

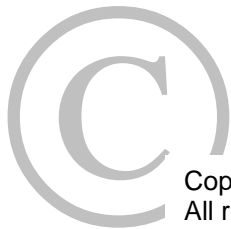
Companion Guide



ANSI ASC X12N 837

837 Claim/Encounter Data Submission

Version 2005-11



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Vista's Electronic Data Submission – Quick Tips

Vista Healthplan allows Billing offices, Clearinghouses or Specialty Networks to submit Claims or Encounters via the **Vista Healthplan website**, or a **Secure FTP (SFTP) connection**.

- Calls regarding EDI issues should be routed to VISTA's EDI Help Desk at **866-883-7623** or **Extension 7623**.
- The payer ID for Vista is **65098**.
- Each billing office that currently submits to Vista via Availity or Emdeon (formally WebMD) should update their practice management system to reflect the Vista SFTP or www.vistahealthplan.com payer ID (65098). Emdeon's payer ID numbers is 55248. Availity's payer ID number is 95114.

VISTA has implemented four Electronic Claim edits.

1. Member Number – Make sure that the member ID number does not have dashes or spaces and is complete. Confirmation of the member ID number can be obtained through www.vistahealthplan.com or by using the IVR phone system at 1-866-847-8235.
2. Member Number/Birth Date – Confirm this is a VISTA member and confirm member's date of birth (DOB). To confirm the date of birth log onto www.vistahealthplan.com or call the IVR phone system at 1-866-847-8235. If the birth date is incorrect in Vista's practice management system it is the member's responsibility to contact Vista and have it corrected.
3. Federal Tax ID – Check the tax ID number submitted. If the number is correct, contact the Provider Relations department to add/or correct the tax ID number.

The last edit is the one that is causing the most confusion and has the highest number of rejects.

4. Provider/Federal Tax ID – This edit uses the federal tax id, the provider number submitted and the date of service on the claim to verify that the federal tax id and provider number are a valid combination.
 - a. In relation to a HCFA – Provider number can be populated in either box **24k** or box **33** (PIN # or GRP#).
 - b. Some practice management systems or billing offices default the Medical license or Federal Tax ID in these fields if they do not have a specific provider id.
 - i. Please contact the Vista EDI Help Desk at 866-883-7623 to obtain all Vista Provider Numbers associated to your Federal Tax ID.
 - a. If you are unable to populate the boxes 24k or box 33 with any value other than the federal tax id because of system set up requirements.
 - i. Please contact your clearinghouse or billing office directly and request specific edits for your federal tax id.
 1. Information that the you will need to communicate to your clearinghouse or billing office is:
 - a. Vista is requesting that REF*G2 or REF*N5 of the NM1*82 or NM1*85 should be populated with the Vista Provider Number for payer id 65098 for their federal tax id.
 - b. Vista Provider numbers which can be obtained from the Vista EDI Help Desk at 866-883-7623.

Availity

Electronic Data Submission Quick Tips

- Calls regarding EDI issues should be routed to VISTA's EDI Help Desk at **866-883-7623** or **Extension 7623**.
- The payer ID for Availity 95114.
- Each billing office that currently submits to Vista via Availity should update their practice management system to reflect Availity's payer ID number (95114).

VISTA has implemented four Electronic Claim edits.

5. Member Number – Make sure that the member ID number does not have dashes or spaces and is complete. Confirmation of the member ID number can be obtained through www.vistahealthplan.com or by using the IVR phone system at 1-866-847-8235.
6. Member Number/Birth Date – Confirm this is a VISTA member and confirm member's date of birth (DOB). To confirm the date of birth log onto www.vistahealthplan.com or call the IVR phone system at 1-866-847-8235. If the birth date is incorrect in Vista's practice management system it is the member's responsibility to contact Vista and have it corrected.
7. Federal Tax ID – Check the tax ID number submitted. If the number is correct, contact the Provider Relations department to add/or correct the tax ID number.

The last edit is the one that is causing the most confusion and has the highest number of rejects.

8. Provider/Federal Tax ID – This edit uses the federal tax id, the provider number submitted and the date of service on the claim to verify that the federal tax id and provider number are a valid combination.
 - a. In relation to a HCFA – Provider number can be populated in either box **24k** or box **33** (PIN # or GRP#).
 - b. Some practice management systems or billing offices default the Medical license or Federal Tax ID in these fields if they do not have a specific provider id.
 - i. Please contact the Vista EDI Help Desk at 866-883-7623 to obtain all Vista Provider Numbers associated to your Federal Tax ID.
 - c. If you are unable to populate the boxes 24k or box 33 with any value other than the federal tax id because of system set up requirements.
 - j. Please contact your practice management vendor or billing office directly and request specific edits for your federal tax id.
 1. Information that the you will need to communicate to your practice management vendor or billing office is:
 - c. Vista is requesting that REF*G2 or REF*N5 of the NM1*82 or NM1*85 should be populated with the Vista Provider Number for payer id 95114 for their federal tax id.
 - d. Vista Provider numbers which can be obtained from the Vista EDI Help Desk at 866-883-7623.

Emdeon
(formally WebMD)
Electronic Data Submission

Quick Tips

- Calls regarding EDI issues should be routed to VISTA's EDI Help Desk at **866-883-7623** or **Extension 7623**.
- The payer ID for Emdeon is 55248.
- Each billing office that currently submits to Vista via Emdeon (formally WebMD) should update their practice management system to reflect new Emdeon's payer ID number (55248).

VISTA has implemented four Electronic Claim Rejection Edits.

9. BF: Subscriber/Member Not Found – Make sure that the member ID number does not have dashes or spaces and is complete. Confirmation of the member ID number can be obtained through www.vistahealthplan.com or by using the IVR phone system at 1-866-847-8235.
10. 8J: Patient Not on Carrier File – Confirm this is a VISTA member and confirm member's date of birth (DOB). To confirm the date of birth log onto www.vistahealthplan.com or call the IVR phone system at 1-866-847-8235. If the birth date is incorrect in Vista's practice management system it is the member's responsibility to contact Vista and have it corrected.
11. Z7: Invalid Federal Tax ID prevents the payer from processing the claim – Check the tax ID number submitted. If the number is correct, contact the Provider Relations department to add/or correct the tax ID number.

The last edit is the one that is causing the most confusion and has the highest number of rejects.

12. Z8: Claims Service Date outside of Provider/Federal Tax ID prevents the payer from processing the Claim or
Z9: Invalid Provider ID and Federal Tax ID combination prevents the payer from processing the Claim.

This edit uses the federal tax id, the provider number submitted and the date of service on the claim to verify that the federal tax id and provider number are a valid combination.

- a. In relation to a HCFA – Provider number can be populated in either box **24k** or box **33** (PIN # or GRP#).
- b. Some practice management systems or billing offices default the Medical license or Federal Tax ID in these fields if they do not have a specific provider id.
 - i. Please contact the Vista EDI Help Desk at 866-883-7623 to obtain all Vista Provider Numbers associated to your Federal Tax ID.
- c. If you are unable to populate the boxes 24k or box 33 with any value other than the federal tax id because of system set up requirements.
 - k. Please contact your practice management vendor or billing office directly and request specific edits for your federal tax id.
 1. Information that the you will need to communicate to your practice management vendor or billing office is:
 - e. Vista is requesting that REF*G2 or REF*N5 of the NM1*82 or NM1*85 should be populated with the Vista Provider Number for payer id 55248 for their federal tax id. Vista Provider numbers which can be obtained from the Vista EDI Help Desk at 866-883-7623.

Purpose

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires covered entities (health care plans, payers, providers and clearinghouses) to conduct electronic health care transactions in a standard format. The federal government has issued rules to implement HIPAA, including the Transaction Rule, which mandates the specific format for certain electronic transactions.

The purpose of this document is to clarify VISTA's specified values for the 837 Claim Submission and Encounter Data Submission electronic transaction.

This companion guide is intended for the business and technical responsible for conducting electronic transactions with VISTA.

HIPAA directed the Secretary to adopt standards for each transaction. These standards enable health information to be exchanged electronically and adopt specifications for implementing each transaction. HIPAA Implementation Guides were published for this purpose and should be used by all affected legal entities. The information in this guide is intended to serve only as a companion to the HIPAA ANSI ASC X12N Implementation Guides.

This technical supplement is designed to assist trading partners with the 837 Claim Submission electronic transaction format. It is not modifying the definition, condition, or use of a data element or segment in the standard HIPAA Implementation Guides, nor does it change the meaning or intent. This document is solely for the purpose of clarification of VISTA's specific values.

The HIPAA ANSI ASC X12N Implementation Guides are available online at:
<http://www.wpc-edi.com>

Introduction

This manual outlines a comprehensive, efficient process for submitting 837 Claim/Encounter submission data to Vista Healthplans, Inc. It will acquaint you with VISTA's recommended standards for file creation and data maintenance.

We strongly recommend that programming not begin until you have completed an implementation discussion with VISTA where specific requirements can be defined.

VISTA will work closely with your designated customer liaison to learn how the data is created and maintained in your system, learn your user-specific terminology, solicit concerns, and provide information about VISTA's claim/encounter processing. We will also provide direction in determining which fields in the enclosed record layouts are necessary to support your specific requirements.

File Standards

If you are submitting claims/encounters via www.vistahealthplan.com the ISA06 and GS02 should contain the value 'BIZFILE'.

If you are submitting claims/encounters via a SFTP (Secure File Transfer Protocol) the ISA06 and GS02 should contain the value 'FTPFILE'.

All alphabetical data will appear in upper case characters.

All fields defined as numeric (FMT N) will be right justified (aligned at the right) and filled with zeros to the left. All unused numeric fields will be set to zeros.

All fields defined as alphanumeric (FMT A/N) will be left justified (aligned at the left) and filled with spaces to the right. All unused alphanumeric fields will be set to spaces.

Vista's preferred file layout is a X12 Wrapped file also known as a 'stream file'. Wrapped data is one continuous string of data. The segment delimiters mark the end of each segment, however the next segment begins directly after the segment delimiter.

Vista's preferred segment delimiter mark is a tilde (~).

Each file should contain a 'Transaction Type Code' in the BHT segment of each 837 submitted.

- If the Transaction Type Code is equal to 'CH' then these claims will be considered payable claims (Bill above, Fee For Service, etc.). They will process through Vista's Managed Care System, PowerMHS, and payment will be made if PowerMHS Adjudication determines payment is necessary.
- If the Transaction Type Code is equal to 'RP' then these claims will enter PowerMHS Encounters and will only be used for reporting purposes. These claims will not be generated on Explanation of Payments or Explanation of Benefits.
- All claims regardless of the Transaction Type code will receive a claim status in Vista's 837R report.

Vista highly recommends 'Billing Provider' and/or 'Rendering Provider' be submitted on each claim submitted. This will decrease the manual effort on Vista's behalf on Electronic Claims. Billing Provider should be specified in the REF*G2 of the NM1*85 segment. If Rendering Provider differs from the Billing Provider then the Provider Number should be specified in the REF*G2 or REF*N5 of the NM1*82 segment. Vista Provider Numbers can be obtained by contacting the Vista EDI Help Desk. Please have all Federal Tax ID's available when contacting the Vista EDI Help Desk at 1-866-883-7623.

Preferred Transmission Methods

Data may be transmitted to VISTA's designated SFTP (Secure File Transfer Protocol) server. The server allows for drop-off and pick-up of encrypted files. Please contact your VISTA liaison to obtain the server's IP address, a user name and a password.

When dropping files off via www.vistahealthplan.com you will first need to contact Vista's EDI Help desk at 1-866-883-7623 to get set up on the Vista VIP Provider Portal. These files should not be encrypted and should follow the naming conventions listed below.

Preferred file name:

From-to-Description|File Description|File and Claim Type|yyyymmddnnn.PGP
e.g.

VENDOR_837H_ccyymmdd.txt.pgp - Hospital

VENDOR_837C_ccyymmdd.txt.pgp - Claims

VENDOR_837B_ccyymmdd.txt.pgp - Both

The 837? is just a 3 to 6 character description of the data in the file, used to distinguish multiple file types from the same vendor.

The date stamp can include hhhmss or be replaced with a batch number as long as each file sent is a unique name.

The TXT helps in automating scripts generically as *.txt, where *. does not always work...

- Limit file names to 37 characters including extension.
- Each file should contain a 'Transaction Type Code' in the BHT segment of each 837 submitted.
- If the Transaction Type Code is equal to 'CH' then these claims will be considered payable claims (Bill above, Fee For Service, etc.). They will process through Vista's Managed Care System, PowerMHS, and payment will be made if PowerMHS Adjudication determines payment is necessary. The File Type should be 'C' for Claims.
- If the Transaction Type Code is equal to 'RP' then these claims will enter PowerMHS and will not process through Adjudication. Claims in this batch are considered Encounters and will only be used for reporting purposes. These claims will not be generated on Explanation of Payments or Explanation of Benefits. The File Type should be 'E' for Claims.
- All claims regardless of the Transaction Type code will receive a claim status in Vista's 837R report.
- File Type:
 - H – HCFA1500
 - U - UB-92
- Claim Type:
- C - Claims
 - E - Encounters

Record Layout Table

IMP. GUIDE PG#	LOOP	SEG- MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
ISA INTERCHANGE CONTROL HEADER						
NOTE: THE ISA IS A FIXED RECORD LENGTH SEGMENT AND ALL POSITIONS WITHIN EACH OF THE DATA ELEMENTS MUST BE FILLED. THE FIRST ELEMENT SEPARATOR (BYTE NUMBER 4) DEFINES THE ELEMENT SEPARATOR TO BE USED THROUGH THE ENTIRE INTERCHANGE. THE COMPONENT ELEMENT SEPARATOR IS BYTE NUMBER 105; AND THE SEGMENT TERMINATOR IS THE BYTE THAT IMMEDIATELY FOLLOWS THE COMPONENT ELEMENT SEPARATOR. THE SEGMENT TERMINATOR USED AFTER THE ISA DEFINES THE SEGMENT TERMINATOR TO BE USED THROUGHOUT THE ENTIRE INTERCHANGE.						
B.3	HEADER	ISA	01	I01	Authorization Information Qualifier	'00' (No Authorization Information Present).
B.3	HEADER	ISA	02	I02	Authorization Information	Ten spaces as "filler".
B.4	HEADER	ISA	03	I03	Security Information Qualifier	'00' (No Security Information Present).
B.4	HEADER	ISA	04	I04	Security Information	Ten spaces as "filler".
B.4	HEADER	ISA	05	I05	Interchange ID Qualifier	'ZZ'
B.4	HEADER	ISA	06	I06	Interchange Sender ID	If submitting a claim directly to Vista via www.vistahealthplan.com , please enter 'BIZFILE'; If submitting a claim via Vista's SFTP, please enter 'FTPFILE'
B.5	HEADER	ISA	07	I05	Interchange ID Qualifier	"30"
B.5	HEADER	ISA	08	I07	Interchange Receiver ID	Vista's Tax ID: 650453436
B.5	HEADER	ISA	09	I08	Interchange Date	Date in the YYMMDD format.
B.5	HEADER	ISA	10	I09	Interchange Time	Time in the HHMM format.
B.5	HEADER	ISA	11	I10	Interchange Control Standards Identifier	"U"
B.5	HEADER	ISA	12	I11	Interchange Control Version Number	"00401"
B.6	HEADER	ISA	13	I12	Interchange Control Number	Nine-digit number left justified. This data element value must be identical to the IEA02 data element value.
B.6	HEADER	ISA	14	I13	Acknowledgement	"1" Interchange

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
					Requested	Acknowledgement Requested
B.6	HEADER	ISA	15	114	Usage Indicator	"T" (Test) "P" (Production)
FUNCTIONAL GROUP HEADER						
B.8 10/2002 Addenda 47	HEADER	GS	01	479	Functional Identifier Code	'HC'
B.8 10/2002 Addenda 47	HEADER	GS	02	142	Application Sender's Code	If submitting a claim directly to Vista via www.vistahealthplan.com , please enter 'BIZFILE'; If submitting a claim via Vista's SFTP, please enter 'FTPFILE'
B.8 10/2002 Addenda 47	HEADER	GS	03	124	Application Receiver's Code	650453436
B.8 10/2002 Addenda 47	HEADER	GS	04	373	Date	Date in the CCYYMMDD format.
B.8 10/2002 Addenda 47	HEADER	GS	05	337	Time	Enter the time in the HHMM format.
B.9 10/2002 Addenda 48	HEADER	GS	06	28	Group Control Number	This data element value must be identical to the GE02 data element value.
B.9 10/2002 Addenda 48	HEADER	GS	07	455	Responsible Agency Code	"X"
B.9 10/2002 Addenda 48	HEADER	GS	08	480	Version Identifier Code	"004010X098A1"
TRANSACTION SET HEADER						
62	HEADER	ST	01	143	Transaction Set Identifier Code	"837" Health Care Claim Encounter Data Submission
62	HEADER	ST	02	329	Transaction Set Control Number	This data element value must be identical to the SE02 data element.
BEGINNING OF HIERARCHICAL TRANSACTION						
63	HEADER	BHT	01	1005	Hierarchical Structure Code	"0019" Information Source, Subscriber, Dependant
64	HEADER	BHT	02	353	Transaction Set Purpose Code	"00" Original "18" Reissue
64	HEADER	BHT	03	127	Reference Identification	Submitter reference number
64	HEADER	BHT	04	373	Transaction Set	Date in the CCYYMMDD format.

IMP. GUIDE PG#	LOOP	SEG- MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
					Creation Date	
65	HEADER	BHT	05	337	Transaction Set Time	Time in HHMM format.
65	HEADER	BHT	06	640	Transaction Type Code	"CH" Chargeable "RP" Reporting
TRANSMISSION TYPE IDENTIFICATION						
66	HEADER	REF	01	128	Reference ID Qualifier	'87' Functional Category
66	HEADER	REF	02	127	Reference Identification	004010X098A1
SUBMITTER NAME						
68	1000A	NM1	01	98	Entity Identifier Code	"41" Submitter
68	1000A	NM1	02	1065	Entity Type Qualifier	"1" Person "2" Non-Person Entity
68	1000A	NM1	03	1035	Last Name or Organization Name	Submitter Last Name or Organization Name
68	1000A	NM1	04	1036	First Name	Used if NM102 = "1" Person
68	1000A	NM1	05	1037	Middle Name	Used if MM102 = "1" Person
68	1000A	NM1	06 07	1038 1039	Name Prefix Name Suffix	NOT USED
68	1000A	NM1	08	66	Identification Code Qualifier	"46" Electronic Transmitter Identification Number
69	1000A	NM1	09	67	Identification Code	Submitter Primary ID Number (Network Provider ID#)
ADMINISTRATIVE COMMUNICATIONS CONTACT						
72	1000A	PER	01	366	Contact Function Code	"IC" Information Contact
72	1000A	PER	02	93	Name	NOT USED
72	1000A	PER	03	365	Communication Number Qualifier	"TE" Telephone Number
72	1000A	PER	04	364	Communication Number	Provider 10-digit contact number
73	1000A	PER	05	365	Communication Number Qualifier	"EX" Telephone Extension Number
73	1000A	PER	06	364	Communication Number	Extension Number + 0's to fill 10 spaces
73	1000A	PER	07	365	Communication Number Qualifier	"FX" Fax Number
73	1000A	PER	08	364	Communication Number	Provider 10-digit contact number
RECEIVER NAME						

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
75	1000B	NM1	01	98	Entity Code ID	"40" Receiver
75	1000B	NM1	02	1065	Entity Type Qualifier	"2" Non-Person Entity
75	1000B	NM1	03	1035	Provider Last Name of Organization Name	"VISTA HEALTHPLAN"
75	1000B	NM1	04 05 06 07	1036 1037 1038 1039	Name, First Name, Middle Name, Prefix Name, Suffix	NOT USED
75	1000B	NM1	08	66	Identification Code Qualifier	"46" Electronic Transmitter ID Number
75	1000B	NM1	09	67	Identification Code	VHP Tax ID #
75	1000B	NM1	10 11	706 98	Entity Relationship Code Entity ID Code	NOT USED
BILLING PROVIDER HIERARCHICAL LEVEL						
78	2000A	HL	01	628	Hierarchical Level ID Number	"1" (HL01 must begin with "1" and increase by one each time an HL is used in this transaction.)
78	2000A	HL	02	734	Hierarchical Parent ID	NOT USED
78	2000A	HL	03	735	Hierarchical Level Code	"20" Information Source
78	2000A	HL	04	736	Hierarchical Child Code	"1" Additional subordinate HL Data Segment in this hierarchical structure
BILLING PROVIDER SPECIALTY INFORMATION (SITUATIONAL)						
79	2000A	PRV	01	1221	Provider Code	"BI" Billing
80	2000A	PRV	02	128	Reference ID Qualifier	"ZZ" Mutually Defined
80	2000A	PRV	03	127	Reference Identification	Enter Provider Taxonomy (Specialty) Code
BILLING PROVIDER NAME						
85	2010AA	NM1	01	98	Entity Code ID	"85" Billing Provider
85	2010AA	NM1	02	1065	Entity Type Qualifier	"1" Person "2" Non-Person Entity
85	2010AA	NM1	03	1035	Provider Last Name of Organization Name	Provider Last Name or Organization Name

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
85	2010AA	NM1	04	1036	Provider First Name	Provider First Name
85	2010AA	NM1	05	1037	Provider Middle Name	Required if known
85	2010AA	NM1	06	1038	Provider Name Prefix	NOT USED
86	2010AA	NM1	07	1039	Provider Name Suffix	Provider Name Suffix
86	2010AA	NM1	08	66	Identification Code Qualifier	"24" Employer's ID Number
86	2010AA	NM1	09	67	Identification Code	Employer's ID Number
86	2010AA	NM1	10 11	706 98	Entity Relationship Code / ID Code	NOT USED
BILLING PROVIDER ADDRESS						
88	2010AA	N3	01	166	Address Information	Provider Address Line
88	2010AA	N3	01	166	Address Information	Provider Address Line
BILLING PROVIDER CITY, STATE, ZIP CODE						
89	2010AA	N4	01	19	City Name	Provider City Name
89	2010AA	N4	02	156	State Code	Provider State Code
89	2010AA	N4	03	116	Postal Code	Provider ZIP Code
BILLING PROVIDER SECONDARY IDENTIFICATION (SITUATIONAL-PROVIDE IF PROVIDER HAS A VISTA-ASSIGNED "PORG" NUMBER)						
91	2010AA	REF	01	128	Reference Identification Qualifier	"LU" Provider Location Number
91	2010AA	REF	02	127	Reference Identification	VISTA Assigned Provider Number. This number may be obtained by contacting VISTA's EDI Help Desk at 1-866-883-7623
VISTA STRONGLY RECOMMENDS SUBMITTING THE HIGHLIGHTED SEGMENTS BELOW!						
91	2010AA	REF	01	128	Reference Identification Qualifier	"G2" Provider Commercial Number
91	2010AA	REF	02	127	Reference Identification	VISTA Assigned Provider Number. This number may be obtained by contacting VISTA's EDI Help Desk at 1-866-883-7623
BILLING PROVIDER COMMUNICATIONS NUMBERS (SITUATIONAL)						

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
97	2010AA	PER	01	366	Contact Function Code	"IC" Information Contact
97	2010AA	PER	02	93	Name	Free Form Name of Billing Provider
97	2010AA	PER	03	365	Communication Number Qualifier	"TE" Telephone Number
97	2010AA	PER	04	364	Communication Number	Provider 10-digit contact number
97	2010AA	PER	05	365	Communication Number Qualifier	"FX" Fax Number
98	2010AA	PER	06	364	Communication Number	Provider 10-digit contact number
SUBSCRIBER HIERARCHICAL LEVEL						
109	2000B	HL	01	628	Hierarchical ID Number	"2"
109	2000B	HL	02	734	Hierarchical Parent ID Number	"1"
109	2000B	HL	03	735	Hierarchical Level Code	"22" Subscriber
109	2000B	HL	04	736	Hierarchical Child Code	"0" No Subordinate HL Segment in this Hierarchical Structure
SUBSCRIBER INFORMATION						
110	2000B	SBR	01	1138	Payer Responsibility Sequence Number Code	"P" Primary "S" Secondary "T" Tertiary
111	2000B	SBR	02	1069	Individual Relationship Code	"18" Self
112	2000B	SBR	03	127	Reference ID	Subscriber Group or Plan number
112	2000B	SBR	04	93	Name	Insured Name
112	2000B	SBR	05	1336	Insurance Type Code	Required when payer is Medicare and Medicare is not the primary payer. See IG list.
112	2000B	SBR	06 07 08	1143 1073 584	COB Code Y/N CR Code Employment Status	NOT USED
112	2000B	SBR	09	1032	Claim Filing Indicator Code	See IG listing for expected values.
SUBSCRIBER NAME						
118	2010BA	NM1	01	98	Entity Identifier Code	"IL" Insured or Subscriber
118	2010BA	NM1	02	1065	Entity Type Qualifier	"1" Person

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
118	2010BA	NM1	03	1035	Last Name or Org Name	Subscriber Last Name
118	2010BA	NM1	04	1036	Name, First	Subscriber First Name
118	2010BA	NM1	05	1037	Name, Middle	Subscriber Middle Name
118	2010BA	NM1	06	1038	Name, Prefix	NOT USED
118	2010BA	NM1	07	1039	Name, Suffix	Subscriber Name Suffix
119	2010BA	NM1	08	66	Identification Code Qualifier	"MI" Member ID Number
119	2010BA	NM1	09	67	Identification Code	VISTA MEMBER ID NUMBER
119	2010BA	NM1	10 11	706 98	Entity Relationship Code Entity ID Code	NOT USED
SUBSCRIBER ADDRESS INFORMATION						
121	2010BA	N3	01	166	Address Information	Subscriber Address Information
121	2010BA	N3	02	166	Address Information	Subscriber Address Information
SUBSCRIBER CITY, STATE, ZIP CODE						
122	2010BA	N4	01	19	City Name	Subscriber City Name
123	2010BA	N4	02	156	State Code	Subscriber State
123	2010BA	N4	03	116	Postal Code	Postal Code
SUBSCRIBER DEMOGRAPHIC INFORMATION						
124	2010BA	DMG	01	1250	Date Time Period Format Qualifier	"D8"
125	2010BA	DMG	02	1251	Date Time Period	Subscriber Date of Birth expressed as CCYYMMDD
125	2010BA	DMG	03	1068	Gender Code	"F" Female "M" Male "U" Unknown
SUBSCRIBER SECONDARY INFORMATION (SITUATIONAL - NOT USED FOR MEDICARE)						
136	2010BA	REF	01	128	Reference Identification Qualifier	"SY" Social Security Number
127	2010BA	REF	02	127	Reference Identifier	VISTA Subscriber Social Security Number
PAYOR NAME						
131	2010BB	NM1	01	98	Entity Identifier Code	"PR" Payer
131	2010BB	NM1	02	1065	Entity Type Qualifier	"2" Non-Person Entity
131	2010BB	NM1	03	1035	Organization Name	VSF or VHP

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
131	2010BB	NM1	04 05 06 07	1036 1037 1038 1039	Name First Name Middle Name Prefix Name Suffix	NOT USED
131	2010BB	NM1	08	66	ID Code Qualifier	"PI" Payer Identification
131	2010BB	NM1	09	67	ID Code	VHP Tax ID #
PAYER ADDRESS INFORMATION						
134	2010BB	N3	01	166	Address Information	Payer Address Information
134	2010BB	N3	02	166	Address Information	Payer Address Information
PAYER CITY, STATE, ZIP CODE						
135	2010BB	N4	01	19	City Name	Payer City Name
136	2010BB	N4	02	156	State Code	Payer State
136	2010BB	N4	03	116	Postal Code	Payer Postal Code
ENCOUNTER INFORMATION						
171	2300	CLM	01	1028	Encounter Submitter's ID	Patient Account Number OR Claim Number
172	2300	CLM	02	782	Monetary Amount	Total Claim charge amount for billed charges for claims, or; Must always be "0" for Encounter
172	2300	CLM	03 04	1032 1343	Claim Filing Indicator Code Non-Ins. Claim	NOT USED
172	2300	CLM	05	C023	HealthCare Svc Location Code	Place of Service Code
173	2300	CLM	05-01	1331	Facility Code Value	See Implementation Guide for Specific Values
173	2300	CLM	05-02	1332	Facility Code Qualifier.	NOT USED
Addenda pg 22	2300	CLM	05-03	1325	Claim Frequency Type Code	Reason Code "1" Original "6" Corrected "7" Replacement "8" Void/Cancel
173	2300	CLM	06	1073	Yes/No Conditional Response Code	Provider Signature Code "Y" Yes or "N" No
174	2300	CLM	07	1359	Provider Accept Assignment Code	"A" Assigned "B" Assignment for Clinical Lab Only "C" Not Assigned "P" Patient Refused to Assign Benefits
175	2300	CLM	08	1073	Yes/No Conditional	"N" No

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
					Response Code	"Y" Yes
175	2300	CLM	09	1363	Release of Information Code	See Implementation Guide for listing of values.
Addenda pg 23	2300	CLM	10	1351	Patient Signature Source Code	See Implementation Guide for detailed listing of values. Accept B, C, M, P, S
Addenda pg 23	2300	CLM	11	C024	Related Causes Information	COB Information if available
Addenda pg 23	2300	CLM	11-01	1362	Related Causes Code	"AA" Auto Accident "AP" Another Party Responsible "EM" Employment "OA" Other Accident
Addenda pg 24	2300	CLM	11-02	1362	Related Causes Code	"AA" Auto Accident "AP" Another Party Responsible "EM" Employment "OA" Other Accident
Addenda pg 24	2300	CLM	11-03	1362	Related Causes Code	"AA" Auto Accident "AP" Another Party Responsible "EM" Employment "OA" Other Accident
Addenda pg 25	2300	CLM	11-04	156	State or Province Code	Situational - State of Auto Accident (code source 22) if applicable
Addenda pg 24	2300	CLM	11-05	26	Country Code	NOT USED
Addenda pg 25	2300	CLM	12	1366	Special Program Code	Situational - See Implementation Guide for listing of values as applicable.
DATE/TIME PERIOD – SITUATIONAL						
Addenda pg 26	2300	DTP	01	374	Date/Time Qualifier	"454" Initial Treatment "304" Last Visit or Consultation "431" Onset of Illness/Symptoms "453" Acute Manifestation "438" Onset of Similar Symptoms or Illness "439" Accident "484" Last Menstrual Period "455" Last X-Ray "471" Prescription "360" Disability Begin "361" Disability End "297" Date Last Worked "296" Return to Work "435" Admission "096" Discharge "090" Assumed Care Date "091" Relinquished Care Date
Addenda pg	2300	DTP	02	1250	Date/Time Format	D8

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
26					Qualifier	
Addenda pg 26	2300	DTP	03	1251	Date/Time Period Value	Date in CCYYMMDD format
PATIENT AMOUNT PAID (CO-PAY)						
220	2300	REF	01	128	Reference ID Qualifier	"F5" Patient Amount Paid
220	2300	REF	02	127	Reference ID	Monetary Amount
MAMMOGRAPHY CERTIFICATION NUMBER (SITUATIONAL)						
226	2300	REF	01	128	Reference ID Qualifier	"EW" Mammography Certification Number
226	2300	REF	02	127	Reference ID	Certification Number
PRIOR AUTHORIZATION OR REFERRAL NUMBER						
229	2300	REF	01	128	Reference ID Qualifier	"9F" Referral Number "G1" Prior Authorization Number
229	2300	REF	02	127	Reference ID	Referral or Authorization Number
ORIGINAL REFERENCE NUMBER (REQ'D WHEN CLM05-3 = 6, 7, OR 8)						
232	2300	REF	01	128	Reference ID Qualifier	"F8"
232	2300	REF	02	127	Reference ID	Original Claim or Reference Number
CLIA NUMBER						
232	2300	REF	01	128	Reference ID Qualifier	"X4" CLIA Number
232	2300	REF	02	127	Reference ID	CLIA Number
INVESTIGATIONAL DEVICE EXEMPTION NUMBER						
236	2300	REF	01	128	Reference ID Qualifier	"LX" Qualified Products List
236	2300	REF	02	127	Reference ID	Investigational Device Exemption Number
AMBULATORY GROUP						
240	2300	REF	01	128	Reference ID Qualifier	"1S" Ambulatory Patient Group Number
240	2300	REF	02	127	Reference ID	Ambulatory Patient Group Number
MEDICAL RECORD NUMBER						
241	2300	REF	01	128	Reference ID Qualifier	"EA" Medical Record ID Number

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
241	2300	REF	02	127	Reference ID	Medical Record ID Number
AMBULANCE TRANSPORT INFORMATION						
249	2300	CR1	01	355	Unit/Basis for Measurement Code	"LB" Pound
249	2300	CR1	02	81	Weight	Patient Weight
249	2300	CR1	03	1316	Ambulance Transport Code	"I" Initial Trip "R" Return Trip "T" Transfer Trip "X" Round Trip
249	2300	CR1	04	1317	Ambulance Transport Reason Code	"A" Nearest Facility for Care "B" For Benefit of Preferred Physician "C" Nearness of Family "D" For Care of Specialist or Specialized Equipment "E" Rehabilitation Facility
250	2300	CR1	05	355	Unit or Basis of Measurement Code	"DH" Miles
250	2300	CR1	06	380	Quantity	Transport Distance
250	2300	CR1	07 08	166 166	Address Information	NOT USED
250	2300	CR1	09	352	Description	Round Trip Purpose Description if CR103 = "X" Round Trip
250	2300	CR1	10	352	Description	NOT USED BY VHP OR VSF
SPINAL MANIPULATION SERVICE INFORMATION						
252	2300	CR2	01	609	Count	NOT USED
252	2300	CR2	02	380	Quantity	NOT USED
252	2300	CR2	03	1367	Subluxation Level Code	NOT USED
253	2300	CR2	04	1367	Subluxation Level Code	NOT USED
254	2300	CR2	05	355	Unit/Basis of Measurement Code	NOT USED
255	2300	CR2	06	380	Quantity	NOT USED
255	2300	CR2	07	380	Quantity	NOT USED
255	2300	CR2	08	1342	Nature of Condition Code	"A" Acute Condition "C" Chronic Condition "D" Non-Acute "E" Non-Life Threatening "F" Routine "G" Symptomatic "M" Acute Manifestation of Chronic Condition

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
255	2300	CR2	09	1073	Yes/No Conditional Response Code	NOT USED
256	2300	CR2	10	352	Description	NOT USED
256	2300	CR2	11	352	Description	NOT USED
256	2300	CR2	12	1073	Yes/No Conditional Response Code	X-Ray Availability Indicator "N" No "Y" Yes
AMBULANCE CERTIFICATION						
257	2300	CRC	01	1136	Code Category	"07" Ambulance Certification
258	2300	CRC	02	1073	Yes/No Conditional Response Code	"N" No "Y" Yes
258	2300	CRC	03	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
259	2300	CRC	04	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
259	2300	CRC	05	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
259	2300	CRC	06	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
259	2300	CRC	07	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
PATIENT CONDITION INFORMATION – VISION						
260	2300	CRC	01	1136	Code Category	"E1" Spectacle Lenses "E2" Contact Lenses "E3" Spectacle Frames
261	2300	CRC	02	1073	Yes/No Conditional Response Code	"N" No "Y" Yes
261	2300	CRC	03	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
261	2300	CRC	04	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
261	2300	CRC	05	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
261	2300	CRC	06	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
262	2300	CRC	07	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
						of Values
262	2300	CRC	07	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
HOMEBOUND INDICATOR						
263	2300	CRC	01	1136	Code Category	“75” Functional Limitations
264	2300	CRC	02	1073	Yes/No Conditional Response Code	“Y” Yes
264	2300	CRC	03	1321	Condition Indicator	“IH” Independent at Home
EPSDT REFERRAL						
Addenda pg 37	2300	CRC	01	1136	Code Category	“ZZ” Mutually Defined (EPSDT Screening Referral Information)
Addenda pg 38	2300	CRC	02	1073	Yes/No Conditional Response Code	“Y” Yes “N” No (choose “NU” in CRC03)
Addenda pg 38	2300	CRC	03	1321	Condition Indicator	“AV” Available “NU” Not Used “S2” Under Treatment “ST” New Services Requested
Addenda pg 37	2300	CRC	04	1321	Condition Indicator	Condition Code – Use Codes in CRC03 for Add'l Needed Codes
261	2300	CRC	05	1321	Condition Indicator	Condition Code – Use Codes in CRC03 for Add'l Needed Codes
HEALTH CARE DIAGNOSIS CODE						
265	2300	HI	01	C022	Health Care Code Information	Principal Diagnosis Code
266	2300	HI	01-1	1270	Code List Qualifier Code	“BK” Principal Diagnosis
266	2300	HI	01-2	1271	Industry Code	Diagnosis Code
266	2300	HI	02	C022	Health Care Code Information	Additional Diagnosis
266	2300	HI	02-1	1270	Code List Qualifier Code	“BF” Diagnosis
266	2300	HI	02-2	1271	Industry Code	Diagnosis Code
267	2300	HI	03	C022	Health Care Code Information	Additional Diagnosis
267	2300	HI	03-1	1270	Code List Qualifier Code	“BF” Diagnosis
267	2300	HI	03-2	1271	Industry Code	Diagnosis Code
267	2300	HI	04	C022	Health Care Code Information	Additional Diagnosis
267	2300	HI	04-1	1270	Code List Qualifier Code	“BF” Diagnosis
267	2300	HI	04-2	1271	Industry Code	Diagnosis Code
268	2300	HI	05	C022	Health Care Code Information	Additional Diagnosis

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
268	2300	HI	05-1	1270	Code List Qualifier Code	"BF" Diagnosis
268	2300	HI	05-2	1271	Industry Code	Diagnosis Code
269	2300	HI	06	C022	Health Care Code Information	Additional Diagnosis
269	2300	HI	06-1	1270	Code List Qualifier Code	"BF" Diagnosis
269	2300	HI	06-2	1271	Industry Code	Diagnosis Code
269	2300	HI	07	C022	Health Care Code Information	Additional Diagnosis
269	2300	HI	07-1	1270	Code List Qualifier Code	"BF" Diagnosis
269	2300	HI	07-2	1271	Industry Code	Diagnosis Code
270	2300	HI	08	C022	Health Care Code Information	Additional Diagnosis
270	2300	HI	08-1	1270	Code List Qualifier Code	"BF" Diagnosis
270	2300	HI	08-2	1271	Industry Code	Diagnosis Code
HOME HEALTH CARE PLAN INFORMATION						
276	2305	CR7	01	921	Discipline Type Code	"AI" Home Health Aide "MS" Medical Social Worker "OT" Occupational Therapy "PT" Physical Therapy "SN" Skilled Nursing "ST" Speech Therapy
276	2305	CR7	02	1470	Number	Total Visits Rendered
276	2305	CR7	03	1470	Number	Total Visits Projected
HEALTH CARE SERVICES DELIVERY (HOME HEALTH CARE PLAN INFORMATION)						
279	2305	HSD	01	673	Quantity Qualifier	"VS" Visits
279	2305	HSD	02	380	Quantity	Number of Visits
279	2305	HSD	03	355	Unit/Basis of Measurement Code	"DA" Days "MO" Month "Q1" Quarter (Time) "WK" Week
280	2305	HSD	04	1167	Sample Selection Module	Frequency Count
280	2305	HSD	05	615	Time Period Qualifier	"7" Day "35" Week
280	2305	HSD	06	616	Number of Periods	Duration of visits
280	2305	HSD	07	678	Calendar Pattern Code	See Implementation Guide for Listing of Values
281	2305	HSD	08	679	Dlvry Pattern Code	"D" a.m. "E" p.m. "F" As directed

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
REFERRING PROVIDER NAME						
283	2310A	NM1	01	98	Entity Identifier Code	"DN" Referring Provider (<i>must be used first and if loop is only used once.</i>) "P3" Primary Care Provider
283	2310A	NM1	02	1065	Entity Type Qualifier	"1" Person
283	2310A	NM1	03	1035	Name Last	Referring Physician Last Name
283	2310A	NM1	04	1036	Name First	Referring Physician First Name
284	2310A	NM1	05	1037	Name Middle	Referring Physician Middle Name
284	2310A	NM1	06	1038	Name Prefix	NOT USED
284	2310A	NM1	07	1039	Name Suffix	Referring Physician Last Name
284	2310A	NM1	08	66	ID Code Qualifier	"24" Referring Provider Tax ID #
284	2310A	NM1	09	67	ID Code	Provider Tax ID #
REFERRING PROVIDER SECONDARY IDENTIFICATION - VISTA REQUIRES USE OF THIS SEGMENT FOR THE NETWORK PROVIDER ID NUMBER.						
288	2310A	REF	01	128	Reference Identification Qualifier	"N5" Provider Plan Network ID Number
289	2310A	REF	02	127	Reference Identification	Vista-Assigned Network ID Number
RENDERING PROVIDER NAME						
291	2310B	NM1	01	98	Entity Identifier Code	"82" Rendering Physician
291	2310B	NM1	02	1065	Entity Type Qualifier	"1" Person "2" Non-Person Entity
291	2310B	NM1	03	1035	Name Last	Last Name or Organization Name
291	2310B	NM1	04	1036	Name First	Physician First Name
292	2310B	NM1	05	1037	Name Middle	Physician Middle Name
292	2310B	NM1	06	1038	Name Prefix	NOT USED
292	2310B	NM1	07	1039	Name Suffix	Physician Suffix
292	2310B	NM1	08	66	ID Code Qualifier	"34 Federal Tax ID "24" Social Security Number "XX" NPI number when available
292	2310B	NM1	09	67	ID Code	Rendering Provider Tax ID, Social Security, or NPI
RENDERING PROVIDER SECONDARY IDENTIFICATION VISTA STRONGLY RECOMMENDS SUBMITTING THE HIGHLIGHTED SEGMENTS BELOW!						
296	2310A	REF	01	128	Reference Identification Qualifier	"N5" Provider Plan Network ID Number
296	2310A	REF	02	127	Reference Identification	Vista-Assigned Provider Number.

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
						This number may be obtained by contacting Vista's EDI Help desk at 1-866-883-7623
296	2310B	REF	01	128	Reference Identification Qualifier	"G2" Provider Commercial Number"
296	2310B	REF	02	127	Reference Identification	VISTA Assigned Provider Number. This number may be obtained by contacting Vista's EDI Help desk at 1-866-883-7623
SERVICE FACILITY IDENTIFICATION						
304	2310D	NM1	01	98	Entity Identifier Code	"77" Service Location "FA" Facility "LI" Independent Lab "TL" Testing Laboratory
304	2310D	NM1	02	1065	Entity Type Qualifier	"2" Non-Person Entity
303	2310D	NM1	03	1035	Organization Name	Organization Name
SERVICE FACILITY LOCATION						
307	2310D	N3	01	166	Address Information	Service Facility Address Information
307	2310D	N3	02	166	Address Information	Service Facility Address Information
SERVICE FACILITY CITY, STATE, ZIP CODE						
308	2310D	N4	01	19	City Name	Service Facility Name
309	2310D	N4	02	156	State Code	Service Facility State
309	2310D	N4	03	116	Postal Code	Service Facility Postal Code
SUPERVISING PROVIDER NAME						
291	2310E	NM1	01	98	Entity Identifier Code	"DQ" Supervising Provider
291	2310E	NM1	02	1065	Entity Type Qualifier	"1" Person
291	2310E	NM1	03	1035	Name Last	Supervising Provider Last Name
291	2310E	NM1	04	1036	Name First	Supervising Provider First Name
292	2310E	NM1	05	1037	Name Middle	Supervising Provider Middle Name
292	2310E	NM1	06	1038	Name Prefix	NOT USED
292	2310E	NM1	07	1039	Name Suffix	Supervising Provider Suffix
292	2310E	NM1	08	66	ID Code Qualifier	"24" Supervising Provider Tax ID
292	2310E	NM1	09	67	ID Code	Supervising Provider ID
SUPERVISING PROVIDER SECONDARY IDENTIFICATION						
316	2310E	REF	01	128	Reference	"N5" Provider Plan Network ID

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
					Identification Qualifier	Number
317	2310E	REF	02	127	Reference Identification	Supervising Provider Secondary ID
SERVICE LINE - ASSIGNED NUMBER						
398	2400	LX	01	554	Assigned Number	The Svc. Line Number incremented by 1 for each service line.
PROFESSIONAL SERVICE						
Addenda pg 55	2400	SV1	01	C023	Composite Medical Procedure ID	Procedure Identifier
Addenda pg 56	2400	SV1	01-1	235	Product Service ID Qualifier	Service Qualifier "HC" Procedural Code
Addenda pg 56	2400	SV1	01-2	234	Product / Service ID	Procedure Code
Addenda pg 56	2400	SV1	01-3	1339	Procedure Modifier	Modifier
402	2400	SV1	01-4	1339	Procedure Modifier	Modifier
402	2400	SV1	01-5	1339	Procedure Modifier	Modifier
402	2400	SV1	01-6	1339	Procedure Modifier	Modifier
402	2400	SV1	01-7	352	Description	NOT USED
402	2400	SV1	02	782	Monetary Amount	Monetary Amount or "0" for Encounter Submissions
403	2400	SV1	03	355	Unit/Basis for Measurement Code	"F2" International Unit (drug) "MJ" Minutes "UN" Units
403	2400	SV1	04	380	Quantity	Unites or Minutes
404	2400	SV1	05	1331	Facility Code Value	Place of Service Code - See Implementation Guide for Listing of Values.
404	2400	SV1	06	1365	Service Type Code	Service Type Code
405	2400	SV1	07	C004	Composite Diagnosis Code Pointer	
405	2400	SV1	07-1	1328	Diagnosis Code Pointer	DC Pointer in declining level of importance to service lines, 1-8.
405	2400	SV1	07-2	1328	Diagnosis Code Pointer	DC Pointer in declining level of importance to service lines, 1-8.
405	2400	SV1	07-3	1328	Diagnosis Code Pointer	DC Pointer in declining level of importance to service lines, 1-8.
405	2400	SV1	07-4	1328	Diagnosis Code Pointer	DC Pointer in declining level of importance to service lines, 1-8.
405	2400	SV1	08	782	Monetary Amount	NOT USED
Addenda pg 57	2400	SV1	09	1073	Yes/No Conditional Response Code	(Situational) Emergency Indicator "Y" = Yes
Addenda pg	2400	SV1	10	1340	Multiple Procedure	NOT USED

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
57					Code	
Addenda pg 57	2400	SV1	11	1073	Yes/No Conditional Response Code	(Situational) EPSDT Indicator "Y" = Yes
Addenda pg 57	2400	SV1	12	1073	Yes/No Conditional Response Code	(Situational) Family Planning Indicator "Y" = Yes
DURABLE MEDICAL EQUIPMENT SERVICE						
Addenda pg 58	2400	SV5	01	C0003	Composite Medical Procedure Identifier	
Addenda pg 59	2400	SV5	01-1	235	Product/Service ID Qualifier	"HC" Procedure Code
Addenda pg 59	2400	SV5	01-2	234	Product/Service ID	This value must be the same as that reported in SV101-2.
Addenda pg 59	2400	SV5	01-3 01-4 01-5 01-6 01-7	1339	Procedure Modifier	NOT USED
Addenda pg 59	2400	SV5	02	355	Unit/Basis for Measurement	"DA" Days
Addenda pg 59	2400	SV5	03	380	Quantity	(Length of Medical Necessity)
Addenda pg 59	2400	SV5	04	782	Monetary Amount	DME Rental Price
Addenda pg 59	2400	SV5	05	782	Monetary Amount	DME Purchase Price
Addenda pg 59	2400	SV5	06	594	Frequency Code	"1" Weekly "4" Monthly "6" Daily
DMERC CMN INDICATOR						
410	2400	PWK	01	755	Report Type Code	"CT" Certification
411	2400	PWK	02	756	Report Transmission Code	"AB" Previously Submitted to Payer "AD" Certification Included in Claim "AF" Narrative Segment Included "AG" No Documentation Required "NS" Not Specified
SPINAL MANIPULATION SERVICE INFORMATION						
Addenda pg	2400	CR2	01	609	Count	NOT USED

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
61						
Addenda pg 61	2400	CR2	02	380	Quantity	NOT USED
Addenda pg 61	2400	CR2	03	1367	Subluxation Level Code	NOT USED
Addenda pg 61	2400	CR2	04	1367	Subluxation Level Code	NOT USED
Addenda pg 61	2400	CR2	05	355	Unit/Basis of Measurement Code	NOT USED
Addenda pg 62	2400	CR2	06	380	Quantity	NOT USED
Addenda pg 62	2400	CR2	07	380	Quantity	NOT USED
Addenda pg 62	2400	CR2	08	1342	Nature of Condition Code	"A" Acute Condition "C" Chronic Condition "D" Non-Acute "E" Non-Life Threatening "F" Routine "G" Symptomatic "M" Acute Manifestation of Chronic Condition
Addenda pg 62	2400	CR2	09	1073	Yes/No Conditional Response Code	NOT USED
Addenda pg 62	2400	CR2	10	352	Description	NOT USED
Addenda pg 62	2400	CR2	11	352	Description	NOT USED
Addenda pg 62	2400	CR2	12	1073	Yes/No Conditional Response Code	X-Ray Availability Indicator "N" No "Y" Yes
DME CERTIFICATION						
421	2400	CR3	01	1322	Certification Type Code	"I" Initial
422	2400	CR3	02	355	Unit/Basis for Measurement Code	"MO" Months
422	2400	CR3	03	380	Quality	Durable Medical Equipment
HOME OXYGEN THERAPY INFORMATION						
424	2400	CR5	01	1322	Certification Type Code	"I" Initial "R" Renewal "S" Revised
424	2400	CR5	02	380	Quantity	Treatment Period Count
424	2400	CR5	03 04 05 06	1348 1348 352 380	Oxygen Equipment Type Code / Quantity Description	NOT USED

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
			07 08 09	380 380 352		
424	2400	CR5	10	380	Quantity	Arterial Blood Gas Quantity
425	2400	CR5	11	380	Quantity	Oxygen Saturation Quantity
425	2400	CR5	12	1349	Oxygen Test (OT)Condition Code	"E" Exercising "R" Rest "S" Sleeping
425	2400	CR5	13	1350	OT Finding	Situational - "1" Dependent Edema Suggesting CHF
425	2400	CR5	14	1350	OT Finding	Situational - "2" Pulmonale on EKG
425	2400	CR5	15	1350	OT Finding	Situational - "3" Erythrocythemia
AMBULANCE CERTIFICATION						
427	2400	CRC	01	1136	Code Category	"07" Ambulance Certification
428	2400	CRC	02	1073	Yes/No Conditional Response Code	"N" No "Y" Yes
428-429	2400	CRC	03	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
429	2400	CRC	04	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
429	2400	CRC	05	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
429	2400	CRC	06	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
429	2400	CRC	07	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
HOSPICE EMPLOYEE INDICATOR						
431	2400	CRC	01	1136	Code Category	"70" Hospice
431	2400	CRC	02	1073	Yes/No Conditional Response Code	Hospice Employee Indicator "N" No "Y" Yes
431	2400	CRC	03	1321	Condition Indicator	"65" Open
DMERC CONDITION INDICATOR						
433	2400	CRC	01	1136	Code Category	"09" DME Certification "11" Oxygen Therapy Certification
433	2400	CRC	02	1073	Yes/No Conditional Response Code	"N" No "Y" Yes
433	2400	CRC	03	1321	Condition Indicator	"37" Oxygen Dlvry Equipment is

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
						Stationary "38" Certification of Provider Signature on file with Supplier "AL" Ambulation Limitations "P1" Patient Discharged from First Facility "ZV" Replacement Item
434	2400	CRC	04	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
434	2400	CRC	05	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
434	2400	CRC	06	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
434	2400	CRC	07	1321	Condition Indicator	Condition Code – See Implementation Guide for Listing of Values
DATE - SERVICE DATE						
435	2400	DTP	01	374	Date/Time Qualifier	"472" Service
435	2400	DTP	02	1250	DTP Format Qualifier	"D8" Date expressed as CCYYMMDD. "RD8" Range of Dates expressed as CCYYMMDD.
435	2400	DTP	03	1251	Date / Time Period	Service Date
DATE - BEGIN THERAPY DATE						
440	2400	DTP	01	374	Date/Time Qualifier	"463" Begin Therapy
440	2400	DTP	02	1250	DTP Format Qualifier	"D8" Date expressed as CCYYMMDD.
441	2400	DTP	03	1251	Date / Time Period	Service Date
DATE - LAST CERTIFICATION DATE						
442	2400	DTP	01	374	Date/Time Qualifier	"461" Last Certification
443	2400	DTP	02	1250	DTP Format Qualifier	"D8" Date expressed as CCYYMMDD.
443	2400	DTP	03	1251	Date / Time Period	Last Certification Date
DATE - ORDER DATE						
444	2400	DTP	01	374	Date/Time Qualifier	"938" Order
444	2400	DTP	02	1250	DTP Format Qualifier	"D8" Date expressed as CCYYMMDD.
444	2400	DTP	03	1251	Date / Time Period	Order Date

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
DATE - DATE LAST SEEN						
Addenda pg 64	2400	DTP	01	374	Date/Time Qualifier	"304" Latest Visit or Consultation
Addenda pg 64	2400	DTP	02	1250	DTP Format Qualifier	"D8" Date expressed as CCYYMMDD.
Addenda pg 64	2400	DTP	03	1251	Date / Time Period	Date
DATE - TEST						
447	2400	DTP	01	374	Date/Time Qualifier	"738" Most Recent Hemoglobin or Hematocrit or Both "739" Most Recent Serum Creatine
447	2400	DTP	02	1250	DTP Format Qualifier	"D8" Date expressed as CCYYMMDD.
448	2400	DTP	03	1251	Date / Time Period	Test Performed Date
DATE - OXYGEN SATURATION / ARTERIAL BLOOD GAS TEST						
449	2400	DTP	01	374	Date/Time Qualifier	"119" Test Performed "480" Arterial Blood Gas Test "481" Oxygen Saturation Test
450	2400	DTP	02	1250	DTP Format Qualifier	"D8" Date expressed as CCYYMMDD.
450	2400	DTP	03	1251	Date / Time Period	Test Date
DATE - ONSET OF ILLNESS OR SIMILAR SYMPTOMS - SITUATIONAL - USE ONLY IF DIFFERENT FROM INFORMATION IN LOOP 2300						
452	2400	DTP	01	374	Date/Time Qualifier	"431" Onset of Illness/Symptoms
452	2400	DTP	02	1250	DTP Format Qualifier	"D8" Date expressed as CCYYMMDD.
453	2400	DTP	03	1251	Date / Time Period	Onset Date
DATE - LAST X-RAY - USE ONLY IF DIFFERENT FROM INFORMATION IN LOOP 2300						
454	2400	DTP	01	374	Date/Time Qualifier	"455" Last X-Ray
454	2400	DTP	02	1250	DTP Format Qualifier	"D8" Date expressed as CCYYMMDD.
455	2400	DTP	03	1251	Date / Time Period	Last X-Ray Date
DATE - INITIAL TREATMENT						
440	2400	DTP	01	374	Date/Time Qualifier	"454" Initial Treatment
440	2400	DTP	02	1250	DTP Format Qualifier	"D8" Date expressed as CCYYMMDD.
441	2400	DTP	03	1251	Date / Time Period	Initial Treatment Date
TEST RESULT						

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
Addenda pg 68	2400	MEA	01	737	Measurement Reference ID Code	"OG" Original-starting dosage "TR" Test Results
Addenda pg 68	2400	MEA	02	738	Measurement Qualifier	"GRA" Gas Test Rate "HT" Height "R1" Hemoglobin "R2" Hematocrit "R3" Epoetin Starting Dosage "R4" Creatin "ZO" Oxygen
Addenda pg 68	2400	MEA	03	739	Measurement Value	Test Results
PRIOR AUTH OR REFERRAL						
470	2400	REF	01	128	Reference ID Qualifier	"9F" Referral Number "G1" Prior Authorization Number
470	2400	REF	02	127	Reference ID	Prior Authorization or Referral Number
LINE ITEM CONTROL NUMBER						
472	2400	REF	01	128	Reference ID Qualifier	"6R" Line Item Control Number
472	2400	REF	02	127	Reference ID	Provider line item number
MAMMOGRAPHY CERTIFICATION NUMBER						
Addenda pg 69	2400	REF	01	128	Reference ID Qualifier	"EW" Mammography Certification
Addenda pg 69	2400	REF	02	127	Reference ID	Mammography Certification Number
CLIA IDENTIFICATION						
475	2400	REF	01	128	Reference ID Qualifier	"X4" CLIA Number
476	2400	REF	02	127	Reference ID	CLIA Number
IMMUNIZATION BATCH NUMBER						
478	2400	REF	01	128	Reference ID Qualifier	"BT" Batch Number
478	2400	REF	02	127	Reference ID	Batch Number
OXYGEN FLOW RATE						
480	2400	REF	01	128	Reference ID Qualifier	"TP" Test Specification Number Oxygen Flow Rate
480	2400	REF	02	127	Reference ID	Oxygen Flow Rate
UNIVERSAL PRODUCT NUMBER (UPN)						
483	2400	REF	01	128	Reference ID Qualifier	"OZ" Product Number
483	2400	REF	02	127	Reference ID	"VP" Vendor Product Number

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
LINE NOTE						
488	2400	NTE	01	363	Note Reference Code	"ADD" Addtl Information "DCP" Goals, Rehab Potential, or Discharge Plans "PMT" Payment "TPO" Third Party Organization Notes
488	2400	NTE	02	352	Description	Line Note in free form
DRUG IDENTIFICATION						
Addenda pg 72	2410	LIN	01	350	Assigned ID	NOT USED
Addenda pg 73	2410	LIN	02	235	Product/Service ID Qualifier	"N4" National Drug Code
PRESCRIPTION DRUG NUMBER						
Addenda pg 77	2410	REF	01	128	Reference ID Qualifier	"XZ" Pharmacy Prescription Number
Addenda pg 78	2410	REF	02	127	Reference ID	Prescription Number
RENDERING PROVIDER NAME (SITUATIONAL)						
502	2420A	NM1	01	98	Entity Identifier Code	"82" Rendering Provider
502	2420A	NM1	02	1065	Entity Type Qualifier	"1" Person "2" Non-Person Entity
502	2420A	NM1	03	1035	Name Last	Last Name or Organization Name
502	2420A	NM1	04	1036	Name First	Rendering Provider First Name
503	2420A	NM1	05	1037	Name Middle	Rendering Provider Middle Name
503	2420A	NM1	06	1038	Name Prefix	NOT USED
503	2420A	NM1	07	1039	Name Suffix	Rendering Provider Suffix
503	2420A	NM1	08	66	ID Code Qualifier	"24" Rendering Provider Tax ID
503	2420A	NM1	09	67	ID Code	Rendering Provider ID
RENDERING PROVIDER SECONDARY IDENTIFICATION						
507	2410	REF	01	128	Reference ID Qualifier	See Implementation Guide for Listing of Values -- Prefer "N5" Provider Plan Network ID Number
507	2410	REF	02	127	Reference ID	Secondary Identifier
SERVICE FACILITY LOCATION						
515	2420C	NM1	01	98	Entity Identifier Code	"77" Service Location "FA" Facility "LI" Independent Laboratory "TL" Testing Laboratory

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
515	2420C	NM1	02	1065	Entity Type Qualifier	"2" Non-Person Entity
515	2420C	NM1	03	1035	Organization Name	Lab or Facility Name
515	2420C	NM1	04 05 06 07	1036 1037 1038 1039	Name First Name Middle Name Prefix Name Suffix	NOT USED
515	2420C	NM1	08	66	ID Code Qualifier	"24" Employer's ID Number "NPI" NPI once available
515	2420C	NM1	09	67	ID Code	Lab or Facility Identifying Number
SERVICE FACILITY ADDRESS						
518	2420C	N3	01	166	Address Information	Lab or Service Facility Address Information
518	2420C	N3	02	166	Address Information	Lab or Service Facility Address Information
SERVICE FACILITY CITY, STATE, ZIP						
519	2420C	N4	01	19	City Name	Lab or Service Facility Name
519	2420C	N4	02	156	State Code	Lab or Service Facility State
519	2420C	N4	03	116	Postal Code	Lab or Service Facility Postal Code
SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION						
521	2410	REF	01	128	Reference ID Qualifier	See Implementation Guide for Listing of Values
507	2410	REF	02	127	Reference ID	Secondary Identifier
ORDERING PROVIDER NAME						
530	2420E	NM1	01	98	Entity Identifier Code	"DK" Ordering Provider
530	2420E	NM1	02	1065	Entity Type Qualifier	"1" Person
530	2420E	NM1	03	1035	Name Last	Ordering Provider Last Name
530	2420E	NM1	04	1036	Name First	Ordering Provider First Name
530	2420E	NM1	05	1037	Name Middle	Ordering Provider Middle Name
530	2420E	NM1	06	1038	Name Prefix	NOT USED
530	2420E	NM1	07	1039	Name Suffix	Ordering Provider Suffix
531	2420E	NM1	08	66	ID Code Qualifier	"24" Ordering Provider Tax ID
531	2420E	NM1	09	67	ID Code	Ordering Provider ID

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
ORDERING PROVIDER ADDRESS						
533	2420E	N3	01	166	Address Information	Address Information
533	2420E	N3	02	166	Address Information	Address Information
ORDERING PROVIDER CITY, STATE, ZIP						
534	2420E	N4	01	19	City Name	City Name
535	2420E	N4	02	156	State Code	State
535	2420E	N4	03	116	Postal Code	Postal Code
ORDERING PROVIDER SECONDARY IDENTIFICATION						
536	2420E	REF	01	128	Reference ID Qualifier	See Implementation Guide for Listing of Values (Prefer "N5" Provider Plan Network ID #)
536	2420E	REF	02	127	Reference ID	Secondary Identifier
REFERRING PROVIDER NAME (SITUATIONAL - SEE I.G.)						
542	2420F	NM1	01	98	Entity Identifier Code	"DN" Referring Provider "P3" Primary Care Provider
542	2420F	NM1	02	1065	Entity Type Qualifier	"1" Person
542	2420F	NM1	03	1035	Name Last	Referring Provider Last Name
542	2420F	NM1	04	1036	Name First	Referring Provider First Name
543	2420F	NM1	05	1037	Name Middle	Referring Provider Middle Name
543	2420F	NM1	06	1038	Name Prefix	NOT USED
543	2420F	NM1	07	1039	Name Suffix	Referring Provider Suffix
543	2420F	NM1	08	66	ID Code Qualifier	"24" Referring Provider Tax ID ("XX" NPI -- once available)
543	2420F	NM1	09	67	ID Code	Referring Provider ID
REFERRING PROVIDER SPECIALTY INFORMATION						
544	2420F	PRV	01	1221	Provider Code	"RF" Referring
545	2420F	PRV	02	128	Reference ID Qualifier	"ZZ" Mutually Defined
545	2420F	PRV	03	127	Reference ID	Provider Taxonomy Code
ORDERING PROVIDER SECONDARY IDENTIFICATION						
547	2420F	REF	01	128	Reference ID Qualifier	See Implementation Guide for Listing of Values (Prefer "N5" Provider Plan Network ID #)
548	2420F	REF	02	127	Reference ID	Secondary Identifier

IMP. GUIDE PG#	LOOP	SEG-MENT ID	REF. DES.	DATA ELEMENT	ELEMENT NAME	EXPECTED VALUES
TRANSACTION SET TRAILER						
313	TRAILER	SE	01	96	Number of Included Segments	Total number of segments included in a transaction set including ST and SE segments.
313	TRAILER	SE	02	329	Transaction Set Control Number	Complete as described in the IG (This entry must be identical to the entry in the ST02 data element.)
FUNCTIONAL GROUP TRAILER						
B.10	TRAILER	GE	97	01	Number of Transaction Sets Included	Total number of transaction sets included in the functional group left justified and with NO trailing spaces.
B.10	TRAILER	GE	28	02	Group Control Number	1 to 9 characters left justified and with NO trailing spaces. This element value must be identical to data element GS06.
INTERCHANGE CONTROL TRAILER						
B.7	TRAILER	IEA	I16	01	Number of Included Functional Groups	Total number of functional groups included in the interchange left justified and with NO trailing spaces.
B.7	TRAILER	IEA	I12	02	Interchange Control Number	Nine-digit number left justified. This element value must be identical to data element ISA13.

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VW

XYZ