BK only available value
HI01-2	Diagnosis Code (Professional Only)	Identifies the first diagnosis code (ICD-9)	
HI01-1*	Code List Qualifier Code – Occurrence Span Code	<i>Situational</i> - Qualifier that identifies the information populated in HI01-2 pertains to the occurrence span code BI = Occurrence Span Code	BI only available value
HI01-2*	Industry Code – Occurrence Span Code	<i>Situational</i> - Identifies the occurrence span code	
HI01-3*	Date Time Period Format Qualifier	<i>Situational</i> - Qualifier that identifies the format of the occurrence span code date RD8 = CCYYMMDD - CCYYMMDD	RD8 only available value
HI01-4*	Date Time Period – Occurrence Span Code Date	<i>Situational</i> - Identifies the occurrence span code date	
HI01-1*	Code List Qualifier Code – Occurrence Code	<i>Situational</i> - Qualifier that identifies the information populated in HI01-2 pertains to the occurrence code BH = Occurrence Code	BH only available value
HI01-2*	Industry Code – Occurrence Code	<i>Situational</i> - Identifies the occurrence code	

## Encounter Data Minimum Data Elements

Reference	Name	Field Description	EDS Guidance
HI01-1*	Code List Qualifier Code- Value Code	<i>Situational</i> - Qualifier that identifies the information populated in HI01-2 pertains to the Value Code BE = Value Code	BE only available value
HI01-2*	Industry Code – Value Code	<i>Situational</i> - Identifies the value code	
HI01-1*	Code List Qualifier Code – Condition Code	<i>Situational</i> - Qualifier that identifies the information populated in HI01-2 pertains to the condition code BG = Condition Code	BG only available value
HI01-2*	Industry Code – Condition Code	<i>Situational</i> - Identifies the condition code	

**TABLE 13 – 2310E AMBULANCE PICK-UP LOCATION**

Reference	Name	Field Description	EDS Guidance
NM101*	Identity Identifier Code – Ambulance Pick-Up Location	<i>Situational</i> -Qualifier that identifies the information populated in NM301, NM401, NM402, and NM403 pertains to the ambulance pick-up location PW = Pickup Address	PW only available value
NM102*	Entity Type Qualifier – Non-Person Entity	<i>Situational</i> - Qualifier that identifies the information populated in NM301, NM401, NM402, and NM403 pertain to the ambulance pick-up location 2 = Non-Person Entity	2 only available value
N301*	Ambulance Pick-Up Address Line	<i>Situational</i> - Identifies the ambulance pick-up location address	
N401*	Ambulance Pick-Up City	<i>Situational</i> - Identifies the ambulance pick-up location city	
N402*	Ambulance Pick-Up State or Province	<i>Situational</i> - Identifies the ambulance pick-up location state	
N403*	Ambulance Pick-Up ZIP Code	<i>Situational</i> - Identifies the ambulance pick-up location ZIP Code	Provide the ZIP code for the Rendering Provider if the true ambulance pick-up ZIP code is not available Provide the ZIP code for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance pick-up ZIP code is not unavailable

## Encounter Data Minimum Data Elements

**TABLE 14 – 2310F AMBULANCE DROP-OFF LOCATION**

Reference	Name	Field Description	EDS Guidance
NM101*	Identity Identifier Code – Ambulance Drop-Off Location	<i>Situational</i> -Qualifier that identifies the information populated in NM301, NM401, NM402, and NM403 pertains to the ambulance drop-off location 45 = Drop-off Address	45 only available value
NM102*	Entity Type Qualifier – Non-Person Entity	<i>Situational</i> - Qualifier that identifies the information populated in NM301, NM401, NM402, and NM403 pertains to the ambulance drop-off location 2 = Non-Person Entity	2 only available value
N301*	Ambulance Drop-Off Address Line	<i>Situational</i> - Identifies the ambulance drop-off location address	
N401*	Ambulance Drop-Off City	<i>Situational</i> - Identifies the ambulance drop-off location city	
N402*	Ambulance Drop-Off State or Province	<i>Situational</i> - Identifies the ambulance drop-off location state	
N403	Ambulance Drop-Off ZIP Code	<i>Situational</i> - Identifies the ambulance drop-off location ZIP Code	Provide the ZIP code for the Rendering Provider if the true ambulance drop ZIP code is not available Provide the ZIP code for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance drop-off ZIP code is not unavailable

## Encounter Data Minimum Data Elements

**TABLE 15 – 2320 OTHER SUBSCRIBER INFORMATION**

Reference	Name	Field Description	EDS Guidance
SBR01	Payer Responsibility Sequence Number	Qualifier that identifies the level of the payer (Primary, Secondary, Tertiary, etc.) A = Payer Responsibility Four B = Payer Responsibility Five C = Payer Responsibility Six D = Payer Responsibility Seven E = Payer Responsibility Eight F = Payer Responsibility Nine G = Payer Responsibility Ten H = Payer Responsibility Eleven P = Primary S = Secondary T = Tertiary	P=Primary (when MAOs or other entities populate the payer paid amount) T=Tertiary (when MAOs or other entities populate a true COB)
SBR02	Individual Relationship Code	Specifies the relationship to the subscriber 01 = Spouse 18 = Self 19 = Child 20 = Employee 21 = Unknown 39 = Organ Donor 40 = Cadaver Donor 53 = Life Partner G8 = Other Relationship	18
SBR09	Claim Filing Indicator Code	Identifies the claim receiver	16 Health Maintenance Organization (HMO) Medicare Risk
CAS01*	Claim Adjustment Group Code	<i>Situational</i> - Qualifier that identifies the information populated in CAS02 pertains to the reason why the adjustment occurred CO = Contractual Obligations CR = Corrections/Reversals OA = Other Adjustments PI = Payer Initiated Reductions PR = Patient Responsibility	
CAS02*	Claim Adjustment Reason Code	<i>Situational</i> -Identifies the reason for the adjustment/denial (external code set that can be found at <a href="http://www.wpc-edi.com">www.wpc-edi.com</a> )	If a claim is denied in the MAO or other entities' adjudication system, the denial reason must be populated

## Encounter Data Minimum Data Elements

Reference	Name	Field Description	EDS Guidance
CAS03*	Monetary Amount	<i>Situational</i> -Identifies the monetary amount of the adjustment	
AMT01	Amount Qualifier Code	Qualifier that identifies the information populated in AMT02 pertains to the MAO or other entity paid amount D = Payer Amount Paid	D only available value
AMT02	Payer Paid Amount	Identifies the amount the MAO or other paid for the claim	
OI03	Benefits Assignment Certification Indicator	Identifies the benefits assignment certification indicator N = No W = Not Applicable Y = Yes	Same value as CLM08
OI06	Release of Information Code	Identifies if the provider has a written statement on file authorizing the release of medical information I = Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes Y = Yes, Provider has signature on file	Same value as CLM09

**TABLE 16 – 2330A OTHER SUBSCRIBER NAME**

Reference	Name	Field Description	EDS Guidance
NM101	Entity Identifier Code	Qualifier that identifies the information in NM103 pertains to the Subscriber IL = Insured or Subscriber	IL only available value
NM102	Entity Type Qualifier	Qualifier that identifies the type of Subscriber 1 = Person 2 = Non-person entity	
NM103	Subscriber Last Name	Identifies the Subscriber's Last Name	
NM108	Identification Code Qualifier	Qualifier that identifies the information in NM109 pertains to the Subscriber II = Standard Unique Identifier for each person in the US MI = Member Identification Number	MI
NM109	Subscriber HICN	Identifies the Subscriber's HICN	
N301	Subscriber Street	Identifies the Subscriber's Street Name	
N401	Subscriber City	Identifies the Subscriber's City	
N402	Subscriber State	Identifies the Subscriber's State	
N403	Subscriber ZIP Code	Identifies the Subscriber's ZIP Code	

## Encounter Data Minimum Data Elements

**TABLE 17 – 2330B OTHER PAYER NAME**

Reference	Name	Field Description	EDS Guidance
NM101	Entity Identifier Code	Qualifier that identifies the information populated in NM103 pertains to the Contract PR = Payer	PR only available value
NM102	Entity Type Description	Qualifier that identifies the type of Contract 2 = Non-person entity	2 only available value
NM103	Name Last or Organization	Identifies the name of the Contract	
NM108	Identification Code Qualifier	Qualifier that identifies information populated in NM109 pertains to the Contract ID	XV
NM109	Payer Identification	Identifies the Contract ID	MAO or other entity's Contract ID Number  Payer01 = Only populated if there is no Contract ID Number available for a true other payer
N301	Payer Street	Identifies the Contract's Payer Street	
N401	Payer City	Identifies the Contract's City	
N402	Payer State	Identifies the Contract's State	
N403	Payer ZIP Code	Identifies the Contract's ZIP Code	

**TABLE 18 – 2400 SERVICE LINE**

Reference	Name	Field Description	EDS Guidance
LX01	Assigned Number	Identifies the service line number - incremental (1 for 1st service line, 2 for second, etc.)	
SV201	Service Line Revenue Code	Identifies the revenue code that applies to the service	
SV202-1*	Product or Service ID Qualifier - Procedure Code (Institutional Only)	<i>Situational</i> -Qualifier that identifies the informational populated in SV202-2 pertains to the procedure code ER = Jurisdiction Specific Procedure and Supply Code HC = HCPCS Code HP = HIPPS Code	HC or HP
SV202-2*	Procedure Code (Institutional Only)	<i>Situational</i> -Identifies the procedure code that applies to the service	

## Encounter Data Minimum Data Elements

Reference	Name	Field Description	EDS Guidance
SV202-3*	Procedure Modifier (Institutional Only)	<i>Situational</i> -Identifies the modifier code that applies to the service	
SV203	Monetary Amount (Institutional Only)	Identifies the charge (billed) amount for the service line	
SV204	Unit or Basis for Measurement Code (Institutional Only)	Qualifier that identifies the quantity measurement UN = Units DA = Days	
SV205	Quantity (Institutional Only)	Identifies the count of either the unit or day	
SV207*	Non-Covered Charge Amount (Institutional only)	<i>Situational</i> - Identifies the line item denied charge or non-covered charge amount	
SV101-1	Product/Service ID Qualifier (Professional Only)	Qualifier that identifies the informational populated in SV102-2 pertains to the procedure code ER = Jurisdiction Specific Procedure and Supply Code HC = HCPCS Code IV = Home Infusion EDI Coalition Code WK = ABC Codes	HC
SV101-2	Procedure Code (Professional Only)	Identifies the procedure code that applies to the service	
SV101-3*	Procedure Modifier (Professional Only)	<i>Situational</i> -Identifies the modifier code that applies to the service	
SV102	Monetary Amount (Professional Only)	Identifies the charge (billed) amount for the service line	
SV103	Unit or Basis for Measurement Code (Professional Only)	Qualifier that identifies the quantity measurement UN = Units MJ = Minutes	
SV104	Quantity (Professional Only)	Identifies the count of either the unit or minutes	
SV107-1	Diagnosis Code Pointer (Professional Only)	Identifies the diagnosis code pointer	
DTP01	Date Time Qualifier - Service	Qualifier that identifies the information populated in DTP03 pertains to the date of service 472 = Date of Service	472 only available value
DTP02	Date Time Period Format Qualifier	Qualifier that identifies the format of DTP03 D8 = CCYYMMDD	D8 only available value
DTP03	Service Date	Identifies the date of service	

## Encounter Data Minimum Data Elements

**TABLE 19 – 2430 LINE ADJUDICATION INFORMATION**

Reference	Name	Field Description	EDS Guidance
SVD01*	Identification Code – Other Payer Primary Identifier	<i>Situational</i> - Identifies the Contract ID of the Payer (MAO or other entity or True COB)	Must match the value in Loop 2330B, NM109
SVD02*	Monetary Amount – Service Line Paid Amount	<i>Situational</i> - Identifies the service line amount paid by the MAO or other entity or True COB	
SVD03-1*	Product/Service ID Qualifier	<i>Situational</i> - Qualifier that identifies the information populated in SVD03-2 pertains to the procedure code ER = Jurisdiction Specific Procedure and Supply Code HC = HCPCS Code HP = HIPPS Code IV = Home Infusion EDI Coalition Code WK = ABC Codes	HC
SVD03-2*	Procedure Code	<i>Situational</i> - Identifies the procedure code paid for by the MAO or other entity or True COB	
SVD03-3*	Procedure Modifiers	<i>Situational</i> - Identifies the procedure code modifier that applies to the procedure code the MAO or other entity or True COB covered	
SVD05*	Quantity	<i>Situational</i> - Identifies the paid service unit count	
DTP01*	Date Time Qualifier – Adjudication or Payment Date	<i>Situational</i> - Qualifier that identifies the information populated in DTP03 pertains to the date the MAO or other entity or True COB adjudicated the claim 573 = Date Claim Paid	573 only available value
DTP02*	Date Time Period Format Qualifier	<i>Situational</i> - Identifies the format for the date populated in DTP03 D8 = CCYYMMDD	D8 only available value
DTP03*	Adjudication or Payment Date	<i>Situational</i> - Identifies the date the MAO or other entity or True COB adjudicated the claim	When the primary payer's (True COB) adjudication date is unknown, MAOs and other entities may populate the date they received the claim minus one (1) day as the default



## Encounter Data Minimum Data Elements

**TABLE 20 – SE TRANSACTION TRAILER**

Reference	Name	Field Description	EDS Guidance
SE01	Transaction Segment Count	Identifies a count of the number of segments within the transaction	Must contain the actual number of segments within the ST/SE
SE02	Transaction Set Control Number	Originated and maintained by the sender – must be unique within the file. Must match the value in ST02	Submitter generated - this value must be match the value in ST02

**TABLE 21 – GE FUNCTIONAL GROUP TRAILER**

Reference	Name	Field Description	EDS Guidance
GE01	Number of Transaction Sets Included	Identifies a count of the number of transaction sets within the functional group	Must contain the actual number of transactions (ST/SE) within functional group
GE02	Group Control Number	Originated and maintained by the sender – must be unique within the file. Must match the value in GS06.	This value must match the value in GS06

**TABLE 22 – IEA INTERCHANGE CONTROL TRAILER**

Reference	Name	Field Description	EDS Guidance
IEA01	Number of Included Functional Groups	Identifies a count of the number of functional groups within the interchange (file)	Must contain the actual number of GS/GE within the ISA/IEA
IEA02	Interchange Control Number	Identified by the Submitter – must match the value in ISA13 and be unique within a 12 month period	Must match the value in ISA13