## Northeastern Regional HIPAA Translator

# RHODE ISLAND Medicaid HIPAA COMPANION GUIDE

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# 1. Introduction

This guide is provided to assist Rhode Island Medicaid Providers and their Agents in the process of registering to exchange Electronic Data Interchange (EDI) transactions with Rhode Island Medicaid, to prepare for Level 6 (Specialty Line of Business) testing with RI Medicaid, and to utilize the RI Medicaid Portal, a Web enabled interface, to send and receive X12N transactions for the purpose of submitting claims for RI Title XIX Services .

## 1.1. Purpose

These specifications are to be used in conjunction with the National Electronic Data Interchange Transaction Set Implementation Guides, which can be obtained from the Washington Publishing Company at X12N Implementation Guides - HIPAA. The Rhode Island Medicaid Companion Guide provides supplemental information specific to RI Medicaid as permitted within the structures of the HIPAA transaction sets. This version of the specifications includes the Addenda released in October 2002. Specifications may be updated as necessary to reflect changes in the HIPAA standard, or changes in RI Medicaid billing requirements.

Detailed information on Program Rules, Covered Services and Billing Guidelines are part of the Title XIX Provider Manuals and Provider Updates that are available from the Provider Relations Department .

HIPAA does not mandate that only X12N transactions can be used to exchange healthcare data. Any Provider may continue to submit paper claims and receive a paper remittance advice. However, any Provider who wishes to submit claims electronically or receive an electronic remittance advice will be required to adhere to the HIPAA transaction and code set standards. The implementation of X12N will begin in September of 2003, with selected groups of Providers. After October 16 and the completion of implementation, all electronic claims received are required to be in X12N format, regardless of the date of services on the claim.

## 1.2. HIPAA Resources

The Health Insurance Portability and Accountability Act (HIPAA) was enacted on August 21, 1996. It required several provisions, one of which is “Administrative Simplification”, dealing with Health Care standards, including the Transactions and Code Sets that are the focus of this Companion Guide. Other requirements of the Administrative Simplification provision are for Privacy, Security, National Identifier Codes, and Enforcement. Some of these Requirements are already in force, and others such as National Identifier Codes, are in the development process.

All covered entities (health plans, clearinghouses and providers) are required to adhere to all aspects of the provision.

Appendix E. contains a listing of Internet Links that will provide detailed information on HIPAA.


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# 2. Registration and Testing

## 2.1. Registration for Electronic Claims Submission

Any business entity who will utilize the RI Medicaid Web Portal, Interactive Eligibility Services, or alternative electronic media, to exchange data with the RI Title XIX Medicaid Claims Adjudication System, will be required to complete a Trading Partner Agreement (TPA) with Rhode Island Department of Human Services (DHS) and its fiscal agent, Electronic Data Systems.

Trading Partners will have to supply RI Title XIX Provider numbers, Provider Names and Provider Authorizations to submit and receive specific transactions on their behalf.

The Trading Partner Agreement may be found in Appendic A. Original signed documents must be mailed to **EDS, Attn: EDI Coordinator, PO Box 2010, Warwick, RI 02887-2010.**

Assignment of the Trading Partner ID and scheduling for testing will follow the completion of the TPA. It is the responsibility of the Submitter to update their TPA's as needed to notify EDS when the list of associated RI Medicaid Providers is changed.

## 2.2. Certification and Testing

Trading Partners will be required to supply documentation that their transactions are pre- certified to meet the X12N standard.

Avenues for Submitters to obtain Pre-certification:

| | | |
|---|---|---|
| AppLabs Technologies | http://www.applabs.com/ | mailto:info@applabs.net |
| Claredi | http://www.claredi.com/ | mailto:info@claredi.com |
| Edifecs | http://www.hipaadesk.com/ | mailto:sales@edifecs.com |
| Foresight | http://www.foresightcorp.com/ | |
| HIPAA testing | http://www.hipaatesting.com/ | mailto:info@hipaatesting.com |
| Other certification services | | |
| Internal certification process completed by the vendor themselves | | |
| Use of a certified product or vendor. | | |

These companies are listed for example and information only. Their appearance here does not imply any recommendation, endorsement or affiliation with either RI Medicaid or EDS. Either external or self-certification is acceptable, documentation of either process is required.


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Rhode Island Medicaid will have two levels of testing for new submitters.

1) **Communications Protocol and Transaction Syntax Testing** - All providers will have their Communications Protocol and Transaction Syntax tested during the process of re-certification and authorization to submit transactions through the RI Medicaid Portal. The RI Department of Human Services Web Site is the access point for Providers to send transactions and receive claim status reports, remittances and eligibility. The re-certification process is scheduled to begin BEFORE the MMIS production environment will be prepared to accept HIPAA claims and there may be a gap between the time when an authorization is given and when the transaction could be submitted to production. Completion of this process will result in assignment of the security authorization required to submit transactions.

2) **End to End or UAT Testing** - EDS and the DHS will select a group of providers, vendors and submitters who will participate in end to end user testing; (User Acceptance Testing or UAT). This is complete testing including accessing the RI Medicaid Web Portal, translator processing, claim submission and the return of processing results through the translator and back to the RI Medicaid Web Portal. Our Testing Partners will have the advantage of having their formats thoroughly tested, and this will be especially valuable to larger submitters and software vendors. Please send contact information of interested participants to the RI EDI Coordinator.

Providers can save time in the authorization process by using products or services that have already been successfully tested with RI Medicaid. Contact the EDI Coordinator for RI Medicaid Trading Partner status (see Appendix D).

RI Medicaid will make available a new version of Provider Electronic Solutions billing software available to participating providers. This product has been developed by EDS for RI Medicaid. Providers utilizing the new version of Provider Electronic Solutions will only have to complete the Trading Partner Agreement, Communications Protocol Testing, and are expected to utilize training and support offered by Provider Services in conjunction with the Provider Electronic Solutions software manual to produce valid claim transactions.


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# 2.3. Translator and Data Validation Processes

All EDI files uploaded to the Sybase Translator will be subjected to two levels of edits; an initial edit process to ensure compliance with the X12N format rules, and a subsequent data validation process for RI Medicaid billing. The compliance check will include the Addenda release of October 2002.

## 2.3.1. Sybase HIPAA Compliance Check

Integrity Testing – This level of processing performed by the Sybase HIPAA Compliance map will verify the transaction (ST to SE segments) conforms to specific segment configuration in accordance with the HIPAA Implementation Guide for the type of transaction. Verification of the content related to numeric data elements, and valid date field values.

Requirement Testing - This level of processing involves the comparison of the data being validated against configurations of HIPAA implementation guides related to X12N defined standard code values along with absence or presence of segments related to the data element causing the relationship validation.

Balance Testing - If required by a particular transaction, this level of processing will determine that requirements for the balancing of claim detail amounts and quantities, with total claim amounts and quantities, are appropriately met by the data.

Situational Testing - This level of processing occurs when the instruction(s) in the HIPAA implementation guide require the presence of either a specific loop, segment, data element, or a composite data element to be present as a result of the relationship. Conversely the requirement may impose the situation for the absence of certain loops, segments, data elements, or composite data elements.

External Code Set Testing - Validation of External Code Sets will not be performed within the Sybase Compliance Checking facility as this causes duplicate maintenance efforts with the checks currently being performed with the RI Medicaid Core Adjudication platform.

The 997 Functional Acknowledgement for inbound EDI transaction sets will be returned to the Submitter after this initial edit, and will report detected errors or positively acknowledge an “accepted” transaction. The X12N Compliance check will audit the entire transaction, including data which may not be used in claims adjudication and reporting. Transactions which fail the Sybase HIPAA Compliance Check will not be processed.

## 2.3.2. Rhode Island Medicaid Data Validation Process

Data required by the RI Medicaid Management Information System (MMIS) for claim adjudication, will have format requirements. These requirements are listed in the Technical Specifications within this document. If the submitted data does not meet requirements, it may cause the claim to fail. A “Claim Accept/Reject Report” in ASCII format will report these errors and will be available for the Submitter to download. The location of invalid data in the submission will determine the impact of the rejection. An error in the Billing Provider loop is going to cause all the claims for that Provider to be rejected, while an error in the Service loop will impact only the claim which it contains.


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## 2.4. Rhode Island Medicaid Claims Adjudication

In order to receive reimbursement for services from RI Medicaid, service providers must be enrolled RI Medicaid providers, and the Recipient receiving services must be enrolled in RI Medicaid and eligible for benefits at the time of service.

Medicaid Program rules are not changed by the implementation of HIPAA transaction standards. Claims data which has passed X12N edits and Data Validation edits may still be denied if the services are non-covered or there are billing errors. Paid and denied claims results may be downloaded at the RI Web Portal by Authorized Trading Partners, as an 835 transaction. Pended claims will be identified in the 277 Unsolicited Claims Status. Submitters are encouraged to compare their submission file with the data returned on the 997, Submission Accept/Reject Report, 277 and 835 to ensure that they have accounted for all of their claims.


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# 3. 837 Institutional Technical Specifications

## 3.1. 837I – Institutional, Inpatient claims

The Institutional Inpatient Technical Specification is to be used by General Hospitals, Mental Health Institutions, and Nursing Homes to bill for Inpatient Hospital services; where RI Medicaid may be the primary, secondary or tertiary Payer.

### Instructions/General Information:

The Technical Specification document lists the data elements of the X12N 837 transaction, and provides information specific to Rhode Island Medicaid edits and requirements. The column headings for all 837 Technical Specifications are listed below, with a brief description. The page numbers given refer to the Washington Publishing Implementation Guides published in 2000.

- Segment ID: 837 Implementation Guide Segment ID
- Data Element: 837 Implementation Guide Composite Sequence ID/Data Element (not present with every segment)
- HIPAA Guide Name: Brief description of Segment ID
- Page #: 837 Implementation Guide Page Number
- HIPAA Usage: 837 Implementation Guide indicators “R” for Required if the Segment is used; “S” for Situational.
- Medicaid Note: The listed values are used to notify the provider when Rhode Island Medicaid has specific requirements for segment use or data format.
    - “Y” indicates that there is a specific instruction or limited values for RI Medicaid claims.
    - “N” indicates that there are no RI specific instructions and the Submitter must provide the data as indicated in the HIPAA Implementation Guide.
    - “X” indicates that RI Medicaid does not expect to receive the Loop/Segment in the claim file. If it is received, it will be ignored as long as its formatting passes the X12N edit.
- MMIS Instruction: Rules and information for RI Medicaid data verification.


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ################################################################################################################################################################################################ | | | | | | |
| ***** LOOP ***** | | | | | | |
| NA (Interchange Control Header) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| ***** SEGMENT ***** | | | | | | |
| ISA (Interchange Control Header) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| ISA01 | | Authorization Information Qualifier | B.3 | R | N | |
| ISA02 | | Authorization Information | B.3 | R | N | |
| ISA03 | | Security Information Qualifier | B.4 | R | N | |
| ISA04 | | Security Information | B.4 | R | N | |
| ISA05 | | Interchange Sender ID Qualifier | B.4 | R | Y | Use qualifier ZZ |
| ISA06 | | Interchange Sender ID | B.4 | R | Y | Use RI Medicaid assigned Trading Partner ID. |
| ISA07 | | Interchange Receiver ID Qualifier | B.4 | R | Y | Use qualifier ZZ |
| ISA08 | | Interchange Receiver ID | B.5 | R | Y | Use RI Medicaid EIN "056000522' |
| ISA09 | | Interchange Date | B.5 | R | N | |
| ISA10 | | Interchange Time | B.5 | R | N | |
| ISA11 | | Interchange Control Standards Indentifier | B.5 | R | N | |
| ISA12 | | Interchange Control Version Number | B.5 | R | N | |
| ISA13 | | Interchange Control Number | B.5 | R | N | |
| ISA14 | | Acknowledgment Requested | B.6 | R | N | |
| ISA15 | | Usage Indicator | B.6 | R | N | |
| ISA16 | | Component Element Separator | B.6 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

*****LOOP*****
NA (Functional Group Header)

*****SEGMENT*****
GS (Functional Group Header)

| | | | | | |
|---|---|---|---|---|---|
| GS01 | Functional ID Code | B.8 | R | N | |
| GS02 | Application Sender's Code | B.8 | R | Y | Use RI Medicaid assigned Trading Partner ID |
| GS03 | Application Receiver's Code | B.8 | R | Y | Use RI Medicaid EIN "056000522" |
| GS04 | Date | B.8 | R | N | |
| GS05 | Time | B.8 | R | N | |
| GS06 | Group Control Number | B.9 | R | N | |
| GS07 | Responsible Agency Code | B.9 | R | N | |
| GS08 | Version/Release ID Code | B.9 | R | Y | Use 004010X096A1 |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** NA (NoLoopName) | | | | | | |
| ***** SEGMENT ***** ST (Transaction Set Header) | | | | | | |
| ST01 | | Transaction Set Identifier Code | 56 | R | N | |
| ST02 | | Transaction Set Control Number | 56 | R | Y | Recommend start at 000000001 and increment per submission |
| ***** SEGMENT ***** BHT (Beginning of Hierarchical Transaction) | | | | | | |
| BHT01 | | Hierarchical Structure Code | 57 | R | N | |
| BHT02 | | Transaction Set Purpose Code | 58 | R | N | |
| BHT03 | | Reference Identification | 58 | R | N | |
| BHT04 | | Date | 58 | R | N | |
| BHT05 | | Transaction Set Creation Time | 58 | R | N | |
| BHT06 | | Transaction Type Code | 59 | R | Y | RI Medicaid will only process charge transactions (CH). Values other than CH will cause rejection of the entire transaction. |
| ***** SEGMENT ***** REF (Transmission Type Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 60 | R | N | |
| REF02 | | Reference Identification | 60 | R | Y | For pilot and submitter certification, use 004010X096DA1. Once certified, use 004010X096A1. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 1000A (Submitter Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Submitter Name) | | | | | | |
| NM101 | | Entity Identifier Code | 62 | R | N | |
| NM102 | | Entity Type Qualifier | 62 | R | N | |
| NM103 | | Name Last or Organization Name | 62 | R | N | |
| NM104 | | Name First | 62 | S | N | |
| NM105 | | Name Middle | 62 | S | N | |
| NM108 | | Identification Code Qualifier | 62 | R | N | |
| NM109 | | Identification Code | 63 | R | Y | Enter the Trading Partner ID assigned by RI Medicaid |
| ***** SEGMENT ***** PER (Submitter EDI Contact Information) | | | | | | |
| PER01 | | Contact Function Code | 65 | R | Y | RI Medicaid will only capture information from the first PER segment. |
| PER02 | | Name | 65 | R | N | |
| PER03 | | Communication Number Qualifier | 65 | R | Y | RI Medicaid will utilizeTE, EX, EM or FX.. |
| PER04 | | Communication Number | 65 | R | N | |
| PER05 | | Communication Number Qualifier | 65 | S | Y | RI Medicaid will utilizeTE, EX, EM or FX.. |
| PER06 | | Communication Number | 66 | S | N | |
| PER07 | | Communication Number Qualifier | 66 | S | Y | RI Medicaid will utilize TE, EX, EM or FX.. |
| PER08 | | Communication Number | 66 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 1000B (Receiver Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Receiver Name) | | | | | | |
| NM101 | | Entity Identifier Code | 68 | R | N | |
| NM102 | | Entity Type Qualifier | 68 | R | N | |
| NM103 | | Name Last or Organization Name | 68 | R | Y | Enter "RI MEDICAID" |
| NM108 | | Identification Code Qualifier | 68 | R | N | |
| NM109 | | Identification Code | 68 | R | Y | Use RI Medicaid EIN " 056000522". |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2000A (Billing/Pay to Provider Hierarchical Level) | | | | | | |
| ***** SEGMENT ***** HL (Billing/Pay-To Provider Hierarchical Level) | | | | | | |
| HL01 | | Hierarchical ID Number | 70 | R | N | |
| HL03 | | Hierarchical Level Code | 70 | R | N | |
| HL04 | | Hierarchical Child Code | 70 | R | N | |
| ***** SEGMENT ***** PRV (Billing/Pay-To Provider Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 71 | R | N | |
| PRV02 | | Reference Identification Qualifier | 72 | R | N | |
| PRV03 | | Reference Identification | 72 | R | N | Use Billing provider taxonomy. You must enter when using an NPI |
| ***** SEGMENT ***** CUR (Foreign Currency Information) | | | | | | |
| CUR01 | | Entity Identifier Code | 74 | R | X | |
| CUR02 | | Currency Code | 74 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010AA (Billing Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Billing Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 77 | R | Y | RI Medicaid will use the Provider information reported in 2010AA as the Claim Billing Provider when Loop 2010AB (Pay To Provider) is not sent. |
| NM102 | | Entity Type Qualifier | 77 | R | N | |
| NM103 | | Name Last or Organization Name | 77 | R | N | |
| NM108 | | Identification Code Qualifier | 77 | R | N | Enter XX Qualifier is submitting NPI |
| NM109 | | Identification Code | 78 | R | Y | Enter NPI |
| ***** SEGMENT ***** N3 (Billing Provider Address) | | | | | | |
| N301 | | Address Information | 79 | R | N | |
| N302 | | Address Information | 79 | S | N | |
| ***** SEGMENT ***** N4 (Billing Provider City/State/ZIP Code) | | | | | | |
| N401 | | City Name | 80 | R | N | |
| N402 | | State | 81 | R | N | |
| N403 | | Postal Code | 81 | R | N | |
| N404 | | Country Code | 81 | S | N | |
| ***** SEGMENT ***** REF (Billing Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 83 | R | Y | Enter 1D for RI Medicaid Provider Only if NPI is not present |
| REF02 | | Reference Identification | 84 | R | Y | Report the 7 digit provider number assigned by RI Medicaid. Only if NPI is not present |
| ***** SEGMENT ***** REF (Credit/Debit Card Billing Information) | | | | | | |
| REF01 | | Reference Identification Qualifier | 85 | R | X | |
| REF02 | | Reference Identification | 86 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** PER (Billing Provider Contact Information) | | | | | | |
| PER01 | | Contact Function Code | 88 | R | Y | RI Medicaid will only capture the information in the first PER segment. |
| PER02 | | Name | 88 | R | N | |
| PER03 | | Communication Number Qualifier | 88 | R | Y | RI Medicaid will only utilize TE, EX, EM or FX. |
| PER04 | | Communication Number | 88 | R | N | |
| PER05 | | Communication Number Qualifier | 89 | S | Y | RI Medicaid will only utilize TE, EX, EM or FX. |
| PER06 | | Communication Number | 89 | S | N | |
| PER07 | | Communication Number Qualifier | 89 | S | Y | RI Medicaid will only utilize TE, EX, EM or FX. |
| PER08 | | Communication Number | 89 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010AB ( Pay-To Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Pay-To Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 92 | R | N | |
| NM102 | | Entity Type Qualifier | 92 | R | N | |
| NM103 | | Name Last or Organization Name | 92 | R | N | |
| NM108 | | Identification Code Qualifier | 92 | R | N | If this loop is used, enter XX for NPI |
| NM109 | | Identification Code | 93 | R | Y | If this loop is used, enter NPI |
| ***** SEGMENT ***** N3 (Pay-To Provider Address) | | | | | | |
| N301 | | Address Information | 94 | R | N | |
| N302 | | Address Information | 94 | S | N | |
| ***** SEGMENT ***** N4 (Pay-To Provider City/State/ZIP Code) | | | | | | |
| N401 | | City Name | 95 | R | N | |
| N402 | | State | 95 | R | N | |
| N403 | | Postal Code | 95 | R | N | |
| N404 | | Country Code | 96 | S | N | |
| ***** SEGMENT ***** REF (Pay-To Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 97 | R | Y | If this loop is used, use qualifier 1D Only if NPI is not present |
| REF02 | | Reference Identification | 98 | R | Y | If Pay-To Provider information is reported, use the 7 digit RI Medicaid assigned Provider ID. Only if NPI is not present |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2000B (Subscriber Hierarchical Level) | | | | | | |
| ***** SEGMENT ***** HL (Subscriber Hierarchical Level) | | | | | | |
| HL01 | | hierarchical id number | 100 | R | Y | The Subscriber always equals the Patient for RI Medicaid claims. Report Patient/Recipient information in this loop. |
| HL02 | | hierarchical parent id number (insured person) | 100 | R | N | |
| HL03 | | hierarchical level code | 100 | R | N | |
| HL04 | | hierarchical child code | 100 | R | Y | Use value 0 - for RI Medicaid the Subscriber is always the same as the Patient. |
| ***** SEGMENT ***** SBR (Subscriber Information) | | | | | | |
| SBR01 | | payer responsibility sequence number code | 102 | R | N | |
| SBR02 | | individual relationship code | 103 | S | Y | Patient Relationship to Subscriber is always Self for RI Medicaid |
| SBR03 | | insured group or policy number | 103 | S | N | |
| SBR04 | | insured group name | 103 | S | Y | RI Medicaid unless COB |
| SBR09 | | claim filing indicator code | 104 | R | Y | Use indicator MC |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010BA (Subscriber name) | | | | | | |
| ***** SEGMENT ***** NM1 (Subscriber Name) | | | | | | |
| NM101 | | entity identifier code | 109 | R | N | |
| NM102 | | entity type qualifier | 109 | R | N | |
| NM103 | | Name Last or Organization Name | 109 | R | N | |
| NM104 | | Name First | 109 | S | N | |
| NM105 | | subscriber middle name | 109 | S | N | |
| NM107 | | subscriber name suffix | 110 | S | N | |
| NM108 | | identification code qualifier | 110 | S | Y | Use MI |
| NM109 | | Identification Code | 110 | S | Y | Enter the 9 digit RI Medicaid Recipient ID |
| ***** SEGMENT ***** N3 (Subscriber Address) | | | | | | |
| N301 | | subscriber address line 1 | 112 | R | N | |
| N302 | | subscriber address line 2 | 112 | S | N | |
| ***** SEGMENT ***** N4 (Subscriber City/State/ZIP Code) | | | | | | |
| N401 | | subscriber city name | 113 | R | N | |
| N402 | | subscriber state | 114 | R | N | |
| N403 | | subscriber zip code | 114 | R | N | |
| N404 | | subscriber country code | 114 | S | N | |
| ***** SEGMENT ***** DMG (Subscriber Demographic Information) | | | | | | |
| DMG01 | | date time period format qualifier (indicates dob format) | 115 | R | N | |
| DMG02 | | subscriber birth date | 116 | R | N | |
| DMG03 | | gender code | 116 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Subscriber Secondary Identification) | | | | | | |
| REF01 | | reference identification qualifier | 117 | R | N | |
| REF02 | | subscriber supplemental identifier | 118 | R | N | |
| ***** SEGMENT ***** REF (Property and Casualty Claim Number) | | | | | | |
| REF01 | | reference identification qualifier | 120 | R | N | |
| REF02 | | property casualty claim number | 120 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010BB (Credit/debit card holder name) | | | | | | |
| ***** SEGMENT ***** NM1 (Credit/Debit Card Account Holder Name) | | | | | | |
| NM101 | | entity identifier code | 122 | R | X | |
| NM102 | | entity type qualifier | 122 | R | X | |
| NM103 | | credit or debit card holder last or organizational name | 122 | R | X | |
| NM104 | | credit or debit card holder first name | 122 | S | X | |
| NM105 | | credit or debit card holder middle name | 122 | S | X | |
| NM107 | | credit or debit card holder name suffix | 122 | S | X | |
| NM108 | | identification code qualifier | 123 | R | X | |
| NM109 | | credit or debit card number | 123 | R | X | |
| ***** SEGMENT ***** REF (Credit/Debit Card Information) | | | | | | |
| REF01 | | reference identification qualifier | 124 | R | X | |
| REF02 | | credit or debit card authorization number | 125 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010BC (Payer name) | | | | | | |
| ***** SEGMENT ***** NM1 (Payer Name) | | | | | | |
| NM101 | | entity identifier code | 127 | R | N | |
| NM102 | | entity type qualifier | 127 | R | N | |
| NM103 | | payer name | 127 | R | Y | Enter "RI MEDICAID" |
| NM108 | | identification code qualifier | 127 | R | Y | Use qualifier PI for RI Medicaid |
| NM109 | | payer identifier | 128 | R | Y | Use RI Medicaid EIN "056000522". |
| ***** SEGMENT ***** N3 (Payer Address) | | | | | | |
| N301 | | payer address line 1 | 129 | R | N | |
| N302 | | payer address line 2 | 129 | S | N | |
| ***** SEGMENT ***** N4 (Payer City/State/ZIP Code) | | | | | | |
| N401 | | payer city name | 130 | R | N | |
| N402 | | payer state code | 131 | R | N | |
| N403 | | payer zip code | 131 | R | N | |
| N404 | | payer country code | 131 | S | N | |
| ***** SEGMENT ***** REF (Payer Secondary Identification) | | | | | | |
| REF01 | | reference identification qualifier | 132 | R | N | |
| REF02 | | payer additional identifier | 133 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010BD (Responsible party name) | | | | | | |
| ***** SEGMENT ***** NM1 (Responsible Party Name) | | | | | | |
| NM101 | | entity identifier code | 135 | R | N | |
| NM102 | | entity type qualifier | 135 | R | N | |
| NM103 | | responsible party last or organization name | 135 | R | N | |
| NM104 | | responsible party first name | 135 | S | N | |
| NM105 | | responsible party middle name | 135 | S | N | |
| NM107 | | responsible party suffix name | 135 | S | N | |
| ***** SEGMENT ***** N3 (Responsible Party Address) | | | | | | |
| N301 | | responsible party address line 1 | 136 | R | N | |
| N302 | | responsible party address line 2 | 136 | S | N | |
| ***** SEGMENT ***** N4 (Responsible Party City/State/ZIP Code) | | | | | | |
| N401 | | responsible party city name | 137 | R | N | |
| N402 | | responsible party state code | 137 | R | N | |
| N403 | | responsible party zip code | 137 | R | N | |
| N404 | | responsible party country code | 138 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** LOOP ***** 2000C (Patient hierarchical level) ********** ********** ***** SEGMENT ***** HL (Patient Hierarchical Level) ********** | | | | | | |
| HL01 | | hierarchical id number | 140 | R | X | |
| HL02 | | hierarchical parent id number | 140 | R | X | |
| HL03 | | hierarchical level code | 140 | R | X | |
| HL04 | | hierarchical child code | 140 | R | X | |
| ********** ***** SEGMENT ***** PAT (Patient Information) ********** | | | | | | |
| PAT01 | | patients relationship to insured | 142 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010CA (Patient name) | | | | | | |
| ***** SEGMENT ***** NM1 (Patient Name) | | | | | | |
| NM101 | | entity identifier code | 145 | R | X | |
| NM102 | | entity type qualifier | 146 | R | X | |
| NM103 | | Patient last name | 146 | R | X | |
| NM104 | | Patient first name | 146 | R | X | |
| NM105 | | Patient middle name | 146 | S | X | |
| NM107 | | patient name suffix | 146 | S | X | |
| NM108 | | identification code qualifier | 147 | S | X | |
| NM109 | | identification code | 147 | S | X | |
| ***** SEGMENT ***** N3 (Patient Address) | | | | | | |
| N301 | | patient address line 1 | 148 | R | X | |
| N302 | | patient address line 2 | 148 | S | X | |
| ***** SEGMENT ***** N4 (Patient City/State/ZIP Code) | | | | | | |
| N401 | | patient city name | 149 | R | X | |
| N402 | | patient state code | 150 | R | X | |
| N403 | | patient zip code | 150 | R | X | |
| N404 | | country code | 150 | S | X | |
| ***** SEGMENT ***** DMG (Patient Demographic Information) | | | | | | |
| DMG01 | | date time period format qualifier (indicates format for date of | 151 | R | X | |
| DMG02 | | patient date of birth | 152 | R | X | |
| DMG03 | | patient gender code | 152 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Patient Secondary Identification Number) | | | | | | |
| REF01 | | reference identification qualifier | 153 | R | X | |
| REF02 | | patient secondary identifier | 154 | R | X | |
| ***** SEGMENT ***** REF (Property and Casualty Claim Number) | | | | | | |
| REF01 | | reference qualifier | 155 | R | X | |
| REF02 | | property casualty claim number | 156 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2300 (Claim information) | | | | | | |
| ***** SEGMENT ***** CLM (Claim Information) | | | | | | |
| CLM01 | | Patient Account Number | 158 | R | Y | |
| CLM02 | | Total Claim Charge Amount | 159 | R | Y | Total claim charge amount must be equal to or greater than other insurance amount or claim will be rejected. (Total of loops 2320 payer paid amount) Not for MA or MB. |
| CLM05 | | Facility code Qualifier | 159 | R | R | |
| CLM05 | C023-1 | facility code value | 159 | R | Y | |
| CLM05 | C023-2 | facility code qualifier | 159 | R | N | |
| CLM05 | C023-3 | claim frequency code | 159 | R | Y | RI Medicaid will process Frequency Codes 1,2,3,4,5,7 and 8, unless the 837 is submitted by Medicare. Frequency codes of 7 and 8 will not be processed when submitted by Medicare. Frequency code 6 will cause the claim to reject. |
| CLM06 | | provider or supplier signature indicator | 160 | R | N | |
| CLM07 | | Medicare assignment code | 160 | S | N | |
| CLM08 | | benefits assignment certification indicator | 160 | R | N | |
| CLM09 | | release of information code | 161 | R | N | |
| CLM18 | | Explanation of Benefits Indicator | 163 | R | N | |
| CLM20 | | delay reason code | 164 | S | N | |
| ***** SEGMENT ***** DTP (Discharge Hour) | | | | | | |
| DTP01 | | date time qualifier | 165 | R | N | |
| DTP02 | | date time period format qualifier | 165 | R | N | |
| DTP03 | | Discharge Hour | 166 | R | N | |
| ***** SEGMENT ***** DTP (Statement Dates) | | | | | | |
| DTP01 | | date time qualifier | 167 | R | N | |
| DTP02 | | date time period format qualifier | 167 | R | N | |
| DTP03 | | Statement from and to date | 168 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Admission Date/Hour) | | | | | | |
| DTP01 | | date time qualifier | 169 | R | N | |
| DTP02 | | date time period format qualifier | 169 | R | N | |
| DTP03 | | Admission Date and Hour | 170 | R | N | |
| ***** SEGMENT ***** CL1 (Institutional Claim Code) | | | | | | |
| CL101 | | Admission Type Code | 171 | S | Y | RI Medicaid processes 1,2,3,4. |
| CL102 | | Admission Source Code | 172 | S | N | |
| CL103 | | Patient Status Code | 172 | S | Y | |
| ***** SEGMENT ***** PWK (Claim Supplemental Information) | | | | | | |
| PWK01 | | attachment report type code | 174 | R | N | |
| PWK02 | | attachment transmission code | 174 | R | N | |
| PWK05 | | identification code qualifier | 175 | S | N | |
| PWK06 | | attachment control number | 175 | S | N | |
| PWK07 | | description | 175 | S | N | |
| ***** SEGMENT ***** CN1 (Contract Information) | | | | | | |
| CN101 | | contract type code | 176 | R | N | |
| CN102 | | contract amount | 177 | S | N | |
| CN103 | | contract percentage | 177 | S | N | |
| CN104 | | contract code | 177 | S | N | |
| CN105 | | terms discount percentage | 177 | S | N | |
| CN106 | | contract version identifier | 177 | S | N | |
| ***** SEGMENT ***** AMT (Payer Estimated Amount Due) | | | | | | |
| AMT01 | | amount qualifier code | 178 | R | N | |
| AMT02 | | Payer Paid Amount | 179 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** AMT (Patient Estimated Amount Due) | | | | | | |
| AMT01 | | amount qualifier code | 180 | R | N | |
| AMT02 | | Patient Responsibility Amount | 181 | R | N | |
| ***** SEGMENT ***** AMT (Patient Amount Paid) | | | | | | |
| AMT01 | | amount qualifier code | 182 | R | N | |
| AMT02 | | patient paid amount | 183 | R | N | |
| ***** SEGMENT ***** AMT (Credit/Debit Card Maximum Amount) | | | | | | |
| AMT01 | | amount qualifier code | 184 | R | X | |
| AMT02 | | credit or debit card maximum amount | 184 | R | X | |
| ***** SEGMENT ***** REF (Adusted Repriced Claim Number) | | | | | | |
| REF01 | | reference identification qualifier | 185 | R | N | |
| REF02 | | Medicare section 4081 indicator | 185 | R | N | |
| ***** SEGMENT ***** REF (Repriced Claim Number) | | | | | | |
| REF01 | | reference identification qualifier | 186 | R | N | |
| REF02 | | mammography certification number | 186 | R | N | |
| ***** SEGMENT ***** REF (Claim Identification Number For Clearinghouses and Other Transmission Intermediaries) | | | | | | |
| REF01 | | reference identification qualifier | 187 | R | N | |
| REF02 | | Reference Identification | 188 | R | N | |
| ***** SEGMENT ***** REF (Document Identification Code) | | | | | | |
| REF01 | | reference identification qualifier | 189 | R | N | |
| REF02 | | claim original reference number | 189 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Original Reference Number (ICN/DCN)) | | | | | | |
| REF01 | | Reference Identification Qualifier | 191 | R | N | |
| REF02 | | Original Reference Number | 192 | R | Y | If the Claim Frequency equals 7 or 8 the original 15 digit ICN is required in this field. |
| ***** SEGMENT ***** REF (Investigational Device Exemption Number) | | | | | | |
| REF01 | | reference identification qualifier | 193 | R | N | |
| REF02 | | repriced claim reference number | 193 | R | N | |
| ***** SEGMENT ***** REF (Service Authorization Exception Code) | | | | | | |
| REF01 | | reference identification qualifier | 195 | R | N | |
| REF02 | | adjusted repriced claim reference number | 196 | R | N | |
| ***** SEGMENT ***** REF (Peer Review Organization (PRO) Approval Number) | | | | | | |
| REF01 | | reference identification qualifier | 197 | R | N | |
| REF02 | | Peer Review Auth Number | 197 | R | N | |
| ***** SEGMENT ***** REF (Prior Authorization or Referral Number) | | | | | | |
| REF01 | | Reference identification qualifier | 198 | R | N | |
| REF02 | | Prior Authorization Number | 199 | R | N | |
| ***** SEGMENT ***** REF (Medical Record Number) | | | | | | |
| REF01 | | reference identification qualifier | 200 | R | N | |
| REF02 | | Reference Identification | 201 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Demonstration Project Identifier) | | | | | | |
| REF01 | | reference identification qualifier | 202 | R | N | |
| REF02 | | Reference Identification | 202 | R | N | |
| ***** SEGMENT ***** K3 (File Information) | | | | | | |
| K301 | | fixed format information 80 | 204 | R | N | No approved use at present |
| ***** SEGMENT ***** NTE (Claim Note) | | | | | | |
| NTE01 | | note reference code | 206 | R | N | |
| NTE02 | | description | 207 | R | N | |
| ***** SEGMENT ***** NTE (Billing Note) | | | | | | |
| NTE01 | | note reference code | 208 | R | N | |
| NTE02 | | description | 209 | R | N | |
| ***** SEGMENT ***** CR6 (Home Health Care Information) | | | | | | |
| CR601 | | Prognosis Indicator | 211 | R | N | |
| CR602 | | Service From Date | 211 | R | N | |
| CR603 | | Date Time Period Format Qualifier | 211 | S | N | |
| CR604 | | Certification Period | 212 | S | N | |
| CR605 | | Diagnosis Date | 212 | R | N | |
| CR606 | | Skilled Nursing Facility Indicator | 212 | R | N | |
| CR607 | | Medicare Coverage Indicator | 213 | R | N | |
| CR608 | | Certification Type Code | 213 | R | N | |
| CR609 | | Surgery Date | 213 | S | N | |
| CR610 | | Product or Service ID Qualifier | 214 | S | N | |
| CR611 | | Surgical Procedure Code | 214 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| CR612 | | Physician Order Date | 214 | S | N | |
| CR613 | | Last Visit Date | 215 | S | N | |
| CR614 | | Physician Contact Date | 215 | S | N | |
| CR615 | | Date Time Period Format Qualifier | 215 | S | N | |
| CR616 | | Last Admission Period | 215 | S | N | |
| CR617 | | Patient Discharge Facility Type Code | 216 | R | N | |
| CR618 | | Diagnosis Date | 216 | S | N | |
| CR619 | | Diagnosis Date | 217 | S | N | |
| CR620 | | Diagnosis Date | 217 | S | N | |
| CR621 | | Diagnosis Date | 217 | S | N | |

****** SEGMENT ******
*CRC (Home Health Functional Limitations)*

| | | | | | | |
|---|---|---|---|---|---|---|
| CRC01 | | code category | 218 | R | N | |
| CRC02 | | certification condition indicator | 219 | R | N | |
| CRC03 | | Functional Limitation Code | 219 | R | N | |
| CRC04 | | Functional Limitation Code | 220 | S | N | |
| CRC05 | | Functional Limitation Code | 220 | S | N | |
| CRC06 | | Functional Limitation Code | 220 | S | N | |
| CRC07 | | Functional Limitation Code | 220 | S | N | |

****** SEGMENT ******
*CRC (Home Health Activities Permitted)*

| | | | | | | |
|---|---|---|---|---|---|---|
| CRC01 | | code category | 221 | R | N | |
| CRC02 | | Functional Limitation Code | 222 | R | N | |
| CRC03 | | Activities Permitted Code | 222 | R | N | |
| CRC04 | | Activities Permitted Code | 223 | S | N | |
| CRC05 | | Activities Permitted Code | 223 | S | N | |
| CRC06 | | Activities Permitted Code | 223 | S | N | |
| CRC07 | | Activities Permitted Code | 223 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** CRC (Home Health Mental Status) | | | | | | |
| CRC01 | | code category | 224 | R | N | |
| CRC02 | | Functional Limitation Code | 225 | R | N | |
| CRC03 | | Mental Status Code | 225 | R | N | |
| CRC04 | | Mental Status Code | 226 | S | N | |
| CRC05 | | Mental Status Code | 226 | S | N | |
| CRC06 | | Mental Status Code | 226 | S | N | |
| CRC07 | | Mental Status Code | 226 | S | N | |
| ***** SEGMENT ***** HI (Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information) | | | | | | |
| HI01 | | Health care code information | 227 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 228 | R | N | |
| HI01 | C022-2 | Industry Code | 228 | R | N | ICD 9 |
| HI02 | | health care code information | 228 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 228 | R | N | BJ |
| HI02 | C022-2 | Industry Code | 228 | R | N | ICD9 code. |
| HI03 | | health care code information | 229 | S | N | |
| HI03 | C022-1 | Code List Qualifier Code | 229 | R | N | |
| HI03 | C022-2 | Industry Code | 229 | R | N | ICD 9 |
| ***** SEGMENT ***** HI (Diagnosis Related Group (DRG) Information) | | | | | | |
| HI01 | | Health care code information | 230 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 230 | R | N | |
| HI01 | C022-2 | Industry Code | 230 | R | N | ICD 9 |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** HI (Other Diagnosis Information) | | | | | | |
| HI01 | | health care code information | 232 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 232 | R | N | |
| HI01 | C022-2 | Industry Code | 233 | R | N | ICD 9 |
| HI02 | | health care code information | 233 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 233 | R | N | |
| HI02 | C022-2 | Industry Code | 233 | R | N | ICD 9 |
| HI03 | | health care code information | 234 | S | N | |
| HI03 | C022-1 | Code List Qualifier Code | 234 | R | N | |
| HI03 | C022-2 | Industry Code | 234 | R | N | ICD 9 |
| HI04 | C022-1 | Code List Qualifier Code | 235 | R | N | |
| HI04 | C022-2 | Industry Code | 235 | R | N | ICD 9 |
| HI05 | C022-1 | Code List Qualifier Code | 235 | R | N | |
| HI05 | C022-2 | Industry Code | 235 | R | N | ICD 9 |
| HI06 | C022-1 | Code List Qualifier Code | 236 | R | N | |
| HI06 | C022-2 | Industry Code | 236 | R | N | ICD 9 |
| HI07 | C022-1 | Code List Qualifier Code | 237 | R | N | |
| HI07 | C022-2 | Industry Code | 237 | R | N | ICD 9 |
| HI08 | C022-1 | Code List Qualifier Code | 237 | R | N | |
| HI08 | C022-2 | Industry Code | 238 | R | N | ICD 9 |
| HI09 | C022-1 | Code List Qualifier Code | 238 | R | N | |
| HI09 | C022-2 | Industry Code | 238 | R | N | ICD 9 |
| HI10 | C022-1 | Code List Qualifier Code | 239 | R | N | |
| HI10 | C022-2 | Industry Code | 239 | R | N | ICD 9 |
| HI11 | C022-1 | Code List Qualifier Code | 240 | R | N | |
| HI11 | C022-2 | Industry Code | 240 | R | N | ICD 9 |
| HI12 | C022-1 | Code List Qualifier Code | 240 | R | N | |
| HI12 | C022-2 | Industry Code | 240 | R | N | ICD 9 |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** HI (Principal Procedure Information) | | | | | | |
| HI01 | C022-1 | Code List Qualifier Code | 242 | R | Y | If surgical procedures are performed, RI Medicaid requires that they be reported using ICD-9-CM procedure codes. |
| HI01 | C022-2 | Industry Code | 243 | R | N | |
| ***** SEGMENT ***** HI (Other Procedure Information) | | | | | | |
| HI01 | | health care code information | 244 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 244 | R | Y | If Other Procedure is performed, RI Medicaid requires reporting with ICD-9_CM procedure codes. |
| HI01 | C022-2 | Industry Code | 245 | R | N | |
| HI01 | C022-3 | date time period format qualifier | 245 | S | N | |
| HI01 | C022-4 | date time period | 245 | S | N | |
| HI02 | | health care code information | 245 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 245 | R | Y | If Other Procedure is performed, RI Medicaid requires reporting with ICD-9_CM procedure codes. |
| HI02 | C022-2 | Industry Code | 246 | R | N | |
| HI02 | C022-3 | Date Time Period Format Qualifier | 246 | S | N | |
| HI02 | C022-4 | date time period | 246 | S | N | |
| HI03 | | health care code information | 246 | S | R | |
| HI03 | C022-1 | Code List Qualifier Code | 246 | R | N | If Other Procedure is performed, RI Medicaid requires reporting with ICD-9_CM procedure codes. |
| HI03 | C022-2 | Industry Code | 246 | R | N | |
| HI03 | C022-3 | Date Time Period Format Qualifier | 247 | S | N | |
| HI03 | C022-4 | date time period | 247 | S | N | |
| HI04 | | health care code information | 247 | S | N | |
| HI04 | C022-1 | Code List Qualifier Code | 247 | R | Y | If Other Procedure is performed, RI Medicaid requires reporting with ICD-9_CM procedure codes. |
| HI04 | C022-2 | Industry Code | 247 | R | N | |
| HI04 | C022-3 | Date Time Period Format Qualifier | 248 | S | N | |
| HI04 | C022-4 | date time period | 248 | S | N | |
| HI05 | | health care code information | 248 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI05 | C022-1 | Code List Qualifier Code | 248 | R | Y | If Other Procedure is performed, RI Medicaid requires reporting with ICD-9_CM procedure codes. |
| HI05 | C022-2 | Industry Code | 248 | R | N | |
| HI05 | C022-3 | Date Time Period Format Qualifier | 249 | S | N | |
| HI05 | C022-4 | date time period | 249 | S | N | |
| HI06 | | health care code information | 249 | S | N | |
| HI06 | C022-1 | Code List Qualifier Code | 249 | R | Y | If Other Procedure is performed, RI Medicaid requires reporting with ICD-9_CM procedure codes. |
| HI06 | C022-2 | Industry Code | 249 | R | N | |
| HI06 | C022-3 | Date Time Period Format Qualifier | 249 | S | N | |
| HI06 | C022-4 | date time period | 250 | S | N | |
| HI07 | | health care code information | 250 | S | N | |
| HI07 | C022-1 | Code List Qualifier Code | 250 | R | Y | If Other Procedure is performed, RI Medicaid requires reporting with ICD-9_CM procedure codes. |
| HI07 | C022-2 | Industry Code | 250 | R | N | |
| HI07 | C022-3 | Date Time Period Format Qualifier | 250 | S | N | |
| HI07 | C022-4 | date time period | 251 | S | N | |
| HI08 | | health care code information | 251 | S | N | |
| HI08 | C022-1 | Code List Qualifier Code | 251 | R | Y | If Other Procedure is performed, RI Medicaid requires reporting with ICD-9_CM procedure codes. |
| HI08 | C022-2 | Industry Code | 251 | R | N | |
| HI08 | C022-3 | Date Time Period Format Qualifier | 251 | S | N | |
| HI08 | C022-4 | date time period | 252 | S | N | |
| HI09 | | health care code information | 252 | S | N | |
| HI09 | C022-1 | Code List Qualifier Code | 252 | R | Y | If Other Procedure is performed, RI Medicaid requires reporting with ICD-9_CM procedure codes. |
| HI09 | C022-2 | Industry Code | 252 | R | N | |
| HI09 | C022-3 | Date Time Period Format Qualifier | 252 | S | N | |
| HI09 | C022-4 | date time period | 252 | S | N | |
| HI10 | | health care code information | 253 | S | N | |
| HI10 | C022-1 | Code List Qualifier Code | 253 | R | Y | If Other Procedure is performed, RI Medicaid requires reporting with ICD-9_CM procedure codes. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI10 | C022-2 | Industry Code | 253 | R | N | |
| HI10 | C022-3 | Date Time Period Format Qualifier | 253 | S | N | |
| HI10 | C022-4 | date time period | 253 | S | N | |
| HI11 | | health care code information | 254 | S | N | |
| HI11 | C022-1 | Code List Qualifier Code | 254 | R | Y | If Other Procedure is performed, RI Medicaid requires reporting with ICD-9_CM procedure codes. |
| HI11 | C022-2 | Industry Code | 254 | R | N | |
| HI11 | C022-3 | Date Time Period Format Qualifier | 254 | S | N | |
| HI11 | C022-4 | date time period | 254 | S | N | |
| HI12 | | health care code information | 255 | S | N | |
| HI12 | C022-1 | Code List Qualifier Code | 255 | R | Y | If Other Procedure is performed, RI Medicaid requires reporting with ICD-9_CM procedure codes. |
| HI12 | C022-2 | Industry Code | 255 | R | N | |
| HI12 | C022-3 | Date Time Period Format Qualifier | 255 | S | N | |
| HI12 | C022-4 | date time period | 255 | S | N | |

****** SEGMENT ******
*HI (Occurrence Span Information)*

| | | | | | | |
|---|---|---|---|---|---|---|
| HI01 | | health care code information | 256 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 256 | R | N | |
| HI01 | C022-2 | Industry Code | 257 | R | N | |
| HI01 | C022-3 | date time period format qualifier | 257 | R | N | |
| HI01 | C022-4 | date time period | 257 | R | N | |
| HI02 | | health care code information | 257 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 257 | R | N | |
| HI02 | C022-2 | Industry Code | 257 | R | N | |
| HI02 | C022-3 | Date Time Period Format Qualifier | 258 | R | N | |
| HI02 | C022-4 | date time period | 258 | R | N | |
| HI03 | | health care code information | 258 | S | N | |
| HI03 | C022-1 | Code List Qualifier Code | 258 | R | N | |
| HI03 | C022-2 | Industry Code | 258 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI03 | C022-3 | Date Time Period Format Qualifier | 258 | R | N | |
| HI03 | C022-4 | date time period | 259 | R | N | |
| HI04 | C022-1 | Code List Qualifier Code | 259 | R | N | |
| HI04 | C022-2 | Industry Code | 259 | R | N | |
| HI04 | C022-3 | Date Time Period Format Qualifier | 259 | R | N | |
| HI04 | C022-4 | date time period | 259 | R | N | |
| HI05 | C022-1 | Code List Qualifier Code | 260 | R | N | |
| HI05 | C022-2 | Industry Code | 260 | R | N | |
| HI05 | C022-3 | Date Time Period Format Qualifier | 260 | R | N | |
| HI05 | C022-4 | date time period | 260 | R | N | |
| HI06 | C022-1 | Code List Qualifier Code | 261 | R | N | |
| HI06 | C022-2 | Industry Code | 261 | R | N | |
| HI06 | C022-3 | Date Time Period Format Qualifier | 261 | R | N | |
| HI06 | C022-4 | date time period | 261 | R | N | |
| HI07 | C022-1 | Code List Qualifier Code | 261 | R | N | |
| HI07 | C022-2 | Industry Code | 262 | R | N | |
| HI07 | C022-3 | Date Time Period Format Qualifier | 262 | R | N | |
| HI07 | C022-4 | date time period | 262 | R | N | |
| HI08 | C022-1 | Code List Qualifier Code | 262 | R | N | |
| HI08 | C022-2 | Industry Code | 262 | R | N | |
| HI08 | C022-3 | Date Time Period Format Qualifier | 263 | R | N | |
| HI08 | C022-4 | date time period | 263 | R | N | |
| HI09 | C022-1 | Code List Qualifier Code | 263 | R | N | |
| HI09 | C022-2 | Industry Code | 263 | R | N | |
| HI09 | C022-3 | Date Time Period Format Qualifier | 263 | R | N | |
| HI09 | C022-4 | date time period | 263 | R | N | |
| HI10 | C022-1 | Code List Qualifier Code | 264 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI10 | C022-2 | Industry Code | 264 | R | N | |
| HI10 | C022-3 | Date Time Period Format Qualifier | 264 | R | N | |
| HI10 | C022-4 | date time period | 264 | R | N | |
| HI11 | C022-1 | Code List Qualifier Code | 265 | R | N | |
| HI11 | C022-2 | Industry Code | 265 | R | N | |
| HI11 | C022-3 | Date Time Period Format Qualifier | 265 | R | N | |
| HI11 | C022-4 | date time period | 265 | R | N | |
| HI12 | C022-1 | Code List Qualifier Code | 265 | R | N | |
| HI12 | C022-2 | Industry Code | 266 | R | N | |
| HI12 | C022-3 | Date Time Period Format Qualifier | 266 | R | N | |
| HI12 | C022-4 | date time period | 266 | R | N | |
| ********** ***** SEGMENT ***** HI (Occurrence Information) ********** | | | | | | |
| HI01 | | health care code information | 267 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 267 | R | N | |
| HI01 | C022-2 | Industry Code | 268 | R | N | |
| HI01 | C022-3 | date time period format qualifier | 268 | R | N | |
| HI01 | C022-4 | date time period | 268 | R | N | |
| HI02 | | health care code information | 268 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 268 | R | N | |
| HI02 | C022-2 | Industry Code | 268 | R | N | |
| HI02 | C022-3 | Date Time Period Format Qualifier | 269 | R | N | |
| HI02 | C022-4 | date time period | 269 | R | N | |
| HI03 | | health care code information | 269 | S | N | |
| HI03 | C022-1 | Code List Qualifier Code | 269 | R | N | |
| HI03 | C022-2 | Industry Code | 269 | R | N | |
| HI03 | C022-3 | Date Time Period Format Qualifier | 270 | R | N | |
| HI03 | C022-4 | date time period | 270 | R | N | |
| HI04 | C022-1 | Code List Qualifier Code | 270 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI04 | C022-2 | Industry Code | 270 | R | N | |
| HI04 | C022-3 | Date Time Period Format Qualifier | 271 | R | N | |
| HI04 | C022-4 | date time period | 271 | R | N | |
| HI05 | C022-1 | Code List Qualifier Code | 271 | R | N | |
| HI05 | C022-2 | Industry Code | 271 | R | N | |
| HI05 | C022-3 | Date Time Period Format Qualifier | 271 | R | N | |
| HI05 | C022-4 | date time period | 272 | R | N | |
| HI06 | C022-1 | Code List Qualifier Code | 272 | R | N | |
| HI06 | C022-2 | Industry Code | 272 | R | N | |
| HI06 | C022-3 | Date Time Period Format Qualifier | 272 | R | N | |
| HI06 | C022-4 | date time period | 273 | R | N | |
| HI07 | C022-1 | Code List Qualifier Code | 273 | R | N | |
| HI07 | C022-2 | Industry Code | 273 | R | N | |
| HI07 | C022-3 | Date Time Period Format Qualifier | 273 | R | N | |
| HI07 | C022-4 | date time period | 274 | R | N | |
| HI08 | C022-1 | Code List Qualifier Code | 274 | R | N | |
| HI08 | C022-2 | Industry Code | 274 | R | N | |
| HI08 | C022-3 | Date Time Period Format Qualifier | 274 | R | N | |
| HI08 | C022-4 | date time period | 275 | R | N | |
| HI09 | C022-1 | Code List Qualifier Code | 275 | R | N | |
| HI09 | C022-2 | Industry Code | 275 | R | N | |
| HI09 | C022-3 | Date Time Period Format Qualifier | 275 | R | N | |
| HI09 | C022-4 | date time period | 276 | R | N | |
| HI10 | C022-1 | Code List Qualifier Code | 276 | R | N | |
| HI10 | C022-2 | Industry Code | 276 | R | N | |
| HI10 | C022-3 | Date Time Period Format Qualifier | 276 | R | N | |
| HI10 | C022-4 | date time period | 277 | R | N | |
| HI11 | C022-1 | Code List Qualifier Code | 277 | R | N | |
| HI11 | C022-2 | Industry Code | 277 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI11 | C022-3 | Date Time Period Format Qualifier | 277 | R | N | |
| HI11 | C022-4 | date time period | 278 | R | N | |
| HI12 | C022-1 | Code List Qualifier Code | 278 | R | N | |
| HI12 | C022-2 | Industry Code | 278 | R | N | |
| HI12 | C022-3 | Date Time Period Format Qualifier | 278 | R | N | |
| HI12 | C022-4 | date time period | 279 | R | N | |
| ################################################################################################################################################################################ | | | | | | |
| | | | ***** SEGMENT ***** | | | |
| | | | *HI (Value Information)* | | | |
| ################################################################################################################################################################################ | | | | | | |
| HI01 | | health care code information | 280 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 280 | R | N | |
| HI01 | C022-2 | Industry Code | 281 | R | N | |
| HI01 | C022-5 | monetary amount | 281 | R | N | |
| HI02 | | health care code information | 281 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 281 | R | N | |
| HI02 | C022-2 | Industry Code | 281 | R | N | |
| HI02 | C022-5 | monetary amount | 282 | R | N | |
| HI03 | | health care code information | 282 | S | N | |
| HI03 | C022-1 | Code List Qualifier Code | 282 | R | N | |
| HI03 | C022-2 | Industry Code | 282 | R | N | |
| HI03 | C022-5 | monetary amount | 282 | R | N | |
| HI04 | C022-1 | Code List Qualifier Code | 283 | R | N | |
| HI04 | C022-2 | Industry Code | 283 | R | N | |
| HI04 | C022-5 | monetary amount | 283 | R | N | |
| HI05 | C022-1 | Code List Qualifier Code | 283 | R | N | |
| HI05 | C022-2 | Industry Code | 283 | R | N | |
| HI05 | C022-5 | monetary amount | 284 | R | N | |
| HI06 | C022-1 | Code List Qualifier Code | 284 | R | N | |
| HI06 | C022-2 | Industry Code | 284 | R | N | |
| HI06 | C022-5 | monetary amount | 284 | R | N | |
| HI07 | C022-1 | Code List Qualifier Code | 285 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI07 | C022-2 | Industry Code | 285 | R | N | |
| HI07 | C022-5 | monetary amount | 285 | R | N | |
| HI08 | C022-1 | Code List Qualifier Code | 285 | R | N | |
| HI08 | C022-2 | Industry Code | 286 | R | N | |
| HI08 | C022-5 | monetary amount | 286 | R | N | |
| HI09 | C022-1 | Code List Qualifier Code | 286 | R | N | |
| HI09 | C022-2 | Industry Code | 286 | R | N | |
| HI09 | C022-5 | monetary amount | 287 | R | N | |
| HI10 | C022-1 | Code List Qualifier Code | 287 | R | N | |
| HI10 | C022-2 | Industry Code | 287 | R | N | |
| HI10 | C022-5 | monetary amount | 287 | R | N | |
| HI11 | C022-1 | Code List Qualifier Code | 288 | R | N | |
| HI11 | C022-2 | Industry Code | 288 | R | N | |
| HI11 | C022-5 | monetary amount | 288 | R | N | |
| HI12 | C022-1 | Code List Qualifier Code | 288 | R | N | |
| HI12 | C022-2 | Industry Code | 288 | R | N | |
| HI12 | C022-5 | monetary amount | 289 | R | N | |
| ********** ***** SEGMENT ***** HI (Condition Information) ********** | | | | | | |
| HI01 | | health care code information | 290 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 290 | R | N | |
| HI01 | C022-2 | Industry Code | 291 | R | N | |
| HI02 | | health care code information | 291 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 291 | R | N | |
| HI02 | C022-2 | Industry Code | 291 | R | N | |
| HI03 | | health care code information | 292 | S | N | |
| HI03 | C022-1 | Code List Qualifier Code | 292 | R | N | |
| HI03 | C022-2 | Industry Code | 292 | R | N | |
| HI04 | C022-1 | Code List Qualifier Code | 292 | R | N | |
| HI04 | C022-2 | Industry Code | 293 | R | N | |
| HI05 | C022-1 | Code List Qualifier Code | 293 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI05 | C022-2 | Industry Code | 293 | R | N | |
| HI06 | C022-1 | Code List Qualifier Code | 294 | R | N | |
| HI06 | C022-2 | Industry Code | 294 | R | N | |
| HI07 | C022-1 | Code List Qualifier Code | 294 | R | N | |
| HI07 | C022-2 | Industry Code | 295 | R | N | |
| HI08 | C022-1 | Code List Qualifier Code | 295 | R | N | |
| HI08 | C022-2 | Industry Code | 295 | R | N | |
| HI09 | C022-1 | Code List Qualifier Code | 296 | R | N | |
| HI09 | C022-2 | Industry Code | 296 | R | N | |
| HI10 | C022-1 | Code List Qualifier Code | 296 | R | N | |
| HI10 | C022-2 | Industry Code | 297 | R | N | |
| HI11 | C022-1 | Code List Qualifier Code | 297 | R | N | |
| HI11 | C022-2 | Industry Code | 297 | R | N | |
| HI12 | C022-1 | Code List Qualifier Code | 298 | R | N | |
| HI12 | C022-2 | Industry Code | 298 | R | N | |
| ***** SEGMENT ***** HI (Treatment Code Information) | | | | | | |
| HI01 | | Health care code information | 299 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 299 | R | N | |
| HI01 | C022-2 | Industry Code | 300 | R | N | |
| HI02 | | health care code information | 300 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 300 | R | N | |
| HI02 | C022-2 | Industry Code | 300 | R | N | |
| HI03 | | Health care code information | 300 | S | N | |
| HI03 | C022-1 | Code List Qualifier Code | 300 | R | N | |
| HI03 | C022-2 | Industry Code | 300 | R | N | |
| HI04 | C022-1 | Code List Qualifier Code | 301 | R | N | |
| HI04 | C022-2 | Industry Code | 301 | R | N | |
| HI05 | C022-1 | Code List Qualifier Code | 301 | R | N | |
| HI05 | C022-2 | Industry Code | 302 | R | N | |
| HI06 | C022-1 | Code List Qualifier Code | 302 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI06 | C022-2 | Industry Code | 302 | R | N | |
| HI07 | C022-1 | Code List Qualifier Code | 302 | R | N | |
| HI07 | C022-2 | Industry Code | 302 | R | N | |
| HI08 | C022-1 | Code List Qualifier Code | 303 | R | N | |
| HI08 | C022-2 | Industry Code | 303 | R | N | |
| HI09 | C022-1 | Code List Qualifier Code | 303 | R | N | |
| HI09 | C022-2 | Industry Code | 304 | R | N | |
| HI10 | C022-1 | Code List Qualifier Code | 304 | R | N | |
| HI10 | C022-2 | Industry Code | 304 | R | N | |
| HI11 | C022-1 | Code List Qualifier Code | 304 | R | N | |
| HI11 | C022-2 | Industry Code | 304 | R | N | |
| HI12 | C022-1 | Code List Qualifier Code | 305 | R | N | |
| HI12 | C022-2 | Industry Code | 305 | R | N | |

****** SEGMENT ******
*QTY (Claim Quantity)*

| | | | | | | |
|---|---|---|---|---|---|---|
| QTY01 | | Quantity Qualifier | 307 | R | N | |
| QTY02 | | Claim Days Count | 307 | R | N | |
| QTY03 | | Composite units of measure | 307 | R | N | |
| QTY03 | C001-1 | Unit or Basis of Measurement | 307 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** SEGMENT ***** HCP (Claim Pricing/Repricing Information) ********** | | | | | | |
| HCP01 | | pricing methodology | 309 | R | N | |
| HCP02 | | allowed amount | 309 | R | N | |
| HCP03 | | repriced saving amount | 310 | S | N | |
| HCP04 | | repricing organization identifier | 310 | S | N | |
| HCP05 | | repricing perdiem or flat rate amount | 310 | S | N | |
| HCP06 | | Repriced Approved DRG Code | 310 | S | N | |
| HCP07 | | Repriced Approved DRG Amount | 310 | S | N | |
| HCP08 | | Repriced Approved Revenue Code | 311 | S | N | |
| HCP09 | | product/service id | 311 | S | N | |
| HCP10 | | Approved Procedure Code | 311 | S | N | |
| HCP11 | | unit or basis for measurement code | 311 | S | N | |
| HCP12 | | quantity | 312 | S | N | |
| HCP13 | | reject reason code | 312 | S | N | |
| HCP14 | | policy compliance code | 312 | S | N | |
| HCP15 | | exception code | 313 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2305 (Home heath care plan information) | | | | | | |
| ***** SEGMENT ***** CR7 (Home Health Care Plan Information) | | | | | | |
| CR701 | | Discipline type code | 314 | R | N | |
| CR702 | | Visits prior to Recertification Date Count | 315 | R | N | |
| CR703 | | Total Visits Projected during this cert count | 315 | R | N | |
| ***** SEGMENT ***** HSD (Health Care Services Delivery) | | | | | | |
| HSD01 | | Quantity Qualifier | 317 | S | N | |
| HSD02 | | Frequency Number | 317 | S | N | |
| HSD03 | | unit or basis for measurement code | 317 | S | N | |
| HSD04 | | Sample section Modulus | 318 | S | N | |
| HSD05 | | Time Period Qualifier | 318 | S | N | |
| HSD06 | | period count | 318 | S | N | |
| HSD07 | | calendar pattern code | 318 | S | N | |
| HSD08 | | delivery pattern time code | 320 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2310A (Attending Physician Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Attending Physician Name) | | | | | | |
| NM101 | | Entity Identifier Code | 322 | R | N | |
| NM102 | | Entity Type Qualifier | 322 | R | N | |
| NM103 | | Name Last or Organization Name | 322 | R | N | |
| NM104 | | Name First | 322 | S | N | |
| NM105 | | Name Middle | 322 | S | N | |
| NM108 | | Identification Code Qualifier | 323 | R | N | If loop is used, enter XX for NPI |
| NM109 | | Identification Code | 323 | R | N | If loop is used, enter NPI |
| ***** SEGMENT ***** PRV (Attending Physician Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 324 | R | N | |
| PRV02 | | Reference Identification Qualifier | 325 | R | N | |
| PRV03 | | Reference Identification | 325 | R | N | If loop is used, enter Attending Taxonomy. Mus be entered when NPI is present |
| ***** SEGMENT ***** REF (Attending Physician Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 326 | R | Y | Use 1D or 1G |
| REF02 | | Reference Identification | 327 | R | Y | 7 digit RI Medicaid Provider ID or UPIN |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2310B (Operating Physician Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Operating Physician Name) | | | | | | |
| NM101 | | Entity Identifier Code | 329 | R | N | |
| NM102 | | Entity Type Qualifier | 329 | R | N | |
| NM103 | | Name Last or Organization Name | 329 | R | N | |
| NM104 | | Name First | 329 | R | N | |
| NM105 | | Name Middle | 329 | S | N | |
| NM107 | | Name Suffix | 329 | S | N | |
| NM108 | | Identification Code Qualifier | 330 | R | N | If loop is used, enter XX for NPI |
| NM109 | | Identification Code | 330 | R | N | If loop is used, enter NPI |
| ***** SEGMENT ***** PRV (Operating Physician Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 331 | R | N | |
| PRV02 | | Reference Identification Qualifier | 332 | R | N | |
| PRV03 | | Reference Identification | 332 | R | N | If loop is used, enter Operating Taxonomy Must be entered if NPI is present |
| ***** SEGMENT ***** REF (Operating Physician Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 333 | R | Y | Use qualifier 1D or 1G |
| REF02 | | Reference Identification | 334 | R | Y | Report the RI Medicaid 7 digit ID or UPIN. Field must be seven characters or less or the claim will be rejected. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2310C (Other Physician Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 336 | R | N | |
| NM102 | | Entity Type Qualifier | 336 | R | N | |
| NM103 | | Name Last or Organization Name | 336 | R | N | |
| NM104 | | Name First | 336 | S | N | |
| NM105 | | Name Middle | 337 | S | N | |
| NM107 | | Name Suffix | 337 | S | N | |
| NM108 | | Identification Code Qualifier | 337 | R | N | If loop is used, enter XX for NPI |
| NM109 | | Identification Code | 337 | R | N | If loop is used, enter NPI |
| ***** SEGMENT ***** PRV (Other Provider Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 338 | R | N | |
| PRV02 | | Reference Identification Qualifier | 339 | R | N | |
| PRV03 | | Reference Identification | 339 | R | N | If loop is used, enter Other Provider Taxonomy Must be entered if NPI is present |
| ***** SEGMENT ***** REF (Other Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 340 | R | Y | Use ID pr 1G |
| REF02 | | Reference Identification | 341 | R | Y | 7 digit RI Medicaid Provider ID or UPIN |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2310E (Service Facility Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Service Facility Name) | | | | | | |
| NM101 | | Entity Identifier Code | 350 | R | N | |
| NM102 | | Entity Type Qualifier | 350 | R | N | |
| NM103 | | Name Last or Organization Name | 350 | R | N | |
| NM108 | | Identification Code Qualifier | 350 | S | N | |
| NM109 | | Identification Code | 350 | S | N | |
| ***** SEGMENT ***** PRV (Service Facility Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 352 | R | N | |
| PRV02 | | Reference Identification Qualifier | 353 | R | N | |
| PRV03 | | Reference Identification | 353 | R | N | |
| ***** SEGMENT ***** N3 (Service Facility Address) | | | | | | |
| N301 | | Address Information | 354 | R | N | |
| N302 | | Address Information | 354 | S | N | |
| ***** SEGMENT ***** N4 (Service Facility City/State/Zip Code) | | | | | | |
| N401 | | City Name | 355 | R | N | |
| N402 | | State | 355 | R | N | |
| N403 | | Postal Code | 356 | R | N | |
| N404 | | Country Code | 356 | S | N | |
| ***** SEGMENT ***** REF (Service Facility Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 357 | R | N | |
| REF02 | | Reference Identification | 358 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2320 (Other subscriber information) | | | | | | |
| ***** SEGMENT ***** SBR (Other Subscriber Information) | | | | | | |
| SBR01 | | payer responsibility sequence number code | 360 | R | N | |
| SBR02 | | individual relationship code | 361 | R | N | |
| SBR03 | | insured group or policy number | 363 | S | N | |
| SBR04 | | other insured group name | 363 | S | Y | RI Medicaid unless other insurance |
| SBR09 | | claim filing indicator code | 363 | S | Y | Crossover claims are identified by MA or MB in this field. Only one Loop with Medicare information is allowed. More than one loop containing MA or MB will result in rejection of the claim. |
| ***** SEGMENT ***** CAS (Claim Level Adjustment) | | | | | | |
| CAS01 | | claim adjustment group code | 367 | R | N | |
| CAS02 | | Adjustment Reason Code | 367 | R | N | |
| CAS03 | | Adjustment Amount | 367 | R | N | |
| CAS04 | | adjustment quantity | 367 | S | N | |
| CAS05 | | Adjustment Reason Code | 368 | S | N | |
| CAS06 | | adjustment amount | 368 | R | N | |
| CAS07 | | adjustment quantity | 368 | S | N | |
| CAS08 | | Adjustment Reason Code | 368 | S | N | |
| CAS09 | | adjustment amount | 368 | S | N | |
| CAS10 | | adjustment quantity | 369 | S | N | |
| CAS11 | | Adjustment Reason Code | 369 | S | N | |
| CAS12 | | adjustment amount | 369 | S | N | |
| CAS13 | | adjustment quantity | 369 | S | N | |
| CAS14 | | Adjustment Reason Code | 369 | S | N | |
| CAS15 | | adjustment amount | 370 | S | N | |
| CAS16 | | adjustment quantity | 370 | S | N | |
| CAS17 | | Adjustment Reason Code | 370 | S | N | |
| CAS18 | | adjustment amount | 370 | S | N | |
| CAS19 | | adjustment quantity | 370 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** AMT (Payer Prior Payment) | | | | | | |
| AMT01 | | amount qualifier code | 371 | R | N | |
| AMT02 | | Monetary amount | 371 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Total Allowed Amount) | | | | | | |
| AMT01 | | amount qualifier code | 372 | R | N | |
| AMT02 | | Monetary amount | 372 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Total Submitted Charges) | | | | | | |
| AMT01 | | amount qualifier code | 373 | R | N | |
| AMT02 | | Monetary amount | 373 | R | N | |
| ***** SEGMENT ***** AMT (Diagnostic Related Group (DRG) Outlier Amount) | | | | | | |
| AMT01 | | amount qualifier code | 374 | R | N | |
| AMT02 | | Monetary amount | 375 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Total Medicare Paid Amount) | | | | | | |
| AMT01 | | amount qualifier code | 376 | R | N | |
| AMT02 | | Total Medicare Paid | 377 | R | N | |
| ***** SEGMENT ***** AMT (Medicare Paid Amount - 100%) | | | | | | |
| AMT01 | | amount qualifier code | 378 | R | N | |
| AMT02 | | Medicare Paid at 100% Amount | 378 | R | N | |
| ***** SEGMENT ***** AMT (Medicare Paid Amount - 80%) | | | | | | |
| AMT01 | | amount qualifier code | 380 | R | N | |
| AMT02 | | Medicare Paid at 80% Amount | 380 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount) | | | | | | |
| AMT01 | | amount qualifier code | 382 | R | N | |
| AMT02 | | Paid from Medicare A Trust Fund | 383 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount) | | | | | | |
| AMT01 | | amount qualifier code | 384 | R | N | |
| AMT02 | | Paid from Medicare B Trust Fund | 385 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Total Non-covered Amount) | | | | | | |
| AMT01 | | amount qualifier code | 386 | R | N | |
| AMT02 | | Non-covered Charge Amount | 386 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Total Denied Amount) | | | | | | |
| AMT01 | | amount qualifier code | 387 | R | N | |
| AMT02 | | Total Denied Charge Amount | 387 | R | N | |
| ***** SEGMENT ***** DMG (Other Subscriber Demographic Information) | | | | | | |
| DMG03 | | gender | 389 | R | N | |
| ***** SEGMENT ***** OI (Other Insurance Coverage Information) | | | | | | |
| OI03 | | Benefits Assignment Certification Indicator | 390 | R | N | |
| OI06 | | release of info code | 391 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ################################################################################################################ | | | | | | |
| ***** SEGMENT ***** | | | | | | |
| MIA (Medicare Inpatient Adjudication Information) | | | | | | |
| ################################################################################################################ | | | | | | |
| MIA01 | | Covered Days or Visits Count | 393 | R | N | |
| MIA02 | | Lifetime Reserve Days Count | 393 | S | N | |
| MIA03 | | LIFETIME Psychiatric Days Count | 393 | S | N | |
| MIA04 | | Claim DRG Amount | 393 | S | N | |
| MIA05 | | Claim Payment Remark Code | 393 | S | N | |
| MIA06 | | Claim Disproportionate Share Amount | 393 | S | N | |
| MIA07 | | Claim MSP Pass-through Amount | 394 | S | N | |
| MIA08 | | Claim PPS Capital Amount | 394 | S | N | |
| MIA09 | | PPS-Capital FSP CRG Amount | 394 | S | N | |
| MIA10 | | PPS - Capital HSP DRG Amount | 394 | S | N | |
| MIA11 | | PPS - Capital DSH DRG Amount | 394 | S | N | |
| MIA12 | | Old Capital Amount | 394 | S | N | |
| MIA13 | | PPS - Capital IME amount | 395 | S | N | |
| MIA14 | | PPS-Operating Hospital Specific DRG Amount | 395 | S | N | |
| MIA15 | | Cost Report Day Count | 395 | S | N | |
| MIA16 | | PPS-Operating Federal Specific DRG Amount | 395 | S | N | |
| MIA17 | | Claim PPS Capital Outlier Amount | 395 | S | N | |
| MIA18 | | Claim Indirect Teaching Amount | 395 | S | N | |
| MIA19 | | Nonpayable Professional Component Amount | 395 | S | N | |
| MIA20 | | Claim Payment Remark Code | 396 | S | N | |
| MIA21 | | Claim Payment Remark Code | 396 | S | N | |
| MIA22 | | Claim Payment Remark Code | 396 | S | N | |
| MIA23 | | Claim Payment Remark Code | 396 | S | N | |
| MIA24 | | PPS - Capital Exception Amount | 396 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

****** SEGMENT ******

*MOA (Medicare Outpatient Adjudication Information)*

| | | | | | |
|---|---|---|---|---|---|
| MOA01 | | Reimbursement Rate | 397 | S | N |
| MOA02 | | Claim HCPCS Payable Amount | 398 | S | N |
| MOA03 | | Claim Payment Remark Code | 398 | S | N |
| MOA04 | | Claim Payment Remark Code | 398 | S | N |
| MOA05 | | Claim Payment Remark Code | 398 | S | N |
| MOA06 | | Claim Payment Remark Code | 399 | S | N |
| MOA07 | | Claim Payment Remark Code | 399 | S | N |
| MOA08 | | Claim ESRD Payment Amount | 399 | S | N |
| MOA09 | | Non payable Professional Component | 399 | S | N |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2330A (Other Subscriber Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Subscriber Name) | | | | | | |
| NM101 | | entity identifier code | 401 | R | N | |
| NM102 | | entity type qualifier | 401 | R | N | |
| NM103 | | last name or organization name | 401 | R | N | |
| NM104 | | first name | 401 | S | N | |
| NM105 | | middle name | 402 | S | N | |
| NM107 | | name suffix | 402 | S | N | |
| NM108 | | id code qualifier | 402 | R | N | |
| NM109 | | id code | 403 | R | Y | When the Other Insurance is Medicare (Loop 2320, SBR09 equals MA or MB), RI Medicaid will capture 9 characters in this field and truncate over 9. Do not use hyphens or spaces. |
| ***** SEGMENT ***** N3 (Other Subscriber Address) | | | | | | |
| N301 | | other insured address line 1 | 404 | R | N | |
| N302 | | other insured address line 2 | 405 | S | N | |
| ***** SEGMENT ***** N4 (Other Subscriber City/State/ZIP Code) | | | | | | |
| N401 | | other insured city name | 406 | R | N | |
| N402 | | Other Insured State Code | 407 | R | N | |
| N403 | | other insured zip code | 407 | R | N | |
| N404 | | other insured country code | 407 | S | N | |
| ***** SEGMENT ***** REF (Other Subscriber Secondary Information) | | | | | | |
| REF01 | | reference identification qualifier | 408 | R | N | |
| REF02 | | other insured additional identifier | 409 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2330B (Other Payer Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Name) | | | | | | |
| NM101 | | entity identifier code | 410 | R | N | |
| NM102 | | entity type qualifier | 411 | R | N | |
| NM103 | | last name or organization name | 411 | R | N | |
| NM108 | | id code qualifier | 411 | R | Y | Use qualifier PI |
| NM109 | | id code | 411 | R | Y | If reporting Other Insurance Carriers, use the 3 digit RI Carrier Code in this field. The same identifier may only be entered once, or the claim will be rejected. |
| ***** SEGMENT ***** N3 (Other Payer Address) | | | | | | |
| N301 | | other insured address line 1 | 412 | R | N | |
| N302 | | other insured address line 2 | 412 | S | N | |
| ***** SEGMENT ***** N4 (Other Payer City/State/ZIP Code) | | | | | | |
| N401 | | other insured city name | 413 | R | N | |
| N402 | | other insured state code | 414 | R | N | |
| N403 | | other insured zip code | 414 | R | N | |
| N404 | | other insured country code | 414 | S | N | |
| ***** SEGMENT ***** DTP (Claim Adjudication Date) | | | | | | |
| DTP01 | | Date time qualifier | 415 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 415 | R | N | |
| DTP03 | | Adjudication or Payment date | 415 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Secondary Identification and Reference Number) | | | | | | |
| REF01 | | reference identification qualifier | 416 | R | N | |
| REF02 | | Other payer secondary Identifier | 417 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Other Payer Prior Authorization or Referral Number) | | | | | | |
| REF01 | | reference identification qualifier | 418 | R | N | |
| REF02 | | other payer prior auth or referral number | 419 | R | N | |
| ***** LOOP ***** 2330C (Other Patient Information) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Patient Information) | | | | | | |
| NM101 | | Entity Identifier Code | 421 | R | N | |
| NM102 | | Entity Type Qualifier | 421 | R | N | |
| NM108 | | Identification Code Qualifier | 421 | R | N | |
| NM109 | | id code | 421 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Patient Identification Number) | | | | | | |
| REF01 | | reference identification qualifier | 422 | R | N | |
| REF02 | | Other payer secondary Identifier | 423 | R | N | |
| ***** LOOP ***** 2330D (Other Payer Attending Provider) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Attending Provider) | | | | | | |
| NM101 | | entity identifier code | 425 | R | N | |
| NM102 | | entity type qualifier | 425 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Attending Provider Identification) | | | | | | |
| REF01 | | reference identification qualifier | 426 | R | N | |
| REF02 | | Other payer secondary Identifier | 427 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** LOOP ***** 2330E (Other Payer Operating Provider) ********** ********** ***** SEGMENT ***** NM1 (Other Payer Operating Provider) ********** | | | | | | |
| NM101 | | entity identifier code | 429 | R | N | |
| NM102 | | entity type qualifier | 429 | R | N | |
| ********** ***** SEGMENT ***** REF (Other Payer Operating Provider Identification) ********** | | | | | | |
| REF01 | | reference identification qualifier | 430 | R | N | |
| REF02 | | Other payer secondary Identifier | 431 | R | N | |
| ********** ***** LOOP ***** 2330F (Other Payer Other Provider) ********** ********** ***** SEGMENT ***** NM1 (Other Payer Other Provider) ********** | | | | | | |
| NM101 | | entity identifier code | 433 | R | N | |
| NM102 | | entity type qualifier | 433 | R | N | |
| ********** ***** SEGMENT ***** REF (Other Payer Other Provider Identification) ********** | | | | | | |
| REF01 | | reference identification qualifier | 434 | R | N | |
| REF02 | | Other payer secondary Identifier | 435 | R | N | |
| ********** ***** LOOP ***** 2330H (Other Payer Service Facility Provider) ********** ********** ***** SEGMENT ***** NM1 (Other Payer Service Facility Provider) ********** | | | | | | |
| NM101 | | entity identifier code | 441 | R | N | |
| NM102 | | entity type qualifier | 441 | R | N | |
| ********** ***** SEGMENT ***** REF (Other Payer Service Facility Provider Identification) ********** | | | | | | |
| REF01 | | reference identification qualifier | 442 | R | N | |
| REF02 | | Other payer secondary Identifier | 443 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2400 (Service Line Number) | | | | | | |
| ***** SEGMENT ***** LX (Service Line Number) | | | | | | |
| LX01 | | Assigned Number | 444 | R | N | |
| ***** SEGMENT ***** SV2 (Institutional Service Line) | | | | | | |
| SV201 | | Service Line Revenue Code | 446 | R | Y | Revenue code must be four characters or less or claim will be rejected. Right justified zero filled if necessary. |
| SV202 | | Composite Medical Procedure Identifier | 446 | S | N | |
| SV202 | C003-1 | Product or Service ID Qualifier | 446 | R | N | |
| SV202 | C003-2 | HCPCS Code | 447 | R | Y | A field containing more than 5 characters will cause the claim to be rejected. |
| SV202 | C003-3 | HCPCS Modifier 1 | 447 | S | N | |
| SV202 | C003-4 | HCPCS Modifier 2 | 447 | S | N | |
| SV202 | C003-5 | HCPCS Modifier 3 | 448 | S | N | |
| SV202 | C003-6 | HCPCS Modifier 4 | 448 | S | N | |
| SV203 | | Line Item Charge Amount | 448 | R | N | |
| SV204 | | Unit or Basis for Measurement | 448 | R | N | |
| SV205 | | Service Unit Count | 449 | R | N | |
| SV206 | | Service Line Rate | 449 | S | N | |
| SV207 | | Line Item Denied Charge or Non-Covered Charge amount | 449 | S | N | |
| ***** SEGMENT ***** PWK (Line Supplemental Information) | | | | | | |
| PWK01 | | Attachment Report type code | 453 | R | N | |
| PWK02 | | attachment transmission code | 454 | R | N | |
| PWK05 | | identification code qualifier | 454 | S | N | |
| PWK06 | | Attachment Control Number | 454 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Service Line Date) | | | | | | |
| DTP01 | | date time qualifier | 456 | R | N | |
| DTP02 | | date time period format qualifier | 457 | R | N | |
| DTP03 | | Service Date | 457 | R | N | |
| ***** SEGMENT ***** DTP (Assessment Date) | | | | | | |
| DTP01 | | date time qualifier | 458 | R | N | |
| DTP02 | | date time period format qualifier | 458 | R | N | |
| DTP03 | | date time period | 459 | R | N | |
| ***** SEGMENT ***** AMT (Service Tax Amount) | | | | | | |
| AMT01 | | amount qualifier code | 460 | R | N | |
| AMT02 | | Service Tax Amount | 460 | R | N | |
| ***** SEGMENT ***** AMT (Facility Tax Amount) | | | | | | |
| AMT01 | | amount qualifier code | 461 | R | N | |
| AMT02 | | Facility Tax Amount | 461 | R | N | |
| ***** SEGMENT ***** HCP (Line Pricing/Repricing Information) | | | | | | |
| HCP01 | | Pricing/Repricing Methodology | 30 | R | N | |
| HCP02 | | Pricing/Repricing Allowed Amount | 30 | R | N | |
| HCP03 | | Pricing/Repricing Savings Amount | 30 | S | N | |
| HCP04 | | Pricing/Repricing Organizational Identifier | 30 | S | N | |
| HCP05 | | Pricing/Repricing Rate | 30 | S | N | |
| HCP06 | | Approved APG Code. Pricing | 30 | S | N | |
| HCP07 | | Approved APG Amount. Pricing | 30 | S | N | |
| HCP08 | | Approved Revenue Code | 30 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HCP09 | | Product/Service ID Qualifier | 30 | S | N | |
| HCP10 | | Pricing/Repricing Approved Procedure Code | 30 | S | N | |
| HCP11 | | Unit or Basis for Measurement Code | 30 | S | N | |
| HCP12 | | Pricing/Repricing Approved Units or Inpatient Days | 30 | S | N | |
| HCP13 | | Reject Reason Code | 30 | S | N | |
| HCP14 | | Policy Compliance Code | 30 | S | N | |
| HCP15 | | Exception Code | 30 | S | N | |
| ***** LOOP ***** 2410 (Drug Identification) | | | | | | |
| ***** SEGMENT ***** LIN (Drug Identification) | | | | | | |
| LIN02 | | Product/Service ID Qualifier | 461 | R | N | |
| LIN03 | | Product/Service ID | 461 | R | N | |
| ***** SEGMENT ***** CTP (Drug Pricing) | | | | | | |
| CPT03 | | Drug Unit Price | 461 | R | N | |
| CPT04 | | National Drug Unit Count | 461 | R | N | |
| CPT05 | | Composit Unit of Measure | 461 | R | N | |
| CPT05 | C0001 | Code Qualifier | 461 | R | N | |
| ***** SEGMENT ***** REF (Prescription Number) | | | | | | |
| REF01 | | Code Qualifier | 461 | R | N | |
| REF02 | | Prescription Number | 461 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2420A (Attending Physician Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Attending Physician Name) | | | | | | |
| NM101 | | Entity Identifier Code | 463 | R | N | |
| NM102 | | Entity Type Qualifier | 463 | R | N | |
| NM103 | | Name Last or Organization Name | 463 | R | N | |
| NM104 | | Name First | 463 | S | N | |
| NM105 | | Name Middle | 463 | S | N | |
| NM107 | | Name Suffix | 463 | S | N | |
| NM108 | | Identification Code Qualifier | 463 | R | N | |
| NM109 | | Attending Physician Primary Identifier | 464 | R | N | |
| ***** SEGMENT ***** PRV (Attending Physician Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 465 | R | N | |
| PRV02 | | Reference Identification Qualifier | 465 | R | N | |
| PRV03 | | Reference Identification | 466 | R | N | |
| ***** SEGMENT ***** REF (Attending Physician Secondary Identification) | | | | | | |
| REF01 | | Reference identification qualifier | 467 | R | N | |
| REF02 | | Reference Identification | 468 | R | Y | Medicaid ID or UPIN |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2420B (Operating Physician Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Operating Physician Name) | | | | | | |
| NM101 | | Entity Identifier Code | 470 | R | N | |
| NM102 | | Entity Type Qualifier | 470 | R | N | |
| NM103 | | Name Last or Organization Name | 470 | R | N | |
| NM104 | | Name First | 470 | S | N | |
| NM105 | | Name Middle | 470 | S | N | |
| NM107 | | Name Suffix | 470 | S | N | |
| NM108 | | Identification Code Qualifier | 470 | R | N | |
| NM109 | | Identification code | 471 | R | N | |
| ***** SEGMENT ***** PRV (Operating Physician Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 472 | R | N | |
| PRV02 | | Reference Identification Qualifier | 473 | R | N | |
| PRV03 | | Reference Identification | 473 | R | N | |
| ***** SEGMENT ***** REF (Operating Physician Secondary Identification) | | | | | | |
| REF01 | | Reference identification qualifier | 474 | R | Y | Use qualifier 1D or 1G |
| REF02 | | Reference Identification | 475 | R | Y | Use the 7 digit RI Medicaid Provider ID or UPIN if over 7 characters are sent the claim will be rejected. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2420C (Other Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 477 | R | N | |
| NM102 | | Entity Type Qualifier | 477 | R | N | |
| NM103 | | Name Last or Organization Name | 477 | R | N | |
| NM104 | | Name First | 477 | S | N | |
| NM105 | | Name Middle | 477 | S | N | |
| NM107 | | Name Suffix | 478 | S | N | |
| NM108 | | Identification Code Qualifier | 478 | R | N | |
| NM109 | | Identification code | 478 | R | N | |
| ***** SEGMENT ***** PRV (Other Provider Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 479 | R | N | |
| PRV02 | | Reference Identification Qualifier | 480 | R | N | |
| PRV03 | | Reference Identification | 480 | R | N | |
| ***** SEGMENT ***** REF (Other Provider Secondary Identification) | | | | | | |
| REF01 | | reference identification qualifier | 481 | R | Y | Use 1D or 1G |
| REF02 | | Reference Identification | 482 | R | Y | 7 digit RI Medicaid Provider ID or UPIN, if over 7 characters are sent, the claim will be rejected |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** LOOP ***** 2430 (Service line adjudication information) ********** | | | | | | |
| ********** ***** SEGMENT ***** SVD (Service Line Adjudication Information) ********** | | | | | | |
| SVD01 | | Payer Identifier | 491 | R | Y | Use the 3 digit RI Medicaid Carrier Code. |
| SVD02 | | Service Line Paid Amt. | 491 | R | N | |
| SVD03 | | composite medical procedure identifier | 491 | S | N | |
| SVD03 | C003-1 | product or service id qualifier | 491 | R | N | |
| SVD03 | C003-2 | procedure code | 492 | R | N | |
| SVD03 | C003-3 | procedure modifier 1 | 492 | S | N | |
| SVD03 | C003-4 | procedure modifier 2 | 492 | S | N | |
| SVD03 | C003-6 | procedure modifier 4 | 492 | S | N | |
| SVD03 | C003-7 | procedure code description | 492 | S | N | |
| SVD04 | | Service Line Revenue Code | 492 | R | N | |
| SVD05 | | Adjustment Quantity | 493 | R | N | |
| SVD06 | | bundled/unbundled line number | 493 | S | N | |
| ********** ***** SEGMENT ***** CAS (Service Line Adjustment) ********** | | | | | | |
| CAS01 | | claim adjustment group code | 495 | R | N | |
| CAS02 | | Adjustment Reason Code | 496 | R | N | |
| CAS03 | | Adjustment Amount | 496 | R | N | |
| CAS04 | | adjustment quantity | 496 | S | N | |
| CAS05 | | Adjustment Reason Code | 496 | S | N | |
| CAS06 | | adjustment amount | 497 | S | N | |
| CAS07 | | adjustment quantity | 497 | S | N | |
| CAS08 | | Adjustment Reason Code | 497 | S | N | |
| CAS09 | | adjustment amount | 498 | S | N | |
| CAS10 | | adjustment quantity | 498 | S | N | |
| CAS11 | | Adjustment Reason Code | 498 | S | N | |
| CAS12 | | adjustment amount | 499 | S | N | |
| CAS13 | | adjustment quantity | 499 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| CAS14 | | Adjustment Reason Code | 499 | S | N | |
| CAS15 | | adjustment amount | 500 | S | N | |
| CAS16 | | adjustment quantity | 500 | S | N | |
| CAS17 | | Adjustment Reason Code | 500 | S | N | |
| CAS18 | | adjustment amount | 501 | S | N | |
| CAS19 | | adjustment quantity | 501 | S | N | |

****** SEGMENT ******
*DTP (Service Adjudication Date)*

| | | | | | | |
|---|---|---|---|---|---|---|
| DTP01 | | date/time qualifier | 502 | R | N | |
| DTP02 | | date time period format qualifier | 502 | R | N | |
| DTP03 | | Date time Period | 502 | R | N | |

****** LOOP ******
*NA (transaction set trailer)*

****** SEGMENT ******
*SE (Transaction Set Trailer)*

| | | | | | | |
|---|---|---|---|---|---|---|
| SE01 | | transaction segment count | 503 | R | N | |
| SE02 | | transaction set control number | 503 | R | N | |

****** LOOP ******
*NA (Functional Group Trailer)*

****** SEGMENT ******
*GE (Functional Group Trailer)*

| | | | | | | |
|---|---|---|---|---|---|---|
| GE01 | | Number of Transaction Sets Included | B.10 | R | N | |
| GE02 | | Group Control Number | B.10 | R | N | |

****** LOOP ******
*NA (Interchange Control Trailer)*

****** SEGMENT ******
*IEA (Interchange Control Trailer)*

| | | | | | | |
|---|---|---|---|---|---|---|
| IEA01 | | Number of Included Functional Groups | B.7 | R | N | |
| IEA02 | | Interchange Control Number | B.7 | R | N | |


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# 3.2. 837I - Institutional, Outpatient Claims

The technical specification is to be used by Outpatient General Hospitals, Mental Health Institutions, Skilled Home Health, Hospice Services and Dialysis Facilities where Medicaid may be the primary or tertiary payer.

## Instructions/General Information:

The Technical Specification document lists the data elements of the X12N 837 transaction, and provides information specific to Rhode Island Medicaid edits and requirements. The column headings for all 837 Technical Specifications are listed below, with a brief description. The page numbers given refer to the Washington Publishing Implementation Guides published in 2000.

- Segment ID: 837 Implementation Guide Segment ID
- Data Element: 837 Implementation Guide Composite Sequence ID/Data Element (not present with every segment)
- HIPAA Guide Name: Brief description of Segment ID
- Page #: 837 Implementation Guide Page Number
- HIPAA Usage: 837 Implementation Guide indicators "R" for Required if the Segment is used; "S" for Situational.
- Medicaid Note: The listed values are used to notify the provider when Rhode Island Medicaid has specific requirements for segment use or data format.
    - "Y" indicates that there is a specific instruction or limited values for RI Medicaid claims.
    - "N" indicates that there are no RI specific instructions and the Submitter must provide the data as indicated in the HIPAA Implementation Guide.
    - "X" indicates that RI Medicaid does not expect to receive the Loop/Segment in the claim file. If it is received, it will be ignored as long as it's formatting passes the X12N edit.
- MMIS Instruction: Rules and information for RI Medicaid data verification.


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ################################################################################################################################################################################################ | | | | | | |
| ***** LOOP ***** | | | | | | |
| NA (Interchange Control Header) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| ***** SEGMENT ***** | | | | | | |
| ISA (Interchange Control Header) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| ISA01 | | Authorization Information Qualifier | B.3 | R | N | |
| ISA02 | | Authorization Information | B.3 | R | N | |
| ISA03 | | Security Information Qualifier | B.4 | R | N | |
| ISA04 | | Security Information | B.4 | R | N | |
| ISA05 | | Interchange Sender ID Qualifier | B.4 | R | Y | Use qualifier ZZ |
| ISA06 | | Interchange Sender ID | B.4 | R | Y | Use RI Medicaid assigned Trading Partner ID. |
| ISA07 | | Interchange Receiver ID Qualifier | B.4 | R | Y | Use qualifier ZZ |
| ISA08 | | Interchange Receiver ID | B.5 | R | Y | Use RIMedicaid EIN "056000522". |
| ISA09 | | Interchange Date | B.5 | R | N | |
| ISA10 | | Interchange Time | B.5 | R | N | |
| ISA11 | | Interchange Control Standards Indentifier | B.5 | R | N | |
| ISA12 | | Interchange Control Version Number | B.5 | R | N | |
| ISA13 | | Interchange Control Number | B.5 | R | N | |
| ISA14 | | Acknowledgment Requested | B.6 | R | N | |
| ISA15 | | Usage Indicator | B.6 | R | N | |
| ISA16 | | Component Element Separator | B.6 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

```
##########################################################################################################
                                    ***** LOOP *****
                                NA   (Functional Group Header)
##########################################################################################################
##########################################################################################################
                                    ***** SEGMENT *****
                                GS (Functional Group Header)
##########################################################################################################
```

| | | | | | | |
|---|---|---|---|---|---|---|
| GS01 | | Functional ID Code | B.8 | R | N | |
| GS02 | | Application Sender's Code | B.8 | R | Y | Use RI Medicaid assigned Trading Partner ID |
| GS03 | | Application Receiver's Code | B.8 | R | Y | Use RI Medicaid EIN "056000522" |
| GS04 | | Date | B.8 | R | N | |
| GS05 | | Time | B.8 | R | N | |
| GS06 | | Group Control Number | B.9 | R | N | |
| GS07 | | Responsible Agency Code | B.9 | R | N | |
| GS08 | | Version/Release ID Code | B.9 | R | Y | Use 004010X096A1 |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** NA (NoLoopName) | | | | | | |
| ***** SEGMENT ***** ST (Transaction Set Header) | | | | | | |
| ST01 | | Transaction Set Identifier Code | 56 | R | N | |
| ST02 | | Transaction Set Control Number | 56 | R | Y | Recommend start at 000000001 and increment per submission |
| ***** SEGMENT ***** BHT (Beginning of Hierarchical Transaction) | | | | | | |
| BHT01 | | Hierarchical Structure Code | 57 | R | N | |
| BHT02 | | Transaction Set Purpose Code | 58 | R | N | |
| BHT03 | | Reference Identification | 58 | R | N | |
| BHT04 | | Date | 58 | R | N | |
| BHT05 | | Transaction Set Creation Time | 58 | R | N | |
| BHT06 | | Transaction Type Code | 59 | R | Y | RI Medicaid will only process charge transactions (CH). Values other than CH will cause rejection of the entire transaction. |
| ***** SEGMENT ***** REF (Transmission Type Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 60 | R | N | |
| REF02 | | Reference Identification | 60 | R | Y | For testing and submitter certification, use 004010X096DA1. Once certified, use 004010X096A1. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 1000A (Submitter Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Submitter Name) | | | | | | |
| NM101 | | Entity Identifier Code | 62 | R | N | |
| NM102 | | Entity Type Qualifier | 62 | R | N | |
| NM103 | | Name Last or Organization Name | 62 | R | N | |
| NM104 | | Name First | 62 | S | N | |
| NM105 | | Name Middle | 62 | S | N | |
| NM108 | | Identification Code Qualifier | 62 | R | N | |
| NM109 | | Identification Code | 63 | R | Y | Enter the Trading Partner ID assigned by RI Medicaid |
| ***** SEGMENT ***** PER (Submitter EDI Contact Information) | | | | | | |
| PER01 | | Contact Function Code | 65 | R | Y | RI Medicaid will only capture information from the first PER segment. |
| PER02 | | Name | 65 | R | N | |
| PER03 | | Communication Number Qualifier | 65 | R | Y | RI Medicaid will utilize TE, EM, EX or FX. |
| PER04 | | Communication Number | 65 | R | N | |
| PER05 | | Communication Number Qualifier | 65 | S | Y | RI Medicaid will prefer to have TE, EX, EM or FX.. |
| PER06 | | Communication Number | 66 | S | N | |
| PER07 | | Communication Number Qualifier | 66 | S | Y | RI Medicaid will prefer to have TE, EX, EM or FX.. |
| PER08 | | Communication Number | 66 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** LOOP ***** 1000B (Receiver Name) ********** ********** ***** SEGMENT ***** NM1 (Receiver Name) ********** | | | | | | |
| NM101 | | Entity Identifier Code | 68 | R | N | |
| NM102 | | Entity Type Qualifier | 68 | R | N | |
| NM103 | | Name Last or Organization Name | 68 | R | Y | Enter "RI MEDICAID" |
| NM108 | | Identification Code Qualifier | 68 | R | N | |
| NM109 | | Identification Code | 68 | R | Y | Use RI Medicaid EIN "056000522". |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** LOOP ********** 2000A (Billing/Pay to Provider Hierarchical Level) | | | | | | |
| ********** SEGMENT ********** HL (Billing/Pay-To Provider Hierarchical Level) | | | | | | |
| HL01 | | Hierarchical ID Number | 70 | R | N | |
| HL03 | | Hierarchical Level Code | 70 | R | N | |
| HL04 | | Hierarchical Child Code | 70 | R | N | |
| ********** SEGMENT ********** PRV (Billing/Pay-To Provider Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 71 | R | N | |
| PRV02 | | Reference Identification Qualifier | 72 | R | N | |
| PRV03 | | Reference Identification | 72 | R | N | Enter Billing Taxonomy Must be entered if NPI is present |
| ********** SEGMENT ********** CUR (Foreign Currency Information) | | | | | | |
| CUR01 | | Entity Identifier Code | 74 | R | X | |
| CUR02 | | Currency Code | 74 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010AA (Billing Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Billing Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 77 | R | Y | RI Medicaid will use the Provider information reported in 2010AA as the Claim Billing Provider when Loop 2010AB (Pay To Provider) is not sent. |
| NM102 | | Entity Type Qualifier | 77 | R | N | |
| NM103 | | Name Last or Organization Name | 77 | R | N | |
| NM108 | | Identification Code Qualifier | 77 | R | N | Enter XX for NPI |
| NM109 | | Identification Code | 78 | R | Y | Enter NPI |
| ***** SEGMENT ***** N3 (Billing Provider Address) | | | | | | |
| N301 | | Address Information | 79 | R | N | |
| N302 | | Address Information | 79 | S | N | |
| ***** SEGMENT ***** N4 (Billing Provider City/State/ZIP Code) | | | | | | |
| N401 | | City Name | 80 | R | N | |
| N402 | | State | 81 | R | N | |
| N403 | | Postal Code | 81 | R | N | |
| N404 | | Country Code | 81 | S | N | |
| ***** SEGMENT ***** REF (Billing Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 83 | R | Y | Enter 1D for RI Medicaid Provider Only if NPI is not present |
| REF02 | | Reference Identification | 84 | R | Y | Report the 7 digit provider number assigned by RI Medicaid . If more than 7characters are sent, the claim will be rejected. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Credit/Debit Card Billing Information) | | | | | | |
| REF01 | | Reference Identification Qualifier | 85 | R | X | |
| REF02 | | Reference Identification | 86 | R | X | |
| ***** SEGMENT ***** PER (Billing Provider Contact Information) | | | | | | |
| PER01 | | Contact Function Code | 88 | R | Y | RI Medicaid will only capture the information in the first PER segment. |
| PER02 | | Name | 88 | R | N | |
| PER03 | | Communication Number Qualifier | 88 | R | Y | RI Medicaid will only utilize TE, EX, EM or FX. |
| PER04 | | Communication Number | 88 | R | N | |
| PER05 | | Communication Number Qualifier | 89 | S | Y | RI Medicaid will only utilize TE, EX, EM or FX. |
| PER06 | | Communication Number | 89 | S | N | |
| PER07 | | Communication Number Qualifier | 89 | S | Y | RI Medicaid will only utilize TE, EX, EM or FX. |
| PER08 | | Communication Number | 89 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010AB ( Pay-To Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Pay-To Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 92 | R | N | |
| NM102 | | Entity Type Qualifier | 92 | R | N | |
| NM103 | | Name Last or Organization Name | 92 | R | N | |
| NM108 | | Identification Code Qualifier | 92 | R | N | If this loop is used, enter XX for NPI |
| NM109 | | Identification Code | 93 | R | Y | If this loop is used, enter NPI |
| ***** SEGMENT ***** N3 (Pay-To Provider Address) | | | | | | |
| N301 | | Address Information | 94 | R | N | |
| N302 | | Address Information | 94 | S | N | |
| ***** SEGMENT ***** N4 (Pay-To Provider City/State/ZIP Code) | | | | | | |
| N401 | | City Name | 95 | R | N | |
| N402 | | State | 95 | R | N | |
| N403 | | Postal Code | 95 | R | N | |
| N404 | | Country Code | 96 | S | N | |
| ***** SEGMENT ***** REF (Pay-To Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 97 | R | Y | If this loop is used, use qualifier 1D Only if NPI is not present |
| REF02 | | Reference Identification | 98 | R | Y | If Pay-To Provider information is reported, use the 7 digit RI Medicaid assigned Provider ID. Entries |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| | | | | | | greater than 7 digits will cause the claim to be rejected. |

*****LOOP*****
2000B (Subscriber Hierarchical Level)

*****SEGMENT*****
HL (Subscriber Hierarchical Level)

| | | | | | |
|---|---|---|---|---|---|
| HL01 | hierarchical id number | 100 | R | Y | The Subscriber always equals the Patient for RI Medicaid claims. Report Patient/Recipient information in this loop. |
| HL02 | hierarchical parent id number (insured person) | 100 | R | N | |
| HL03 | hierarchical level code | 100 | R | N | |
| HL04 | hierarchical child code | 100 | R | Y | Use value 0 - for RI Medicaid the Subscriber is always the same as the Patient. |

*****SEGMENT*****
SBR (Subscriber Information)

| | | | | | |
|---|---|---|---|---|---|
| SBR01 | payer responsibility sequence number code | 102 | R | N | |
| SBR02 | individual relationship code | 103 | S | Y | Patient Relationship to Subscriber is always Self for RI Medicaid |
| SBR03 | insured group or policy number | 103 | S | N | |
| SBR04 | insured group name | 103 | S | Y | RI Medicaid unless COB |
| SBR09 | claim filing indicator code | 104 | R | Y | Use indicator MC |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010BA (Subscriber name) | | | | | | |
| ***** SEGMENT ***** NM1 (Subscriber Name) | | | | | | |
| NM101 | | entity identifier code | 109 | R | N | |
| NM102 | | entity type qualifier | 109 | R | N | |
| NM103 | | Name Last or Organization Name | 109 | R | N | |
| NM104 | | Name First | 109 | S | N | |
| NM105 | | subscriber middle name | 109 | S | N | |
| NM107 | | subscriber name suffix | 110 | S | N | |
| NM108 | | identification code qualifier | 110 | S | Y | Use MI |
| NM109 | | Identification Code | 110 | S | Y | Enter the 9 digit RI Medicaid Recipient ID. No hyphens or spaces. If more than 9 characters are sent, the claim will be rejected. |
| ***** SEGMENT ***** N3 (Subscriber Address) | | | | | | |
| N301 | | subscriber address line 1 | 112 | R | N | |
| N302 | | subscriber address line 2 | 112 | S | N | |
| ***** SEGMENT ***** N4 (Subscriber City/State/ZIP Code) | | | | | | |
| N401 | | subscriber city name | 113 | R | N | |
| N402 | | subscriber state | 114 | R | N | |
| N403 | | subscriber zip code | 114 | R | N | |
| N404 | | subscriber country code | 114 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DMG (Subscriber Demographic Information) | | | | | | |
| DMG01 | | date time period format qualifier (indicates dob format) | 115 | R | N | |
| DMG02 | | subscriber birth date | 116 | R | N | |
| DMG03 | | gender code | 116 | R | N | |
| ***** SEGMENT ***** REF (Subscriber Secondary Identification) | | | | | | |
| REF01 | | reference identification qualifier | 117 | R | N | |
| REF02 | | subscriber supplemental identifier | 118 | R | N | |
| ***** SEGMENT ***** REF (Property and Casualty Claim Number) | | | | | | |
| REF01 | | reference identification qualifier | 120 | R | N | |
| REF02 | | property casualty claim number | 120 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010BB (Credit/debit card holder name) | | | | | | |
| ***** SEGMENT ***** NM1 (Credit/Debit Card Account Holder Name) | | | | | | |
| NM101 | | entity identifier code | 122 | R | X | |
| NM102 | | entity type qualifier | 122 | R | X | |
| NM103 | | credit or debit card holder last or organizational name | 122 | R | X | |
| NM104 | | credit or debit card holder first name | 122 | S | X | |
| NM105 | | credit or debit card holder middle name | 122 | S | X | |
| NM107 | | credit or debit card holder name suffix | 122 | S | X | |
| NM108 | | identification code qualifier | 123 | R | X | |
| NM109 | | credit or debit card number | 123 | R | X | |
| ***** SEGMENT ***** REF (Credit/Debit Card Information) | | | | | | |
| REF01 | | reference identification qualifier | 124 | R | X | |
| REF02 | | credit or debit card authorization number | 125 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010BC (Payer name) | | | | | | |
| ***** SEGMENT ***** NM1 (Payer Name) | | | | | | |
| NM101 | | entity identifier code | 127 | R | N | |
| NM102 | | entity type qualifier | 127 | R | N | |
| NM103 | | payer name | 127 | R | Y | Enter "RI MEDICAID" |
| NM108 | | identification code qualifier | 127 | R | Y | Use qualifier PI for RI Medicaid |
| NM109 | | payer identifier | 128 | R | Y | Use RI Medicaid EIN "056000522". . |
| ***** SEGMENT ***** N3 (Payer Address) | | | | | | |
| N301 | | payer address line 1 | 129 | R | N | |
| N302 | | payer address line 2 | 129 | S | N | |
| ***** SEGMENT ***** N4 (Payer City/State/ZIP Code) | | | | | | |
| N401 | | payer city name | 130 | R | N | |
| N402 | | payer state code | 131 | R | N | |
| N403 | | payer zip code | 131 | R | N | |
| N404 | | payer country code | 131 | S | N | |
| ***** SEGMENT ***** REF (Payer Secondary Identification) | | | | | | |
| REF01 | | reference identification qualifier | 132 | R | N | |
| REF02 | | payer additional identifier | 133 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### | | | | | | |
| | | ***** LOOP ***** | | | | |
| | | 2010BD (Responsible party name) | | | | |
| ##### | | | | | | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | NM1 (Responsible Party Name) | | | | |
| ##### | | | | | | |
| NM101 | | entity identifier code | 135 | R | N | |
| NM102 | | entity type qualifier | 135 | R | N | |
| NM103 | | responsible party last or organization name | 135 | R | N | |
| NM104 | | responsible party first name | 135 | S | N | |
| NM105 | | responsible party middle name | 135 | S | N | |
| NM107 | | responsible party suffix name | 135 | S | N | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | N3 (Responsible Party Address) | | | | |
| ##### | | | | | | |
| N301 | | responsible party address line 1 | 136 | R | N | |
| N302 | | responsible party address line 2 | 136 | S | N | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | N4 (Responsible Party City/State/ZIP Code) | | | | |
| ##### | | | | | | |
| N401 | | responsible party city name | 137 | R | N | |
| N402 | | responsible party state code | 137 | R | N | |
| N403 | | responsible party zip code | 137 | R | N | |
| N404 | | responsible party country code | 138 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### | | | | | | |
| | | ***** LOOP ***** | | | | |
| | | 2000C (Patient hierarchical level) | | | | |
| ##### | | | | | | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | HL (Patient Hierarchical Level) | | | | |
| ##### | | | | | | |
| HL01 | | hierarchical id number | 140 | R | X | |
| HL02 | | hierarchical parent id number | 140 | R | X | |
| HL03 | | hierarchical level code | 140 | R | X | |
| HL04 | | hierarchical child code | 140 | R | X | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | PAT (Patient Information) | | | | |
| ##### | | | | | | |
| PAT01 | | patients relationship to insured | 142 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### | | | | | | |
| | | ***** LOOP ***** | | | | |
| | | 2010CA (Patient name) | | | | |
| ##### | | | | | | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | NM1 (Patient Name) | | | | |
| ##### | | | | | | |
| NM101 | | entity identifier code | 145 | R | X | |
| NM102 | | entity type qualifier | 146 | R | X | |
| NM103 | | Patient last name | 146 | R | X | |
| NM104 | | Patient first name | 146 | R | X | |
| NM105 | | Patient middle name | 146 | S | X | |
| NM107 | | patient name suffix | 146 | S | X | |
| NM108 | | identification code qualifier | 147 | S | X | |
| NM109 | | identification code | 147 | S | X | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | N3 (Patient Address) | | | | |
| ##### | | | | | | |
| N301 | | patient address line 1 | 148 | R | X | |
| N302 | | patient address line 2 | 148 | S | X | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | N4 (Patient City/State/ZIP Code) | | | | |
| ##### | | | | | | |
| N401 | | patient city name | 149 | R | X | |
| N402 | | patient state code | 150 | R | X | |
| N403 | | patient zip code | 150 | R | X | |
| N404 | | country code | 150 | S | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DMG (Patient Demographic Information) | | | | | | |
| DMG01 | | date time period format qualifier (indicates format for date of | 151 | R | X | |
| DMG02 | | patient date of birth | 152 | R | X | |
| DMG03 | | patient gender code | 152 | R | X | |
| ***** SEGMENT ***** REF (Patient Secondary Identification Number) | | | | | | |
| REF01 | | reference identification qualifier | 153 | R | X | |
| REF02 | | patient secondary identifier | 154 | R | X | |
| ***** SEGMENT ***** REF (Property and Casualty Claim Number) | | | | | | |
| REF01 | | reference qualifier | 155 | R | X | |
| REF02 | | property casualty claim number | 156 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2300 (Claim information) | | | | | | |
| ***** SEGMENT ***** CLM (Claim Information) | | | | | | |
| CLM01 | | Patient Account Number | 158 | R | Y | RI Medicaid will capture up to the first 20 characters and return them on the 835. Fields longer than 20 will be truncated. |
| CLM02 | | Total Claim Charge Amount | 159 | R | Y | Total claim amount must be greater than or equal to total of other insurance amount. (Sum of totals in loop 2320 amts) or claim will be rejected. Does not apply to MA or MB. |
| CLM05 | | Facility code Qualifier | 159 | R | N | |
| CLM05 | C023-1 | facility code value | 159 | R | N | |
| CLM05 | C023-2 | facility code qualifier | 159 | R | N | |
| CLM05 | C023-3 | claim frequency code | 159 | R | Y | RI Medicaid will process Frequency Codes 1, 2, 3, 4,5, 7 and 8, unless the 837 is submitted by Medicare. Frequency codes of 7 and 8 will not be processed when submitted by Medicare. Frequency code 6 will cause the claim to reject. |
| CLM06 | | provider or supplier signature indicator | 160 | R | N | |
| CLM07 | | Medicare assignment code | 160 | S | N | |
| CLM08 | | benefits assignment certification indicator | 160 | R | N | |
| CLM09 | | release of information code | 161 | R | N | |
| CLM18 | | Explanation of Benefits Indicator | 163 | R | N | |
| CLM20 | | delay reason code | 164 | S | N | |
| ***** SEGMENT ***** DTP (Discharge Hour) | | | | | | |
| DTP01 | | date time qualifier | 165 | R | N | |
| DTP02 | | date time period format qualifier | 165 | R | N | |
| DTP03 | | Discharge Hour | 166 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Statement Dates) | | | | | | |
| DTP01 | | date time qualifier | 167 | R | N | |
| DTP02 | | date time period format qualifier | 167 | R | N | |
| DTP03 | | Statement from and to date | 168 | R | N | |
| ***** SEGMENT ***** DTP (Admission Date/Hour) | | | | | | |
| DTP01 | | date time qualifier | 169 | R | N | |
| DTP02 | | date time period format qualifier | 169 | R | N | |
| DTP03 | | Admission Date and Hour | 170 | R | N | |
| ***** SEGMENT ***** CL1 (Institutional Claim Code) | | | | | | |
| CL101 | | Admission Type Code | 171 | S | N | |
| CL102 | | Admission Source Code | 172 | S | N | |
| CL103 | | Patient Status Code | 172 | S | N | |
| ***** SEGMENT ***** PWK (Claim Supplemental Information) | | | | | | |
| PWK01 | | attachment report type code | 174 | R | N | |
| PWK02 | | attachment transmission code | 174 | R | N | |
| PWK05 | | identification code qualifier | 175 | S | N | |
| PWK06 | | attachment control number | 175 | S | N | |
| PWK07 | | description | 175 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** CN1 (Contract Information) | | | | | | |
| CN101 | | contract type code | 176 | R | N | |
| CN102 | | contract amount | 177 | S | N | |
| CN103 | | contract percentage | 177 | S | N | |
| CN104 | | contract code | 177 | S | N | |
| CN105 | | terms discount percentage | 177 | S | N | |
| CN106 | | contract version identifier | 177 | S | N | |
| ***** SEGMENT ***** AMT (Payer Estimated Amount Due) | | | | | | |
| AMT01 | | amount qualifier code | 178 | R | N | |
| AMT02 | | Payer Paid Amount | 179 | R | N | |
| ***** SEGMENT ***** AMT (Patient Estimated Amount Due) | | | | | | |
| AMT01 | | amount qualifier code | 180 | R | N | |
| AMT02 | | Patient Responsibility Amount | 181 | R | N | |
| ***** SEGMENT ***** AMT (Patient Amount Paid) | | | | | | |
| AMT01 | | amount qualifier code | 182 | R | N | |
| AMT02 | | patient paid amount | 183 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** AMT (Credit/Debit Card Maximum Amount) | | | | | | |
| AMT01 | | amount qualifier code | 184 | R | X | |
| AMT02 | | credit or debit card maximum amount | 184 | R | X | |
| ***** SEGMENT ***** REF (Adusted Repriced Claim Number) | | | | | | |
| REF01 | | reference identification qualifier | 185 | R | N | |
| REF02 | | Medicare section 4081 indicator | 185 | R | N | |
| ***** SEGMENT ***** REF (Repriced Claim Number) | | | | | | |
| REF01 | | reference identification qualifier | 186 | R | N | |
| REF02 | | mammography certification number | 186 | R | N | |
| ***** SEGMENT ***** REF (Claim Identification Number For Clearinghouses and Other Transmission Intermediaries) | | | | | | |
| REF01 | | reference identification qualifier | 187 | R | N | |
| REF02 | | Reference Identification | 188 | R | N | |
| ***** SEGMENT ***** REF (Document Identification Code) | | | | | | |
| REF01 | | reference identification qualifier | 189 | R | N | |
| REF02 | | claim original reference number | 189 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Original Reference Number (ICN/DCN)) | | | | | | |
| REF01 | | Reference Identification Qualifier | 191 | R | N | |
| REF02 | | Original Reference Number | 192 | R | Y | If the Claim Frequency equals 7 or 8the original 15 digit ICN is required in this field. If the data in this field exceeds 15, the claim will be rejected. |
| ***** SEGMENT ***** REF (Investigational Device Exemption Number) | | | | | | |
| REF01 | | reference identification qualifier | 193 | R | N | |
| REF02 | | repriced claim reference number | 193 | R | N | |
| ***** SEGMENT ***** REF (Service Authorization Exception Code) | | | | | | |
| REF01 | | reference identification qualifier | 195 | R | N | |
| REF02 | | adjusted repriced claim reference number | 196 | R | N | |
| ***** SEGMENT ***** REF (Peer Review Organization (PRO) Approval Number) | | | | | | |
| REF01 | | reference identification qualifier | 197 | R | N | |
| REF02 | | Peer Review Auth Number | 197 | R | N | |
| ***** SEGMENT ***** REF (Prior Authorization or Referral Number) | | | | | | |
| REF01 | | Reference identification qualifier | 198 | R | N | |
| REF02 | | Prior Authorization Number | 199 | R | Y | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Medical Record Number) | | | | | | |
| REF01 | | reference identification qualifier | 200 | R | N | |
| REF02 | | Reference Identification | 201 | R | N | |
| ***** SEGMENT ***** REF (Demonstration Project Identifier) | | | | | | |
| REF01 | | reference identification qualifier | 202 | R | N | |
| REF02 | | Reference Identification | 202 | R | N | |
| ***** SEGMENT ***** K3 (File Information) | | | | | | |
| K301 | | fixed format information 80 | 204 | R | N | No approved use at present |
| ***** SEGMENT ***** NTE (Claim Note) | | | | | | |
| NTE01 | | note reference code | 206 | R | N | |
| NTE02 | | description | 207 | R | N | |
| ***** SEGMENT ***** NTE (Billing Note) | | | | | | |
| NTE01 | | note reference code | 208 | R | N | |
| NTE02 | | description | 209 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** CR6 (Home Health Care Information) | | | | | | |
| CR601 | | Prognosis Indicator | 211 | R | N | |
| CR602 | | Service From Date | 211 | R | N | |
| CR603 | | Date Time Period Format Qualifier | 211 | S | N | |
| CR604 | | Certification Period | 212 | S | N | |
| CR605 | | Diagnosis Date | 212 | R | N | |
| CR606 | | Skilled Nursing Facility Indicator | 212 | R | N | |
| CR607 | | Medicare Coverage Indicator | 213 | R | N | |
| CR608 | | Certification Type Code | 213 | R | N | |
| CR609 | | Surgery Date | 213 | S | N | |
| CR610 | | Product or Service ID Qualifier | 214 | S | N | |
| CR611 | | Surgical Procedure Code | 214 | S | N | |
| CR612 | | Physician Order Date | 214 | S | N | |
| CR613 | | Last Visit Date | 215 | S | N | |
| CR614 | | Physician Contact Date | 215 | S | N | |
| CR615 | | Date Time Period Format Qualifier | 215 | S | N | |
| CR616 | | Last Admission Period | 215 | S | N | |
| CR617 | | Patient Discharge Facility Type Code | 216 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| CR618 | | Diagnosis Date | 216 | S | N | |
| CR619 | | Diagnosis Date | 217 | S | N | |
| CR620 | | Diagnosis Date | 217 | S | N | |
| CR621 | | Diagnosis Date | 217 | S | N | |

*****  SEGMENT  *****
*CRC (Home Health Functional Limitations)*

| | | | | | | |
|---|---|---|---|---|---|---|
| CRC01 | | code category | 218 | R | N | |
| CRC02 | | certification condition indicator | 219 | R | N | |
| CRC03 | | Functional Limitation Code | 219 | R | N | |
| CRC04 | | Functional Limitation Code | 220 | S | N | |
| CRC05 | | Functional Limitation Code | 220 | S | N | |
| CRC06 | | Functional Limitation Code | 220 | S | N | |
| CRC07 | | Functional Limitation Code | 220 | S | N | |

*****  SEGMENT  *****
*CRC (Home Health Activities Permitted)*

| | | | | | | |
|---|---|---|---|---|---|---|
| CRC01 | | code category | 221 | R | N | |
| CRC02 | | Functional Limitation Code | 222 | R | N | |
| CRC03 | | Activities Permitted Code | 222 | R | N | |
| CRC04 | | Activities Permitted Code | 223 | S | N | |
| CRC05 | | Activities Permitted Code | 223 | S | N | |
| CRC06 | | Activities Permitted Code | 223 | S | N | |
| CRC07 | | Activities Permitted Code | 223 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** CRC (Home Health Mental Status) | | | | | | |
| CRC01 | | code category | 224 | R | N | |
| CRC02 | | Functional Limitation Code | 225 | R | N | |
| CRC03 | | Mental Status Code | 225 | R | N | |
| CRC04 | | Mental Status Code | 226 | S | N | |
| CRC05 | | Mental Status Code | 226 | S | N | |
| CRC06 | | Mental Status Code | 226 | S | N | |
| CRC07 | | Mental Status Code | 226 | S | N | |
| ***** SEGMENT ***** HI (Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information) | | | | | | |
| HI01 | | Health care code information | 227 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 228 | R | N | |
| HI01 | C022-2 | Industry Code | 228 | R | N | |
| HI02 | | health care code information | 228 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 228 | R | N | |
| HI02 | C022-2 | Industry Code | 228 | R | N | |
| HI03 | | health care code information | 229 | S | N | |
| HI03 | C022-1 | Code List Qualifier Code | 229 | R | N | |
| HI03 | C022-2 | Industry Code | 229 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** HI (Diagnosis Related Group (DRG) Information) | | | | | | |
| HI01 | | Health care code information | 230 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 230 | R | N | |
| HI01 | C022-2 | Industry Code | 230 | R | N | |
| ***** SEGMENT ***** HI (Other Diagnosis Information) | | | | | | |
| HI01 | | health care code information | 232 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 232 | R | Y | ICD- 9-CM |
| HI01 | C022-2 | Industry Code | 233 | R | N | |
| HI02 | | health care code information | 233 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 233 | R | N | |
| HI02 | C022-2 | Industry Code | 233 | R | Y | ICD- 9-CM |
| HI03 | | health care code information | 234 | S | N | |
| HI03 | C022-1 | Code List Qualifier Code | 234 | R | N | |
| HI03 | C022-2 | Industry Code | 234 | R | N | |
| HI04 | C022-1 | Code List Qualifier Code | 235 | R | N | |
| HI04 | C022-2 | Industry Code | 235 | R | Y | ICD- 9-CM |
| HI05 | C022-1 | Code List Qualifier Code | 235 | R | N | |
| HI05 | C022-2 | Industry Code | 235 | R | Y | ICD- 9-CM |
| HI06 | C022-1 | Code List Qualifier Code | 236 | R | N | |
| HI06 | C022-2 | Industry Code | 236 | R | Y | ICD- 9-CM |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI07 | C022-1 | Code List Qualifier Code | 237 | R | N | |
| HI07 | C022-2 | Industry Code | 237 | R | Y | ICD- 9-CM |
| HI08 | C022-1 | Code List Qualifier Code | 237 | R | N | |
| HI08 | C022-2 | Industry Code | 238 | R | Y | ICD- 9-CM |
| HI09 | C022-1 | Code List Qualifier Code | 238 | R | N | |
| HI09 | C022-2 | Industry Code | 238 | R | Y | ICD- 9-CM |
| HI10 | C022-1 | Code List Qualifier Code | 239 | R | N | |
| HI10 | C022-2 | Industry Code | 239 | R | Y | ICD- 9-CM |
| HI11 | C022-1 | Code List Qualifier Code | 240 | R | N | |
| HI11 | C022-2 | Industry Code | 240 | R | Y | ICD- 9-CM |
| HI12 | C022-1 | Code List Qualifier Code | 240 | R | N | |
| HI12 | C022-2 | Industry Code | 240 | R | Y | ICD- 9-CM |

*##########################################################################################*

****** SEGMENT ******

*HI (Principal Procedure Information)*

*##########################################################################################*

| | | | | | | |
|---|---|---|---|---|---|---|
| HI01 | C022-1 | Code List Qualifier Code | 242 | R | Y | If surgical procedures are performed, RI Medicaid requires that they be reported using ICD-9-CM procedure codes. |
| HI01 | C022-2 | Industry Code | 243 | R | Y | ICD- 9-CM |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** HI (Other Procedure Information) | | | | | | |
| HI01 | | health care code information | 244 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 244 | R | Y | If Other Procedure is performed, RI Medicaid requires reporting with ICD-9_CM procedure codes. |
| HI01 | C022-2 | Industry Code | 245 | R | N | |
| HI01 | C022-3 | date time period format qualifier | 245 | S | N | |
| HI01 | C022-4 | date time period | 245 | S | N | |
| HI02 | | health care code information | 245 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 245 | R | Y | ICD- 9-CM |
| HI02 | C022-2 | Industry Code | 246 | R | N | |
| HI02 | C022-3 | Date Time Period Format Qualifier | 246 | S | N | |
| HI02 | C022-4 | date time period | 246 | S | N | |
| HI03 | | health care code information | 246 | S | R | |
| HI03 | C022-1 | Code List Qualifier Code | 246 | R | Y | ICD- 9-CM |
| HI03 | C022-2 | Industry Code | 246 | R | N | |
| HI03 | C022-3 | Date Time Period Format Qualifier | 247 | S | N | |
| HI03 | C022-4 | date time period | 247 | S | N | |
| HI04 | | health care code information | 247 | S | N | |
| HI04 | C022-1 | Code List Qualifier Code | 247 | R | Y | ICD- 9-CM |
| HI04 | C022-2 | Industry Code | 247 | R | N | |
| HI04 | C022-3 | Date Time Period Format Qualifier | 248 | S | N | |
| HI04 | C022-4 | date time period | 248 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI05 | | health care code information | 248 | S | N | |
| HI05 | C022-1 | Code List Qualifier Code | 248 | R | Y | ICD- 9-CM |
| HI05 | C022-2 | Industry Code | 248 | R | N | |
| HI05 | C022-3 | Date Time Period Format Qualifier | 249 | S | N | |
| HI05 | C022-4 | date time period | 249 | S | N | |
| HI06 | | health care code information | 249 | S | N | |
| HI06 | C022-1 | Code List Qualifier Code | 249 | R | Y | ICD- 9-CM |
| HI06 | C022-2 | Industry Code | 249 | R | N | |
| HI06 | C022-3 | Date Time Period Format Qualifier | 249 | S | N | |
| HI06 | C022-4 | date time period | 250 | S | N | |
| HI07 | | health care code information | 250 | S | Y | ICD- 9-CM |
| HI07 | C022-1 | Code List Qualifier Code | 250 | R | N | |
| HI07 | C022-2 | Industry Code | 250 | R | Y | ICD- 9-CM |
| HI07 | C022-3 | Date Time Period Format Qualifier | 250 | S | N | |
| HI07 | C022-4 | date time period | 251 | S | N | |
| HI08 | | health care code information | 251 | S | N | |
| HI08 | C022-1 | Code List Qualifier Code | 251 | R | Y | ICD- 9-CM |
| HI08 | C022-2 | Industry Code | 251 | R | N | |
| HI08 | C022-3 | Date Time Period Format Qualifier | 251 | S | N | |
| HI08 | C022-4 | date time period | 252 | S | N | |
| HI09 | | health care code information | 252 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI09 | C022-1 | Code List Qualifier Code | 252 | R | Y | ICD- 9-CM |
| HI09 | C022-2 | Industry Code | 252 | R | N | |
| HI09 | C022-3 | Date Time Period Format Qualifier | 252 | S | N | |
| HI09 | C022-4 | date time period | 252 | S | N | |
| HI10 | | health care code information | 253 | S | N | |
| HI10 | C022-1 | Code List Qualifier Code | 253 | R | Y | ICD- 9-CM |
| HI10 | C022-2 | Industry Code | 253 | R | N | |
| HI10 | C022-3 | Date Time Period Format Qualifier | 253 | S | N | |
| HI10 | C022-4 | date time period | 253 | S | N | |
| HI11 | | health care code information | 254 | S | N | |
| HI11 | C022-1 | Code List Qualifier Code | 254 | R | Y | ICD- 9-CM |
| HI11 | C022-2 | Industry Code | 254 | R | N | |
| HI11 | C022-3 | Date Time Period Format Qualifier | 254 | S | N | |
| HI11 | C022-4 | date time period | 254 | S | N | |
| HI12 | | health care code information | 255 | S | N | |
| HI12 | C022-1 | Code List Qualifier Code | 255 | R | Y | ICD- 9-CM |
| HI12 | C022-2 | Industry Code | 255 | R | N | |
| HI12 | C022-3 | Date Time Period Format Qualifier | 255 | S | N | |
| HI12 | C022-4 | date time period | 255 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** HI (Occurrence Span Information) | | | | | | |
| HI01 | | health care code information | 256 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 256 | R | N | |
| HI01 | C022-2 | Industry Code | 257 | R | N | |
| HI01 | C022-3 | date time period format qualifier | 257 | R | N | |
| HI01 | C022-4 | date time period | 257 | R | N | |
| HI02 | | health care code information | 257 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 257 | R | N | |
| HI02 | C022-2 | Industry Code | 257 | R | N | |
| HI02 | C022-3 | Date Time Period Format Qualifier | 258 | R | N | |
| HI02 | C022-4 | date time period | 258 | R | N | |
| HI03 | | health care code information | 258 | S | N | |
| HI03 | C022-1 | Code List Qualifier Code | 258 | R | N | |
| HI03 | C022-2 | Industry Code | 258 | R | N | |
| HI03 | C022-3 | Date Time Period Format Qualifier | 258 | R | N | |
| HI03 | C022-4 | date time period | 259 | R | N | |
| HI04 | C022-1 | Code List Qualifier Code | 259 | R | N | |
| HI04 | C022-2 | Industry Code | 259 | R | N | |
| HI04 | C022-3 | Date Time Period Format Qualifier | 259 | R | N | |
| HI04 | C022-4 | date time period | 259 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI05 | C022-1 | Code List Qualifier Code | 260 | R | N | |
| HI05 | C022-2 | Industry Code | 260 | R | N | |
| HI05 | C022-3 | Date Time Period Format Qualifier | 260 | R | N | |
| HI05 | C022-4 | date time period | 260 | R | N | |
| HI06 | C022-1 | Code List Qualifier Code | 261 | R | N | |
| HI06 | C022-2 | Industry Code | 261 | R | N | |
| HI06 | C022-3 | Date Time Period Format Qualifier | 261 | R | N | |
| HI06 | C022-4 | date time period | 261 | R | N | |
| HI07 | C022-1 | Code List Qualifier Code | 261 | R | N | |
| HI07 | C022-2 | Industry Code | 262 | R | N | |
| HI07 | C022-3 | Date Time Period Format Qualifier | 262 | R | N | |
| HI07 | C022-4 | date time period | 262 | R | N | |
| HI08 | C022-1 | Code List Qualifier Code | 262 | R | N | |
| HI08 | C022-2 | Industry Code | 262 | R | N | |
| HI08 | C022-3 | Date Time Period Format Qualifier | 263 | R | N | |
| HI08 | C022-4 | date time period | 263 | R | N | |
| HI09 | C022-1 | Code List Qualifier Code | 263 | R | N | |
| HI09 | C022-2 | Industry Code | 263 | R | N | |
| HI09 | C022-3 | Date Time Period Format Qualifier | 263 | R | N | |
| HI09 | C022-4 | date time period | 263 | R | N | |
| HI10 | C022-1 | Code List Qualifier Code | 264 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI10 | C022-2 | Industry Code | 264 | R | N | |
| HI10 | C022-3 | Date Time Period Format Qualifier | 264 | R | N | |
| HI10 | C022-4 | date time period | 264 | R | N | |
| HI11 | C022-1 | Code List Qualifier Code | 265 | R | N | |
| HI11 | C022-2 | Industry Code | 265 | R | N | |
| HI11 | C022-3 | Date Time Period Format Qualifier | 265 | R | N | |
| HI11 | C022-4 | date time period | 265 | R | N | |
| HI12 | C022-1 | Code List Qualifier Code | 265 | R | N | |
| HI12 | C022-2 | Industry Code | 266 | R | N | |
| HI12 | C022-3 | Date Time Period Format Qualifier | 266 | R | N | |
| HI12 | C022-4 | date time period | 266 | R | N | |

****** SEGMENT ******
*HI (Occurrence Information)*

| | | | | | | |
|---|---|---|---|---|---|---|
| HI01 | | health care code information | 267 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 267 | R | N | |
| HI01 | C022-2 | Industry Code | 268 | R | N | |
| HI01 | C022-3 | date time period format qualifier | 268 | R | N | |
| HI01 | C022-4 | date time period | 268 | R | N | |
| HI02 | | health care code information | 268 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 268 | R | N | |
| HI02 | C022-2 | Industry Code | 268 | R | N | |
| HI02 | C022-3 | Date Time Period Format Qualifier | 269 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI02 | C022-4 | date time period | 269 | R | N | |
| HI03 | | health care code information | 269 | S | N | |
| HI03 | C022-1 | Code List Qualifier Code | 269 | R | N | |
| HI03 | C022-2 | Industry Code | 269 | R | N | |
| HI03 | C022-3 | Date Time Period Format Qualifier | 270 | R | N | |
| HI03 | C022-4 | date time period | 270 | R | N | |
| HI04 | C022-1 | Code List Qualifier Code | 270 | R | N | |
| HI04 | C022-2 | Industry Code | 270 | R | N | |
| HI04 | C022-3 | Date Time Period Format Qualifier | 271 | R | N | |
| HI04 | C022-4 | date time period | 271 | R | N | |
| HI05 | C022-1 | Code List Qualifier Code | 271 | R | N | |
| HI05 | C022-2 | Industry Code | 271 | R | N | |
| HI05 | C022-3 | Date Time Period Format Qualifier | 271 | R | N | |
| HI05 | C022-4 | date time period | 272 | R | N | |
| HI06 | C022-1 | Code List Qualifier Code | 272 | R | N | |
| HI06 | C022-2 | Industry Code | 272 | R | N | |
| HI06 | C022-3 | Date Time Period Format Qualifier | 272 | R | N | |
| HI06 | C022-4 | date time period | 273 | R | N | |
| HI07 | C022-1 | Code List Qualifier Code | 273 | R | N | |
| HI07 | C022-2 | Industry Code | 273 | R | N | |
| HI07 | C022-3 | Date Time Period Format Qualifier | 273 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI07 | C022-4 | date time period | 274 | R | N | |
| HI08 | C022-1 | Code List Qualifier Code | 274 | R | N | |
| HI08 | C022-2 | Industry Code | 274 | R | N | |
| HI08 | C022-3 | Date Time Period Format Qualifier | 274 | R | N | |
| HI08 | C022-4 | date time period | 275 | R | N | |
| HI09 | C022-1 | Code List Qualifier Code | 275 | R | N | |
| HI09 | C022-2 | Industry Code | 275 | R | N | |
| HI09 | C022-3 | Date Time Period Format Qualifier | 275 | R | N | |
| HI09 | C022-4 | date time period | 276 | R | N | |
| HI10 | C022-1 | Code List Qualifier Code | 276 | R | N | |
| HI10 | C022-2 | Industry Code | 276 | R | N | |
| HI10 | C022-3 | Date Time Period Format Qualifier | 276 | R | N | |
| HI10 | C022-4 | date time period | 277 | R | N | |
| HI11 | C022-1 | Code List Qualifier Code | 277 | R | N | |
| HI11 | C022-2 | Industry Code | 277 | R | N | |
| HI11 | C022-3 | Date Time Period Format Qualifier | 277 | R | N | |
| HI11 | C022-4 | date time period | 278 | R | N | |
| HI12 | C022-1 | Code List Qualifier Code | 278 | R | N | |
| HI12 | C022-2 | Industry Code | 278 | R | N | |
| HI12 | C022-3 | Date Time Period Format Qualifier | 278 | R | N | |
| HI12 | C022-4 | date time period | 279 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

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***** SEGMENT *****

HI (Value Information)

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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI01 | | health care code information | 280 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 280 | R | N | |
| HI01 | C022-2 | Industry Code | 281 | R | N | |
| HI01 | C022-5 | monetary amount | 281 | R | N | |
| HI02 | | health care code information | 281 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 281 | R | N | |
| HI02 | C022-2 | Industry Code | 281 | R | N | |
| HI02 | C022-5 | monetary amount | 282 | R | N | |
| HI03 | | health care code information | 282 | S | N | |
| HI03 | C022-1 | Code List Qualifier Code | 282 | R | N | |
| HI03 | C022-2 | Industry Code | 282 | R | N | |
| HI03 | C022-5 | monetary amount | 282 | R | N | |
| HI04 | C022-1 | Code List Qualifier Code | 283 | R | N | |
| HI04 | C022-2 | Industry Code | 283 | R | N | |
| HI04 | C022-5 | monetary amount | 283 | R | N | |
| HI05 | C022-1 | Code List Qualifier Code | 283 | R | N | |
| HI05 | C022-2 | Industry Code | 283 | R | N | |
| HI05 | C022-5 | monetary amount | 284 | R | N | |
| HI06 | C022-1 | Code List Qualifier Code | 284 | R | N | |
| HI06 | C022-2 | Industry Code | 284 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI06 | C022-5 | monetary amount | 284 | R | N | |
| HI07 | C022-1 | Code List Qualifier Code | 285 | R | N | |
| HI07 | C022-2 | Industry Code | 285 | R | N | |
| HI07 | C022-5 | monetary amount | 285 | R | N | |
| HI08 | C022-1 | Code List Qualifier Code | 285 | R | N | |
| HI08 | C022-2 | Industry Code | 286 | R | N | |
| HI08 | C022-5 | monetary amount | 286 | R | N | |
| HI09 | C022-1 | Code List Qualifier Code | 286 | R | N | |
| HI09 | C022-2 | Industry Code | 286 | R | N | |
| HI09 | C022-5 | monetary amount | 287 | R | N | |
| HI10 | C022-1 | Code List Qualifier Code | 287 | R | N | |
| HI10 | C022-2 | Industry Code | 287 | R | N | |
| HI10 | C022-5 | monetary amount | 287 | R | N | |
| HI11 | C022-1 | Code List Qualifier Code | 288 | R | N | |
| HI11 | C022-2 | Industry Code | 288 | R | N | |
| HI11 | C022-5 | monetary amount | 288 | R | N | |
| HI12 | C022-1 | Code List Qualifier Code | 288 | R | N | |
| HI12 | C022-2 | Industry Code | 288 | R | N | |
| HI12 | C022-5 | monetary amount | 289 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** HI (Condition Information) | | | | | | |
| HI01 | | health care code information | 290 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 290 | R | N | |
| HI01 | C022-2 | Industry Code | 291 | R | N | |
| HI02 | | health care code information | 291 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 291 | R | N | |
| HI02 | C022-2 | Industry Code | 291 | R | N | |
| HI03 | | health care code information | 292 | S | N | |
| HI03 | C022-1 | Code List Qualifier Code | 292 | R | N | |
| HI03 | C022-2 | Industry Code | 292 | R | N | |
| HI04 | C022-1 | Code List Qualifier Code | 292 | R | N | |
| HI04 | C022-2 | Industry Code | 293 | R | N | |
| HI05 | C022-1 | Code List Qualifier Code | 293 | R | N | |
| HI05 | C022-2 | Industry Code | 293 | R | N | |
| HI06 | C022-1 | Code List Qualifier Code | 294 | R | N | |
| HI06 | C022-2 | Industry Code | 294 | R | N | |
| HI07 | C022-1 | Code List Qualifier Code | 294 | R | N | |
| HI07 | C022-2 | Industry Code | 295 | R | N | |
| HI08 | C022-1 | Code List Qualifier Code | 295 | R | N | |
| HI08 | C022-2 | Industry Code | 295 | R | N | |
| HI09 | C022-1 | Code List Qualifier Code | 296 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI09 | C022-2 | Industry Code | 296 | R | N | |
| HI10 | C022-1 | Code List Qualifier Code | 296 | R | N | |
| HI10 | C022-2 | Industry Code | 297 | R | N | |
| HI11 | C022-1 | Code List Qualifier Code | 297 | R | N | |
| HI11 | C022-2 | Industry Code | 297 | R | N | |
| HI12 | C022-1 | Code List Qualifier Code | 298 | R | N | |
| HI12 | C022-2 | Industry Code | 298 | R | N | |
| ***** SEGMENT ***** HI (Treatment Code Information) | | | | | | |
| HI01 | | health care code information | 299 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 299 | R | N | |
| HI01 | C022-2 | Industry Code | 300 | R | N | |
| HI02 | | health care code information | 300 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 300 | R | N | |
| HI02 | C022-2 | Industry Code | 300 | R | N | |
| HI03 | | health care code information | 300 | S | N | |
| HI03 | C022-1 | Code List Qualifier Code | 300 | R | N | |
| HI03 | C022-2 | Industry Code | 300 | R | N | |
| HI04 | C022-1 | Code List Qualifier Code | 301 | R | N | |
| HI04 | C022-2 | Industry Code | 301 | R | N | |
| HI05 | C022-1 | Code List Qualifier Code | 301 | R | N | |
| HI05 | C022-2 | Industry Code | 302 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI06 | C022-1 | Code List Qualifier Code | 302 | R | N | |
| HI06 | C022-2 | Industry Code | 302 | R | N | |
| HI07 | C022-1 | Code List Qualifier Code | 302 | R | N | |
| HI07 | C022-2 | Industry Code | 302 | R | N | |
| HI08 | C022-1 | Code List Qualifier Code | 303 | R | N | |
| HI08 | C022-2 | Industry Code | 303 | R | N | |
| HI09 | C022-1 | Code List Qualifier Code | 303 | R | N | |
| HI09 | C022-2 | Industry Code | 304 | R | N | |
| HI10 | C022-1 | Code List Qualifier Code | 304 | R | N | |
| HI10 | C022-2 | Industry Code | 304 | R | N | |
| HI11 | C022-1 | Code List Qualifier Code | 304 | R | N | |
| HI11 | C022-2 | Industry Code | 304 | R | N | |
| HI12 | C022-1 | Code List Qualifier Code | 305 | R | N | |
| HI12 | C022-2 | Industry Code | 305 | R | N | |

****** SEGMENT ******
*QTY (Claim Quantity)*

| | | | | | | |
|---|---|---|---|---|---|---|
| QTY01 | | Quantity Qualifier | 307 | R | N | |
| QTY02 | | Claim Days Count | 307 | R | N | |
| QTY03 | | Composite units of measure | 307 | R | N | |
| QTY03 | C001-1 | Unit or Basis of Measurement | 307 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** HCP (Claim Pricing/Repricing Information) | | | | | | |
| HCP01 | | pricing methodology | 309 | R | N | |
| HCP02 | | allowed amount | 309 | R | N | |
| HCP03 | | repriced saving amount | 310 | S | N | |
| HCP04 | | repricing organization identifier | 310 | S | N | |
| HCP05 | | repricing perdiem or flat rate amount | 310 | S | N | |
| HCP06 | | Repriced Approved DRG Code | 310 | S | N | |
| HCP07 | | Repriced Approved DRG Amount | 310 | S | N | |
| HCP08 | | Repriced Approved Revenue Code | 311 | S | N | |
| HCP09 | | product/service id | 311 | S | N | |
| HCP10 | | Approved Procedure Code | 311 | S | N | |
| HCP11 | | unit or basis for measurement code | 311 | S | N | |
| HCP12 | | quantity | 312 | S | N | |
| HCP13 | | reject reason code | 312 | S | N | |
| HCP14 | | policy compliance code | 312 | S | N | |
| HCP15 | | exception code | 313 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** LOOP ***** 2305 (Home heath care plan information) ********** ********** ***** SEGMENT ***** CR7 (Home Health Care Plan Information) ********** | | | | | | |
| CR701 | | discipline type code | 314 | R | N | |
| CR702 | | Visits prior to Recertification Date Count | 315 | R | N | |
| CR703 | | Total Visits Projected during this cert count | 315 | R | N | |
| ********** ***** SEGMENT ***** HSD (Health Care Services Delivery) ********** | | | | | | |
| HSD01 | | Quantity Qualifier | 317 | S | N | |
| HSD02 | | Frequency Number | 317 | S | N | |
| HSD03 | | unit or basis for measurement code | 317 | S | N | |
| HSD04 | | Sample section Modulus | 318 | S | N | |
| HSD05 | | Time Period Qualifier | 318 | S | N | |
| HSD06 | | period count | 318 | S | N | |
| HSD07 | | calendar pattern code | 318 | S | N | |
| HSD08 | | delivery pattern time code | 320 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2310A (Attending Physician Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Attending Physician Name) | | | | | | |
| NM101 | | Entity Identifier Code | 322 | R | N | |
| NM102 | | Entity Type Qualifier | 322 | R | N | |
| NM103 | | Name Last or Organization Name | 322 | R | N | |
| NM104 | | Name First | 322 | S | N | |
| NM105 | | Name Middle | 322 | S | N | |
| NM108 | | Identification Code Qualifier | 323 | R | N | If this loop is used, enter XX for NPI |
| NM109 | | Identification Code | 323 | R | N | If this loop is used, enter NPI |
| ***** SEGMENT ***** PRV (Attending Physician Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 324 | R | N | |
| PRV02 | | Reference Identification Qualifier | 325 | R | N | |
| PRV03 | | Reference Identification | 325 | R | N | If this loop is used, enter Attending Taxonomy Must be entered if NPI is present |
| ***** SEGMENT ***** REF (Attending Physician Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 326 | R | Y | Use 1D Only if NPI is not present |
| REF02 | | Reference Identification | 327 | R | Y | The 7 digit RI Medicaid Provider ID. If more than seven characters are sent the claim will be |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2310B (Operating Physician Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Operating Physician Name) | | | | | | |
| NM101 | | Entity Identifier Code | 329 | R | N | |
| NM102 | | Entity Type Qualifier | 329 | R | N | |
| NM103 | | Name Last or Organization Name | 329 | R | N | |
| NM104 | | Name First | 329 | R | N | |
| NM105 | | Name Middle | 329 | S | N | |
| NM107 | | Name Suffix | 329 | S | N | |
| NM108 | | Identification Code Qualifier | 330 | R | N | If this loop is used, enter XX for NPI |
| NM109 | | Identification Code | 330 | R | N | If this loop is used, enter NPI |
| ***** SEGMENT ***** PRV (Operating Physician Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 331 | R | N | |
| PRV02 | | Reference Identification Qualifier | 332 | R | N | |
| PRV03 | | Reference Identification | 332 | R | N | If this loop is used, enter Operating Provider Taxonomy Must be entered if NPI is present |
| ***** SEGMENT ***** REF (Operating Physician Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 333 | R | Y | Use 1D Only if NPI is not present |
| REF02 | | Reference Identification | 334 | R | Y | The 7 digit RI Medicaid Provider ID. If more than seven characters are sent the claim will be |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2310C (Other Physician Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 336 | R | N | |
| NM102 | | Entity Type Qualifier | 336 | R | N | |
| NM103 | | Name Last or Organization Name | 336 | R | N | |
| NM104 | | Name First | 336 | S | N | |
| NM105 | | Name Middle | 337 | S | N | |
| NM107 | | Name Suffix | 337 | S | N | |
| NM108 | | Identification Code Qualifier | 337 | R | N | If this loop is used, enter XX for NPI |
| NM109 | | Identification Code | 337 | R | N | If this loop is used, enter NPI |
| ***** SEGMENT ***** PRV (Other Provider Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 338 | R | N | |
| PRV02 | | Reference Identification Qualifier | 339 | R | N | |
| PRV03 | | Reference Identification | 339 | R | N | If this loop is used, enterOther Provider Taxonomy Must be entered if NPI is present |
| ***** SEGMENT ***** REF (Other Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 340 | R | Y | Use ID Only if NPI is not present |
| REF02 | | Reference Identification | 341 | R | Y | 7digit RI Medicaid Provider ID. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** | | | | | | |
| | | ***** LOOP ***** | | | | |
| | | 2310E (Service Facility Name) | | | | |
| ********** | | | | | | |
| ********** | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | NM1 (Service Facility Name) | | | | |
| ********** | | | | | | |
| NM101 | | Entity Identifier Code | 350 | R | N | |
| NM102 | | Entity Type Qualifier | 350 | R | N | |
| NM103 | | Name Last or Organization Name | 350 | R | N | |
| NM108 | | Identification Code Qualifier | 350 | S | N | |
| NM109 | | Identification Code | 350 | S | N | |
| ********** | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | PRV (Service Facility Specialty Information) | | | | |
| ********** | | | | | | |
| PRV01 | | Provider Code | 352 | R | N | |
| PRV02 | | Reference Identification Qualifier | 353 | R | N | |
| PRV03 | | Reference Identification | 353 | R | N | |
| ********** | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | N3 (Service Facility Address) | | | | |
| ********** | | | | | | |
| N301 | | Address Information | 354 | R | N | |
| N302 | | Address Information | 354 | S | N | |
| ********** | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | N4 (Service Facility City/State/Zip Code) | | | | |
| ********** | | | | | | |
| N401 | | City Name | 355 | R | N | |
| N402 | | State | 355 | R | N | |
| N403 | | Postal Code | 356 | R | N | |
| N404 | | Country Code | 356 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Service Facility Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 357 | R | N | |
| REF02 | | Reference Identification | 358 | R | N | |
| ***** LOOP ***** 2320 (Other subscriber information) | | | | | | |
| ***** SEGMENT ***** SBR (Other Subscriber Information) | | | | | | |
| SBR01 | | payer responsibility sequence number code | 360 | R | N | |
| SBR02 | | individual relationship code | 361 | R | N | |
| SBR03 | | insured group or policy number | 363 | S | N | |
| SBR04 | | other insured group name | 363 | S | Y | RI Medicaid unless COB |
| SBR09 | | claim filing indicator code | 363 | S | Y | Crossover claims are identified by MA or MB in this field. Only one Loop with Medicare information is allowed. More than one loop containing MA or MB will result in rejection of the |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** CAS (Claim Level Adjustment) | | | | | | |
| CAS01 | | claim adjustment group code | 367 | R | N | |
| CAS02 | | Adjustment Reason Code | 367 | R | N | |
| CAS03 | | Adjustment Amount | 367 | R | N | |
| CAS04 | | adjustment quantity | 367 | S | N | |
| CAS05 | | Adjustment Reason Code | 368 | S | N | |
| CAS06 | | adjustment amount | 368 | R | N | |
| CAS07 | | adjustment quantity | 368 | S | N | |
| CAS08 | | Adjustment Reason Code | 368 | S | N | |
| CAS09 | | adjustment amount | 368 | S | N | |
| CAS10 | | adjustment quantity | 369 | S | N | |
| CAS11 | | Adjustment Reason Code | 369 | S | N | |
| CAS12 | | adjustment amount | 369 | S | N | |
| CAS13 | | adjustment quantity | 369 | S | N | |
| CAS14 | | Adjustment Reason Code | 369 | S | N | |
| CAS15 | | adjustment amount | 370 | S | N | |
| CAS16 | | adjustment quantity | 370 | S | N | |
| CAS17 | | Adjustment Reason Code | 370 | S | N | |
| CAS18 | | adjustment amount | 370 | S | N | |
| CAS19 | | adjustment quantity | 370 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** AMT (Payer Prior Payment) | | | | | | |
| AMT01 | | amount qualifier code | 371 | R | N | |
| AMT02 | | Monetary amount | 371 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Total Allowed Amount) | | | | | | |
| AMT01 | | amount qualifier code | 372 | R | N | |
| AMT02 | | Monetary amount | 372 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Total Submitted Charges) | | | | | | |
| AMT01 | | amount qualifier code | 373 | R | N | |
| AMT02 | | Monetary amount | 373 | R | N | |
| ***** SEGMENT ***** AMT (Diagnostic Related Group (DRG) Outlier Amount) | | | | | | |
| AMT01 | | amount qualifier code | 374 | R | N | |
| AMT02 | | Monetary amount | 375 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Total Medicare Paid Amount) | | | | | | |
| AMT01 | | amount qualifier code | 376 | R | N | |
| AMT02 | | Total Medicare Paid | 377 | R | N | |
| ***** SEGMENT ***** AMT (Medicare Paid Amount - 100%) | | | | | | |
| AMT01 | | amount qualifier code | 378 | R | N | |
| AMT02 | | Medicare Paid at 100% Amount | 378 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** AMT (Medicare Paid Amount - 80%) | | | | | | |
| AMT01 | | amount qualifier code | 380 | R | N | |
| AMT02 | | Medicare Paid at 80% Amount | 380 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount) | | | | | | |
| AMT01 | | amount qualifier code | 382 | R | N | |
| AMT02 | | Paid from Medicare A Trust Fund | 383 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount) | | | | | | |
| AMT01 | | amount qualifier code | 384 | R | N | |
| AMT02 | | Paid from Medicare B Trust Fund | 385 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Total Non-covered Amount) | | | | | | |
| AMT01 | | amount qualifier code | 386 | R | N | |
| AMT02 | | Non-covered Charge Amount | 386 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Total Denied Amount) | | | | | | |
| AMT01 | | amount qualifier code | 387 | R | N | |
| AMT02 | | Total Denied Charge Amount | 387 | R | N | |
| ***** SEGMENT ***** DMG (Other Subscriber Demographic Information) | | | | | | |
| DMG03 | | gender | 389 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** SEGMENT ***** OI (Other Insurance Coverage Information) ********** | | | | | | |
| OI03 | | Benefits Assignment Certification Indicator | 390 | R | N | |
| OI06 | | release of info code | 391 | R | N | |
| ********** ***** SEGMENT ***** MIA (Medicare Inpatient Adjudication Information) ********** | | | | | | |
| MIA01 | | Covered Days or Visits Count | 393 | R | N | |
| MIA02 | | Lifetime Reserve Days Count | 393 | S | N | |
| MIA03 | | LIFETIME Psychiatric Days Count | 393 | S | N | |
| MIA04 | | Claim DRG Amount | 393 | S | N | |
| MIA05 | | Claim Payment Remark Code | 393 | S | N | |
| MIA06 | | Claim Disproportionate Share Amount | 393 | S | N | |
| MIA07 | | Claim MSP Pass-through Amount | 394 | S | N | |
| MIA08 | | Claim PPS Capital Amount | 394 | S | N | |
| MIA09 | | PPS-Capital FSP CRG Amount | 394 | S | N | |
| MIA10 | | PPS - Capital HSP DRG Amount | 394 | S | N | |
| MIA11 | | PPS - Capital DSH DRG Amount | 394 | S | N | |
| MIA12 | | Old Capital Amount | 394 | S | N | |
| MIA13 | | PPS - Capital IME amount | 395 | S | N | |
| MIA14 | | PPS-Operating Hospital Specific DRG Amount | 395 | S | N | |
| MIA15 | | Cost Report Day Count | 395 | S | N | |
| MIA16 | | PPS-Operating Federal Specific DRG Amount | 395 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| MIA17 | | Claim PPS Capital Outlier Amount | 395 | S | N | |
| MIA18 | | Claim Indirect Teaching Amount | 395 | S | N | |
| MIA19 | | Nonpayable Professional Component Amount | 395 | S | N | |
| MIA20 | | Claim Payment Remark Code | 396 | S | N | |
| MIA21 | | Claim Payment Remark Code | 396 | S | N | |
| MIA22 | | Claim Payment Remark Code | 396 | S | N | |
| MIA23 | | Claim Payment Remark Code | 396 | S | N | |
| MIA24 | | PPS - Capital Exception Amount | 396 | S | N | |

****** SEGMENT ******

*MOA (Medicare Outpatient Adjudication Information)*

| | | | | | | |
|---|---|---|---|---|---|---|
| MOA01 | | Reimbursement Rate | 397 | S | N | |
| MOA02 | | Claim HCPCS Payable Amount | 398 | S | N | |
| MOA03 | | Claim Payment Remark Code | 398 | S | N | |
| MOA04 | | Claim Payment Remark Code | 398 | S | N | |
| MOA05 | | Claim Payment Remark Code | 398 | S | N | |
| MOA06 | | Claim Payment Remark Code | 399 | S | N | |
| MOA07 | | Claim Payment Remark Code | 399 | S | N | |
| MOA08 | | Claim ESRD Payment Amount | 399 | S | N | |
| MOA09 | | Nonpayable Professional Component | 399 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2330A (Other Subscriber Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Subscriber Name) | | | | | | |
| NM101 | | entity identifier code | 401 | R | N | |
| NM102 | | entity type qualifier | 401 | R | N | |
| NM103 | | last name or organization name | 401 | R | N | |
| NM104 | | first name | 401 | S | N | |
| NM105 | | middle name | 402 | S | N | |
| NM107 | | name suffix | 402 | S | N | |
| NM108 | | id code qualifier | 402 | R | N | |
| NM109 | | id code | 403 | R | Y | When the Other Insurance is Medicare (Loop 2320, SBR09 equals MA or MB), RI Medicaid will capture 12 characters in this field and truncate over 12. Do not use hyphens or spaces. |
| ***** SEGMENT ***** N3 (Other Subscriber Address) | | | | | | |
| N301 | | other insured address line 1 | 404 | R | N | |
| N302 | | other insured address line 2 | 405 | S | N | |
| ***** SEGMENT ***** N4 (Other Subscriber City/State/ZIP Code) | | | | | | |
| N401 | | other insured city name | 406 | R | N | |
| N402 | | Other Insured State Code | 407 | R | N | |
| N403 | | other insured zip code | 407 | R | N | |
| N404 | | other insured country code | 407 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Other Subscriber Secondary Information) | | | | | | |
| REF01 | | reference identification qualifier | 408 | R | N | |
| REF02 | | other insured additional identifier | 409 | R | N | |
| ***** LOOP ***** 2330B (Other Payer Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Name) | | | | | | |
| NM101 | | entity identifier code | 410 | R | N | |
| NM102 | | entity type qualifier | 411 | R | N | |
| NM103 | | last name or organization name | 411 | R | N | |
| NM108 | | id code qualifier | 411 | R | Y | Use qualifier PI |
| NM109 | | id code | 411 | R | Y | If reporting Other Insurance Carriers, use the 3 digit Medicaid Carrier Code in this field. If more than three characters are sent the claim will be |
| ***** SEGMENT ***** N3 (Other Payer Address) | | | | | | |
| N301 | | other insured address line 1 | 412 | R | N | |
| N302 | | other insured address line 2 | 412 | S | N | |
| ***** SEGMENT ***** N4 (Other Payer City/State/ZIP Code) | | | | | | |
| N401 | | other insured city name | 413 | R | N | |
| N402 | | other insured state code | 414 | R | N | |
| N403 | | other insured zip code | 414 | R | N | |
| N404 | | other insured country code | 414 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Claim Adjudication Date) | | | | | | |
| DTP01 | | Date time qualifier | 415 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 415 | R | N | |
| DTP03 | | Adjudication or Payment date | 415 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Secondary Identification and Reference Number) | | | | | | |
| REF01 | | reference identification qualifier | 416 | R | N | |
| REF02 | | Other payer secondary Identifier | 417 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Prior Authorization or Referral Number) | | | | | | |
| REF01 | | reference identification qualifier | 418 | R | N | |
| REF02 | | other payer prior auth or referral number | 419 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2330C (Other Patient Information) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Patient Information) | | | | | | |
| NM101 | | Entity Identifier Code | 421 | R | N | |
| NM102 | | Entity Type Qualifier | 421 | R | N | |
| NM108 | | Identification Code Qualifier | 421 | R | N | |
| NM109 | | id code | 421 | R | Y | When the Other Insurance is Medicare (Loop 2320, SBR09 equals MA or MB), RI Medicaid will capture 12 characters in this field and truncate over 12. Do not use hyphens or spaces. |
| ***** SEGMENT ***** REF (Other Payer Patient Identification Number) | | | | | | |
| REF01 | | reference identification qualifier | 422 | R | N | |
| REF02 | | Other payer secondary Identifier | 423 | R | N | |
| ***** LOOP ***** 2330D (Other Payer Attending Provider) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Attending Provider) | | | | | | |
| NM101 | | entity identifier code | 425 | R | N | |
| NM102 | | entity type qualifier | 425 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Attending Provider Identification) | | | | | | |
| REF01 | | reference identification qualifier | 426 | R | N | |
| REF02 | | Other payer secondary Identifier | 427 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2330E (Other Payer Operating Provider) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Operating Provider) | | | | | | |
| NM101 | | entity identifier code | 429 | R | N | |
| NM102 | | entity type qualifier | 429 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Operating Provider Identification) | | | | | | |
| REF01 | | reference identification qualifier | 430 | R | N | |
| REF02 | | Other payer secondary Identifier | 431 | R | N | |
| ***** LOOP ***** 2330F (Other Payer Other Provider) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Other Provider) | | | | | | |
| NM101 | | entity identifier code | 433 | R | N | |
| NM102 | | entity type qualifier | 433 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Other Provider Identification) | | | | | | |
| REF01 | | reference identification qualifier | 434 | R | N | |
| REF02 | | Other payer secondary Identifier | 435 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** LOOP ***** 2330H (Other Payer Service Facility Provider) ********** ********** ***** SEGMENT ***** NM1 (Other Payer Service Facility Provider) ********** | | | | | | |
| NM101 | | entity identifier code | 441 | R | N | |
| NM102 | | entity type qualifier | 441 | R | N | |
| ********** ***** SEGMENT ***** REF (Other Payer Service Facility Provider Identification) ********** | | | | | | |
| REF01 | | reference identification qualifier | 442 | R | N | |
| REF02 | | Other payer secondary Identifier | 443 | R | N | |
| ********** ***** LOOP ***** 2400 (Service Line Number) ********** ********** ***** SEGMENT ***** LX (Service Line Number) ********** | | | | | | |
| LX01 | | Assigned Number | 444 | R | N | |
| ********** ***** SEGMENT ***** SV2 (Institutional Service Line) ********** | | | | | | |
| SV201 | | Service Line Revenue Code | 446 | R | Y | Revenue code must be four characters or less or the claim will be rejected. Right justified zero fill if necesary |
| SV202 | | Composite Medical Procedure Identifier | 446 | S | N | |
| SV202 | C003-1 | Product or Service ID Qualifier | 446 | R | Y | Procedure code must be five or less characters or the claim will be rejected. |
| SV202 | C003-2 | HCPCS Code | 447 | R | Y | A field containing more than 5 characters will cause the claim to be rejected. |
| SV202 | C003-3 | HCPCS Modifier 1 | 447 | S | N | |
| SV202 | C003-4 | HCPCS Modifier 2 | 447 | S | N | |
| SV202 | C003-5 | HCPCS Modifier 3 | 448 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| SV202 | C003-6 | HCPCS Modifier 4 | 448 | S | N | |
| SV203 | | Line Item Charge Amount | 448 | R | N | |
| SV204 | | Unit or Basis for Measurement | 448 | R | N | |
| SV205 | | Service Unit Count | 449 | R | N | |
| SV206 | | Service Line Rate | 449 | S | N | |
| SV207 | | Line Item Denied Charge or Non-Covered Charge amount | 449 | S | N | |

*##########################################################################*
****** SEGMENT ******
*PWK (Line Supplemental Information)*
*##########################################################################*

| | | | | | | |
|---|---|---|---|---|---|---|
| PWK01 | | Attachment Report type code | 453 | R | Y | Companion Guide should provide information on attachment requirements |
| PWK02 | | attachment transmission code | 454 | R | Y | Provide RI Medicaid requirements and business process for attachments. |
| PWK05 | | identification code qualifier | 454 | S | N | |
| PWK06 | | Attachment Control Number | 454 | S | N | |

*##########################################################################*
****** SEGMENT ******
*DTP (Service Line Date)*
*##########################################################################*

| | | | | | | |
|---|---|---|---|---|---|---|
| DTP01 | | date time qualifier | 456 | R | N | |
| DTP02 | | date time period format qualifier | 457 | R | N | |
| DTP03 | | Service Date | 457 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Assessment Date) | | | | | | |
| DTP01 | | date time qualifier | 458 | R | N | |
| DTP02 | | date time period format qualifier | 458 | R | N | |
| DTP03 | | date time period | 459 | R | N | |
| ***** SEGMENT ***** AMT (Service Tax Amount) | | | | | | |
| AMT01 | | amount qualifier code | 460 | R | N | |
| AMT02 | | Service Tax Amount | 460 | R | N | |
| ***** SEGMENT ***** AMT (Facility Tax Amount) | | | | | | |
| AMT01 | | amount qualifier code | 461 | R | N | |
| AMT02 | | Facility Tax Amount | 461 | R | N | |
| ***** SEGMENT ***** HCP (Line Pricing/Repricing Information) | | | | | | |
| HCP01 | | Pricing/Repricing Methodology | 30 | R | N | |
| HCP02 | | Pricing/Repricing Allowed Amount | 30 | R | N | |
| HCP03 | | Pricing/Repricing Savings Amount | 30 | S | N | |
| HCP04 | | Pricing/Repricing Organizational Identifier | 30 | S | N | |
| HCP05 | | Pricing/Repricing Rate | 30 | S | N | |
| HCP06 | | Approved APG Code. Pricing | 30 | S | N | |
| HCP07 | | Approved APG Amount. Pricing | 30 | S | N | |
| HCP08 | | Approved Revenue Code | 30 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HCP09 | | Product/Service ID Qualifier | 30 | S | N | |
| HCP10 | | Pricing/Repricing Approved Procedure Code | 30 | S | N | |
| HCP11 | | Unit or Basis for Measurement Code | 30 | S | N | |
| HCP12 | | Pricing/Repricing Approved Units or Inpatient Days | 30 | S | N | |
| HCP13 | | Reject Reason Code | 30 | S | N | |
| HCP14 | | Policy Compliance Code | 30 | S | N | |
| HCP15 | | Exception Code | 30 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2410 (Drug Identification) | | | | | | |
| ***** SEGMENT ***** LIN (Drug Identification) | | | | | | |
| LIN02 | | Product/Service ID Qualifier | *37 | R | N | Enter N4 for NDC |
| LIN03 | | Product/Service ID | *37 | R | N | Enter NDC |
| ***** SEGMENT ***** CTP (Drug Pricing) | | | | | | |
| CPT03 | | Drug Unit Price | *39 | R | N | Enter Drug Unit Price. Must be entered if NDC is present |
| CPT04 | | National Drug Unit Count | *39 | R | N | Enter Drug Unit Count. Must be entered if NDC is present |
| CPT05 | | Composite Unit of Measure | *39 | R | N | |
| CPT05 | C001-1 | Code Qualifier | *39 | R | N | |
| ***** SEGMENT ***** REF (Prescription Number) | | | | | | |
| REF01 | | Code Qualifier | *41 | R | N | |
| REF02 | | Prescription Number | *41 | R | N | |

* Refers to page numbers from the HIPAA 837 Institutional Guide Addenda


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2420A (Attending Physician Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Attending Physician Name) | | | | | | |
| NM101 | | Entity Identifier Code | 463 | R | N | |
| NM102 | | Entity Type Qualifier | 463 | R | N | |
| NM103 | | Name Last or Organization Name | 463 | R | N | |
| NM104 | | Name First | 463 | S | N | |
| NM105 | | Name Middle | 463 | S | N | |
| NM107 | | Name Suffix | 463 | S | N | |
| NM108 | | Identification Code Qualifier | 463 | R | N | |
| NM109 | | Attending Physician Primary Identifier | 464 | R | N | |
| ***** SEGMENT ***** PRV (Attending Physician Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 465 | R | N | |
| PRV02 | | Reference Identification Qualifier | 465 | R | N | |
| PRV03 | | Reference Identification | 466 | R | N | |
| ***** SEGMENT ***** REF (Attending Physician Secondary Identification) | | | | | | |
| REF01 | | reference identification qualifier | 467 | R | Y | Use qualifier 1D Only if NPI is not present |
| REF02 | | Reference Identification | 468 | R | Y | The 7 digit RI Medicaid Provider ID or UPIN |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2420B (Operating Physician Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Operating Physician Name) | | | | | | |
| NM101 | | Entity Identifier Code | 470 | R | N | |
| NM102 | | Entity Type Qualifier | 470 | R | N | |
| NM103 | | Name Last or Organization Name | 470 | R | N | |
| NM104 | | Name First | 470 | S | N | |
| NM105 | | Name Middle | 470 | S | N | |
| NM107 | | Name Suffix | 470 | S | N | |
| NM108 | | Identification Code Qualifier | 470 | R | N | |
| NM109 | | Identification code | 471 | R | N | |
| ***** SEGMENT ***** PRV (Operating Physician Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 472 | R | N | |
| PRV02 | | Reference Identification Qualifier | 473 | R | N | |
| PRV03 | | Reference Identification | 473 | R | N | |
| ***** SEGMENT ***** REF (Operating Physician Secondary Identification) | | | | | | |
| REF01 | | reference identification qualifier | 474 | R | Y | Use qualifier 1D Only if NPI is not present |
| REF02 | | Reference Identification | 475 | R | Y | 7 digit RI Medicaid Provider ID. If more than 7 characters are sent the claim will be rejected. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2420C (Other Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 477 | R | N | |
| NM102 | | Entity Type Qualifier | 477 | R | N | |
| NM103 | | Name Last or Organization Name | 477 | R | N | |
| NM104 | | Name First | 477 | S | N | |
| NM105 | | Name Middle | 477 | S | N | |
| NM107 | | Name Suffix | 478 | S | N | |
| NM108 | | Identification Code Qualifier | 478 | R | N | |
| NM109 | | Identification code | 478 | R | N | |
| ***** SEGMENT ***** PRV (Other Provider Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 479 | R | N | |
| PRV02 | | Reference Identification Qualifier | 480 | R | N | |
| PRV03 | | Reference Identification | 480 | R | N | |
| ***** SEGMENT ***** REF (Other Provider Secondary Identification) | | | | | | |
| REF01 | | reference identification qualifier | 481 | R | Y | Use 1D Only if NPI is not present |
| REF02 | | Reference Identification | 482 | R | Y | 7 digit RI Medicaid Provider ID. If more than 7 characters are sent the claim will be rejected. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** LOOP ***** 2430 (Service line adjudication information) ********** ********** ***** SEGMENT ***** SVD (Service Line Adjudication Information) ********** | | | | | | |
| SVD01 | | Payer Identifier | 491 | R | Y | Use the 3 digit RI Medicaid Carrier Code. Data that exceeds 3 digits will be truncated. |
| SVD02 | | Service Line Paid Amt. | 491 | R | N | |
| SVD03 | | composite medical procedure identifier | 491 | S | N | |
| SVD03 | C003-1 | product or service id qualifier | 491 | R | N | |
| SVD03 | C003-2 | procedure code | 492 | R | Y | Required for outpatient services |
| SVD03 | C003-3 | procedure modifier 1 | 492 | S | N | |
| SVD03 | C003-4 | procedure modifier 2 | 492 | S | N | |
| SVD03 | C003-6 | procedure modifier 4 | 492 | S | N | |
| SVD03 | C003-7 | procedure code description | 492 | S | N | |
| SVD04 | | Service Line Revenue Code | 492 | R | N | |
| SVD05 | | Adjustment Quantity | 493 | R | N | |
| SVD06 | | bundled/unbundled line number | 493 | S | N | |
| ********** ***** SEGMENT ***** CAS (Service Line Adjustment) ********** | | | | | | |
| CAS01 | | claim adjustment group code | 495 | R | N | |
| CAS02 | | Adjustment Reason Code | 496 | R | N | |
| CAS03 | | Adjustment Amount | 496 | R | N | |
| CAS04 | | adjustment quantity | 496 | S | N | |
| CAS05 | | Adjustment Reason Code | 496 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| CAS06 | | adjustment amount | 497 | S | N | |
| CAS07 | | adjustment quantity | 497 | S | N | |
| CAS08 | | Adjustment Reason Code | 497 | S | N | |
| CAS09 | | adjustment amount | 498 | S | N | |
| CAS10 | | adjustment quantity | 498 | S | N | |
| CAS11 | | Adjustment Reason Code | 498 | S | N | |
| CAS12 | | adjustment amount | 499 | S | N | |
| CAS13 | | adjustment quantity | 499 | S | N | |
| CAS14 | | Adjustment Reason Code | 499 | S | N | |
| CAS15 | | adjustment amount | 500 | S | N | |
| CAS16 | | adjustment quantity | 500 | S | N | |
| CAS17 | | Adjustment Reason Code | 500 | S | N | |
| CAS18 | | adjustment amount | 501 | S | N | |
| CAS19 | | adjustment quantity | 501 | S | N | |

****** SEGMENT ******
*DTP (Service Adjudication Date)*

| | | | | | | |
|---|---|---|---|---|---|---|
| DTP01 | | date/time qualifier | 502 | R | N | |
| DTP02 | | date time period format qualifier | 502 | R | N | |
| DTP03 | | Date time Period | 502 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ################################################################################################################################################################################################ | | | | | | |
| ***** LOOP ***** | | | | | | |
| NA (transaction set trailer) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| ***** SEGMENT ***** | | | | | | |
| SE (Transaction Set Trailer) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| SE01 | | transaction segment count | 503 | R | N | |
| SE02 | | transaction set control number | 503 | R | N | |
| ################################################################################################################################################################################################ | | | | | | |
| ***** LOOP ***** | | | | | | |
| NA (Functional Group Trailer) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| ***** SEGMENT ***** | | | | | | |
| GE (Functional Group Trailer) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| GE01 | | Number of Transaction Sets Included | B.10 | R | N | |
| GE02 | | Group Control Number | B.10 | R | N | |
| ################################################################################################################################################################################################ | | | | | | |
| ***** LOOP ***** | | | | | | |
| NA (Interchange Control Trailer) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| ***** SEGMENT ***** | | | | | | |
| IEA (Interchange Control Trailer) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| IEA01 | | Number of Included Functional Groups | B.7 | R | N | |
| IEA02 | | Interchange Control Number | B.7 | R | N | |


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# 4. 837 Professional Technical Specifications

Billing for services provided by Group and Individual Practices of RI Medicaid enrolled Service Providers (excluding Dental Practice) where Medicaid may be primary, secondary or tertiary Payer. Includes Physicians, Osteopaths, Chiropractors, Physician Assistants, Registered Nurse Practitioners, Optometrists, Podiatrists, Registered Nurses, Physical Therapists, Speech Therapists, Occupational Therapists, Psychologists, Audiologists, Certified Midwives, School Health Services, Rural Health Clinics, FQHC's, Department of Health, Adult Day Care, Home Care and Community Based Care (all Waivers), Respite Care, Opticians, Medical Supplies (DME), Non-Hospital Connected Labs, Non-Hospital Connected X-Ray, Ambulance Services, Wheelchair Vans, Medical Services Clinics, Mental Health Clinics, and Personal Care Attendants.

## Instructions/General Information:

The Technical Specification document lists the data elements of the X12N 837 transaction, and provides information specific to Rhode Island Medicaid edits and requirements. The column headings for all 837 Technical Specifications are listed below, with a brief description. The page numbers given refer to the Washington Publishing Implementation Guides published in 2000.

- Segment ID: 837 Implementation Guide Segment ID
- Data Element: 837 Implementation Guide Composite Sequence ID/Data Element (not present with every segment)
- HIPAA Guide Name: Brief description of Segment ID
- Page #: 837 Implementation Guide Page Number
- HIPAA Usage: 837 Implementation Guide indicators "R" for Required if the Segment is used; "S" for Situational.
- Medicaid Note: The listed values are used to notify the provider when Rhode Island Medicaid has specific requirements for segment use or data format.
    - "Y" indicates that there is a specific instruction or limited values for RI Medicaid claims.
    - "N" indicates that there are no RI specific instructions and the Submitter must provide the data as indicated in the HIPAA Implementation Guide.
    - "X" indicates that RI Medicaid does not expect to receive the Loop/Segment in the claim file. If it is received, it will be ignored as long as its formatting passes the X12N edit.
- MMIS Instruction: Rules and information for RI Medicaid data verification.


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### | | | | | | |
| | | ***** LOOP ***** | | | | |
| | | NA (Interchange Control Header) | | | | |
| ##### | | | | | | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | ISA (Interchange Control Header) | | | | |
| ##### | | | | | | |
| ISA01 | | Authorization Information Qualifier | B.3 | R | N | Use 00 |
| ISA02 | | Authorization Information Qualifier | B.3 | R | N | |
| ISA03 | | Security Information Qualifier | B.4 | R | N | |
| ISA04 | | Security Information | B.4 | R | N | |
| ISA05 | | Interchange Sender ID Qualifier | B.4 | R | Y | Use qualifier ZZ |
| ISA06 | | Interchange Sender ID | B.4 | R | Y | ID assigned by RI Medicaid |
| ISA07 | | Interchange Receiver ID Qualifier | B.4 | R | Y | Use qualifier ZZ |
| ISA08 | | Interchange Reciever ID | B.5 | R | Y | Use RI Medicaid EIN "056000522" |
| ISA09 | | Interchange Date | B.5 | R | N | |
| ISA10 | | Interchange Time | B.5 | R | N | |
| ISA11 | | Interchange Control Standards Indentifier | B.5 | R | N | |
| ISA12 | | Interchange Control Version Number | B.5 | R | N | |
| ISA13 | | Interchange Control Number | B.5 | R | N | |
| ISA14 | | Acknowledgment Requested | B.6 | R | Y | 0 or 1 only |
| ISA15 | | Usage Indicator | B.6 | R | Y | P or T only |
| ISA16 | | Component Element Separator | B.6 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

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##########################################################################################################
                                    ***** LOOP *****
                                NA   (Functional Group Header)
##########################################################################################################
##########################################################################################################
                                    ***** SEGMENT *****
                                GS (Functional Group Header)
##########################################################################################################
```

| | | | | | | |
|---|---|---|---|---|---|---|
| GS01 | | Functional ID Code | B.8 | R | N | |
| GS02 | | Application Sender's Code | B.8 | R | Y | RI Medicaid Trading Partner ID |
| GS03 | | Application Receiver's Code | B.8 | R | Y | Use RI Medicaid EIN "056000522" |
| GS04 | | Date | B.8 | R | N | |
| GS05 | | Time | B.8 | R | N | |
| GS06 | | Group Control Number | B.9 | R | N | |
| GS07 | | Responsible Agency Code | B.9 | R | N | |
| GS08 | | Version/Release ID Code | B.9 | R | Y | Use 004010X098A1 |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** NA (Transaction Set Header) | | | | | | |
| ***** SEGMENT ***** ST (Transaction Set Header) | | | | | | |
| ST01 | | Transaction Set Identifier Code | 62 | R | N | |
| ST02 | | Transaction Set Control Number | 62 | R | Y | Start increment 000000001 |
| ***** SEGMENT ***** BHT (Beginning Of Hierarchical Transaction) | | | | | | |
| BHT01 | | Hierarchical Structure Code | 63 | R | N | |
| BHT02 | | Transaction Set Purpose Code | 64 | R | N | |
| BHT03 | | Originator Application Transaction Identifier | 64 | R | N | |
| BHT04 | | Transaction Set Creation Date | 64 | R | N | |
| BHT05 | | Transaction Set Creation Time | 65 | R | N | |
| BHT06 | | Claim or Encounter Identifier | 65 | R | Y | RI Medicaid will only process charge transactions (CH). Values other than CH will cause rejection of the entire transaction. |
| ***** SEGMENT ***** REF (Transmission Type Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 66 | R | N | |
| REF02 | | Transmission Type Code | 66 | R | Y | Should be 004010X098DA1 for test claims and 004010X098A1 for production. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 1000A (Submitter Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Submitter Name) | | | | | | |
| NM101 | | Entity Identifier Code | 68 | R | N | |
| NM102 | | Entity Type Qualifier | 68 | R | Y | 1 = person, 2 = non-person |
| NM103 | | Submitter Last or Organization Name | 68 | R | N | |
| NM104 | | Submitter First Name | 68 | S | N | |
| NM105 | | Submitter Middle Name | 68 | S | N | |
| NM108 | | Identification Code Qualifier | 68 | R | N | |
| NM109 | | Identification Code | 69 | R | Y | Enter Trading Partner ID assigned by RI Medicaid |
| ***** SEGMENT ***** PER (Submitter EDI Contact Information) | | | | | | |
| PER01 | | Contact Function Code | 71 | R | Y | RI Medicaid will only capture the information in the first PER segment. |
| PER02 | | Submitter Contact Name | 72 | R | N | |
| PER03 | | Communication Number Qualifier | 72 | R | Y | RI Medicaid can utilize TE, EX, FX or EM. |
| PER04 | | Communication Number | 72 | R | N | |
| PER05 | | Communication Number Qualifier | 73 | S | Y | RI Medicaid can utilize TE, EX, FX or EM. |
| PER06 | | Communication Number | 73 | S | N | |
| PER07 | | Communication Number Qualifier | 73 | S | Y | RI Medicaid can utilize TE, EX, FX or EM. |
| PER08 | | Communication Number | 73 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### ***** LOOP ***** 1000B (Receiver Name) ##### | | | | | | |
| ##### ***** SEGMENT ***** NM1 (Receiver Name) ##### | | | | | | |
| NM101 | | Entity Identifier Code | 75 | R | N | |
| NM102 | | Entity Type Qualifier | 75 | R | N | |
| NM103 | | Receiver Name | 75 | R | Y | Enter "RI Medicaid" |
| NM108 | | Identification Code Qualifier | 75 | R | N | |
| NM109 | | Receiver Primary Identifier | 75 | R | Y | Use RI Medicaid EIN "056000522" |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2000A (Billing/Pay-to- Provider Hierarchical Level) | | | | | | |
| ***** SEGMENT ***** HL (Billing/Pay-to Provider Hierarchical Level) | | | | | | |
| HL01 | | Hierarchical ID Number | 78 | R | N | |
| HL03 | | Hierarchical Level Code | 78 | R | N | |
| HL04 | | Hierarchical Child Code | 78 | R | N | |
| ***** SEGMENT ***** PRV (Billing/Pay-to Provider Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 79 | R | N | |
| PRV02 | | Reference Identification Qualifier | 80 | R | N | |
| PRV03 | | Provider Taxonomy Code | 80 | R | N | Enter Billing Provider Taxonomy Must be entered if NPI is present |
| ***** SEGMENT ***** CUR (Foreign Currency Information) | | | | | | |
| CUR01 | | Entity Identifier Code | 82 | R | X | |
| CUR02 | | Currency Code | 82 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010AA (Billing Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Billing Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 85 | R | Y | RI Medicaid will use the provider information reported in 2010AA as the Claim Billing Provider when Loop 2010AB (Pay To Provider) is not sent. |
| NM102 | | Entity Type Qualifier | 85 | R | N | |
| NM103 | | Billing Provider Last or Organization Name | 85 | R | N | |
| NM104 | | Billing Provider First Name | 85 | S | N | |
| NM105 | | Billing Provider Middle Name | 85 | S | N | |
| NM107 | | Billing Provider Name Suffix | 86 | S | N | |
| NM108 | | Identification Code Qualifier | 86 | R | N | Enter XX for NPI |
| NM109 | | Billing Provider Identifier | 86 | R | Y | Enter NPI |
| ***** SEGMENT ***** N3 (Billing Provider Address) | | | | | | |
| N301 | | Billing Provider Address Line - 1 | 88 | R | N | |
| N302 | | Billing Provider Address Line - 2 | 88 | S | N | |
| ***** SEGMENT ***** N4 (Billing Provider City/State/ZIP Code) | | | | | | |
| N401 | | Billing Provider City Name | 89 | R | N | |
| N402 | | Billing Provider State or Province Code | 90 | R | N | |
| N403 | | Billing Provider Postal Zone or Zip Code | 90 | R | N | |
| N404 | | Billing Provider Country Code | 90 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Billing Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 92 | R | Y | Use qualifier 1D Only if NPI is not present |
| REF02 | | Billing Provider Additional Identifier | 92 | R | Y | The 7digit RI Medicaid provider number. |
| ***** SEGMENT ***** REF (Credit/Debit Card Billing Information) | | | | | | |
| REF01 | | Reference Identification Qualifier | 94 | R | X | |
| REF02 | | Billing Provider Credit Card Identifier | 95 | R | X | |
| ***** SEGMENT ***** PER (Billing Provider Contact Information) | | | | | | |
| PER01 | | Contact Function Code | 97 | R | Y | RI Medicaid will only capture the information in the first PER segment. |
| PER02 | | Billing Provider Contact Name | 97 | R | N | |
| PER03 | | Communication Number Qualifier | 97 | R | Y | RI Medicaid will only utilize TE, EX, EM or FX. |
| PER04 | | Communication Number | 97 | R | N | |
| PER05 | | Communication Number Qualifier | 97 | S | Y | RI Medicaid will only utilize TE, EX, EM or FX. |
| PER06 | | Communication Number | 98 | S | N | |
| PER07 | | Communication Number Qualifier | 98 | S | Y | RI Medicaid will only utilize TE, EX, EM or FX. |
| PER08 | | Communication Number | 98 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010AB (Pay-to Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Pay-to Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 100 | R | N | |
| NM102 | | Entity Type Qualifier | 100 | R | N | |
| NM103 | | Pay to Provider last or Organization Name | 100 | R | N | |
| NM104 | | Pay to Provider First Name | 100 | S | N | |
| NM105 | | Pay to Provider Middle Name | 100 | S | N | |
| NM107 | | Pay-to Provider Name Suffix | 101 | S | N | |
| NM108 | | Identification Code Qualifier | 101 | R | N | If this loop is used, enter XX for NPI |
| NM109 | | Pay-to Provider Identifier | 101 | R | Y | If this loop is used, Enter NPI |
| ***** SEGMENT ***** N3 (Pay-to Provider Address) | | | | | | |
| N301 | | Pay-to Provider Address Line-1 | 103 | R | N | |
| N302 | | Pay-to Provider Address Line-2 | 103 | S | N | |
| ***** SEGMENT ***** N4 (Pay-to Provider City/State/ZIP Code) | | | | | | |
| N401 | | Pay-to Provider City Name | 104 | R | N | |
| N402 | | Pay-to Provider State Code | 104 | R | N | |
| N403 | | Pay-to Provider Postal Zone or Zip Code | 105 | R | N | |
| N404 | | Pay-to Provider Country Code | 105 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Pay-to-Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 106 | R | Y | If Pay-To Provider information is reported, use qualifier 1D Only if NPI is not present |
| REF02 | | Pay-to Provider Additional Identifier | 107 | R | Y | If Pay-To Provider information is reported, use the 7 digit RI Medicaid assigned Provider ID. Entries greater than 7 digits will cause the claim to be rejected. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2000B (Subscriber Hierarchical Level) | | | | | | |
| ***** SEGMENT ***** HL (Subscriber Hierarchical Level) | | | | | | |
| HL01 | | Hierarchical ID Number | 109 | R | N | |
| HL02 | | Hierarchical Parent ID Number | 109 | R | N | |
| HL03 | | Hierarchical Level Code | 109 | R | N | |
| HL04 | | Hierarchical Child Code | 109 | R | Y | The subscriber and patient are always the same. This value should always be 0. |
| ***** SEGMENT ***** SBR (Subscriber Information) | | | | | | |
| SBR01 | | Payer Responsibility Sequence Number Code | 110 | R | N | |
| SBR02 | | Relationship Code | 111 | S | Y | RI Medicaid will always be 18. |
| SBR03 | | Insured Group or Policy Number | 111 | S | N | |
| SBR04 | | Insured Group Name or Plan Name | 111 | S | Y | RI Medicaid unless COB |
| SBR05 | | Insurance Type Code | 111 | S | N | |
| SBR09 | | Claim Filing Indicator Code | 112 | S | Y | Use MC for RI Medicaid claims |
| ***** SEGMENT ***** PAT (Patient Information) | | | | | | |
| PAT05 | | Date Time Period Format Qualifier | 115 | S | N | |
| PAT06 | | Insured Individual Death Date | 115 | S | N | |
| PAT07 | | Unit or Basis for Measurement Code | 115 | S | N | |
| PAT08 | | Patients Weight | 115 | S | N | |
| PAT09 | | Pregnancy Indicator | 116 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010BA (Subscriber Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Subscriber Name) | | | | | | |
| NM101 | | Entity Identifier Code | 118 | R | N | |
| NM102 | | Entity Type Qualifier | 118 | R | Y | RI Medicaid subscriber is always a person, use 1. |
| NM103 | | Subscriber Last Name | 118 | R | N | |
| NM104 | | Subscriber First Name | 118 | S | N | |
| NM105 | | Subscriber Middle Name | 118 | S | N | |
| NM107 | | Subscriber Name Suffix | 118 | S | N | |
| NM108 | | Identification Code Qualifier | 119 | S | Y | Use qualifier MI |
| NM109 | | Subscriber Primary Identifier | 119 | S | Y | Enter the 9 digit the RI Medicaid ID number. Use only alpha numeric, no hyphens or spaces. |
| ***** SEGMENT ***** N3 (Subscriber Address) | | | | | | |
| N301 | | Subscriber Address Line-1 | 121 | R | N | |
| N302 | | Subscriber Address Line-2 | 121 | S | N | |
| ***** SEGMENT ***** N4 (Subscriber City/State/ZIP Code) | | | | | | |
| N401 | | Subscriber City Name | 122 | R | N | |
| N402 | | Subscriber State or Province Code | 123 | R | N | |
| N403 | | Subscriber Postal Zone or Zip Code | 123 | R | N | |
| N404 | | Subscriber Country Code | 123 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DMG (Subscriber Demographic Information) | | | | | | |
| DMG01 | | Date Time Period Format Qualifier | 124 | R | N | |
| DMG02 | | Subscriber Birth Date (Date of Birth Patient) | 125 | R | N | |
| DMG03 | | Subscriber Gender Code (Gender - Patient) | 125 | R | N | |
| ***** SEGMENT ***** REF (Subscriber Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 126 | R | N | |
| REF02 | | Subscriber Supplemental Identifier | 127 | R | N | |
| ***** SEGMENT ***** REF (Property and Casualty Claim Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 128 | R | N | |
| REF02 | | Property Casualty Claim Number | 129 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010BB (Payer Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Payer Name) | | | | | | |
| NM101 | | Entity Identifier Code | 131 | R | N | |
| NM102 | | Entity Type Qualifier | 131 | R | N | |
| NM103 | | Payer Name | 131 | R | Y | Enter "RI Medicaid" |
| NM108 | | Identification Code Qualifier | 131 | R | Y | Use qualifier PI. |
| NM109 | | Payer Identifier | 131 | R | Y | USE RI Medicaid EIN "056000522" |
| ***** SEGMENT ***** N3 (Payer Address) | | | | | | |
| N301 | | Payer Address Line-1 | 134 | R | N | |
| N302 | | Payer Address Line-2 | 134 | S | N | |
| ***** SEGMENT ***** N4 (Payer City/State/ZIP Code) | | | | | | |
| N401 | | Payer City Name | 135 | R | N | |
| N402 | | Payer State or Province Code | 136 | R | N | |
| N403 | | Payer Postal Zone or Zip Code | 136 | R | N | |
| N404 | | Payer Country Code | 136 | S | N | |
| ***** SEGMENT ***** REF (Payer Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 137 | R | N | |
| REF02 | | Payer Additional Identifier | 138 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010BC (Responsible Party Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Responsible Party Name) | | | | | | |
| NM101 | | Entity Identifier Code | 140 | R | N | |
| NM102 | | Entity Type Qualifier | 140 | R | N | |
| NM103 | | Responsible Party Last or Organization Name | 140 | R | N | |
| NM104 | | Responsible Party First Name | 140 | S | N | |
| NM105 | | Responsible Party Middle Name | 141 | S | N | |
| NM107 | | Responsible Party Suffix Name | 141 | S | N | |
| ***** SEGMENT ***** N3 (Responsible Party Address) | | | | | | |
| N301 | | Responsible Party Address Line-1 | 143 | R | N | |
| N302 | | Responsible Address Line-2 | 143 | S | N | |
| ***** SEGMENT ***** N4 (Responsible Party City/State/ZIP Code) | | | | | | |
| N401 | | Responsible City Name | 144 | R | N | |
| N402 | | Responsible State or Province Code | 144 | R | N | |
| N403 | | Responsible Postal Zone or Zip Code | 145 | R | N | |
| N404 | | Responsible Party Country Code | 145 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010BD (Credit/Debit Card Account Holder Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Credit/Debit Card Holder Name) | | | | | | |
| NM101 | | Entity Identifier Code | 147 | R | X | |
| NM102 | | Entity Type Qualifier | 147 | R | X | |
| NM103 | | Credit or Debit Card Holder Last or Organ. Name | 147 | R | X | |
| NM104 | | Credit or Debit Card Holder First Name | 147 | S | X | |
| NM105 | | Credit or Debit Card Holder Middle Name | 147 | S | X | |
| NM107 | | Credit or Debit Card Holder Name Suffix | 147 | S | X | |
| NM108 | | Identification Code Qualifier | 147 | R | X | |
| NM109 | | Credit or Debit Card Number or Account Number | 148 | R | X | |
| ***** SEGMENT ***** REF (Credit/Debit Card Information) | | | | | | |
| REF01 | | Reference Identification Qualifier | 150 | R | X | |
| REF02 | | Credit or Debit Card Authorization # | 150 | R | X | |
| ***** LOOP ***** 2000C (Patient Hierarchical Level) | | | | | | |
| ***** SEGMENT ***** HL (Patient Hierarchical Level) | | | | | | |
| HL01 | | Hierarchical ID Number | 153 | R | X | |
| HL02 | | Hierarchical Parent ID Number | 153 | R | X | |
| HL03 | | Hierarchical Level Code | 153 | R | X | |
| HL04 | | Hierarchical Child Code | 153 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** PAT (Patient Information) | | | | | | |
| PAT01 | | Patient's Relationship to Insured | 154 | R | X | |
| PAT05 | | Date Time Period Format Qualifier | 155 | S | X | |
| PAT06 | | Patient Death Date | 156 | S | X | |
| PAT07 | | Unit or Basis for Measurement Code | 156 | S | X | |
| PAT08 | | Patient Weight | 156 | S | X | |
| PAT09 | | Pregnancy Indicator | 156 | S | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010CA (Patient Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Patient Name) | | | | | | |
| NM101 | | Entity Identifier Code | 157 | R | X | |
| NM102 | | Entity Type Qualifier | 158 | R | X | |
| NM103 | | Patient Last Name | 158 | R | X | |
| NM104 | | Patient First Name | 158 | R | X | |
| NM105 | | Patient Middle Name | 158 | S | X | |
| NM107 | | Patient's Name Suffix | 158 | S | X | |
| NM108 | | Identification Code Qualifier | 159 | S | X | |
| NM109 | | Patient Primary Identifier | 159 | S | X | |
| ***** SEGMENT ***** N3 (Patient Address) | | | | | | |
| N301 | | Patient Address Line-1 | 161 | R | X | |
| N302 | | Patient Address Line-2 | 161 | S | X | |
| ***** SEGMENT ***** N4 (Patient City/State/ZIP Code) | | | | | | |
| N401 | | Patient City Name | 162 | R | X | |
| N402 | | Patient State or Province Code | 162 | R | X | |
| N403 | | Patient Postal Zone or Zip Code | 163 | R | X | |
| N404 | | Patient Country Code | 163 | S | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DMG (Patient Demographic Information) | | | | | | |
| DMG01 | | Date Time Period Format Qualifier | 164 | R | X | |
| DMG02 | | Patient Birth Date | 165 | R | X | |
| DMG03 | | Patient Gender Code | 165 | R | X | |
| ***** SEGMENT ***** REF (Patient Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 166 | R | X | |
| REF02 | | Patient Secondary Identifier | 167 | R | X | |
| ***** SEGMENT ***** REF (Property and Casualty Claim Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 168 | R | X | |
| REF02 | | Property Casualty Claim Number | 169 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2300 (Claim Information) | | | | | | |
| ***** SEGMENT ***** CLM (Claim Information) | | | | | | |
| CLM01 | | Patient Account Number | 171 | R | Y | RI Medicaid will capture up to the first 20 characters and return them on the 835. |
| CLM02 | | Total Claim Charge Amt | 172 | R | Y | Total claim charge must be equal to or greater than the sume of amounts entered in Loop 2320 payer paid amount or the claim will be rejected. |
| CLM05 | | Health Care Service Location Information | 172 | R | N | |
| CLM05 | C023-1 | Facility Type Code | 173 | R | N | |
| CLM05 | C023-3 | Claim Frequency Code | 173 | R | Y | RI Medicaid will accept Frequency code 1,7 and 8 for Medicaid primary claims. For Medicare primary claims, Frequency Codes 7 and 8 will not be processed |
| CLM06 | | Provider or Supplier Signature Indicator | 174 | R | N | |
| CLM07 | | Medicare Assignment Code | 174 | R | N | |
| CLM08 | | Benefits Assignment Certification Indicator | 175 | R | N | |
| CLM09 | | Release of Information Code | 175 | R | N | |
| CLM10 | | Patient Signature Source Code | 176 | S | N | |
| CLM11 | | Accident/Employment/Related Causes | 176 | S | N | |
| CLM11 | C024-1 | Related Causes Code | 176 | R | N | |
| CLM11 | C024-2 | Related Causes Code | 177 | S | N | |
| CLM11 | C024-3 | Related Causes Code | 177 | S | N | |
| CLM11 | C024-4 | Auto Accident State or Province Code | 177 | S | N | |
| CLM11 | C024-5 | Country Code | 178 | S | N | |
| CLM12 | | Special Program Indicator | 178 | S | N | |
| CLM16 | | Participation Agreement | 178 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| CLM20 | | Delay Reason Code | 179 | S | N | |

****** SEGMENT ******
*DTP (Date - Order Date)*

| | | | | | | |
|---|---|---|---|---|---|---|
| DTP01 | | Date Time Qualifier | 180 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 180 | R | N | |
| DTP03 | | Order Date | 181 | R | N | |

****** SEGMENT ******
*DTP (Date - Date Last Seen)*

| | | | | | | |
|---|---|---|---|---|---|---|
| DTP01 | | Date Time Qualifier | 186 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 186 | R | N | |
| DTP03 | | Last Seen Date | 187 | R | N | |

****** SEGMENT ******
*DTP (Date - Onset of Current Illness/Symptom)*

| | | | | | | |
|---|---|---|---|---|---|---|
| DTP01 | | Date Time Qualifier | 188 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 189 | R | N | |
| DTP03 | | Onset of Current Illness or Injury Date | 189 | R | N | |

****** SEGMENT ******
*DTP (Date - Acute Manifestation)*

| | | | | | | |
|---|---|---|---|---|---|---|
| DTP01 | | Date Time Qualifier | 190 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 190 | R | N | |
| DTP03 | | Acute Manifestation Date | 191 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Date - Similar Illness/Symptom Onset) | | | | | | |
| DTP01 | | Date Time Qualifier | 192 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 192 | R | N | |
| DTP03 | | Similar Illness or Symptom Date | 193 | R | N | |
| ***** SEGMENT ***** DTP (Date - Accident) | | | | | | |
| DTP01 | | Date Time Qualifier | 194 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 194 | R | N | |
| DTP03 | | Accident Date | 195 | R | Y | When more than one Accident Date is submitted, RI Medicaid will store only the most recent date. |
| ***** SEGMENT ***** DTP (Date - Last Menstrual Period) | | | | | | |
| DTP01 | | Date Time Qualifier | 196 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 196 | R | N | |
| DTP03 | | Last Menstrual Period Date | 196 | R | N | |
| ***** SEGMENT ***** DTP (Date - Last X-ray) | | | | | | |
| DTP01 | | Date Time Qualifier | 197 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 197 | R | N | |
| DTP03 | | Last X-Ray Date | 198 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Date - Hearing and Vision Prescription Date) | | | | | | |
| DTP01 | | Date Time Qualifier | 200 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 200 | R | N | |
| DTP03 | | Prescription Date | 200 | R | N | |
| ***** SEGMENT ***** DTP (Date - Disability Begin) | | | | | | |
| DTP01 | | Date Time Qualifier | 201 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 201 | R | N | |
| DTP03 | | Disability From Date | 202 | R | N | |
| ***** SEGMENT ***** DTP (Date - Disability End) | | | | | | |
| DTP01 | | Date Time Qualifier | 203 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 203 | R | N | |
| DTP03 | | Disability To Date | 204 | R | N | |
| ***** SEGMENT ***** DTP (Date - Last Worked) | | | | | | |
| DTP01 | | Date Time Qualifier | 205 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 205 | R | N | |
| DTP03 | | Last Worked Date | 205 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Date - Authorized Return to Work) | | | | | | |
| DTP01 | | Date Time Qualifier | 206 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 206 | R | N | |
| DTP03 | | Work Return Date | 207 | R | N | |
| ***** SEGMENT ***** DTP (Date - Admission) | | | | | | |
| DTP01 | | Date Time Qualifier | 208 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 208 | R | N | |
| DTP03 | | Related Hospitalization Admission Date | 209 | R | N | |
| ***** SEGMENT ***** DTP (Date - Discharge) | | | | | | |
| DTP01 | | Date Time Qualifier | 210 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 210 | R | N | |
| DTP03 | | Related Hospitalization Discharge Date | 211 | R | N | |
| ***** SEGMENT ***** DTP (Date - Assumed and Relinquished Care Dates) | | | | | | |
| DTP01 | | Date Time Qualifier | 213 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 213 | R | N | |
| DTP03 | | Assumed or Relinquished Care Date | 213 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** PWK (Claim Supplemental Information) | | | | | | |
| PWK01 | | Attachment Report Type code | 215 | R | N | |
| PWK02 | | Attachment Transmission Code | 216 | R | N | |
| PWK05 | | Identification Code Qualifier | 216 | S | N | |
| PWK06 | | Attachment Control Number | 216 | S | N | |
| ***** SEGMENT ***** CN1 (Contract Information) | | | | | | |
| CN101 | | Contract Type Code | 217 | R | N | |
| CN102 | | Contract Amount | 218 | S | N | |
| CN103 | | Contract Percent | 218 | S | N | |
| CN104 | | Contract Code | 218 | S | N | |
| CN105 | | Terms Discount Percent | 218 | S | N | |
| CN106 | | Contract Version Identifier | 218 | S | N | |
| ***** SEGMENT ***** AMT (Credit/Debit Card Maximum Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 219 | R | X | |
| AMT02 | | Credit or Debit Card Maximum Amount | 219 | R | X | |
| ***** SEGMENT ***** AMT (Patient Amount Paid) | | | | | | |
| AMT01 | | Amount Qualifier Code | 220 | R | N | |
| AMT02 | | Patient Amount Paid | 220 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** AMT (Total Purchased Service Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 221 | R | N | |
| AMT02 | | Total Purchase Service Amount | 221 | R | N | |
| ***** SEGMENT ***** REF (Service Authorization Exception Code) | | | | | | |
| REF01 | | Reference Identification Qualifier | 222 | R | N | |
| REF02 | | Service Authorization Exception Code | 223 | R | N | |
| ***** SEGMENT ***** REF (Mandatory Medicare (Section 4081) Crossover Indicator) | | | | | | |
| REF01 | | Reference Identification Qualifier | 224 | R | N | |
| REF02 | | Medicare Section 4081 Indicator | 225 | R | N | |
| ***** SEGMENT ***** REF (Mammography Certification Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 226 | R | N | |
| REF02 | | Mammography Certification Number | 226 | R | N | |
| ***** SEGMENT ***** REF (Prior Authorization or Referral Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 228 | R | Y | Use qualifier G1 when reporting the RI Medicaid Prior Authorization for a claim. Prior Authorization must be reported in Loop 2300. RI Medicaid will not capture PA information from Loop 2400. |
| REF02 | | Prior Authorization Number | 228 | R | Y | Report RI Medicaid assigned Prior Authorization number here. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Original Reference Number (ICN/DCN)) | | | | | | |
| REF01 | | Reference Identification Qualifier | 230 | R | N | |
| REF02 | | Claim Original Reference Number | 230 | R | Y | If the Claim Frequency equals 7 or 8, the original 15 digit ICN is required in this field. If the data in this field exceeds 15, the claim will be rejected. |
| ***** SEGMENT ***** REF (Clinical Laboratory Improvement Amendment (CLIA) Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 232 | R | N | |
| REF02 | | CLIA Number | 232 | R | N | |
| ***** SEGMENT ***** REF (Repriced Claim Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 233 | R | N | |
| REF02 | | Repriced Claim Ref.# | 233 | R | N | The original 15 digit ICN is required in this field. If the data in this field exceeds 15, the claim will be rejected. |
| ***** SEGMENT ***** REF (Adjusted Repriced Claim Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 235 | R | N | |
| REF02 | | Adjusted Repriced Claim Reference Number | 235 | R | Y | The original 15 digit ICN is required in this field. If the data in this field exceeds 15, the claim will be rejected. |
| ***** SEGMENT ***** REF (Investigational Device Exemption Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 236 | R | N | |
| REF02 | | Investigational Device Exemption Identifier | 236 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Claim Identification Number for Clearing Houses and Other Transmission Intermediaries) | | | | | | |
| REF01 | | Reference Identification Qualifier | 239 | R | N | |
| REF02 | | Clearinghouse Trace Number | 239 | R | N | |
| ***** SEGMENT ***** REF (Ambulatory Patient Group (APG)) | | | | | | |
| REF01 | | Reference Identification Qualifier | 240 | R | N | |
| REF02 | | Ambulatory Patient Group (APG) Number | 240 | R | N | |
| ***** SEGMENT ***** REF (Medical Record Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 241 | R | N | |
| REF02 | | Medical Record Number | 241 | R | N | |
| ***** SEGMENT ***** REF (Demonstration Project Identifier) | | | | | | |
| REF01 | | Reference Identification Qualifier | 242 | R | N | |
| REF02 | | Demonstration Project Identifier | 243 | R | N | |
| ***** SEGMENT ***** K3 (File Information) | | | | | | |
| K301 | | Fixed Format Information | 245 | R | N | |
| ***** SEGMENT ***** NTE (Claim Note) | | | | | | |
| NTE01 | | Note Reference Code | 247 | R | N | |
| NTE02 | | Claim Note Text | 247 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** CR1 (Ambulance Transport Information) | | | | | | |
| CR101 | | Unit or Basis for Measurement Code | 249 | S | N | |
| CR102 | | Patient Weight | 249 | S | N | |
| CR103 | | Ambulance Transport Code | 249 | R | N | |
| CR104 | | Ambulance Transport Reason Code | 249 | R | N | |
| CR105 | | Unit or Basis for Measurement Code | 250 | R | N | |
| CR106 | | Transport Distance | 250 | R | N | |
| CR109 | | Round Trip Purpose Description | 250 | S | N | |
| CR110 | | Stretcher Purpose Description | 250 | S | N | |
| ***** SEGMENT ***** CR2 (Spinal Manipulation Service Information) | | | | | | |
| CR208 | | Patient Condition Code | 255 | R | N | |
| CR210 | | Patient Condition Description | 256 | S | N | |
| CR211 | | Patient Condition Description | 256 | S | N | |
| CR212 | | X-Ray Availability Indicator | 256 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** CRC (Ambulance Certification) | | | | | | |
| CRC01 | | Code Category | 257 | R | N | |
| CRC02 | | Certification Condition Indicator | 258 | R | N | |
| CRC03 | | Condition Code | 258 | R | N | |
| CRC04 | | Condition Code | 259 | S | N | |
| CRC05 | | Condition Code | 259 | S | N | |
| CRC06 | | Condition Code | 259 | S | N | |
| CRC07 | | Condition Code | 259 | S | N | |
| ***** SEGMENT ***** CRC (Patient Condition Information: Vision) | | | | | | |
| CRC01 | | Code Category | 260 | R | N | |
| CRC02 | | Certification Condition Indicator | 261 | R | N | |
| CRC03 | | Condition Code | 261 | R | N | |
| CRC04 | | Condition Code | 261 | S | N | |
| CRC05 | | Condition Code | 261 | S | N | |
| CRC06 | | Condition Code | 261 | S | N | |
| CRC07 | | Condition Code | 262 | S | N | |
| ***** SEGMENT ***** CRC (Homebound Indicator) | | | | | | |
| CRC01 | | Code Category | 263 | R | N | |
| CRC02 | | Certification Condition Indicator | 264 | R | N | |
| CRC03 | | Homebound Indicator | 264 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** CRC (EPSDT Referral) | | | | | | |
| CRC01 | | Code Category | 265 | R | N | |
| CRC02 | | Certification Condition Indicator | 265 | R | N | |
| CRC03 | | Condition Code | 265 | R | N | |
| CRC04 | | Condition Code | 265 | S | N | |
| CRC05 | | Condition Code | 265 | S | N | |
| ***** SEGMENT ***** HI (Health Care Diagnosis Code) | | | | | | |
| HI01 | | Principal Diagnosis | 265 | R | N | |
| HI01 | C022-1 | Diagnosis Type Code | 266 | R | N | |
| HI01 | C022-2 | Health Care Code Information | 266 | R | N | |
| HI01 | C022-2 | Diagnosis Code | 266 | R | N | |
| HI02 | | Diagnosis | 266 | S | N | |
| HI02 | C022-1 | Diagnosis Type Code | 266 | R | N | |
| HI02 | C022-2 | Diagnosis Code | 266 | R | N | |
| HI03 | | Diagnosis | 267 | S | N | |
| HI03 | C022-1 | Diagnosis Type Code | 267 | R | N | |
| HI03 | C022-2 | Diagnosis Code | 267 | R | N | |
| HI04 | | Health Care Code Information | 267 | R | N | |
| HI04 | C022-1 | Diagnosis Type Code | 268 | R | N | |
| HI04 | C022-2 | Diagnosis Code | 268 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HI05 | | Health Care Code Information | 268 | S | N | |
| HI05 | C022-1 | Diagnosis Type Code | 268 | R | N | |
| HI05 | C022-2 | Diagnosis Code | 268 | R | N | |
| HI06 | | Health Care Code Information | 269 | S | N | |
| HI06 | C022-1 | Diagnosis Type Code | 269 | S | N | |
| HI06 | C022-2 | Diagnosis Code | 269 | R | N | |
| HI07 | | Health Care Code Information | 269 | R | N | |
| HI07 | C022-1 | Diagnosis Type Code | 269 | R | N | |
| HI07 | C022-2 | Diagnosis Code | 269 | R | N | |
| HI08 | | Health Care Code Information | 270 | S | N | |
| HI08 | C022-1 | Diagnosis Type Code | 270 | R | N | |
| HI08 | C022-2 | Diagnosis Code | 270 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** HCP (Claim Pricing/Repricing Information) | | | | | | |
| HCP01 | | Pricing/Repricing Methodology | 272 | R | N | |
| HCP02 | | Repriced Allowed Amount | 272 | R | N | |
| HCP03 | | Repriced Saving Amount | 273 | S | N | |
| HCP04 | | Repricing Organization Identifier | 273 | S | N | |
| HCP05 | | Repricing Per Diem or Flat Rate Amt. | 273 | S | N | |
| HCP06 | | Repriced Approved Ambulatory Patient Group Code | 273 | S | N | |
| HCP07 | | Repriced Approved Ambulatory Patient Group Amount | 273 | S | N | |
| HCP13 | | Reject Reason Code | 274 | S | N | |
| HCP14 | | Policy Compliance Code | 274 | S | N | |
| HCP15 | | Exception Code | 275 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2305 (Home Health Care Plan Information) | | | | | | |
| ***** SEGMENT ***** CR7 (Home Health Care Plan Information) | | | | | | |
| CR701 | | Discipline Type Code | 276 | R | N | |
| CR702 | | Total Visits Rendered Count | 277 | R | N | |
| CR703 | | Certification Period Projected Visit Count | 277 | R | N | |
| ***** SEGMENT ***** HSD (Health Care Services Delivery) | | | | | | |
| HSD01 | | Quantity Qualifier | 279 | S | N | |
| HSD02 | | Number of Visits | 279 | S | N | |
| HSD03 | | Frequency Period - 1 | 279 | S | N | |
| HSD04 | | Frequency Count | 280 | S | N | |
| HSD05 | | Duration of Visits Units | 280 | S | N | |
| HSD06 | | Duration of Visits, Number of Units | 280 | S | N | |
| HSD07 | | Ship, Delivery or Calendar Pattern Code | 280 | S | N | |
| HSD08 | | Delivery Pattern Time Code | 281 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** LOOP ***** 2310A (Referring Provider Name) ********** | | | | | | |
| ********** ***** SEGMENT ***** NM1 (Referring Provider Name) ********** | | | | | | |
| NM101 | | Entity Identifier Code | 283 | R | Y | The qualifier must be DN for Referring Provider. RI Medicaid will not capture information if the qualifier is not DN. |
| NM102 | | Entity Type Qualifier | 283 | R | N | 1 or 2 |
| NM103 | | Referring Provider Last Name | 283 | R | N | |
| NM104 | | Referring Provider First Name | 283 | S | N | |
| NM105 | | Referring Provider Middle Name | 284 | S | N | |
| NM107 | | Referring Provider Name Suffix | 284 | S | N | |
| NM108 | | Identification Code Qualifier | 284 | S | N | |
| NM109 | | Referring Provider Identifier | 284 | S | N | |
| ********** ***** SEGMENT ***** PRV (Referring Provider Specialty Information) ********** | | | | | | |
| PRV01 | | Provider Code | 285 | R | N | |
| PRV02 | | Reference Identification Qualifier | 286 | R | N | |
| PRV03 | | Provider Taxonomy Code or Specialty Code | 286 | R | N | |
| ********** ***** SEGMENT ***** REF (Referring Provider Secondary Identification) ********** | | | | | | |
| REF01 | | Reference Identification Qualifier | 288 | R | Y | Use qualifier 1D Only if NPI is not present |
| REF02 | | Referring Provider Secondary Identifier | 289 | R | Y | Report the Referring Provider's 7 digit RI Medicaid number. If more than 7 characters is sent the claim will be rejected. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### | | | | | | |
| | | ***** LOOP ***** | | | | |
| | | 2310B (Rendering Provider Name) | | | | |
| ##### | | | | | | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | NM1 (Rendering Provider Name) | | | | |
| ##### | | | | | | |
| NM101 | | Entity Identifier Code | 291 | R | N | |
| NM102 | | Entity Type Qualifier | 291 | R | N | 1 or 2 |
| NM103 | | Rendering Provider Last Name | 291 | R | N | |
| NM104 | | Rendering Provider First Name | 291 | S | N | |
| NM105 | | Rendering Provider Middle Name | 292 | S | N | |
| NM107 | | Rendering Provider Name Suffix | 292 | S | N | |
| NM108 | | Identification Code Qualifier | 292 | S | N | If this loop is used, enter XX for NPI |
| NM109 | | Rendering Provider Primary Identifier | 292 | S | N | If this loop is used, enter NPI |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | PRV (Rendering Provider Specialty Information) | | | | |
| ##### | | | | | | |
| PRV01 | | Provider Code | 293 | R | N | |
| PRV02 | | Reference Identification Qualifier | 294 | R | N | |
| PRV03 | | Provider Taxonomy Code or Specialty Code | 294 | R | N | If this loop is used, enter Rendering Provider Taxonomy Must be entered if NPI is present |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | REF (Rendering Provider Secondary Identification) | | | | |
| ##### | | | | | | |
| REF01 | | Reference Identification Qualifier | 296 | R | Y | Use qualifier 1D Only if NPI is not present |
| REF02 | | Rendering Provider Secondary Identifier | 297 | R | Y | Use the 7 digit RI Medicaid Provider Number. If more than 7 digits are reported the claim will be rejected. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2310C (Purchased Service Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Purchased Service Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 299 | R | N | |
| NM102 | | Entity Type Qualifier | 299 | R | N | 1 or 2 |
| NM103 | | Name Last or Organization Name | 299 | S | N | |
| NM108 | | Identification Code Qualifier | 299 | S | N | |
| NM109 | | Purchased Service Provider Identifier | 300 | S | N | |
| ***** SEGMENT ***** REF (Purchased Service Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 301 | R | N | |
| REF02 | | Purchased Service Provider Secondary Identifier | 302 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2310D (Service Facility Location) | | | | | | |
| ***** SEGMENT ***** NM1 (Service Facility Location) | | | | | | |
| NM101 | | Entity Identifier Code | 304 | R | N | |
| NM102 | | Entity Type Qualifier | 304 | R | N | |
| NM103 | | Laboratory or Facility Name | 304 | S | N | |
| NM108 | | Identification Code Qualifier | 305 | S | N | |
| NM109 | | Laboratory or Facility Primary Identifier | 305 | S | N | |
| ***** SEGMENT ***** N3 (Service Facility Location Address) | | | | | | |
| N301 | | Laboratory or Facility Address Line | 307 | R | N | |
| N302 | | Laboratory or Facility Address Line | 307 | S | N | |
| ***** SEGMENT ***** N4 (Service Facility Location City/State/ZIP) | | | | | | |
| N401 | | Laboratory or Facility City Name | 308 | R | N | |
| N402 | | Laboratory or Facility State or Province Code | 309 | R | N | |
| N403 | | Laboratory or Facility Postal Zone or Zip Code | 309 | R | N | |
| N404 | | Country Code | 309 | S | N | |
| ***** SEGMENT ***** REF (Service Facility Location Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 310 | R | Y | Use 1D |
| REF02 | | Laboratory or Facility Secondary Identifier | 311 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### | | | | | | |
| | | ***** LOOP ***** | | | | |
| | | 2310E (Supervising Provider Name) | | | | |
| ##### | | | | | | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | NM1 (Supervising Provider Name) | | | | |
| ##### | | | | | | |
| NM101 | | Entity Identifier Code | 313 | R | N | |
| NM102 | | Entity Type Qualifier | 313 | R | N | |
| NM103 | | Supervising Provider Last Name | 313 | R | N | |
| NM104 | | Supervising Provider First Name | 313 | R | N | |
| NM105 | | Supervising Provider Middle Name | 313 | S | N | |
| NM107 | | Supervising Provider Name Suffix | 313 | S | N | |
| NM108 | | Identification Code Qualifier | 314 | S | N | |
| NM109 | | Supervising Provider Primary Identifier | 314 | S | N | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | REF (Supervising Provider Secondary Identification) | | | | |
| ##### | | | | | | |
| REF01 | | Reference Identification Qualifier | 316 | R | N | |
| REF02 | | Supervising Provider Secondary Identifier | 317 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2320 (Other Subscriber Information) | | | | | | |
| ***** SEGMENT ***** SBR (Other Subscriber Information) | | | | | | |
| SBR01 | | Payer Responsibility Sequence Number Code | 319 | R | N | |
| SBR02 | | Individual Relationship Code | 319 | R | N | |
| SBR03 | | Insured Group or Policy Number | 320 | S | N | |
| SBR04 | | Group or Plan Name | 320 | S | Y | RI Medicaid unless COB |
| SBR05 | | Insurance Type Code | 321 | R | N | |
| SBR09 | | Claim Filing Indicator Code | 321 | S | Y | Crossover claims are identified MB in this field. Only one Loop with Medicare information is allowed. More than one loop containing MB will result in rejection of the claim. |
| ***** SEGMENT ***** CAS (Claim Level Adjustments) | | | | | | |
| CAS01 | | Claim Adjustment Group Code | 326 | R | N | |
| CAS02 | | Adjustment Reason Code - Claim Level | 326 | R | N | |
| CAS03 | | Adjustment Amount - Claim Level | 327 | R | N | |
| CAS04 | | Adjustment Quantity - Claim Level | 327 | S | N | |
| CAS05 | | Adjustment Reason Code - Claim Level | 327 | S | N | |
| CAS06 | | Adjustment Amount - Claim Level | 327 | S | N | |
| CAS07 | | Adjustment Quantity - Claim Level | 328 | S | N | |
| CAS08 | | Adjustment Reason Code - Claim Level | 328 | S | N | |
| CAS09 | | Adjustment Amount - Claim Level | 328 | S | N | |
| CAS10 | | Adjustment Quantity | 328 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| CAS11 | | Adjustment Reason Code - Claim Level | 329 | S | N | |
| CAS12 | | Adjustment Amount - Claim Level | 329 | S | N | |
| CAS13 | | Adjustment Quantity - Claim Level | 329 | S | N | |
| CAS14 | | Adjustment Reason Code - Claim Level | 329 | S | N | |
| CAS15 | | Adjustment Amount - Claim Level | 330 | S | N | |
| CAS16 | | Adjustment Quantity - Claim Level | 330 | S | N | |
| CAS17 | | Adjustment Reason Code - Claim Level | 330 | S | N | |
| CAS18 | | Adjustment Amount - Claim Level | 330 | S | N | |
| CAS19 | | Adjustment Quantity - Claim Level | 331 | S | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Payer Paid Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 332 | R | Y | If the Other Insurance Paid Amounts (Loop2320) are greater than the Claim Billed Amount, the claim will be rejected. |
| AMT02 | | Payer Paid Amount | 332 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Approved Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 333 | R | N | |
| AMT02 | | Approved Amount | 333 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Allowed Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 334 | R | N | |
| AMT02 | | Allowed Amount | 334 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Patient Responsibility Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 335 | R | N | |
| AMT02 | | Other Payer Patient Responsibility Amount | 335 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Covered Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 336 | R | N | |
| AMT02 | | Other Payer Covered Amount | 336 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Discount Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 337 | R | N | |
| AMT02 | | Other Payer Discount Amount | 337 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Per Day Limit Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 338 | R | N | |
| AMT02 | | Other Payer Per Day Limit Amount | 338 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Patient Paid Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 339 | R | N | |
| AMT02 | | Other Payer Patient Paid Amount | 339 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Tax Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 340 | R | N | |
| AMT02 | | Other Payer Tax Amount | 340 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Total Claim Before Taxes Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 341 | R | N | |
| AMT02 | | Other Payer Pre-Tax Claim Total Amount | 341 | R | N | |
| ***** SEGMENT ***** DMG (Subscriber Demographic Information) | | | | | | |
| DMG01 | | Date Time Period Format Qualifier | 342 | R | N | |
| DMG02 | | Other Insured Birth Date | 343 | R | N | |
| DMG03 | | Other Insured Gender Code | 343 | R | N | |
| ***** SEGMENT ***** OI (Other Insurance Coverage Information) | | | | | | |
| OI03 | | Benefits Assignment Certification Indicator | 345 | R | N | |
| OI04 | | Patient Signature Source Code | 345 | S | N | |
| OI06 | | Release of Information Code | 345 | R | N | |
| ***** SEGMENT ***** MOA (Medicare Outpatient Adjudication Information) | | | | | | |
| MOA01 | | Reimbursement Rate | 347 | S | N | |
| MOA02 | | HCPCS Payable Amount | 348 | S | N | |
| MOA03 | | Remark Code | 348 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| MOA04 | | Remark Code | 348 | S | N | |
| MOA05 | | Remark Code | 348 | S | N | |
| MOA06 | | Remark Code | 348 | S | N | |
| MOA07 | | Remark Code | 349 | S | N | |
| MOA08 | | End Stage Renal Disease (ERSD) Payment Amount | 349 | S | N | |
| MOA09 | | Non-Payable Professional Component Billed Amount | 349 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2330A (Other Subscriber name) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Subscriber Name) | | | | | | |
| NM101 | | Entity Identifier Code | 351 | R | N | |
| NM102 | | Entity Type Qualifier | 351 | R | N | |
| NM103 | | Other Insured Last Name | 351 | R | N | |
| NM104 | | Other Insured First Name | 351 | S | N | |
| NM105 | | Other Insured Middle Name | 351 | S | N | |
| NM107 | | Other Insured Name Suffix | 352 | S | N | |
| NM108 | | Identification Code Qualifier | 352 | R | N | |
| NM109 | | Other Insured Identifier | 352 | R | Y | When the Other Insurance is Medicare (Loop 2320, SBR09 equals MB), RI Medicaid will capture 12 characters in this field and truncate over 12. Do not use hyphens or spaces. |
| ***** SEGMENT ***** N3 (Other Subscriber Address) | | | | | | |
| N301 | | Other Insured Address Line | 354 | R | N | |
| N302 | | Other Insured Address Line | 354 | S | N | |
| ***** SEGMENT ***** N4 (Other Subscriber City/State/ZIP Code) | | | | | | |
| N401 | | Other Insured City Name | 355 | R | N | |
| N402 | | Other Insured State or Province Code | 356 | R | N | |
| N403 | | Other Insured Postal Zone or Zip Code | 356 | R | N | |
| N404 | | Other Insured Country Code | 356 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Other Subscriber Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 357 | R | Y | If the Other Insurance is not Medicare, and the qualifier reported here is IG, then RI Medicaid will capture the REF02 element as other insurance Group Number. |
| REF02 | | Other Insured Additional Identifier | 358 | R | Y | May be reported when the Other Insurance is not Medicare. |
| ***** LOOP ***** 2330B (Other Payer Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Name) | | | | | | |
| NM101 | | Entity Identifier Code | 360 | R | N | |
| NM102 | | Entity Type Qualifier | 360 | R | N | |
| NM103 | | Other Payer Last or Organization Name | 360 | R | N | |
| NM108 | | Identification Code Qualifier | 360 | R | N | |
| NM109 | | Other Payer Primary Identifier | 361 | R | Y | If reporting Other Insurance Carriers, use the 3 digit RI Medicaid Carrier Code in this field. Sending more than 3 characters will cause the claim to be rejected. |
| ***** SEGMENT ***** PER (Other Payer Contact Information) | | | | | | |
| PER01 | | Contact Function Code | 364 | R | N | |
| PER02 | | Other Payer Contact Name | 364 | R | N | |
| PER03 | | Communication Number Qualifier | 364 | R | N | |
| PER04 | | Communication Number | 364 | R | N | |
| PER05 | | Communication Number Qualifier | 364 | S | N | |
| PER06 | | Communication Number | 365 | S | N | |
| PER07 | | Communication Number Qualifier | 365 | S | N | |
| PER08 | | Communication Number | 365 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Claim Adjudication Date) | | | | | | |
| DTP01 | | Date/Time Qualifier | 366 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 366 | R | N | |
| DTP03 | | Claim Adjudication or Payment Date | 367 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Secondary Identifier) | | | | | | |
| REF01 | | Reference Identification Qualifier | 368 | R | N | |
| REF02 | | Other Payer Secondary Identifier | 369 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Prior Authorization or Referral Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 370 | R | N | |
| REF02 | | Other Payer Prior Authorization or Referral Number | 371 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Claim Adjustment Indicator) | | | | | | |
| REF01 | | Reference Identification Qualifier | 373 | R | N | |
| REF02 | | Other Payer Claim Adjustment Indicator | 373 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2330C (Other Payer Patient Information) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Patient Information) | | | | | | |
| NM101 | | Entity Identifier Code | 375 | R | N | |
| NM102 | | Entity Type Qualifier | 375 | R | N | |
| NM108 | | Identification Code Qualifier | 375 | R | N | |
| NM109 | | Other Payer Patient Primary Identifier | 375 | R | Y | When the Other Insurance is Medicare (Loop 2320, SBR09 equals MB), RI Medicaid will capture 12 characters in this field and truncate over 12. Do not use hyphens or spaces. |
| ***** SEGMENT ***** REF (Other Payer Patient Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 376 | R | Y | When the Other Payer is not Medicare, and this qualifier is IG, RI Medicaid will capture the Other Insurance Group number reported in REF02. |
| REF02 | | Other Payer Patient Secondary Identifier | 377 | R | Y | When the Other Payer is not Medicare, and REF01 is IG, RI Medicaid will capture the Other Insurance Group number reported here. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2330D (Other Payer Referring Provider) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Referring Provider) | | | | | | |
| NM101 | | Entity Identifier Code | 379 | R | N | |
| NM102 | | Entity Type Qualifier | 379 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Referring Provider Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 380 | R | N | |
| REF02 | | Other Payer Referring Provider Identifier | 381 | R | N | |
| ***** LOOP ***** 2330E (Other Payer Rendering Provider) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Rendering Provider) | | | | | | |
| NM101 | | Entity Identifier Code | 383 | R | N | |
| NM102 | | Entity Type Qualifier | 383 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Rendering Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 384 | R | N | |
| REF02 | | Other Payer Rendering Provider Secondary Identifier | 385 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2330F (Other Payer Purchased Service Provider) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Purchased Service Provider) | | | | | | |
| NM101 | | Entity Identifier Code | 387 | R | N | |
| NM102 | | Entity Type Qualifier | 387 | R | N | |
| NM103 | | Purchased Service Provider Name | 387 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Purchased Service Provider Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 388 | R | N | |
| REF02 | | Other Payer Purchased Service Provider Identifier | 389 | R | N | |
| ***** LOOP ***** 2330G (Other Payer Service Facility Location) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Service Facility Location) | | | | | | |
| NM101 | | Entity Identifier Code | 391 | R | N | |
| NM102 | | Entity Type Qualifier | 391 | R | N | |
| NM103 | | Service Facility Name | 391 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Service Facility Location Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 392 | R | N | |
| REF02 | | Other Payer Service Facility Location Identifier | 393 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2330H (Other Payer Supervising Provider) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Supervising Provider) | | | | | | |
| NM101 | | Entity Identifier Code | 395 | R | N | |
| NM102 | | Entity Type Qualifier | 395 | R | N | |
| NM103 | | Supervising Provider Last Name | 395 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Supervising Provider Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 396 | R | N | |
| REF02 | | Other Payer Supervising Provider Identifier | 397 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** LOOP ***** 2400 (Service Line Number) ********** ********** ***** SEGMENT ***** LX (Service Line) ********** | | | | | | |
| LX01 | | Line Counter | 399 | R | N | |
| ********** ***** SEGMENT ***** SV1 (Professional Service) ********** | | | | | | |
| SV101 | | Procedure identifier | 400 | S | N | |
| SV101 | C003-1 | Product or Service ID Qualifier | 401 | R | Y | Use qualifier HC for HCPCS codes |
| SV101 | C003-2 | Procedure Code | 401 | R | N | |
| SV101 | C003-3 | Procedure Modifier 1 | 401 | S | N | |
| SV101 | C003-4 | Procedure Modifier 2 | 402 | S | N | |
| SV101 | C003-5 | Procedure Modifier 3 | 402 | S | N | |
| SV101 | C003-6 | Procedure Modifier 4 | 402 | S | N | |
| SV102 | | Line Item Charge Amount | 402 | R | N | |
| SV103 | | Unit or Basis for Measurement Code | 403 | R | Y | RI Medicaid uses units |
| SV104 | | Service Unit Count | 403 | R | N | |
| SV105 | | Place of Service Code | 404 | S | N | |
| SV105 | | Place of Service Code | 404 | S | N | |
| SV107 | | Diagnosis Code Pointer | 405 | S | N | |
| SV107 | C004-1 | Diagnosis Code Pointer | 405 | R | N | |
| SV107 | C004-2 | Diagnosis Code Pointer | 405 | S | N | |
| SV107 | C004-3 | Diagnosis Code Pointer | 405 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| SV107 | C004-4 | Diagnosis Code Pointer | 405 | S | N | |
| SV109 | | Emergency Indicator | 406 | R | N | |
| SV111 | | EPSDT Indicator | 406 | S | N | |
| SV112 | | Family Planning Indicator | 406 | R | N | |
| SV115 | | Co-Pay Status Code | 407 | S | N | |

****** SEGMENT ******
*SV5 (Durable Medical Equipment Service)*

| | | | | | | |
|---|---|---|---|---|---|---|
| SV501 | | Composite Medical Procedure Identifier | 409 | R | N | |
| SV501 | C003-1 | Product/Service ID Qualifier | 409 | R | N | |
| SV501 | C003-2 | Product/Service ID | 409 | R | N | |
| SV502 | | Unit or Basis for Measurement Code | 409 | R | N | |
| SV503 | | Length of Medical Necessity | 409 | R | N | |
| SV504 | | DME Rental Price | 409 | S | N | |
| SV505 | | DME Purchase Price | 409 | S | N | |
| SV506 | | Rental Unit Price Indicator | 409 | S | N | |

****** SEGMENT ******
*PWK (DMERC CMN Indicator)*

| | | | | | | |
|---|---|---|---|---|---|---|
| PWK01 | | Attachment Report Type Code | 410 | R | N | |
| PWK02 | | Attachment Transmission Code | 411 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** CR1 (Ambulance Transport Information) | | | | | | |
| CR101 | | Unit or Basis for Measurement Code | 413 | S | N | |
| CR102 | | Patient Weight | 413 | S | N | |
| CR103 | | Ambulance Transport Code | 413 | R | N | |
| CR104 | | Ambulance Transport Reason Code | 413 | R | N | |
| CR105 | | Unit or Basis for Measurement Code | 414 | R | N | |
| CR106 | | Transport Distance | 414 | R | N | |
| CR109 | | Round Trip Purpose Description | 414 | S | N | |
| CR110 | | Stretcher Purpose Description | 414 | S | N | |
| ***** SEGMENT ***** CR2 (Spinal Manipulation Service Information) | | | | | | |
| CR208 | | Patient Condition Code | 419 | R | N | |
| CR210 | | Patient Condition Description | 420 | S | N | |
| CR211 | | Patient Condition Description | 420 | S | N | |
| CR212 | | X-Ray Availability Indicator | 420 | S | N | |
| ***** SEGMENT ***** CR3 (Durable Medical Equipment Certification) | | | | | | |
| CR301 | | Certification Type Code | 421 | R | N | |
| CR302 | | Unit or Basis for Measurement Code | 422 | R | N | |
| CR303 | | Durable Medical Equipment Duration | 422 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** CR5 (Home Oxygen Therapy Information) | | | | | | |
| CR501 | | Certification Type Code. Oxygen Therapy | 424 | R | N | |
| CR502 | | Treatment Period Count | 424 | R | N | |
| CR510 | | Arterial Blood Gas Quantity | 424 | S | N | |
| CR511 | | Oxygen Saturation Quantity | 425 | S | N | |
| CR512 | | Oxygen Test Condition Code | 425 | R | N | |
| CR513 | | Oxygen Test Findings Code | 425 | S | N | |
| CR514 | | Oxygen Test Findings Code | 425 | S | N | |
| CR515 | | Oxygen Test Findings Code | 426 | S | N | |
| ***** SEGMENT ***** CRC (Ambulance Certification) | | | | | | |
| CRC01 | | Code Category | 427 | R | N | |
| CRC02 | | Certification Condition Indicator | 428 | R | N | |
| CRC03 | | functional Limitation Code | 428 | R | N | |
| CRC04 | | Condition Code | 429 | S | N | |
| CRC05 | | Condition Code | 429 | S | N | |
| CRC06 | | Condition Code | 429 | S | N | |
| CRC07 | | Condition Code | 429 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** CRC (Hospice Employee Indicator) | | | | | | |
| CRC01 | | Code Category | 431 | R | N | |
| CRC02 | | Certification Condition Indicator | 431 | R | N | |
| CRC03 | | Condition Code | 431 | R | N | |
| ***** SEGMENT ***** CRC (DMERC Condition Indicator) | | | | | | |
| CRC01 | | Code Category | 433 | R | N | |
| CRC02 | | Certification Condition Indicator | 433 | R | N | |
| CRC03 | | Condition Indicator | 433 | R | N | |
| CRC04 | | Condition Indicator | 434 | S | N | |
| CRC05 | | Condition Indicator | 434 | S | N | |
| CRC06 | | Condition Indicator | 434 | S | N | |
| CRC07 | | Condition Indicator | 434 | S | N | |
| ***** SEGMENT ***** DTP (Date - Service Date) | | | | | | |
| DTP01 | | Date/Time Qualifier | 435 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 436 | R | N | |
| DTP03 | | Service Date | 436 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Date - Certification Revision Date) | | | | | | |
| DTP01 | | Date/Time Qualifier | 437 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 437 | R | N | |
| DTP03 | | Certification Revision Date | 438 | R | N | |
| ***** SEGMENT ***** DTP (Date - Begin Therapy Date) | | | | | | |
| DTP01 | | Date/Time Qualifier | 440 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 440 | R | N | |
| DTP03 | | Begin Therapy Date | 441 | R | N | |
| ***** SEGMENT ***** DTP (Date - Last Certification Date) | | | | | | |
| DTP01 | | Date/Time Qualifier | 442 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 443 | R | N | |
| DTP03 | | Last Certification Date | 443 | R | N | |
| ***** SEGMENT ***** DTP (Date - Date Last Seen) | | | | | | |
| DTP01 | | Date/Time Qualifier | 445 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 445 | R | N | |
| DTP03 | | Last Seen Date | 446 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Date - Test) | | | | | | |
| DTP01 | | Date/Time Qualifier | 447 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 447 | R | N | |
| DTP03 | | Test Performed Date | 448 | R | N | |
| ***** SEGMENT ***** DTP (Date - Oxygen Saturation/Arterial Blood Gas Test) | | | | | | |
| DTP01 | | Date/Time Qualifier | 449 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 450 | R | N | |
| DTP03 | | Oxygen Saturation Test Date | 450 | R | N | |
| ***** SEGMENT ***** DTP (Date - Shipped) | | | | | | |
| DTP01 | | Date/Time Qualifier | 451 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 451 | R | N | |
| DTP03 | | Shipped Date | 451 | R | N | |
| ***** SEGMENT ***** DTP (Date - Onset of Current Symptom/Illness) | | | | | | |
| DTP01 | | Date/Time Qualifier | 452 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 452 | R | N | |
| DTP03 | | Onset Date | 453 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Date - Last X-ray) | | | | | | |
| DTP01 | | Date/Time Qualifier | 454 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 454 | R | N | |
| DTP03 | | Last X-Ray Date | 455 | R | N | |
| ***** SEGMENT ***** DTP (Date - Acute Manifestation) | | | | | | |
| DTP01 | | Date/Time Qualifier | 456 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 456 | R | N | |
| DTP03 | | Acute Manifestation Date | 457 | R | N | |
| ***** SEGMENT ***** DTP (Date - Initial Treatment) | | | | | | |
| DTP01 | | Date/Time Qualifier | 458 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 458 | R | N | |
| DTP03 | | Initial Treatment Date | 459 | R | N | |
| ***** SEGMENT ***** DTP (Date - Similar Illness/Symptom Onset) | | | | | | |
| DTP01 | | Date/Time Qualifier | 460 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 460 | R | N | |
| DTP03 | | Similar Illness or Symptom Date | 461 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** MEA (Test Result) | | | | | | |
| MEA01 | | Measurement Reference ID Code | 465 | R | N | |
| MEA02 | | Measurement Qualifier | 465 | R | N | |
| MEA03 | | Test Results | 465 | R | N | |
| ***** SEGMENT ***** CN1 (Contract Information) | | | | | | |
| CN101 | | Contract Type Code | 466 | R | N | |
| CN102 | | Contract Amount | 467 | S | N | |
| CN103 | | Contract Percentage, allowance or Charge percent | 467 | S | N | |
| CN104 | | Contract Code | 467 | S | N | |
| CN105 | | Terms Discount Percent | 467 | S | N | |
| CN106 | | Contract Version Identifier | 467 | S | N | |
| ***** SEGMENT ***** REF (Repriced Line Item Reference Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 468 | R | N | |
| REF02 | | Repriced Line Item Reference Number | 468 | R | N | |
| ***** SEGMENT ***** REF (Adjusted Repriced Line Item Reference Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 469 | R | N | |
| REF02 | | Adjusted Repriced Line Item Reference Number | 469 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Prior Authorization or Referral Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 470 | R | N | |
| REF02 | | Prior Authorization or Referral Number | 470 | R | N | |
| ***** SEGMENT ***** REF (Line Item Control Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 472 | R | N | |
| REF02 | | Line Item Control Number | 473 | R | N | |
| ***** SEGMENT ***** REF (Mammography Certification Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 474 | R | N | |
| REF02 | | Mammography Certification Number | 474 | R | N | |
| ***** SEGMENT ***** REF (Clinical Laboratory Improvement Amendment (CLIA) Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 475 | R | N | |
| REF02 | | CLIA Number | 476 | R | N | |
| ***** SEGMENT ***** REF (Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 477 | R | N | |
| REF02 | | Referring CLIA Number | 477 | R | N | |
| ***** SEGMENT ***** REF (Immunization Batch Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 478 | R | N | |
| REF02 | | Immunization Batch Number | 478 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Ambulatory Patient Group (APG)) | | | | | | |
| REF01 | | Reference Identification Qualifier | 479 | R | N | |
| REF02 | | Ambulatory Patient Group (APG) Number | 479 | R | N | |
| ***** SEGMENT ***** REF (Oxygen Flow Rate) | | | | | | |
| REF01 | | Reference Identification Qualifier | 480 | R | N | |
| REF02 | | Oxygen Flow Rate | 481 | R | N | |
| ***** SEGMENT ***** REF (Universal Product Number (UPN)) | | | | | | |
| REF01 | | Reference Identification Qualifier | 483 | R | N | |
| REF02 | | Universal Product Number | 483 | R | N | |
| ***** SEGMENT ***** AMT (Sales Tax Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 484 | R | N | |
| AMT02 | | Sales Tax Amount | 484 | R | N | |
| ***** SEGMENT ***** AMT (Approved Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 485 | R | N | |
| AMT02 | | Approved Amount | 485 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** AMT (Postage Claimed Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 486 | R | N | |
| AMT02 | | Postage Claimed Amount | 486 | R | N | |
| ***** SEGMENT ***** K3 (File Information) | | | | | | |
| K301 | | Fixed Format Information | 487 | R | N | |
| ***** SEGMENT ***** NTE (Line Note) | | | | | | |
| NTE01 | | Note Reference Code | 488 | R | N | |
| NTE02 | | Line Note Text | 488 | R | N | |
| ***** SEGMENT ***** PS1 (Purchased Service Information) | | | | | | |
| PS101 | | Purchased Service Provider Identifier | 489 | R | N | |
| PS102 | | Purchased Service Charge Amount | 490 | R | N | |
| ***** SEGMENT ***** HSD (Health Care Services Delivery) | | | | | | |
| HSD01 | | Visits | 492 | S | N | |
| HSD02 | | Number of Visits | 492 | S | N | |
| HSD03 | | Frequency Period | 492 | S | N | |
| HSD04 | | Frequency Count | 493 | S | N | |
| HSD05 | | Duration of Visits Units | 493 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| HSD06 | | Period Count | 493 | S | N | |
| HSD07 | | Ship, Delivery or Calendar Pattern Code | 493 | S | N | |
| HSD08 | | Delivery Pattern Time Code | 494 | S | N | |

*****SEGMENT*****
*HCP (Line Pricing/Repricing Information)*

| | | | | | | |
|---|---|---|---|---|---|---|
| HCP01 | | Pricing/Repricing Methodology | 496 | R | N | |
| HCP02 | | Repriced Allowed Amount | 496 | R | N | |
| HCP03 | | Repriced Saving Amount | 497 | S | N | |
| HCP04 | | Repricing Organization Identifier | 497 | S | N | |
| HCP05 | | Repricing Per Diem or Flat Rate Amt. | 497 | S | N | |
| HCP06 | | Repriced Approved Ambulatory Patient Group Code | 497 | S | N | |
| HCP07 | | Repriced Approved Ambulatory Patient Group Amount | 497 | S | N | |
| HCP09 | | Product or Service ID Qualifier | 498 | S | N | |
| HCP10 | | Procedure Code | 498 | S | N | |
| HCP11 | | Unit or Basis for Measurement Code | 498 | S | N | |
| HCP12 | | Repriced Approved Service Unit Count | 499 | S | N | |
| HCP13 | | Reject Reason Code | 499 | S | N | |
| HCP14 | | Policy Compliance Code | 499 | S | N | |
| HCP15 | | Exception Reason Code | 500 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2410 (Drug Identification) | | | | | | |
| ***** SEGMENT ***** LIN (Drug Identification) | | | | | | |
| LIN02 | | Product/Service ID Qualifier | *73 | R | N | Enter N4 for NDC |
| LIN03 | | Product/Service ID | *73 | R | N | Enter NDC |
| ***** SEGMENT ***** CTP (Drug Pricing) | | | | | | |
| CPT03 | | Drug Unit Price | *75 | R | N | Enter Drug Unit Price. Must be entered if NDC is present |
| CPT04 | | National Drug Unit Count | *75 | R | N | Enter Drug Unit Count. Must be entered if NDC is present |
| CTP05 | | Composite Unit of Measure | *75 | R | N | |
| CTP05 | C001-1 | Code Qualifier | *75 | R | N | |
| ***** SEGMENT ***** REF (Prescription Number) | | | | | | |
| REF01 | | Code qualifier | *78 | R | N | |
| REF02 | | Prescription Number | *78 | R | N | |

* Refers to page numbers from the HIPAA 837 Professional Guide Addenda


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2420A (Rendering Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Rendering Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 502 | R | N | |
| NM102 | | Entity Type Qualifier | 502 | R | N | |
| NM103 | | Rendering Provider Last Name | 502 | R | N | |
| NM104 | | Rendering Provider First Name | 502 | S | N | |
| NM105 | | Rendering Provider Middle Name | 503 | S | N | |
| NM107 | | Rendering Provider Name Suffix | 503 | S | N | |
| NM108 | | Identification Code Qualifier | 503 | S | N | If this loop is used, enter XX for NPI |
| NM109 | | Rendering Provider Primary Identifier | 503 | S | N | If this loop is used, enter NPI |
| ***** SEGMENT ***** PRV (Rendering Provider Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 504 | R | N | |
| PRV02 | | Reference Identification Qualifier | 504 | R | N | |
| PRV03 | | Provider Taxonomy Code or Specialty Code | 505 | R | N | If this loop is used, enter Rendering Provider Taxonmy Must be entered if NPI is present |
| ***** SEGMENT ***** REF (Rendering Provider Secondary IdentificationRendering Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 507 | R | Y | If the Rendering Provider is reported at the service line level, use qualifier 1D to report member of group rendering services. Only if NPI is not present |
| REF02 | | Rendering Provider Secondary | 508 | R | Y | If the Rendering Provider is reported at the service line level, report the 7 digit RI Medicaid provider number |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** LOOP ***** 2420B (Purchased Service Provider Name) ********** | | | | | | |
| ********** ***** SEGMENT ***** NM1 (Purchased Service Provider Name) ********** | | | | | | |
| NM101 | | Entity Identifier Code | 510 | R | N | |
| NM102 | | Entity Type Qualifier | 510 | R | N | |
| NM108 | | Identification Code Qualifier | 510 | S | N | |
| NM109 | | Purchased Service Provider Identifier | 511 | S | N | |
| ********** ***** SEGMENT ***** REF (Purchased Service Provider Secondary Identification) ********** | | | | | | |
| REF01 | | Reference Identification Qualifier | 512 | R | N | |
| REF02 | | Purchased Service Provider Secondary Identifier | 513 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2420C (Service Facility Location) | | | | | | |
| ***** SEGMENT ***** NM1 (Service Facility Location) | | | | | | |
| NM101 | | Entity Identifier Code | 515 | R | N | |
| NM102 | | Entity Type Qualifier | 515 | R | N | |
| NM103 | | Laboratory or Facility Name | 515 | S | N | |
| NM108 | | Identification Code Qualifier | 515 | S | N | |
| NM109 | | Laboratory / Facility Primary Identifier | 516 | S | N | |
| ***** SEGMENT ***** N3 (Service Facility Location Address) | | | | | | |
| N301 | | Laboratory or Facility Address Line | 518 | R | N | |
| N302 | | Laboratory or Facility Address Line | 518 | S | N | |
| ***** SEGMENT ***** N4 (Service Facility Location City/State/ZIP) | | | | | | |
| N401 | | Laboratory or Facility City Name | 519 | R | N | |
| N402 | | Laboratory or Facility State or Province Code | 520 | R | N | |
| N403 | | Laboratory or Facility Postal Zone or Zip Code | 520 | R | N | |
| N404 | | Country Code | 520 | S | N | |
| ***** SEGMENT ***** REF (Service Facility Location Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 521 | R | N | |
| REF02 | | Laboratory or Facility Secondary Identifier | 522 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2420D (Supervising Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Supervising Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 524 | R | N | |
| NM102 | | Entity Type Qualifier | 524 | R | N | |
| NM103 | | Supervising Provider Last Name | 524 | R | N | |
| NM104 | | Supervising Provider First Name | 524 | R | N | |
| NM105 | | Supervising Provider Middle Name | 524 | S | N | |
| NM107 | | Supervising Provider Last Name or generation | 524 | S | N | |
| NM108 | | Identification Code Qualifier | 525 | S | N | |
| NM109 | | Supervising Provider Primary Identifier | 525 | S | N | |
| ***** SEGMENT ***** REF (Supervising Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 527 | R | N | |
| REF02 | | Supervising Provider Secondary Identifier | 528 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** LOOP ***** 2420E (Ordering Provider Name) ********** | | | | | | |
| ********** ***** SEGMENT ***** NM1 (Ordering Provider Name) ********** | | | | | | |
| NM101 | | Entity Identifier Code | 530 | R | N | |
| NM102 | | Entity Type Qualifier | 530 | R | N | |
| NM103 | | Supervising Provider Last Name | 530 | R | N | |
| NM104 | | Ordering Provider First Name | 530 | R | N | |
| NM105 | | Ordering Provider Middle Name | 530 | S | N | |
| NM107 | | Ordering Provider Last Name or generation | 530 | S | N | |
| NM108 | | Identification Code Qualifier | 531 | S | N | |
| NM109 | | Ordering Provider Primary Identifier | 531 | S | N | |
| ********** ***** SEGMENT ***** N3 (Ordering Provider Address) ********** | | | | | | |
| N301 | | Ordering Provider Address Line | 533 | R | N | |
| N302 | | Ordering Provider Address Line | 533 | S | N | |
| ********** ***** SEGMENT ***** N4 (Ordering Provider City/State/ZIP Code) ********** | | | | | | |
| N401 | | Ordering Provider City Name | 534 | R | N | |
| N402 | | Ordering Provider State or Province Code | 535 | R | N | |
| N403 | | Ordering Provider Postal Zone or Zip Code | 535 | R | N | |
| N404 | | Country Code | 535 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Ordering Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 536 | R | N | |
| REF02 | | Ordering Provider Secondary Identifier | 537 | R | N | |
| ***** SEGMENT ***** PER (Ordering Provider Contact Information) | | | | | | |
| PER01 | | Contact Function Code | 539 | R | N | |
| PER02 | | Ordering Provider Contact Name | 539 | R | N | |
| PER03 | | Communication Number Qualifier | 539 | R | N | |
| PER04 | | Communication Number | 539 | R | N | |
| PER05 | | Communication Number Qualifier | 539 | S | N | |
| PER06 | | Communication Number | 540 | S | N | |
| PER07 | | Communication Number Qualifier | 540 | S | N | |
| PER08 | | Communication Number | 540 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2420F (Referring Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Referring Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 542 | R | N | |
| NM102 | | Entity Type Qualifier | 542 | R | N | |
| NM103 | | Referring Provider Last Name | 542 | R | N | |
| NM104 | | Referring Provider First Name | 542 | R | N | |
| NM105 | | Referring Provider Middle Name | 543 | S | N | |
| NM107 | | Referring Provider Name Suffix | 543 | S | N | |
| NM108 | | Identification Code Qualifier | 543 | R | N | |
| NM109 | | Referring Provider Primary Identifier | 543 | R | N | |
| ***** SEGMENT ***** PRV (Referring Provider Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 544 | R | N | |
| PRV02 | | Reference Identification Qualifier | 545 | R | N | |
| PRV03 | | Provider Taxonomy Code or Provider Specialty Code | 545 | R | N | |
| ***** SEGMENT ***** REF (Referring Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 547 | R | Y | If reporting the Referring Provider at the Service line level, use qualifier 1D Only if NPI is not present |
| REF02 | | Referring Provider Secondary Identifier | 548 | R | Y | If reporting the Referring Provider at the service line level, use the 7 digit RI Medicaid Provider Number |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2420G (Other Payer Prior Authorization or Referral Number) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Prior Authorization or Referral Number) | | | | | | |
| NM101 | | Entity Identifier Code | 550 | R | N | |
| NM102 | | Entity Type Qualifier | 550 | R | N | |
| NM103 | | Payer Name | 550 | R | N | |
| NM108 | | Identification Code Qualifier | 550 | R | N | |
| NM109 | | Other Payer ID Number | 551 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Prior Authorization or Referral Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 552 | R | N | |
| REF02 | | Prior Authorization or Referral Number | 552 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2430 (Line Adjudication Information) | | | | | | |
| ***** SEGMENT ***** SVD (Line Adjudication Information) | | | | | | |
| SVD01 | | Other Payer Primary ID | 555 | R | Y | Use the 3 digit RI Medicaid Carrier Code. |
| SVD02 | | Service Line Paid Amt. | 555 | R | N | |
| SVD03 | | Composite Medical Procedure Identifier | 555 | R | N | |
| SVD03 | C003-1 | Product or Service ID Qualifier | 555 | R | N | |
| SVD03 | C003-2 | Procedure Code | 556 | R | N | |
| SVD03 | C003-3 | Procedure Modifier 1 | 556 | S | N | |
| SVD03 | C003-4 | Procedure Modifier 2 | 556 | S | N | |
| SVD03 | C003-5 | Procedure Modifier 3 | 556 | S | N | |
| SVD03 | C003-6 | Procedure Modifier 4 | 556 | S | N | |
| SVD03 | C003-7 | Procedure Code Description | 557 | S | N | |
| SVD05 | | Paid Service Unit Count | 557 | R | N | |
| SVD06 | | Bundled Line Number | 557 | S | N | |
| ***** SEGMENT ***** CAS (Line Adjustment) | | | | | | |
| CAS01 | | Claim Adjustment Group Code | 560 | R | N | |
| CAS02 | | Adjustment Reason Code - line level | 560 | R | N | |
| CAS03 | | Adjustment Amount | 560 | R | N | |
| CAS03 | | Adjustment Amount - line level | 560 | R | N | |
| CAS04 | | Adjustment Quantity - line level | 560 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| CAS05 | | Adjustment Reason Code - line level | 561 | S | N | |
| CAS06 | | Adjustment Amount - line level | 561 | S | N | |
| CAS07 | | Adjustment Quantity - line level | 561 | S | N | |
| CAS08 | | Adjustment Reason Code - line level | 562 | S | N | |
| CAS09 | | Adjustment Amount - line level | 562 | S | N | |
| CAS10 | | Adjustment Quantity - line level | 562 | S | N | |
| CAS11 | | Adjustment Reason Code - line level | 563 | S | N | |
| CAS12 | | Adjustment Amount - line level | 563 | S | N | |
| CAS13 | | Adjustment Quantity - line level | 563 | S | N | |
| CAS14 | | Adjustment Reason Code - line level | 564 | S | N | |
| CAS15 | | Adjustment Amount - line level | 564 | S | N | |
| CAS16 | | Adjustment Quantity - line level | 564 | S | N | |
| CAS17 | | Adjustment Reason Code - line level | 565 | S | N | |
| CAS18 | | Adjustment Amount - line level | 565 | S | N | |
| CAS19 | | Adjustment Quantity - line level | 565 | S | N | |

****** SEGMENT ******
*DTP (Line Adjudication Date)*

| | | | | | | |
|---|---|---|---|---|---|---|
| DTP01 | | Date/Time Qualifier | 566 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 566 | R | N | |
| DTP03 | | Adjudication or Payment Date | 566 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

```
##########################################################################################################
                                        ***** LOOP *****
                                  2440   (Form Identification Code)
##########################################################################################################
##########################################################################################################
                                        ***** SEGMENT *****
                                  LQ (Form Identification Code)
##########################################################################################################
```

| | | | | | |
|---|---|---|---|---|---|
| LQ01 | Form Identification Code | 568 | R | N | |
| LQ02 | Form Identifier | 568 | R | N | |

```
##########################################################################################################
                                        ***** SEGMENT *****
                                  FRM (Supporting Documentation)
##########################################################################################################
```

| | | | | | |
|---|---|---|---|---|---|
| FRM01 | Question Number/Letter | 570 | R | N | |
| FRM02 | Question Response | 570 | S | N | |
| FRM03 | Question Response | 571 | S | N | |
| FRM04 | Question Response | 571 | S | N | |
| FRM05 | Question Response | 571 | S | N | |

```
##########################################################################################################
                                        ***** LOOP *****
                                  NA   (Transaction Set Trailer)
##########################################################################################################
##########################################################################################################
                                        ***** SEGMENT *****
                                  SE (Transaction Set Trailer)
##########################################################################################################
```

| | | | | | |
|---|---|---|---|---|---|
| SE01 | Transaction Set Count | 572 | R | N | |
| SE02 | Transaction Set Control Number | 572 | R | N | |

```
##########################################################################################################
                                        ***** LOOP *****
                                  NA   (Functional Group Trailer)
##########################################################################################################
##########################################################################################################
                                        ***** SEGMENT *****
                                  GE (Functional Group Trailer)
##########################################################################################################
```

| | | | | | |
|---|---|---|---|---|---|
| GE01 | Number of Transaction Sets Included | B.10 | R | N | |
| GE02 | Group Control Number | B.10 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

******* LOOP *******

**NA (Interchange Control Trailer)**

******* SEGMENT *******

**IEA (Interchange Control Trailer)**

| | | | | | |
|---|---|---|---|---|---|
| IEA01 | Number of Included Functional Groups | B.7 | R | N | |
| IEA02 | Interchange Control Number | B.7 | R | N | |


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# 5. 837 Dental Technical Specifications

Billing for Dental services provided by Group and Individual Practices that are RI Medicaid enrolled Service Providers.

## Instructions/General Information:

The Technical Specification document lists the data elements of the X12N 837 transaction, and provides information specific to Rhode Island Medicaid edits and requirements. The column headings for all 837 Technical Specifications are listed below, with a brief description. The page numbers given refer to the Washington Publishing Implementation Guides published in 2000.

- Segment ID: 837 Implementation Guide Segment ID
- Data Element: 837 Implementation Guide Composite Sequence ID/Data Element (not present with every segment)
- HIPAA Guide Name: Brief description of Segment ID
- Page #: 837 Implementation Guide Page Number
- HIPAA Usage: 837 Implementation Guide indicators "R" for Required if the Segment is used; "S" for Situational.
- Medicaid Note: The listed values are used to notify the provider when Rhode Island Medicaid has specific requirements for segment use or data format.
    - "Y" indicates that there is a specific instruction or limited values for RI Medicaid claims.
    - "N" indicates that there are no RI specific instructions and the Submitter must provide the data as indicated in the HIPAA Implementation Guide.
    - "X" indicates that RI Medicaid does not expect to receive the Loop/Segment in the claim file. If it is received, it will be ignored as long as its formatting passes the X12N edit.
- MMIS Instruction: Rules and information for RI Medicaid data verification.


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### ***** LOOP ***** NA (Interchange Control Header) ##### ##### ***** SEGMENT ***** ISA (Interchange Control Header) ##### | | | | | | |
| ISA01 | | Authorization Information Qualifier | B.3 | R | Y | Use 00 |
| ISA02 | | Authorization Information Qualifier | B.3 | R | N | |
| ISA03 | | Security Information Qualifier | B.4 | R | Y | Use 00 |
| ISA04 | | Security Information | B.4 | R | N | |
| ISA05 | | Interchange Sender ID Qualifier | B.4 | R | Y | Use qualifier ZZ |
| ISA06 | | Interchange Sender ID | B.4 | R | Y | Use the RI Medicaid assigned Trading Partner ID |
| ISA07 | | Interchange Receiver ID Qualifier | B.4 | R | Y | Use qualifier ZZ |
| ISA08 | | Interchange Reciever ID | B.5 | R | Y | Use RI Medicaid EIN "056000522". |
| ISA09 | | Interchange Date | B.5 | R | N | |
| ISA10 | | Interchange Time | B.5 | R | N | |
| ISA11 | | Interchange Control Standards Indentifier | B.5 | R | N | |
| ISA12 | | Interchange Control Version Number | B.5 | R | N | |
| ISA13 | | Interchange Control Number | B.5 | R | N | |
| ISA14 | | Acknowledgment Requested | B.6 | R | Y | 0 and 1 only |
| ISA15 | | Usage Indicator | B.6 | R | Y | P or T |
| ISA16 | | Component Element Separator | B.6 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### ***** LOOP ***** NA (Functional Group Header) ##### | | | | | | |
| ##### ***** SEGMENT ***** GS (Functional Group Header) ##### | | | | | | |
| GS01 | | Functional ID Code | B.8 | R | N | |
| GS02 | | Application Sender's Code | B.8 | R | Y | Use the Trading Partner ID assigned by RI Medicaid |
| GS03 | | Application Receiver's Code | B.8 | R | Y | Use the RI Medicaid EIN "056000522". |
| GS04 | | Date | B.8 | R | N | |
| GS05 | | Time | B.8 | R | N | |
| GS06 | | Group Control Number | B.9 | R | N | |
| GS07 | | Responsible Agency Code | B.9 | R | N | |
| GS08 | | Version/Release ID Code | B.9 | R | Y | Use 004010X097A1 |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** NA (Transaction Set Header) | | | | | | |
| ***** SEGMENT ***** ST (Transaction Set Header) | | | | | | |
| ST01 | | Transaction Set Identifier Code | 53 | R | N | |
| ST02 | | Transaction Set Control Number | 53 | R | Y | Recommend start at 000000001 and increment per submission |
| ***** SEGMENT ***** BHT (Beginning of Hierarchical Transaction) | | | | | | |
| BHT01 | | Hierarchical Structure Code | 54 | R | N | |
| BHT02 | | Transaction Set Purpose Code | 55 | R | N | |
| BHT03 | | Originator Application Transaction Identifier | 55 | R | N | |
| BHT04 | | Transaction Set Creation Date | 55 | R | N | |
| BHT05 | | Transaction Set Creation Time | 56 | R | N | |
| BHT06 | | Claim or Encounter Identifier | 56 | R | Y | RI Medicaid will only process charge transactions (CH). Values other than CH will cause rejection of the entire transaction. |
| ***** SEGMENT ***** REF (Transmission Type Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 57 | R | N | |
| REF02 | | Transmission Type Code | 57 | R | Y | RI Medicaid will expect 004010X097DA1 for Test Files. An established submitter will use 004010X097A1 for Production file. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 1000A (Submitter Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Submitter Name) | | | | | | |
| NM101 | | Entity Identifier Code | 60 | R | N | |
| NM102 | | Entity Type Qualifier | 60 | R | N | |
| NM103 | | Submitter Last or Organization Name | 60 | R | N | |
| NM104 | | Submitter First Name | 60 | S | N | |
| NM105 | | Submitter Middle Name | 60 | S | N | |
| NM108 | | Identification Code Qualifier | 60 | R | N | |
| NM109 | | Submitter Identifier | 61 | R | Y | Use the Trading Partner ID assigned by RI Medicaid |
| ***** SEGMENT ***** PER (Submitter Contact Information) | | | | | | |
| PER01 | | Contact Function Code | 64 | R | Y | RI Medicaid will only capture the information in the first PER segment. |
| PER02 | | Submitter Contact Name | 64 | R | N | |
| PER03 | | Communication Number Qualifier | 64 | R | Y | RI Medicaid will utilize EM,EX,FX, TE |
| PER04 | | Communication Number | 64 | R | N | |
| PER05 | | Communication Number Qualifier | 65 | S | Y | RI Medicaid will utilize EM,EX,FX, TE |
| PER06 | | Communication Number | 65 | S | N | |
| PER07 | | Communication Number Qualifier | 65 | S | Y | RI Medicaid will utilize EM,EX,FX, TE |
| PER08 | | Communication Number | 65 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 1000B (Receiver Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Receiver Name) | | | | | | |
| NM101 | | Entity Identifier Code | 67 | R | N | |
| NM102 | | Entity Type Qualifier | 67 | R | N | |
| NM103 | | Receiver Name | 67 | R | Y | Enter "RI MEDICAID" |
| NM108 | | Identification Code Qualifier | 67 | R | N | |
| NM109 | | Receiver Primary Identifier | 67 | R | Y | Use the RI Medicaid EIN "056000522". |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2000A (Billing/Pay-to- Provider Hierarchical Level) | | | | | | |
| ***** SEGMENT ***** HL (Billing/Pay-to Provider Hierarchical Level) | | | | | | |
| HL01 | | Hierarchical ID Number | 70 | R | N | |
| HL03 | | Hierarchical Level Code | 70 | R | N | |
| HL04 | | Hierarchical Child Code | 70 | R | N | |
| ***** SEGMENT ***** PRV (Billing/Pay-to Provider Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 71 | R | N | |
| PRV02 | | Reference Identification Qualifier | 72 | R | N | |
| PRV03 | | Provider Taxonomy Code | 72 | R | N | Enter Billing Provider taxonomy Must be entered if NPI is present |
| ***** SEGMENT ***** CUR (Foreign Currency Information) | | | | | | |
| CUR01 | | Entity Identifier Code | 74 | R | X | |
| CUR02 | | Currency Code | 74 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010AA (Billing Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Billing Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 77 | R | Y | RI Medicaid will use the Provider information reported in 2010AA as the Claim Billing Provider when Loop 2010AB (Pay To Provider) is not sent. |
| NM102 | | Entity Type Qualifier | 77 | R | N | |
| NM103 | | Billing Provider Last or Organization Name | 77 | R | N | |
| NM104 | | Billing Provider First Name | 77 | S | N | |
| NM105 | | Billing Provider Middle Name | 77 | S | N | |
| NM107 | | Billing Provider Name Suffix | 77 | S | N | |
| NM108 | | Identification Code Qualifier | 78 | R | N | Enter XX for NPI |
| NM109 | | Billing Provider Identifier | 78 | R | Y | If this loop is used, enter NPI |
| ***** SEGMENT ***** N3 (Billing Provider Address) | | | | | | |
| N301 | | Billing Provider Address Line-1 | 80 | R | N | |
| N302 | | Billing Provider Address Line-2 | 80 | S | N | |
| ***** SEGMENT ***** N4 (Billing Provider City/State/ZIP Code) | | | | | | |
| N401 | | Billing Provider City Name | 81 | R | N | |
| N402 | | Billing Provider State or Province Code | 82 | R | N | |
| N403 | | Billing Provider Postal Zone or Zip Code | 82 | R | N | |
| N404 | | Billing Provider Country Code | 82 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Billing Provider Secondary Identification Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 84 | R | Y | Use "1D" as the Secondary ID qualifier Only if NPI is not present |
| REF02 | | Billing Provider Additional Identifier | 84 | R | Y | Report the 7 digit provider number assigned by RI Medicaid. If more than 7 characters are sent, the claim will be rejected. |
| ***** SEGMENT ***** REF (Claim Submitter Credit/Debit Card Information) | | | | | | |
| REF01 | | Reference Identification Qualifier | 85 | R | X | |
| REF02 | | Billing Provider Credit Card Identifier | 86 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010AB (Pay to Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Pay-to Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 88 | R | N | |
| NM102 | | Entity Type Qualifier | 88 | R | N | |
| NM103 | | Pay to Provider last or Organization Name | 88 | R | N | |
| NM104 | | Pay to Provider First Name | 88 | S | N | |
| NM105 | | Pay to Provider Middle Name | 89 | S | N | |
| NM107 | | Pay-to-Provider Name Suffix | 89 | S | N | |
| NM108 | | Identification Code Qualifier | 89 | R | N | If this loop is used, enter XX for NPI |
| NM109 | | Pay-to Provider Identifier | 89 | R | Y | If this loop is used, enter NPI |
| ***** SEGMENT ***** N3 (Pay-to Provider Address) | | | | | | |
| N301 | | Pay-to Provider Address Line-1 | 91 | R | N | |
| N302 | | Pay-to Provider Address Line-2 | 91 | S | N | |
| ***** SEGMENT ***** N4 (Pay-to Provider City/State/Zip) | | | | | | |
| N401 | | Pay-to Provider City Name | 92 | R | N | |
| N402 | | Pay-to Provider State or Province Code | 93 | R | N | |
| N403 | | Pay-to Provider Postal Zone or Zip Code | 93 | R | N | |
| N404 | | Pay-to Provider Country Code | 93 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Pay-to Provider Secondary Identification Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 95 | R | Y | If the Pay To Provider is reported, use qualifier 1D Only if NPI is not present |
| REF02 | | Pay-to Provider Additional Identifier | 95 | R | Y | If Pay-To Provider information is reported, use the 7 digit RI Medicaid assigned Provider ID. Entries greater than 7 digits will cause the claim to be rejected. |
| ***** LOOP ***** 2000B (Subscriber Hierarchical Level) | | | | | | |
| ***** SEGMENT ***** HL (Subscriber Hierarchical Level) | | | | | | |
| HL01 | | Hierarchical ID Number | 97 | R | N | |
| HL02 | | Hierarchical Parent ID Number | 97 | R | N | |
| HL03 | | Hierarchical Level Code | 97 | R | N | |
| HL04 | | Hierarchical Child Code | 97 | R | Y | HL04 should always equal 0. The subscriber is the patient for RI Medicaid claims. |
| ***** SEGMENT ***** SBR (Subscriber Name) | | | | | | |
| SBR01 | | Payer Responsibility Sequence Number Code | 99 | R | N | |
| SBR02 | | Individual Relationship Code | 100 | S | Y | For RI Medicaid this value is always 18. |
| SBR03 | | Insured Group or Policy Number | 100 | S | Y | RI Medicaid does not use a Group or Policy number |
| SBR04 | | Insured Group Name or Plan Name | 100 | S | Y | RI Medicaid unless COB |
| SBR06 | | Coordination of Benefits Code | 100 | R | N | |
| SBR09 | | Claim Filing Indicator Code | 101 | R | Y | Use MC for RI Medicaid claims |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010BA (Subscriber Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Subscriber Name) | | | | | | |
| NM101 | | Entity Identifier Code | 104 | R | N | |
| NM102 | | Entity Type Qualifier | 104 | R | N | |
| NM103 | | Subscriber Last Name | 104 | R | N | |
| NM104 | | Subscriber First Name | 104 | S | N | |
| NM105 | | Subscriber Middle Name | 104 | S | N | |
| NM107 | | Subscriber Name Suffix | 105 | S | N | |
| NM108 | | Identification Code Qualifier | 105 | S | Y | Enter qualifier MI for RI Medicaid claims. |
| NM109 | | Subscriber Primary Identifier | 106 | S | Y | Enter the 9 digit RI Medicaid Recipient ID. Use Alphanumeric characters only, no hyphens or spaces. If more than 9 characters are sent, the claim will be rejected. |
| ***** SEGMENT ***** N3 (Subscriber Address) | | | | | | |
| N301 | | Subscriber Address Line-1 | 108 | R | N | |
| N302 | | Subscriber Address Line-2 | 108 | S | N | |
| ***** SEGMENT ***** N4 (Subscriber City/State/ZIP Code) | | | | | | |
| N401 | | Subscriber City Name | 109 | R | N | |
| N402 | | Subscriber State or Province Code | 110 | R | N | |
| N403 | | Subscriber Postal Zone or Zip Code | 110 | R | N | |
| N404 | | Subscriber Country Code | 110 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DMG (Subscriber Demographic Information) | | | | | | |
| DMG01 | | Date Time Period Format Qualifier | 111 | R | N | |
| DMG02 | | Subscriber Birth Date or Patient Birth date | 112 | R | N | |
| DMG03 | | Subscriber or Patient Gender Code | 112 | R | N | |
| ***** SEGMENT ***** REF (Subscriber Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 113 | R | N | |
| REF02 | | Subscriber Supplemental Identifier | 114 | R | N | |
| ***** SEGMENT ***** REF (Subscriber Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 115 | R | N | |
| REF02 | | Property Casualty Claim Number | 116 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2010BB (Payer Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Payer Name) | | | | | | |
| NM101 | | Entity Identifier Code | 118 | R | N | |
| NM102 | | Entity Type Qualifier | 118 | R | N | |
| NM103 | | Payer Name | 118 | R | Y | Enter "RI MEDICAID" |
| NM108 | | Identification Code Qualifier | 118 | R | Y | Enter 'PI' to qualify the next code as a payer identifer. |
| NM109 | | Payer Identifier | 118 | R | Y | Use RI Medicaid EIN "056000522. |
| ***** SEGMENT ***** N3 (Payer Address) | | | | | | |
| N301 | | Payer Address Line-1 | 121 | R | N | |
| N302 | | Payer Address Line-2 | 121 | S | N | |
| ***** SEGMENT ***** N4 (Payer City/State/ZIP Code) | | | | | | |
| N401 | | Payer City Name | 122 | R | N | |
| N402 | | Payer State or Province Code | 123 | R | N | |
| N403 | | Payer Postal Zone or Zip Code | 123 | R | N | |
| N404 | | Payer Country Code | 123 | S | N | |
| ***** SEGMENT ***** REF (Payer Secondary Identification Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 124 | R | N | |
| REF02 | | Payer Additional Identifier | 125 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### | | | | | | |
| | | ***** LOOP ***** | | | | |
| | | 2010BC (Credit/Debit Card Holder Name) | | | | |
| ##### | | | | | | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | NM1 (Credit/Debit Card Holder Name) | | | | |
| ##### | | | | | | |
| NM101 | | Entity Type Qualifier | 127 | R | X | |
| NM102 | | Entity Type Qualifier | 127 | R | X | |
| NM103 | | Credit or Debit Card Holder Last or Organ. Name | 127 | R | X | |
| NM104 | | Credit or Debit Card Holder First Name | 127 | S | X | |
| NM105 | | Credit or Debit Card Holder Middle Name | 127 | S | X | |
| NM107 | | Credit or Debit Card Holder Name Suffix | 127 | S | X | |
| NM108 | | Identification Code Qualifier | 128 | R | X | |
| NM109 | | Credit or Debit Card Number or Account Number | 128 | R | X | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | REF (Credit/Debit Card Information) | | | | |
| ##### | | | | | | |
| REF01 | | Reference Identification Qualifier | 130 | R | X | |
| REF02 | | Credit or Debit Card Authorization # | 130 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2000C (Patient Hierarchical Level) | | | | | | |
| ***** SEGMENT ***** HL (Patient Hierarchical Level) | | | | | | |
| HL01 | | Hierarchical ID Number | 133 | R | X | |
| HL02 | | Hierarchical Parent ID Number | 133 | R | X | |
| HL03 | | Hierarchical Level Code | 133 | R | X | |
| HL04 | | Hierarchical Child Code | 133 | R | X | |
| ***** SEGMENT ***** PAT (Patient Information) | | | | | | |
| PAT01 | | Patient's Relationship to Insured | 134 | R | X | |
| PAT04 | | Student Status Code | 135 | S | X | |
| ***** LOOP ***** 2010CA (Patient Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Patient Name) | | | | | | |
| NM101 | | Entity Type Qualifier | 136 | R | X | |
| NM102 | | Entity Type Qualifier | 137 | R | X | |
| NM103 | | Patient Last Name | 137 | R | X | |
| NM104 | | Patient First Name | 137 | R | X | |
| NM105 | | Patient Middle Name | 137 | S | X | |
| NM107 | | Patient's Name Suffix | 137 | S | X | |
| NM108 | | Identification Code Qualifier | 137 | S | X | |
| NM109 | | Patient Primary Identifier | 138 | S | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** N3 (Patient Address) | | | | | | |
| N301 | | Patient Address Line-1 | 140 | R | X | |
| N302 | | Patient Address Line-2 | 140 | S | X | |
| ***** SEGMENT ***** N4 (Patient City/State/ZIP Code) | | | | | | |
| N401 | | Patient City Name | 141 | R | X | |
| N402 | | Patient State or Province Code | 142 | R | X | |
| N403 | | Patient Postal Zone or Zip Code | 142 | R | X | |
| N404 | | Patient Country Code | 142 | S | X | |
| ***** SEGMENT ***** DMG (Patient Demographic Information) | | | | | | |
| DMG01 | | Date Time Period Format Qualifier | 143 | R | X | |
| DMG02 | | Patient Birth Date | 144 | R | X | |
| DMG03 | | Patient Gender Code | 144 | R | X | |
| ***** SEGMENT ***** REF (Patient Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 145 | R | X | |
| REF02 | | Patients Secondary Identifier | 146 | R | X | |
| ***** SEGMENT ***** REF (Property and Casualty Claim Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 147 | R | X | |
| REF02 | | Property Casualty Claim Number | 148 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2300 (Claim Information) | | | | | | |
| ***** SEGMENT ***** CLM (Claim Information) | | | | | | |
| CLM01 | | Patient Account Number | 150 | R | Y | RI Medicaid will capture up to the first 20 characters and return them on the 835. Fields longer than 20 will be truncated. |
| CLM02 | | Total Claim Charge Amount | 151 | R | Y | This amount must be > or = to other payer mounts in Loop 2320 AMT 02 or the claim will reject. |
| CLM05 | | Place of Service Code | 151 | R | N | |
| CLM05 | C023-1 | Facility Type Code | 151 | R | N | |
| CLM05 | C023-3 | Claim Submission Reason Code | 151 | R | Y | If reason code is 6, the claim will be rejected |
| CLM06 | | Provider or Supplier Signature Indicator | 152 | R | N | |
| CLM07 | | Medicare Assignment Code | 152 | S | N | |
| CLM08 | | Benefits Assignment Certification Indicator | 153 | R | N | |
| CLM09 | | Release of Information Code | 153 | R | N | |
| CLM11 | | Accident/Employment/Related Causes | 153 | S | N | |
| CLM11 | C024-1 | Related Causes Code | 153 | R | N | |
| CLM11 | C024-2 | Related Causes Code | 154 | S | N | |
| CLM11 | C024-3 | Related Causes Code | 154 | S | N | |
| CLM11 | C024-4 | Auto Accident State or Province Code | 154 | S | N | |
| CLM11 | C024-5 | Country Code | 154 | S | N | |
| CLM12 | | Special Program Indicator | 155 | S | N | |
| CLM19 | | Predetermination of Benefits Code | 155 | S | N | |
| CLM20 | | Delay Reason Code | 155 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Date - Admission) | | | | | | |
| DTP01 | | Date Time Qualifier | 157 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 157 | R | N | |
| DTP03 | | Related Hospital Admission Date | 157 | R | N | |
| ***** SEGMENT ***** DTP (Date - Discharge) | | | | | | |
| DTP01 | | Date Time Qualifier | 158 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 158 | R | N | |
| DTP03 | | Discharge or End Of Care Date | 159 | R | N | |
| ***** SEGMENT ***** DTP (Date - Referral) | | | | | | |
| DTP01 | | Date Time Qualifier | 160 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 160 | R | N | |
| DTP03 | | Referral Date | 160 | R | N | |
| ***** SEGMENT ***** DTP (Date - Accident) | | | | | | |
| DTP01 | | Date Time Qualifier | 161 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 161 | R | N | |
| DTP03 | | Accident Date | 161 | R | Y | When more than one Accident Date is submitted, RI Medicaid will store only the most recent date. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Date - Appliance Placement) | | | | | | |
| DTP01 | | Date Time Qualifier | 162 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 162 | R | N | |
| DTP03 | | Orthodontic Banding Date | 163 | R | N | |
| ***** SEGMENT ***** DTP (Date - Service) | | | | | | |
| DTP01 | | Date Time Qualifier | 164 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 164 | R | N | |
| DTP03 | | Service Date | 165 | R | N | |
| ***** SEGMENT ***** DN1 (Orthodontic Total Months of Treatment) | | | | | | |
| DN101 | | Orthodontic Treatment Months Count | 166 | S | N | |
| DN102 | | Orthodontic Treatment Months Remaining | 167 | S | N | |
| DN103 | | Question Response | 167 | S | N | |
| ***** SEGMENT ***** DN2 (Tooth Status) | | | | | | |
| DN201 | | Tooth Number | 168 | R | N | |
| DN202 | | Tooth Status Code | 168 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** PWK (Claim Supplemental Information) | | | | | | |
| PWK01 | | Attachment Report Type Code | 171 | R | N | |
| PWK02 | | Attachment Transmission Code | 171 | R | Y | RI Medicaid will accept AA, BM, EM or FX |
| PWK05 | | Identification Code Qualifier | 172 | S | N | |
| PWK06 | | Attachment Control Number | 172 | S | N | |
| ***** SEGMENT ***** AMT (Patient Amount Paid) | | | | | | |
| AMT01 | | Amount Qualifier Code | 173 | R | N | |
| AMT02 | | Patient Amount Paid | 173 | R | N | |
| ***** SEGMENT ***** AMT (Credit/Debit Card - Maximum Amount) | | | | | | |
| AMT01 | | Maximum Amount | 174 | R | X | |
| AMT02 | | Credit or Debit Card Maximum Amount | 174 | R | X | |
| ***** SEGMENT ***** REF (Predetermination Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 175 | R | N | |
| REF02 | | Predetermination of Benefits Identifier | 176 | R | N | |
| ***** SEGMENT ***** REF (Service Authorization Exception Code) | | | | | | |
| REF01 | | Reference Identification Qualifier | 177 | R | N | |
| REF02 | | Service Authorization Exception Code | 178 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Original Reference Number (ICN/DCN)) | | | | | | |
| REF01 | | Reference Identification Qualifier | 180 | R | N | |
| REF02 | | Claim Original Reference Number | 180 | R | Y | If the Claim Frequency equals 7 or 8, the original 15 digit ICN is required in this field. If the data in this field exceeds 15, the claim will be rejected. |
| ***** SEGMENT ***** REF (Prior Authorization or Referral Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 182 | R | N | |
| REF02 | | Prior Authorization or Referral Number | 182 | R | N | |
| ***** SEGMENT ***** REF (Claim Identification Number for Clearinghouses and Other Transmission Intermediaries) | | | | | | |
| REF01 | | Reference Identification Qualifier | 184 | R | N | |
| REF02 | | Value Added Network Trace Number | 184 | R | N | |
| ***** SEGMENT ***** NTE (Claim Note) | | | | | | |
| NTE01 | | Note Reference Code | 186 | R | N | |
| NTE02 | | Claim Note Text | 186 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2310A (Referring Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Referring Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 188 | R | N | |
| NM102 | | Entity Type Qualifier | 188 | R | N | |
| NM103 | | Referring Provider Last Name | 188 | R | N | |
| NM104 | | Referring Provider First Name | 188 | S | N | |
| NM105 | | Referring Provider Middle Name | 189 | S | N | |
| NM107 | | Referring Provider Name Suffix | 189 | S | N | |
| NM108 | | Identification Code Qualifier | 189 | S | N | If this loop is used, enter XX for NPI |
| NM109 | | Referring Provider Identifier | 189 | S | N | If this loop is used, enter NPI |
| ***** SEGMENT ***** PRV (Referring Provider Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 190 | R | N | |
| PRV02 | | Reference Identification Qualifier | 190 | R | N | |
| PRV03 | | Provider Taxonomy Code or Specialty Code | 191 | R | N | If this loop is used, enter Referring Provider taxonomy Must be entered if NPI is present |
| ***** SEGMENT ***** REF (Referring Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 193 | R | Y | Use 1D for RI Medicaid qualifier if reporting a Referring Provider Only if NPI is not present |
| REF02 | | Referring Provider Secondary Identifier | 194 | R | Y | If Referring Provider information is reported on the claim, use the 7 digit RI Medicaid provider. If this field is greater than 7 digits the claim will be rejected. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2310B (Rendering Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Rendering Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 196 | R | N | |
| NM102 | | Entity Type Qualifier | 196 | R | N | |
| NM103 | | Rendering Provider Last Name | 196 | R | N | |
| NM104 | | Rendering Provider First Name | 196 | S | N | |
| NM105 | | Rendering Provider Middle Name | 196 | S | N | |
| NM107 | | Rendering Provider Name Suffix | 196 | S | N | |
| NM108 | | Identification Code Qualifier | 197 | R | N | If this loop is used, enter XX for NPI |
| NM109 | | Rendering Provider Identifier | 197 | S | N | If this loop is used, enter NPI |
| ***** SEGMENT ***** PRV (Rendering Provider Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 198 | R | N | |
| PRV02 | | Reference Identification Qualifier | 199 | R | N | |
| PRV03 | | Provider Taxonomy Code | 199 | R | N | If this loop is used, enter Rendering Provider Taxonomy Must be entered if NPI is present |
| ***** SEGMENT ***** REF (Rendering Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 201 | R | Y | Use qualifier 1D Only if NPI is not present |
| REF02 | | Rendering Provider Secondary Identifier | 202 | R | Y | Use Rendering Provider's 7 digit RI Medicaid number. If the data sent is more than 7 characters, the claim will be rejected. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2310C (Service Facility Location) | | | | | | |
| ***** SEGMENT ***** NM1 (Service Facility Location) | | | | | | |
| NM101 | | Entity Identifier Code | 204 | R | N | |
| NM102 | | Entity Type Qualifier | 204 | R | N | |
| NM103 | | Laboratory or Facility Name | 204 | R | N | |
| NM108 | | Identification Code Qualifier | 204 | R | N | |
| NM109 | | Laboratory or Facility Primary Identifier | 204 | R | N | |
| ***** SEGMENT ***** REF (Service Facility Location Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 207 | R | N | |
| REF02 | | Laboratory or Facility Secondary Identifier | 208 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ################################################################################################################################################################################################################ | | | | | | |
| ***** LOOP ***** | | | | | | |
| 2310D (Assistant Surgeon Name) | | | | | | |
| ################################################################################################################################################################################################################ | | | | | | |
| ################################################################################################################################################################################################################ | | | | | | |
| ***** SEGMENT ***** | | | | | | |
| NM1 (Assistant Surgeon Name) | | | | | | |
| ################################################################################################################################################################################################################ | | | | | | |
| NM101 | | Entity Identifier Code | 209 | R | N | |
| NM102 | | Entity Type Qualifier | 209 | R | N | |
| NM103 | | Assistant Surgeon Last or Organization Name | 209 | R | N | |
| NM104 | | Assistant Surgeon First Name | 209 | S | N | |
| NM105 | | Assistant Surgeon Middle Name | 209 | S | N | |
| NM107 | | Assistant Surgeon Name Suffix | 209 | S | N | |
| NM108 | | Identification Code Qualifier | 209 | R | N | |
| NM109 | | Assistant Surgeon Identifier | 209 | S | N | |
| ################################################################################################################################################################################################################ | | | | | | |
| ***** SEGMENT ***** | | | | | | |
| PRV (Assistant Surgeon Specialty Information) | | | | | | |
| ################################################################################################################################################################################################################ | | | | | | |
| PRV01 | | Provider Code | 209 | R | N | |
| PRV02 | | Reference Identification Qualifier | 209 | R | N | |
| PRV03 | | Provider Taxonomy Code | 209 | R | N | |
| ################################################################################################################################################################################################################ | | | | | | |
| ***** SEGMENT ***** | | | | | | |
| REF (Assistant Surgeon Secondary Identification) | | | | | | |
| ################################################################################################################################################################################################################ | | | | | | |
| REF01 | | Reference Identification Qualifier | 209 | R | N | |
| REF02 | | Assistant Surgeon Secondary Identifier | 209 | R | N | |


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|---|---|---|---|---|---|---|
| ***** LOOP ***** 2320 (Other Subscriber Information) | | | | | | |
| ***** SEGMENT ***** SBR (Other Subscriber Information) | | | | | | |
| SBR01 | | Payer Responsibility Sequence Number Code | 210 | R | N | |
| SBR02 | | Individual Relationship Code | 210 | R | N | |
| SBR03 | | Insured Group or Policy Number | 210 | S | N | |
| SBR04 | | Policy Name | 211 | S | Y | RI Medicaid unless COB |
| SBR09 | | Claim Filing Indicator Code | 211 | S | N | |
| ***** SEGMENT ***** CAS (Claim Adjustment) | | | | | | |
| CAS01 | | Claim Adjustment Group Code | 216 | R | N | |
| CAS02 | | Adjustment Reason Code - Claim Level | 216 | R | N | |
| CAS03 | | Adjustment Amount - Claim Level | 216 | R | N | |
| CAS04 | | Adjustment Quantity - Claim Level | 216 | S | N | |
| CAS05 | | Adjustment Reason Code - Claim Level | 216 | S | N | |
| CAS06 | | Adjustment Amount - Claim Level | 217 | S | N | |
| CAS07 | | Adjustment Quantity - Claim Level | 217 | S | N | |
| CAS08 | | Adjustment Reason Code - Claim Level | 217 | S | N | |
| CAS09 | | Adjustment Amount | 217 | S | N | |
| CAS10 | | Adjustment Quantity | 217 | S | N | |
| CAS11 | | Adjustment Reason Code - Claim Level | 218 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| CAS12 | | Adjustment Amount - Claim Level | 218 | S | N | |
| CAS13 | | Adjustment Quantity - Claim Level | 218 | S | N | |
| CAS14 | | Adjustment Reason Code - Claim Level | 218 | S | N | |
| CAS15 | | Adjustment Amount - Claim Level | 218 | S | N | |
| CAS16 | | Adjustment Quantity - Claim Level | 219 | S | N | |
| CAS17 | | Adjustment Reason Code - Claim Level | 219 | S | N | |
| CAS18 | | Adjustment Amount - Claim Level | 219 | S | N | |
| CAS19 | | Adjustment Quantity - Claim Level | 219 | S | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Payer Paid Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 220 | R | Y | This segment is required by RI Medicaid when another Payer is reported. |
| AMT02 | | Payer Paid Amount | 220 | R | Y | RI Medicaid requires that the Other Payer paid amount be reported at the Claim Level. It may also be reported at the Service Line level. |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Approved Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 221 | R | N | |
| AMT02 | | Approved Amount | 221 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Allowed Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 222 | R | N | |
| AMT02 | | Allowed Amount | 222 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Patient Responsibility Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 223 | R | N | |
| AMT02 | | Other Payer Patient Responsibility Amount | 223 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Covered Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 224 | R | N | |
| AMT02 | | Other Payer Covered Amount | 224 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Discount Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 225 | R | N | |
| AMT02 | | Other Payer Discount Amount | 225 | R | N | |
| ***** SEGMENT ***** AMT (Coordination of Benefits (COB) Patient Paid Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 226 | R | N | |
| AMT02 | | Other Payer Patient Paid Amount | 226 | R | N | |
| ***** SEGMENT ***** DMG (Other Insured Demographic Information) | | | | | | |
| DMG01 | | Date Time Period Format Qualifier | 227 | R | N | |
| DMG02 | | Other Insured Birth Date | 228 | R | N | |
| DMG03 | | Other Insured Gender Code | 228 | R | N | |


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|---|---|---|---|---|---|---|
| ***** SEGMENT ***** OI (Other Insurance Coverage Information) | | | | | | |
| OI03 | | Benefits Assignment Certification Indicator | 229 | R | N | |
| OI04 | | Patient Signature Source Code | 230 | S | N | |
| OI06 | | Release of Information Code | 230 | R | N | |


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|---|---|---|---|---|---|---|
| ********** LOOP ********** 2330A (Other Subscriber name) | | | | | | |
| ********** SEGMENT ********** NM1 (Other Subscriber Name) | | | | | | |
| NM101 | | Entity Identifier Code | 232 | R | N | |
| NM102 | | Entity Type Qualifier | 232 | R | N | |
| NM103 | | Other Insured Last name | 232 | R | N | |
| NM104 | | Other Insured First Name | 232 | R | N | |
| NM105 | | Other Insured Middle Name | 232 | S | N | |
| NM107 | | Other Insured Name Suffix | 232 | S | N | |
| NM108 | | Identification Code Qualifier | 233 | R | N | |
| NM109 | | Other Insured Identifier | 233 | R | N | |
| ********** SEGMENT ********** N3 (Other Subscriber Address) | | | | | | |
| N301 | | Other Insured Address Line | 235 | R | N | |
| N302 | | Other Insured Address Line | 235 | S | N | |
| ********** SEGMENT ********** N4 (Other Subscriber City/State/Zip Code) | | | | | | |
| N401 | | Other Insured City Name | 236 | R | N | |
| N402 | | Other Insured State or Province Code | 237 | R | N | |
| N403 | | Other Insured Postal Zone or Zip Code | 237 | R | N | |
| N404 | | Other Insured Country Code | 237 | S | N | |


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|---|---|---|---|---|---|---|
| ********** ***** SEGMENT ***** REF (Other Subscriber Secondary Identification) ********** | | | | | | |
| REF01 | | Reference Identification Qualifier | 238 | R | N | |
| REF02 | | Other Insured Additional Identifier | 239 | R | N | |
| ********** ***** LOOP ***** 2330B (Other Payer Name) ********** ********** ***** SEGMENT ***** NM1 (Other Payer Name) ********** | | | | | | |
| NM101 | | Entity Identifier Code | 240 | R | N | |
| NM102 | | Entity Type Qualifier | 241 | R | N | |
| NM103 | | Other Payer Last or Organization Name | 241 | R | N | |
| NM108 | | Identification Code Qualifier | 241 | R | Y | Use qualifier PI |
| NM109 | | Other Payer Primary Identifier | 241 | R | Y | If reporting Other Insurance Carriers, use the 3 digit RI Medicaid Carrier Code in this field. Sending more than 3 characters or sending same carrier more than once will cause the claim to be rejected. |
| ********** ***** SEGMENT ***** PER (Other Payer Contact Information) ********** | | | | | | |
| PER01 | | Contact Function Code | 244 | R | N | |
| PER02 | | Other Payer Contact Name | 244 | R | N | |
| PER03 | | Communication Number Qualifier | 244 | R | N | |
| PER04 | | Communication Number | 244 | R | N | |
| PER05 | | Communication Number Qualifier | 244 | S | N | |
| PER06 | | Communication Number | 245 | S | N | |
| PER07 | | Communication Number Qualifier | 245 | S | N | |
| PER08 | | Communication Number | 245 | S | N | |


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|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Claim Paid Date) | | | | | | |
| DTP01 | | Date/Time Qualifier | 246 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 246 | R | N | |
| DTP03 | | Date Claim Paid | 246 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Secondary Identifier) | | | | | | |
| REF01 | | Reference Identification Qualifier | 247 | R | N | |
| REF02 | | Other Payer Secondary Identifier | 248 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Prior Authorization or Referral Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 249 | R | N | |
| REF02 | | Other Payer Prior Authorization or Referral Number | 249 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Claim Adjustment Indicator) | | | | | | |
| REF01 | | Reference Identification Qualifier | 252 | R | N | |
| REF02 | | Other Payer Claim Adjustment Indicator | 252 | R | N | |


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|---|---|---|---|---|---|---|
| ***** LOOP ***** 2330C (Other Payer Patient Information) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Patient Information) | | | | | | |
| NM101 | | Entity Identifier Code | 254 | R | N | |
| NM102 | | Entity Type Qualifier | 254 | R | N | |
| NM103 | | Other Payer Patient Last Name | 254 | S | N | |
| NM108 | | Identification Code Qualifier | 254 | R | N | |
| NM109 | | Other Payer Patient Primary Identifier | 254 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Patient Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 255 | R | N | |
| REF02 | | Other Payer Patient Secondary Identifier | 256 | R | N | |
| ***** LOOP ***** 2330D (Other Payer Referring Provider) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Referring Provider) | | | | | | |
| NM101 | | Entity Identifier Code | 258 | R | N | |
| NM102 | | Entity Type Qualifier | 258 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Referring Provider Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 259 | R | N | |
| REF02 | | Other Payer Referring Provider Identifier | 260 | R | N | |


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|---|---|---|---|---|---|---|
| ***** LOOP ***** 2330E (Other Payer Rendering Provider) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Rendering Provider) | | | | | | |
| NM101 | | Entity Identifier Code | 262 | R | N | |
| NM102 | | Entity Type Qualifier | 262 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Rendering Provider Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 263 | R | N | |
| REF02 | | Other Payer Rendering Provider Secondary Identifier | 264 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
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| | | | ***** LOOP ***** | | | |
| | | | 2400 (Line Counter) | | | |
| ################################################################################################################################################################################################ | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| | | | ***** SEGMENT ***** | | | |
| | | | LX (Line Counter) | | | |
| ################################################################################################################################################################################################ | | | | | | |
| LX01 | | Line Counter | 265 | R | N | |
| ################################################################################################################################################################################################ | | | | | | |
| | | | ***** SEGMENT ***** | | | |
| | | | SV3 (Dental Service) | | | |
| ################################################################################################################################################################################################ | | | | | | |
| SV301 | | Medical Procedure Identifier | 266 | R | N | |
| SV301 | C003-1 | Product or Service ID Qualifier | 266 | R | N | |
| SV301 | C003-2 | Procedure Code | 267 | R | Y | If this field contains more than 5 characters, the claim will be rejected. |
| SV301 | C003-3 | Procedure Modifier 1 | 267 | S | N | |
| SV301 | C003-4 | Procedure Modifier 2 | 267 | S | N | |
| SV301 | C003-5 | Procedure Modifier 3 | 267 | S | N | |
| SV301 | C003-6 | Procedure Modifier 4 | 267 | S | N | |
| SV302 | | Line Item Charge Amount | 268 | R | N | |
| SV303 | | Facility Type Code | 268 | S | N | |
| SV304 | | ORAL CAVITY DESIGNATION | 268 | R | N | |
| SV304 | C006-1 | Oral Cavity Designation Code | 268 | R | N | |
| SV304 | C006-2 | Oral Cavity Designation Code | 269 | S | N | |
| SV304 | C006-3 | Oral Cavity Designation Code | 269 | S | N | |
| SV304 | C006-4 | Oral Cavity Designation Code | 269 | S | N | |
| SV304 | C006-5 | Oral Cavity Designation Code | 269 | S | N | |
| SV305 | | Prosthesis, Crown, or Inlay Code | 270 | S | N | |
| SV306 | | Procedure Count | 270 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** TOO (Tooth Information) | | | | | | |
| TOO01 | | JP: National Standard Tooth Numbering System | 271 | R | Y | RI Medicaid will only accept one TOO segment per detail. Multiple TOO segments on a single service will be rejected. Use multiple service lines to report services for multiple teeth. |
| TOO02 | | Tooth Number | 272 | S | N | |
| TOO03 | | Tooth Surface | 272 | R | N | |
| TOO03 | C005-1 | Tooth Surface Code | 272 | S | N | |
| TOO03 | C005-2 | Tooth Surface Code | 272 | S | N | |
| TOO03 | C005-3 | Tooth Surface Code | 272 | S | N | |
| TOO03 | C005-4 | Tooth Surface Code | 272 | S | N | |
| TOO03 | C005-5 | Tooth Surface Code | 272 | S | N | |
| ***** SEGMENT ***** DTP (Date - Service) | | | | | | |
| DTP01 | | Date/Time Qualifier | 273 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 273 | R | N | |
| DTP03 | | Service Date | 274 | R | N | |
| ***** SEGMENT ***** DTP (Date - Prior Placement) | | | | | | |
| DTP01 | | Date/Time Qualifier | 275 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 275 | R | N | |
| DTP03 | | Prior Placement Date | 276 | R | Y | Required if Placement Ind is 'R'. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTP (Date - Appliance Placement) | | | | | | |
| DTP01 | | Date/Time Qualifier | 277 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 277 | R | N | |
| DTP03 | | Orthodontic Banding Date | 278 | R | N | |
| ***** SEGMENT ***** DTP (Date - Replacement) | | | | | | |
| DTP01 | | Date/Time Qualifier | 279 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 279 | R | N | |
| DTP03 | | Replacement Date | 280 | R | N | |
| ***** SEGMENT ***** QTY (Anesthesia Quantity) | | | | | | |
| QTY01 | | Quantity Qualifier | 281 | R | N | |
| QTY02 | | Anesthesia Modifying Units | 282 | R | N | |
| ***** SEGMENT ***** REF (Service Predetermination Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 283 | R | N | |
| REF02 | | Predetermination of Benefits Identifier | 283 | R | N | |
| ***** SEGMENT ***** REF (Prior Authorization or Referral Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 284 | R | N | |
| REF02 | | Referral Number | 284 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Line Item Control Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 285 | R | N | |
| REF02 | | Line Item Control Number | 286 | R | N | |
| ***** SEGMENT ***** AMT (Approved Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 287 | R | N | |
| AMT02 | | Approved Amount | 287 | R | N | |
| ***** SEGMENT ***** AMT (Sales Tax Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 288 | R | N | |
| AMT02 | | Sales Tax Amount | 288 | R | N | |
| ***** SEGMENT ***** NTE (Line Note) | | | | | | |
| NTE01 | | Note Reference Code | 288 | R | N | |
| NTE02 | | Line Note Text | 288 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2420A (Rendering Provider Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Rendering Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 290 | R | N | |
| NM102 | | Entity Type Qualifier | 290 | R | N | |
| NM103 | | Rendering Provider Last Name | 290 | R | N | |
| NM104 | | Rendering Provider First Name | 290 | S | N | |
| NM105 | | Rendering Provider Middle Name | 290 | S | N | |
| NM107 | | Rendering Provider Last Name or generation | 290 | S | N | |
| NM108 | | Identification Code Qualifier | 291 | R | N | If this loop is used, enter XX for NPI |
| NM109 | | Rendering Provider Primary Identifier | 291 | R | N | If this loop is used, enter NPI |
| ***** SEGMENT ***** PRV (Rendering Provider Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 292 | R | N | |
| PRV02 | | Reference Identification Qualifier | 292 | R | N | |
| PRV03 | | Provider Taxonomy Code or Specialty Code | 293 | R | N | If this loop is used, enter Rendering Provider Taxonomy Must be entered if NPI is present |
| ***** SEGMENT ***** REF (Rendering Provider Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 295 | R | Y | If the Rendering Provider is reported at the Service Line level, use qualifier 1D. Only if NPI is not present |
| REF02 | | Rendering Provider Secondary | 296 | R | Y | Use the 7 digit Provider ID assigned by RI |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| | | Identifier | | | | Medicaid. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2420B (Other Payer Referral Number) | | | | | | |
| ***** SEGMENT ***** NM1 (Other Payer Prior Authorization or Referral Number) | | | | | | |
| NM101 | | Entity Identifier Code | 298 | R | N | |
| NM102 | | Entity Type Qualifier | 298 | R | N | |
| NM103 | | Payer Name | 298 | R | N | |
| NM108 | | Identification Code Qualifier | 298 | R | N | |
| NM109 | | Other Payer ID Number | 299 | R | N | |
| ***** SEGMENT ***** REF (Other Payer Prior Authorization or Referral Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 300 | R | N | |
| REF02 | | Prior Authorization or Referral Number | 300 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** LOOP ********** 2420C (Assistant Surgeon Name) | | | | | | |
| ********** SEGMENT ********** NM1 (Assistant Surgeon Name) | | | | | | |
| NM101 | | Entity Identifier Code | 300 | R | N | |
| NM102 | | Entity Type Qualifier | 300 | R | N | |
| NM103 | | Assistant Surgeon Last or Organization Name | 300 | R | N | |
| NM104 | | Assistant Surgeon First Name | 300 | S | N | |
| NM105 | | Assistant Surgeon Middle Name | 300 | S | N | |
| NM107 | | Assistant Surgeon Name Suffix | 300 | S | N | |
| NM108 | | Identification Code Qualifier | 300 | R | N | |
| NM109 | | Assistant Surgeon Identifier | 300 | R | N | |
| ********** SEGMENT ********** PRV (Assistant Surgeon Specialty Information) | | | | | | |
| PRV01 | | Provider Code | 300 | R | N | |
| PRV02 | | Reference Identification Qualifier | 300 | R | N | |
| PRV03 | | Provider Taxonomy Code | 300 | R | N | |
| ********** SEGMENT ********** REF (Assistant Surgeon Secondary Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 300 | R | N | |
| REF02 | | Assistant Surgeon Secondary Identifier | 300 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2430 (Line Adjudication Information) | | | | | | |
| ***** SEGMENT ***** SVD (Line Adjudication Information) | | | | | | |
| SVD01 | | Other Payer Primary ID | 302 | R | Y | Use the 3 digit RI Medicaid Carrier Code. Data that exceeds 3 digits will cause the claim to be rejected |
| SVD02 | | Service Line Paid Amt. | 302 | R | N | |
| SVD03 | | Composite Medical Procedure Identifier | 302 | R | N | |
| SVD03 | C003-1 | Product or Service ID Qualifier | 302 | R | N | |
| SVD03 | C003-2 | Procedure Code | 302 | R | N | |
| SVD03 | C003-3 | Procedure Modifier 1 | 303 | S | N | |
| SVD03 | C003-4 | Procedure Modifier 2 | 303 | S | N | |
| SVD03 | C003-5 | Procedure Modifier 3 | 303 | S | N | |
| SVD03 | C003-6 | Procedure Modifier 4 | 303 | S | N | |
| SVD03 | C003-7 | Procedure Code Description | 303 | S | N | |
| SVD05 | | Paid Service Unit Count | 303 | R | N | |
| SVD06 | | Bundled Line Number or Bundled/Unbundled Line Number | 304 | S | N | |
| ***** SEGMENT ***** CAS (Service Adjustment) | | | | | | |
| CAS01 | | Claim Adjustment Group Code | 307 | R | N | |
| CAS02 | | Adjustment Reason Code - line level | 307 | R | N | |
| CAS03 | | Adjustment Amount - line level | 307 | R | N | |
| CAS04 | | Adjustment Quantity - line level | 307 | S | N | |
| CAS05 | | Adjustment Reason Code - line level | 308 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| CAS06 | | Adjustment Amount - line level | 308 | S | N | |
| CAS07 | | Adjustment Quantity - line level | 308 | S | N | |
| CAS08 | | Adjustment Reason Code - line level | 308 | S | N | |
| CAS09 | | Adjustment Amount - line level | 309 | S | N | |
| CAS10 | | Adjustment Quantity - line level | 309 | S | N | |
| CAS11 | | Adjustment Reason Code - line level | 309 | S | N | |
| CAS12 | | Adjustment Amount - line level | 309 | S | N | |
| CAS13 | | Adjustment Quantity - line level | 310 | S | N | |
| CAS14 | | Adjustment Reason Code - line level | 310 | S | N | |
| CAS15 | | Adjustment Amount - line level | 310 | S | N | |
| CAS16 | | Adjustment Quantity - line level | 310 | S | N | |
| CAS17 | | Adjustment Reason Code - line level | 311 | S | N | |
| CAS18 | | Adjustment Amount - line level | 311 | S | N | |
| CAS19 | | Adjustment Quantity - line level | 311 | S | N | |

****** SEGMENT ******
*DTP (Line Adjudication Date)*

| | | | | | | |
|---|---|---|---|---|---|---|
| DTP01 | | Date/Time Qualifier | 312 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 312 | R | N | |
| DTP03 | | Adjudication or Payment Date | 312 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
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| ***** LOOP ***** | | | | | | |
| NA (Transaction Set Trailer) | | | | | | |
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| ################################################################################################################################################################################################ | | | | | | |
| ***** SEGMENT ***** | | | | | | |
| SE (Transaction Set Trailer) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| SE01 | | Transaction Segment Count | 313 | R | N | |
| SE02 | | Transaction Set Control Number | 313 | R | N | |
| ################################################################################################################################################################################################ | | | | | | |
| ***** LOOP ***** | | | | | | |
| NA (Functional Group Trailer) | | | | | | |
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| ################################################################################################################################################################################################ | | | | | | |
| ***** SEGMENT ***** | | | | | | |
| GE (Functional Group Trailer) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| GE01 | | Number of Transaction Sets Included | B.10 | R | N | |
| GE02 | | Group Control Number | B.10 | R | N | |
| ################################################################################################################################################################################################ | | | | | | |
| ***** LOOP ***** | | | | | | |
| NA (Interchange Control Trailer) | | | | | | |
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| ################################################################################################################################################################################################ | | | | | | |
| ***** SEGMENT ***** | | | | | | |
| IEA (Interchange Control Trailer) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| IEA01 | | Number of Included Functional Groups | B.7 | R | N | |
| IEA02 | | Interchange Control Number | B.7 | R | N | |


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# 6. 997 Functional Acknowledgement

A report on the success or failure of a transaction to pass the HIPAA X12N format edits that are applied to all incoming 837 claim transactions. A Functional Acknowledgement is created for each X12N transaction that is uploaded to the Rhode Island Medicaid web portal. The 997 Functional Acknowledgement is available in the Download folder of the Trading Partner who submitted the 837 transaction, if the Trading Partner has indicated that they will be utilizing the 997 Functional Acknowledgement in their EDI Registration.

## Instructions/General Information:

RI Specification Field Identifiers for the 997:

- Segment ID: Implementation Guide Segment ID
- Data Element: Implementation Guide Composite Sequence ID / Data Element (not present with every segment)
- HIPAA Guide Name: Brief description of Segment ID
- Page #: Implementation Guide Page Number
- HIPAA Usage: Implementation Guide indicators “R” for Required if Segment used; “S” for Situational.
- Medicaid Note: “Y” indicates that there is a specific instruction or limited values for RI Medicaid transactions. “N” indicates that there are no RI specific instructions and the Provider must use the HIPAA
- Implementation Guide instructions. “X” indicates that RI Medicaid does not expect to send the Loop/Segment.
- MMIS Instruction: Information specific to RI Medicaid.
- The Functional Acknowledgement is generated after an uploaded transaction has been received and the Sybase HIPAA compliance check is complete. It is available for download by the original Submitter of the transaction, and identifies the original submission, and errors found by the compliance check.
- RI Medicaid delimiters: Data element separator "*", Composite sub-element separator ":", Segment terminator "~".


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### | | | | | | |
| | | ***** LOOP ***** | | | | |
| | | NA (Interchange Control Header) | | | | |
| ##### | | | | | | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | ISA (Interchange Control Header) | | | | |
| ##### | | | | | | |
| ISA01 | | Authorization Information Qualifier | B.3 | R | Y | RI Medicaid will send "00". |
| ISA02 | | Authorization Information Qualifier | B.3 | R | N | |
| ISA03 | | Security Information Qualifier | B.4 | R | Y | RI Medicaid will send "00" |
| ISA04 | | Security Information | B.4 | R | N | |
| ISA05 | | Interchange Sender ID Qualifier | B.4 | R | Y | RI Medicaid will send qualifier "ZZ". |
| ISA06 | | Interchange Sender ID | B.4 | R | Y | RI Medicaid will send "056000522" |
| ISA07 | | Interchange Receiver ID Qualifier | B.4 | R | Y | RI Medicaid will use qualifier "ZZ" |
| ISA08 | | Interchange Receiver ID | B.5 | R | Y | RI Medicaid will send the assigned Trading Partner ID. |
| ISA09 | | Interchange Date | B.5 | R | N | |
| ISA10 | | Interchange Time | B.5 | R | N | |
| ISA11 | | Interchange Control Standards Identifier | B.5 | R | N | |
| ISA12 | | Interchange Control Version Number | B.5 | R | N | |
| ISA13 | | Interchange Control Number | B.5 | R | N | |
| ISA14 | | Acknowledgment Requested | B.6 | R | N | |
| ISA15 | | Usage Indicator | B.6 | R | N | |
| ISA16 | | Component Element Separator | B.6 | R | Y | RI Medicaid will use ":" for the Composit Sub-Element separator. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** LOOP ***** NA (Functional Group Header) ********** | | | | | | |
| ********** ***** SEGMENT ***** GS (Functional Group Header) ********** | | | | | | |
| GS01 | | Functional ID Code | B.8 | R | Y | RI Medicaid will send value "FA" |
| GS02 | | Application Sender's Code | B.8 | R | Y | RI Medicaid will send "056000522" |
| GS03 | | Application Receiver's Code | B.8 | R | Y | RI Medicaid will send the ID assigned in the Trading Partner Agreement |
| GS04 | | Date | B.8 | R | Y | The date will be in format "CCYYMMDD". |
| GS05 | | Time | B.8 | R | N | |
| GS06 | | Group Control Number | B.9 | R | N | |
| GS07 | | Responsible Agency Code | B.9 | R | N | |
| GS08 | | Version/Release ID Code | B.9 | R | Y | Returns the value from the transaction that triggered this Functional Acknowledgement. |
| ********** ***** LOOP ***** NA (Transaction Set Header) ********** | | | | | | |
| ********** ***** SEGMENT ***** ST (Transaction Set Header) ********** | | | | | | |
| ST01 | | Transaction Set Identifier Code | B.17 | R | Y | RI Medicaid may send more than one ST/SE per GS/GE. |
| ST02 | | Transaction Set Control Number | B.17 | R | N | |
| ********** ***** SEGMENT ***** AK1 (Functional Group Response Header) ********** | | | | | | |
| AK101 | | Functional Identifier Code | B.18 | R | N | |
| AK102 | | Group Control Number | B.18 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
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| ***** LOOP ***** | | | | | | |
| AK2 (Transaction Set Response Header) | | | | | | |
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| ################################################################################################################################################################################################ | | | | | | |
| ***** SEGMENT ***** | | | | | | |
| AK2 (Transaction Set Response Header) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| AK201 | | Transaction Set Identifier Code | B.19 | R | N | |
| AK202 | | Transaction Set Control Number | B.19 | R | N | |
| ################################################################################################################################################################################################ | | | | | | |
| ***** LOOP ***** | | | | | | |
| AK2AK3 (Data Segment Note) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| ***** SEGMENT ***** | | | | | | |
| AK3 (Data Segment Note) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| AK301 | | Segment ID Code | B.20 | R | N | |
| AK302 | | Segment Position in Transaction Set | B.20 | R | N | |
| AK303 | | Loop Identifier Code | B.21 | S | N | |
| AK304 | | Segment Syntax Error Code | B.21 | S | N | |
| ################################################################################################################################################################################################ | | | | | | |
| ***** SEGMENT ***** | | | | | | |
| AK4 (Data Element Note) | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| AK401 | C030-1 | Element Position in Segment | B.22 | R | N | |
| AK401 | C030-2 | Component Data Element Position in Segment | B.22 | S | N | |
| AK402 | | Data Element Reference Number | B.23 | S | N | |
| AK403 | | Eata Element Syntax Error Code | B.23 | R | N | |
| AK404 | | Copy of Bad Data Element | B.23 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### | | | | | | |
| | | ***** LOOP ***** | | | | |
| | | AK2AK3 (Data Segment Note) | | | | |
| ##### | | | | | | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | AK5 (Transaction Set Response Trailer) | | | | |
| ##### | | | | | | |
| AK501 | | Transaction Set Acknowledgement Code | B.24 | R | Y | RI Medicaid will send "A" for Accepted, or "R" for Rejected. |
| AK502 | | Transaction Set Syntax Error Code | B.25 | S | N | |
| AK503 | | Transaction Set Syntax Error Code | B.25 | S | N | |
| AK504 | | Transaction Set Syntax Error Code | B.26 | S | N | |
| AK505 | | Transaction Set Syntax Error Code | B.26 | S | N | |
| AK506 | | Transaction Set Syntax Error Code | B.26 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** LOOP ***** NA (Functional Group Response Trailer) ********** ********** ***** SEGMENT ***** AK9 (Functional Group Response Trailer) ********** | | | | | | |
| AK901 | | Functional Group Acknowledgement Code | B.27 | R | Y | RI Medicaid will send "A" for Accepted or "R" for Rejected. |
| AK902 | | Number of Transaction Sets Included | B.28 | R | N | |
| AK903 | | Number of Received Transaction Sets | B.28 | R | N | |
| AK904 | | Number of Accepted Transaction Sets | B.28 | R | N | |
| AK905 | | Functional Group Syntax Error Code | B.28 | S | N | |
| AK906 | | Functional Group Syntax Error Code | B.29 | S | N | |
| AK907 | | Functional Group Syntax Error Code | B.29 | S | N | |
| AK908 | | Functional Group Syntax Error Code | B.29 | S | N | |
| AK909 | | Functional Group Syntax Error Code | B.29 | S | N | |
| ********** ***** SEGMENT ***** SE (Transaction Set Trailer) ********** | | | | | | |
| SE01 | | Number of Included Segments | B.30 | R | N | |
| SE02 | | Transaction Set Control Number | B.30 | R | N | |
| ********** ***** LOOP ***** NA (Functional Group Trailer) ********** ********** ***** SEGMENT ***** GE (Functional Group Trailer) ********** | | | | | | |
| GE01 | | Number of Transaction Sets Included | B.10 | R | N | |
| GE02 | | Group Control Number | B.10 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

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##########################################################################################################
                                        ***** LOOP *****
                                   NA   (Interchange Control Trailer)
##########################################################################################################
##########################################################################################################
                                        ***** SEGMENT *****
                                   IEA (Interchange Control Trailer)
##########################################################################################################
```

| | | | | | |
|---|---|---|---|---|---|
| IEA01 | Number of Included Functional Groups | B.7 | R | N | |
| IEA02 | Interchange Control Number | B.7 | R | N | |


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# 7. Claim Accept/Reject Report

Rhode Island Medicaid will produce an ASCII text file which will identify claims and service data, which has passed initial X12N syntax edits. The next step in processing is the Level 6 Specialty Line of Business Edits and this report shows the outcome of the Level 6 processing. If the claim fails the Level 6 Specialty Line of Business Edits, the detail will be displayed. It is available for download by the Trading Partner who submitted the 837 transaction.

## 7.1 CLAR210 Claim Accept/Reject Report

The CLAR210 Claim Accept/Reject Report is generated when the Sybase translator extracts data from an incoming X12N 837 file to build an input file for the Rhode Island MMIS claim load process.

The report is available for download by the original file Submitter.

The primary purpose of the report is to identify items in the claim transaction that have failed the Specialty Line of Business edits for the RI Title XIX claim processing system, and supply the Submitter with the identity of the submission, the specific errors that were encountered, and the total number of claims accepted and rejected.

Error messages are reported immediately following the set of data that contains the error. For Submitter audit use, every service line of each denied claim is listed on the report. Data that does not have an associated error message does not have errors to correct, but must be resubmitted with a corrected claim file.

Because of the hierarchical structure of X12N, errors in the EDI Control Segments, Transaction Set, Submitter Level or other higher- level loops, can impact the processing of all of the claims within them.

The EDI Control Segments ISA and IEA contain the entire file that has been uploaded, and identify the Sender, date, time, standards, version and identifier of the transaction. Within the ISA/IEA “envelope”, the GS and GE segments contain the Sender and Receiver, date and time, identification of the type of transaction (claim, remittance, functional acknowledgement), and the X12N version used.

The Transaction Set Segments ST and SE are within the GS/GE, identifying the Transaction Set and its Control Number. Within these segments, the BHT and REF segments identify the business purpose of the transaction, time, date, identification number and hierarchical structure.

Loops within this structure, provide the following information in descending order: Submitter and Receiver, Billing and Pay-To Provider, Subscriber, Claim level information and Service level information.


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REPORT LAYOUT:

CLAR210D                                RHODE ISLAND MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE XXXXXX

RUN DATE: MM/DD/YYYY HH:MM                    CLAIMS ACCEPT / REJECT REPORT - 837 DENTAL

INTERCHANGE DATA:                     FUNCTIONAL GROUP DATA:                 TRANSLATION DATA:
  Control Number : XXXXXXXXXXXXXXX      Control Number : XXXXXXXXXXXXXXXX      Input File     : XXXXXXXXXXXXXXXXXXXXXXXXXX
  Date-Time      : CCYYMMDD-HHMMSS      Date-Time      : CCYYMMDD-HHMMSS       Map Name       : XXXXXXXXXXXXXXXXXXXXXXXXXX
  Receiver ID    : XXXXXXXXXXXXXXX      Receiver ID    : XXXXXXXXXXXXXXXX      Map Release    : XXXXXXXXXXXXXXXXXXXXXXXXXX
  Sender ID      : XXXXXXXXXXXXXXX      Sender ID      : XXXXXXXXXXXXXXXX

TRANSACTION SET DATA:
  Control Number : XXXXXXXXXXXXXXX
  Date-Time      : CCYYMMDD-HHMMSS
  Ver/Rel/Ind Co : XXXXXXXXXXXXXXX


  BILLING PROVIDER:                                PAY-TO PROVIDER:
     Identifier     : XXXXXXXXXXXXXXXXXXXXXXXXXX       Identifier      : XXXXXXXXXXXXXXXXXXXXXXXXX
     Last/Org Name  : XXXXXXXXXXXXXXXXXXXXXXXXXX       Last/Org Name   : XXXXXXXXXXXXXXXXXXXXXXXXX

    CLM SEQ #  REJECTED CLAIM INFORMATION:
    ---------  ------------------------------------------------------------------------------------------------------------------
       Claims Rejected: XXXXXXXXX

  BILLING PROVIDER:                                PAY-TO PROVIDER:
     Identifier     : XXXXXXXXXXXXXXXXXXXXXXXXXX       Identifier      : XXXXXXXXXXXXXXXXXXXXXXXXX
     Last/Org Name  : XXXXXXXXXXXXXXXXXXXXXXXXXX       Last/Org Name   : XXXXXXXXXXXXXXXXXXXXXXXXX

    CLM SEQ #  REJECTED CLAIM INFORMATION:
    ---------  ------------------------------------------------------------------------------------------------------------------
    XXXXXXXXX  PAT ACCT NUM: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    TOT CHARGE AMT: XXXXXXXXXXXXXXXXXX    POS CODE: XX:XX:X
                   Loop/Element: XXXXXXXXXXXXXXXXXXXX  Element Value: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                     ERROR: XXXXX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                 DTL XXX  PROC CODE: XXXXXXXXXXXXXXX   LINE CHARGE AMT: XXXXXXXXXXXXXXXXXX DATE OF SERVICE: XXX XXXXXXXXXXXXXXXXX
                 DTL XXX  PROC CODE: XXXXXXXXXXXXXXX   LINE CHARGE AMT: XXXXXXXXXXXXXXXXXX DATE OF SERVICE: XXX XXXXXXXXXXXXXXXXX
                 DTL XXX  PROC CODE: XXXXXXXXXXXXXXX   LINE CHARGE AMT: XXXXXXXXXXXXXXXXXX DATE OF SERVICE: XXX XXXXXXXXXXXXXXXXX
    XXXXXXXXX  PAT ACCT NUM: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    TOT CHARGE AMT: XXXXXXXXXXXXXXXXXX    POS CODE: XX:XX:X
                 DTL XXX  PROC CODE: XXXXXXXXXXXXXXX   LINE CHARGE AMT: XXXXXXXXXXXXXXXXXX DATE OF SERVICE: XXX XXXXXXXXXXXXXXXXX
                   Loop/Element: XXXXXXXXXXXXXXXXXXXX  Element Value: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                     ERROR: XXXXX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                 DTL XXX  PROC CODE: XXXXXXXXXXXXXXX   LINE CHARGE AMT: XXXXXXXXXXXXXXXXXX DATE OF SERVICE: XXX XXXXXXXXXXXXXXXXX
       Claims Rejected: XXXXXXXXX

                                                 * *  Continued Next Page  * *
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CLAR210D                                RHODE ISLAND MEDICAID MANAGEMENT INFORMATION SYSTEM                        PAGE XXXXXX

RUN DATE: MM/DD/YYYY HH:MM                   CLAIMS ACCEPT / REJECT REPORT - 837 DENTAL


TRANSACTION SET PROCESSING TOTALS:

          Claims Received: XXXXXXXXX     Claims Rejected: XXXXXXXXX     Claims Accepted: XXXXXXXXX

                                                 * *  E N D   O F   R E P O R T  * *


SAMPLE REPORT:

CLAR210D                                RHODE ISLAND MEDICAID MANAGEMENT INFORMATION SYSTEM                        PAGE 000001

RUN DATE: 03/23/2003 13:28                   CLAIMS ACCEPT / REJECT REPORT - 837 DENTAL

INTERCHANGE DATA:                     FUNCTIONAL GROUP DATA:                 TRANSLATION DATA:
  Control Number : 100000003            Control Number : 100000002             Input File     : X12N Dental
  Date-Time      : 20010605-083000      Date-Time      : 20010605-0830         Map Name       : XRI_837DI_4010_1002A1
  Receiver ID    : 056000522            Receiver ID    : 056000522             Map Release    : M03.01v00
  Sender ID      : 801000001            Sender ID      : 801000001

TRANSACTION SET DATA:
  Control Number : 000000003
  Date-Time      : 20030226-104500
  Ver/Rel/Ind Co : 004010X097DA1


  BILLING PROVIDER:                                PAY-TO PROVIDER:
     Identifier     : 021111111                       Identifier      :
     Last/Org Name  : HEALTHCARE PROVIDER             Last/Org Name   :

    CLM SEQ #  REJECTED CLAIM INFORMATION:
    ---------  ------------------------------------------------------------------------------------------------------------
    000000001  PAT ACCT NUM: 998822222                                TOT CHARGE AMT: 75.00                POS CODE: 11:  :6
                   Loop/Element: 2310B REF02-1D        Element Value: 66603033589455
                     ERROR: E1015 - Rendering Provider Secondary Identifer must be 8 Chars. or less

                 DTL   1  PROC CODE: D0120             LINE CHARGE AMT: 25.00             DATE OF SERVICE: D8  20021231
                 DTL   2  PROC CODE: D1203             LINE CHARGE AMT: 25.00             DATE OF SERVICE: D8  20021231
                 DTL   3  PROC CODE: D0270             LINE CHARGE AMT: 25.00             DATE OF SERVICE: D8  20021231
    000000002  PAT ACCT NUM: 2003222222                                TOT CHARGE AMT: 250.00               POS CODE: 11:  :7
                   Loop/Element: 2300 CLM02            Element Value: 250.00
                     ERROR: E1010 - Total Claim Charge Amount must be > or = Total Other Insurance Amount

                 DTL   1  PROC CODE: D2131             LINE CHARGE AMT: 150.00            DATE OF SERVICE: D8  20021215
                 DTL   2  PROC CODE: D2331             LINE CHARGE AMT: 100.00            DATE OF SERVICE: D8  20021215
                   Loop/Element: 2400 TOO              Element Value: 1- TOO Segments were received
                     ERROR: E1005 - Only 1 (One) TOO Segment is allowed per Claim Detail.

       Claims Rejected: 000000002
```


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                                        * *  Continued Next Page  * *

CLAR210D                                RHODE ISLAND MEDICAID MANAGEMENT INFORMATION SYSTEM                        PAGE 000002

RUN DATE: 03/23/2003 13:28                   CLAIMS ACCEPT / REJECT REPORT - 837 DENTAL

  BILLING PROVIDER:                               PAY-TO PROVIDER:
     Identifier     : 022222222                     Identifier      :
     Last/Org Name  : GENERAL DENTISTRY             Last/Org Name   :

    CLM SEQ #  REJECTED CLAIM INFORMATION:
    ---------  ---------------------------------------------------------------------------------------------------------------
       Claims Rejected: 000000000


TRANSACTION SET PROCESSING TOTALS:

          Claims Received: 000000005     Claims Rejected: 000000002     Claims Accepted: 000000003

                                        * *  E N D   O F   R E P O R T  * *
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| Rule | Level Claim (Rule 991) or Claim Detail (Rule 992) | Issue | Transaction Type | Reject Report Information:<br>Error Code: Max 5 Chars. Starting with E1<br>Error Element: Max 20 Chars.<br>Error Message: Max 95 Chars. |
|---|---|---|---|---|
| 1001 | Claim | Claim or Encounter Identifier – Claim encounter indicator. Add exception to reject every claim in ST if BHT06 !=CH. | Dental<br>Professional<br>Institutional | Code: **E1001**<br>Element Info: **BHT06**<br>Message: **Claim or Encounter Identifier must contain a value of 'CH'** |
| 1002 | Claim | If claim submission reason (2300.CLM05-3) is 7 or 8 and the original ref num (2300.REF02 (F8)) is NOT 15 Characters, reject the claim | Dental<br>Professional<br>Institutional | Code: **E1002**<br>Element Info: **2300 REF02-F8**<br>Message: **CLM Orig Ref # must be 15 Chars. if CLM Submission Reason is 7 or 8.** |
| 1003 | Detail | If length of Procedure Code (2400.SV301-2) > 5, the reject the claim. | Dental | Code: **E1003**<br>Element Info: **2400 SV301-2**<br>Message: **Procedure Code must be 5 Chars or less.** |
| 1003 | Detail | If length of Procedure Code (2400.SV101-2) > 5, the reject the claim. | Professional | Code: **E1003**<br>Element Info: **2400 SV101-2**<br>Message: **Procedure Code must be 5 Chars or less.** |
| 1003 | Detail | If length of Procedure Code (2400.SV202-2) > 5, the reject the claim. | Institutional | Code: **E1003**<br>Element Info: **2400 SV202-2**<br>Message: **Procedure Code must be 5 Chars or less.** |
| 1005 | Detail | If more then one TOO segment is received per detail then reject the claim. | Dental | Code: **E1005**<br>Element Info: **2400 TOO**<br>Message: **Only 1 (One) TOO Segment is allowed per Claim Detail.** |
| 1006 | Claim | If 2300.CLM05-3 = 7,8 and Trading Partner ID is Medicare, then reject the claim. (Assumes Medicare Trading Partner is a unique Value per Medicare Submitter. | Professional<br>Institutional | Code: **E1006**<br>Element Info: **2300 CLM05-3**<br>Message: **Claim frequency type code 7 or 8 is not allowed for a Medicare Submitter.** |


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| | | | | |
|---|---|---|---|---|
| 1007 | Claim | If more than one Other Payer Loop (2320) has a Claim File Indicator (2320.SBR09) = MB then reject the claim.<br><br>Note: 2320 Loop repeats 10x, however, only 1 instance of the loop should contain a SBR09 value of MB. If more than one occurrence exists, then reject the claim. | Professional | Code: **E1007**<br>Element Info: **2320 SBR09**<br>Message: **Only 1 (One) 2320 Loop can contain a Claim Filing Indicator of MB.** |
| 1008 | Claim | If more than one Other Payer Loop (2320) has a Claim File Indicator (2320.SBR09) = MA or MB then reject the claim.<br><br>Note: 2320 Loop repeats 10x, however, only 1 instance of the loop should contain a SBR09 value of MA or MB. If more than one occurrence exists, then reject the claim. | Institutional | Code: **E1008**<br>Element Info: **2320 SBR09**<br>Message: **Only 1 (One) 2320 Loop can contain a Claim Filing Indicator of MA or MB.** |
| 1009 | Detail | If Service Line Revenue Code (2400.SV201) > 4 then reject the claim. | Institutional | Code: **E1009**<br>Element Info: **2400 SV201**<br>Message: **Service Line Revenue Code must be 4 Chars.** |
| 1010 | Claim | If Total OI Amount (CATCTR: Other Insurance Amount) is greater than Total Claim Charge Amount (CAHCOM: Total Claim Charge Amount) then reject the claim. | Dental<br>Professional<br>Institutional | Code: **E1010**<br>Element Info: **2300 CLM02**<br>Message: **Total Claim Charge Amount must be Greater Than or Equal To Total Other Insurance Amount.** |
| 1011 | Claim | If Billing Provider Additional Identifier (2010AA.REF02 (1D) > 8 then reject theclaim. | Dental<br>Professional<br>Institutional | Code: **E1011**<br>Element Info: **2010AA REF02-1D**<br>Message: **Billing Provider Additional Identifier must be 7 Chars or less.** |


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|---|---|---|---|---|
| 1012 | Claim | If Pay-To Provider Additional Identifier (2010AB.REF02 (1D) > 8 then reject the claim. | Dental<br>Professional<br>Institutional | Code: **E1012**<br>Element Info: **2010AB REF02-1D**<br>Message: **Pay-To Provider Additional Identifier must be 7 Chars or less.** |
| 1014 | Claim | If Attending Physician Secondary Identifier (2310A REF02 (1D) > 8 then reject the claim. | Institutional | Code: **E1014**<br>Element Info: **2310A REF02-1D**<br>Message: **Attending Physician Secondary Identifier must be7 Chars or less.** |
| 1015 | Claim / Detail | If Rendering Provider Secondary Identifier (2310B / 2420A REF02 (1D) > 8 then reject the claim. | Dental<br>Professional | Code: **E1015**<br>Element Info: **2310B/2420A REF02-1D**<br>Message: **Rendering Provider Secondary Identifier must be 7 Chars or less.** |
| 1016 | Claim | If Subscriber Primary Identifier (2010BA NM109 (IL) > 11 then reject the claim. | Dental<br>Professional<br>Institutional | Code: **E1016**<br>Element Info: **2010BA NM109-IL**<br>Message: **Subscriber Primary Identifier must be 9 Chars or less.** |
| 1017 | Claim | If unable to assign Claim Type then reject the Claim | Professional<br>Institutional | Code: **E1017**<br>Element Info: **Claim Type Calculation**<br>Message: **Unable to derive Claim Type.** |
| 1018 | Claim | If Other Payer Primary Identifier > 4 then reject the claim. | Dental | Code: **E1018**<br>Element Info: **2330B NM109-PR**<br>**Message: Other Payer Primary Identifier must be 3 Chars.** |
| 1018 | Claim | If the Trading Partner ID is NOT Medicare ID and If Other Payer Primary Identifier > 4 then reject the claim. | Professional<br>Institutional | Code: **E1018**<br>Element Info: **2330B NM109-PR**<br>Message: **Other Payer Primary Identifier must be 3 Chars or less.** |
| 1019 | Claim | If more than one Other Payer Loop (2320 – Repeats up to 10 times) is received then the Other Payer Primary Identifier must be unique within the current claim. If a duplicate value is received then reject the claim. | Dental<br>Professional<br>Institutional | Code: **E1019**<br>Element Info: **2330B NM109-PR**<br>Message: **Other Payer Primary Identifier must be unique within current Claim.** |
| 1020 | Claim | If Operating Physician Secondary Identifier (2310B REF02 (1D) > 8 then reject the claim. | Institutional | Code: **E1020**<br>Element Info: **2310B REF02-1D**<br>Message: **Operating Physician Secondary Identifier must be 7 Chars or less.** |


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| | | | | |
|---|---|---|---|---|
| 1021 | Detail | SV101-1 value must be equal to HC on each claim detail received. | Professional | Code: E1021<br>Element Info: 2400 SV101-1<br>Message: **Claim Detail must have a Procedure Qualifier value of HC.** |
| 1022 | Claim | If 2300.CLM05-3 = 6<br><br>** CORRECTED Claims are not Allowed. | Dental<br>Professional<br>Institutional | Code: **E1022**<br>Element Info: **2300 CLM05-3**<br>Message: **Claim Frequency Type Code 6 is not allowed.** |


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# 8. Unsolicited 277 – Pended Claim Report

The Pended Claim report identifies claims which have been loaded for processing within the financial cycle, but not finalized by the close of the financial cycle. Providers can contact the Communications Unit at EDS by telephone (see Appendix D) for detailed information on Pended claims.

The Pended Claim Report is generated after claims are processed and the Financial Cycle is complete. It is available for download by the Submitter who has been identified by the RI Medicaid Provider as the Entity who will be authorized to retrieve their Unsolicited 277 transactions.

## Instructions/General Information:

The Pended Claim report identifies claims which have been loaded for processing within the financial cycle, but not finalized by the close of the financial cycle. Providers can contact the Communications Unit at EDS by telephone for detailed information on Pended claims. See Appendix D for contact information.

The 277 transaction contains information on claims that have been suspended during the current financial cycle.

RI Specification Field Identifiers for the 277:

- Segment ID: Implementation Guide Segment ID
- Data Element: Implementation Guide Composite Sequence ID/Data Element (not present with every segment)
- HIPAA Guide Name: Brief description of Segment ID
- Page #: Implementation Guide Page Number
- HIPAA Usage: Implementation Guide indicators “R” for Required if Segment used; “S” for Situational.
- Medicaid Note: “Y” indicates that there is a specific instruction or limited values for RI Medicaid transactions.
- “N” indicates that there are no RI specific instructions and the Provider must use the HIPAA Implementation Guide instructions. “X” indicates that RI Medicaid does not expect to send the Loop/Segment.
- MMIS Instruction: Information specific to RI Medicaid.
- The Pended Claim Report is generated after claims are processed and the Financial Cycle is complete. It is available for download by the Submitter who has been identified by the RI Medicaid Provider as the Entity who will be authorized to retrieve their Unsolicited 277 transactions.
- RI Medicaid delimiters: Data element separator "*", Composite sub-element separator ":", Segment terminator "~".


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### | | | | | | |
| | | ***** LOOP ***** | | | | |
| | | NA (Interchange Control Header) | | | | |
| ##### | | | | | | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | ISA (Interchange Control Header) | | | | |
| ##### | | | | | | |
| ISA01 | | Authorization Information Qualifier | B.3 | R | Y | RI Medicaid will always send 00 |
| ISA02 | | Authorization Information Qualifier | B.3 | R | N | |
| ISA03 | | Security Information Qualifier | B.4 | R | Y | RI Medicaid will use 00 |
| ISA04 | | Security Information | B.4 | R | N | |
| ISA05 | | Interchange Sender ID Qualifier | B.4 | R | Y | RI Medicaid will use qualifier " ZZ" |
| ISA06 | | Interchange Sender ID | B.4 | R | Y | RI Medicaid EIN 056000522 |
| ISA07 | | Interchange Receiver ID Qualifier | B.4 | R | Y | RI Medicaid will send ZZ |
| ISA08 | | Interchange Receiver ID | B.5 | R | Y | RI Medicaid will send the Trading Partner ID |
| ISA09 | | Interchange Date | B.5 | R | N | |
| ISA10 | | Interchange Time | B.5 | R | N | |
| ISA11 | | Interchange Control Standards Identifier | B.5 | R | N | |
| ISA12 | | Interchange Control Version Number | B.5 | R | N | |
| ISA13 | | Interchange Control Number | B.5 | R | N | |
| ISA14 | | Acknowledgment Requested | B.6 | R | N | |
| ISA15 | | Usage Indicator | B.6 | R | N | |
| ISA16 | | Component Element Separator | B.6 | R | Y | RI Medicaid will use ":" for the Component Sub-Element separator. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** NA (Functional Group Header) | | | | | | |
| ***** SEGMENT ***** GS (Functional Group Header) | | | | | | |
| GS01 | | Functional ID Code | B.8 | R | N | |
| GS02 | | Application Sender's Code | B.8 | R | Y | RI Medicaid EIN " 056000522" |
| GS03 | | Application Receiver's Code | B.8 | R | Y | RI Medicaid will send the Trading Partner ID |
| GS04 | | Date | B.8 | R | Y | This is a 6 digit date in format "YYMMDD" |
| GS05 | | Time | B.8 | R | N | |
| GS06 | | Group Control Number | B.9 | R | N | |
| GS07 | | Responsible Agency Code | B.9 | R | N | |
| GS08 | | Version/Release ID Code | B.9 | R | Y | RI Medicaid will use Version 003070X070 |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ################################################################################################################################################################################################ | | | | | | |
| | | | | ***** LOOP ***** | | |
| | | | | NA (NoLoopName) | | |
| ################################################################################################################################################################################################ | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| | | | | ***** SEGMENT ***** | | |
| | | | | ST (277 Header) | | |
| ################################################################################################################################################################################################ | | | | | | |
| ST01 | | Transaction Set Identifier Code | 27 | R | Y | RI Medicaid may send more than one ST/SE within a GS/GE. |
| ST02 | | Transaction Set Control Number | 27 | R | N | |
| ################################################################################################################################################################################################ | | | | | | |
| | | | | ***** SEGMENT ***** | | |
| | | | | BHT (Transaction Structure) | | |
| ################################################################################################################################################################################################ | | | | | | |
| BHT01 | | Hierarchical Structure Code | 28 | R | N | |
| BHT02 | | Transaction Set Purpose Code | 28 | R | N | |
| BHT03 | | Originator Application Transaction Identifier | 28 | R | Y | RI Medicaid will send the Remittance Advice number. |
| BHT04 | | Transaction Set Creation Date | 28 | R | N | |
| BHT06 | | Transaction Type Code | 29 | R | Y | RI Medicaid will use NO |
| ################################################################################################################################################################################################ | | | | | | |
| | | | | ***** LOOP ***** | | |
| | | | | 2000A (Information Source) | | |
| ################################################################################################################################################################################################ | | | | | | |
| ################################################################################################################################################################################################ | | | | | | |
| | | | | ***** SEGMENT ***** | | |
| | | | | HL (Information Source) | | |
| ################################################################################################################################################################################################ | | | | | | |
| HL01 | | Hierarchical ID Number | 30 | R | N | |
| HL02 | | Hierarchical Parent ID Number | 30 | S | N | |
| HL03 | | Hierarchical Level Code | 31 | R | N | |
| HL04 | | Hierarchical Child Code | 31 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2100A (Payer Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Payer Name) | | | | | | |
| NM101 | | Entity Identifier Code | 32 | R | Y | |
| NM102 | | Entity Type Qualifier | 32 | R | N | |
| NM103 | | Name Last | 33 | R | Y | RI MEDICAID |
| NM108 | | Identification Code Qualifier | 33 | R | Y | RI Medicaid will use PI |
| NM109 | | Identification Code | 33 | R | Y | RI Medicaid EIN "056000522" |
| ***** SEGMENT ***** N3 (Payer Street Address) | | | | | | |
| N301 | | Address Information | 34 | R | X | |
| N302 | | Address Information | 34 | S | X | |
| ***** SEGMENT ***** N4 (Payer City/State/Zip) | | | | | | |
| N401 | | City Name | 35 | R | X | |
| N402 | | State or Province Code | 35 | R | X | |
| N403 | | Postal Code | 35 | S | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2000B (Information Receiver) | | | | | | |
| ***** SEGMENT ***** HL (Information Receiver) | | | | | | |
| HL01 | | Hierarchical ID Number | 36 | R | N | |
| HL02 | | Hierarchical Parent ID Number | 36 | R | N | |
| HL03 | | Hierarchical Level Code | 37 | R | N | |
| HL04 | | Hierarchical Child Code | 37 | R | N | |
| ***** LOOP ***** 2100B (Information Receiver Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Information Receiver Name) | | | | | | |
| NM101 | | Entity Identifier Code | 38 | R | N | |
| NM102 | | Entity Type Qualifier | 38 | R | N | |
| NM103 | | Information Receiver Last or Organization Name | 39 | R | Y | RI Medicaid will send the name as reported in the Trading Partner Agreement. |
| NM104 | | Information Receiver First Name | 39 | S | N | |
| NM105 | | Name Middle | 39 | S | N | |
| NM106 | | Name Prefix | 39 | S | N | |
| NM107 | | Name Suffix | 39 | S | N | |
| NM108 | | Identification Code Qualifier | 39 | R | Y | RI Medicaid will use qualifier 46. |
| NM109 | | Information Receiver Identification Number | 39 | R | Y | RI Medicaid will send the assigned Trading Partner ID |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** N3 (Information Receiver Street Address) | | | | | | |
| N301 | | Address Information | 40 | R | X | |
| N302 | | Address Information | 40 | S | X | |
| ***** SEGMENT ***** N4 (Information Receiver City/State/Zip) | | | | | | |
| N401 | | City Name | 41 | R | X | |
| N402 | | State or Province Code | 41 | R | X | |
| N403 | | Postal Code | 41 | R | X | |
| ***** LOOP ***** 2000C (Provider of Service) | | | | | | |
| ***** SEGMENT ***** HL (Provider of Service) | | | | | | |
| HL01 | | Hierarchical ID Number | 42 | R | N | |
| HL02 | | Hierarchical Parent ID Number | 42 | R | N | |
| HL03 | | Hierarchical Level Code | 43 | R | N | |
| HL04 | | Hierarchical Child Code | 43 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** ***** LOOP ***** 2100C (Provider Information) ********** ********** ***** SEGMENT ***** NM1 (Provider Information) ********** | | | | | | |
| NM101 | | Entity Identifier Code | 44 | R | N | |
| NM102 | | Entity Type Qualifier | 44 | R | N | |
| NM103 | | Provider Last or Organization Name | 45 | R | N | |
| NM104 | | Name First | 45 | S | N | |
| NM105 | | Name Middle | 45 | S | N | |
| NM108 | | Identification Code Qualifier | 45 | R | Y | RI Medicaid will use SV or XX |
| NM109 | | Identification Code | 45 | R | Y | RI Medicaid will send the 7 digit Legacy Provider ID if above qualifier SV or NPI if above qualifier XX |
| ********** ***** LOOP ***** 2000D (Subscriber) ********** ********** ***** SEGMENT ***** HL (Subscriber) ********** | | | | | | |
| HL01 | | Hierarchical ID Number | 46 | R | N | |
| HL02 | | Hierarchical Parent ID Number | 46 | R | N | |
| HL03 | | Hierarchical Level Code | 47 | R | N | |
| HL04 | | Hierarchical Child Code | 47 | R | Y | This value will always be 0 (zero). The Subscriber is always the Patient. RI Medicaid does not send an additional loop for the Patient. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2100D (Subscriber Name) | | | | | | |
| ***** SEGMENT ***** NM1 (Subscriber Name) | | | | | | |
| NM101 | | Entity Identifier Code | 48 | R | Y | RI Medicaid will use QC |
| NM102 | | Entity Type Qualifier | 49 | R | Y | RI Medicaid will use 1 |
| NM103 | | Subscriber Last Name | 49 | R | N | |
| NM104 | | Name First | 49 | S | N | |
| NM105 | | Subscriber Middle Name | 49 | S | N | |
| NM106 | | Name Prefix | 49 | S | N | |
| NM107 | | Name Suffix | 49 | S | N | |
| NM108 | | Identification Code Qualifier | 49 | R | Y | RI Medicaid will use MR |
| NM109 | | Subscriber Identifier | 49 | R | Y | RI Medicaid will use the 9 digit Rhode Island Medicaid ID |
| ***** LOOP ***** 2100D (Subscriber Name) | | | | | | |
| ***** SEGMENT ***** N3 (Subscriber Address) | | | | | | |
| N301 | | Address Information | 50 | R | X | |
| N302 | | Address Information | 50 | S | X | |
| ***** SEGMENT ***** N4 (Subscriber City/State/Zip) | | | | | | |
| N401 | | City Name | 51 | R | X | |
| N402 | | State or Province Code | 51 | R | X | |
| N403 | | Postal code | 51 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2200D (Claim Submitter's Identifier) | | | | | | |
| ***** SEGMENT ***** TRN (Claim Submitter's Identifier) | | | | | | |
| TRN01 | | Trace Type Code | 53 | R | N | |
| TRN02 | | Reference Identification | 53 | R | Y | RI Medicaid will send the Patient Account number. |
| TRN04 | | Reference Identification | 54 | S | X | |
| ***** LOOP ***** 2200D (Claim Submitter's Identifier) | | | | | | |
| ***** SEGMENT ***** STC (Claim Level Status Information) | | | | | | |
| STC01 | C043-1 | Health Care Claim Status Category Code | 55 | R | Y | RI Medicaid will report the pended claim status in STC01 |
| STC01 | C043-2 | Health Care Claim Status Category Code | 56 | R | N | |
| STC01 | C043-3 | Entity Identifier Code | 56 | S | N | |
| STC02 | | Status Information Effective Date | 58 | R | Y | This is a 6 digit date in format "YYMMDD". |
| STC03 | | Action Code | 58 | R | Y | RI Medicaid will use NA. |
| STC04 | | Total Claim Charge Amount | 58 | R | N | |
| STC10 | C043-1 | Health Care Claim Status Category Code | 58 | R | X | |
| STC10 | C043-2 | Health Care Claim Status Code | 59 | R | X | |
| STC10 | C043-3 | Entity Identifier Code | 59 | S | X | |
| STC11 | C043-1 | Health Care Claim Status Category Code | 59 | R | X | |
| STC11 | C043-2 | Health Care Claim Status Code | 59 | R | X | |
| STC11 | C043-3 | Entity Identifier Code | 59 | S | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Payer's Claim Control Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 60 | R | Y | RI Medicaid will use qualifier 1K. |
| REF02 | | Reference Identification | 60 | R | Y | RI Medicaid will report the 15 digit Internal Control Number assigned to the claim |
| ***** SEGMENT ***** REF (Institutional Type of Bill) | | | | | | |
| REF01 | | Reference Identification Qualifier | 62 | R | Y | Qualifier BLT is reported for Institutional Claims. |
| REF02 | | Reference Identification | 62 | R | Y | This is only reported for Institutional Claims. |
| ***** SEGMENT ***** REF (Medical Record Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 64 | R | Y | Qualifier EA, will be sent for Institutional Claims that reported a Medical Record number. |
| REF02 | | Reference Identification | 64 | R | N | If available, the Medical Record number reported on the original Institutional claim. |
| ***** SEGMENT ***** DTP (Claim Service Date) | | | | | | |
| DTP01 | | Date Time Qualifier | 66 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 66 | R | N | |
| DTP03 | | Claim Service Period | 66 | R | Y | This date will be 8 digits, reported in format "CCYYMMDD". |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ********** LOOP ********** 2220D (Service Line Information) | | | | | | |
| ********** SEGMENT ********** SVC (Service Line Information) | | | | | | |
| SVC01 | C003-1 | Product or Service ID Qualifier | 68 | R | Y | RI Medicaid will use AD, HC, or NU |
| SVC01 | C003-2 | Service Identification Code | 68 | R | N | |
| SVC01 | C003-3 | Procedure Modifier | 68 | S | N | |
| SVC01 | C003-4 | Procedure Modifier | 68 | S | N | |
| SVC01 | C003-5 | Procedure Modifier | 68 | S | N | |
| SVC01 | C003-6 | Procedure Modifier | 68 | S | N | |
| SVC02 | | Line Item Charge Amount | 69 | R | N | |
| SVC03 | | Line Item Provider Payment Amount | 69 | R | N | |
| SVC04 | | Revenue Code | 69 | S | N | |
| SVC07 | | Original Units of Service Count | 69 | S | N | |
| ********** SEGMENT ********** STC (Service Line Status Information) | | | | | | |
| STC01 | C043-1 | Health Care Claim Status Category Code | 70 | R | Y | This segment will only be sent if the claim will be adjudicated at the Detail Level. |
| STC01 | C043-2 | Industry Code | 71 | R | N | |
| STC01 | C043-3 | Entity Identifier Code | 71 | S | N | |
| STC03 | | Action Code | 73 | S | Y | RI Medicaid will use NA. |
| STC04 | | Line Item Charge Amount | 73 | S | N | |
| STC10 | C043-1 | Health Care Claim Status Category Code | 73 | R | X | |
| STC10 | C043-2 | Health Care Claim Status Code | 73 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| STC10 | C043-3 | Entity Identifier Code | 73 | S | X | |
| STC11 | C043-1 | Health Care Claim Status Category Code | 74 | R | X | |
| STC11 | C043-2 | Health Care Claim Status Code | 74 | R | X | |
| STC11 | C043-3 | Entity Identifier Code | 74 | S | X | |
| ***** SEGMENT ***** REF (Service Line Item Control Number) | | | | | | |
| REF01 | | Reference Identification Qualifier | 75 | R | N | |
| REF02 | | Line Item Control Number | 75 | R | Y | This will only be sent for claims that are adjudicated on the Detail Level. If the original claim did not have a Line Item Control Number, then the Detail Number is reported. |
| ***** SEGMENT ***** DTP (Service Line Date) | | | | | | |
| DTP01 | | Date Time Qualifier | 76 | R | N | |
| DTP02 | | Date Time Period Format Qualifier | 76 | R | N | |
| DTP03 | | Service Line Date | 76 | R | Y | This segment will only be reported if the claim is adjudicated at the Detail Level. The format is CCYYMMDD-CCYYMMDD |
| ***** LOOP ***** NA (Transaction Set Trailer) | | | | | | |
| ***** SEGMENT ***** SE (Transaction Trailer) | | | | | | |
| SE01 | | Transaction Segment Count | 107 | R | N | |
| SE02 | | Transaction Set Control Number | 107 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

```
##########################################################################################################
                                        ***** LOOP *****
                                   NA   (Functional Group Trailer)
##########################################################################################################
##########################################################################################################
                                        ***** SEGMENT *****
                                   GE (Functional Group Trailer)
##########################################################################################################
```

| | | | | | |
|---|---|---|---|---|---|
| GE01 | Number of Transaction Sets Included | B.10 | R | N | |
| GE02 | Group Control Number | B.10 | R | N | |

```
##########################################################################################################
                                        ***** LOOP *****
                                   NA   (Interchange Control Trailer)
##########################################################################################################
##########################################################################################################
                                        ***** SEGMENT *****
                                   IEA (Interchange Control Trailer)
##########################################################################################################
```

| | | | | | |
|---|---|---|---|---|---|
| IEA01 | Number of Included Functional Groups | B.7 | R | N | |
| IEA02 | Interchange Control Number | B.7 | R | N | |


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# 9. 835 Remittance

The 835 transaction contains information on claims that have been paid, adjusted or denied during the current financial cycle.

The Remittance is generated after claims are processed and the Financial Cycle is complete. It is available for download by the Submitter who has been identified by the RI Medicaid Provider as the Entity who will be authorized to retrieve their Remittance transactions.

## Instructions/General Information:

The 835 transaction contains information on claims that have been paid, adjusted or denied during the current financial cycle.

- Segment ID: Implementation Guide Segment ID
- Data Element: Implementation Guide Composite Sequence ID/Data Element (not present with every segment)
- HIPAA Guide Name: Brief description of Segment ID
- Page #: Implementation Guide Page Number
- HIPAA Usage: Implementation Guide indicators “R” for Required if Segment used; “S” for Situational.
- Medicaid Note: “Y” indicates that there is a specific instruction or limited values for RI Medicaid transactions. “N” indicates that there are no RI specific instructions and the Provider must use the HIPAA Implementation Guide instructions. “X” indicates that RI Medicaid does not expect to send the Loop/Segment.
- MMIS Instruction: Information specific to RI Medicaid.
- The Remittance is generated after claims are processed and the Financial Cycle is complete. It is available for download by the Submitter who has been identified by the RIMedicaid Provider as the Entity who will be authorized to retrieve their Remittance transactions.
- RIMedicaid delimiters: Data element separator "*", Composite sub-element separator ":", Segment terminator "~".


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### | | | | | | |
| | | ***** LOOP ***** | | | | |
| | | NA (Interchange Control Header) | | | | |
| ##### | | | | | | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | ISA (Interchange Control Header) | | | | |
| ##### | | | | | | |
| ISA01 | | Authorization Information Qualifier | B.3 | R | Y | RI Medicaid will always send "00" |
| ISA02 | | Authorization Information Qualifier | B.3 | R | N | |
| ISA03 | | Security Information Qualifier | B.4 | R | Y | RI Medicaid will use "00" |
| ISA04 | | Security Information | B.4 | R | N | |
| ISA05 | | Interchange Sender ID Qualifier | B.4 | R | Y | RI Medicaid will use qualifier "ZZ" RI Medicaid Provider Number |
| ISA06 | | Interchange Sender ID | B.4 | R | N | RI Medicaid will send EIN "056000522.". |
| ISA07 | | Interchange Receiver ID Qualifier | B.4 | R | Y | RI Medicaid will send qualifier "ZZ" |
| ISA08 | | Interchange Reciever ID | B.5 | R | Y | RI Medicaid will send the Trading Partner ID |
| ISA09 | | Interchange Date | B.5 | R | N | |
| ISA10 | | Interchange Time | B.5 | R | N | |
| ISA11 | | Interchange Control Standards Indentifier | B.5 | R | N | |
| ISA12 | | Interchange Control Version Number | B.5 | R | N | |
| ISA13 | | Interchange Control Number | B.5 | R | N | |
| ISA14 | | Acknowledgment Requested | B.6 | R | N | |
| ISA15 | | Usage Indicator | B.6 | R | N | |
| ISA16 | | Component Element Separator | B.6 | R | Y | The component element separator is: ~ |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### | | | | | | |
| | | ***** LOOP ***** | | | | |
| | | NA (Functional Group Header) | | | | |
| ##### | | | | | | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | GS (Functional Group Header) | | | | |
| ##### | | | | | | |
| GS01 | | Functional ID Code | B.8 | R | N | |
| GS02 | | Application Sender's Code | B.8 | R | Y | The RI Mediciad EIN : "056000522.". |
| GS03 | | Application Receiver's Code | B.8 | R | Y | RI Medicaid will send the Trading Partner ID. |
| GS04 | | Date | B.8 | R | N | |
| GS05 | | Time | B.8 | R | N | |
| GS06 | | Group Control Number | B.9 | R | N | |
| GS07 | | Responsible Agency Code | B.9 | R | N | |
| GS08 | | Version/Release ID Code | B.9 | R | Y | RI Medicaid will use Version 004010X091A1 |
| ##### | | | | | | |
| | | ***** LOOP ***** | | | | |
| | | NA (NoLoopName) | | | | |
| ##### | | | | | | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | ST (Transaction Set Header) | | | | |
| ##### | | | | | | |
| ST01 | | Transaction Set Identifier Code | 43 | R | N | |
| ST02 | | Transaction Set Control Number | 43 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### ***** LOOP ***** NA (NoLoopName) ##### | | | | | | |
| ##### ***** SEGMENT ***** BPR (Financial Informaton) ##### | | | | | | |
| BPR01 | | Transaction Handling Code | 45 | R | Y | RI Medicaid will send "I" |
| BPR02 | | Total Actual Provider Payment Amount | 46 | R | N | |
| BPR03 | | Credit or Debit Flag Code | 46 | R | N | |
| BPR04 | | Payment Method Code | 46 | R | Y | RI Medicaid will utilize "ACH" for electronic funds transfer and "CHK" for check. |
| BPR05 | | Payment Format Code | 47 | S | N | |
| BPR06 | | Depository Financial Institution (DFI) Identification | 48 | S | N | |
| BPR07 | | Sender DFI Identifier | 48 | S | N | |
| BPR08 | | Account Number Qualifier | 48 | S | N | |
| BPR09 | | Sender Bank Account Number | 49 | S | N | |
| BPR10 | | Payer Identifier | 49 | S | N | |
| BPR11 | | Originating Company Supplemental Code | 49 | S | N | |
| BPR12 | | Depository Financial Institution (DFI) Identification | 49 | S | N | |
| BPR13 | | Receiver or Provider Bank ID Number | 50 | S | N | |
| BPR14 | | Account Number Qualifier | 50 | S | N | |
| BPR15 | | Receiver or Provider Account Number | 50 | S | N | |
| BPR16 | | Check Issue or EFT Effective Date | 50 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** NA (NoLoopName) | | | | | | |
| ***** SEGMENT ***** TRN (Reassociation Trace Number) | | | | | | |
| TRN01 | | Trace Type Code | 52 | R | N | |
| TRN02 | | Check or EFT Trace Number | 53 | R | Y | This field will contain the check or eft number Will contain remittance number if 0 payment |
| TRN03 | | Payer Identifier | 53 | R | Y | RI Medicaid will send "105600022" |
| TRN04 | | Originating Company Supplemental Code | 53 | S | X | |
| ***** LOOP ***** NA (NoLoopName) | | | | | | |
| ***** SEGMENT ***** CUR (Foreign Currency Information) | | | | | | |
| CUR01 | | Entity Identifier Code | 55 | R | X | |
| CUR02 | | Currency Code | 55 | R | X | |
| CUR03 | | Exchange Rate | 55 | S | X | |
| ***** LOOP ***** NA (NoLoopName) | | | | | | |
| ***** SEGMENT ***** REF (Receiver Identificaton) | | | | | | |
| REF01 | | Reference Identification Qualifier | 57 | R | N | |
| REF02 | | Receiver Identifier | 57 | R | Y | This will be your Legacy ID if you have an NPI, if you DO NOT have an NPI this will be your FEIN. |
| ***** SEGMENT ***** REF (Version Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 58 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| REF02 | | Version Identification Code | 58 | R | X | |
| ***** LOOP ***** NA (NoLoopName) | | | | | | |
| ***** SEGMENT ***** DTM (Production Date) | | | | | | |
| DTM01 | | Date Time Qualifier | 60 | R | N | |
| DTM02 | | Production Date | 61 | R | N | |
| ***** LOOP ***** 1000A (Payer Identification) | | | | | | |
| ***** SEGMENT ***** N1 (Payer Identificaton) | | | | | | |
| N101 | | Entity Identifier Code | 62 | R | N | |
| N102 | | Payer Name | 63 | S | N | Payer Name is "RI MEDICAID" |
| N103 | | Identification Code Qualifier | 63 | S | X | |
| N104 | | Payer Identifier | 63 | S | X | |
| ***** SEGMENT ***** N3 (Payer Address) | | | | | | |
| N301 | | Payer Address Line | 64 | R | N | |
| N302 | | Payer Address Line | 64 | S | N | |
| ***** SEGMENT ***** N4 (Payer City,State,Zip) | | | | | | |
| N401 | | Payer City Name | 65 | R | N | |
| N402 | | Payer State Code | 65 | R | N | |
| N403 | | Payer Postal Zone or ZIP Code | 65 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** REF (Additional Payer Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 67 | R | X | |
| REF02 | | Additional Payer Identifier | 68 | R | X | |
| ***** SEGMENT ***** PER (Payer Contact Information) | | | | | | |
| PER01 | | Contact Function Code | 70 | R | N | |
| PER02 | | Payer Contact Name | 70 | S | N | |
| PER03 | | Communication Number Qualifier | 70 | S | N | |
| PER04 | | Payer Contact Communication Number | 70 | S | N | |
| PER05 | | Communication Number Qualifier | 71 | S | N | |
| PER06 | | Payer Contact Communication Number | 71 | S | N | |
| PER07 | | Communication Number Qualifier | 71 | S | N | |
| PER08 | | Payer Contact Communication Number | 71 | S | N | |
| ***** LOOP ***** 1000B (Payee Identification) | | | | | | |
| ***** SEGMENT ***** N1 (Payee Identification) | | | | | | |
| N101 | | Entity Identifier Code | 72 | R | N | |
| N102 | | Payee Name | 73 | S | N | The "Pay To" Provider will be named in this field. |
| N103 | | Identification Code Qualifier | 73 | R | N | If you have an NPI this will be XX, if you have a Legacy ID this will be a FI |
| N104 | | Payee Identification Code | 73 | R | N | If the above qualifier is XX this will contain NPI, if the above qualifier is FI This will contain the Tax ID of the "Pay To" provider |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** N3 (Payee Address) | | | | | | |
| N301 | | Payee Address Line | 74 | R | N | |
| N302 | | Payee Address Line | 74 | S | N | |
| ***** SEGMENT ***** N4 (Payee City, State, Zip) | | | | | | |
| N401 | | Payee City Name | 75 | R | N | |
| N402 | | Payee State Code | 75 | R | N | |
| N403 | | Payee Postal Zone or ZIP Code | 76 | R | N | |
| N404 | | Country Code | 76 | S | X | |
| ***** SEGMENT ***** REF (Payee Additional Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 77 | R | N | If you have an NPI this will have a TJ qualifier if you have a Legacy number RI Medicaid will send 1D Medicaid Provider Number |
| REF02 | | Additional Payee Identifier | 78 | R | Y | If the above qualifier is a TJ this will have the FEIN or SSN, if the above qualifier is a 1D this will have The RI Mediciad 7 digit provider number |
| ***** LOOP ***** 2000 (Header Number) | | | | | | |
| ***** SEGMENT ***** LX (Header Number) | | | | | | |
| LX01 | | Assigned Number | 79 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** TS3 (Provider Summary Information) | | | | | | |
| TS301 | | Provider Identifier | 81 | R | Y | If you have an NPI this will be populated with you NPI, if you DO NOT have an NPI this will be populated with RI Medicaid Provider Number |
| TS302 | | Facility Type Code | 81 | R | N | |
| TS303 | | Fiscal Period Date | 81 | R | N | |
| TS304 | | Total Claim Count | 81 | R | N | |
| TS305 | | Total Claim Charge Amount | 82 | R | N | |
| TS306 | | Total Covered Charge Amount | 82 | S | N | |
| TS307 | | Total Non-covered Charge Amount | 82 | S | N | |
| TS308 | | Total Denied Charge Amount | 82 | S | N | |
| TS309 | | Total Provider Payment Amount | 82 | S | N | |
| TS310 | | Total Interest Amount | 82 | S | X | |
| TS311 | | Total Contractual Adjustment Amount | 82 | S | X | |
| TS312 | | Total Gramm-Rudman Reduction Amount | 83 | S | X | |
| TS313 | | Total MSP Payer Amount | 83 | S | X | |
| TS314 | | Total Blood Deductible Amount | 83 | S | X | |
| TS315 | | Total Non-Lab Charge Amount | 83 | S | X | |
| TS316 | | Total Coinsurance Amount | 83 | S | X | |
| TS317 | | Total HCPCS Reported Charge Amount | 83 | S | X | |
| TS318 | | Total HCPCS Payable Amount | 83 | S | X | |
| TS319 | | Total Deductible Amount | 84 | S | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| TS320 | | Total Professional Component Amount | 84 | S | X | |
| TS321 | | Total MSP Patient Liability Met Amount | 84 | S | X | |
| TS322 | | Total Patient Reimbursement Amount | 84 | S | X | |
| TS323 | | Total PIP Claim Count | 84 | S | X | |
| TS324 | | Total PIP Adjustment Amount | 84 | S | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

########################################################################################################
***** SEGMENT *****
*TS2 (Provider Supplemental Summary Information)*
########################################################################################################

| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| TS201 | | Total DRG Amount | 86 | S | X | |
| TS202 | | Total Federal Specific Amount | 86 | S | X | |
| TS203 | | Total Hospital Specific Amount | 86 | S | X | |
| TS204 | | Total Disproportionate Share Amount | 86 | S | X | |
| TS205 | | Total Capital Amount | 86 | S | X | |
| TS206 | | Total Indirect Medical Education Amount | 87 | S | X | |
| TS207 | | Total Outlier Day Count | 87 | S | X | |
| TS208 | | Total Day Outlier Amount | 87 | S | X | |
| TS209 | | Total Cost Outlier Amount | 87 | S | X | |
| TS210 | | Average DRG Length of Stay | 87 | S | X | |
| TS211 | | Total Discharge Count | 87 | S | X | |
| TS212 | | Total Cost Report Day Count | 87 | S | X | |
| TS213 | | Total Covered Day Count | 88 | S | X | |
| TS214 | | Total Non-covered Day Count | 88 | S | X | |
| TS215 | | Total MSP Pass-Through Amount | 88 | S | X | |
| TS216 | | Average DRG weight | 88 | S | X | |
| TS217 | | Total PPS Capital FSP DRG Amount | 88 | S | X | |
| TS218 | | Total PPS Capital HSP DRG Amount | 88 | S | X | |
| TS219 | | Total PPS DSH DRG Amount | 88 | S | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** LOOP ***** 2100 (Claim Payment Information) | | | | | | |
| ***** SEGMENT ***** CLP (Claim Payment Information) | | | | | | |
| CLP01 | | Patient Control Number | 89 | R | N | |
| CLP02 | | Claim Status Code | 90 | R | N | |
| CLP03 | | Total Claim Charge Amount | 91 | R | N | |
| CLP04 | | Claim Payment Amount | 91 | R | N | |
| CLP05 | | Patient Responsibility Amount | 91 | S | X | |
| CLP06 | | Claim Filing Indicator Code | 92 | R | Y | RI Medicaid will send "MC" |
| CLP07 | | Payer Claim Control Number | 93 | S | Y | This will be the RI Medicaid Internal Control Number (ICN) , length 15 numeric. |
| CLP08 | | Facility Type Code | 93 | S | N | |
| CLP09 | | Claim Frequency Code | 93 | S | Y | The Claim Frequency code as reported on Institutional Claims |
| CLP11 | | Diagnosis Related Group (DRG) Code | 93 | S | N | |
| CLP12 | | Diagnosis Related Group (DRG) Weight | 93 | S | N | |
| CLP13 | | Discharge Fraction | 94 | S | X | |
| ***** SEGMENT ***** CAS (Claim Adjustment) | | | | | | |
| CAS01 | | Claim Adjustment Group Code | 97 | R | N | |
| CAS02 | | Adjustment Reason Code | 97 | R | N | |
| CAS03 | | Adjustment Amount | 97 | R | N | |
| CAS04 | | Adjustment Quantity | 98 | S | N | |
| CAS05 | | Adjustment Reason Code | 98 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| CAS06 | | Adjustment Amount | 98 | S | N | |
| CAS07 | | Adjustment Quantity | 98 | S | N | |
| CAS08 | | Adjustment Reason Code | 98 | S | N | |
| CAS09 | | Adjustment Amount | 99 | S | N | |
| CAS10 | | Adjustment Quantity | 99 | S | N | |
| CAS11 | | Adjustment Reason Code | 99 | S | N | |
| CAS12 | | Adjustment Amount | 99 | S | N | |
| CAS13 | | Adjustment Quantity | 99 | S | N | |
| CAS14 | | Adjustment Reason Code | 100 | S | N | |
| CAS15 | | Adjustment Amount | 100 | S | N | |
| CAS16 | | Adjustment Quantity | 100 | S | N | |
| CAS17 | | Adjustment Reason Code | 100 | S | N | |
| CAS18 | | Adjustment Amount | 100 | S | N | |
| CAS19 | | Adjustment Quantity | 100 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** NM1 (Patient Name) | | | | | | |
| NM101 | | Entity Identifier Code | 102 | R | N | |
| NM102 | | Entity Type Qualifier | 103 | R | N | |
| NM103 | | Patient Last Name | 103 | R | N | |
| NM104 | | Patient First Name | 103 | R | N | |
| NM105 | | Patient Middle Name | 103 | S | N | |
| NM107 | | Patient Name Suffix | 103 | S | X | |
| NM108 | | Identification Code Qualifier | 103 | S | Y | If you have an NPI this will be XX, if you DO NOT have an NPI RI Medicaid will send qualifier "MI" (Member Identification) |
| NM109 | | Patient Identifier | 103 | S | Y | If above qualifier is XX this will be populated with the Rendering NPI, if above qualifier is MI this will be with Rendering Legacy Number |
| ***** SEGMENT ***** NM1 (Insured Name) | | | | | | |
| NM101 | | Entity Identifier Code | 106 | R | X | |
| NM102 | | Entity Type Qualifier | 106 | R | X | |
| NM103 | | Subscriber Last Name | 106 | S | X | |
| NM104 | | Subscriber First Name | 106 | S | X | |
| NM105 | | Subscriber Middle Name | 106 | S | X | |
| NM107 | | Subscriber Name Suffix | 106 | S | X | |
| NM108 | | Identification Code Qualifier | 107 | R | X | |
| NM109 | | Subscriber Identifier | 107 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** NM1 (Corrected Patient/Insured Name) | | | | | | |
| NM101 | | Entity Identifier Code | 108 | R | N | |
| NM102 | | Entity Type Qualifier | 109 | R | N | |
| NM103 | | Corrected Patient or Insured Last Name | 109 | S | N | |
| NM104 | | Corrected Patient or Insured First Name | 109 | S | N | |
| NM105 | | Corrected Patient or Insured Middle Name | 109 | S | N | |
| NM107 | | Corrected Patient or Insured Name Suffix | 109 | S | N | |
| NM108 | | Identification Code Qualifier | 109 | S | N | |
| NM109 | | Corrected Insured Identification Indicator | 110 | S | N | |
| ***** SEGMENT ***** NM1 (Service Provider Name) | | | | | | |
| NM101 | | Entity Identifier Code | 112 | R | N | |
| NM102 | | Entity Type Qualifier | 112 | R | N | |
| NM103 | | Rendering Provider Last or Organization Name | 112 | S | N | |
| NM104 | | Rendering Provider First Name | 112 | S | N | |
| NM105 | | Rendering Provider Middle Name | 112 | S | N | |
| NM107 | | Rendering Provider Name Suffix | 112 | S | N | |
| NM108 | | Identification Code Qualifier | 113 | R | N | RI Medicaid will use qualifier "MC" or "UP" |
| NM109 | | Rendering Provider Identifier | 113 | R | Y | RI Medicaid will report the 7 digit RI Medicaid provider ID or UPIN submitted on the claim. |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** NM1 (Crossover Carrier Name) | | | | | | |
| NM102 | | Entity Type Qualifier | 115 | R | X | |
| NM103 | | Coordination of Benefits Carrier Name | 115 | R | X | |
| NM108 | | Identification Code Qualifier | 115 | R | X | |
| NM109 | | Coordination of Benefits Carrier Identifier | 115 | R | X | |
| ***** SEGMENT ***** NM1 (Corrected Priority Payer Name) | | | | | | |
| NM101 | | Entity Identifier Code | 116 | R | N | |
| NM102 | | Entity Type Qualifier | 117 | R | N | |
| NM103 | | Corrected Priority Payer Name | 117 | R | N | |
| NM108 | | Identification Code Qualifier | 117 | R | Y | RI Medicaid will use qualifier "PI" |
| NM109 | | Corrected Priority Payer Identification Number | 117 | R | Y | RI Medicaid will report the 3 digit Carrier Code used to identify other payers in the RI Medicaid Third Party Liablity record. |
| ***** SEGMENT ***** MIA (npatient Adjudication Information) | | | | | | |
| MIA01 | | Covered Days or Visits Count | 119 | R | X | |
| MIA02 | | PPS Operating Outlier Amount | 119 | S | X | |
| MIA03 | | Lifetime Psychiatric Days Count | 119 | S | X | |
| MIA04 | | Claim DRG Amount | 120 | S | X | |
| MIA05 | | Remark Code | 120 | S | X | |
| MIA06 | | Claim Disproportionate Share Amount | 120 | S | X | |
| MIA07 | | Claim MSP Pass-through Amount | 120 | S | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| MIA08 | | Claim PPS Capital Amount | 120 | S | X | |
| MIA09 | | PPS-Capital FSP DRG Amount | 120 | S | X | |
| MIA10 | | PPS-Capital HSP DRG Amount | 120 | S | X | |
| MIA11 | | PPS-Capital DSH DRG Amount | 121 | S | X | |
| MIA12 | | Old Capital Amount | 121 | S | X | |
| MIA13 | | PPS-Capital IME amount | 121 | S | X | |
| MIA14 | | PPS-Operating Hospital Specific DRG Amount | 121 | S | X | |
| MIA15 | | Cost Report Day Count | 121 | S | X | |
| MIA16 | | PPS-Operating Federal Specific DRG Amount | 121 | S | X | |
| MIA17 | | Claim PPS Capital Outlier Amount | 121 | S | X | |
| MIA18 | | Claim Indirect Teaching Amount | 122 | S | X | |
| MIA19 | | Non-payable Professional Component Amount | 122 | S | X | |
| MIA20 | | Remark Code | 122 | S | X | |
| MIA21 | | Remark Code | 122 | S | X | |
| MIA22 | | Remark Code | 122 | S | X | |
| MIA23 | | Remark Code | 122 | S | X | |
| MIA24 | | PPS-Capital Exception Amount | 122 | S | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** MOA (Outpatient Adjudication Information) | | | | | | |
| MOA01 | | Reimbursement Rate | 124 | S | X | |
| MOA02 | | Claim HCPCS Payable Amount | 124 | S | X | |
| MOA03 | | Remark Code | 124 | S | X | |
| MOA04 | | Remark Code | 124 | S | X | |
| MOA05 | | Remark Code | 124 | S | X | |
| MOA06 | | Remark Code | 125 | S | X | |
| MOA07 | | Remark Code | 125 | S | X | |
| MOA08 | | Claim ESRD Payment Amount | 125 | S | X | |
| MOA09 | | Non-payable Professional Component Amount | 125 | S | X | |
| ***** SEGMENT ***** REF (Other Claim Related Information) | | | | | | |
| REF01 | | Reference Identification Qualifier | 126 | R | X | |
| REF02 | | Other Claim Related Identifier | 127 | R | X | |
| ***** SEGMENT ***** REF (Rendering Provider Identification) | | | | | | |
| REF01 | | Reference Identification Qualifier | 128 | R | X | |
| REF02 | | Rendering Provider Secondary Identifier | 129 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** DTM (Claim Date) | | | | | | |
| DTM01 | | Date Time Qualifier | 131 | R | N | |
| DTM02 | | Claim Date | 131 | R | N | |
| ***** SEGMENT ***** PER (Claim Contact Information) | | | | | | |
| PER01 | | Contact Function Code | 133 | R | X | |
| PER02 | | Claim Contact Name | 133 | S | X | |
| PER03 | | Communication Number Qualifier | 133 | S | X | |
| PER04 | | Claim Contact Communications Number | 133 | S | X | |
| PER05 | | Communications Number Qualifier | 134 | S | X | |
| PER06 | | Claim Contact Communications Number | 134 | S | X | |
| PER07 | | Communication Number Qualifier | 134 | S | X | |
| PER08 | | Communication Number Extension | 134 | S | X | |
| ***** SEGMENT ***** AMT (Claim Supplemental Information) | | | | | | |
| AMT01 | | Amount Qualifier Code | 135 | R | Y | RI Medicaid will send qualifier AU when reporting the Allowed Amount at the Claim level. |
| AMT02 | | Claim Supplemental Information Amount | 136 | R | Y | RI Medicaid allowable. |
| ***** SEGMENT ***** QTY (Claim Supplemental Information Quantity) | | | | | | |
| QTY01 | | Quantity Qualifier | 137 | R | X | |
| QTY02 | | Claim Supplemental Information Quantity | 138 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### | | | | | | |
| | | ***** LOOP ***** | | | | |
| | | 2110 (Service Payment Information) | | | | |
| ##### | | | | | | |
| ##### | | | | | | |
| | | ***** SEGMENT ***** | | | | |
| | | SVC (Service Payment Information) | | | | |
| ##### | | | | | | |
| SVC01 | C003 | Composite Medical Procedure Identifier | 140 | R | N | |
| SVC01 | C003-1 | Product or Service ID Qualifier | 141 | R | N | |
| SVC01 | C003-2 | Procedure Code | 141 | R | N | |
| SVC01 | C003-3 | Procedure Modifier | 141 | S | N | |
| SVC01 | C003-4 | Procedure Modifier | 141 | S | N | |
| SVC01 | C003-5 | Procedure Modifier | 141 | S | N | |
| SVC01 | C003-6 | Procedure Modifier | 141 | S | N | |
| SVC01 | C003-7 | Procedure Code Description | 141 | S | X | |
| SVC02 | | Line Item Charge Amount | 142 | R | N | |
| SVC03 | | Line Item Payment Amount | 142 | R | N | |
| SVC04 | | National Uniform Billing Committee Revenue Code | 142 | S | N | |
| SVC05 | | Units of Service Paid Count | 142 | S | N | |
| SVC06 | C003 | Composite Medical Procedure Identifier | 142 | S | X | |
| SVC06 | C003-1 | Product or Service ID Qualifier | 143 | R | X | |
| SVC06 | C003-2 | Procedure Code | 144 | R | X | |
| SVC06 | C003-3 | Procedure Modifier | 144 | S | X | |
| SVC06 | C003-4 | Procedure Modifier | 144 | S | X | |
| SVC06 | C003-5 | Procedure Modifier | 144 | S | X | |
| SVC06 | C003-6 | Procedure Modifier | 144 | S | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| SVC06 | C003-7 | Procedure Code Description | 144 | S | X | |
| SVC07 | | Original Units of Service Count | 145 | S | X | |
| ***** SEGMENT ***** DTM (Date Time Reference) | | | | | | |
| DTM01 | | Date Time Qualifier | 147 | R | N | |
| DTM02 | | Service Date | 147 | R | N | |
| ***** SEGMENT ***** CAS (Claims Adjustment) | | | | | | |
| CAS01 | | Claim Adjustment Group Code | 150 | R | N | |
| CAS02 | | Adjustment Reason Code | 150 | R | N | |
| CAS03 | | Adjustment Amount | 150 | R | N | |
| CAS04 | | Adjustment Quantity | 150 | S | N | |
| CAS05 | | Adjustment Reason Code | 151 | S | N | |
| CAS06 | | Adjustment Amount | 151 | S | N | |
| CAS07 | | Adjustment Quantity | 151 | S | N | |
| CAS08 | | Adjustment Reason Code | 151 | S | N | |
| CAS09 | | Adjustment Amount | 151 | S | N | |
| CAS10 | | Adjustment Quantity | 152 | S | N | |
| CAS11 | | Adjustment Reason Code | 152 | S | N | |
| CAS12 | | Adjustment Amount | 152 | S | N | |
| CAS13 | | Adjustment Quantity | 152 | S | N | |
| CAS14 | | Adjustment Reason Code | 152 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| CAS15 | | Adjustment Amount | 153 | S | N | |
| CAS16 | | Adjustment Quantity | 153 | S | N | |
| CAS17 | | Adjustment Reason Code | 153 | S | N | |
| CAS18 | | Adjustment Amount | 153 | S | N | |
| CAS19 | | Adjustment Quantity | 153 | S | N | |

****** SEGMENT ******
*REF (Reference Identification)*

| | | | | | | |
|---|---|---|---|---|---|---|
| REF01 | | Reference Identification Qualifier | 154 | R | Y | Qualifier 6R or G1 |
| REF02 | | Provider Identifier | 155 | R | N | |

****** SEGMENT ******
*REF (Reference Identification)*

| | | | | | | |
|---|---|---|---|---|---|---|
| REF01 | | Reference Identification Qualifier | 156 | R | Y | RI Medicaid will send ID Medicaid ID number or 1G Upin . |
| REF02 | | Rendering Provider Identifier | 157 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ***** SEGMENT ***** AMT (Monetary Amount) | | | | | | |
| AMT01 | | Amount Qualifier Code | 158 | R | Y | Ri Mediciad will send qualifier B6, Allowed |
| AMT02 | | Service Supplemental Amount | 159 | R | Y | RI Medicaid allowed amount for the individual service. |
| ***** SEGMENT ***** QTY (Quantity) | | | | | | |
| QTY01 | | Quantity Qualifier | 160 | R | X | |
| QTY02 | | Service Supplemental Quantity Count | 161 | R | X | |
| ***** SEGMENT ***** LQ (Industry Code) | | | | | | |
| LQ01 | | Code List Qualifier Code | 162 | R | X | |
| LQ02 | | Remark Code | 162 | R | X | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| ##### | | | | | | |
| | | | ***** LOOP ***** | | | |
| | | | NA (NoLoopName) | | | |
| ##### | | | | | | |
| ##### | | | | | | |
| | | | ***** SEGMENT ***** | | | |
| | | | PLB (Provider Level Adjustment) | | | |
| ##### | | | | | | |
| PLB01 | | Provider Identifier | 165 | R | Y | RI Medicaid Provider ID |
| PLB02 | | Fiscal Period Date | 165 | R | N | |
| PLB03 | C042 | Adjustment Identifier | 165 | R | N | |
| PLB03 | C042-1 | Adjustment Reason Code | 165 | R | N | |
| PLB03 | C042-2 | Provider Adjustment Identifier | 170 | S | Y | RI Medicaid Cash Control Number (CCN) |
| PLB04 | | Provider Adjustment Amount | 170 | R | N | |
| PLB05 | C042 | Adjustment Identifier | 170 | S | N | |
| PLB05 | C042-1 | Adjustment Reason Code | 170 | R | N | |
| PLB05 | C042-2 | Provider Adjustment Identifier | 170 | S | Y | RI Medicaid Cash Control number (CCN) |
| PLB06 | | Provider Adjustment Amount | 170 | S | N | |
| PLB07 | C042 | Adjustment Identifier | 171 | S | N | |
| PLB07 | C042-1 | Adjustment Reason Code | 171 | R | N | |
| PLB07 | C042-2 | Provider Adjustment Identifier | 171 | S | Y | RI Medicaid Cash Control number (CCN) |
| PLB08 | | Provider Adjustment Amount | 171 | S | N | |
| PLB09 | C042 | Adjustment Identifier | 171 | S | N | |
| PLB09 | C042-1 | Adjustment Reason Code | 171 | R | N | |
| PLB09 | C042-2 | Provider Adjustment Identifier | 171 | S | Y | RI Medicaid Cash Control number (CCN) |
| PLB10 | | Provider Adjustment Amount | 171 | S | N | |
| PLB11 | C042 | Adjustment Identifier | 171 | S | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|
| PLB11 | C042-1 | Adjustment Reason Code | 171 | R | N | |
| PLB11 | C042-2 | Provider Adjustment Identifier | 172 | S | Y | RI Medicaid Cash Control number (CCN) |
| PLB12 | | Provider Adjustment Amount | 172 | S | N | |
| PLB13 | C042 | Adjustment Identifier | 171 | S | N | |
| PLB13 | C042-1 | Adjustment Reason Code | 171 | R | N | |
| PLB13 | C042-2 | Provider Adjustment Identifier | 172 | S | Y | RI Medicaid Cash Control number (CCN) |
| PLB14 | | Provider Adjustment Amount | 172 | S | N | |

****** LOOP ******
*NA (NoLoopName)*

****** SEGMENT ******
*SE (Transaction Set Trailer)*

| | | | | | | |
|---|---|---|---|---|---|---|
| SE01 | | Transaction Segment Count | 173 | R | N | |
| SE02 | | Transaction Set Control Number | 173 | R | N | |


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| Segment ID | Data Element | HIPAA Guide Name | Page # | HIPAA Usage | Medicaid Note | MMIS Instruction |
|---|---|---|---|---|---|---|

```
##########################################################################################################
                                        ***** LOOP *****
                                   NA   (Functional Group Trailer)
##########################################################################################################
##########################################################################################################
                                        ***** SEGMENT *****
                                   GE (Functional Group Trailer)
##########################################################################################################
```

| | | | | | |
|---|---|---|---|---|---|
| GE01 | Number of Transaction Sets Included | B.10 | R | N | |
| GE02 | Group Control Number | B.10 | R | N | |

```
##########################################################################################################
                                        ***** LOOP *****
                                   NA   (Interchange Control Trailer)
##########################################################################################################
##########################################################################################################
                                        ***** SEGMENT *****
                                   IEA (Interchange Control Trailer)
##########################################################################################################
```

| | | | | | |
|---|---|---|---|---|---|
| IEA01 | Number of Included Functional Groups | B.7 | R | N | |
| IEA02 | Interchange Control Number | B.7 | R | N | |


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# 10. Appendices

## 10.1. Appendix A: Trading Partner Agreement

### ELECTRONIC DATA INTERCHANGE
### TRADING PARTNER AGREEMENT

Based on the following recitals, the Rhode Island Department of Human Services (hereinafter referred to as "DHS"), it's fiscal agent Electronic Data Systems (hereinafter referred to as "EDS"), and

_____,

(Provider's Full Name)
(hereinafter referred to as " the Trading Partner"), enter into this Agreement to facilitate business transactions ("Transactions") by electronically transmitting and receiving data in agreed formats in substitution for conventional paper-based documents and to assure that such Transactions are not legally invalid or unenforceable as result of this use of available electronic technologies for the mutual benefit of the Trading Partners.

### ARTICLE I. PURPOSE

1.0 EDS has developed, under the State of Rhode Island Medical Assistance Program, a paperless transaction system that will process Rhode Island Medical Assistance Program electronic transactions submitted through the designated electronic media.

1.2 EDS is the fiscal agent for DHS and the State of Rhode Island Medical Assistance Program. Although EDS operates the computer systems through which electronic transactions flow, DHS retains ownership of the data itself. Trading Partners access the pipeline network over which the transmission of electronic data occurs. Accordingly providers are required to transport data to and from EDS. Additionally, contracted vendors and/or billing services must identify the providers they represent so that proper reporting of claims processing may occur.

1.3 This Agreement delineates the responsibilities of EDS and its Trading Partners in regard to the Rhode Island Medical Assistance Program.

### ARTICLE II. PARTIES

**2.0 STATE OF RHODE ISLAND DEPARTMENT OF HUMAN SERVICES**
600 New London Avenue
Cranston, RI 02920

**2.1 ELECTRONIC DATA SYSTEMS CORPORATION**
1471 Elmwood Avenue
Cranston, RI 02910


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## 2.2 TRADING PARTNER

**Name:** _____

**Address:** _____

_____

**Contact Name:** _____

**Phone Number**: _____

**Email address:** _____

**NPI / MA Provider Number:** _____

## ARTICLE III. GENERAL PROVISIONS

# 3.0 Prerequisites

Document Standards. Each party may electronically transmit to or receive from the other party any of the transaction sets listed in this Electronic Trading Partner Agreement (TPA), and transaction sets which the parties, by written amendment, agree to add to this TPA. Electronic transmission of all data ("Documents") shall be in strict accordance with the standards set forth in this TPA and as defined by the Health Insurance Portability and Accountability Act (HIPAA).

### 3.1 Third Party Service Providers

3.1.1 Documents will be transmitted electronically to each party either directly or through a contracted third-party service provider. Either party may modify its election to use, not use or change a third-party service provider upon prior written notice to the other party to this TPA.

3.1.2 Each party shall be responsible for the costs of any third-party service provider with which it contracts, unless otherwise set forth in this TPA.

### 3.2 Security Procedures

Each party shall properly institute and adhere to those security procedures including any special security procedures specified in this TPA, which are reasonably calculated to provide appropriate levels of security for the authorized transmission of documents and to protect its business records and data from improper access.


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## 3.3 Termination

This TPA shall remain in effect until terminated by either by DHS or the Trading Partner with not less than thirty (30) days prior written notice to the other party. Such notice shall specify the effective date of termination and shall not affect the respective obligations or rights of the parties arising prior to the effective date of termination. If EDS determines that the submission of documents fails to conform to the paperless transactions specifications agreed to within this TPA, or relevant guidelines governing the submission of electronic transactions then EDS may, with the approval of DHS, terminate this TPA five (5) business days after the Trading Partner has received a written termination notice from EDS. Additionally, this TPA will be terminated, with the approval of the State of Rhode Island, if any of the following events occur:

a. The State of Rhode Island requests EDS to stop processing claims for the Trading Partner or its agent.

b. The contract between EDS and the State of Rhode Island expires or terminates.

## 3.4 Modifications

This TPA constitutes the entire agreement of the parties and supersedes any previous understanding, commitment or agreements, oral or written, concerning the electronic exchange of information and or documents, all of which are hereby incorporated by reference. Any change to this Agreement will be effective only when set forth in writing and executed by all parties.

## ARTICLE IV. CONFIDENTIALITY, PRIVACY AND SECURITY

4.0 EDS and the Trading Partner will conform with all appropriate federal and state laws and regulations pertaining to the confidentiality, privacy, and security applicable to each party.

4.1 The Trading Partner agrees to safeguard all DHS information within its possession, whether verbal, written, or otherwise, received from EDS, or acquired by the Trading Partner in performance of this TPA, recognizing all such information as privileged. The use or disclosure of information concerning Rhode Island Medicaid beneficiaries shall be limited to purposes directly connected with the administration of the Rhode Island Medical Assistance Program.

## ARTICLE V. SUBMITTED CHARGES

5.0 The Trading Partner attests that all services for which payment will be claimed shall be provided in accordance with all federal and state laws pertaining to the Rhode Island Medical Assistance Program.

5.1 The Trading Partner agrees that any payments made in satisfaction of claims submitted electronically will be delivered from federal and state funds and that any false claims, statements or documents, or concealment of a material fact may be subject to prosecution applicable under federal and state law.

5.2 The Trading Partner shall allow EDS access to its claims data and shall make all reasonable efforts to ensure that authorized personnel will submit claims data. The Trading Partner also agrees to promptly notify DHS, through its agent EDS, any and all erroneous payments received by the Trading Partner regardless of the reason for such erroneous payments, and to promptly refund the subject erroneous payments to EDS.

5.3 The Trading Partner understands that all other terms and conditions of participation as set forth in the Provider Agreement Form with the Rhode Island Medical Assistance Program remain in effect and unchanged by this TPA.


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5.4 EDS, as the DHS Fiscal Agent for the Rhode Island Medical Assistance Program, has been granted the authority to approve and enroll Trading Partners participating in the electronic transmission of documents.

## Article VI Testing

**6.1** Proof that transactions meet X12N 4010A standards is required prior to testing. Please submit documentation with this completed TPA.

Please check one:

| | **Pre-Certification** | **Agency or Product Name:** |
|---|---|---|
| | Using Provider Electronic Solutions | EDS |
| | Certified by Independent Agency | |
| | Translator Compliance Check | |
| | Utilizing Certified Vendor/Clearing House | |
| | Other(Describe) | |


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## ARTICLE VII. MEDICAL TRANSACTION STANDARDS

**Rhode Island Medical Assistance Program Transaction Standards**

Selected **ASC X12N Version 4010A** standards include, as applicable, all data dictionaries, segment dictionaries and transmission controls referenced in those standards, but include only the Transaction Sets listed in the section below.
The information provided will be utilized to route transactions to the Medicaid Management Information System and back to Trading Partner directories. Remittance files (835) and Pended Claims Reports (277) will be available only to one trading partner. If authorizing one Trading Partner for claims submission and another for downloads each party must complete a separate TPA.

### Check all that apply:

| | | | |
|---|---|---|---|
| | 837 Professional | | 277 Unsolicited Claim Status |
| | 837 Institutional | | 997 Functional Acknowledgement |
| | 837 Dental | | 835 Remittance Advice |
| | 270 Eligibility Inquiry | | 271 Eligibility Response |
| | 276 Claim Status Inquiry | | NCPDP 1.1 Batch Pharmacy Claim Response |
| | NCPDP 5.1 Batch | | |

### Specify Software:

| | **Software** | **Vendor** |
|---|---|---|
| | Provider Electronic Solutions | EDS |
| | Other | |

**Method of Transmission:** _____

## Guidelines

HIPAA – Health Insurance Portability and Accountability Act. In the event of any conflict, HIPAA standards and Implementation Guides shall control.

Date: _____


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Please list the name(s) and phone number(s) of person(s) authorized to resolve problems regarding electronic transmissions:

_____ _____
Name Phone Number

_____ _____
Name Phone Number

## ARTICLE VIII. RHODE ISLAND MEDICAL ASSISTANCE PROVIDERS

Please list the names and the RI Medical Assistance Program provider numbers of those providers for which electronic transactions will be submitted. Each individual provider or group for whom you will be billing must sign and date the agreement below. If additional space is required to identify each provider please make copies of Article VIII.

1. _____
NPI / Medical Assistance Provider Number

Provider Name: _____

Authorized Signature: _____

2. _____
NPI / Medical Assistance Provider Number

Provider Name: _____

Authorized Signature: _____

Date: _____

3. _____
NPI / Medical Assistance Provider Number

Provider Name: _____

Authorized Signature: _____

Date: _____


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**Trading Partner Execution:**
**TRADING PARTNER**

_____
Signed

_____
Name

_____
Title

_____

# DO NOT FAX

# Please mail this certification to the Following address:

# EDS
# Attn: EDI Coordinator
# P.O. Box 2010
# Warwick, RI 02887-2010


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# 10.2. Appendix B: Vendor Interface Specifications

## 10.2.1. Introduction

### Purpose

This document is intended for Software Vendors to use in order to develop applications to interact with the State's Medicaid system and upload and download HIPAA compliant transactions. One system supports Connecticut, Rhode Island, Vermont, and Rhode Island through the same infrastructure, but each State may have varying requirements. Contact the EDI Department in each state for assistance and details on their specific requirements.

Rhode Island

EDI Department In State toll free (800) 964-6211

Out of State or Local (401) 784-8100


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## 10.2.2. Background

### HIPAA transactions processing

Each State is prepared to accept files in the HIPAA Version 4010A approved formats. However, not all HIPAA transaction types are accepted by the file upload/download process for each state. Other transaction types may be supported in different ways by each state, such as through interactive processing. Refer to the chart below for which transaction types are currently accepted:

| State | 270 | 271 | 276/ 277 | 277 Unsolicited | 820 | 835 | 837 D | 837I | 837P | NCPDP 5.1 | NCPDP Claim Resp | 997 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RI | A | S | A | S | F | S | A | A | A | A | S | S |

Legend: A - The state will accept these transactions

S - The state will send these transactions

F - Future Implementation , scheduled for second phase of HIPAA remediation.


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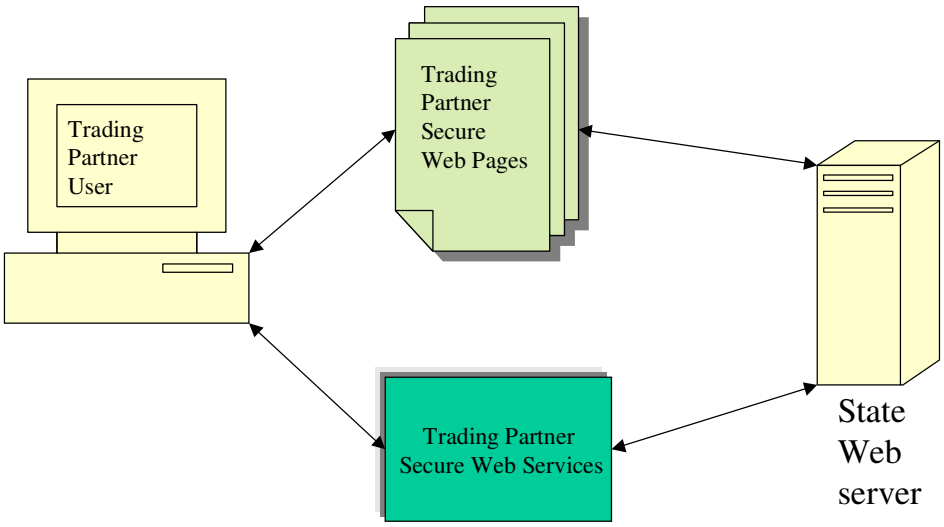
**Web Interface**

The web interface is designed to support batch file uploads and downloads. There are two ways to use this interface. The first way is to logon to the secure web site using a trading partner user id and password. This web site has web pages that allow users to upload and download files. The second way is to use a software program that runs on a users PC or on a users server that connects to the secure trading partner web services. This site sends a request using the HTTPS protocol containing information that includes the trading partner user id, password, and the request data. The request data can include a request for a listing of files available for download, a specific file name to downloaded, or a file to upload. The files can be transferred in compressed format or in standard ASCII text format. All data is transferred using the Secure Socket Layer (SSL) which encrypts the data over the network.




## Client software

The client software can be written in any language that supports HTTPS for communicating with the trading partner web services. The request transactions are formatted in XML, but the data files transferred from and to the web services are in the HIPAA standard formats. The XML data is used to support the security and general interaction with the web services.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# 10.2.3. Web Interface Specification

## Connecting to the server

To connect to the web application you first must have a network connection that provides access to the public internet or a dial-up connection through the State's Remote Access Server (RAS). If your connection requires proxy server to connect to the Internet this needs to be configurable in your application, the sample Java demonstrates this. Once connected use the URL's in table 1 to establish a connection with the applications. It is recommended that these URL's not be hard coded as part of your application and be configurable instead. The sample program provided in Java demonstrates how to establish a connection to these URL's. All of the transactions will require the connection be made using the Secure Socket Layer (SSL). The sample program provides an example of how to do this with Java. Other programming languages such as Visual Basic have other ways to connect using SSL, such as by using the WinInet libraries that are a part of Microsoft Windows. A Test environment is also available for sending test transactions. This test environment is intended for software testing and not testing transaction file formats. Send test transaction files to the production URL using the standard X12N test identifier in the transactions file.

Table 1.

| State | Root URL |
|---|---|
| Rhode Island | Production: https://www.dhs.state.ri.us/secure |

To access the specific web applications append the URL suffixes as identified in table 2.

Table 2.

| Web Application | URL Suffix |
|---|---|
| File Upload | /secure/WebUploadFromClient |
| Directory List | /secure/WebDirectoryDownloadFromClient |
| File Download | /secure/WebDownloadFromClient |


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## HTTPS Messages

In order to interact with the web applications once a connection is established standard messages must be sent. The body of the message is formatted in simple XML. The XML messages are described in detail in the following sections. The message for uploading files uses the standard HTTP Multipart MIME type format. The Multipart MIME type format is the same format that is used to upload files through a web browser. All the other messages use a text XML format. Except for downloading a file all responses are in XML format. This XML should be parsed using standard XML parsing routines.

## File Upload Message

The file upload message must be in the HTTPS Multipart MIME type format. There are two parts to the message. The first part is user identification data in XML format and the second is the actual file being uploaded. The file being uploaded must be in an ASCII text format or zip format. The response to this message is a General Response Message. See the "General Response Message" section for details.

When using the Multipart form type data is separated by a unique string of characters that serves as the boundary between the parts of data. This number must be unique and not a part of the actual data uploaded as part of the request. In the multipart MIME type HTTP header the boundary characters are defined, see sample request. The first part of the request is an XML message which includes security information used to authenticate the user has access to perform the upload see table 3. A sample of the XML request and its associated schema are presented on the following pages. Following the XML part is the data file being uploaded. No more than one file can be uploaded at a time and the total length of the entire upload message can't exceed 16 megabytes or the whole transaction will be rejected.

See sample upload program.

URL: https:// www.dhs.state.ri.us/secure/WebUploadFromClient


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Table 3. File upload XML Message Description

| Element | Description | Length | Required |
|---|---|---|---|
| Trading Partner Id | The Trading Partner Id is used to identify whom the transaction is for. The Id, along with the User Id and Password, is used to authenticate the user.<br>Sample Data: 222222222<br>Format: Alphanumeric | 3 - 35 | Y |
| User Id | The User Id is used to authenticate the user submitting the request. The User Id must be authorized to submit for the Trading Partner Id.<br>Sample Data: xyzuser<br>Format: Alphanumeric | 3-15 | Y |
| Password | The Password is used in conjunction with the User Id to ensure the validity of the user making the request.<br>Sample Data: jmstp567<br>Format: Alphanumeric | 6-8 | Y |
| Function | This is the Upload file function name. This value must always be filled with "UPLOADFILE" to be a valid request.<br>Required value: UPLOADFILE<br>Format: Alphanumeric | 10 | Y |
| FileName | The path and name of the file being uploaded.<br>Sample Data: d:\myfile.dat<br>Format: Alphanumeric | 1 - 256 | Y |
| FileSize | Specifies the size of the file. The size is compared against the actual size of the file uploaded to ensure no data is lost. If the file is in a zipped format, this is the zipped file size.<br>Sample Data: 1022<br>Format: Numeric | 8 | Y |


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Sample HTTP multipart file upload request:

```
POST /secure/WebUploadFromClient HTTP/1.0
Content-Type: multipart/form-data; boundary=7d021a37605f0
User-Agent: Java1.2.2
Host: www.ctmedicalprogram.com
Accept: text/html, image/gif, image/jpeg, *; q=.2, */*; q=.2
Content-length: 698

--7d021a37605f0
Content-Disposition: form-data; name="message"

<?xml version="1.0" encoding="UTF-8"?>
  <UploadRequest">
    <IdentificationHeader>
      <TradingPartnerId>222222222</TradingPartnerId>
      <UserId>xyzuser</UserId>
      <Password>jmstp567</Password>
      </IdentificationHeader>
    <Transaction>
      <Function>uploadFile</Function>
      <FileName>d:\myfile.dat</FileName>
      <FileSize>45</FileSize>
    </Transaction>
  </UploadRequest>
--7d021a37605f0
Content-Disposition: form-data;name="textFileAttached"; filename="d:\temp\test.txt"
Content-Type: text/plain

File in X12N format to upload.
data2
data3.
--7d021a37605f0
```


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## File Upload Request XML Schema

```
<?xml version="1.0" encoding="UTF-8"?>
<xsd:schema xmlns:xsd="http://www.w3.org/2001/XMLSchema">
    <xsd:element name="FileName" type="xsd:string"/>
    <xsd:element name="FileSize" type="xsd:string"/>
    <xsd:element name="Function" type="xsd:string"/>
    <xsd:element name="IdentificationHeader">
        <xsd:complexType>
            <xsd:sequence minOccurs="1" maxOccurs="1">
                <xsd:element ref="TradingPartnerId" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="UserId" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="Password" minOccurs="1" maxOccurs="1"/>
            </xsd:sequence>
        </xsd:complexType>
    </xsd:element>

    <xsd:element name="Password" type="xsd:string"/>
    <xsd:element name="TradingPartnerId" type="xsd:string"/>
    <xsd:element name="Transaction">
        <xsd:complexType>
            <xsd:sequence minOccurs="1" maxOccurs="1">
                <xsd:element ref="Function" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="FileName" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="FileSize" minOccurs="1" maxOccurs="1"/>
            </xsd:sequence>
        </xsd:complexType>
    </xsd:element>

    <xsd:element name="UploadRequest">
        <xsd:complexType>
            <xsd:sequence minOccurs="1" maxOccurs="1">
                <xsd:element ref="IdentificationHeader" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="Transaction" minOccurs="1" maxOccurs="1"/>
            </xsd:sequence>
        </xsd:complexType>
    </xsd:element>

    <xsd:element name="UserId" type="xsd:string"/>
</xsd:schema>
```


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## Directory List Message

The directory list message is an XML formatted message sent over HTTPS. The reason for doing a directory list is to get the name of any available files for downloading. This file name must be specified in the download message in order to get the file. There are several options that can be specified in the XML message to filter what is returned in the directory list, see table 4. There are two possible return type messages. If the directory listing is successful a directory listing response message is returned, see Table 5. The directory listing response message contains all the files meeting the criteria specified in the request message. If the directory listing request message is incorrectly formatted or there are problems processing the request a General Response message is returned with a description of the error. See the "General Response Message" section for details.

See page 36 for directory list sample program.

URL: https://www.dhs.state.ri.us/secure/WebDirectoryDownloadFromClient

Table 4. Directory Listing Request Message Description

| Element | Description | Length | Require |
|---|---|---|---|
| TradingPartnerId | The Trading Partner Id is used to identify whom the transaction is for. The Id is used to limit the list of files in the directory list to only those belonging to this Trading Partner. The Trading Partner Id is cross validated against the User Id and the User Id must be authorized to submit requests for this Trading Partner Id.<br>Sample Data: 222222222<br>Format: Alphanumeric | 3 - 35 | Y |
| UserId | The User Id is used to authenticate the user submitting the request. The User Id must be authorized to submit for the Trading Partner Id.<br>Sample Data: xyzuser<br>Format: Alphanumeric | 3-15 | Y |
| Password | The Password is used in conjunction with the User Id to ensure the validity of the user making the request.<br>Sample Data: jmstp567<br>Format: Alphanumeric | 6-8 | Y |
| Function | This is the Directory List function name. This value must always be filled with "DIRLIST" to be a valid request.<br>Required value: DIRLIST<br>Format: Alphanumeric | 7 | Y |


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| Element | Description | Length | Require |
|---|---|---|---|
| FilesToReturnCount | Specifies the maximum number of files to return in the directory list. If not included, then all files are returned.<br>Sample Data: 50<br>Format: Numeric | 0-6 | N |
| File Type | This indicates the types of files you want returned in the directory list. For example, if you only want the 997 functional acknowledgments, you would specify a file type of 997. If you wanted 997's and the 835 RA's then you specify two file types - one with 997 and the other with 835. Up to 10 file types can be specified at a time. If no file types are specified, then all types are returned.<br>Valid types may be State Specific. Here is a list of possible types:<br><br>277 – Unsolicited Claim Status Response<br>835 – Remittance Advice<br>997 – Functional Acknowledgment<br>SUB – Submission Accept/Reject Report<br><br>Format: Alphanumeric, occurs up to 10 times | 3 | N |
| File Status | Indicator to select files based on the following:<br>A = All files<br>N = New files only<br>D = Previously downloaded files only | 1 | Y |
| FilesCreatedFromDate | The file creation from date is used as a filter to only return files in the directory list, which are greater than or equal to this date. If this element is not specified, all files are listed, up through the FileCreatedToDate if specified.<br>Sample Data: 20020701<br>Format: 4 digit year, 2 digit month, 2 digit day | 8 | N |


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| Element | Description | Length | Require |
|---|---|---|---|
| FilesCreatedToDate | The file creation to date is used as a filter to only return files in the directory list which are less than or equal to this date. If this element is not specified, all files are listed, equal to and greater than the FileCreatedFromDate if specified. If neither the from or to date element is specified, all files are returned in the directory list.<br>Sample Data: 20020731<br>Format: 4 digit year, 2 digit month, 2 digit day | 8 | N |

Sample HTTP Request for Directory Listing:

```
POST /secure/WebDirectoryDownloadFromClient HTTP/1.0
Content-Type: text/xml
User-Agent: Java1.2.2
Host: www.ctmedicalprogram.com
Accept: text/html, image/gif, image/jpeg, *; q=.2, */*; q=.2
Content-length: 708

<?xml version="1.0" encoding="UTF-8"?>
<DirectoryRequest">
  <IdentificationHeader>
    <TradingPartnerId>222222222</TradingPartnerId>
    <UserId>xyzuser</UserId>
    <Password>jmstp567</Password>
  </IdentificationHeader>
  <Transaction>
    <Function>DIRLIST</Function>
    <FilesToReturnCount>50</FilesToReturnCount>
    <SelectedFileTypes>
      <FileType>997</FileType>
      <FileType>835</FileType>
    </SelectedFileTypes>
    <FileStatus>A</FileStatus>
    <FilesCreatedFromDate>20020102</FilesCreatedFromDate>
    <FilesCreatedToDate>20020103</FilesCreatedToDate>
  </Transaction>
</DirectoryRequest>
```


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## Directory Listing Request XML Schema

```
<?xml version="1.0" encoding="UTF-8"?>
<xsd:schema xmlns:xsd="http://www.w3.org/2001/XMLSchema" version="1.0" xml:lang="EN">
    <xsd:element name="DirectoryRequest">
        <xsd:complexType>
            <xsd:sequence minOccurs="1" maxOccurs="1">
                <xsd:element ref="IdentificationHeader" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="Transaction" minOccurs="1" maxOccurs="1"/>
            </xsd:sequence>
        </xsd:complexType>
    </xsd:element>

    <xsd:element name="TradingPartnerId" type="xsd:string"/>
    <xsd:element name="UserId" type="xsd:string"/>
    <xsd:element name="Password" type="xsd:string"/>

    <xsd:element name="IdentificationHeader">
        <xsd:complexType>
            <xsd:sequence minOccurs="1" maxOccurs="1">
                <xsd:element ref="TradingPartnerId" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="UserId" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="Password" minOccurs="1" maxOccurs="1"/>
            </xsd:sequence>
        </xsd:complexType>
    </xsd:element>

    <xsd:element name="Function" type="xsd:string"/>
    <xsd:element name="FilesToReturnCount" type="xsd:string"/>
    <xsd:element name="FileType" type="xsd:string"/>
    <xsd:element name="SelectedFileTypes">
        <xsd:complexType>
            <xsd:sequence>
                <xsd:element ref="FileType" minOccurs="0" maxOccurs="10"/>
            </xsd:sequence>
        </xsd:complexType>
    </xsd:element>
    <xsd:element name="FilesStatus" type="xsd:string"/>
    <xsd:element name="FilesCreatedFromDate" type="xsd:string"/>
    <xsd:element name="FilesCreatedToDate" type="xsd:string"/>

    <xsd:element name="Transaction">
        <xsd:complexType>
            <xsd:sequence minOccurs="1" maxOccurs="1">
                <xsd:element ref="Function" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="FilesToReturnCount" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="SelectedFileTypes" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="FilesStatus" minOccurs="0" maxOccurs="1"/>
                <xsd:element ref="FilesCreatedFromDate" minOccurs="0" maxOccurs="1"/>
                <xsd:element ref="FilesCreatedToDate" minOccurs="0" maxOccurs="1"/>
            </xsd:sequence>
        </xsd:complexType>
    </xsd:element>
</xsd:schema>
```


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Table 5. Directory Listing Response Message Description

| Element | Description | Length | Require |
|---|---|---|---|
| TradingPartnerId | The Trading Partner Id from the request.<br>Sample Data: 222222222<br>Format: Alphanumeric | 3 - 35 | Y |
| UserId | The User Id from the request.<br>Sample Data: xyzuser<br>Format: Alphanumeric | 3-15 | Y |
| Function | The function from the request.<br>Required value: DIRRESP<br>Format: Alphanumeric | 7 | Y |
| FilesReturnedCount | The number of files returned in the directory listing.<br>Sample Data: 50<br>Format: Numeric | 1 - 6 | Y |
| FileName | The file name given to the file. This is a system generated name. This is the same name needed to request the file for download.<br>Sample Data: 22222222220020702001<br>Format: Alphanumeric | 9 - 40 | Y |
| FileCreationDate | The date the file was created.<br>Sample Data: 20020701<br>Format: 4 digit year, 2 digit month, 2 digit day | 8 | Y |
| FileType | This is the type of file.<br>Sample Data: 997 | 3 | Y |
| FilesSize | The size in bytes of the file in unzipped format.<br>Sample Data: 50000<br>Format: Numeric | 2 - 8 | Y |
| LastDownloadDate | The date the file was last downloaded. If the file has not been downloaded this is empty.<br>Sample Data: 20020701<br>Format: 4 digit year, 2 digit month, 2 digit day. | 8 | N |
| LastDownloadUserId | This is the User Id of the last user to download the file. This is empty if the file hasn't been downloaded yet. | 3-15 | N |


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Sample HTTP Response from Directory Listing Request:

```
HTTP/1.1 200 OK
Date: Mon, 05 Aug 2002 17:39:13 GMT
Server: IBM_HTTP_Server/1.3.12.3 Apache/1.3.12 (Win32)
Last-Modified: Fri, 26 Jul 2002 21:24:30 GMT
Etag: "0-2dae-3d41be0e"
Accept-Ranges: bytes
Content-Length: 11694
Connection: close
Content-Type: text/xml

<?xml version="1.0" encoding="UTF-8"?>
<DirectoryResponse>
    <IdentificationHeader>
        <TradingPartnerId>222222222</TradingPartnerId>
        <UserId>xyzuser</UserId>
    </IdentificationHeader>
    <Transaction>
        <Function>DIRLIST</Function>
        <FilesReturnedCount>2</FilesReturnedCount>
        <DirectoryList>
            <FileName>22222222220020702001</FileName>
            <FileCreationDate>20020702</FileCreationDate>
            <FileType>997</FileType>
            <FileSize>121</FileSize>
            <LastDownLoadDate></LastDownLoadDate>
            <LastDownLoadUserId></LastDownLoadLastUserId>
        </DirectoryList>
        <DirectoryList>
            <FileName>22222222220020702002</FileName>
            <FileCreationDate>20020702</FileCreationDate>
            <FileType>835</FileType>
            <FileSize>2017</FileSize>
            <LastDownLoadDate>20020709</LastDownLoadDate>
            <LastDownLoadUserId>xyzuser</LastDownLoadLastUserId>
        </DirectoryList>
    </Transaction>
</DirectoryResponse>
```


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Directory Listing Response XML Schema

```
<?xml version="1.0" encoding="UTF-8"?>
<xsd:schema xmlns:xsd="http://www.w3.org/2001/XMLSchema">
    <xsd:element name="DirectoryList">
        <xsd:complexType>
            <xsd:sequence minOccurs="0" maxOccurs="450">
                <xsd:element ref="FileName" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="FileCreationDate" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="FileType" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="FileSize" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref=" LastDownLoadDate" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref=" LastDownLoadUserId" minOccurs="1" maxOccurs="1"/>
            </xsd:sequence>
        </xsd:complexType>
    </xsd:element>

    <xsd:element name="DirectoryResponse">
        <xsd:complexType>
            <xsd:sequence minOccurs="1" maxOccurs="1">
                <xsd:element ref="IdentificationHeader" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="Transaction" minOccurs="1" maxOccurs="1"/>
            </xsd:sequence>
        </xsd:complexType>
    </xsd:element>

    <xsd:element name="FileCreationDate" type="xsd:string"/>
    <xsd:element name="FileName" type="xsd:string"/>
    <xsd:element name="FileSize" type="xsd:string"/>
    <xsd:element name="LastDownLoadDate" type="xsd:string"/>
    <xsd:element name="LastDownLoadUserId" type="xsd:string"/>
    <xsd:element name="FileType" type="xsd:string"/>
    <xsd:element name="FilesReturnedCount" type="xsd:string"/>
    <xsd:element name="Function" type="xsd:string"/>
    <xsd:element name="IdentificationHeader">
        <xsd:complexType>
            <xsd:sequence minOccurs="1" maxOccurs="1">
                <xsd:element ref="TradingPartnerId" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="UserId" minOccurs="1" maxOccurs="1"/>
            </xsd:sequence>
        </xsd:complexType>
    </xsd:element>

    <xsd:element name="TradingPartnerId" type="xsd:string"/>
    <xsd:element name="Transaction">
        <xsd:complexType>
            <xsd:sequence minOccurs="1" maxOccurs="1">
                <xsd:element ref="Function" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="FilesReturnedCount" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="DirectoryList" minOccurs="1" maxOccurs="unbounded"/>
            </xsd:sequence>
        </xsd:complexType>
    </xsd:element>

    <xsd:element name="UserId" type="xsd:string"/>
</xsd:schema>
```

## Download a File Message

The download a file message is an XML formatted message sent over HTTPS. A file name from the directory listing response is used to request the file to download. This file name must be specified in the download message in order to get the file. The request is made using XML, see Table 6 for details. There are two possible returns from a download request. If the file requested was found and there was no problems processing the request then the data file is returned. If any problems occurred processing the request then a General Response Message is returned. The client application must recognize the difference between a file being returned and the General Response Message. See the "General Response Message" section for details.


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See download sample program.

URL: https://www.dhs.state.ri.us./secure/WebDownloadFromClient

Table 6. Download a file Message Description

| Element | Description | Length | Require |
|---|---|---|---|
| TradingPartnerId | The Trading Partner Id is used to identify whom the transaction is for. The Trading Partner Id is cross validated against the User Id and the User Id must be authorized to submit requests for this Trading Partner Id.<br>Sample Data: 222222222<br>Format: Alphanumeric | 3 - 35 | Y |
| UserId | The User Id is used to authenticate the user submitting the request. The User Id must be authorized to submit for the Trading Partner Id.<br>Sample Data: xyzuser<br>Format: Alphanumeric | 3-9 | Y |
| Password | The Password is used in conjunction with the User Id to ensure the validity of the user making the request.<br>Sample Data: jmstp567<br>Format: Alphanumeric | 6-8 | Y |
| Function | This is the File Download function name. This value must always be filled with “DOWNLOAD” to be a valid request.<br>Required value: DOWNLOAD<br>Format: Alphanumeric | 8 | Y |
| FileName | Specifies the name of the file to download. The name can be found from the directory list request.<br>Sample Data: 000000123<br>Format: Alphanumeric | 9 - 40 | N |
| FileFormat | Specifies the file format you want the file downloaded in.<br>Valid Values are:<br>TXT – Requests the file in standard ASCII Text format.<br>ZIP – Requests the file in zipped format. | 3 | Y |


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Sample HTTP Request for a file download:

```
POST /secure/WebDownloadFromClient HTTP/1.0
Content-Type: text/xml
User-Agent: Java1.2.2
Host: www.ctmedicalprogram.com
Accept: text/html, image/gif, image/jpeg, *; q=.2, */*; q=.2
Content-length: 359
<?xml version="1.0" encoding="UTF-8"?>
<DownloadRequest>
  <IdentificationHeader>
    <TradingPartnerId>222222222</TradingPartnerId>
    <UserId>xyzuser</UserId>
    <Password>jmstp567</Password>
  </IdentificationHeader>
  <Transaction>
    <Function>DOWNLOAD</Function>
    <FileName>000000123</FileName>
    <FileFormat>TXT</FileFormat>
  </Transaction>
</DownloadRequest>
```


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## Download file Request XML Schema

```
<?xml version="1.0" encoding="UTF-8"?>
<xsd:schema xmlns:xsd="http://www.w3.org/2001/XMLSchema">
    <xsd:element name="DownloadRequest">
        <xsd:complexType>
            <xsd:sequence minOccurs="1" maxOccurs="1">
                <xsd:element ref="IdentificationHeader" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="Transaction" minOccurs="1" maxOccurs="1"/>
            </xsd:sequence>
        </xsd:complexType>
    </xsd:element>

    <xsd:element name="FileName" type="xsd:string"/>
    <xsd:element name="FileFormat" type="xsd:string"/>
    <xsd:element name="Function" type="xsd:string"/>
    <xsd:element name="IdentificationHeader">
        <xsd:complexType>
            <xsd:sequence minOccurs="1" maxOccurs="1">
                <xsd:element ref="TradingPartnerId" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="UserId" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="Password" minOccurs="1" maxOccurs="1"/>
            </xsd:sequence>
        </xsd:complexType>
    </xsd:element>

    <xsd:element name="Password" type="xsd:string"/>
    <xsd:element name="TradingPartnerId" type="xsd:string"/>
    <xsd:element name="Transaction">
        <xsd:complexType>
            <xsd:sequence minOccurs="1" maxOccurs="1">
                <xsd:element ref="Function" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="FileName" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="FileFormat" minOccurs="1" maxOccurs="1"/>
           </xsd:sequence>
        </xsd:complexType>
    </xsd:element>

    <xsd:element name="UserId" type="xsd:string"/>
</xsd:schema>
```


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## General Response Message

The General Response Message can be returned for any type request message. This response message indicates whether a request was successful or not. Some requests such as the directory request do not return a general response message, but instead a directory listing response message is returned. If however there is problem returning the directory listing response a General Response Message will be returned instead.

File Upload Response Message Description

| Element | Description | Length | Require |
|---|---|---|---|
| Message Code | Code identifying the message.<br>Sample Data: 100<br>Format: Numeric<br><br>Currently there are only two defined codes.<br>0 – Successful<br>999 – Unable to process request | 1 - 3 | Y |
| Message Desc | Descriptive message.<br>Sample Data: File was successfully uploaded.<br>Format: Alphanumeric | Up to 256 | Y |
| Message Type | Code identifying the type of message this is.<br>Sample Data: A.<br>Format: Alpha<br>Codes: A – Transaction Accepted with no errors.<br>W – Transaction failed, see message for more information and retry.<br>E – Currently the system is unavailable. | 1 | Y |
| Control Number | This is the transaction control number. This is currently only used by Upload Transactions responses.<br>Format: Numeric | 1 – 18 | N |


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Sample HTTP Response Message:

```
HTTP/1.1 200 OK
Date: Mon, 05 Aug 2002 17:39:13 GMT
Server: IBM_HTTP_Server/1.3.12.3 Apache/1.3.12 (Win32)
Last-Modified: Fri, 26 Jul 2002 21:24:30 GMT
ETag: "0-2dae-3d41be0e"
Accept-Ranges: bytes
Content-Length: 11694
Connection: close
Content-Type: text/xml

<?xml version="1.0" encoding="UTF-8"?>
<ResponseMessage>
    <Messages>
        <MessageCode>0</MessageCode>
        <MessageDesc>Successful Upload</MessageDesc>
        <MessageType>A</MessageType>
        <ControlNumber>12345</ControlNumber>
    </Messages>
</ResponseMessage>
```

Directory Listing Response XML Schema:

```
<?xml version="1.0" encoding="UTF-8"?>
<xsd:schema xmlns:xsd="http://www.w3.org/2001/XMLSchema">
    <xsd:element name="MessageCode" type="xsd:string"/>
    <xsd:element name="MessageDesc" type="xsd:string"/>
    <xsd:element name="MessageType" type="xsd:string"/>
    <xsd:element name="ControlNumber" type="xsd:string"/>
    <xsd:element name="Messages">
        <xsd:complexType>
            <xsd:sequence minOccurs="1" maxOccurs="1">
                <xsd:element ref="MessageCode" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="MessageDesc" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="MessageType" minOccurs="1" maxOccurs="1"/>
                <xsd:element ref="ControlNumber" minOccurs="1" maxOccurs="1"/>
            </xsd:sequence>
        </xsd:complexType>
    </xsd:element>

    <xsd:element name="ResponseMessage">
        <xsd:complexType>
            <xsd:sequence>
                <xsd:element ref="Messages" minOccurs="1" maxOccurs="10"/>
            </xsd:sequence>
        </xsd:complexType>
    </xsd:element>

</xsd:schema>
```


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# 10.2.4. Sample Upload a File Program

## Upload a file program example

```
package com.eds.ne.regional.samples;

import com.sun.net.ssl.HttpsURLConnection;
import com.sun.net.ssl.HostnameVerifier;
import java.net.*;
import java.io.*;

/**
 * This program is provided as sample only as is without warranty or
 * condition of any kind, either expressed or implied, including, but
 * not limited to, the implied warranties of merchantability and
 * fitness for a particular purpose.
 *
 * This sample File Upload program connects to the web server then
 * sends it a HTTP Multi-Part message containing an XML message and
 * the file data to be uploaded.  The name of the file to be uploaded
 * is passed to the program, along with the server name.  See the
 * acceptArguments method for paramters to pass on the command line.
 * If no parameters are passed the program will prompt the user for
 * the input parameters then execute.  The upload response is simply
 * displayed in standard out.  This program differs from the other
 * sample programs as it builds the XML message in the code rather
 * than reading it from a file.
 *
 * See the vendor specifications for details of the format of the XML message
 * for a file upload.
 *
 * <P>
 *  In order to negotiate the SSL certificate of the web server the client has
 *  to have a trusted certificate in it's Java keystore file.  The web sites use
 *  GeoTrust Certificates. If this Certificate is not in your Java installations
 *  keystore you will need to install it. To install the certificate you can use
 *  the java keytool command
 *
 *  This sample program was written using JDK 1.2.2.  In order for the sample program
 *  to communicate over SSL the Java Secure Socket Extension (JSSE) needs to be installed.
 *  See http://java.sun.com/products/jsse/INSTALL.html.
 *  After installing JSSE add the following jar files must be in the class path before
 *  running the sample program: drive:/JSSE/jsse.jar;drive:/JSSE/jnet.jar;drive:/JSSE/jcert.jar
 *     <P>
 * <HR>
 * <P>
 * <TABLE BORDER="1" CELLPADDING="3" CELLSPACING="0" WIDTH="100%">
 * <TR BGCOLOR="#9393ff">
 *  <TD COLSPAN=4><FONT SIZE="+2"><B>Modification History</B></FONT></TD>
 * </TR>
 * <TR BGCOLOR="white" CLASS="TableRowColor">
 *  <TH>Reason</TH><TH>Date</TH><TH>Systems Engineer</TH><TH>Description of Modification</TH>
 * </TR>
 * <TR>
 *  <TD ALIGN=CENTER>NE Regional HIPAA Translator Implementation</TD>
 *  <TD ALIGN=CENTER>12/19/2002</TD>
 *  <TD ALIGN=CENTER>EDS</TD>
 *  <TD>Initial deployment of this class.</TD>
 *  </TR>
 * </TABLE>
 *
 *   @author Michael Smith
 *
 *   @see SSLTunnelSocketFactory
 */
public class ClientFileUpload
{
/**
 * Users file Upload User Id.  This user id is authenticated
 * on the server before uploading the users data.
 */
```


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```
        String userId = "";
/**
 * Upload User Password.
 */
        String password = "";
/**
 * Upload File drive:\path\name.
 */
        String fileName = "d:\\temp\\test.txt";
/**
 * Upload File size.
 */
        String fileSize = "0";
/**
 * Users proxy servers name or IP address.
 */
        String proxyServer = null;
/**
 * Users Proxys Port assignment.
 */
        String proxyPort = "80";
/**
 * True if Users sets their proxy server.
 */
        boolean thereIsProxy = false;
/**
 * Users Proxy Server User Id.
 */
        String proxyUser = null;
/**
 * Users proxy server password.
 */
        String proxyPassword = null;
/**
 * URL to post the data to.
 */
        String postUrl = "https://www.ctmedicalprogram/test/secure/WebDirectoryDownloadFromClient";
/**
 * HTTP Protocal Switch used to turn on HTTP only uploads.
 */
        boolean httpSwitch = false;

        final static String XML_START = "<?xml version=\"1.0\" encoding=\"UTF-8\"?>";
        final static String XML_UPLOAD_MESSAGE_START = "<UploadRequest>";
        final static String XML_UPLOAD_MESSAGE_END   = "</UploadRequest>";
        final static String XML_IDENTIFICATION_START = "<IdentificationHeader>";
        final static String XML_IDENTIFICATION_END   = "</IdentificationHeader>";
        final static String XML_TRADING_PARTNER_ID_START = "<TradingPartnerId>";
        final static String XML_TRADING_PARTNER_ID_END       = "</TradingPartnerId>";
        final static String XML_USER_ID_START = "<UserId>";
        final static String XML_USER_ID_END   = "</UserId>";
        final static String XML_PASSWORD_START = "<Password>";
        final static String XML_PASSWORD_END   = "</Password>";

        final static String XML_TRANSACTION_START = "<Transaction>";
        final static String XML_TRANSACTION_END   = "</Transaction>";
        final static String XML_FUNCTION_START = "<Function>";
        final static String XML_FUNCTION_END   = "</Function>";
        final static String XML_FILE_NAME_START = "<FileName>";
        final static String XML_FILE_NAME_END   = "</FileName>";
        final static String XML_FILE_SIZE_START = "<FileSize>";
        final static String XML_FILE_SIZE_END   = "</FileSize>";

/**
 * ClientFileUpload default constructor calls it's super, then
 * setups System properties for SSL protocol.
 */
public ClientFileUpload()
{
    super();

        System.setProperty(
                "java.protocol.handler.pkgs",
                "com.sun.net.ssl.internal.www.protocol");
```


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```
    // Required for ssl support and avoiding error:
    // "unknown protocol: https" exception
    java.security.Security.addProvider(new com.sun.net.ssl.internal.ssl.Provider());
}
/**
 *  Arguments passed on the command line are validated and
 *  set by this method.  The parameters are as follows:
 * <pre>
 *  UserID Password FileName [URL] [proxyServer ProxyUser ProxyPassword]
 * </pre>
 *
 * @exception Exception - Invalid arguments message.
 */
public void acceptArgs(String[] args)
        throws Exception
{
        if (args.length >= 3)
        {
                userId         = args[0];
                password       = args[1];
                fileName       = args[2];
        }

        setFileSize();

        if (args.length == 4)
        {
                postUrl        = args[3];
        }

        if (args.length == 6)
        {
                proxyServer    = args[3];
                proxyUser              = args[4];
                proxyPassword  = args[5];
                thereIsProxy = true;
        }

        if (args.length == 7)
        {
                postUrl                = args[3];
                proxyServer    = args[4];
                proxyUser              = args[5];
                proxyPassword  = args[6];
                thereIsProxy = true;
        }

        if (args.length == 3 || args.length == 4 || args.length == 6 || args.length == 7)
        {
                // continue
        }
        else
        {
                throw new Exception("Invalid number of parameters found:"  + args.length + " must be 3, 4,
6, or 7 \n" +
                                "Valid Params are: UserID Password FileName [URL] [proxyServer ProxyUser
ProxyPassword]");
        }

}
/**
 * Build the header information needed for the multi-part format before actually
 * sending the file data.  Supports both zipped files and text file formats.
 *
 * @param streamSend StringBuffer
 */
public void buildUploadFileHeader(StringBuffer streamSend)
{
    // Each file is also sent within a boundary delimeter

   if (fileName.endsWith(".zip"))
   {
           // Zipped file format
```


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```
        streamSend
            .append("Content-Disposition: form-data;name=\"zipFileAttached\"; filename=\"")
            .append(fileName)
            .append("\"\r\n")
            .append("Content-Type: application/x-zip-compressed\r\n")
            .append("\r\n");
    }
    else
    {
        // Or Plain Text File
        streamSend
            .append("Content-Disposition: form-data;name=\"textFileAttached\"; filename=\"")
            .append(fileName)
            .append("\"\r\n");
        streamSend.append("Content-Type: text/plain\r\n");
        streamSend.append("\r\n");
     }
}
/**
 * Builds the necessary format to pass parameter values with the upload file.
 *
 * @param streamSend StringBuffer
 * @param paramName java.lang.String
 * @param paramValue java.lang.String
 * @param boundry java.lang.String
 */
public void buildUploadParam(StringBuffer streamSend, String paramName, String paramValue, String
boundary)
{
    streamSend
        .append("Content-Disposition: form-data; name=\"")
        .append(paramName)
        .append("\"\r\n\r\n")
        .append(paramValue)
        .append("\r\n")
        .append("--" + boundary + "\r\n");
}
/**
 * Builds the XML required in the Upload Message.
 *
 * @return java.lang.String
 */
public String createXmlMessage()
{
        StringBuffer xmlMessage = new StringBuffer()
                .append(XML_START)
                .append(XML_UPLOAD_MESSAGE_START)

                .append(XML_IDENTIFICATION_START)
                .append(XML_TRADING_PARTNER_ID_START)
                .append(userId)
                .append(XML_TRADING_PARTNER_ID_END)
                .append(XML_USER_ID_START)
                .append(userId)
                .append(XML_USER_ID_END)
                .append(XML_PASSWORD_START)
                .append(password)
                .append(XML_PASSWORD_END)
                .append(XML_IDENTIFICATION_END)

                .append(XML_TRANSACTION_START)
                .append(XML_FUNCTION_START)
                .append("uploadFile")
                .append(XML_FUNCTION_END)
                .append(XML_FILE_NAME_START)
                .append(fileName)
                .append(XML_FILE_NAME_END)
                .append(XML_FILE_SIZE_START)
                .append(fileSize)
                .append(XML_FILE_SIZE_END)
                .append(XML_TRANSACTION_END)
                .append(XML_UPLOAD_MESSAGE_END);
```


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```
    return xmlMessage.toString();
}
/**
 * Main creates an instanace of ClientFileUpload then
 * calls it's runProcess method.
 *
 * @param args java.lang.String[]
 */
public static void main(String[] args)
{

        ClientFileUpload clientFileUpload = new ClientFileUpload();

        clientFileUpload.setHTTP();

        clientFileUpload.runProcess(args);

}
/**
 * Override Hostname Verifier to ignore Certificate errors where the
 * URL on the certificate doesn't match the URL being accessed.
 * This should only be done for testing.
 *
 * @param theUrlConnection URLConnection
 */
public void overrideHostNameVerifier(URLConnection theUrlConnection)
{
        System.out.println("overrideHostNameVerifier - start");

    ((HttpsURLConnection) theUrlConnection).setHostnameVerifier(new HostnameVerifier()
    {
        public boolean verify(String urlHost, String certHost)
        {
            if (!urlHost.equals(certHost))
                {
                System.out.println(
                    "certificate <"
                        + certHost
                        + "> does not match host <"
                        + urlHost
                        + "> but "
                        + "continuing anyway");
            }
            return true;
        }
    });
}
/**
 * Post MultiPart mime data to a web server.
 *
 * @exception MalformedURLException - thrown if URL invalid.
 * @exception IOException - thrown for any IO handling errors.
 */
public void postToWeb() throws MalformedURLException, IOException
{
    // Create URL to post to.
    URL destUrl = new URL(postUrl);

    // Prepare the connection for recieving the form
    URLConnection theUrlConnection = destUrl.openConnection();

    //Setup HTTPS IP Tunneling through Proxy if needed.
    if (thereIsProxy)
    {
        setProxy(theUrlConnection);
    }

    // Set URL options
    theUrlConnection.setDoOutput(true);
    theUrlConnection.setDoInput(true);
    theUrlConnection.setUseCaches(false);

    // Override Certificate error for HTTPS
    if (httpSwitch)
```


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```
    {
            // continue
    }
    else
    {
                overrideHostNameVerifier(theUrlConnection);
    }

    // Multi-Part delimiter (may want to randomly generate this)
    String boundary = "7d021a37605f0";

    // Set the Multi-Part Header
    theUrlConnection.setRequestProperty(
        "Content-Type",
        "multipart/form-data; boundary=" + boundary);

    System.out.println("Before DataOutputStream");

    DataOutputStream postFormFile =
        new DataOutputStream(theUrlConnection.getOutputStream());

    // Buffer used to build stream of multi-part form field
    StringBuffer streamSend = new StringBuffer();

    // Start Upload Parameters boundary section
    streamSend.append("--" + boundary + "\r\n");

    // Each Parameter is sent within a boundary delimeter

    buildUploadParam(streamSend, "message", createXmlMessage(), boundary);

     // End form parameters boundary section

        // Begin File Upload section

    buildUploadFileHeader(streamSend);

    // Send Parameters and File header to web server.
    postFormFile.write(streamSend.toString().getBytes());

    System.out.println("Data Stream Sent\n" + streamSend.toString());
    System.out.println("Before data Send");

    // Write file to web server
    try
    {
        writeFileToWeb(postFormFile);
    }
    catch (IOException e)
    {
        System.out.println("Exception in processing input file: " + fileName);
        System.out.println(e);
    }

    System.out.println("After file Sent");

    // Terminate file multipart form-data POST boundary's
    streamSend = new StringBuffer();
    streamSend.append("\n--" + boundary + "\r\n");
    postFormFile.write(streamSend.toString().getBytes());

    System.out.println("Data Stream End Sent\n" + streamSend.toString());

    // close/cleanup the https output stream
    postFormFile.flush();
    postFormFile.close();

    // Process the web server response.
    try
    {
        processWebResponse(theUrlConnection);
    }
    catch (IOException e)
    {
```


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```
        System.out.println("Exception in processing web server response ");
        System.out.println(e);
    }

    System.out.println("HttpMultiPartPost Done.");

}
/**
 * Get the input stream from the Web Server and
 * read the response.  Write Response to standard out.
 *
 * @param theUrlConnection URLConnection
 * @exception IOException - thrown for any IO handling errors.
 */
public void processWebResponse(URLConnection theUrlConnection)
        throws IOException
{
        // Parse results to ensure file was sent ok."
    // Expecting: "Some sort of html or XML response/confirmation"
    // Read response from post
    // Initialize the input stream to be read from
    InputStream responseFromDestUrl = theUrlConnection.getInputStream();

    // Build up response into a buffer
    StringBuffer thisResponsePage = new StringBuffer();
    byte[] respBuffer = new byte[4096];

    // The number of bytes read
    int bytesRead = 0;

    // Iterate to build up response
    while ((bytesRead = responseFromDestUrl.read(respBuffer)) >= 0)
    {
        thisResponsePage.append(new String(respBuffer).trim());
    }

    responseFromDestUrl.close(); // Close response stream

    // Display the response
    System.out.println("Web Server Response: Start" );
    System.out.println(thisResponsePage.toString());
    System.out.println("Web Server Response: End" );
}
/**
 *  Prompt User for input parameters.
 *  This could be done with a Java properties file or
 *  an XML config file instead.
 *
 */
public void promptInput()
{
        String currentLine;

        boolean processOptions = true;

        BufferedReader bufferedReader = new BufferedReader(new InputStreamReader(System.in));
        try
        {
                System.out.print("User ID:  ");
                System.out.flush();
                currentLine = bufferedReader.readLine();
                if (currentLine != null && !currentLine.equals(""))
                {
                        userId = currentLine;
                }

                System.out.println("Password: ");
                System.out.flush();
                currentLine = bufferedReader.readLine();
                if (currentLine != null && !currentLine.equals(""))
                {
                password = currentLine;
                }
```


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```
                System.out.print("File Path and Name:  ");
                System.out.flush();
                currentLine = bufferedReader.readLine();
                if (currentLine != null && !currentLine.equals(""))
                {
                fileName = currentLine;
                try
                {
                        setFileSize();
                }
                catch (Exception e)
                {
                        System.out.println(e);
                        System.out.println("aborted");
                }
                }

                System.out.print("Proxy Server: (leave blank if none) ");
                System.out.flush();
                currentLine = bufferedReader.readLine();
                if (currentLine != null && !currentLine.equals(""))
                {
                proxyServer = currentLine;
                thereIsProxy = true;
                }

                if (thereIsProxy)
                {
                        System.out.print("Proxy User Id: ");
                        System.out.flush();
                        currentLine = bufferedReader.readLine();
                        if (currentLine != null && !currentLine.equals(""))
                        {
                        proxyUser = currentLine;
                        }

                        System.out.print("Proxy Password: ");
                        System.out.flush();
                        currentLine = bufferedReader.readLine();
                        if (currentLine != null && !currentLine.equals(""))
                        {
                        proxyPassword = currentLine;
                        }
                }
        }
        catch (IOException e)
        {
                System.out.println("IOException " + e);
                System.exit(-1);
        }
}
/**
 * Run the process to upload the file.  If params are
 * passed from the command then they are processed by
 * acceptArgs, otherwise the user is prompted for input
 * from the promptInput method.  Then the postToWeb
 * process is executed.
 *
 * @param args java.lang.String[]
 *
 */
public void runProcess(String[] args)
{
        if (args.length > 0)
        {
                try
                {
                        acceptArgs(args);
                }
                catch (Exception e)
                {
                        System.out.println(e.getMessage());
                        return;
                }
```


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```
        }
        else
        {
                promptInput();
        }


        try
        {
                postToWeb();
        }
        catch (Exception e)
        {
                System.out.println("Error uploading data, exception is: " + e);
                e.printStackTrace();
        }


}
/**
 * Sets the file size of the upload file.
 *
 * @exception Exception - thrown if the input XML doesn't exist.
 */
public void setFileSize()
        throws Exception
{
        File checkFile = new File(fileName);

        if (checkFile.exists())
        {
                fileSize = "" + (checkFile.length());
        }
        else
        {
                throw new Exception(fileName + " File does not exist.");
        }
}
/**
 * Sets the HTTP switch to true if the request that is to be processed
 * in non SSL.  SSL requests is the default.
 *
 */
public void setHTTP()
{

        if (System.getProperty("http") == null)
        {
                httpSwitch = false;
        }
        else
        {
                if (System.getProperty("http").toString().equalsIgnoreCase("true"))
                {
                        httpSwitch = true;
                }
                else
                {
                        httpSwitch = false;
                }
        }
}
/**
 * Sets up the Proxy server properties for the URL Connection.
 * This assumes the proxy server requires authentication.  Not
 * all Proxy servers do, so this will need to be changed.  There
 * is also something called "Digest" which I believe is a different
 * kind of authentication some Proxy servers use that would have to
 * be handled as well.  Port should be a parameter also.
 *
 * @param URLConnection urlConnection
 */
public void setProxy(URLConnection theUrlConnection)
{
```


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```
    if (theUrlConnection instanceof com.sun.net.ssl.HttpsURLConnection)
    {
        ((com.sun.net.ssl.HttpsURLConnection) theUrlConnection).setSSLSocketFactory(
           new SSLTunnelSocketFactory(proxyServer, proxyPort, proxyUser, proxyPassword));
    }
}
/**
 * Reads the file and write's it to the web server.
 *
 * @param postFormFile DataOutputStream
 * @exception IOException - thrown for any IO handling errors.
 */
public void writeFileToWeb(DataOutputStream postFormFile)
       throws java.io.IOException
{
   // Read/Write File as bytes

       FileInputStream uploadFileReader = new FileInputStream(fileName);
       int numBytesToRead = 1024;
       int availableBytesToRead;

       availableBytesToRead = uploadFileReader.available();

       System.out.println("size of file: " + availableBytesToRead);

       while ((availableBytesToRead = uploadFileReader.available()) > 0)
       {
               byte[] bufferBytesRead;
               // Adjust size of buffered bytes if necessary
               if (availableBytesToRead >= numBytesToRead)
               {
                       bufferBytesRead = new byte[numBytesToRead];
               }
               else
               {
                       bufferBytesRead = new byte[availableBytesToRead];
               }

               // Trap end of file condition
               int numberOfBytesRead = uploadFileReader.read(bufferBytesRead);

               // Did we reach end of file
               if (numberOfBytesRead == -1)
               {
                       break;
               }

               // Write current buffered bytes to servlet
               postFormFile.write(bufferBytesRead);

       } // Iterate through contents of file

}
}
```


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# 10.2.5. Directory listing sample program

## Directory Listing program example

```
package com.eds.ne.regional.samples;

import com.sun.net.ssl.HttpsURLConnection;
import com.sun.net.ssl.HostnameVerifier;
import java.net.*;
import java.io.*;

/**
 * This program is provided as sample only as is without warranty or
 * condition of any kind, either expressed or implied, including, but
 * not limited to, the implied warranties of merchantability and
 * fitness for a particular purpose.
 *
 * This sample Directory List program connects to the web server then
 * sends it an XML file containing the directory request message. The
 * name of the file with the XML message is passed to the program,
 * along with the server name.  See the acceptArguments method for
 * paramters to pass on the command line.  If no parameters are passed
 * the program will prompt the user for the input parameters then
 * execute.  The directory listing response is simply displayed in
 * standard out.
 *
 * See the vendor specifications for details of the format of the XML message
 * for a directory listing.  Below is a sample of the text that could
 * be in a file passed to this program to request a directory list.
 *
 *
 * <?xml version="1.0" encoding="UTF-8"?>
 * <DirectoryRequest>
 * <IdentificationHeader>
 *    <TradingPartnerId>222222222</TradingPartnerId>
 *    <UserId>xxx123</UserId>
 *    <Password>dfdf534</Password>
 *  </IdentificationHeader>
 *  <Transaction>
 *    <Function>DIRLIST</Function>
 *    <FilesToReturnCount>50</FilesToReturnCount>
 *    <SelectedFileTypes>
 *      <FileType>997</FileType>
 *      <FileType>835</FileType>
 *    </SelectedFileTypes>
 *    <FilesCreatedFromDate>20020102</FilesCreatedFromDate>
 *   <FilesCreatedToDate>20020103</FilesCreatedToDate>
 *  </Transaction>
 * </DirectoryRequest>
 *
 *
 * <P>
 *  In order to negotiate the SSL certificate of the web server the client has
 *  to have a trusted certificate in it's Java keystore file.  The web sites use
 *  GeoTrust Certificates. If this Certificate is not in your Java installations
 *  keystore you will need to install it. To install the certificate you can use
 *  the java keytool command
 *
 *  This sample program was written using JDK 1.2.2.  In order for the sample program
 *  to communicate over SSL the Java Secure Socket Extension (JSSE) needs to be installed.
 *  See http://java.sun.com/products/jsse/INSTALL.html.
 *  After installing JSSE add the following jar files must be in the class path before
 *  running the sample program: drive:/JSSE/jsse.jar;drive:/JSSE/jnet.jar;drive:/JSSE/jcert.jar
 *      <P>
 * <HR>
 * <P>
 * <TABLE BORDER="1" CELLPADDING="3" CELLSPACING="0" WIDTH="100%">
 * <TR BGCOLOR="#9393ff">
 *  <TD COLSPAN=4><FONT SIZE="+2"><B>Modification History</B></FONT></TD>
 * </TR>
 * <TR BGCOLOR="white" CLASS="TableRowColor">
```


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```
 *  <TH>Reason</TH><TH>Date</TH><TH>Systems Engineer</TH><TH>Description of Modification</TH>
 * </TR>
 * <TR>
 *  <TD ALIGN=CENTER>NE Regional HIPAA Translator Implementation</TD>
 *  <TD ALIGN=CENTER>12/19/2002</TD>
 *  <TD ALIGN=CENTER>EDS</TD>
 *  <TD>Initial deployment of this class.</TD>
 *  </TR>
 * </TABLE>
 *
 *   @author Michael Smith
 *
 *   @see SSLTunnelSocketFactory
 */
public class ClientDirectoryList
{
/**
 * Authorized User Id.  This User Id is authenticated
 * on the server before uploading the users message.
 */
       String userId = "";
/**
 * User Password.
 */
       String password = "";
/**
 * File drive:\path\name.
 */
       String fileName = "d:\\temp\\test.xml";
/**
 * File size.
 */
       String fileSize = "0";
/**
 * Users proxy servers name or ip address.
 */
       String proxyServer = null;
/**
 * Users proxys port assignment.
 */
       String proxyPort = "80";
/**
 * True if users sets their proxy server.
 */
       boolean thereIsProxy = false;
/**
 * Users proxy server User Id.
 */
       String proxyUser = null;
/**
 * Users proxy server password.
 */
       String proxyPassword = null;
/**
 * HTTP Protocal Switch used to turn on HTTP only uploads.
 */
       boolean httpSwitch = false;
/**
 * URL to post the data to.  Defaults to test Web Server.
 */
       String postUrl = "https://www.ctmedicalprogram/test/secure/WebDirectoryDownloadFromClient";
/**
 * ClientDirectoryList default constructor calls it's super, then
 * setups System properties for SSL protocal.
 */
public ClientDirectoryList()
{
    super();

       System.setProperty(
              "java.protocol.handler.pkgs",
              "com.sun.net.ssl.internal.www.protocol");

    // Required for ssl support and avoiding error:
```


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```
    // "unknown protocol: https" exception
    java.security.Security.addProvider(new com.sun.net.ssl.internal.ssl.Provider());
}
/**
 *  Arguments passed on the command line are validated and
 *  set by this method.  The parameters are as follows:
 * <pre>
 *  UserID Password DirectoryListXMLFile [URL] [proxyServer ProxyUser ProxyPassword]
 * </pre>
 *  Paremeters in brackets [] are optional.
 *
 * @exception Exception - Invalid arguments message.
 */
public void acceptArgs(String[] args)
        throws Exception
{
        if (args.length >= 3)
        {
                userId         = args[0];
                password       = args[1];
                fileName       = args[2];
        }

        setFileSize();

        if (args.length == 4)
        {
                postUrl        = args[3];
        }

        if (args.length == 6)
        {
                proxyServer    = args[3];
                proxyUser              = args[4];
                proxyPassword  = args[5];
                thereIsProxy = true;
        }

        if (args.length == 7)
        {
                postUrl                = args[3];
                proxyServer    = args[4];
                proxyUser              = args[5];
                proxyPassword  = args[6];
                thereIsProxy = true;
        }

        if (args.length == 3 || args.length == 4 || args.length == 6 || args.length == 7)
        {
                // continue
        }
        else
        {
                throw new Exception("Invalid number of parameters found:"  + args.length + " must be 3, 4,
6, or 7 \n" +
                                "Valid Params are: UserID Password FileName [URL] [proxyServer ProxyUser
ProxyPassword]");
        }

}
/**
 * Main creates an instanace of ClientDirectoryList then
 * calls it's runProcess method.
 *
 * @param args java.lang.String[]
 */
public static void main(String[] args)
{

        ClientDirectoryList clientDirectoryList = new ClientDirectoryList();

        clientDirectoryList.setHTTP();

        clientDirectoryList.runProcess(args);
```


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```
}
/**
 * Override Hostname Verifier to ignore Certificate errors where the
 * URL on the certificate doesn't match the URL being accessed.
 *
 * @param theUrlConnection URLConnection
 */
public void overrideHostNameVerifier(URLConnection theUrlConnection)
{
    ((HttpsURLConnection) theUrlConnection).setHostnameVerifier(new HostnameVerifier()
    {
        public boolean verify(String urlHost, String certHost)
        {
            if (!urlHost.equals(certHost))
                {
                System.out.println(
                    "certificate <"
                        + certHost
                        + "> does not match host <"
                        + urlHost
                        + "> but "
                        + "continuing anyway");
            }
            return true;
        }
    });
}
/**
 * Post to a web server.
 *
 * @exception MalformedURLException - thrown if URL invalid.
 * @exception IOException - thrown for any IO handling errors.
 */
public void postToWeb() throws MalformedURLException, IOException
{
    // Create URL to post to.
    URL destUrl = new URL(postUrl);

    // Prepare the connection for recieving the form
    URLConnection theUrlConnection = destUrl.openConnection();

    //Setup HTTPS IP Tunneling through Proxy if needed.
    if (thereIsProxy)
    {
        setProxy(theUrlConnection);
    }

    // Set URL options
    theUrlConnection.setDoOutput(true);
    theUrlConnection.setDoInput(true);
    theUrlConnection.setUseCaches(false);

        // Setup Override of error name error if using HTTPS
        // and the certificate name doesn't match the URL.
        // This code should be removed if the certificate name matches.
    if (httpSwitch)
    {
            // continue
    }
    else
    {
        // Override Certificate error
                overrideHostNameVerifier(theUrlConnection);
    }

    // Set the XML Post Header
    theUrlConnection.setRequestProperty(
        "Content-Type",
        "text/xml");

    System.out.println("Before DataOutputStream");

    DataOutputStream postFormFile =
```


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```
        new DataOutputStream(theUrlConnection.getOutputStream());

   System.out.println("Before data Send");

    // Write XML file to web server
    try
    {
       writeXmlRequestToWeb(postFormFile);
    }
    catch (IOException e)
    {
        System.out.println("Exception in processing input file: " + fileName);
        System.out.println(e);
    }

    System.out.println("After file Sent");

    // close/cleanup the https output stream
    postFormFile.flush();
    postFormFile.close();

    // Process the web server response.
    try
    {
       processWebResponse(theUrlConnection);
    }
    catch (IOException e)
    {
        System.out.println("Exception in processing web server response ");
        System.out.println(e);
    }

    System.out.println("HttpMultiPartPost Done.");

}
/**
 * Get the input stream from the Web Server and
 * read the response.  Write Response to standard out.
 *
 * @param theUrlConnection URLConnection
 * @exception IOException - thrown for any IO handling errors.
 */
public void processWebResponse(URLConnection theUrlConnection)
        throws IOException
{
        // Parse results to ensure file was sent ok."
    // Expecting: "Some sort of html or XML response/confirmation"
    // Read response from post
    // Initialize the input stream to be read from
    InputStream responseFromDestUrl = theUrlConnection.getInputStream();

    // Build up response into a buffer
    StringBuffer thisResponsePage = new StringBuffer();
    byte[] respBuffer = new byte[4096];

    // The number of bytes read
    int bytesRead = 0;

    // Iterate to build up response
    while ((bytesRead = responseFromDestUrl.read(respBuffer)) >= 0)
    {
        thisResponsePage.append(new String(respBuffer).trim());
    }

    responseFromDestUrl.close(); // Close response stream

    // Display the response
    System.out.println("Web Server Response: Start" );
    System.out.println(thisResponsePage.toString());
    System.out.println("Web Server Response: End" );
}
/**
 *  Prompt User for input parameters.
 *  This could be done with a Java properties file or
```


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```
 *  an XML config file instead.
 */
public void promptInput()
{
        String currentLine;

        boolean processOptions = true;

        BufferedReader bufferedReader = new BufferedReader(new InputStreamReader(System.in));
        try
        {
                System.out.print("User ID:  ");
                System.out.flush();
                currentLine = bufferedReader.readLine();
                if (currentLine != null && !currentLine.equals(""))
                {
                        userId = currentLine;
                }

                System.out.println("Password: ");
                System.out.flush();
                currentLine = bufferedReader.readLine();
                if (currentLine != null && !currentLine.equals(""))
                {
                password = currentLine;
                }

                System.out.print("XML File Path and Name:  ");
                System.out.flush();
                currentLine = bufferedReader.readLine();
                if (currentLine != null && !currentLine.equals(""))
                {
                fileName = currentLine;
                try
                {
                        setFileSize();
                }
                catch (Exception e)
                {
                        System.out.println(e);
                        System.out.println("aborted");
                }
                }

                System.out.print("Proxy Server: (leave blank if none) ");
                System.out.flush();
                currentLine = bufferedReader.readLine();
                if (currentLine != null && !currentLine.equals(""))
                {
                proxyServer = currentLine;
                thereIsProxy = true;
                }

                if (thereIsProxy)
                {
                        System.out.print("Proxy User Id: ");
                        System.out.flush();
                        currentLine = bufferedReader.readLine();
                        if (currentLine != null && !currentLine.equals(""))
                        {
                        proxyUser = currentLine;
                        }

                        System.out.print("Proxy Password: ");
                        System.out.flush();
                        currentLine = bufferedReader.readLine();
                        if (currentLine != null && !currentLine.equals(""))
                        {
                        proxyPassword = currentLine;
                        }
                }
        }
        catch (IOException e)
        {
```


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```
                System.out.println("IOException " + e);
                System.exit(-1);
        }
}
/**
 * Run the process to upload the file.  If params are
 * passed from the command then they are processed by
 * acceptArgs otherwise the user is prompted for input
 * from the promptInput method.  Then the postToWeb
 * process is executed.
 *
 * @param args java.lang.String[]
 *
 */
public void runProcess(String[] args)
{
        if (args.length > 0)
        {
                try
                {
                        acceptArgs(args);
                }
                catch (Exception e)
                {
                        System.out.println(e.getMessage());
                        return;
                }
        }
        else
        {
                promptInput();
        }


        try
        {
                postToWeb();
        }
        catch (Exception e)
        {
                System.out.println("Error uploading data, exception is: " + e);
                e.printStackTrace();
        }


}
/**
 * Sets the file size of the upload file.
 *
 * @exception Exception - thrown if the input XML doesn't exist.
 */
public void setFileSize()
        throws Exception
{
        File checkFile = new File(fileName);

        if (checkFile.exists())
        {
                fileSize = "" + (checkFile.length());
        }
        else
        {
                throw new Exception(fileName + " File does not exist.");
        }
}
/**
 * Sets the HTTP switch to true if the request that is to be processed
 * is not SSL.  SSL requests is the default.
 */
public void setHTTP()
{

        if (System.getProperty("http") == null)
        {
```


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```
                httpSwitch = false;
        }
        else
        {
                if (System.getProperty("http").toString().equalsIgnoreCase("true"))
                {
                        httpSwitch = true;
                }
                else
                {
                        httpSwitch = false;
                }
        }
}
/**
 * Sets up the Proxy server properties for the URL Connection.
 * This assumes the proxy server requires authentication.  Not
 * all Proxy servers do, so this will need to be changed.  There
 * is also something called "Digest" which I believe is a different
 * kind of authentication some Proxy servers use that would have to
 * be handled as well.  The Port number should be a parameter also.
 *
 * @param theUrlConnection URLConnection
 */
public void setProxy(URLConnection theUrlConnection)
{
    if (theUrlConnection instanceof com.sun.net.ssl.HttpsURLConnection)
    {
        ((com.sun.net.ssl.HttpsURLConnection) theUrlConnection).setSSLSocketFactory(
           new SSLTunnelSocketFactory(proxyServer, proxyPort, proxyUser, proxyPassword));
    }
}
/**
 * Writes the XML Request for a directory list to web server.
 *
 * @param postFormFile DataOutputStream
 * @exception IOException - thrown for any IO handling errors.
 */
public void writeXmlRequestToWeb(DataOutputStream postFormFile)
        throws java.io.IOException
{
   // Read/Write File as bytes

        FileInputStream uploadFileReader = new FileInputStream(fileName);
        int numBytesToRead = 1024;
        int availableBytesToRead;

        availableBytesToRead = uploadFileReader.available();

        System.out.println("size of file: " + availableBytesToRead);

        while ((availableBytesToRead = uploadFileReader.available()) > 0)
        {
                byte[] bufferBytesRead;
                // Adjust size of buffered bytes if necessary
                if (availableBytesToRead >= numBytesToRead)
                {
                        bufferBytesRead = new byte[numBytesToRead];
                }
                else
                {
                        bufferBytesRead = new byte[availableBytesToRead];
                }

                // Trap end of file condition
                int numberOfBytesRead = uploadFileReader.read(bufferBytesRead);

                // Did we reach end of file
                if (numberOfBytesRead == -1)
                {
                        break;
                }

                // Write current buffered bytes to servlet
```


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```
                postFormFile.write(bufferBytesRead);

        } // Iterate through contents of file

}
}
```

# 10.2.6. Download a file sample program

## Download a file program example

```
package com.eds.ne.regional.samples;

import com.sun.net.ssl.HttpsURLConnection;
import com.sun.net.ssl.HostnameVerifier;
import java.net.*;
import java.io.*;

/**
 * This program is provided as sample only as is without warranty or
 * condition of any kind, either expressed or implied, including, but
 * not limited to, the implied warranties of merchantability and
 * fitness for a particular purpose.
 *
 * This sample File Download program connects to the web server then
 * sends it an XML file containing the download request message. The
 * name of the file with the XML message is passed to the program,
 * along with the server name.  See the acceptArguments method for
 * paramters to pass on the command line.  If no parameters are passed
 * the program will prompt the user for the input parameters then
 * execute.  The downloaded file is simply displayed in standard out.
 *
 * See the vendor specifications for details of the format of the XML message
 * for a file download.  Below is a sample of the text that could
 * be in a file passed to this program to request a directory list.
 *
 *
 *  <?xml version="1.0" encoding="UTF-8" ?>
 *  <DownloadRequest>
 *      <IdentificationHeader>
 *              <TradingPartnerId>222222222</TradingPartnerId>
 *              <UserId>xyzuser</UserId>
 *              <Password>jmstp567</Password>
 *      </IdentificationHeader>
 *      <Transaction>
 *              <Function>DOWNLOAD</Function>
 *              <FileName>000000123</FileName>
 *              <FileFormat>TXT</FileFormat>
 *      </Transaction>
 *  </DownloadRequest>
 *
 *
 * <P>
 *  In order to negotiate the SSL certificate of the web server the client has
 *  to have a trusted certificate in it's Java keystore file.  The web sites use
 *  GeoTrust Certificates. If this Certificate is not in your Java installations
 *  keystore you will need to install it. To install the certificate you can use
 *  the java keytool command.
 *
 *  This sample program was written using JDK 1.2.2.  In order for the sample program
 *  to communicate over SSL the Java Secure Socket Extension (JSSE) needs to be installed.
 *  See http://java.sun.com/products/jsse/INSTALL.html.
 *  After installing JSSE add the following jar files must be in the class path before
 *  running the sample program: drive:/JSSE/jsse.jar;drive:/JSSE/jnet.jar;drive:/JSSE/jcert.jar
 *      <P>
 * <HR>
 * <P>
 * <TABLE BORDER="1" CELLPADDING="3" CELLSPACING="0" WIDTH="100%">
 * <TR BGCOLOR="#9393ff">
 *  <TD COLSPAN=4><FONT SIZE="+2"><B>Modification History</B></FONT></TD>
 * </TR>
 * <TR BGCOLOR="white" CLASS="TableRowColor">
```


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```
 *  <TH>Reason</TH><TH>Date</TH><TH>Systems Engineer</TH><TH>Description of Modification</TH>
 * </TR>
 * <TR>
 *  <TD ALIGN=CENTER>NE Regional HIPAA Translator Implementation</TD>
 *  <TD ALIGN=CENTER>12/19/2002</TD>
 *  <TD ALIGN=CENTER>EDS</TD>
 *  <TD>Initial deployment of this class.</TD>
 *  </TR>
 * </TABLE>
 *
 *   @author Michael Smith
 *
 *   @see SSLTunnelSocketFactory
 */
public class ClientFileDownload
{
/**
 * Users Id.  This User Id is authenticated
 * on the server before uploading the users message.
 */
       String userId = "";
/**
 * User password.
 */
       String password = "";
/**
 * Download file name.
 */
       String fileName = "";
/**
 * Message file size.
 */
       String fileSize = "0";
/**
 * Users proxy servers name or ip address.
 */
       String proxyServer = null;
/**
 * Users proxys port assignment.
 */
       String proxyPort = "80";
/**
 * True if Users sets their proxy server.
 */
       boolean thereIsProxy = false;
/**
 * Users proxy server User Id.
 */
       String proxyUser = null;
/**
 * Users Proxy Server Password.
 */
       String proxyPassword = null;
/**
 * HTTP protocal switch used to turn on HTTP only uploads.
 */
       boolean httpSwitch = false;
/**
 * URL to post the data to.
 */
       String postUrl = "https://www.ctmedicalprogram/test/secure/WebDirectoryDownloadFromClient";
/**
 * ClientFileDownload default constructor calls it's super, then
 * setups System properties for SSL protocal.
 */
public ClientFileDownload()
{
    super();

       System.setProperty(
              "java.protocol.handler.pkgs",
              "com.sun.net.ssl.internal.www.protocol");

    // Required for ssl support and avoiding error:
```


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```
    // "unknown protocol: https" exception
    java.security.Security.addProvider(new com.sun.net.ssl.internal.ssl.Provider());
}
/**
 *  Arguments passed on the command line are validated and
 *  set by this method.  The parameters are as follows:
 * <pre>
 *  UserID Password FileName [URL] [proxyServer ProxyUser ProxyPassword]
 * </pre>
 *
 * @param args java.lang.String[]
 * @exception Exception - Invalid arguments message.
 */
public void acceptArgs(String[] args)
        throws Exception
{
        if (args.length >= 3)
        {
                userId         = args[0];
                password       = args[1];
                fileName       = args[2];
        }

        setFileSize();

        if (args.length == 4)
        {
                postUrl        = args[3];
        }

        if (args.length == 6)
        {
                proxyServer    = args[3];
                proxyUser              = args[4];
                proxyPassword  = args[5];
                thereIsProxy = true;
        }

        if (args.length == 7)
        {
                postUrl                = args[3];
                proxyServer    = args[4];
                proxyUser              = args[5];
                proxyPassword  = args[6];
                thereIsProxy = true;
        }

        if (args.length == 3 || args.length == 4 || args.length == 6 || args.length == 7)
        {
                // continue
        }
        else
        {
                throw new Exception("Invalid number of parameters found:"  + args.length + " must be 3, 4,
6, or 7 \n" +
                                "Valid Params are: UserID Password FileName [URL] [proxyServer ProxyUser
ProxyPassword]");
        }

}
/**
 * Main creates an instanace of ClientFileDownload then
 * calls it's runProcess method.
 *
 * @param args java.lang.String[]
 */
public static void main(String[] args)
{

        ClientFileDownload clientFileDownload = new ClientFileDownload();

        clientFileDownload.setHTTP();

        clientFileDownload.runProcess(args);
```


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```
}
/**
 * Override Hostname Verifier to ignore Certificate errors where the
 * URL on the certificate doesn't match the URL being accessed.
 *
 * @param theUrlConnection URLConnection
 */
public void overrideHostNameVerifier(URLConnection theUrlConnection)
{
    ((HttpsURLConnection) theUrlConnection).setHostnameVerifier(new HostnameVerifier()
    {
        public boolean verify(String urlHost, String certHost)
        {
            if (!urlHost.equals(certHost))
                {
                System.out.println(
                    "certificate <"
                        + certHost
                        + "> does not match host <"
                        + urlHost
                        + "> but "
                        + "continuing anyway");
            }
            return true;
        }
    });
}
/**
 * Post a request for a file download.
 *
 * @exception MalformedURLException - thrown if URL invalid.
 * @exception IOException - thrown for any IO handling errors.
 */
public void postToWeb() throws MalformedURLException, IOException
{
    // Create URL to post to.
    URL destUrl = new URL(postUrl);

    // Prepare the connection for recieving the form
    URLConnection theUrlConnection = destUrl.openConnection();

    //Setup HTTPS IP Tunneling through Proxy if needed.
    if (thereIsProxy)
    {
        setProxy(theUrlConnection);
    }

    // Set URL options
    theUrlConnection.setDoOutput(true);
    theUrlConnection.setDoInput(true);
    theUrlConnection.setUseCaches(false);


    if (httpSwitch)
    {
            // continue
    }
    else
    {
       // Override Certificate error
               overrideHostNameVerifier(theUrlConnection);
    }

    // Set the XML Post Header
    theUrlConnection.setRequestProperty(
        "Content-Type",
        "text/xml");

    System.out.println("Before DataOutputStream");

    DataOutputStream postFormFile =
        new DataOutputStream(theUrlConnection.getOutputStream());
```


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```
   System.out.println("Before data Send");

    // Write file to web server
    try
    {
       writeXmlRequestToWeb(postFormFile);
    }
    catch (IOException e)
    {
        System.out.println("Exception in processing input file: " + fileName);
        System.out.println(e);
    }

    System.out.println("After file Sent");

    // close/cleanup the https output stream
    postFormFile.flush();
    postFormFile.close();

    // Process the web server response.
    try
    {
       processWebResponse(theUrlConnection);
    }
    catch (IOException e)
    {
        System.out.println("Exception in processing web server response ");
        System.out.println(e);
    }

    System.out.println("postToWeb Done.");

}
/**
 * Get the input stream from the Web Server and
 * read the response.  Write Response to standard out.
 *
 * @param theUrlConnection URLConnection
 * @exception IOException - thrown for any IO handling errors.
 */
public void processWebResponse(URLConnection theUrlConnection)
        throws IOException
{
        // Parse results to ensure file was sent ok."
    // Expecting: "Some sort of html or XML response/confirmation"
    // Read response from post
    // Initialize the input stream to be read from
    InputStream responseFromDestUrl = theUrlConnection.getInputStream();

    // Build up response into a buffer
    StringBuffer thisResponsePage = new StringBuffer();
    byte[] respBuffer = new byte[4096];

    // The number of bytes read
    int bytesRead = 0;

    // Iterate to build up response
    while ((bytesRead = responseFromDestUrl.read(respBuffer)) >= 0)
    {
        thisResponsePage.append(new String(respBuffer).trim());
    }

    responseFromDestUrl.close(); // Close response stream

    // Display the response
    System.out.println("Web Server Response: Start" );
    System.out.println(thisResponsePage.toString());
    System.out.println("Web Server Response: End" );
}
/**
 *  Prompt User for input parameters.
 *  This could be done with a Java properties file or
 *  an XML config file instead.
 *
```


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```
 */
public void promptInput()
{
        String currentLine;

        boolean processOptions = true;

        BufferedReader bufferedReader = new BufferedReader(new InputStreamReader(System.in));
        try
        {
                System.out.print("User ID:  ");
                System.out.flush();
                currentLine = bufferedReader.readLine();
                if (currentLine != null && !currentLine.equals(""))
                {
                        userId = currentLine;
                }

                System.out.println("Password: ");
                System.out.flush();
                currentLine = bufferedReader.readLine();
                if (currentLine != null && !currentLine.equals(""))
                {
                password = currentLine;
                }

                System.out.print("XML File Path and Name:  ");
                System.out.flush();
                currentLine = bufferedReader.readLine();
                if (currentLine != null && !currentLine.equals(""))
                {
                fileName = currentLine;
                try
                {
                        setFileSize();
                }
                catch (Exception e)
                {
                        System.out.println(e);
                        System.out.println("aborted");
                }
                }

                System.out.print("Proxy Server: (leave blank if none) ");
                System.out.flush();
                currentLine = bufferedReader.readLine();
                if (currentLine != null && !currentLine.equals(""))
                {
                proxyServer = currentLine;
                thereIsProxy = true;
                }

                if (thereIsProxy)
                {
                        System.out.print("Proxy User Id: ");
                        System.out.flush();
                        currentLine = bufferedReader.readLine();
                        if (currentLine != null && !currentLine.equals(""))
                        {
                        proxyUser = currentLine;
                        }

                        System.out.print("Proxy Password: ");
                        System.out.flush();
                        currentLine = bufferedReader.readLine();
                        if (currentLine != null && !currentLine.equals(""))
                        {
                        proxyPassword = currentLine;
                        }
                }
        }
        catch (IOException e)
        {
                System.out.println("IOException " + e);
```


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```
                System.exit(-1);
        }
}
/**
 * Run the process to upload the file.  If params are
 * passed from the command then they are processed by
 * acceptArgs otherwise the user is prompted for input
 * from the promptInput method.  Then the postToWeb
 * process is executed.
 *
 * @param args java.lang.String[]
 *
 */
public void runProcess(String[] args)
{
        if (args.length > 0)
        {
                try
                {
                        acceptArgs(args);
                }
                catch (Exception e)
                {
                        System.out.println(e.getMessage());
                        return;
                }
        }
        else
        {
                promptInput();
        }


        try
        {
                postToWeb();
        }
        catch (Exception e)
        {
                System.out.println("Error uploading data, exception is: " + e);
                e.printStackTrace();
        }


}
/**
 * Sets the file size of the upload file.
 *
 * @exception Exception - thrown if the input XML doesn't exist.
 */
public void setFileSize()
        throws Exception
{
        File checkFile = new File(fileName);

        if (checkFile.exists())
        {
                fileSize = "" + (checkFile.length());
        }
        else
        {
                throw new Exception(fileName + " File does not exist.");
        }
}
/**
 * Sets the HTTP switch tor true if the request that is to be processed
 * in non SSL.  SSL requests is the default.
 *
 */
public void setHTTP()
{

        if (System.getProperty("http") == null)
        {
```


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```
                httpSwitch = false;
        }
        else
        {
                if (System.getProperty("http").toString().equalsIgnoreCase("true"))
                {
                        httpSwitch = true;
                }
                else
                {
                        httpSwitch = false;
                }
        }
}
/**
 * Sets up the Proxy server properties for the URL Connection.
 * This assumes the proxy server requires authentication.  Not
 * all Proxy servers do, so this will need to be changed.  There
 * is also something called "Digest" which I believe is a different
 * kind of authentication some Proxy servers use that would have to
 * be handled as well.  Port should be a parameter also.
 *
 * @param theUrlConnection URLConnection
 */
public void setProxy(URLConnection theUrlConnection)
{
    if (theUrlConnection instanceof com.sun.net.ssl.HttpsURLConnection)
    {
        ((com.sun.net.ssl.HttpsURLConnection) theUrlConnection).setSSLSocketFactory(
           new SSLTunnelSocketFactory(proxyServer, proxyPort, proxyUser, proxyPassword));
    }
}
/**
 * Writes the XML Request for a file to web server.
 *
 * @param postFormFile DataOutputStream
 * @exception java.io.IOException The exception description.
 */
public void writeXmlRequestToWeb(DataOutputStream postFormFile)
        throws java.io.IOException
{
   // Read/Write File as bytes

        FileInputStream uploadFileReader = new FileInputStream(fileName);
        int numBytesToRead = 1024;
        int availableBytesToRead;

        availableBytesToRead = uploadFileReader.available();

        System.out.println("size of file: " + availableBytesToRead);

        while ((availableBytesToRead = uploadFileReader.available()) > 0)
        {
                byte[] bufferBytesRead;
                // Adjust size of buffered bytes if necessary
                if (availableBytesToRead >= numBytesToRead)
                {
                        bufferBytesRead = new byte[numBytesToRead];
                }
                else
                {
                        bufferBytesRead = new byte[availableBytesToRead];
                }

                // Trap end of file condition
                int numberOfBytesRead = uploadFileReader.read(bufferBytesRead);

                // Did we reach end of file
                if (numberOfBytesRead == -1)
                {
                        break;
                }

                // Write current buffered bytes to servlet
```


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```
                postFormFile.write(bufferBytesRead);

        } // Iterate through contents of file

}
}
```


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## 10.2.7. SSL Tunnel through proxy server utility sample program sample

**Sample program only needed if having to connect through a Proxy Server to get to the Internet.**

```
package com.eds.ne.regional.samples;

import java.net.*;
import java.io.*;
import java.security.*;
import sun.misc.BASE64Encoder;
import javax.net.*;
import javax.net.ssl.*;
/**
 * This program is provided as sample only as is without warranty or
 * condition of any kind, either expressed or implied, including, but
 * not limited to, the implied warranties of merchantability and
 * fitness for a particular purpose.
 *
 * This sample program is used to facilitate  HTTPS (SSL) communication when
 * connecting through a Proxy Server.
 *
 *      <P>
 * <HR>
 * <P>
 * <TABLE BORDER="1" CELLPADDING="3" CELLSPACING="0" WIDTH="100%">
 * <TR BGCOLOR="#9393ff">
 *  <TD COLSPAN=4><FONT SIZE="+2"><B>Modification History</B></FONT></TD>
 * </TR>
 * <TR BGCOLOR="white" CLASS="TableRowColor">
 *  <TH>Reason</TH><TH>Date</TH><TH>Systems Engineer</TH><TH>Description of Modification</TH>
 * </TR>
 * <TR>
 *  <TD ALIGN=CENTER>NE Regional HIPAA Translator Implementation</TD>
 *  <TD ALIGN=CENTER>12/19/2002</TD>
 *  <TD ALIGN=CENTER>EDS</TD>
 *  <TD>Initial deployment of this class.</TD>
 *  </TR>
 * </TABLE>
 *
 *   @see SSLTunnelSocketFactory
 */
public class SSLTunnelSocketFactory extends SSLSocketFactory
{
        /**
         * Proxy server Host name.
         */
    private String tunnelHost;
        /**
         * Proxy server port assignment.
         */
    private int tunnelPort;
        /**
         * SSL Socket Factory returns a default Socket configured for SSL communication.
         */
    private SSLSocketFactory dfactory;
        /**
         * Proxy Server password used in tunneling.
         */
    private String tunnelPassword;
        /**
         * Proxy Server User Id used in tunneling.
         */
    private String tunnelUserName;
        /**
         * Switch to indicate we have a connection.
         */
    private boolean socketConnected = false;

/**
* Constructor for the SSLTunnelSocketFactory object.
```


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```
*
* @param  proxyHost  The url of the proxy host
* @param  proxyPort  the port of the proxy
*/
public SSLTunnelSocketFactory(String proxyHost, String proxyPort)
{
    System.out.println("SSLTunnelSocketFactory: Creating Socket Factory");

    tunnelHost = proxyHost;
    tunnelPort = Integer.parseInt(proxyPort);

    dfactory = (SSLSocketFactory) SSLSocketFactory.getDefault();

}
/**
* Default constructor for the SSLTunnelSocketFactory object.
*
* @param  proxyHost      The url of the proxy host
* @param  proxyPort      the port of the proxy
* @param  proxyUserName  username for authenticating with the proxy
* @param  proxyPassword  password for authenticating with the proxy
*/
public SSLTunnelSocketFactory(
    String proxyHost,
    String proxyPort,
    String proxyUserName,
    String proxyPassword)
{
    System.err.println("creating Socket Factory with password/username");
    tunnelHost = proxyHost;
    tunnelPort = Integer.parseInt(proxyPort);
    tunnelUserName = proxyUserName;
    tunnelPassword = proxyPassword;
    dfactory = (SSLSocketFactory) SSLSocketFactory.getDefault();
}
/**
* Creates a new SSL Tunneled Socket
*
* @param  host                      destination host
* @param  port                      destination port
* @return                           tunneled SSL Socket
* @exception  IOException           raised by IO error
* @exception  UnknownHostException  raised when the host is unknown
*/
public Socket createSocket(String host, int port)
    throws IOException, UnknownHostException
{
    return createSocket(null, host, port, true);
}
/**
* Creates a new SSL Tunneled Socket
*
* @param  host                      Destination Host
* @param  port                      Destination Port
* @param  clientHost                Ignored
* @param  clientPort                Ignored
* @return                           SSL Tunneled Socket
* @exception  IOException           Raised when IO error occurs
* @exception  UnknownHostException  Raised when the destination host is unknown
*/
public Socket createSocket(
    String host,
    int port,
    InetAddress clientHost,
    int clientPort)
    throws IOException, UnknownHostException
{
    return createSocket(null, host, port, true);
}
/**
* Creates a new SSL Tunneled Socket.
*
* @param       host   destination host
* @param       port   destination port
```


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```
* @return   tunneled SSL Socket
* @exception  IOException  raised when IO error occurs
*/
public Socket createSocket(InetAddress host, int port)
        throws IOException
{
    return createSocket(null, host.getHostName(), port, true);
}
/**
* Creates a new SSL Tunneled Socket
*
* @param      address          destination host
* @param      port             destination port
* @param      clientAddress    ignored
* @param      clientPort       ignored
* @return     tunneled SSL Socket
* @exception  IOException  raised when IO exception occurs
*/
public Socket createSocket(
    InetAddress address,
    int port,
    InetAddress clientAddress,
    int clientPort)
    throws IOException
{
    return createSocket(null, address.getHostName(), port, true);
}
/**
* Creates a new SSL Tunneled Socket
*
* @param  s                         Ignored
* @param  host                      destination host
* @param  port                      destination port
* @param  autoClose                 wether to close the socket automaticly
* @return                           proxy tunneled socket
* @exception  IOException           raised by an IO error
* @exception  UnknownHostException  raised when the host is unknown
*/
public Socket createSocket(Socket s, String host, int port, boolean autoClose)
    throws IOException, UnknownHostException
{
    Socket tunnel = new Socket(tunnelHost, tunnelPort);
    doTunnelHandshake(tunnel, host, port);

    SSLSocket result =
        (SSLSocket) dfactory.createSocket(tunnel, host, port, autoClose);

    result.addHandshakeCompletedListener(new HandshakeCompletedListener()
    {
        public void handshakeCompleted(HandshakeCompletedEvent event)
        {
            System.out.println("Handshake Finished!");
            System.out.println("\t CipherSuite :" + event.getCipherSuite());
            System.out.println("\t SessionId: " + event.getSession());
            System.out.println("\t PeerHost: " + event.getSession().getPeerHost());
            setSocketConnected(true);
        }
    });

    // thanks to David Lord in the java forums for figuring out this line is the problem
    // result.startHandshake(); //this line is the bug which stops Tip111 from working correctly

    return result;
}
/**
* Description of the Method
*
* @param  tunnel           tunnel socket
* @param  host             destination host
* @param  port             destination port
* @exception  IOException  raised when an IO error occurs
*/
private void doTunnelHandshake(Socket tunnel, String host, int port)
    throws IOException
```


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```
{
    OutputStream out = tunnel.getOutputStream();

    //generate connection string
    String msg =
        "CONNECT "
            + host
            + ":"
            + port
            + " HTTP/1.0\n"
            + "User-Agent: "
            + sun.net.www.protocol.http.HttpURLConnection.userAgent;

    if (tunnelUserName != null && tunnelPassword != null)
    {
        //add basic authentication header for the proxy
        sun.misc.BASE64Encoder enc = new sun.misc.BASE64Encoder();
        String encodedPassword = enc.encode((tunnelUserName +
                                                        ":" + tunnelPassword).getBytes());
        msg = msg + "\nProxy-Authorization: Basic " + encodedPassword;
    }

    msg = msg + "\nContent-Length: 0";
    msg = msg + "\nPragma: no-cache";
    msg = msg + "\r\n\r\n";
    System.out.println("doTunnelHandshake Message:" + msg);

    byte b[];

    try
    {
        //we really do want ASCII7 as the http protocol doesnt change with locale
        b = msg.getBytes("ASCII7");
    }
    catch (UnsupportedEncodingException ignored)
    {
        //If ASCII7 isn't there, something is seriously wrong!
        b = msg.getBytes();
    }

    out.write(b);
    out.flush();

    byte reply[] = new byte[200];
    int replyLen = 0;
    int newlinesSeen = 0;
    boolean headerDone = false;

    InputStream in = tunnel.getInputStream();

    boolean error = false;

    while (newlinesSeen < 2)
    {
        int i = in.read();
        if (i < 0)
        {
            throw new IOException("Unexpected EOF from Proxy");
        }

        if (i == '\n')
        {
            headerDone = true;
            ++newlinesSeen;
        }
        else
        {
            if (i != '\r')
            {
                newlinesSeen = 0;
                if (!headerDone && replyLen < reply.length)
                {
                    reply[replyLen++] = (byte) i;
                }
```


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```
            }
        }
    }

    //convert byte array to string
    String replyStr;

    try
    {
        replyStr = new String(reply, 0, replyLen, "ASCII7");
    }
    catch (UnsupportedEncodingException ignored)
    {
        replyStr = new String(reply, 0, replyLen);
    }

    //we check for connection established because our proxy returns http/1.1 instead of 1.0
    if (replyStr.toLowerCase().indexOf("200 connection established") == -1)
    {
        System.out.println("doTunnelHandshake:" + replyStr);
        throw new IOException(
            "Unable to tunnel through "
                + tunnelHost
                + ":"
                + tunnelPort
                + ". Proxy returns\""
                + replyStr
                + "\"");
    }
    //tunneling hanshake was successful
}
/**
* Gets the defaultCipherSuites attribute of the SSLTunnelSocketFactory
* object.
*
* @return    The defaultCipherSuites value
*/
public String[] getDefaultCipherSuites()
{
    return dfactory.getDefaultCipherSuites();
}
/**
* Gets the socketConnected attribute of the SSLTunnelSocketFactory object
*
* @return    The socketConnected value
*/
public synchronized boolean getSocketConnected()
{
    return socketConnected;
}
/**
* Gets the supportedCipherSuites attribute of the SSLTunnelSocketFactory
* object.
*
* @return    The supportedCipherSuites value
*/
public String[] getSupportedCipherSuites()
{
    return dfactory.getSupportedCipherSuites();
}
/**
* Sets the proxyPassword attribute of the SSLTunnelSocketFactory object
*
* @param  proxyPassword  The new proxyPassword value
*/
public void setProxyPassword(String proxyPassword)
{
    tunnelPassword = proxyPassword;
}
/**
* Sets the proxyUserName attribute of the SSLTunnelSocketFactory object
*
* @param  proxyUserName  The new proxyUserName value
*/
```


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```
public void setProxyUserName(String proxyUserName)
{
    tunnelUserName = proxyUserName;
}
/**
* Sets the socketConnected attribute of the SSLTunnelSocketFactory object
*
* @param  b  The new socketConnected value
*/
private synchronized void setSocketConnected(boolean b)
{
    socketConnected = b;
}
}
```


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# 10.3. Appendix C: RI Medicaid Carrier Codes

001 BLUE CROSS/BLUE SHIELD OF

002 PILGRIM HEALTH CARE

003 PLAN 65

004 HEALTHMATE CLAIMS DEPT.

005 TRICARE/CHAMPUS REGION 1

006 UNITED HEALTHCARE OF NEW

007 HARVARD COMMUNITY HEALTH

008 ELECTRIC BOAT

009 HMO - BLUE OF MASSACHUSET

010 DELTA DENTAL OF RI

011 HEALTH ADVANTAGE

012 BLUE CHIP-COORD HLTH PART

013 CHAMPVA A3

014 DELTA DENTAL OF MASSACHUS

015 NEIGHBORHOOD HEALTH PLAN

016 BLUE CROSS OF ALABAMA

017 NALC HEALTH BENEFIT PLAN

018 PHARMACARE

019 COLE VISION

020 LOYAL AMERICAN LIFE INSUR

021 MENNONITE MUTUAL AID HEAL

022 AETNA LIFE INS. CO.

023 CUNA INSURANCE CO

024 CONNECTICARE, INC.


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025 JOHN ALDEN LIFE INSURANCE

026 NATIONAL PRESCRIPTION ADM

027 U.S. LIFE INSURANCE CO.

028 AARP

029 AM. POSTAL WORKERS UNION

030 ACORDIA BENEFIT SERVICES

031 BENEFIT CONCEPTS, INC

032 BLUE CROSS OF NEBRASKA

033 BLUE CROSS OF NEW MEXICO

034 BLUE CROSS OF CONNECTICUT

035 BENEFIT PLAN MANAGEMENT

036 BLUE CROSS/BLUE SHIELD OF

037 BANKERS LIFE & CASUALTY

038 BLUE CROSS/BLUE SHIELD OF

039 BLUE CROSS OF NEW HAMPSHI

040 BLUE CROSS OF VERMONT

041 BLUE CROSS OF WESTERN PEN

042 BLUE CROSS OF MAINE

043 CHRISTIAN BROS EMPLOYEE B

044 CHESTERFIELD RESOURCES/SA A75

045 CHUBB LIFE AMERICA

046 CIGNA HEALTH CARE

047 CNA INSURANCE CO

048 CONN. GENERAL LIFE INSURA

049 CORPORATE HLTH ADM/HOME D

050 DAVIS VISION

051 DIVERSIFIED PHARMACY SERV


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052 HEALTH PLAN SERVICES

053 EXPRESS SCRIPT

054 EMPIRE BLUE CROSS/NYNEX

055 EMPLOYEE BENEFIT PLAN ADM

056 THE EQUITABLE

057 FALLON COMMUNITY HEALTH P

058 FEDERAL EMPLOYEE PLAN/BC

059 EQUICOR, INC.

060 FORTIS BENEFIT INSURANCE

061 PAINTERS DC35 HEALTH BENE

062 GALLAGHER-BASSETT BENEFIT

063 GENERAL AMERICAN LIFE INS

064 GENERAL ELECTRIC PENSIONE

065 HEALTH PLAN SERVICES

066 GLOBE LIFE INS. CO.

067 GREAT WEST LIFE

068 GUARDIAN INSURANCE

069 GROUP ADMINISTRATORS LTD

06A UNITED SENIOR CARE

070 METRAHEALTH

071 HOME LIFE INSURANCE CO.

072 HEALTH INS PLAN OF GREATE

073 HARTFORD LIFE & ACC. INS.

074 NEW ENG HLTH CARE EMPLOYE

075 NATL AUTOMATIC SPRINKLER

076 NGS AMERICAN, INC

077 NATIONAL RX SERVICES


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078 MANAGEMENT SERVICES, INC

079 MASHANTUCKET PEQUOT HEALT

080 MEDTAC

081 NATIONAL STATES INSURANCE

082 MASS MUTUAL LIFE INSURANC

083 JOHN HANCOCK MUTUAL LIFE

084 PROVIDENT LIFE

085 PHYSICIANS MUTUAL INSURAN

086 LINCOLN NATIONAL LIFE

087 PCS

088 PRINCIPAL FINANCIAL GROUP

089 TUFTS TOTAL HEALTH PLAN

090 U.S. HEALTHCARE

091 WAL-MART GROUP HEALTH

092 VALUE RX

093 STATE MUTUAL LIFE ASSURAN

094 MASS LABORERS H & W FUND

095 METROPOLITAN LIFE INS. CO

096 MONARCH LIFE INS. CO.

097 MUTUAL OF OMAHA INS. CO.

098 MUTUAL LIFE INS. CO. OF N

099 OTHER

0A8 NEW YORK LIFE

0A9 NEW YORK LIFE INSURANCE C

0AK AMALG LIFE

0B4 RELIASTAR

0BC TRAVELERS INSURANCE


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0BD TRAVELERS PROPERTY & CASU

0BX IBEW LOCAL UNION 42 & 104

0CH B/S OF PENNSYLVANIA

0D7 TRAVELERS INSURANCE CO.

0E2 UNION LABOR LIFE INS. CO.

0E3 UNION LABOR LIFE

0EB KEMPER INS - LUMBERMAN'S

0EC KEMPER INSURANCE/WORKERS

0H4 LIBERTY MUTUAL ASSURANCE

0H8 BC OF FLORIDA

0H9 BLUE CROSS OF FLORIDA

0HM REDBOOK GR. HEALTH

0J2 BLUE CROSS OF MASS.

0J3 BLUE CROSS OF MASSACHUSET

0J4 BLUE CROSS OF MASSACHUSET

0K8 TRAVELERS

0L8 MAIL HANDLERS BENEFIT PLA

0M3 UNITED CHAMBERS TRUST

0R7 MEDIMET

0R8 PRUDENTIAL HEALTH PLAN

0R9 PRUDENTIAL INS. OF AMERIC

0S0 PRUDENTIAL HEALTHCARE DEN

0S1 PRUDENTIAL INSURANCE

0S2 PRUDENTIAL INSURANCE CO

0S3 PRUDENTIAL GROUP DENTAL

0S4 PRUDENTIAL INSURANCE

0S5 VETERANS ADMIN. CTR FEE B


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0S6 PRUDENTIAL HEALTH CARE

0S7 PRUDENTIAL HEALTH CARE

0S8 PRUDENTIAL HEALTH CARE

0S9 PRUDENTIAL INSURANCE CO.

0T1 PRUDENTIAL HEALTHCARE

100 CAREMARK PRESCRIPTION SER

101 ADMINISTRATIVE ENTERPRISE

102 ALBANY INSURANCE CO.

103 AMERICAN INTERNATIONAL CO

104 ASSOCIATED PRESCRIPTION S

105 BLUE CROSS OF CALIFORNIA

106 BLUE CROSS/BLUE SHIELD OF

107 BLUE CROSS OF MEMPHIS

108 BLUE CROSS/BLUE SHIELD OF

109 BLUE CROSS OF THE NATIONA

110 BLUE CROSS/BLUE SHIELD OF

111 BROOKS MAXI DRUG

112 BENEFIT PLANNERS

113 CAREMARK PRESCRIPTION SER

114 CENTRAL STATES HEALTH & W

115 CORE-SOURCE

116 BLUE CROSS OF ILLINOIS

117 CHICKERING CLAIMS ADMINIS

118 DENTAL HEALTH ALLIANCE

119 BEACON MUTUAL INSURANCE

120 BLUE CROSS OF MARYLAND

121 EMPLOYEE BENEFITS TRUST


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122 BENEFIT MANAGEMENT SERVIC

123 FIRST HEALTH

124 FIRST HEALTH

125 BLUE CROSS OF MINNESOTA

126 EYE CARE PLAN OF AMERICA

127 GENERAL ELECTRIC DENTAL B

128 GENERAL ELECTRIC VISION C

129 GALLAGHER-BASSETT

12A BLUE CHIP - MEDICARE HMO

130 HOLYOKE MUTUAL INSURANCE

131 GOVERNMENT EMPLOYEES HOSP

132 GOVERNMENT EMPLOYEES HOSP

133 HARRINGTON BENEFIT SERVIC

134 HEALTHCARE VALUE MANAGEME

135 HEALTHCARE VALUE MANAGEME

136 HEALTH LINK

137 JEFFERSON PILOT INSURANCE

138 MARRIOTT CLAIMS SERVICE

139 MASS. STATE CARPENTERS HL

140 MET LIFE VISION/NYNEX

141 MEDICAL CLAIMS SERVICE

142 LIBERTY MUTUAL GROUP

143 LIBERTY MUTUAL GROUP

144 NATIONAL EMPLOYEE BENEFIT

145 NATIONAL STUDENT SERVICES

146 LINDSEY MORDEN CLAIM SERV

147 MID-WEST NATIONAL LIFE IN


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148 NEW ENGLAND BENEFIT PLAN

149 NEW ENGLAND EMPLOYEE BENE

150 MANAGED COMP

151 NYLCARE HEALTH PLANS

152 NYLCARE HEALTH PLAN

153 OXFORD LIFE

154 PROFESSIONAL BENEFIT ADMI

155 PACIFIC MUTUAL

156 PAID PRESCRIPTIONS, INC.

157 PAID PRESCRIPTIONS

158 PHYSICIAN HEALTH SERVICES

159 PHOENIX HOME LIFE

160 PROVIDIAN HLTH & LIFE INS

161 PIONEER LIFE

162 PRESIDIUM INSURANCE

163 PHARMACY SERVICES CORPORA

164 RESTAT

165 CLAIM MANAGEMENT, INC.

166 TROA MEDIPLUS CLAIMS

167 RX PRIME PHARMACY SERVICE

168 CLAIM STRATEGIES

169 BLUE CROSS OF MICHIGAN

170 SEDGWICK INSURANCE

171 SERVICE BENEFIT PLAN RETA

172 BLUE CROSS OF TEXAS

173 ALLSTATE INSURANCE CO

174 STATEWIDE SCHOOLS CORPORA


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175 STATE OF R.I. WORKERS COM

176 SYSTEMED PHARMACY, INC

177 UNICARE INSURANCE COMPANY

178 UNITED HEALTHCARE/CHEVRON

179 TRIGON BLUE CROSS

180 TDI MANAGED CARE

181 TPA UNITED HEALTH CARE

182 T.R. PAUL GROUP

183 USAA LIFE INSURANCE CO

184 UNITED HEALTH CARE/COLORA

185 UNITED HEALTHCARE/FLORIDA

186 UNITED HEALTH CARE/N.C.

187 VISION SERVICE PLAN

188 UNITED HEALTHCARE/UTAH

189 UNITED CONCORDIA (UCCI)

190 UNITED HEALTHCARE/CONNECT

191 UNICARE INSURANCE

192 UNITED HEALTH CARE/GEORGI

193 UNICARE HEALTH & LIFE INS

194 UNICARE INSURANCE

195 UNITED HEALTHCARE/GEORGIA

196 WESTERN FIDELITY INSURANC

197 AFFORDABLE MEDICAL NETWOR

198 ADVANCED PARADIGM

199 BLUE CROSS OF PUERTO RICO

200 BOSTON MUTUAL LIFE

201 THE BENEFIT GROUP


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202 ARBELLA INDEMNITY INSURAN

203 AMERITAS LIFE INSURANCE C

204 BENEMAX HEALTH PLAN

205 AMERICAN REPUBLIC INSURAN

206 COMCAR INSURANCE

207 CONSOLIDATED HEALTH PLANS

208 CONSTITUTION STATE SERVIC

209 EDSA

210 FIREMAN'S FUND

211 GALLAGHER-BASSETT

212 HELLSMAN MANAGEMENT

213 TRIAD, LLC

214 HIGHMARK BLUE CROSS/BLUE

215 GROUP HEALTH, INC.

216 INDECS CORPORATION

217 J.C. PENNEY LIFE INSURANC

218 KAISER PERMANENTE

219 W.J. JONES ADMINISTRATORS

220 DELTA DENTAL OF GEORGIA

221 GIC INDEMNITY PLAN BY UNI

222 CCMSI

223 BLUE CROSS OF NORTH EASTE

224 CCEBT HEALTH BENEFITS

225 INDEPENDENCE BLUE CROSS

226 NEW ENGLAND TEAMSTERS

227 CORESOURCE, INC.


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228 ASC

229 MIM HEALTH PLANS

22A AETNA HEALTH PLANS

22B AETNA HEALTH PLANS

22C AETNA HEALTH PLANS

22D AETNA HEALTH PLAN

22E AETNA HEALTH PLAN

22F AETNA US HEALTH CARE

22G AETNA PHARMACY MANAGEMENT

22H AETNA U.S. HEALTHCARE

22I AETNA HEALTH PLAN

22J AETNA US HEALTHCARE

22K AETNA HEALTH PLAN

22L AETNA HEALTH PLAN

22M AETNA US HEALTHCARE

22N AETNA U.S. HEALTHCARE

22P AETNA HEALTH CARE

22Q AETNA US HEALTH CARE

22R AETNA US HEALTHCARE

22S AETNA US HEALTHCARE

22T AETNA US HEALTHCARE

22U AETNA US HEALTHCARE

22V AETNA US HEALTHCARE

22W AETNA US HEALTHCARE

22X AETNA U.S. HEALTHCARE

22Y AETNA US HEALTHCARE

230 OXFORD HEALTH PLANS


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231 PENN STATE GEISINGER HEAL

232 PRE-DENT/BLUE CROSS OF IL

233 NEW ENGLAND FINANCIAL

234 HEALTH PLANS, INC.

235 FFI, RX MANAGED CARE

236 HERITAGE CONSULTANTS

237 STAR ADMINISTRATIVE SERVI

238 SUN HEALTHCARE GROUP

239 EASTERN CASUALTY INSURANC

240 AON SELECT

241 TOTAL PLAN SERVICES

242 THE TPA

243 NEW JERSEY CARPENTER HEAL

244 UNICARE-DOW CHEMICAL

245 UNITED HEALTHCARE

246 UNION FIDELITY INSURANCE

247 WILLIS-CORROON

248 WOODHALL WEAVING

249 CAREMARK PRESCRIPTION SER

250 ZURICH INSURANCE

251 POLARIS INSURANCE/J.W. HA

252 AMERICAN FREIGHTWAYS

253 BLUE CROSS OF GREATER NEW

254 AH & L

255 CORESTAR

256 DELTA DENTAL OF ILLINOIS


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257 DIVERSIFIED ADMINISTRATOR

258 DELTA DENTAL OF ARKANSAS

259 ELECTRIC WORKERS HEALTH &

260 BLUE CROSS OF MISSOURI

261 FOREMOST OF AMERICA

262 FIRST HEALTH

263 GATES MCDONALD HEALTH PLU

264 HEALTHCARE PLAN OF MOHAWK

265 HUMANA EMPLOYERS HEALTH I

266 INSURANCE ADMINISTRATORS

267 ADMINISTRATIVE SERVICE CO

268 BENEFIT ADMINISTRATIVE SY

269 DELTA USA

270 FIRST HEALTH

271 LONDON HEALTH ADMINISTRAT

272 NEW ENGLAND HEALTH ADVANT

273 ONE HEALTH PLAN

274 AIG

275 PAID PRESCRIPTIONS

276 PAID PRESCRIPTIONS

277 PERFORMAX

278 PRINCIPAL LIFE INSURANCE

279 PROVIDENCE WASHINGTON INS

27A US LIFE INSURANCE COMPANY

280 FIRST HEALTH

281 BLUE CROSS OF MISSOURI

282 AUTOMATED BENEFIT SERVICE


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283 SELMAN & COMPANY

284 BLUE CROSS OF ROCHESTER

285 SPECIALTY RISK SERVICES

286 STARBRIDGE T/A

287 STERLING & STERLING

288 AFLAC

289 MEGA LIFE & HEALTH INSURA

290 UNICARE INSURANCE

291 FRA INSURANCE PLANS

292 UNITED HEALTHCARE/MINNESO

293 UNITED HEALTH PLAN OF NEW

294 UNITED MEDICAL RESOURCES,

295 UNITED PACIFIC

296 UNUM LIFE INSURANCE

297 BLUE SHIELD OF CALIFORNIA

298 WELLMARK

299 ASSOCIATED PLAN ADMINISTR

300 STRATEGIC RESOURCE CO.

301 ACADIA INSURANCE CO.

302 BAKERY & CONF. UNION HEAL

303 BLUE CROSS/BLUE SHIELD OF

304 BLUE CROSS OF TENNESSEE

305 BLUE CROSS/BLUE SHIELD OF

306 CAMBRIDGE INTEGRATED GROU

307 ERN ADMINISTRATORS

308 BENEFIRST

309 AMERICORPS


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310 BENESIGHT

311 CORPORATE BENEFITS SERVIC

312 HEALTH CARE ADMINISTRATOR

313 EMPLOYEE BENEFIT ADMINIST

314 NATIONAL ELEVATOR INDUSTR

315 CARE FIRST ADMINISTRATORS

316 PHN CONNECTICUT PIPE TRAD

317 FIRST HEALTH

318 P5 ELECTRONICS HEALTH SER

319 TEAMSTERS CARE

320 TEAMSTERS LOCAL 59

321 UFCW NATIONAL HEALTH & WE

322 COVENTRY HEALTH CARE OF L

323 BOILERMAKER NATIONAL HEAL

324 WAUSAU INSURANCE

325 WAUSAU BENEFITS

326 1199 NATIONAL BENEFIT FUN

327 ADVANCED PCS

328 ANTHEM BLUE CROSS

329 BENESIGHT

330 BOLLINGER INSURANCE

331 ADVANCED PCS HELP SYSTEM,

332 ANTHEM RX PHARMACY

333 CIGNA DENTAL

334 CIGNA DENTAL

335 COMMERCE BENEFIT GROUP

336 DELTA DENTAL OF NEW JERSE


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337 DELTA DENTAL OF MICHIGAN

338 ECKERD HEALTH SERVICE

339 FEDERAL EMPLOYEE COMP ACT

340 AMERICAN SPECIAL RISK MGM

341 GUARANTEE TRUST LIFE INS.

342 GM-SOUTHWEST

343 GOLDEN RULE INSURANCE CO.

344 HEALTH NET

345 HEALTH CARE PAYERS COALIT

346 HEALTH NET - NORTHEAST

347 IBEW LOCAL 223 HEALTH & W

348 INSURERS ADMINISTRATIVE C

349 CLAIMS PRO

350 ALLSTATE FINANCIAL GROUP

351 BENEFIT SYSTEM & SERVICE,

352 LOCAL 1102 BENEFITS FUND

353 LOOMIS CO.

354 MATTHEW THORTON HEALTH PL

355 HANOVER INSURANCE

356 MEGA LIFE & HEALTH INSURA

357 HARRINGTON BENEFIT SERVIC

358 FMH BENEFITS

359 J.F. MALLOY & ASSOCIATES

360 NEIGHBORHOOD SOLUTIONS

361 NCAS-VIA

362 NEXCALIBER

363 NORTH AMERICAN ADMINISTRA


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364 NOVA INSURANCE

365 MED IMPACT

366 PREMERA BLUE CROSS

367 PRESCRIPTION SOLUTIONS, I

368 PRIVATE HEALTHCARE SYSTEM

369 PUBLIC SERVICE MUTUAL INS

36A BLUE CROSS/BLUE SHIELD OF

370 BLUE CROSS/BLUE SHIELD OF

371 CELTIC INSURANCE

372 REGENCE BLUE SHIELD

373 RI INTERLOCAL RISK MANAGE

374 R.I. NURSING HOME GROUP

375 OPTIMUM CHOICE

376 HARBORSIDE HEALTH PLAN

377 WELLPOINT PHARMACY

378 STATE FARM INSURANCE

379 TRUSTMARK INSURANCE CO.

380 TRUSTMARK INSURANCE - DEN

381 UNICARE

382 UNITED HEALTHCARE FOR DEN

383 UNITED HEALTHCARE/UTAH

384 WELLPOINT PHARMACY MANAGE

385 WEA TRUST

386 WELLPOINT DENTAL

387 USI ADMINISTRATORS, INC.-

388 USI RX

389 AMERIBEN SOLUTIONS


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390 ACE INTERNATIONAL INSURAN

391 ALTUS DENTAL INSURANCE CO

393 CBCA ADMINISTRATORS

394 DELTA DENTAL OF KANSAS

395 DELTA DENTAL OF PENNSYLVA

396 DEFINITY HEALTH CLAIMS

408 HEALTH NET

410 H.E.R.E.I.U.

414 INTERPLAN CORPORATION

416 INTERNATIONAL MEDICAL GRO

41A BLUE CROSS OF WESTERN PEN

425 NATIONWIDE HEALTH CARE PL

439 SISTERS OF MERCY

46A CIGNA HEALTH CARE

46B CIGNA HEALTH CARE

46C CIGNA HEALTH CARE

46D CIGNA HEALTH CARE

46E CIGNA HEALTH CARE

46F CIGNA HEALTH CARE

46G CIGNA HEALTH CARE

46H CIGNA HEALTH CARE

46I CIGNA HEALTH CARE

46J CIGNA HEALTH CARE

46K CIGNA HEALTH CARE

46L CIGNA HEALTHCARE

46M HEALTH SOURCE/CIGNA

46N CIGNA HEALTH CARE


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46O CIGNA HEALTH CARE

46P CIGNA HEALTH CARE

46Q CIGNA HEALTH CARE OF NEW

46R CIGNA HEALTH CARE
46S CIGNA HEALTH CARE

46T CIGNA HEALTH CARE

46U CIGNA OF MASSACHUSETTS

46V CIGNA HEALTHCARE

46W CIGNA HEALTH CARE

46X CIGNA HEALTH CARE

46Y CIGNA HEALTH CARE

46Z CIGNA HEALTH CARE

47A CNA RISK MANAGEMENT

48A CONNECTICUT GENERAL

48B CONNECTICUT GENERAL

49A CORPORATE HEALTH ADMINIST

51A DIVERSIFIED PHARMACEUTICA

53A EXPRESS SCRIPT

53B EXPRESS SCRIPTS

54A EMPIRE BLUE CROSS

54B EMPIRE BLUE CROSS

54C EMPIRE BLUE CROSS

54D EMPIRE BLUE CROSS

54E EMPIRE BLUE CROSS

60A FORTIS SELF FUNDED INSURA

67A GREAT WEST LIFE

67B GREAT WEST LIFE


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67C GREAT WEST LIFE

67D GREAT WEST LIFE

67E GREAT WEST LIFE

68A GUARDIAN INSURANCE

68B GUARDIAN INSURANCE

68C GUARDIAN INSURANCE

70A METRAHEALTH

70B METRAHEALTH

70C METRAHEALTH

70D METRAHEALTH

70E METRAHEALTH

70F METRAHEALTH

70G METRAHEALTH

70H METRAHEALTH

70I METRAHEALTH

70J METRAHEALTH

70K METRAHEALTH

70L METRAHEALTH

70M METRA HEALTH

73A HARTFORD LIFE & ACCIDENT

82A MASS. MUTUAL INSURANCE

82B MASS MUTUAL INSURANCE

83A JOHN HANCOCK MUTUAL LIFE

83B JOHN HANCOCK HEALTH INSUR

83C JOHN HANCOCK INSURANCE

88A PRINCIPAL FINANCIAL GROUP

88B PRINCIPAL FINANCIAL GROUP


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88C PRINCIPAL FINANCIAL GROUP

88D PRINCIPAL FINANCIAL GROUP

89A TUFTS BENEFIT ADMINISTRAT

89B TUFTS HEALTH PLAN

91A WAL-MART GROUP HEALTH

92A VALUE RX

95A METLIFE DENTAL

95B MET LIFE

95C MET LIFE DENTAL (NYNEX)

95D MET LIFE DENTAL

95E MET LIFE INSURANCE CO.

95F MET LIFE DENTAL

MDA MEDICARE CLAIMS DEPT.

MDB MEDICARE CLAIMS DEPT.


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# 10.4. Appendix D: Provider Services Contact List

| Contact | Functions |
|---|---|
| Mailto: mailto:webmaster@rixix.sod.eds.com | Report Web Page issues, broken links |
| EDI Coordinator<br>mailto:paula.giocastro@eds.com<br>(401)-784-3817 | EDI Registration and<br>Trading Partner profile updates<br>New Submitter testing |
| Recipient Eligibility Verification System<br>(800) 423-8303 | Claim Status |
| Provider Relations<br>(800) 964-6211<br>(401) 784-8100 | Billing Inquiries<br>In state toll calls<br>In state |


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# 10.5. Appendix E: HIPAA Internet Resources

Accredited Standards Committee (ASC X12)
Develops and maintains standards for inter-industry electronic data interchange.
http://www.x12.org/

American Dental Association (ADA)
The ADA is the source for the Dental Terminology 3rd Edition codes (CDT-3, HCPCS Level II "D" codes), and sets standards for the dental claim form.
http://www.ada.org

American Hospital Association Central Office on ICD-9-CM (AHA)
The resource for the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level I HCPCS.
www.ahacentraloffice.org/

American Medical Association (AMA)
The AMA is the source for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes.
http://www.ama-assn.org/

Association for Electronic Health Care Transactions (AFEHCT)
An association dedicated to promoting the interchange of electronic healthcare information.
http://www.afehct.org/

Centers for Medicare and Medicaid Services (CMS)
Formerly known as HCFA, this site provides the Electronic Health Care Transactions and Code Sets Model Compliance Plan.
http://www.cms.gov/hipaa/hipaa2/

The CMS resource for information related to the Healthcare Common Procedure Coding System (HCPCS).
http://cms.hhs.gov/medicare/hcpcs/

The CMS resource for Medicaid HIPAA information related to the Administrative Simplification provision.
http://www.cms.gov/medicaid/hipaa/adminsim/

Designated Standard Maintenance Organizations (DSMO)
This site is a resource for information about the standard setting organizations, and transaction change request system.
http://www.hipaa-dsmo.org/

Health Level Seven (HL7)
One of several ANSI accredited Standards Development Organizations (SDO), and is responsible for clinical and administrative data standards.
http://www.hl7.org/

Medicaid HIPAA Compliant Concept Model (MHCCM)
This site presents the Medicaid HIPAA Compliance Concept Model, information and a toolkit.
http://www.mhccm.org/

The New Hampshire and Vermont Strategic HIPAA Implementation Plan (RIVSHIP)
Volunteer organization of hospitals, physicians, other health care providers, health plans, state health departments, and vendors. Members are working together to improve the understanding of and compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).


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http://www.RIvship.org/

National Uniform Billing Committee (NUBC)
NUCB is affiliated with the American Hospital Association, and develops standards for institutional claims.
http://www.nubc.org/

National Uniform Claim Committee (NUCC)
NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy.
http://www.nucc.org/

Office for Civil Rights (OCR)
OCR is the Health and Human Services Office responsible for enforcing the Privacy Rule under HIPAA.
http://www.hhs.gov/ocr/hipaa/

United States Department of Health and Human Services (DHHS)
This site is a resource for the Notice of Proposed Rule Making, rules and other information regarding HIPAA.
http://aspe.hhs.gov/admnsimp/

Washington Publishing Company (WPC)
WPC is a resource for HIPAA required transaction implementation guides and code sets.
http://www.wpc-edit.com/hipaa/

Workgroup for Electronic Data Interchange (WEDI)
A workgroup dedicated to improving healthcare through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative simplification provisions of HIPAA.
http://www.wedi.org


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