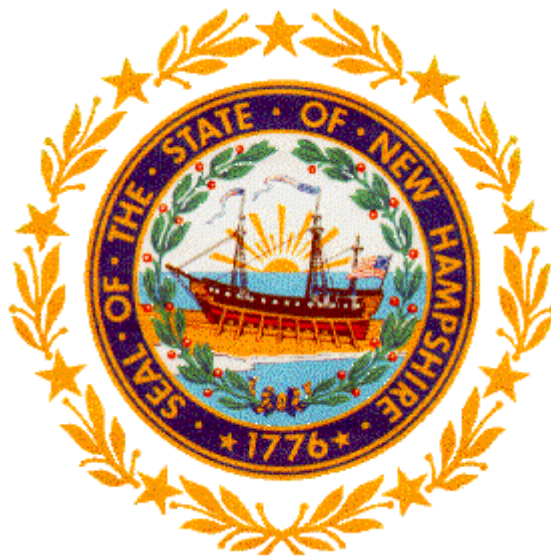


NEW HAMPSHIRE HEALTH CARE FACILITY DISCHARGE DATA SUBMISSIONS MANUAL



Version 2017

Effective April 13, 2017

Prepared by:
New Hampshire Hospital Association
(Updated 8/2/17)



SUMMARY OF CHANGES BETWEEN VERSIONS 2015 & 2017:

- **Version 2015 (effective January 1, 2015)**
- **Version 2017 (effective April 13, 2017)**
- **Patient Name and Subscriber Name fields must be blank or “-“.**
- **Patient and Subscriber zip codes of “YYYYY” is accepted to indicate out-of-country residence.**
- **Addition of the principal procedure and dates identified by the Code List Qualifier Code of “BBR” or “BR”.**
- **General updates to remove old references to prior data submission manual versions.**

1. Introduction

This manual contains the instructions for submission of health care facility discharge data from acute care hospitals, specialty hospitals, freestanding hospital emergency facilities, and walk-in urgent care centers in New Hampshire in accordance with CHAPTER He-C 1500 Data Submission and Release of Health Care Facility Discharge Data. Up to date information on the rule can be found online at:

<http://www.gencourt.state.nh.us/rules/he-c1500.html>

The rule defines the data and the required submitting facilities as follows:

“Health care data” means information consisting of, or derived directly from patient discharge data. “Health care data” does not include analysis, reports, or studies containing information from health care data sets, if those analyses, reports, or studies have already been released in response to another request for information or as part of a general distribution of public information by the department.

“Health care facility” means, in this chapter, a public or private, proprietary or not-for-profit entity or institution providing health services licensed under RSA 151:2 that is an:

- (1) Acute care hospital;
- (2) Specialty hospital;

(3) Freestanding hospital emergency facility; or

(4) Walk-in urgent care center.

Further definitions for each facility are as follows:

“Acute care hospital” means a health care facility that is licensed by the state of New Hampshire under RSA 151:2 as a general hospital.

“Specialty hospital” means a health care facility licensed by the state of New Hampshire under RSA 151:2 as a specialty hospital that is engaged in providing psychiatric, substance abuse, physical rehabilitation, long term acute care, or other services to patients under the supervision of a physician.

“Freestanding hospital emergency facility” means a health care facility that is licensed by the state of New Hampshire under RSA 151:2 as a freestanding hospital emergency facility.

“Walk-in urgent care center” means a health care facility licensed under RSA 151:2 by the state of New Hampshire as part of a larger general hospital, freestanding hospital emergency facility, or outpatient clinic that provides patients access to prompt medical care for minor illnesses or injury without an appointment.

Furthermore, this document is to provide guidelines for creating an ANSI ASC X12-837 Version 5010 file as it is implemented for the New Hampshire CHAPTER He-C 1500 Data Submission and Release of Health Care Facility Discharge Data. This format is based on the 837 Health Care Service Data Reporting implementation guide (X156). This document is to be used as an addendum document to the ANSI ASC X12 implementation guides and assumes the reader is familiar with the 837 Claim/Encounter Standard.

Note 1: Although this guide references discharge data as "claims" or "encounters", it must be noted that an X12-837 created with only the submission required segments will not be complete enough for payer submissions. Conversely, an X12-837 created with only the payer required segments will not be complete enough for these submissions. The additional data needed is noted in this document.

Note 2: Any data included in 837 submissions required by payer systems, but not necessary for this submission will be ignored by the processing system. Additional data submitted will NOT cause a rejection.

It is expected that the reader familiarize themselves with the ANSI ASC X12 837 standard and relevant implementation guides. Chapters One and Two and Appendices A and B of the ANSI ASC X12 implementation guides provide a detailed discussion

regarding the X12-837 and its envelope. These implementation guides are available from the Washington Publishing Company Web site at:

www.wpc-edi.com

The UB-04 and X12-837 are the standards governing New Hampshire Hospital discharge data submissions. As those standards change it is the intent to keep this submission manual current. If the manual is or becomes inconsistent with defined UB-04 and X12-837 standards users should submit data according to the standards.

The U.S. Centers for Disease Control and Prevention (CDC) maintains a code set for use in coding race and ethnicity. This code set is based on current federal standards for classifying race and ethnicity, specifically the minimum race and ethnicity categories defined by the U.S. Office of Management and Budget (OMB) and a more detailed set of race and ethnicity categories maintained by the U.S. Bureau of the Census (BC). These federal standards classify data on race and ethnicity exchanged, stored, retrieved, or analyzed in electronic form. The current federal code set for race and ethnicity can be found at:

http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf

2. Outpatient Hospital Data Submission Record Selection Requirements

New Hampshire Administrative Rule Chapter He-C 1500 specifies that the health care facilities that must submit discharge data to the state are: general acute care hospitals, specialty hospitals, freestanding hospital emergency facilities, and walk-in urgent care centers. The rule further specifies that all discharges shall be submitted. As hospital outpatient department billing methods have evolved for scheduled services, a clarification of what outpatient hospital discharges should be submitted to the state is required. At the time He-C 1500 was adopted there was no clear definition available. The below provides guidance as to what outpatient hospital records should be submitted.

Do Report:

- Outpatient hospital records that are typically billed on a UB-04 with a type of bill code of '013x' under the general acute care hospitals tax ID.
- Everything not on the Don't Report list. When in doubt, report the information, since the state will be further categorizing the data records received so that hospitals, public health, researchers, and others using the data set can be assured of consistent record sets across facilities.
 - Note: the technical component of professional claims and bundled technical/professional claim lines at Critical Access Hospitals should be reported.

Don't Report:

- Professional claims (those typically billed on a CMS 1500) billed under the hospital tax ID or other tax IDs should not be reported.
- Lab specimen only records should not be reported.

3. Filing Requirements

Health care facilities shall submit standard claims transactions representing a completed data set for patients using the definitions outlined in this manual. Data will be submitted beginning with discharges occurring on January 1, 2010, and continuing at least quarterly thereafter. Data submissions must be in a format compliant with the Official UB-04 Data Specifications Manual published by the National Uniform Billing Committee consistent with the date of service. As codes are added or changed in the UB-04 they will be valid as of the effective date. Data may be submitted either monthly or quarterly, following the filing periods outlined below. Data submissions shall be made using the ANSI ASC X12N 837 electronic file format pursuant to 45 CFR 162 as specified later in this manual.

For those families that are hospitals, below is a table that identifies your three character hospital code that should be used as part of the file name. Please refer to Data Submissions Mapping for file naming convention.

Hospital Code	Hospital Name	Type
APD	Alice Peck Day Memorial Hospital	Acute Care
AVH	Androscoggin Valley Hospital	Acute Care
CHE	Cheshire Medical Center	Acute Care
CMC	Catholic Medical Center	Acute Care
CON	Concord Hospital	Acute Care
COT	Cottage Hospital	Acute Care
DHM	Dartmouth Hitchcock Medical Center (includes psych unit)	Acute Care
ELL	Elliot Hospital	Acute Care
EXE	Exeter Hospital	Acute Care
FMH	Frisbie Memorial Hospital	Acute Care
FRH	Franklin Regional Hospital	Acute Care
HAM	Hampstead Hospital	Specialty Care
HSR	HealthSouth Rehabilitation Hospital	Specialty Care
HUG	Huggins Hospital	Acute Care
LIT	Littleton Regional Hospital	Acute Care

LRG	Lakes Region General Healthcare	Acute Care
MCH	Monadnock Community Hospital	Acute Care
MEM	Memorial Hospital	Acute Care
NHH	New Hampshire Hospital	Specialty Care
NLH	New London Hospital	Acute Care
NRH	Northeast Rehabilitation Hospital	Specialty Care
PMC	Parkland Medical Center	Acute Care
POR	Portsmouth Regional Hospital (includes psych unit)	Acute Care
SMH	Speare Memorial Hospital	Acute Care
SNH	Southern New Hampshire Medical Center	Acute Care
STJ	St. Joseph Hospital	Acute Care
UCV	Upper Connecticut Valley Hospital	Acute Care
VRH	Valley Regional Hospital	Acute Care
WDH	Wentworth Douglass Hospital	Acute Care
WMC	Weeks Medical Center	Acute Care

4. Filing Periods

The discharge data set shall be submitted 60 days after the close of a month or quarter.

Monthly Data for:

January
February
March
April
May
June
July
August
September
October
November
December

Due Date:

March 31
April 30
May 31
June 30
July 31
August 31
September 30
October 31
November 30
December 31
January 31
February 28

Quarterly Data for:

January - March
April - June
July - September
October - December

Due Date:

May 31
August 31
November 30
February 28

Health care facilities may request up to 3 months additional time to file their first 2 submissions by submitting the request in writing to the New Hampshire Hospital

Association, including an explanation of the reason for the request. Please send requests to:

Caroline Lavoie
Health Data Analyst
New Hampshire Hospital Association
125 Airport Rd.
Concord, NH 03301
nhadata@nhha.org
603-415-4260

5. Registration

Each health care facility shall submit an annual registration to the New Hampshire Hospital Association's agent by May 1, with the following information:

- Health care facility name and mailing address;
- Health care facility federal tax identification number;
- Health care facility national provider identification number(s); and
- Name, e-mail address, and mailing address of the person completing the registration.

Health care facilities becoming operational at a later date shall submit a registration within one month of becoming operational, and annually thereafter.

6. Testing

Testing will be required each time a facility changes information services vendors. Records submitted for testing should consist of one month's worth of discharge records. Production data will not be accepted until the health care facilities has passed file structure testing and made any/all corrections necessary to meet standards.

7. Electronic Transmissions

Upon registration, the New Hampshire Hospital Association's agent will provide facility contacts with the details regarding the following information:

- Encryption software to encrypt identified confidential data elements in place on submitter/facilities network;
- Secure ftp site for upload of encrypt and compressed (zipped) data submission;
- Security credentials (username and password) to access secure ftp site for file submissions.

The following guidelines are relevant for all submissions.

- Submission shall be made using the ANSI ASC X12N 837 institutional electronic file format pursuant to 45 CFR 162.
- Each encounter is represented by a separate CLM detail segment in the 837 electronic file.
- Without specific prior agreement, each facility must be submitted as a single file.
- Without specific prior agreement, separate facilities must submit separate files.

Details associated with transmittal record will be contained in transactional header sections of the 837 electronic file are in the following table. Sections 7, 8 and 10 of this manual detail the individual data elements and their requirements.

Transmittal Data Element	Descriptor Loop ID	HIPAA 837 Reference Designator
Submitting health care facility name	Submitter Name 1000A	NM103
Submitting health care facility tax id	Interchange Control Header; Submitter Name 1000A	ISA06; NM109
Submitting health care facility Medicare provider number	Functional Group Header	GS02
If different from submitting health care facility, the name and address of the location where discharges in the submitted records occurred;	Separate 837 file submission	
File name;	Beginning Hierarchal Transaction	BHT03
Contact person name;	Submitter EDI Contact Information 1000A	PER02
Contact person telephone number;	Submitter EDI Contact Information 1000A	PER03 = "TE" and PER04
Contact person e-mail address;	Submitter EDI Contact Information 1000A	PER05 = "EM" and PER06
Date processed;	Beginning Hierarchal Transaction	BHT04
Time processed;	Beginning Hierarchal Transaction	BHT05
Submission date;	Interchange Control Header	ISA09

8. Required Data Elements

CHAPTER He-C 1500 Data Submission and Release of Health Care Facility Discharge Data specifies Health care facilities shall submit data to the New Hampshire Hospital Association, or its agent, as standard claims transactions in a format compliant with the Official UB-04 Data Specifications Manual published by the National Uniform Billing Committee. Please Note:

1. Unless otherwise specified in He-C 1503.04, the Official UB-04 Data Specifications Manual shall be the code source to be utilized for discharge data submission.
2. Unless otherwise specified in He-C 1503.04, data elements shall be required as defined by the UB-04 reporting standard in the Official UB-04 Data Specifications Manual.
3. Data submissions shall be made using the ANSI ASC X12N 837 electronic file format pursuant to 45 CFR 162.

8.1 UB-04 Specific Data Elements

The following elements from the UB-04 reporting standard shall be submitted as follows:

1. UB-04 Form Locator 01, "billing provider name, address and telephone number";
2. UB-04 Form Locator 02, "pay-to name and address";
3. UB-04 Form Locator 03a, "patient control number";
4. UB-04 Form Locator 03b, "medical/health record number", which shall be required on all claims;
5. UB-04 Form Locator 04, "type of bill";
6. UB-04 Form Locator 05, "federal tax ID number";
7. UB-04 Form Locator 06, "statement covers period";
8. UB-04 Form Locator 08, "patient name/identifier", which shall:
 - a. Be blank or "-";
9. UB-04 Form Locator 09, "patient address";
10. UB-04 Form Locator 10, "patient birth date";
11. UB-04 Form Locator 11, "patient sex";

12. UB-04 Form Locator 12, "admission/start of care date", which shall be required on all claims;
13. UB-04 Form Locator 13, "admission hour", which shall be required on all claims;
14. UB-04 Form Locator 14, "priority (type) of visit";
15. UB-04 Form Locator 15, "point of origin for admission or visit";
16. UB-04 Form Locator 16, "discharge hour", which shall be required on all inpatient and observation stay claims;
17. UB-04 Form Locator 17, "patient discharge status";
18. UB-04 Form Locator 18 through 28, "condition codes", which shall:
 - a. Be submitted as recorded; and
 - b. Be collected, recorded, and submitted where applicable for:
 - i. 02 = Condition is Employment-Related; and
 - ii. P1 = Do Not Resuscitate Order (DNR);
19. UB-04 Form Locator 31 through 34, "occurrence codes and dates 1 – 4", which shall:
 - a. Be submitted as recorded; and
 - b. Be collected, recorded, and submitted where applicable for 04 = Accident/employment related date;
20. UB-04 Form Locator 39 through 41, "value codes and amounts", which shall:
 - a. Be submitted as recorded; and
 - b. Be collected, recorded, and submitted where applicable for:
 - i. 54 = Newborn Birth Weight in Grams; and
 - ii. P0 = For newborns, mother's medical record number;
21. UB-04 Form Locator 42, "revenue code";
22. UB-04 Form Locator 44, "HCPCS or CPT/accommodation rates/HIPPS rate codes", except the length limit shall not apply;
23. UB-04 Form Locator 45, "service date";
24. UB-04 Form Locator 46, "service units";

25. UB-04 Form Locator 47, "total charges";
26. UB-04 Form Locator 50, "payer name", except the length limit shall not apply;
27. UB-04 Form Locator 51, "health plan identification number";
28. UB-04 Form Locator 56, "national provider identifier – billing provider";
29. UB-04 Form Locator 57, "other (billing) provider identifier";
30. UB-04 Form Locator 59, "patient's relationship to insured";
31. UB-04 Form Locator 64, "document control number";
32. UB-04 Form Locator 65, "employer", which shall:
 - a. When the employer is not known, be recorded as "UNKNOWN"; and
 - b. When not employed, be recorded as "NA";
33. UB-04 Form Locator 66, "diagnosis and procedure code qualifier";
34. UB-04 Form Locator 67, "principal diagnosis code and present on admission indicator" which for the present on admission (POA) element shall only be recorded on inpatient acute care discharges;
35. UB-04 Form Locator 67A-Q, "other diagnosis codes and present on admission indicator" which for the POA element shall only be recorded on inpatient acute care discharges;
36. UB-04 Form Locator 69, "admitting diagnosis code";
37. UB-04 Form Locator 70A-C, "patient's reason for visit";
38. UB-04 Form Locator 72A-C, "external cause of injury code (ECI) and present on admission indicator", which shall be reported in order for every applicable principal and other diagnoses;
39. UB-04 Form Locator 74, "principal procedure code and date";
40. UB-04 Form Locator 74A-E, "other procedure codes and dates";
41. UB-04 Form Locator 76, "attending provider name and identifiers";
42. UB-04 Form Locator 77, "operating physician name and identifiers";

43. UB-04 Form Locator 78 and 79, “other provider (individual) names and identifiers”;

44. UB-04 Form Locator 81A-D, “code-code field”, shall: be collected, recorded, and submitted where applicable for B1 (race and ethnicity); and submitted in 837 electronic transaction in conjunction with FL 08 patient demographic qualifier

8.2 Non UB-04 Specific Data Elements

The health care facility shall also submit information regarding primary language spoken as the health care facility has coded it.

8.3 Race and Ethnicity Data Element Reference

Race and ethnicity codes will follow the standard associated with the U.S. Centers for Disease Control and Prevention (CDC) code set for use in coding race and ethnicity (see http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf) This hierarchical code set consists of two tables: (1) Race and (2) Ethnicity. The Race and Ethnicity tables include the U.S. Office of Management and Budget (OMB) minimum categories, 5 races and 2 ethnicities, along with a sixth race category, other race.

Race

The OMB minimum categories for data on race are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. The standard requires the recording multiple races for the same individual. Health care facilities must allow for recording and submittal of multiple codes.

The highest level codes representing the race code set are as follows:

R1 = American Indian / Alaskan Native
R2 = Asian
R3 = Black or African American
R4 = Native Hawaiian or Pacific Islander
R5 = White
R7=Refused/declined to provide
R8=Unknown
R9 = Other Race

Race codes are further detailed (if available) by building on the R1-R9 code set as in the following example:

R1 = American Indian or Alaska Native

R1.01 = American Indian
R1.02 = Alaska Native
R2 = Asian
R2.01 = Asian Indian
R2.02 = Bangladeshi
R2.03 = Bhutanese
R2.04 = Burmese
R2.05 = Cambodian
R2.06 = Chinese
R2.07 = Taiwanese
R2.08 = Filipino
R2.09 = Hmong
...

Ethnicity

There are two OMB minimum categories for data on ethnicity: Hispanic or Latino, and Not Hispanic or Latino. The highest level codes representing the ethnicity code set are as follows:

E1 = Hispanic or Latino
E2 = Not Hispanic or Latino
E7=Refused/declined to provide
E8=Unknown

Ethnicity codes are also further detailed (if available) by building on the E1 and E2 code set as follows:

E1 = Hispanic or Latino
E1.01 = Spaniard
E1.02 = Mexican
E1.03 = Central American
E1.04 = South American
E1.05 = Latin American
E1.06 = Puerto Rican
E1.07 = Cuban
E1.08 = Dominican

9. Data Elements to HIPAA Loop and Reference Designation Crosswalk

NH UHFDDS

5010 837i Data Submission Mapping: Submission File Creation

File Name	<p>File names should begin with the designated 3-character code of the hospital as identified in section 3 Filing Requirements of this Data Submission Manual.</p> <p>Files should be uploaded to the specific hospital Production or Test folder on the sFTP server.</p>
Delimiters	<p>Submission files are created with the following delimiters:</p> <p><i>Data Element Separator</i> : Asterisk (*)</p> <p><i>Repetition Separator</i> : Caret (^)</p> <p><i>Component Element Separator</i> : Colon (:)</p> <p><i>Segment Terminator</i> : Tilde (~)</p> <p>Values sent in ISA-11 (Repetition Separator) and ISA-16 (Component Element Separator) should be as indicated above.</p>
Health Care Facility	<p>Only one Health Care Facility per file. A Health Care Facility is defined as the organization providing services under a distinct Medicare Provider Number. The claim/discharge events contained in the file must all have occurred at the one Health Care Facility reported in the file.</p> <p>Three different Health Care Facility identifiers are defined throughout the New Hampshire Uniform Health Facility Discharge Data Set (UHFDDS) Submission Manual:</p> <p>Federal Tax ID (ISA06, 1000A-NM109, 2010AA-REF02)</p> <p>Medicare Provider Number (GS02)</p> <p>National Provider ID (210AA-NM109)</p> <p>These identifiers refer to the same submitting Health Care Facility.</p>
Functional Groups	<p>Only 1 GS-GE Functional Group envelope per file.</p>
Transaction Sets	<p>Any number of ST-SE Transaction Set envelopes can be contained within the GS-GE Functional Group. There is no requirement to group or otherwise organize claim/discharge events into different Transaction Sets.</p>
Submitter (Loop 1000A)	<p>One per file submission. Identifies the Health Care Facility submitting the file.</p>
Receiver (Loop 1000B)	<p>Optional</p>

NH UHFDDS

5010 837i Data Submission Mapping: Submission File Creation

Billing/Service Provider (Loop 2000A)	Only one Billing/Service Provider per ST-SE Transaction Set envelope. If multiple Transaction Sets are created, the same one Billing/Service Provider must be contained within each.
Subscriber (Loop 2000B)	Multiple Subscribers may be reported for the Billing/Service Provider. Subscribers refers to both insured claimants as well as individuals/patients making private payments (i.e., Self Pay). Special values are used in Payer Loop 2010BB to represent Self Pay events.
Payer (Loop 2010BB)	Only one Payer per Subscriber. Must be the Primary Payer as indicated by the required value P in the 2000B-SBR01 field (Payer Responsibility Sequence Number Code).
Patient (Loop 2000C)	Segments in this Loop are included only when the Subscriber is not also the Patient (the value of the 2000B-SBR02 field is not "18"). Multiple Patients may be sent for one Subscriber.
Claim (Loop 2300)	Multiple Claims can be sent for one Patient. When multiple Claims are sent, each must represent a different encounter represented by a unique Patient Bill Number in Claim Loop 2300 field CLM01. Only Claims for the Primary Payer should be sent (to remain consistent with the value P - meaning Primary - required in Subscriber Loop 2000B field SBR01).

NH UHFDDS

5010 837i Data Submission Mapping: Mapping Key

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
5010 Loop ID	Segment and Field ID in 5010 837i Specification	Field Name in 5010 837i Specification	Required value in NH UHFDDS Implementation Non-italicized text indicates a literal value Italicized text describes the data value expected from the Health Care Facility Blank entry indicates no value is required	Description/meaning of NH UHFDDS Implementation Value	REQUIRED SITUATIONAL NOT USED	Field Locator (FL) for UB Form	AN = Alphanumeric ID = Coded Value (Alphanumeric characters allowed) N = Numeric (whole numbers) DT = Date value (value must represent a date - Numeric only) R = Numeric with explicit decimal precision (the decimal point is included in the field value). Values sent without a decimal point are assumed to have no decimal precision : Value Interpreted as 301.75 301.57 301 301.00 TM = Time (HHMM) (Numeric values only) Number in parenthesis indicated maximum number of characters	Additional explanation as needed.
LOOP ID - LOOP NAME (1)				<i>Primary Loops (Subscriber, Claim, etc.) are highlighted in light blue with number of times the loop may repeat indicated in parenthesis (a value of n indicates the loop is unbounded and may repeat as many times as needed).</i>				
LOOP ID	SEGMENT CODE - Segment Name (1)			<i>Segments are highlighted in gray with number of times segment may repeat within the loop indicated in parenthesis (a value of n indicates the loop is unbounded and may repeat as many times as needed).</i>				

NH UHFDDS

5010 837i Data Submission Mapping: Loops, Segments, and Data Fields Detail

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
ISA - Interchange Control Header (1)					REQUIRED			
ISA01	Authorization Information Qualifier	00		No Authorization Information Present (No Meaningful Information in ISA02)	REQUIRED		ID (2)	
ISA02	Authorization Information				NOT USED			
ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)	REQUIRED		ID (2)	
ISA04	Security Information				NOT USED			
ISA05	Interchange ID Qualifier	ZZ		Mutually Defined	REQUIRED		ID (2)	Indicates the Sender and Receiver have mutually defined value appearing in ISA06
ISA06	Interchange Sender ID	<i>Federal Tax ID (EIN) of the Health Care Facility (no leading zeros)</i>		Federal Tax ID	REQUIRED		AN (15)	The Health Care Facility identified as the Interchange Sender in this field must be the same Health Care Facility identified in Loop 1000A (Submitter) and Loop 2010AA (Billing/Service Provider). Accordingly, the same Federal Tax ID value must also appear in the following 2 fields: 1000A:NM109 (Submitter) 2010AA:REF02 (Billing/Service Provider)
ISA07	Interchange ID Qualifier	ZZ		Mutually Defined	REQUIRED		ID (2)	Indicates the Sender and Receiver have mutually defined value for ISA08
ISA08	Interchange Receiver ID	DHHS-NHHDD		Interchange Receiver ID	REQUIRED		ID (10)	
ISA09	Interchange Date	<i>Submission Date (YYMMDD format)</i>		Submission Date	REQUIRED		DT (6)	Date of submission
ISA10	Interchange Time				NOT USED			
ISA11	Repetition Separator	^		Repetition Separator	REQUIRED		AN (1)	The caret character is used to separate repeating field values where multiple values can be submitted for one field.
ISA12	Interchange Control Version Number				NOT USED			
ISA13	Interchange Control Number	<i>Control number assigned by the Health Care Facility</i>		Interchange Control Number	REQUIRED		AN (9)	A different value must be assigned each time data is transmitted. Same value must also appear in the following fields: IEA02 (Interchange Control Trailer) GS06 (Functional Group Header) GE02 (Functional Group Trailer)
ISA14	Acknowledgement Requested				NOT USED			
ISA15	Usage Indicator				NOT USED			
ISA16	Component Element Separator	:		Component Element Separator	REQUIRED		AN (1)	The colon character is used as the separator between the component values of a Composite field.
GS - Functional Group Header (1)					REQUIRED			Only one Functional Group per file
GS01	Functional Identifier Code	HC		Health Care Claim (837)	REQUIRED		ID (2)	
GS02	Application Sender Code	<i>Medicare Provider Number of the Health Care Facility (no leading zeros)</i>		Medicare Provider Number	REQUIRED		AN (15)	Must be the same Health Care Facility appearing in: ISA (Interchange Control Header) 1000A (Submitter) 2010AA (Billing/Service Provider)
GS03	Application Receiver Code	DHHS-NHHDD		Application Receiver Code	REQUIRED		ID (10)	
GS04	Date				NOT USED			
GS05	Time				NOT USED			
GS06	Group Control Number	<i>Control number assigned by the Health Care Facility</i>		Group Control Number	REQUIRED		AN (9)	Same value as ISA13 (Interchange Control Header) This same value must also appear in the following fields: IEA02 (Interchange Control Trailer) GE02 (Functional Group Trailer)
GS07	Responsible Agency Code	X		Accredited Standards Committee X12	REQUIRED		ID (1)	

NH UHFDDS

5010 837i Data Submission Mapping: Loops, Segments, and Data Fields Detail

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
	GS08	Version Identifier Code	<i>Any one of the following values</i> 005010X223 005010X223A1 005010X223A2	Version Identifier Code	REQUIRED		AN (15)	
ST - Transaction Set Header (n)					REQUIRED			
	ST01	Transaction Set Identifier Code	837	Health Care Claim	REQUIRED		ID (3)	
	ST02	Transaction Set Control Number	<i>Control number assigned by the Health Care Facility to uniquely identify the Transaction Set</i>	Transaction Set Control Number	REQUIRED		AN (10)	Must be a unique value for each Transaction Set appearing within the ISA-IEA Interchange envelope. Same value must appear in SE02 (Transaction Set Trailer).
	ST03	Implementation Convention Reference			NOT USED			
BHT - Beginning of Hierarchical Transaction (1)					REQUIRED			Must appear once following each ST segment
	BHT01	Hierarchical Structure Code	0019	Information Source, Subscriber, Dependent	REQUIRED		ID (4)	Indicates the HL Segment types to follow (note: Information Source = Billing/Service Provider, Dependent = Patient)
	BHT02	Transaction Set Purpose Code	<i>one of the following values</i> ----- 00 ----- 18 -----	Original Reissue	REQUIRED		ID (2)	Original transmissions are transmissions which have never been sent to the receiver. If a transmission was disrupted and the receiver requests a retransmission, the sender uses "Reissue" to indicate the transmission has been previously sent.
	BHT03	Reference Identification	<i>Serial or transmission number assigned by the Health Care Facility to identify the transaction within their own business application system</i>	Originator Application Transaction ID	REQUIRED		AN (50)	
	BHT04	Transaction Set Creation Date	<i>Date transaction was created (CCYYMMDD format)</i>		REQUIRED		DT (8)	
	BHT05	Transaction Set Creation Time	<i>Time transaction was created (HHMM format)</i>		REQUIRED		TM (4)	
	BHT06	Transaction Type Code			NOT USED			
1000A - SUBMITTER (1)					REQUIRED			
1000A	NM1 - Submitter Name (1)				REQUIRED			
1000A	NM101	Entity Identifier Code	41	Submitter	REQUIRED		ID (2)	
1000A	NM102	Entity Type Qualifier	2	Non-Person Entity	REQUIRED		ID (1)	
1000A	NM103	Submitter Last or Organization Name	<i>Health Care Facility Name</i>	Health Care Facility Name	REQUIRED		AN (60)	This same value also appears in 210AA:NM103 (Billing/Service Provider)
1000A	NM104	Submitter First Name			NOT USED			
1000A	NM105	Submitter Middle Name			NOT USED			
1000A	NM106	Name Prefix			NOT USED			
1000A	NM107	Name Suffix			NOT USED			
1000A	NM108	Identification Code Qualifier	46	Electronic Transmitter Identification Number (ETIN)	REQUIRED		ID (2)	
1000A	NM109	Submitter Identifier	<i>Federal Tax ID (EIN) of the Health Care Facility (no leading zeros)</i>	Federal Tax ID	REQUIRED		AN (15)	Same value must also appear in ISA06 (Interchange Control Header) 2010AA:REF02 (Billing/Service Provider)
1000A	NM110	Entity Relationship Code			NOT USED			
1000A	NM111	Entity Identifier Code			NOT USED			

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Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
1000A	NM112	Name Last or Organization Name			NOT USED			
1000A	PER - Submitter EDI Contact Information (1)				REQUIRED			Contact information for person responsible for file creation/submission.
1000A	PER01	Contact Function Code	IC	Information Contact	REQUIRED		ID (2)	
1000A	PER02	Submitter Contact Name	<i>First and last name of Submitter Contact at Health Care Facility</i>	Submitter Contact Name	REQUIRED		AN (60)	
1000A	PER03	Communication Number Qualifier	TE	Telephone	REQUIRED		ID (2)	
1000A	PER04	Communication Number	<i>Telephone number of Submitter Contact at Health Care Facility</i>	Submitter Contact Telephone Number	REQUIRED		AN (60)	Free form text with no formatting requirement, but please include area code as a prefix and any extension as a suffix to the main 7 digit telephone number.
1000A	PER05	Communication Number Qualifier	<i>one of the following values</i>		REQUIRED		ID (2)	
			----- EM -----	Electronic Mail address				
			----- FX -----	Fax Number				
1000A	PER06	Communication Number	<i>One of the following values as indicated above in 1000A:PER05</i>	Email or Fax Number	REQUIRED		AN (60)	
			<i>e-mail of Submitter Contact or Fax number of Submitter Contact</i>					
1000A	PER07	Communication Number Qualifier			NOT USED			
1000A	PER08	Communication Number			NOT USED			
1000A	PER09	Contact Inquiry Reference			NOT USED			
1000B - RECEIVER (1)					OPTIONAL			
1000B	NM1 - Receiver Name (1)				REQUIRED			Segment is required if sending this loop
1000B	NM101	Entity Identifier Code	40	Receiver	REQUIRED		ID (2)	
1000B	NM102	Entity Type Qualifier	2	Non-Person Entity	REQUIRED		ID (1)	
1000B	NM103	Receiver Name	DHHS-NHHDD	Receiver Name	REQUIRED		ID (10)	
1000B	NM104	Name First			NOT USED			
1000B	NM105	Name Middle			NOT USED			
1000B	NM106	Name Prefix			NOT USED			
1000B	NM107	Name Suffix			NOT USED			
1000B	NM108	Identification Code Qualifier			NOT USED			
1000B	NM109	Receiver Primary Identifier			NOT USED			
1000B	NM110	Entity Relationship Code			NOT USED			
1000B	NM111	Entity Identifier Code			NOT USED			
1000B	NM112	Name Last or Organization Name			NOT USED			
2000A - BILLING/SERVICE PROVIDER (1)								Only one Billing/Service Provider per Transaction Set and must be the same Health Care Facility identified in Loop 1000A (Submitter), ISA (Interchange Control Header) and GS (Functional Group Header). If multiple Transaction Sets are sent, the same Billing/Service Provider is expected in each.
2000A	HL - Billing/Service Provider Hierarchical Level (1)				REQUIRED			

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5010 837i Data Submission Mapping: Loops, Segments, and Data Fields Detail

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2000A	HL01	Hierarchical ID Number	1	Hierarchical ID Number for the Billing/Service Provider	REQUIRED		N	Within a Transaction Set (ST-SE envelope), the value for HL01 in the first HL segment must be 1, and this value is incremented by 1 for each subsequent HL segment appearing in the Transaction Set at any hierarchical level (i.e., Billing/Provider, Subscriber or Patient). The value for HL01 will always be 1 for the Billing/Service Provider HL Segment because it appears first in the Transaction Set AND because only one Billing/Service Provider HL Segment is permitted per Transaction Set.
2000A	HL02	Hierarchical Parent ID Number			NOT USED			The Billing/Service Provider HL Segment has no parent HL segment.
2000A	HL03	Hierarchical Level Code	20	Information Source	REQUIRED		ID (2)	
2000A	HL04	Hierarchical Child Code	1	Additional subordinate (child) HL Segments exist below this HL Segment (i.e., 1 or more child HL Subscriber Segments are present for the Billing/Service provider HL Segment).	REQUIRED		ID (1)	
2010AA (1) NM1 - Billing/Service Provider Name (1)					REQUIRED			
2010AA	NM101	Entity Identifier Code	85	Billing/Service Provider	REQUIRED		ID (2)	
2010AA	NM102	Entity Type Qualifier	2	Non-Person Entity	REQUIRED		ID (1)	
2010AA	NM103	Name Last or Organization Name	<i>Health Care Facility Name</i>	Health Care Facility Name	REQUIRED	FL 01	AN (60)	This same value also appears in 1000A:NM103 (Submitter)
2010AA	NM104	Name First			NOT USED			
2010AA	NM105	Middle Name			NOT USED			
2010AA	NM106	Name Prefix			NOT USED			
2010AA	NM107	Name Suffix			NOT USED			
2010AA	NM108	Identification Code Qualifier	XX	Centers for Medicare and Medicaid Services National Provider Identifier	REQUIRED		ID (2)	
2010AA	NM109	Identification Code	<i>Health Care Facility NPI</i>	Health Care Facility NPI	REQUIRED	FL 05	AN (10)	
2010AA	NM110	Entity Relationship Code			NOT USED	FL 56		
2010AA	NM111	Entity Identifier Code			NOT USED			
2010AA	NM112	Name Last or Organization Name			NOT USED			
2010AA N3 - Billing/Service Provider Address (1)					REQUIRED			
2010AA	N301	Address Information	<i>Health Care Facility address: Line 1</i>	Health Care Facility Address Line	REQUIRED	FL 01	AN (60)	
2010AA	N302	Address Information	<i>Health Care Facility address: Line 2</i>	Health Care Facility Address Line 2	SITUATIONAL	FL 01	AN (60)	
2010AA N4 - Billing/Service Provider City, State, Zip Code (1)					REQUIRED			
2010AA	N401	City Name	<i>Health Care Facility address: City Name</i>	Health Care Facility City Name	REQUIRED	FL 01	AN (60)	
2010AA	N402	State or Province Code	<i>Health Care Facility address: State Code</i>	Health Care Facility State	REQUIRED	FL 01	ID (2)	
2010AA	N403	Postal Code	<i>Health Care Facility address: Zip Code</i>	Health Care Facility ZIP Code	REQUIRED	FL 01	AN (15)	
2010AA	N404	Country Code			NOT USED			
2010AA	N405	Location Qualifier			NOT USED			
2010AA	N406	Location Identifier			NOT USED			
2010AA	N407	Country Subdivision Code			NOT USED			
2010AA REF - Billing/Service Provider Tax Identification (1)					SITUATIONAL			
2010AA	REF01	Reference Identification Qualifier	EI	Employer Identification Number	REQUIRED		ID (2)	Required when Segment is sent

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5010 837i Data Submission Mapping: Loops, Segments, and Data Fields Detail

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2010AA	REF02	Reference Identification	<i>Federal Tax ID (EIN) of the Health Care Facility (no leading zeros)</i>	Federal Tax ID	REQUIRED	FL 57	AN (15)	Same value must also appear in ISA06 (Interchange Control Header) 1000A:NM109 (Submitter)
2010AA	REF03	Description			NOT USED			
2010AA	REF04	Reference Identifier			NOT USED			
2010AA	PER - Billing/Service Provider Contact Information (1)				SITUATIONAL			Provide when contact information is different than contact information provided in 1000A:PER (Submitter). The contact identified in this segment addresses issues related to data and business meaning of the file content.
2010AA	PER01	Contact Function Code	IC	Information Contact	REQUIRED		ID (2)	
2010AA	PER02	Name	<i>First and last name of Billing/Service Provider contact</i>	Billing/Service Provider Contact Name	REQUIRED		AN (60)	
2010AA	PER03	Communication Number Qualifier	TE	Telephone	REQUIRED		ID (2)	
2010AA	PER04	Communication Number	<i>Telephone number of Billing/Service provider contact identified in PER02</i>	Billing/Service Provider Contact Telephone Number	REQUIRED	FL 01	AN (60)	Free form text with no formatting requirement, but please include area code as a prefix and any extension as a suffix to the main 7 digit telephone number.
2010AA	PER05	Communication Number Qualifier			NOT USED			
2010AA	PER06	Communication Number			NOT USED			
2010AA	PER07	Communication Number Qualifier			NOT USED			
2010AA	PER08	Communication Number			NOT USED			
2010AA	PER09	Contact Inquiry Reference			NOT USED			
2010AB	NM1 - Pay-To Address Name (1)				SITUATIONAL			If different than information provided in 2010AA:NM1 - Billing/Service Provider Name
2010AB	NM101	Entity Identifier Code	87	Pay-To Organization	REQUIRED		ID (2)	
2010AB	NM102	Entity Type Qualifier	2	Non-Person Entity	REQUIRED		ID (1)	
2010AB	NM103	Name Last or Organization Name	<i>Pay-To organization name</i>	Pay-To Organization Name	REQUIRED	FL 02	AN (60)	
2010AB	NM104	Name First			NOT USED			
2010AB	NM105	Middle Name			NOT USED			
2010AB	NM106	Name Prefix			NOT USED			
2010AB	NM107	Name Suffix			NOT USED			
2010AB	NM108	Identification Code Qualifier			NOT USED			
2010AB	NM109	Identification Code	<i>NPI of Pay-To organization</i>	Pay-To Organization NPI	SITUATIONAL		AN (60)	if available
2010AB	NM110	Entity Relationship Code			NOT USED			
2010AB	NM111	Entity Identifier Code			NOT USED			
2010AB	NM112	Name Last or Organization Name			NOT USED			
2010AB	N3 - Pay-To Address - Address (1)				SITUATIONAL			If different than information provided in 2010AA:N3 - Billing/Service Provider Address
2010AB	N301	Address Information	<i>Pay-To Address: Line 1</i>	Pay-To Address Line 1	REQUIRED	FL 02	AN (60)	
2010AB	N302	Address Information	<i>Pay-To Address: Line 2</i>	Pay-To Address Line 2	SITUATIONAL	FL 02	AN (60)	
2010AB	N4 - Pay-To Address City, State, Zip Code (1)				SITUATIONAL			If different than information provided in 2010AA:N4 - Billing/Service Provider Address City, State, Zip Code
2010AB	N401	City Name	<i>Pay-To Address: City Name</i>	Pay-To City Name	REQUIRED	FL 02	AN (60)	
2010AB	N402	State or Province Code	<i>Pay-To Address: State Code</i>	Pay-To State Code	REQUIRED	FL 02	ID (2)	
2010AB	N403	Postal Code	<i>Pay-To Address: Zip Code</i>	Pay-To Postal Zone or Zip Code	REQUIRED	FL 02	AN (15)	
2010AB	N404	Country Code			NOT USED			
2010AB	N405	Location Qualifier			NOT USED			
2010AB	N406	Location Identifier			NOT USED			
2010AB	N407	Country Subdivision Code			NOT USED			
2000B - SUBSCRIBER (n)					REQUIRED			
2000B	HL - Billing Provider Hierarchical Level (1)				REQUIRED			

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5010 837i Data Submission Mapping: Loops, Segments, and Data Fields Detail

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2000B	HL01	Hierarchical ID Number	<i>Incremented HL numeric sequence within Transaction Set</i>	Hierarchical ID Number - Subscriber	REQUIRED		N	
2000B	HL02	Hierarchical Parent ID Number	1	Hierarchical ID Number of parent Billing Provider in 2000A:HL01	REQUIRED		N	Must be 1 because only one Billing/Service Provider HL Segment is allowed in a Transaction Set, and the 2000A:HL01 value of the Billing/Service Provider HL Segment will always be 1.
2000B	HL03	Hierarchical Level Code	22	Subscriber	REQUIRED		ID (2)	
2000B	HL04	Hierarchical Child Code	<i>one of the following values</i>		REQUIRED		ID (1)	
			0	No Subordinate (child) HL Segment exists below this HL Segment (i.e., Subscriber is the Patient and no Patient HL Segments exist for this Subscriber HL Segment).				
			1	Additional Subordinate (child) HL Segments exist below this HL Segment (i.e, Subscriber is not the Patient and one or more Patient HL Segments exist for this Subscriber HL Segment).				
2000B	SBR - Subscriber Information (1)				REQUIRED			
2000B	SBR01	Payer Responsibility Sequence Number Code	P	Primary	REQUIRED		ID (1)	
2000B	SBR02	Individual Relationship Code	<i>one of the following values</i>		SITUATIONAL	FL 59	ID (2)	When the Subscriber is also the Patient, value is 18 (Self), otherwise no value is provided and the Subscriber-Patient relationship is expressed in the 2000C:PAT01 field.
			18	Subscriber is the Patient				
				Subscriber is not the Patient				
2000B	SBR03	Reference Identification			NOT USED			
2000B	SBR04	Name			NOT USED			
2000B	SBR05	Insurance Type Code			NOT USED			
2000B	SBR06	Coordination of Benefits Code			NOT USED			
2000B	SBR07	Yes/No Condition or Response Code			NOT USED			
2000B	SBR08	Employment Status Code			NOT USED			
2000B	SBR09	Claim Filing Indicator Code			NOT USED			
2010BA (1)	NM1 - Subscriber Name (1)				REQUIRED			
2010BA	NM101	Entity Identifier Code	IL	Insured or Subscriber	REQUIRED		ID (2)	
2010BA	NM102	Entity Type Qualifier	1	Person	REQUIRED		ID (1)	
2010BA	NM103	Name Last or Organization Name	<i>Blank or "-"</i>	Blank or "-"	REQUIRED		AN (60)	Do not submit subscriber name.
2010BA	NM104	Name First	<i>Blank or "-"</i>	Blank or "-"	SITUATIONAL		AN (35)	Do not submit subscriber name.
2010BA	NM105	Middle Name	<i>Blank or "-"</i>	Blank or "-"	SITUATIONAL		AN (35)	Do not submit subscriber name.
2010BA	NM106	Name Prefix			NOT USED			
2010BA	NM107	Name Suffix	<i>Blank or "-"</i>	Blank or "-"	SITUATIONAL		AN (10)	Do not submit subscriber name.
2010BA	NM108	Identification Code Qualifier			NOT USED			
2010BA	NM109	Identification Code			NOT USED			
2010BA	NM110	Entity Relationship Code			NOT USED			
2010BA	NM111	Entity Identifier Code			NOT USED			
2010BA	NM112	Name Last or Organization Name			NOT USED			
2010BA	N3 - Subscriber Address (1)				SITUATIONAL			Provide when available
2010BA	N301	Address Information	<i>Subscriber's address: Line 1</i>	Subscriber Address Line 1	REQUIRED	FL 09	AN (60)	
2010BA	N302	Address Information	<i>Subscriber's address: Line 2</i>	Subscriber Address Line 2	SITUATIONAL	FL 09	AN (60)	Provide when available

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Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes	
2010BA N4 - Subscriber City, State, Zip Code (1)					SITUATIONAL				Provide when available
2010BA	N401	City Name	<i>Subscriber's address: City name</i>	Subscriber City Name	REQUIRED	FL 09	AN (60)		
2010BA	N402	State or Province Code	<i>one of the following values</i>		REQUIRED	FL 09	ID (2)		
			----- <i>Subscriber's address:</i> <i>U.S. State or Canadian Province code</i> -----	U.S. or Canadian Address					
			----- <i>XX</i> -----	All other locations					
2010BA	N403	Postal Code	<i>one of the following values</i>		REQUIRED	FL 09	AN (15)		
			----- <i>Subscriber's address: Postal or Zip code</i> -----	Known Address					
			----- <i>XXXXX</i> <i>YYYYY</i> -----	Unknown or No Fixed Address Out-of-Country					
2010BA	N404	Country Code	<i>one of the following values</i>		SITUATIONAL		AN (10)		
			----- -----	U.S. Address					
			----- <i>Subscriber's address: Country code</i> -----	All other locations					
2010BA	N405	Location Qualifier			NOT USED				
2010BA	N406	Location Identifier			NOT USED				
2010BA	N407	Country Subdivision Code			NOT USED				
2010BA DMG - Subscriber Demographic Information (1)					REQUIRED				
2010BA	DMG01	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD	REQUIRED		ID (2)		
2010BA	DMG02	Date Time Period	<i>Subscriber's birth date, expressed in CCYYMMDD format</i>	Subscriber Birth Date	SITUATIONAL	FL 10	DT (8)	Provide when available	
2010BA	DMG03	Gender Code	<i>one of the following values</i>		SITUATIONAL	FL 11	ID (1)	Provide when available	
			----- <i>F</i> -----	Female					
			----- <i>M</i> -----	Male					
			----- <i>U</i> -----	Unknown					
2010BA	DMG04	Marital Status Code			NOT USED				
2010BA	DMG05	COMPOSITE RACE OR ETHNICITY INFORMATION			REQUIRED	FL 81			
2010BA	DMG05-1	Reference Code Qualifier	RET	Race Ethnicity Code	NOT USED		ID (3)		
2010BA	DMG05-2				REQUIRED				

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Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes	
2010BA	DMG05-3	Race Ethnicity Code	<i>one or more of the following Race Codes:</i>		SITUATIONAL		ID (2)	Provide when available.	
			R1	American Indian / Alaskan Native				Multiple Race Ethnicity code values can be transmitted using the Repeating Field separator character "^" as defined in ISA11.	
			R2	Asian					
			R3	Black or African American					
			R4	Native Hawaiian or Pacific Islander					
			R5	White					
			R7	Refused / Declined to Provide					
			R8	Unknown					
			R9	Other Race					
			<i>one of the following Ethnicity Codes:</i>						
			E1	Hispanic or Latino					
			E2	Not Hispanic or Latino					
			E7	Refused / Declined to Provide					
			E8	Unknown					
2010BA	DMG06	Citizenship Status Code			NOT USED				
2010BA	DMG07	Country Code			NOT USED				
2010BA	DMG08	Basis of Verification Code			NOT USED				
2010BA	DMG09	Quantity			NOT USED				
2010BA	DMG10	Code List Qualifier Code			NOT USED				
2010BA	DMG11	Industry Code			NOT USED				
2010BB - PAYER (1)					REQUIRED			Information describing the Subscriber's Primary Payer	
2010BB	NM1 - Payer Name (1)				REQUIRED				
2010BB	NM101	Entity Identifier Code	PR	Payer	REQUIRED		ID (2)		
2010BB	NM102	Entity Type Qualifier	2	Non-Person Entity	REQUIRED		ID (1)		
2010BB	NM103	Name Last or Organization Name	<i>one of the following:</i>		REQUIRED	FL 50	AN (60)		
			SELF PAY	Self Pay / Private Payment					
			<i>Payer Name</i>	Payment made through insurance					
2010BB	NM104	Name First			NOT USED				
2010BB	NM105	Middle Name			NOT USED				
2010BB	NM106	Name Prefix			NOT USED				
2010BB	NM107	Name Suffix			NOT USED				

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Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2010BB	NM108	Identification Code Qualifier	<i>one of the following values</i> ----- PI ----- XV -----	Payer Identification ----- Centers for Medicare and Medicaid Services PlanID (when available)	REQUIRED		ID (2)	must use PI for Self Pay claims
2010BB	NM109	Identification Code	<i>one of the following values</i> ----- 009 ----- <i>Health Care Facility's Payer Identification</i> ----- <i>National Plan ID (when available)</i> -----	Self Pay / Private Payment ----- Payment made through insurance ----- Centers for Medicare and Medicaid Services PlanID (when available)	REQUIRED	FL 51	AN (60)	Value for Self Pay / Private Payment must always be 009
2010BB	NM110	Entity Relationship Code			NOT USED			
2010BB	NM111	Entity Identifier Code			NOT USED			
2010BB	NM112	Name Last or Organization Name			NOT USED			
2000C - PATIENT (n)					SITUATIONAL			Loop 2000C segments are provided only when the patient and the subscriber are not the same person (value in 2000B:SBR02 is not 18). Note that multiple patients can be associated with one subscriber. Each patient will have one or more claims represented in Loop 2300.
2000C	HL - Patient Hierarchical Level (1)				SITUATIONAL			Required when creating 2000C Segments to define a Patient associated with a Subscriber
2000C	HL01	Hierarchical ID Number	<i>Incremented HL numeric sequence within Transaction Set</i>	Hierarchical ID Number - Patient	REQUIRED		N	
2000C	HL02	Hierarchical Parent ID Number	<i>Hierarchical ID Number of parent Subscriber HL Segment in 2000B:HL01</i>	Parent HL ID Number	REQUIRED		N	
2000C	HL03	Hierarchical Level Code	23	Dependent	REQUIRED		ID (2)	
2000C	HL04	Hierarchical Child Code	0	No Subordinate (child) HL Segment exists below this HL Segment	REQUIRED		N	
2000C	PAT - Patient Information (1)				REQUIRED			

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Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes	
2000C	PAT01	Individual Relationship Code	<i>one of the following values</i>		REQUIRED	FL 59	ID (2)	Describes the relationship of the Patient and Subscriber	
			01	Spouse					
			19	Child					
			20	Employee					
			21	Unknown					
			39	Organ Donor					
			40	Cadaver Donor					
			53	Life Partner					
			G8	Other Relationship					
2000C	PAT02	Patient Location Code			NOT USED				
2000C	PAT03	Employment Status Code			NOT USED				
2000C	PAT04	Student Status Code			NOT USED				
2000C	PAT05	Date Time Period Format Qualifier			NOT USED				
2000C	PAT06	Date Time Period			NOT USED				
2000C	PAT07	Unit or Basis for Measurement Code			NOT USED				
2000C	PAT08	Weight			NOT USED				
2000C	PAT09	Yes/No Condition or Response Code			NOT USED				
2010CA - PATIENT NAME (1)					SITUATIONAL	Loop 2010CA segments are provided within an instance of Loop 2000C			
2010CA (1)	NM1 - Patient Name (1)				REQUIRED				
2010CA	NM101	Entity Identifier Code	QC	Patient	REQUIRED		ID (2)		
2010CA	NM102	Entity Type Qualifier	1	Person	REQUIRED		ID (1)		
2010CA	NM103	Name Last or Organization Name	<i>Blank or "-"</i>	Blank or "-"	REQUIRED		AN (60)	Do not submit patient name.	
2010CA	NM104	Name First	<i>Blank or "-"</i>	Blank or "-"	SITUATIONAL		AN (35)	Do not submit patient name.	
2010CA	NM105	Middle Name	<i>Blank or "-"</i>	Blank or "-"	SITUATIONAL		AN (35)	Do not submit patient name.	
2010CA	NM106	Name Prefix			NOT USED				
2010CA	NM107	Name Suffix	<i>Blank or "-"</i>	Blank or "-"	SITUATIONAL		AN (10)	Do not submit patient name.	
2010CA	NM108	Identification Code Qualifier			NOT USED				
2010CA	NM109	Identification Code			NOT USED				
2010CA	NM110	Entity Relationship Code			NOT USED				
2010CA	NM111	Entity Identifier Code			NOT USED				
2010CA	NM112	Name Last or Organization Name			NOT USED				
2010CA	N3 - Patient Address (1)				REQUIRED				
2010CA	N301	Address Information	<i>Patient's address: Line 1</i>	Patient Address Line 1	REQUIRED	FL 09	AN (60)		
2010CA	N302	Address Information	<i>Patient's address: Line 2</i>	Patient Address Line 2	SITUATIONAL	FL 09	AN (60)		
2010CA	N4 - Patient City, State, Zip Code (1)				REQUIRED				
2010CA	N401	City Name	<i>Patient's address: City name</i>	Patient City Name	REQUIRED	FL 09	AN (60)		

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Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2010CA	N402	State or Province Code	<i>one of the following values</i>		REQUIRED	FL 09	ID (2)	
			----- <i>Patient's address:</i> <i>U.S. State or Canadian Province code</i> -----	U.S. or Canadian Address				
			----- XX -----	All other locations				
2010CA	N403	Postal Code	<i>one of the following values</i>		REQUIRED	FL 09	AN (15)	
			----- <i>Patient's address: Postal or Zip code</i> -----	Known Address				
			----- XXXXX YYYYY -----	Unknown or no fixed Address Out-of-Country				
2010CA	N404	Country Code	<i>one of the following values</i>		SITUATIONAL		AN (10)	
			----- ----- -----	U.S. Address				
			----- <i>Patient's address: Country code</i> -----	All other locations				
2010CA	N405	Location Qualifier			NOT USED			
2010CA	N406	Location Identifier			NOT USED			
2010CA	N407	Country Subdivision Code			NOT USED			
2010CA	DMG - Patient Demographic Information (1)				REQUIRED			
2010CA	DMG01	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD	REQUIRED		ID (2)	
2010CA	DMG02	Date Time Period	<i>Patient's birth date, expressed in CCYYMMDD format</i>	Patient Birth Date	REQUIRED	FL 10	DT (8)	
2010CA	DMG03	Gender Code	<i>one of the following values</i>		REQUIRED	FL 11	ID (1)	
			----- F -----	Female				
			----- M -----	Male				
			----- U -----	Unknown				
2010CA	DMG04	Marital Status Code			NOT USED			
2010CA	DMG05	COMPOSITE RACE OR ETHNICITY INFORMATION			NOT USED	FL 81		
2010CA	DMG05-1				NOT USED			
2010CA	DMG05-2	Reference Code Qualifier	RET	Race Ethnicity Code	REQUIRED		ID (3)	

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Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2010CA	DMG05-3	Race Ethnicity Code	<i>one or more of the following Race Codes:</i>		REQUIRED		ID (2)	Multiple Race Ethnicity code values can be transmitted using the Repeating Field separator character "^" as defined in ISA11.
			R1	American Indian / Alaskan Native				
			R2	Asian				
			R3	Black or African American				
			R4	Native Hawaiian or Pacific Islander				
			R5	White				
			R7	Refused / Declined to Provide				
			R8	Unknown				
			R9	Other Race				
			<i>one of the following Ethnicity Codes:</i>					
			E1	Hispanic or Latino				
			E2	Not Hispanic or Latino				
			E7	Refused / Declined to Provide				
			E8	Unknown				
2010CA	DMG06	Citizenship Status Code			NOT USED			
2010CA	DMG07	Country Code			NOT USED			
2010CA	DMG08	Basis of Verification Code			NOT USED			
2010CA	DMG09	Quantity			NOT USED			
2010CA	DMG10	Code List Qualifier Code			NOT USED			
2010CA	DMG11	Industry Code			NOT USED			
2300 - CLAIM (100)					REQUIRED			
2300	CLM - Claim Information (1)				REQUIRED			
2300	CLM01	Claim Submitter's Identifier	<i>Billing number assigned by Health Care Facility</i>	Patient Bill Number	REQUIRED	FL 03a	AN (50)	
2300	CLM02	Monetary Amount	<i>Total of charges reported in 2400:SV203 for all Service Lines associated with the claim.</i>	Total Claim Charge Amount	REQUIRED	FL 47	R	
2300	CLM03	Claim Filing Indicator Code			NOT USED			
2300	CLM04	Non-Institutional Claim Type Code			NOT USED			
2300	CLM05	COMPOSITE HEALTH CARE SERVICE LOCATION INFORMATION						
2300	CLM05-1	Facility Code Value	<i>First two character positions of the Uniform Bill Type Code (FL 04)</i>	Facility Type Code	REQUIRED	FL 04	ID (2)	Note that the leading zero in the UB Type of Bill (FL 04) value is not reported on the 837
2300	CLM05-2	Facility Code Qualifier	A	Uniform Billing Claim Form Bill Type	REQUIRED		ID (1)	
2300	CLM05-3	Claim Frequency Type Code	<i>Last character position of the Uniform Bill Type Code (FL 04)</i>	Claim Frequency Code	REQUIRED	FL 04	ID (1)	
2300	CLM06	Yes/No Condition or Response Code			NOT USED			
2300	CLM07	Provider Accept Assignment Code			NOT USED			

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5010 837i Data Submission Mapping: Loops, Segments, and Data Fields Detail

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2300	CLM08	Yes/No Condition or Response Code	<i>one of the following values</i>	Assignment of Benefits Indicator	REQUIRED		ID (1)	Answers the question whether or not the insured has authorized the plan to remit payment directly to the provider. Use code 'W' when the patient refuses to assign benefits.
			N	No				
			W	Not Applicable				
			Y	Yes				
2300	CLM09	Release of Information Code	<i>one of the following values</i>		REQUIRED		ID (1)	Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations.
			I	Informed Consent to Release Medical Information				
			Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim				
2300	CLM10	Patient Signature Source Code			NOT USED			
2300	CLM11	RELATED CAUSES INFORMATION			NOT USED			
2300	CLM12	Special Program Code			NOT USED			
2300	CLM13	Yes/No Condition or Response Code			NOT USED			
2300	CLM14	Level of Service Code			NOT USED			
2300	CLM15	Yes/No Condition or Response Code			NOT USED			
2300	CLM16	Provider Agreement Code			NOT USED			
2300	CLM17	Claim Status Code			NOT USED			
2300	CLM18	Yes/No Condition or Response Code			NOT USED			
2300	CLM19	Claim Submission Reason Code			NOT USED			
2300	CLM20	Delay Reason Code			NOT USED			
2300	DTP - Discharge Hour (1)				SITUATIONAL			For Inpatient only
2300	DTP01	Date/Time Qualifier	096	Discharge	REQUIRED		ID (3)	
2300	DTP02	Date Time Period Format Qualifier	TM	Time Expressed in Format HHMM	REQUIRED		ID (2)	
2300	DTP03	Date Time Period	<i>Time of discharge expressed in HHMM format</i>	Discharge Time	REQUIRED		TM	Time patient Discharged
2300	DTP - Statement Dates (1)				REQUIRED			
2300	DTP01	Date/Time Qualifier	434	Statement	REQUIRED		ID (3)	
2300	DTP02	Date Time Period Format Qualifier	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	REQUIRED		ID (3)	
2300	DTP03	Date Time Period	<i>Claim statement period begin and end dates expressed in CCYYMMDD-CCYYMMDD format</i>	Date Time Period	REQUIRED	FL 06	AN (17)	When the statement is for a single date of service, the begin and end dates are the same value.
2300	DTP - Admission Date/Hour (1)				SITUATIONAL			for Inpatient only
2300	DTP01	Date/Time Qualifier	435	Admission	REQUIRED		ID (3)	

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5010 837i Data Submission Mapping: Loops, Segments, and Data Fields Detail

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2300	DTP02	Date Time Period Format Qualifier	DT	Date and Time formatted as CCYYMMDDHHMM	REQUIRED		ID (2)	
2300	DTP03	Date Time Period	<i>Date and Time of admission expressed in CCYYMMDDHHMM format</i>	Admission Date and Hour	REQUIRED	FL 12 FL 13	DT	
2300	CL1 Institutional Claim Code (1)				REQUIRED			
2300	CL101	Admission Type Code	<i>National Uniform Billing Committee (NUBC)</i>	Admission Type Code	SITUATIONAL	FL 14	ID (1)	for Inpatient Services
2300	CL102	Admission Source Code	<i>National Uniform Billing Committee (NUBC)</i>	Admission Source Code	SITUATIONAL	FL 15	ID (1)	for Inpatient Services
2300	CL103	Patient Status Code	<i>National Uniform Billing Committee (NUBC)</i>	Patient Status Code	REQUIRED	FL 17	ID (2)	also known as Discharge Status or Patient Disposition
2300	CL104	Nursing Home Residential Status Code	<i>Patient Status Code</i>		NOT USED			
2300	REF - Payer Claim Control number (1)				OPTIONAL			
2300	REF01	Reference Identification Qualifier	F8	Original Reference Number	REQUIRED		ID (2)	Required if this segment is submitted
2300	REF02	Reference Identification	<i>Claim control number assigned by Payer</i>	Payer Claim Control Number	REQUIRED	FL 64	AN (60)	Required if this segment is submitted
2300	REF03	Description			NOT USED			
2300	REF04	Reference Identifier			NOT USED			
2300	REF - Medical Record Number (1)				REQUIRED			
2300	REF01	Reference Identification Qualifier	EA	Medical Record Identification Number	REQUIRED		ID (2)	
2300	REF02	Reference Identification	<i>Medical Record Number assigned by the Health Care Facility to identify the person receiving services in this claim.</i>	Medical Record Number	REQUIRED	FL 03b	AN (50)	
2300	REF03	Description			NOT USED			
2300	REF04	Reference Identifier			NOT USED			
2300	NTE - Claim Note(1)				SITUATIONAL			Submitted if Primary Language is recorded/captured by the Health Care Facility
2300	NTE01	Note Reference Code	UPI	Updated Information	REQUIRED		ID (3)	
2300	NTE02	Description	<i>Primary Language spoken by the person receiving services in this claim.</i>	Primary Language	REQUIRED		AN (30)	Submitted as recorded in the Health Care Facility's system until further notice
2300	HI - Principal Diagnosis (1)				REQUIRED			
2300	HI01	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			only HI01 is used (HI02 through HI12 are not used)
2300	HI01-1	Code List Qualifier Code	<i>one of the following values</i>	Principal Diagnosis	REQUIRED		ID (3)	
			----- ABK -----	ICD-10-CM Principal Diagnosis Code				
			----- BK -----	ICD-9-CM Principal Diagnosis Code				
2300	HI01-2	Industry Code	<i>ICD Diagnosis Code</i>	Principal Diagnosis Code	REQUIRED	FL 67	AN (7)	
2300	HI01-3	Date Time Period Format Qualifier			NOT USED			
2300	HI01-4	Date Time Period			NOT USED			

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5010 837i Data Submission Mapping: Loops, Segments, and Data Fields Detail

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2300	HI01-5	Monetary Amount			NOT USED			
2300	HI01-6	Quantity			NOT USED			
2300	HI01-7	Version Identifier			NOT USED			
2300	HI01-8	Industry Code			NOT USED			
2300	HI01-9	Yes/No Condition or Response Code	<i>National Uniform Billing Committee (NUBC)</i> <i>Present on Admission Code</i>	Present on Admission Indicator	SITUATIONAL	FL 67		For Inpatient claims and all claims submitted by Specialty Hospitals, Present on Admission Indicator is provided when/as directed by the National Uniform Billing Committee (NUBC) billing manual. Optional for outpatient.
2300	HI - Admitting Diagnosis (1)				SITUATIONAL			Required for Inpatient claims and all claims submitted by Specialty Hospitals. Optional for outpatient.
2300	HI01	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			only HI01 is used (HI02 through HI12 are not used)
2300	HI01-1	Code List Qualifier Code	<i>one of the following values</i>		REQUIRED		ID (3)	
			----- ABJ -----	ICD-10-CM Admitting Diagnosis Code				
			----- BJ -----	ICD-9-CM Admitting Diagnosis Code				
2300	HI01-2	Industry Code	<i>ICD Diagnosis Code</i>	Admitting Diagnosis Code	REQUIRED	FL 69	AN (7)	
2300	HI01-3	Date Time Period Format Qualifier			NOT USED			
2300	HI01-4	Date Time Period			NOT USED			
2300	HI01-5	Monetary Amount			NOT USED			
2300	HI01-6	Quantity			NOT USED			
2300	HI01-7	Version Identifier			NOT USED			
2300	HI01-8	Industry Code			NOT USED			
2300	HI01-9	Yes/No Condition or Response Code			NOT USED			
2300	HI - Patient's Reason for Visit (1)				SITUATIONAL			Required for Outpatient, optional for Inpatient
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 03
2300	HI[nn]-1	Code List Qualifier Code	<i>one of the following values</i>		REQUIRED		ID (3)	
			----- APR -----	ICD-10-CM Reason for Visit Code				
			----- PR -----	ICD-9-CM Reason for Visit Code				
2300	HI[nn]-2	Industry Code	<i>ICD Diagnosis Code</i>	Patient Reason for Visit	REQUIRED	FL 70	AN (7)	
2300	HI[nn]-3	Date Time Period Format Qualifier			NOT USED			
2300	HI[nn]-4	Date Time Period			NOT USED			
2300	HI[nn]-5	Monetary Amount			NOT USED			
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code			NOT USED			

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5010 837i Data Submission Mapping: Loops, Segments, and Data Fields Detail

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2300	HI - External Cause of Injury (2)				SITUATIONAL			This segment provides 12 composite HI fields to document External Cause of Injury Codes and the segment may appear twice providing for a total of 24 External Cause of Injury Codes.
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 12
2300	HI[nn]-1	Code List Qualifier Code	<i>one of the following values</i>		REQUIRED		ID (3)	
			----- ABN -----	ICD-10-CM External Cause of Injury Code				
			----- BN -----	ICD-9-CM External Cause of Injury Code				
2300	HI[nn]-2	Industry Code	<i>ICD Diagnosis Code</i>	External Cause of Injury Code	REQUIRED	FL 72	AN (7)	
2300	HI[nn]-3	Date Time Period Format Qualifier			NOT USED			
2300	HI[nn]-4	Date Time Period			NOT USED			
2300	HI[nn]-5	Monetary Amount			NOT USED			
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code			NOT USED			
2300	HI - Other Diagnosis Information (2)				SITUATIONAL			This segment provides 12 composite HI fields to document Other Diagnosis Codes and the segment may appear twice providing for a total of 24 Other Diagnosis Codes.
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 12
2300	HI[nn]-1	Code List Qualifier Code	<i>one of the following values</i>		REQUIRED		ID (3)	
			----- ABF -----	ICD-10-CM Other Diagnosis Code				
			----- BF -----	ICD-9-CM Other Diagnosis Code				
2300	HI[nn]-2	Industry Code	<i>ICD Diagnosis Code</i>	Other Diagnosis Code	REQUIRED	FL 67	AN (7)	
2300	HI[nn]-3	Date Time Period Format Qualifier			NOT USED			
2300	HI[nn]-4	Date Time Period			NOT USED			
2300	HI[nn]-5	Monetary Amount			NOT USED			
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code	<i>National Uniform Billing Committee (NUBC) Present on Admission Code</i>	Present on Admission Indicator	SITUATIONAL	FL 67	AN (1)	For Inpatient claims and all claims submitted by Specialty Hospitals, Present on Admission Indicator is provided when/as directed by the National Uniform Billing Committee (NUBC) billing manual. Optional for outpatient.

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5010 837i Data Submission Mapping: Loops, Segments, and Data Fields Detail

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2300	HI - Procedure Information (2)				REQUIRED			This segment is used to report all Procedure Codes associated with a claim. The segment contains 12 composite HI fields to document 12 Procedure Codes and the segment may appear twice, providing for a total of 24 Procedure Codes. The first Procedure Code sent must be the Principal Procedure.
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 12
2300	HI[nn]-1	Code List Qualifier Code	<i>one of the following values</i>		REQUIRED		ID (3)	
			----- BBQ -----	ICD-10-CM Procedure Code				
			----- BQ -----	ICD-9-CM Procedure Code				
2300	HI[nn]-2	Industry Code	<i>ICD Procedure Code</i>	Procedure Code	REQUIRED	FL 74	AN (7)	
2300	HI[nn]-3	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD	REQUIRED			
2300	HI[nn]-4	Date Time Period	<i>Date Procedure performed, expressed in CCYYMMDD format</i>	Procedure Date	REQUIRED	FL 74	DT	
2300	HI[nn]-5	Monetary Amount			NOT USED			
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code			NOT USED			
2300	HI - Occurrence Span Information (2)				SITUATIONAL			Required when NUBC Occurrence Span information has been recorded on the claim. This segment provides 12 composite HI fields to document Occurrence Span Codes and the segment may appear twice providing for a total of 24 Occurrence Span Codes.
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 12
2300	HI[nn]-1	Code List Qualifier Code	BI	Occurrence Span	REQUIRED		ID (2)	
2300	HI[nn]-2	Industry Code	<i>National Uniform Billing Committee (NUBC) Occurrence Span Code</i>	Occurrence Span Code	REQUIRED	FL 35	ID (2)	
2300	HI[nn]-3	Date Time Period Format Qualifier	R8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	REQUIRED		ID (3)	
2300	HI[nn]-4	Date Time Period	<i>Begin and end dates of Occurrence Span expressed in CCYYMMDD-CCYYMMDD format</i>	Occurrence Span Code Dates	REQUIRED	FL 36	AN (17)	
2300	HI[nn]-5	Monetary Amount			NOT USED			
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code			NOT USED			

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Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2300	HI - Occurrence Information (2)				SITUATIONAL			Required when NUBC Occurrence information has been recorded on the claim. This segment provides 12 composite HI fields to document Occurrence Codes and the segment may appear twice providing for a total of 24 Occurrence Codes.
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 12
2300	HI[nn]-1	Code List Qualifier Code	BH	Occurrence	REQUIRED		ID (2)	
2300	HI[nn]-2	Industry Code	National Uniform Billing Committee (NUBC) Occurrence Code	Occurrence Code	REQUIRED	Code FL 31 - FL 34	ID (2)	
2300	HI[nn]-3	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD	REQUIRED		ID (2)	
2300	HI[nn]-4	Date Time Period	Begin and end dates of Occurrence expressed in CCYYMMDD format	Occurrence Code Date	REQUIRED	Date FL 31 - FL 34	DT	
2300	HI[nn]-5	Monetary Amount			NOT USED			
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code			NOT USED			
2300	HI - Value Information (2)				SITUATIONAL			Required when NUBC Value Code information has been recorded on the claim. This segment provides 12 composite HI fields to document Value Codes and the segment may appear twice providing for a total of 24 Value Codes.
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 12
2300	HI[nn]-1	Code List Qualifier Code	BE	Value	REQUIRED		ID (2)	
2300	HI[nn]-2	Industry Code	National Uniform Billing Committee (NUBC) Value Code	Value Code	REQUIRED	Code FL 39 - FL 41	ID (2)	
2300	HI[nn]-3	Date Time Period Format Qualifier			NOT USED			
2300	HI[nn]-4	Date Time Period			NOT USED			
2300	HI[nn]-5	Monetary Amount	Value amount	Value Code Amount	REQUIRED	Value FL 39 - FL 41	R	
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code			NOT USED			
2300	HI - Condition Information (2)				SITUATIONAL			Required when Condition Code information has been recorded on the claim. This segment provides 12 composite HI fields to document Condition Codes and the segment may appear twice providing for a total of 24 Condition Codes.
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 12
2300	HI[nn]-1	Code List Qualifier Code	BG	Condition	REQUIRED		ID (2)	
2300	HI[nn]-2	Industry Code	National Uniform Billing Committee (NUBC) Condition Code	Condition Code	REQUIRED	FL 18 - FL 28	ID (2)	
2300	HI[nn]-3	Date Time Period Format Qualifier			NOT USED			
2300	HI[nn]-4	Date Time Period			NOT USED			

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Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2300	HI[nn]-5	Monetary Amount			NOT USED			
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code			NOT USED			
2310A (1)	NM1 - Attending Provider Name (1)				SITUATIONAL			Required for Inpatient claims
2310A	NM101	Entity Identifier Code	71	Attending Physician	REQUIRED		ID (2)	
2310A	NM102	Entity Type Qualifier	1	Person	REQUIRED		ID (1)	
2310A	NM103	Name Last or Organization Name	<i>Last name of Attending provider</i>	Attending Provider Last Name	REQUIRED	FL 76	AN (60)	
2310A	NM104	Name First	<i>First name of Attending provider</i>	Attending Provider First Name	REQUIRED	FL 76	AN (35)	
2310A	NM105	Middle Name	<i>Middle name or middle initial of Attending provider</i>	Attending Provider Middle Name or Initial	SITUATIONAL		AN (35)	
2310A	NM106	Name Prefix			NOT USED			
2310A	NM107	Name Suffix	<i>Suffix to Attending provider's name</i>	Attending Provider Name Suffix	SITUATIONAL		AN (10)	Examples: Jr, Sr, I, II, III, IV, etc.
2310A	NM108	Identification Code Qualifier	XX	Centers for Medicare and Medicaid Services National Provider Identifier	SITUATIONAL			Required if NPI is available
2310A	NM109	Identification Code	<i>Attending provider's NPI</i>	Attending Provider Primary Identifier - NPI	SITUATIONAL	FL 76	AN (10)	Required if NPI is available
2310A	NM110	Entity Relationship Code			NOT USED			
2310A	NM111	Entity Identifier Code			NOT USED			
2310A	NM112	Name Last or Organization Name			NOT USED			
2310A	REF - Attending Provider Secondary Identification (1)				SITUATIONAL			Required when NPI is not available
2310A	REF01	Reference Identification Qualifier	<i>one of the following values</i>		REQUIRED		ID (2)	
			----- 0B -----	State License Number				
			----- 1G -----	Provider UPIN Number				
			----- G2 -----	Provider Commercial Number				
2310A	REF02	Reference Identification	<i>Secondary identifier for Attending provider from the source defined above in 2310A:REF01</i>	Attending Provider Secondary Identifier	REQUIRED	FL 76	AN (50)	
2310A	REF03	Description			NOT USED			
2310A	REF04	Reference Identifier			NOT USED			
2310B (1)	NM1 - Operating Physician Name (1)				SITUATIONAL			
2310B	NM101	Entity Identifier Code	72	Operating Physician	REQUIRED		ID (2)	
2310B	NM102	Entity Type Qualifier	1	Person	REQUIRED		ID (1)	
2310B	NM103	Name Last or Organization Name	<i>Last name of Operating physician</i>	Operating Physician Last Name	REQUIRED	FL 77	AN (60)	
2310B	NM104	Name First	<i>First name of Operating physician</i>	Operating Physician First Name	REQUIRED	FL 77	AN (35)	
2310B	NM105	Middle Name	<i>Middle name or middle initial of Operating physician</i>	Operating Physician Middle Name or Initial	SITUATIONAL		AN (35)	
2310B	NM106	Name Prefix			NOT USED			
2310B	NM107	Name Suffix	<i>Suffix to Operating physician name</i>	Operating Physician Name Suffix	REQUIRED		AN (10)	Examples: Jr, Sr, I, II, III, IV, etc.
2310B	NM108	Identification Code Qualifier	XX	Centers for Medicare and Medicaid Services National Provider Identifier	SITUATIONAL			Required if NPI is available
2310B	NM109	Identification Code	<i>Operating physician's NPI</i>	Operating Physician Primary Identifier - NPI	SITUATIONAL	FL 77	AN (10)	Required if NPI is available
2310B	NM110	Entity Relationship Code			NOT USED			
2310B	NM111	Entity Identifier Code			NOT USED			
2310B	NM112	Name Last or Organization Name			NOT USED			

NH UHFDDS

5010 837i Data Submission Mapping: Loops, Segments, and Data Fields Detail

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2310B	REF - Operating Physician Secondary Identification (1)				SITUATIONAL			Required when NPI is not available
2310B	REF01	Reference Identification Qualifier	<i>one of the following values</i>		REQUIRED		ID (2)	
			----- OB -----	State License Number				
			----- 1G -----	Provider UPIN Number				
			----- G2 -----	Provider Commercial Number				
2310B	REF02	Reference Identification	<i>Secondary identifier for Attending provider from the source defined above in 2310A:REF01</i>	Operating Physician Secondary Identifier	REQUIRED	FL 77	AN (50)	
2310B	REF03	Description			NOT USED			
2310B	REF04	Reference Identifier			NOT USED			
2310C (1)	NM1 - Other Operating Physician Name (1)				SITUATIONAL			
2310C	NM101	Entity Identifier Code	ZZ	Other Operating Physician	REQUIRED		ID (2)	
2310C	NM102	Entity Type Qualifier	1	Person	REQUIRED		ID (1)	
2310C	NM103	Name Last or Organization Name	<i>Last name of Other Operating physician</i>	Other Operating Physician Last Name	REQUIRED	FL 77	AN (60)	
2310C	NM104	Name First	<i>First name of Other Operating physician</i>	Other Operating Physician First Name	REQUIRED	FL 77	AN (35)	
2310C	NM105	Middle Name	<i>Middle name or middle initial of Other Operating physician</i>	Other Operating Middle Name or Initial	SITUATIONAL		AN (35)	
2310C	NM106	Name Prefix			NOT USED			
2310C	NM107	Name Suffix	<i>Suffix to Other Operating physician name</i>	Other Operating Physician Name Suffix	SITUATIONAL		AN (10)	Examples: Jr, Sr, I, II, III, IV, etc.
2310C	NM108	Identification Code Qualifier	XX	Centers for Medicare and Medicaid Services National Provider Identifier	SITUATIONAL			Required if NPI is available
2310C	NM109	Identification Code	<i>Other Operating physician's NPI</i>	Other Operating Physician Primary Identifier - NPI	SITUATIONAL	FL 77	AN (10)	Required if NPI is available
2310C	NM110	Entity Relationship Code			NOT USED			
2310C	NM111	Entity Identifier Code			NOT USED			
2310C	NM112	Name Last or Organization Name			NOT USED			
2310C	REF - Other Operating Physician Secondary Identification (1)				SITUATIONAL			Required when NPI is not available
2310C	REF01	Reference Identification Qualifier	<i>one of the following values</i>		REQUIRED		ID (2)	
			----- OB -----	State License Number				
			----- 1G -----	Provider UPIN Number				
			----- G2 -----	Provider Commercial Number				
2310C	REF02	Reference Identification	<i>Secondary identifier for Other Operating Physician from the source defined above in 2310A:REF01</i>	Other Operating Physician Secondary Identifier	REQUIRED	FL 77	AN (50)	
2310C	REF03	Description			NOT USED			
2310C	REF04	Reference Identifier			NOT USED			
2400 - SERVICE LINE (999)					REQUIRED			
2400	LX - Service Line Number (1)				REQUIRED			
2400	LX01	Assigned Number	Service line	Service Sequence	REQUIRED	N		Numeric sequence of charge lines starting at 1
2400	SV2 - Institutional Service Line (1)				REQUIRED			

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Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2400	SV201	Product/Service ID	<i>National Uniform Billing Committee (NUBC) Revenue Code</i>	Service Line Revenue Code	REQUIRED	FL 42	ID (4)	Must be full 4 character Revenue Code per NUBC requirements.
2400	SV202	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			SITUATIONAL			Required for Outpatient
2400	SV202-1	Product/Service ID Qualifier	<i>one of the following values</i>		REQUIRED		ID (2)	CPT codes from the American Medical Association are identical to HCPCS Level I codes and they are reported here under HC.
			----- HC -----	CMS Health Care Financing Administration Common Procedural Coding System (HCPCS) Code				
			----- IV -----	Home Infusion EDI Coalition (HIEC) Code				
2400	SV202-2	Product/Service ID	<i>Product or Service code from the source defined above in 2400:SV202-1</i>	Product/Service Code	REQUIRED	FL 44	ID (50)	
2400	SV202-3	Procedure Modifier	<i>HCPCS/CPT Procedure Code Modifier Code</i>	HCPCS or CPT Procedure Code Modifier	SITUATIONAL	FL 44	ID (5)	when available for HCPCS or CPT code submitted in 2400:SV202-2
2400	SV202-4	Procedure Modifier	<i>HCPCS/CPT Procedure Code Modifier Code</i>	HCPCS or CPT Procedure Code Modifier	SITUATIONAL	FL 44	ID (5)	when available for HCPCS or CPT code submitted in 2400:SV202-2
2400	SV202-5	Procedure Modifier	<i>HCPCS/CPT Procedure Code Modifier Code</i>	HCPCS or CPT Procedure Code Modifier	SITUATIONAL	FL 44	ID (5)	when available for HCPCS or CPT code submitted in 2400:SV202-2
2400	SV202-6	Procedure Modifier	<i>HCPCS/CPT Procedure Code Modifier Code</i>	HCPCS or CPT Procedure Code Modifier	SITUATIONAL	FL 44	ID (5)	when available for HCPCS or CPT code submitted in 2400:SV202-2
2400	SV203	Monetary Amount	<i>Charge amount</i>	Line Item Charge Amount	REQUIRED		R	
2400	SV204	Unit or Basis for Measurement Code	<i>one of the following values</i>		REQUIRED		ID (2)	
			----- DA -----	Day				
			----- UN -----	Unit				
2400	SV205	Quantity	<i>Quantity of service expressed in units defined in 2400:SVC204</i>	Service Units	REQUIRED	FL 46	R	
2400	SV206	Unit Rate			NOT USED			
2400	SV207	Monetary Amount			NOT USED			
2400	SV208	Yes/No Condition or Response Code			NOT USED			
2400	SV209	Nursing Home Residential Status Code			NOT USED			
2400	SV210	Level of Care Code			NOT USED			
2400	DTP - Date - Service Date (1)				SITUATIONAL			Required for Outpatient
2400	DTP01	Date/Time Qualifier	472	Service	REQUIRED		ID (3)	
2400	DTP02	Date Time Period Format Qualifier	<i>one of the following values</i>		REQUIRED		ID (3)	
			----- D8 -----	Date Expressed in Format CCYYMMDD				
			----- R8 -----	Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD				
2400	DTP03	Date Time Period	<i>Date or date range services were rendered, expressed in format indicated above in 2400:DTP02</i>	Service Date	REQUIRED	FL 45	AN (17)	

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Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
SE - Transaction Set Trailer (n)					REQUIRED			
SE01	Number of Included Segments		<i>count of segments contained within the Transaction Set (ST-SE envelope) including the ST and SE segments</i>	Segment Count			N	
SE02	Transaction Set Control Number		<i>control number assigned by the facility used to uniquely identify the Transaction Set</i>				AN (10)	Must be same value as ST02 (Transaction Set Header)
GE - Functional Group Trailer (1)					REQUIRED			
GE01	Number of Transaction Sets Included		<i>count of Transaction Sets (ST-SE envelopes) appearing within the Functional Group (GS-GE envelope)</i>	Transaction Set Count	REQUIRED		N	
GS02	Group Control Number		<i>control number assigned by the sending facility</i>	Group Control Number	REQUIRED		AN (15)	Same value as GS06 (Functional Group Header) This same value must also appear in the following fields: IEA02 (Interchange Control Trailer) ISA13 (Interchange Control Header)
IEA - Interchange Control Trailer (1)					REQUIRED			
IEA01	Number of Included Functional Groups	1		Functional Group Count	REQUIRED		N	Only one Functional Group per file submission
IEA02	Interchange Control Number		<i>control number assigned by the sending facility</i>	Interchange Control Number	REQUIRED		AN (15)	Same value as ISA13 (Interchange Control Header) This same value must also appear in the following fields: GS06 (Functional Group Header) GE02 (Functional Group Trailer)