

Health Care Service Corporation (HCSC) 837 Companion Document

ASC X12N

Health Care Claim (Institutional)

Version 4010A1 October 2002

Purpose of This Document

This companion guide has been written to assist those who will be implementing the ASC X12N 837 Institutional Healthcare Claims Set. HCSC's recommendations are noted in the comments section of the companion document, otherwise please refer to the ASC X12N 837 (004010X096A1) Implementation Guide dated October 2002 for field requirements.

Please note that this guide is intended only as a supplement to and NOT a replacement for the ASC X12N 837 Institutional Healthcare Claims Implementation Guide as mandated under HIPAA. The implementation specifications for the ASC X12N 837 Standard may be obtained from the Washington Publishing Company, PMB 161, 5284 Randolph Road, Rockville, MD, 20852-2116; telephone 301-949-9740; and FAX: 301-949-9742. They are also available through the Washington Publishing Company on the Internet at <http://www.wpc-edi.com>.

EDI System vendors and submitters including individual providers who have programmed their own systems will be required to complete a testing phase before production status can be granted to ensure accurate format and claims data quality. Once the vendor or submitter is granted production status, providers can be enrolled without additional testing. We do however, allow and recommend all submitters to submit a test file to ensure format and syntax standards are maintained. We must be notified so that the submitter identification number can be activated on the testing facility.

Test File Requirements

Test files should consist of a variety of at least 25 claims that represent the type of claims the vendor/submitter will be submitting once production status is achieved. Test claims will not be processed for payment but will be validated against production files in Phase II testing, so they must contain valid patient, procedure, diagnosis and provider information. Since test claims will not be processed for payment, claims previously submitted for payment or claims which have not yet been submitted may be used.

For example, if a vendor or submitter has a provider whose specialty is ophthalmology and he performs eye exams and cataract surgery routinely, the test claims from this provider should include claims for eye exams and cataract surgery, office services and ambulatory surgical center services. If only eye exams are submitted on the test, production status may not be achieved.

Field Definitions

R (Required): This field must always be included in the transmission.

S (Situational): This field is necessary in certain situations. Please review the ASC X12N Implementation Guide for instructions on when this is required.

N/U (Not Used): These data elements should not be included in transmissions.

Addenda Changes: These segments and/or data elements are shaded for easy identification.

Comments: This provides requirements/recommendations for some fields.

Important Items to Note:

With the implementation of the National Provider Identifier – either the Tax ID or Social Security number of any provider included in the transaction is Required.

All dates are 8 character dates in the format CCYYMMDD. The only date data element that is in YYMMDD is the Interchange date data element in the ISA segment.

We recommend the use of the following delimiters in all transactions:

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
:	Colon	Sub-element Separator
~	Tilde	Segment Terminator

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Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	ANSI VALUES	COMMENTS
ISA	Interchange Control Header	B.3		1	R	___	1		
ISA01	Authorization Information Qualifier		ID	2-2	R			00, 03	
ISA02	Authorization Information		AN	10-10	R				
ISA03	Security Information Qualifier		ID	2-2	R			00, 01	Value 01 recommended.
ISA04	Security Information		AN	10-10	R				This is the password assigned by HCSC
ISA05	Interchange ID Qualifier		ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	Value must be ZZ.
ISA06	Interchange Sender ID		AN	15-15	R				Required for all submissions. This must be the same value as GS02.
ISA07	Interchange ID Qualifier		ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	Value must be ZZ.
ISA08	Interchange Receiver ID		AN	15-15	R				First position must equal C, G or Z. Enter Cxxxxx, Gxxxxx or ZMIXED. If the file contains only Blue Medicare PPO enter C along with the payer id. If the file only contains Blue Cross claims, enter G along with the payer id. HCSC Receiver IDs: TX G84980, IL G00621, NM G00790, OK G00840, Blue Medicare PPO TX CTXPPO, Blue Medicare PPO NM CNMPPO. ZMIXED is used if the file contains multiple payers. ISA08, GS03 and Loop 1000B NM109 must match.
ISA09	Interchange Date		DT	6-6	R			YYMMDD	Date can't be greater than current system date.
ISA10	Interchange Time		TM	4-4	R			HHMM	
ISA11	Interchange Control Standards ID		ID	1-1	R			U	
ISA12	Interchange Control Version Number		ID	5-5	R			00401	
ISA13	Interchange Control Number		NO	9-9	R				Must be the same as IEA02.
ISA14	Acknowledgement Requested		ID	1-1	R			0, 1	
ISA15	Usage Indicator		ID	1-1	R			P, T	Files whether flagged T or P submitted to the test facility are not forwarded to payers for processing.
ISA16	Component Element Separator		AN	1-1	R			* : ~	Preferred values are * : ~
GS	Functional Group Header	B.8		1	R	___	1		
GS01	Functional Identifier Code		ID	2-2	R			HC	
GS02	Application Sender Code		AN	2-15	R				This must be the assigned submitter id which is a length of 6 to 10 characters. This must match ISA06.
GS03	Application Receiver Code		AN	2-15	R				First position must equal C, G or Z. Enter Cxxxxx, Gxxxxx or ZMIXED. If the file contains only Blue Medicare PPO enter C along with the payer id. If the file only contains Blue Cross claims, enter G along with the payer id. HCSC Receiver IDs: TX G84980, IL G00621, NM G00790, OK G00840, Blue Medicare PPO TX CTXPPO, Blue Medicare PPO NM CNMPPO. ZMIXED is used if the file contains multiple payers. ISA08, GS03 and Loop 1000B NM109 must match.

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GS04	Date		DT	8-8	R			CCYYMMDD	Date can't be greater than current system date.
GS05	Time		TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD	
GS06	Group Control Number		NO	1-9	R				Must match GE02.
GS07	Responsible Agency Code		ID	1-2	R			X	
GS08	Version Identifier Code		AN	1-12	R			004010X096A1	Addenda change 10/2002.
ST	Transaction Set Header	56		1	R	___			
ST01	Transaction Set Identifier Code		ID	3-3	R			837	
ST02	Transaction Set Control Number		AN	4-9	R				Must match SE02.
BHT	Beginning of Hierarchical Transaction	57		1	R	___			
BHT01	Hierarchical Structure Code		ID	4-4	R			0019	
BHT02	Transaction Set Purpose Code		ID	2-2	R			00, 18	
BHT03	Originator Application Transaction ID		AN	1-30	R				Must be unique for each transaction set. No embedded blanks or special characters are allowed. Duplicate file ids for a submitter submitted within twelve months will be rejected.
BHT04	Transaction Set Creation Date		DT	8-8	R			CCYYMMDD	Date can't be greater than current system date.
BHT05	Transaction Set Creation Time		TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD	
BHT06	Claim or Encounter ID		ID	2-2	R			CH, RP	
REF	Transmission Type Identification	60		1	R	___			
REF01	Reference Identification Qualifier		ID	2-3	R			87	
REF02	Transmission Type Code		AN	1-30	R			004010X096DA1 or 004010X096A1	Transmission Type Code should correspond with usage indicator in ISA15. Addenda change 10/2002.
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification Qualifier				N/U				
NM1	Submitter Name	61		1	R	1000A	1		
NM101	Entity Identifier Code		ID	2-3	R			41	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Submitter Last or Organization Name		AN	1-35	R				
NM104	Submitter First Name		AN	1-25	S				Required if NM102 equals 1.
NM105	Submitter Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			46	
NM109	Submitter Identifier		AN	2-80	R				Submitter id numbers can be 6 to 10 alpha numeric values. For the correct submitter identification number contact the EDI Hotline at 877/334-8446.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PER	Submitter EDI Contact Information	64		2	R	1000A			
PER01	Contact Function Code		ID	2-2	R			IC	

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PER02	Submitter Contact Name		AN	1-60	R				
PER03	Communication Number Qualifier		ID	2-2	R			ED, EM, FX, TE	
PER04	Communication Number		AN	1-80	R				Must be a minimum of 10 characters.
PER05	Communication Number Qualifier		ID	2-2	S			ED, EM, EX, FX, TE	
PER06	Communication Number		AN	1-80	S				
PER07	Communication Number Qualifier		ID	2-2	S			ED, EM, EX, FX, TE	
PER08	Communication Number		AN	1-80	S				
PER09	Contact Inquiry Reference		AN	1-20	N/U				
NM1	Receiver Name	67		1	R	1000B	1		
NM101	Entity Identifier Code		ID	2-3	R			40	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Receiver Name		AN	1-35	R				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			46	
NM109	Receiver Primary Identifier		AN	2-80	R				First position must equal C, G or Z. Enter Cxxxxx, Gxxxxx or ZMIXED. If the file contains only Blue Medicare PPO enter C along with the payer id. If the file only contains Blue Cross claims, enter G along with the payer id. HCSC Receiver IDs: TX G84980, IL G00621, NM G00790, OK G00840, Blue Medicare PPO TX CTXPPO, Blue Medicare PPO NM CNMPPPO. ZMIXED is used if the file contains multiple payers. ISA08, GS03 and Loop 1000B NM109 must match.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
HL	Billing Provider Hierarchical Level	69		1	R	2000A	>1		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	N/U				
HL03	Hierarchical Level Code		ID	1-2	R			20	
HL04	Hierarchical Child Code		ID	1-1	R			1	
PRV	Billing Provider Specialty Information	71		1	S	2000A			Addenda change 10/2002. See Note #1.
PRV01	Provider Code		ID	1-3	R			BI, PT	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Provider Taxonomy Code		AN	1-30	R				This should be the 10 character taxonomy code.
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	PROVIDER SPECIALTY INFORMATION				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
CUR	Foreign Currency Information	73		1	S	2000A			
CUR01	Entity Identifier Code		ID	2/3	R			85	
CUR02	Currency Code		ID	3/3	R				
CUR03	Exchange Rate		R	4/10	N/U				

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CUR04	Entity Identifier Code		ID	2/3	N/U				
CUR05	Currency Code		ID	3/3	N/U				
CUR06	Currency Market/Exchange Code		ID	3/3	N/U				
CUR07	Date/Time Qualifier		ID	3/3	N/U				
CUR08	Date		DT	8/8	N/U				
CUR09	Time		TM	4/8	N/U				
CUR10	Date/Time Qualifier		ID	3/3	N/U				
CUR11	Date		DT	8/8	N/U				
CUR12	Time		TM	4/8	N/U				
CUR13	Date/Time Qualifier		ID	3/3	N/U				
CUR14	Date		DT	8/8	N/U				
CUR15	Time		TM	4/8	N/U				
CUR16	Date/Time Qualifier		ID	3/3	N/U				
CUR17	Date		DT	8/8	N/U				
CUR18	Time		TM	4/8	N/U				
CUR19	Date/Time Qualifier		ID	3/3	N/U				
CUR20	Date		DT	8/8	N/U				
CUR21	Time		TM	4/8	N/U				
NM1	Billing Provider Name	76		1	R	2010AA	1		
NM101	Entity Identifier Code		ID	2-3	R			85	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Billing Provider Last or Organizational Name		AN	1-35	R				
NM104	Billing Provider First Name		AN	1-25	N/U				
NM105	Billing Provider Middle Name		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			XX	When XX is present, the NPI is required in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM109	Billing Provider Identifier		AN	2-80	R				When NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifier EI or the social security number with qualifier SY is required in REF02. The NPI is 10 numerics with the 10th position being a check digit. .
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	Billing Provider Address	79		1	R	2010AA			
N301	Billing Provider Address Line		AN	1-55	R				
N302	Billing Provider Address Line		AN	1-55	S				
N4	Billing Provider City/State/Zip	80		1	R	2010AA			
N401	Billing Provider City Name		AN	2-30	R				
N402	Billing Provider State		ID	2-2	R				Must be the U.S. Postal Service abbreviation.
N403	Billing Provider Zip Code		AN	3-15	R				Must be valid for the state abbreviation. Must not be less than 5 or greater than 9 characters. If N402 is XX, this is not required.
N404	Billing Provider Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				

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REF	Billing Provider Secondary Identification	82		8	S	2010AA		
REF01	Reference Identification Qualifier		ID	2-3	R		EI, SY,	
REF02	Billing Provider Additional Identifier		AN	1-30	R			When NPI is present in the NM109, the tax id with qualifier EI or the social security number with qualifier SY is required.
REF03	Description		AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER				N/U			
REF	Credit/Debit Card Billing Information	85		8	S	2010AA		
REF01	Reference Identification Qualifier		ID	2/3	R		06, 8U, EM, IJ, LU, RB, ST, TT	
REF02	Reference Identification		AN	1/30	R			
REF03	Description		AN	1/80	N/U			
REF04	Reference Identifier				N/U			
PER	Billing Provider Contact Information	87		2	S	2010AA		
PER01	Contact Function Code		ID	2-2	R		IC	
PER02	Billing Provider Contact Name		AN	1-60	R			
PER03	Communication Number Qualifier		ID	2-2	R		EM, FX, TE	
PER04	Communication Number		AN	1-80	R			Must be 10 characters.
PER05	Communication Number Qualifier		ID	2-2	S		EM, EX, FX, TE	
PER06	Communication Number		AN	1-80	S			If given, must be 10 characters.
PER07	Communication Number Qualifier		ID	2-2	S		EM, EX, FX, TE	
PER08	Communication Number		AN	1-80	S			
PER09	Contact Inquiry Reference		AN	1-20	N/U			
NM1	Pay-to-Provider	91		1	S	2010AB	1	Required if the Pay-To-Provider is different than the billing provider.
NM101	Entity Identifier Code		ID	2-3	R		87	
NM102	Entity Type Qualifier		ID	1-1	R		2	
NM103	Pay-to Provider Last or Organization Name		AN	1-35	R			
NM104	Pay-to Provider First Name		AN	1-25	N/U			
NM105	Pay-to Provider Middle Name		AN	1-25	N/U			
NM106	Name Prefix		AN	1-10	N/U			
NM107	Name Suffix		AN	1-10	N/U			
NM108	Identification Code Qualifier		ID	1-2	R		XX	When XX is present, the NPI is required in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM109	Pay-to Provider Identifier		AN	2-80	R			When NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifier EI or the social security number with qualifier SY is required in REF02. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U			
NM111	Entity Identifier Code		ID	2-3	N/U			

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N3 Pay-To Provider Address		94		1	R	2010AB		
N301	Pay-to Provider Address I		AN	1-55	R			
N302	Pay-to Provider Address II		AN	1-55	S			
N4 Pay-To Provider City/State/Zip		95		1	R	2010AB		
N401	Pay-to Provider City Name		AN	2-30	R			
N402	Pay-to Provider State Code		ID	2-2	R			Must be the U.S. Postal Service abbreviation.
N403	Pay-to Provider Zip Code		AN	3-15	R			Must be valid for the state abbreviation. Must not be less than 5 or greater than 9 characters. If N402 is XX, this is not required.
N404	Pay-to Provider Country Code		ID	2-3	S			
N405	Location Qualifier		ID	1-2	N/U			
N406	Location Identifier		AN	1-30	N/U			
REF Pay-To Provider Secondary Identification		97		5	S	2010AB		
REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY
REF02	Pay-to Provider Additional Identifier		AN	1-30	R			When NPI is present in the NM109, the tax id with qualifier EI or the social security number with qualifier SY is required.
REF03	Description		AN	1-30	N/U			
REF04	REFERENCE IDENTIFIER				N/U			
HL Subscriber Hierarchical Level		99		1	R	2000B	>1	
HL01	Hierarchical ID Number		AN	1-12	R			
HL02	Hierarchical Parent ID Number		AN	1-12	R			
HL03	Hierarchical Level Code		ID	1-2	R			22
HL04	Hierarchical Child Code		ID	1-1	R			0, 1
SBR Subscriber Information		101		1	R	2000B		Information specific to the primary insured and the insurance carrier for that insured.
SBR01	Payer Responsibility Sequence Number Code		ID	1-1	R			P, S, T
SBR02	Relationship Code		ID	2-2	S			18
SBR03	Insured Group or Policy Number		AN	1-30	S			Required. Enter the group number from the members ID card.
SBR04	Insured Group Name		AN	1-60	S			
SBR05	Insurance Type Code		ID	1-3	N/U			
SBR06	Coordination of Benefits Code		ID	1-1	N/U			
SBR07	Yes/No Condition or Response Code		ID	1-1	N/U			
SBR08	Employment Status Code		ID	2-2	N/U			
SBR09	Claim Filing Indicator Code		ID	1-2	S			09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MA, MB, MC, OF, TV, VA, WC, ZZ Preferred values are 09, BL, CH, CI, MA, MC, OF, WC or ZZ.

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PAT	Patient Information	106		1	S	2000B			Addenda Change 10/2002. Segment deleted.
NM1	Subscriber Name	108		1	R	2010BA	1		
NM101	Entity Identifier Code		ID	2-3	R			IL	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Subscriber Last Name		AN	1-35	R				
NM104	Subscriber First Name		AN	1-25	S				Required when NM102 equals 1.
NM105	Subscriber Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Subscriber Suffix Name		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			MI, ZZ	ZZ is not valid at this time.
NM109	Subscriber Primary Identifier		AN	2-80	S				Enter the member/patient policy number as indicated on the ID Card including any alpha characters. The field length will be from nine to fourteen digits. Must not contain embedded blanks.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	Subscriber Address	112		1	S	2010BA			This segment is required when the Patient is the same person as the Subscriber.
N301	Subscriber Address Line		AN	1-55	R				
N302	Subscriber Address Line		AN	1-55	S				
N4	Subscriber City, State, Zip	113		1	S	2010BA			This segment is required when the Patient is the same person as the Subscriber.
N401	Subscriber City Name		AN	2-30	R				
N402	Subscriber State Code		ID	2-2	R				Must be the U.S. Postal Service abbreviation.
N403	Subscriber Postal Zip Code		AN	3-15	R				Must be valid for the state abbreviation. Must not be less than 5 or greater than 9 characters. If N402 is XX, this is not required.
N404	Subscriber Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
DMG	Subscriber Demographic Information	115		1	S	2010BA			This segment is required when the Patient is the same person as the Subscriber.
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8	
DMG02	Subscriber Birth Date		AN	1-35	R			CCYYMMDD	
DMG03	Subscriber Gender Code		ID	1-1	R			F, M, U	
DMG04	Marital Status Code		ID	1-1	N/U				
DMG05	Race or Ethnicity Code		ID	1-1	N/U				
DMG06	Citizenship Status Code		ID	1-2	N/U				
DMG07	Country Code		ID	2-3	N/U				
DMG08	Basis of Verification Code		ID	1-2	N/U				
DMG09	Quantity		R	1-15	N/U				
REF	Subscriber Secondary Identification	117		4	S	2010BA			
REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23, IG, SY	

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REF02	Subscriber Supplemental Identifier		AN	1-30	R			
REF03	Description		AN	1-30	N/U			
REF04	Reference Identification				N/U			
REF	Property and Casualty Claim Number	119		1	S	2010BA		
REF01	Reference Identification Qualifier		ID	2/3	R		Y4	
REF02	Reference Identification		AN	1/30	R			
REF03	Description		AN	1/80	N/U			
REF04	Reference Identifier				N/U			
NM1	Credit/Debit Card Account Holder Name	121		1	S	2010BB		
NM101	Entity Identifier Code		ID	2/3	R		AO	
NM102	Entity Type Qualifier		ID	1/1	R			
NM103	Last Name of Organization Name		AN	1/35	R			
NM104	Name First		AN	1/25	S			
NM105	Name Middle		AN	1/25	S			
NM106	Name Prefix		AN	1/10	N/U			
NM107	Name Suffix		AN	1/10	S			
NM108	Identification Code Qualifier		ID	1/2	R		MI	
NM109	Identification Code		AN	2/80	R			
NM110	Entity Relationship Code		ID	2/2	N/U			
NM111	Entity Identifier Code		ID	2/3	N/U			
REF	Credit/Debit Care Information	124		2	S	2010BB		
REF01	Reference Identification Qualifier		ID	2/3	R		AB, BB	
REF02	Reference Identification Qualifier		AN	1/30	R			
REF03	Description		AN	1/80	N/U			
REF04	Reference Identifier			1/80	N/U			
NM1	Payer Name	126		1	R	2010BC	1	
NM101	Entity Identifier Code		ID	2-3	R		PR	
NM102	Entity Type Qualifier		ID	1-1	R		2	
NM103	Payer Name		AN	1-35	R			
NM104	Name First		AN	1-25	N/U			
NM105	Name Middle		AN	1-25	N/U			
NM106	Name Prefix		AN	1-10	N/U			
NM107	Name Suffix		AN	1-10	N/U			
NM108	Identification Code Qualifier		ID	1-2	R		PI, XV	Value XV is not valid at this time.

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NM109	Payer Identifier		AN	2-80	R				First position must be C or G followed by the 5 to 6 character receiver ID.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	Payer Address	129		1	S	2010BC			
N301	Payer Address Line		AN	1-55	R				
N302	Payer Address Line		AN	1-55	S				
N4	Payer City/State/Zip	130		1	S	2010BC			
N401	Payer City Name		AN	2-30	R				
N402	Payer State Code		ID	2-2	R				
N403	Payer Zip Code		AN	3-15	R				
N404	Payer Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	Payer Secondary Identification	132		3	S	2010BC			
REF01	Reference Identification Qualifier		ID	2-3	R			2U, FY, NF, TJ	
REF02	Payer Additional Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
NM1	Responsible Party Name	134		1	S	2010BD	1		The responsible party is someone who is not the subscriber/patient but who has financial responsibility for the bill.
NM101	Entity Identifier Code		ID	2-3	R			QD	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Responsible Party Last or Organization Name		AN	1-35	R				
NM104	Responsible Party First Name		AN	1-25	S				
NM105	Responsible Party Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Responsible Party Suffix Name		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	Responsible Party Address	136		1	R	2010BD			
N301	Responsible Party Address Line		AN	1-55	R				
N302	Responsible Party Address Line		AN	1-55	S				
N4	Responsible Party City/State/Zip	137		1	R	2010BD			
N401	Responsible Party City Name		AN	2-30	R				
N402	Responsible Party State Code		ID	2-2	R				Must be the U.S. Postal Service abbreviation.

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N403	Responsible Party Zip Code		AN	3-15	R				Must be valid for the state abbreviation. Must not be less than 5 or greater than 9 characters. If N402 is XX, this is not required.
N404	Responsible Party Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
HL	Patient Hierarchical Level	139		1	S	2000C	>1		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	R				
HL03	Hierarchical Level Code		ID	1-2	R			23	
HL04	Hierarchical Child Code		ID	1-1	R			0	
PAT	Patient Information	141		1	R	2000C			
PAT01	Patients Relationship to Insured		ID	2-2	R			01, 04, 05, 07, 10, 15, 17, 19, 20, 21, 22, 23, 24, 29, 32, 33, 36, 39, 40, 41, 43, 53, G8	
PAT02	Patient Location Code		ID	1-1	N/U				
PAT03	Employment Status Code		ID	1-1	N/U				
PAT04	Student Status Code		ID	1-1	N/U				
PAT05	Date Time Period Format Qualifier		ID	2-3	N/U				
PAT06	Insured Individual Death Date		AN	1-35	N/U				
PAT07	Unit or Basis for Measurement Code		ID	2-2	N/U				Addenda usage changed 10/2002.
PAT08	Patient Weight		R	1-10	N/U				Addenda usage changed 10/2002.
PAT09	Pregnancy Indicator		AN	1-1	N/U				Addenda usage changed 10/2002.
NM1	Patient Name	145		1	R	2010CA	1		
NM101	Entity Identifier Code		ID	2-3	R			QC	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Patient Last Name		AN	1-35	R				
NM104	Patient First Name		AN	1-25	R				
NM105	Patient Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Patient Generation		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			MI, ZZ	ZZ not valid at this time.
NM109	Patient Primary Identifier		AN	2-80	S				Enter the member/patient policy number as indicated on the ID Card including any alpha characters. The field length will be from nine to fourteen digits.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	Patient Address	148		1	R	2010CA			
N301	Patient Address Line		AN	1-55	R				
N302	Patient Address Line		AN	1-55	S				
N4	Patient City/State/Zip	149		1	R	2010CA			
N401	Patient City Name		AN	2-30	R				
N402	Patient State Code		ID	2-2	R				Must be the U.S. Postal Service abbreviation.
N403	Patient Postal Zip Code		AN	3-15	R				Must be valid for the state abbreviation. Must not be less than 5 or greater than 9 characters. If N402 is XX, this is not required.
N404	Patient Country Code		ID	2-3	S				

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N405	Location Qualifier		ID	1-2	N/U			
N406	Location Identifier		AN	1-30	N/U			
DMG	Patient Demographic Information	151		1	R	2010CA		
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8
DMG02	Patient Birth Date		AN	1-35	R			CCYYMMDD
DMG03	Patient Gender Code		ID	1-1	R			F, M, U
DMG04	Marital Status Code		ID	1-1	N/U			
DMG05	Race or Ethnicity Code		ID	1-1	N/U			
DMG06	Citizenship Status Code		ID	1-2	N/U			
DMG07	Country Code		ID	2-3	N/U			
DMG08	Basis of Verification Code		ID	1-2	N/U			
DMG09	Quantity		R	1-15	N/U			
REF	Patient Secondary Identification	153		5	S	2010CA		
REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23, IG, SY
REF02	Patient Secondary Identifier		AN	1-30	R			
REF03	Description		AN	1-30	N/U			
REF04	Reference Identification				N/U			
REF	Property and Casualty Claim Number	155		1	S	2010CA		
REF01	Reference Identification Qualifier		ID	2/3	R			Y4
REF02	Reference Identification		AN	1/30	R			
REF03	Description		AN	1/80	N/U			
REF04	Reference Identifier				N/U			
CLM	Claim Information	157		1	R	2300	100	
CLM01	Patient Account Number		AN	1-38	R			
CLM02	Total Claim Charge Amount		R	1-18	R			Field length cannot be greater than nine bytes. First position must not be a minus sign.
CLM03	Claim Filing Indicator		ID	1-2	N/U			
CLM04	Non-Institutional Claim Type Code		ID	1-2	N/U			
CLM05	HEALTH CARE SERVICE LOCATION INFORMATION				R			
CLM05-1	Facility Type Value		AN	1-2	R			
CLM05-2	Facility Code Qualifier		ID	1-2	R			A
CLM05-3	Claim Frequency Code		ID	1-1	R			
CLM06	Provider Signature Indicator		ID	1-1	R			N, Y
CLM07	Medicare Assignment Code		ID	1-1	S			A, C
CLM08	Benefits Assignment Certification Indicator		ID	1-1	R			N, Y
CLM09	Release of Information Code		ID	1-1	R			A, I, M, N, O, Y
CLM10	Patient Signature Source Code		ID	1-1	N/U			
CLM11	RELATED CAUSES INFORMATION				N/U			Addenda usage changed 10/2002.
CLM12	Special Program Code		ID	2-3	N/U			Addenda usage changed 10/2002.
CLM13	Yes/No Condition Code		ID	1-1	N/U			

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CLM14	Level of Service Code		ID	1-3	N/U			
CLM15	Yes/No Condition Code		ID	1-1	N/U			
CLM16	Participation Agreement		ID	1-1	N/U			
CLM17	Claim Status Code		ID	1-2	N/U			
CLM18	Yes/No Condition Code		ID	1-1	R		N, Y	
CLM19	Claim Submission Reason Code		ID	2-2	N/U			
CLM20	Delay Reason Code		ID	1-2	S		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11	
DTP	Date - Discharge Hour	165		1	S	2300		
DTP01	Date/Time Qualifier		ID	3-3	R		096	
DTP02	Date Time Period Format Qualifier		ID	2-3	R		TM	
DTP03	Discharge Hour		AN	1-35	R		HHMM	Required when the Type of Bill is 11X, 18X or 21X.
DTP	Date - Statement Dates	167		1	R	2300		
DTP01	Date/Time Qualifier		ID	3-3	R		434	
DTP02	Date Time Period Format Qualifier		ID	2-3	R		D8, RD8	
DTP03	Statement From and Through Date		AN	1-35	R		CCYYMMDD (D8) or CCYYMMDD-CCYYMMDD (RD8)	
DTP	Date - Admission Date/Hour	169		1	S	2300		
DTP01	Date/Time Qualifier		ID	3-3	R		435	
DTP02	Date Time Period Format Qualifier		ID	2-3	R		DT	
DTP03	Admission Date and Hour		AN	1-35	R		CCYYMDDHHMM	Both are required when the Type of Bill is 11X, 18X or 21X. This date cannot be after the Statement Covers Period From Date for Blue Medicare PPO.
CL1	Institutional Claim Codes	171		1	S	2300		
CL101	Admission Type Code		ID	1-1	S			Required when the type of bill is 11X.
CL102	Admission Source Code		ID	1-1	S			Required when the Type of Bill is 11X, 12X, 13X, 14X, 18X, 21X, 83X, and 85X for payer ID's CTXPPO and CNMPPO.
CL103	Patient Status Code		ID	1-2	S			Required when the Type of Bill is 11X, 12X, 13X, 18X, 21X, 22X, 23X, 71X, 74X, 75X and 83X for payer CTXPPO CNMPPO. Required when the Type of Bill is 11X, 18X or 21X for payers G00621, G00790 and G84980.
CL104	Nursing Home Residential Status Code		ID	1-1	N/U			
PWK	Claim Supplemental Information	173		10	S	2300		

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PWK01	Attachment Report Type Code		ID	2-2	R			AS, B2, B3, B4, CT, DA, DG, DS, EB, MT, NN, OB, OZ, PN, PO, PZ, RB, RR, RT	
PWK02	Attachment Transmission Code		ID	1-2	R			AA, BM, EL, EM, FX	
PWK03	Report Copies Needed		NO	1-2	N/U				
PWK04	Entity Identifier Code		ID	2-3	N/U				
PWK05	Identification Code Qualifier		ID	1-2	S			AC	
PWK06	Attachment Control Number		AN	2-80	S				
PWK07	Description		AN	1-80	S				
PWK08	Actions Indicated				N/U				
PWK09	Request Category Code		ID	1-2	N/U				
CN1	Contract Information	176		1	S	2300			
CN101	Contract Type Code		ID	2-2	R			01, 02, 03, 04, 05, 06, 09	
CN102	Contract Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
CN103	Contract Percent		R	1-6	S				
CN104	Contract Code		AN	1-30	S				
CN105	Terms Discount Percent		R	1-6	S				
CN106	Contract Version Identifier		AN	1-30	S				
AMT	Payer Estimated Amount Due	178		1	S	2300			
AMT01	Amount Qualifier Code		ID	1-3	R			C5	
AMT02	Estimated Claim Due Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Patient Estimated Amount Due	180		1	S	2300			
AMT01	Amount Qualifier Code		ID	1-3	R			F3	
AMT02	Patient Responsibility Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Patient Amount Paid	182		1	S	2300			
AMT01	Amount Qualifier Code		ID	1-3	R			F5	
AMT02	Patient Amount Paid		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Credit/Debit Card Maximum Amount	184		1	S	2300			
AMT01	Amount Qualifier Code		ID	1-3	R			MA	

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AMT02	Monetary Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
REF	Adjusted Repriced Claim Number	185		1	S	2300			
REF01	Reference Identification Qualifier		ID	2-3	R			9C	
REF02	Reference Identification		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
REF	Repriced Claim Number	186		1	S	2300			
REF01	Reference Identification Qualifier		ID	2-3	R			9A	
REF02	Reference Identification		AN	1-30	R				
REF03	Description		AN	1-80	NU				
REF04	Reference Identifier				NU				
REF	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	187		1	S	2300			
REF01	Reference identification Qualifier		ID	2-3	R			D9	
REF02	Value Added Network Trace Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
REF	Document Identification Code	189		1	S	2300	2		Addenda repeat count changed 10/2002.
REF01	Reference Identification Qualifier		ID	2-3	R			DD	
REF02	Document Control Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
REF	Original Reference Number	191		1	S	2300			
REF01	Reference Identification Qualifier		ID	2-3	R			F8	
REF02	Claim Original Reference Number		AN	1-30	R				Required for Blue Medicare PPO when submitting Type of Bill XX7 or XX8. Preferred by Blue Cross when type of bill is 135.
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				

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REF	Investigational Device Exemption Number	193		1	S	2300			
REF01	Reference Identification Qualifier		ID	2-3	R			LX	
REF02	Investigational Device Exemption Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
REF	Service Authorization Exception Code	195		1	S	2300			
REF01	Reference Identification Qualifier		ID	2-3	R			4N	
REF02	Service Authorization Exception Code		AN	1-30	R			1, 2, 3, 4, 5, 6, 7	
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
REF	Peer Review Organization (PRO) Approval Number	197		1	S	2300			
REF01	Reference Identification Qualifier		ID	2-3	R			G4	
REF02	Peer Review Authorization Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
REF	Prior Authorization or Referral Number	198		2	S	2300			
REF01	Reference Number Qualifier		ID	2-3	R			9F, G1	
REF02	Prior Authorization or Referral Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
REF	Medical Record Number	200		1	S	2300			
REF01	Reference Number Qualifier		ID	2-3	R			EA	
REF02	Medical Record Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
REF	Demonstration Project Identifier	202		1	S	2300			
REF01	Reference Identification Qualifier		ID	2-3	R			P4	
REF02	Demonstration Project Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				

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K3	File Information	204		10	S	2300		
K301	Fixed Format Information		AN	1-80	R			
K302	Record Format Code		ID	1-2	N/U			
K303	Composite Unit of Measure				N/U			
NTE	Claim Note	205		10	S	2300		
NTE01	Note Reference Code		ID	3-3	R		ALG, DCP, DGN, DME, MED, NTR, ODT, RHB, RLH, RNH, SET, SFM, SPT, UPI	
NTE02	Claim Note Text		AN	1-80	R			
NTE	Billing Note	208		1	S	2300		
NTE01	Note Reference Code		ID	3-3	R		ADD	
NTE02	Billing Note Text		AN	1-80	R			
CR6	Home Health Care Information	210		1	S	2300		Addenda change 10/2002. See Note #1.
CR601	Prognosis Code		ID	1-1	R		1, 2, 3, 4, 5, 6, 7, 8	
CR602	Service From Date		DT	8-8	R		CCYYMMDD	
CR603	Date Time Period Format Qualifier		ID	2-3	S		RD8	
CR604	Home Health Certification Period		AN	1-35	S		CCYYMMDD-CCYYMMDD	
CR605	Diagnosis Date		DT	8-8	R		CCYYMMDD	
CR606	Skilled Nursing Facility Indicator		ID	1-1	R		N, U, Y	
CR607	Medicare Coverage Indicator		ID	1-1	R		N, Y	
CR608	Certification Type Code		ID	1-1	R		I, R, S	
CRC09	Date Surgical Procedure Performed		DT	8-8	S		CCYYMMDD	
CR610	Product or Service ID Qualifier		ID	2-2	S		HC, ID	
CR611	Surgical Procedure Code		AN	1-15	S			
CR612	Physician Order Date		DT	8-8	S		CCYYMMDD	
CR613	Last Visit Date		DT	8-8	S		CCYYMMDD	
CR614	Physician Contact Date		DT	8-8	S		CCYYMMDD	
CR615	Date Time Period Format Qualifier		ID	2-3	S		RD8	
CR616	Admission Date and Discharge Date		AN	1-35	S		CCYYMMDD-CCYYMMDD	
CR617	Patient Discharge Facility Type Code		ID	1-1	R		A, B, C, D, E, F, G, H, L, M, O, R, S, T	
CR618	Diagnosis Date - 1		DT	8-8	S		CCYYMMDD	
CR619	Diagnosis Date - 2		DT	8-8	S		CCYYMMDD	
CR620	Diagnosis Date - 3		DT	8-8	S		CCYYMMDD	
CR621	Diagnosis Date - 4		DT	8-8	S		CCYYMMDD	
CRC	Home Health Functional Limitations	218		3	S	2300		

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CRC01	Code Category		ID	2-2	R			75	
CRC02	Certification Condition Indicator		ID	1-1	R			N, Y	
CRC03	Functional Limitation Code		ID	2-2	R			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL	
CRC04	Functional Limitation Code		ID	2-2	S			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL	
CRC05	Functional Limitation Code		ID	2-2	S			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL	
CRC06	Functional Limitation Code		ID	2-2	S			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL	
CRC07	Functional Limitation Code		ID	2-2	S			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL	
CRC	Home Health Activities Permitted	221		3	S	2300			
CRC01	Code Category		ID	2-2	R			76	
CRC02	Certification Condition Code Applies Indicator		ID	1-1	R			N, Y	
CRC03	Activities Permitted Code		ID	2-2	R			BR, CA, CB, CR, EP, IH, NR, PW, TR, UT, WA, WR	
CRC04	Activities Permitted Code		ID	2-2	S			BR, CA, CB, CR, EP, IH, NR, PW, TR, UT, WA, WR	
CRC05	Activities Permitted Code		ID	2-2	S			BR, CA, CB, CR, EP, IH, NR, PW, TR, UT, WA, WR	
CRC06	Activities Permitted Code		ID	2-2	S			BR, CA, CB, CR, EP, IH, NR, PW, TR, UT, WA, WR	
CRC07	Activities Permitted Code		ID	2-2	S			BR, CA, CB, CR, EP, IH, NR, PW, TR, UT, WA, WR	
CRC	Home Health Mental Status	224		2	S	2300			
CRC01	Code Category		ID	2-2	R			77	
CRC02	Certification Condition Indicator		ID	1-1	R			N, Y	
CRC03	Mental Status Code		ID	2-2	R			AG, CM, DI, DP, FO, LE, MC, OT	
CRC04	Mental Status Code		ID	2-2	S			AG, CM, DI, DP, FO, LE, MC, OT	
CRC05	Mental Status Code		ID	2-2	S			AG, CM, DI, DP, FO, LE, MC, OT	
CRC06	Mental Status Code		ID	2-2	S			AG, CM, DI, DP, FO, LE, MC, OT	
CRC07	Mental Status Code		ID	2-2	S			AG, CM, DI, DP, FO, LE, MC, OT	
HI	Health Care Information Code	227		1	S	2300			Addenda change 10/2002. See Note #1
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Diagnosis Type Code		ID	1-3	R			BK	
HI01-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI01-3	Date Time Period Format Qualifier		ID	2-3	N/U				

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HI01-4	Date Time Period		AN	1-35	N/U			
HI01-5	Monetary Amount		R	1-18	N/U			
HI01-6	Quantity		R	1-15	N/U			
HI01-7	Version Identifier		AN	1-30	N/U			
HI02	HEALTH CARE CODE INFORMATION				S			
HI02-1	Diagnosis Type Code		ID	1-3	R	BJ, ZZ		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Required for Type of Bills 11X, 12X, 18X, or 21X. Revised - "ZZ" qualifier added 6/19/02.
HI02-2	Diagnosis Code		AN	1-30	R			
HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI02-4	Date Time Period		AN	1-35	N/U			
HI02-5	Monetary Amount		R	1-18	N/U			
HI02-6	Quantity		R	1-15	N/U			
HI02-7	Version Identifier		AN	1-30	N/U			
HI03	HEALTH CARE CODE INFORMATION				S			
HI03-1	Diagnosis Type Code		ID	1-3	R	BN		
HI03-2	Diagnosis Code		AN	1-30	R			
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI03-4	Date Time Period		AN	1-35	N/U			
HI03-5	Monetary Amount		R	1-18	N/U			
HI03-6	Quantity		R	1-15	N/U			
HI03-7	Version Identifier		AN	1-30	N/U			
HI04	HEALTH CARE CODE INFORMATION				N/U			
HI04-1	Diagnosis Type Code		ID	1-3	N/U	BF		
HI04-2	Diagnosis Code		AN	1-30	N/U			
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI04-4	Date Time Period		AN	1-35	N/U			
HI04-5	Monetary Amount		R	1-18	N/U			
HI04-6	Quantity		R	1-15	N/U			
HI04-7	Version Identifier		AN	1-30	N/U			
HI05	HEALTH CARE CODE INFORMATION				N/U			
HI05-1	Diagnosis Type Code		ID	1-3	N/U	BF		
HI05-2	Diagnosis Code		AN	1-30	N/U			
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI05-4	Date Time Period		AN	1-35	N/U			
HI05-5	Monetary Amount		R	1-18	N/U			
HI05-6	Quantity		R	1-15	N/U			
HI05-7	Version Identifier		AN	1-30	N/U			
HI06	HEALTH CARE CODE INFORMATION				N/U			
HI06-1	Diagnosis Type Code		ID	1-3	N/U	BF		
HI06-2	Diagnosis Code		AN	1-30	N/U			
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI06-4	Date Time Period		AN	1-35	N/U			
HI06-5	Monetary Amount		R	1-18	N/U			
HI06-6	Quantity		R	1-15	N/U			
HI06-7	Version Identifier		AN	1-30	N/U			

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HI07	HEALTH CARE CODE INFORMATION				N/U				
HI07-1	Diagnosis Type Code		ID	1-3	N/U			BF	
HI07-2	Diagnosis Code		AN	1-30	N/U				
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI07-4	Date Time Period		AN	1-35	N/U				
HI07-5	Monetary Amount		R	1-18	N/U				
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				
HI08	HEALTH CARE CODE INFORMATION				N/U				
HI08-1	Diagnosis Type Code		ID	1-3	N/U			BF	
HI08-2	Diagnosis Code		AN	1-30	N/U				
HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI08-4	Date Time Period		AN	1-35	N/U				
HI08-5	Monetary Amount		R	1-18	N/U				
HI08-6	Quantity		R	1-15	N/U				
HI08-7	Version Identifier		AN	1-30	N/U				
HI09	HEALTH CARE CODE INFORMATION				N/U				
HI09-1	Diagnosis Type Code		ID	1-3	N/U			BF	
HI09-2	Diagnosis Code		AN	1-30	N/U				
HI09-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI09-4	Date Time Period		AN	1-35	N/U				
HI09-5	Monetary Amount		R	1-18	N/U				
HI09-6	Quantity		R	1-15	N/U				
HI09-7	Version Identifier		AN	1-30	N/U				
HI10	HEALTH CARE CODE INFORMATION				N/U				
HI10-1	Diagnosis Type Code		ID	1-3	N/U			BF	
HI10-2	Diagnosis Code		AN	1-30	N/U				
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI10-4	Date Time Period		AN	1-35	N/U				
HI10-5	Monetary Amount		R	1-18	N/U				
HI10-6	Quantity		R	1-15	N/U				
HI10-7	Version Identifier		AN	1-30	N/U				
HI11	HEALTH CARE CODE INFORMATION				N/U				
HI11-1	Diagnosis Type Code		ID	1-3	N/U			BF	
HI11-2	Diagnosis Code		AN	1-30	N/U				
HI11-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI11-4	Date Time Period		AN	1-35	N/U				
HI11-5	Monetary Amount		R	1-18	N/U				
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				N/U				
HI12-1	Diagnosis Type Code		ID	1-3	N/U			BF	
HI12-2	Diagnosis Code		AN	1-30	N/U				
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI12-4	Date Time Period		AN	1-35	N/U				
HI12-5	Monetary Amount		R	1-18	N/U				

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HI12-6	Quantity		R	1-15	N/U				
HI12-7	Version Identifier		AN	1-30	N/U				
HI	Diagnosis Related Group (DRG) Information	230		1	S	2300			
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Code List Qualifier Code		ID	1-3	R			DR	
HI01-2	Diagnosis Related Group (DRG) Code		AN	1-30	R				This field is required for Type of Bill 11X when indicated by the payer.
HI01-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI01-4	Date Time Period		AN	1-35	N/U				
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				N/U				
HI02-1	Code List Qualifier Code		ID	1-3	N/U			DR	
HI02-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U				
HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI02-4	Date Time Period		AN	1-35	N/U				
HI02-5	Monetary Amount		R	1-18	N/U				
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				
HI03	HEALTH CARE CODE INFORMATION				N/U				
HI03-1	Code List Qualifier Code		ID	1-3	N/U			DR	
HI03-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U				
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI03-4	Date Time Period		AN	1-35	N/U				
HI03-5	Monetary Amount		R	1-18	N/U				
HI03-6	Quantity		R	1-15	N/U				
HI03-7	Version Identifier		AN	1-30	N/U				
HI04	HEALTH CARE CODE INFORMATION				N/U				
HI04-1	Code List Qualifier Code		ID	1-3	N/U			DR	
HI04-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U				
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI04-4	Date Time Period		AN	1-35	N/U				
HI04-5	Monetary Amount		R	1-18	N/U				
HI04-6	Quantity		R	1-15	N/U				
HI04-7	Version Identifier		AN	1-30	N/U				
HI05	HEALTH CARE CODE INFORMATION				N/U				
HI05-1	Code List Qualifier Code		ID	1-3	N/U			DR	
HI05-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U				
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U				

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HI05-4	Date Time Period		AN	1-35	N/U			
HI05-5	Monetary Amount		R	1-18	N/U			
HI05-6	Quantity		R	1-15	N/U			
HI05-7	Version Identifier		AN	1-30	N/U			
HI06	HEALTH CARE CODE INFORMATION				N/U			
HI06-1	Code List Qualifier Code		ID	1-3	N/U		DR	
HI06-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U			
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI06-4	Date Time Period		AN	1-35	N/U			
HI06-5	Monetary Amount		R	1-18	N/U			
HI06-6	Quantity		R	1-15	N/U			
HI06-7	Version Identifier		AN	1-30	N/U			
HI07	HEALTH CARE CODE INFORMATION				N/U			
HI07-1	Code List Qualifier Code		ID	1-3	N/U		DR	
HI07-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U			
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI07-4	Date Time Period		AN	1-35	N/U			
HI07-5	Monetary Amount		R	1-18	N/U			
HI07-6	Quantity		R	1-15	N/U			
HI07-7	Version Identifier		AN	1-30	N/U			
HI08	HEALTH CARE CODE INFORMATION				N/U			
HI08-1	Code List Qualifier Code		ID	1-3	N/U		DR	
HI08-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U			
HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI08-4	Date Time Period		AN	1-35	N/U			
HI08-5	Monetary Amount		R	1-18	N/U			
HI08-6	Quantity		R	1-15	N/U			
HI08-7	Version Identifier		AN	1-30	N/U			
HI09	HEALTH CARE CODE INFORMATION				N/U			
HI09-1	Code List Qualifier Code		ID	1-3	N/U		DR	
HI09-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U			
HI09-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI09-4	Date Time Period		AN	1-35	N/U			
HI09-5	Monetary Amount		R	1-18	N/U			
HI09-6	Quantity		R	1-15	N/U			
HI09-7	Version Identifier		AN	1-30	N/U			
HI10	HEALTH CARE CODE INFORMATION				N/U			
HI10-1	Code List Qualifier Code		ID	1-3	N/U		DR	
HI10-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U			
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI10-4	Date Time Period		AN	1-35	N/U			
HI10-5	Monetary Amount		R	1-18	N/U			
HI10-6	Quantity		R	1-15	N/U			

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HI10-7	Version Identifier		AN	1-30	N/U			
	HEALTH CARE CODE INFORMATION				N/U			
HI11-1	Code List Qualifier Code		ID	1-3	N/U		DR	
HI11-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U			
HI11-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI11-4	Date Time Period		AN	1-35	N/U			
HI11-5	Monetary Amount		R	1-18	N/U			
HI11-6	Quantity		R	1-15	N/U			
HI11-7	Version Identifier		AN	1-30	N/U			
	HEALTH CARE CODE INFORMATION				N/U			
HI12-1	Code List Qualifier Code		ID	1-3	N/U		DR	
HI12-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U			
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI12-4	Date Time Period		AN	1-35	N/U			
HI12-5	Monetary Amount		R	1-18	N/U			
HI12-6	Quantity		R	1-15	N/U			
HI12-7	Version Identifier		AN	1-30	N/U			
HI	Other Diagnosis Information	232		2	S	2300		
	HEALTH CARE CODE INFORMATION				R			
HI01-1	Diagnosis Type Code		ID	1-3	R		BF	
HI01-2	Diagnosis Code		AN	1-30	R			Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI01-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI01-4	Date Time Period		AN	1-35	N/U			
HI01-5	Monetary Amount		R	1-18	N/U			
HI01-6	Quantity		R	1-15	N/U			
HI01-7	Version Identifier		AN	1-30	N/U			
	HEALTH CARE CODE INFORMATION				S			
HI02-1	Diagnosis Type Code		ID	1-3	R		BF	
HI02-2	Diagnosis Code		AN	1-30	R			Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI02-4	Date Time Period		AN	1-35	N/U			
HI02-5	Monetary Amount		R	1-18	N/U			
HI02-6	Quantity		R	1-15	N/U			
HI02-7	Version Identifier		AN	1-30	N/U			
	HEALTH CARE CODE INFORMATION				S			
HI03-1	Diagnosis Type Code		ID	1-3	R		BF	
HI03-2	Diagnosis Code		AN	1-30	R			Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI03-4	Date Time Period		AN	1-35	N/U			

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HI03-5	Monetary Amount		R	1-18	N/U				
HI03-6	Quantity		R	1-15	N/U				
HI03-7	Version Identifier		AN	1-30	N/U				
HI04	HEALTH CARE CODE INFORMATION				S				
HI04-1	Diagnosis Type Code		ID	1-3	R			BF	
HI04-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI04-4	Date Time Period		AN	1-35	N/U				
HI04-5	Monetary Amount		R	1-18	N/U				
HI04-6	Quantity		R	1-15	N/U				
HI04-7	Version Identifier		AN	1-30	N/U				
HI05	HEALTH CARE CODE INFORMATION				S				
HI05-1	Diagnosis Type Code		ID	1-3	R			BF	
HI05-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI05-4	Date Time Period		AN	1-35	N/U				
HI05-5	Monetary Amount		R	1-18	N/U				
HI05-6	Quantity		R	1-15	N/U				
HI05-7	Version Identifier		AN	1-30	N/U				
HI06	HEALTH CARE CODE INFORMATION				S				
HI06-1	Diagnosis Type Code		ID	1-3	R			BF	
HI06-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI06-4	Date Time Period		AN	1-35	N/U				
HI06-5	Monetary Amount		R	1-18	N/U				
HI06-6	Quantity		R	1-15	N/U				
HI06-7	Version Identifier		AN	1-30	N/U				
HI07	HEALTH CARE CODE INFORMATION				S				
HI07-1	Diagnosis Type Code		ID	1-3	R			BF	
HI07-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI07-4	Date Time Period		AN	1-35	N/U				
HI07-5	Monetary Amount		R	1-18	N/U				
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				
HI08	HEALTH CARE CODE INFORMATION				S				
HI08-1	Diagnosis Type Code		ID	1-3	R			BF	
HI08-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI08-4	Date Time Period		AN	1-35	N/U				

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HI08-5	Monetary Amount		R	1-18	N/U			
HI08-6	Quantity		R	1-15	N/U			
HI08-7	Version Identifier		AN	1-30	N/U			
HI09	HEALTH CARE CODE INFORMATION				S			
HI09-1	Diagnosis Type Code		ID	1-3	R		BF	
HI09-2	Diagnosis Code		AN	1-30	R			Not used at this time for Blue Cross.
HI09-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI09-4	Date Time Period		AN	1-35	N/U			
HI09-5	Monetary Amount		R	1-18	N/U			
HI09-6	Quantity		R	1-15	N/U			
HI09-7	Version Identifier		AN	1-30	N/U			
HI10	HEALTH CARE CODE INFORMATION				S			
HI10-1	Diagnosis Type Code		ID	1-3	R		BF	
HI10-2	Diagnosis Code		AN	1-30	R			Not used at this time for Blue Cross.
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI10-4	Date Time Period		AN	1-35	N/U			
HI10-5	Monetary Amount		R	1-18	N/U			
HI10-6	Quantity		R	1-15	N/U			
HI10-7	Version Identifier		AN	1-30	N/U			
HI11	HEALTH CARE CODE INFORMATION				S			
HI11-1	Diagnosis Type Code		ID	1-3	R		BF	
HI11-2	Diagnosis Code		AN	1-30	R			Not used at this time for Blue Cross.
HI11-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI11-4	Date Time Period		AN	1-35	N/U			
HI11-5	Monetary Amount		R	1-18	N/U			
HI11-6	Quantity		R	1-15	N/U			
HI11-7	Version Identifier		AN	1-30	N/U			
HI12	HEALTH CARE CODE INFORMATION				S			
HI12-1	Diagnosis Type Code		ID	1-3	R		BF	
HI12-2	Diagnosis Code		AN	1-30	R			Not used at this time for Blue Cross.
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI12-4	Date Time Period		AN	1-35	N/U			
HI12-5	Monetary Amount		R	1-18	N/U			
HI12-6	Quantity		R	1-15	N/U			
HI12-7	Version Identifier		AN	1-30	N/U			
HI	Principal Procedure Information	242		1	S	2300		
HI01	HEALTH CARE CODE INFORMATION				R			
HI01-1	Code List Qualifier Code		ID	1-3	R		BP, BR	Value must be BR.
HI01-2	Principal Procedure Code		AN	1-30	R			Do not submit nonsurgical procedures.

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HI01-3	Date Time Period Format Qualifier		ID	2-3	S			D8
HI01-4	Date Time Period		AN	1-35	S			CCYYMMDD
HI01-5	Monetary Amount		R	1-18	N/U			
HI01-6	Quantity		R	1-15	N/U			
HI01-7	Version Identifier		AN	1-30	N/U			
HI02	HEALTH CARE CODE INFORMATION				N/U			
HI02-1	Code List Qualifier Code		ID	1-3	N/U			BP
HI02-2	Principal Procedure Code		AN	1-30	N/U			
HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI02-4	Date Time Period		AN	1-35	N/U			
HI02-5	Monetary Amount		R	1-18	N/U			
HI02-6	Quantity		R	1-15	N/U			
HI02-7	Version Identifier		AN	1-30	N/U			
HI03	HEALTH CARE CODE INFORMATION				N/U			
HI03-1	Code List Qualifier Code		ID	1-3	N/U			BP
HI03-2	Principal Procedure Code		AN	1-30	N/U			
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI03-4	Date Time Period		AN	1-35	N/U			
HI03-5	Monetary Amount		R	1-18	N/U			
HI03-6	Quantity		R	1-15	N/U			
HI03-7	Version Identifier		AN	1-30	N/U			
HI04	HEALTH CARE CODE INFORMATION				N/U			
HI04-1	Code List Qualifier Code		ID	1-3	N/U			BP
HI04-2	Principal Procedure Code		AN	1-30	N/U			
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI04-4	Date Time Period		AN	1-35	N/U			
HI04-5	Monetary Amount		R	1-18	N/U			
HI04-6	Quantity		R	1-15	N/U			
HI04-7	Version Identifier		AN	1-30	N/U			
HI05	HEALTH CARE CODE INFORMATION				N/U			
HI05-1	Code List Qualifier Code		ID	1-3	N/U			BP
HI05-2	Principal Procedure Code		AN	1-30	N/U			
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI05-4	Date Time Period		AN	1-35	N/U			
HI05-5	Monetary Amount		R	1-18	N/U			
HI05-6	Quantity		R	1-15	N/U			
HI05-7	Version Identifier		AN	1-30	N/U			
HI06	HEALTH CARE CODE INFORMATION				N/U			
HI06-1	Code List Qualifier Code		ID	1-3	N/U			BP
HI06-2	Principal Procedure Code		AN	1-30	N/U			
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI06-4	Date Time Period		AN	1-35	N/U			
HI06-5	Monetary Amount		R	1-18	N/U			
HI06-6	Quantity		R	1-15	N/U			
HI06-7	Version Identifier		AN	1-30	N/U			
HI07	HEALTH CARE CODE INFORMATION				N/U			

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HI07-1	Code List Qualifier Code		ID	1-3	N/U				BP
HI07-2	Principal Procedure Code		AN	1-30	N/U				
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI07-4	Date Time Period		AN	1-35	N/U				
HI07-5	Monetary Amount		R	1-18	N/U				
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				
HI08	HEALTH CARE CODE INFORMATION				N/U				
HI08-1	Code List Qualifier Code		ID	1-3	N/U				BP
HI08-2	Principal Procedure Code		AN	1-30	N/U				
HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI08-4	Date Time Period		AN	1-35	N/U				
HI08-5	Monetary Amount		R	1-18	N/U				
HI08-6	Quantity		R	1-15	N/U				
HI08-7	Version Identifier		AN	1-30	N/U				
HI09	HEALTH CARE CODE INFORMATION				N/U				
HI09-1	Code List Qualifier Code		ID	1-3	N/U				BP
HI09-2	Principal Procedure Code		AN	1-30	N/U				
HI09-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI09-4	Date Time Period		AN	1-35	N/U				
HI09-5	Monetary Amount		R	1-18	N/U				
HI09-6	Quantity		R	1-15	N/U				
HI09-7	Version Identifier		AN	1-30	N/U				
HI10	HEALTH CARE CODE INFORMATION				N/U				
HI10-1	Code List Qualifier Code		ID	1-3	N/U				BP
HI10-2	Principal Procedure Code		AN	1-30	N/U				
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI10-4	Date Time Period		AN	1-35	N/U				
HI10-5	Monetary Amount		R	1-18	N/U				
HI10-6	Quantity		R	1-15	N/U				
HI10-7	Version Identifier		AN	1-30	N/U				
HI11	HEALTH CARE CODE INFORMATION				N/U				
HI11-1	Code List Qualifier Code		ID	1-3	N/U				BP
HI11-2	Principal Procedure Code		AN	1-30	N/U				
HI11-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI11-4	Date Time Period		AN	1-35	N/U				
HI11-5	Monetary Amount		R	1-18	N/U				
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				N/U				
HI12-1	Code List Qualifier Code		ID	1-3	N/U				BP
HI12-2	Principal Procedure Code		AN	1-30	N/U				
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI12-4	Date Time Period		AN	1-35	N/U				
HI12-5	Monetary Amount		R	1-18	N/U				
HI12-6	Quantity		R	1-15	N/U				
HI12-7	Version Identifier		AN	1-30	N/U				

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HI	Other Procedure Information	244		2	S	2300			
	HEALTH CARE CODE INFORMATION				R				
HI01-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	Value should be BQ.
HI01-2	Procedure Code		AN	1-30	R				Do not submit nonsurgical procedures.
HI01-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI01-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
	HEALTH CARE CODE INFORMATION				S				
HI02-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	Value should be BQ.
HI02-2	Procedure Code		AN	1-30	R				Do not submit nonsurgical procedures.
HI02-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI02-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI02-5	Monetary Amount		R	1-18	N/U				
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				
	HEALTH CARE CODE INFORMATION				S				
HI03-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	Value should be BQ.
HI03-2	Procedure Code		AN	1-30	R				Do not submit nonsurgical procedures.
HI03-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI03-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI03-5	Monetary Amount		R	1-18	N/U				
HI03-6	Quantity		R	1-15	N/U				
HI03-7	Version Identifier		AN	1-30	N/U				
	HEALTH CARE CODE INFORMATION				S				
HI04-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	Value should be BQ.
HI04-2	Procedure Code		AN	1-30	R				Do not submit nonsurgical procedures.
HI04-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI04-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI04-5	Monetary Amount		R	1-18	N/U				
HI04-6	Quantity		R	1-15	N/U				
HI04-7	Version Identifier		AN	1-30	N/U				
	HEALTH CARE CODE INFORMATION				S				
HI05-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	Value should be BQ.
HI05-2	Procedure Code		AN	1-30	R				Do not submit nonsurgical procedures.
HI05-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI05-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI05-5	Monetary Amount		R	1-18	N/U				
HI05-6	Quantity		R	1-15	N/U				
HI05-7	Version Identifier		AN	1-30	N/U				
	HEALTH CARE CODE INFORMATION				S				
HI06-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	Value should be BQ.
HI06-2	Procedure Code		AN	1-30	R				Do not submit nonsurgical procedures.

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HI06-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI06-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI06-5	Monetary Amount		R	1-18	N/U				
HI06-6	Quantity		R	1-15	N/U				
HI06-7	Version Identifier		AN	1-30	N/U				
HI07	HEALTH CARE CODE INFORMATION				S				
HI07-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	
HI07-2	Procedure Code		AN	1-30	R				Not used at this time for BlueCross.
HI07-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI07-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI07-5	Monetary Amount		R	1-18	N/U				
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				
HI08	HEALTH CARE CODE INFORMATION				S				
HI08-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	
HI08-2	Procedure Code		AN	1-30	R				Not used at this time for BlueCross.
HI08-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI08-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI08-5	Monetary Amount		R	1-18	N/U				
HI08-6	Quantity		R	1-15	N/U				
HI08-7	Version Identifier		AN	1-30	N/U				
HI09	HEALTH CARE CODE INFORMATION				S				
HI09-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	
HI09-2	Procedure Code		AN	1-30	R				Not used at this time for BlueCross.
HI09-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI09-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI09-5	Monetary Amount		R	1-18	N/U				
HI09-6	Quantity		R	1-15	N/U				
HI09-7	Version Identifier		AN	1-30	N/U				
HI10	HEALTH CARE CODE INFORMATION				S				
HI10-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	
HI10-2	Procedure Code		AN	1-30	R				Not used at this time for BlueCross.
HI10-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI10-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI10-5	Monetary Amount		R	1-18	N/U				
HI10-6	Quantity		R	1-15	N/U				
HI10-7	Version Identifier		AN	1-30	N/U				
HI11	HEALTH CARE CODE INFORMATION				S				
HI11-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	
HI11-2	Procedure Code		AN	1-30	R				Not used at this time for BlueCross.
HI11-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI11-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI11-5	Monetary Amount		R	1-18	N/U				
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				S				

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HI12-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	
HI12-2	Procedure Code		AN	1-30	R				Not used at this time for BlueCross.
HI12-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI12-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI12-5	Monetary Amount		R	1-18	N/U				
HI12-6	Quantity		R	1-15	N/U				
HI12-7	Version Identifier		AN	1-30	N/U				
HI	Occurrence Span Information	256		2	S	2300	2		
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Code List Qualifier Code		ID	1-3	R			BI	
HI01-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI01-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI01-4	Date Time Period		AN	1-35	R			CCYYMMDD-CCYYMMDD	
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				S				
HI02-1	Code List Qualifier Code		ID	1-3	R			BI	
HI02-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI02-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI02-4	Date Time Period		AN	1-35	R			CCYYMMDD-CCYYMMDD	
HI02-5	Monetary Amount		R	1-18	N/U				
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				
HI03	HEALTH CARE CODE INFORMATION				S				
HI03-1	Code List Qualifier Code		ID	1-3	R			BI	
HI03-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI03-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI03-4	Date Time Period		AN	1-35	R			CCYYMMDD-CCYYMMDD	
HI03-5	Monetary Amount		R	1-18	N/U				
HI03-6	Quantity		R	1-15	N/U				
HI03-7	Version Identifier		AN	1-30	N/U				
HI04	HEALTH CARE CODE INFORMATION				S				
HI04-1	Code List Qualifier Code		ID	1-3	R			BI	
HI04-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI04-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI04-4	Date Time Period		AN	1-35	R			CCYYMMDD-CCYYMMDD	
HI04-5	Monetary Amount		R	1-18	N/U				
HI04-6	Quantity		R	1-15	N/U				
HI04-7	Version Identifier		AN	1-30	N/U				
HI05	HEALTH CARE CODE INFORMATION				S				
HI05-1	Code List Qualifier Code		ID	1-3	R			BI	
HI05-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI05-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI05-4	Date Time Period		AN	1-35	R			CCYYMMDD-CCYYMMDD	

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HI05-5	Monetary Amount		R	1-18	N/U			
HI05-6	Quantity		R	1-15	N/U			
HI05-7	Version Identifier		AN	1-30	N/U			
HI06	HEALTH CARE CODE INFORMATION				S			
HI06-1	Code List Qualifier Code		ID	1-3	R		BI	
HI06-2	Occurrence Span Code		AN	1-30	R		70-72, 74-78, M0	Required when applicable.
HI06-3	Date Time Period Format Qualifier		ID	2-3	R		RD8	
HI06-4	Date Time Period		AN	1-35	R		CCYYMMDD-CCYYMMDD	
HI06-5	Monetary Amount		R	1-18	N/U			
HI06-6	Quantity		R	1-15	N/U			
HI06-7	Version Identifier		AN	1-30	N/U			
HI07	HEALTH CARE CODE INFORMATION				S			
HI07-1	Code List Qualifier Code		ID	1-3	R		BI	
HI07-2	Occurrence Span Code		AN	1-30	R		70-72, 74-78, M0	Required when applicable.
HI07-3	Date Time Period Format Qualifier		ID	2-3	R		RD8	
HI07-4	Date Time Period		AN	1-35	R		CCYYMMDD-CCYYMMDD	
HI07-5	Monetary Amount		R	1-18	N/U			
HI07-6	Quantity		R	1-15	N/U			
HI07-7	Version Identifier		AN	1-30	N/U			
HI08	HEALTH CARE CODE INFORMATION				S			
HI08-1	Code List Qualifier Code		ID	1-3	R		BI	
HI08-2	Occurrence Span Code		AN	1-30	R		70-72, 74-78, M0	Required when applicable.
HI08-3	Date Time Period Format Qualifier		ID	2-3	R		RD8	
HI08-4	Date Time Period		AN	1-35	R		CCYYMMDD-CCYYMMDD	
HI08-5	Monetary Amount		R	1-18	N/U			
HI08-6	Quantity		R	1-15	N/U			
HI08-7	Version Identifier		AN	1-30	N/U			
HI09	HEALTH CARE CODE INFORMATION				S			
HI09-1	Code List Qualifier Code		ID	1-3	R		BI	
HI09-2	Occurrence Span Code		AN	1-30	R		70-72, 74-78, M0	Required when applicable.
HI09-3	Date Time Period Format Qualifier		ID	2-3	R		RD8	
HI09-4	Date Time Period		AN	1-35	R		CCYYMMDD-CCYYMMDD	
HI09-5	Monetary Amount		R	1-18	N/U			
HI09-6	Quantity		R	1-15	N/U			
HI09-7	Version Identifier		AN	1-30	N/U			
HI10	HEALTH CARE CODE INFORMATION				S			
HI10-1	Code List Qualifier Code		ID	1-3	R		BI	
HI10-2	Occurrence Span Code		AN	1-30	R		70-72, 74-78, M0	Required when applicable.
HI10-3	Date Time Period Format Qualifier		ID	2-3	R		RD8	
HI10-4	Date Time Period		AN	1-35	R		CCYYMMDD-CCYYMMDD	
HI10-5	Monetary Amount		R	1-18	N/U			
HI10-6	Quantity		R	1-15	N/U			
HI10-7	Version Identifier		AN	1-30	N/U			
HI11	HEALTH CARE CODE INFORMATION				S			
HI11-1	Code List Qualifier Code		ID	1-3	R		BI	
HI11-2	Occurrence Span Code		AN	1-30	R		70-72, 74-78, M0	Required when applicable.

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HI11-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI11-4	Date Time Period		AN	1-35	R			CCYYMMDD-CCYYMMDD	
HI11-5	Monetary Amount		R	1-18	N/U				
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				S				
HI12-1	Code List Qualifier Code		ID	1-3	R			BI	
HI12-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI12-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI12-4	Date Time Period		AN	1-35	R			CCYYMMDD-CCYYMMDD	
HI12-5	Monetary Amount		R	1-18	N/U				
HI12-6	Quantity		R	1-15	N/U				
HI12-7	Version Identifier		AN	1-30	N/U				
HI	Occurrence Information	267		2	S	2300			
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Code List Qualifier Code		ID	1-3	R			BH	
HI01-2	Occurrence Code		AN	1-30	R			01-06, 09-12, 17-22, 24-46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-F3, G1-G3	Required when applicable. Occurrence codes cannot be duplicated.
HI01-3	Date Time Period Format Qualifier		ID	2-3	R			D8	
HI01-4	Date Time Period		AN	1-35	R			CCYYMMDD	
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				S				
HI02-1	Code List Qualifier Code		ID	1-3	R			BH	
HI02-2	Occurrence Code		AN	1-30	R			01-06, 09-12, 17-22, 24-46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-F3, G1-G3	Required when applicable. Occurrence codes cannot be duplicated.
HI02-3	Date Time Period Format Qualifier		ID	2-3	R			D8	
HI02-4	Date Time Period		AN	1-35	R			CCYYMMDD	
HI02-5	Monetary Amount		R	1-18	N/U				
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				
HI03	HEALTH CARE CODE INFORMATION				S				
HI03-1	Code List Qualifier Code		ID	1-3	R			BH	
HI03-2	Occurrence Code		AN	1-30	R			01-06, 09-12, 17-22, 24-46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-F3, G1-G3	Required when applicable. Occurrence codes cannot be duplicated.
HI03-3	Date Time Period Format Qualifier		ID	2-3	R			D8	
HI03-4	Date Time Period		AN	1-35	R			CCYYMMDD	
HI03-5	Monetary Amount		R	1-18	N/U				
HI03-6	Quantity		R	1-15	N/U				

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HI03-7	Version Identifier		AN	1-30	N/U			
HI04	HEALTH CARE CODE INFORMATION				S			
HI04-1	Code List Qualifier Code		ID	1-3	R		BH	
HI04-2	Occurrence Code		AN	1-30	R		01-06, 09-12, 17-22, 24-46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-F3, G1-G3	Required when applicable. Occurrence codes cannot be duplicated.
HI04-3	Date Time Period Format Qualifier		ID	2-3	R		D8	
HI04-4	Date Time Period		AN	1-35	R		CCYYMMDD	
HI04-5	Monetary Amount		R	1-18	N/U			
HI04-6	Quantity		R	1-15	N/U			
HI04-7	Version Identifier		AN	1-30	N/U			
HI05	HEALTH CARE CODE INFORMATION				S			
HI05-1	Code List Qualifier Code		ID	1-3	R		BH	
HI05-2	Occurrence Code		AN	1-30	R		01-06, 09-12, 17-22, 24-46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-F3, G1-G3	Required when applicable. Occurrence codes cannot be duplicated.
HI05-3	Date Time Period Format Qualifier		ID	2-3	R		D8	
HI05-4	Date Time Period		AN	1-35	R		CCYYMMDD	
HI05-5	Monetary Amount		R	1-18	N/U			
HI05-6	Quantity		R	1-15	N/U			
HI05-7	Version Identifier		AN	1-30	N/U			
HI06	HEALTH CARE CODE INFORMATION				S			
HI06-1	Code List Qualifier Code		ID	1-3	R		BH	
HI06-2	Occurrence Code		AN	1-30	R		01-06, 09-12, 17-22, 24-46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-F3, G1-G3	Required when applicable. Occurrence codes cannot be duplicated.
HI06-3	Date Time Period Format Qualifier		ID	2-3	R		D8	
HI06-4	Date Time Period		AN	1-35	R		CCYYMMDD	
HI06-5	Monetary Amount		R	1-18	N/U			
HI06-6	Quantity		R	1-15	N/U			
HI06-7	Version Identifier		AN	1-30	N/U			
HI07	HEALTH CARE CODE INFORMATION				S			
HI07-1	Code List Qualifier Code		ID	1-3	R		BH	
HI07-2	Occurrence Code		AN	1-30	R		01-06, 09-12, 17-22, 24-46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-F3, G1-G3	Required when applicable. Occurrence codes cannot be duplicated.
HI07-3	Date Time Period Format Qualifier		ID	2-3	R		D8	
HI07-4	Date Time Period		AN	1-35	R		CCYYMMDD	
HI07-5	Monetary Amount		R	1-18	N/U			
HI07-6	Quantity		R	1-15	N/U			
HI07-7	Version Identifier		AN	1-30	N/U			
HI08	HEALTH CARE CODE INFORMATION				S			
HI08-1	Code List Qualifier Code		ID	1-3	R		BH	
HI08-2	Occurrence Code		AN	1-30	R		01-06, 09-12, 17-22, 24-46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-F3, G1-G3	Required when applicable. Occurrence codes cannot be duplicated.
HI08-3	Date Time Period Format Qualifier		ID	2-3	R		D8	
HI08-4	Date Time Period		AN	1-35	R		CCYYMMDD	

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HI08-5	Monetary Amount		R	1-18	N/U			
HI08-6	Quantity		R	1-15	N/U			
HI08-7	Version Identifier		AN	1-30	N/U			
HI09	HEALTH CARE CODE INFORMATION				S			
HI09-1	Code List Qualifier Code		ID	1-3	R		BH	
HI09-2	Occurrence Code		AN	1-30	R		01-06, 09-12, 17-22, 24-46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-F3, G1-G3	Required when applicable. Occurrence codes cannot be duplicated.
HI09-3	Date Time Period Format Qualifier		ID	2-3	R		D8	
HI09-4	Date Time Period		AN	1-35	R		CCYYMMDD	
HI09-5	Monetary Amount		R	1-18	N/U			
HI09-6	Quantity		R	1-15	N/U			
HI09-7	Version Identifier		AN	1-30	N/U			
HI10	HEALTH CARE CODE INFORMATION				S			
HI10-1	Code List Qualifier Code		ID	1-3	R		BH	
HI10-2	Occurrence Code		AN	1-30	R		01-06, 09-12, 17-22, 24-46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-F3, G1-G3	Required when applicable. Occurrence codes cannot be duplicated.
HI10-3	Date Time Period Format Qualifier		ID	2-3	R		D8	
HI10-4	Date Time Period		AN	1-35	R		CCYYMMDD	
HI10-5	Monetary Amount		R	1-18	N/U			
HI10-6	Quantity		R	1-15	N/U			
HI10-7	Version Identifier		AN	1-30	N/U			
HI11	HEALTH CARE CODE INFORMATION				S			
HI11-1	Code List Qualifier Code		ID	1-3	R		BH	
HI11-2	Occurrence Code		AN	1-30	R		01-06, 09-12, 17-22, 24-46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-F3, G1-G3	Required when applicable. Occurrence codes cannot be duplicated.
HI11-3	Date Time Period Format Qualifier		ID	2-3	R		D8	
HI11-4	Date Time Period		AN	1-35	R		CCYYMMDD	
HI11-5	Monetary Amount		R	1-18	N/U			
HI11-6	Quantity		R	1-15	N/U			
HI11-7	Version Identifier		AN	1-30	N/U			
HI12	HEALTH CARE CODE INFORMATION				S			
HI12-1	Code List Qualifier Code		ID	1-3	R		BH	
HI12-2	Occurrence Code		AN	1-30	R		01-06, 09-12, 17-22, 24-46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-F3, G1-G3	Required when applicable. Occurrence codes cannot be duplicated.
HI12-3	Date Time Period Format Qualifier		ID	2-3	R		D8	
HI12-4	Date Time Period		AN	1-35	R		CCYYMMDD	
HI12-5	Monetary Amount		R	1-18	N/U			
HI12-6	Quantity		R	1-15	N/U			
HI12-7	Version Identifier		AN	1-30	N/U			
HI	Value Information	280		2	S	2300		
HI01	HEALTH CARE CODE INFORMATION				R			
HI01-1	Code List Qualifier Code		ID	1-3	R		BE	
HI01-2	Value Code		AN	1-30	R		01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.

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HI01-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI01-4	Date Time Period		AN	1-35	N/U				
HI01-5	Monetary Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				S				
HI02-1	Code List Qualifier Code		ID	1-3	R			BE	
HI02-2	Value Code		AN	1-30	R			01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.
HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI02-4	Date Time Period		AN	1-35	N/U				
HI02-5	Monetary Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				
HI03	HEALTH CARE CODE INFORMATION				S				
HI03-1	Code List Qualifier Code		ID	1-3	R			BE	
HI03-2	Value Code		AN	1-30	R			01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI03-4	Date Time Period		AN	1-35	N/U				
HI03-5	Monetary Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HI03-6	Quantity		R	1-15	N/U				
HI03-7	Version Identifier		AN	1-30	N/U				
HI04	HEALTH CARE CODE INFORMATION				S				
HI04-1	Code List Qualifier Code		ID	1-3	R			BE	
HI04-2	Value Code		AN	1-30	R			01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI04-4	Date Time Period		AN	1-35	N/U				
HI04-5	Monetary Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HI04-6	Quantity		R	1-15	N/U				
HI04-7	Version Identifier		AN	1-30	N/U				
HI05	HEALTH CARE CODE INFORMATION				S				
HI05-1	Code List Qualifier Code		ID	1-3	R			BE	
HI05-2	Value Code		AN	1-30	R			01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI05-4	Date Time Period		AN	1-35	N/U				
HI05-5	Monetary Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.

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HI05-6	Quantity		R	1-15	N/U				
HI05-7	Version Identifier		AN	1-30	N/U				
HI06	HEALTH CARE CODE INFORMATION				S				
HI06-1	Code List Qualifier Code		ID	1-3	R		BE		
HI06-2	Value Code		AN	1-30	R		01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.	
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI06-4	Date Time Period		AN	1-35	N/U				
HI06-5	Monetary Amount		R	1-18	R			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.	
HI06-6	Quantity		R	1-15	N/U				
HI06-7	Version Identifier		AN	1-30	N/U				
HI07	HEALTH CARE CODE INFORMATION				S				
HI07-1	Code List Qualifier Code		ID	1-3	R		BE		
HI07-2	Value Code		AN	1-30	R		01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.	
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI07-4	Date Time Period		AN	1-35	N/U				
HI07-5	Monetary Amount		R	1-18	R			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.	
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				
HI08	HEALTH CARE CODE INFORMATION				S				
HI08-1	Code List Qualifier Code		ID	1-3	R		BE		
HI08-2	Value Code		AN	1-30	R		01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.	
HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI08-4	Date Time Period		AN	1-35	N/U				
HI08-5	Monetary Amount		R	1-18	R			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.	
HI08-6	Quantity		R	1-15	N/U				
HI08-7	Version Identifier		AN	1-30	N/U				
HI09	HEALTH CARE CODE INFORMATION				S				
HI09-1	Code List Qualifier Code		ID	1-3	R		BE		
HI09-2	Value Code		AN	1-30	R		01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.	
HI09-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI09-4	Date Time Period		AN	1-35	N/U				
HI09-5	Monetary Amount		R	1-18	R			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.	
HI09-6	Quantity		R	1-15	N/U				
HI09-7	Version Identifier		AN	1-30	N/U				
HI10	HEALTH CARE CODE INFORMATION				S				
HI10-1	Code List Qualifier Code		ID	1-3	R		BE		

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HI10-2	Value Code		AN	1-30	R			01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI10-4	Date Time Period		AN	1-35	N/U				
HI10-5	Monetary Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HI10-6	Quantity		R	1-15	N/U				
HI10-7	Version Identifier		AN	1-30	N/U				
HI11	HEALTH CARE CODE INFORMATION				S				
HI11-1	Code List Qualifier Code		ID	1-3	R			BE	
HI11-2	Value Code		AN	1-30	R			01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.
HI11-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI11-4	Date Time Period		AN	1-35	N/U				
HI11-5	Monetary Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				S				
HI12-1	Code List Qualifier Code		ID	1-3	R			BE	
HI12-2	Value Code		AN	1-30	R			01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI12-4	Date Time Period		AN	1-35	N/U				
HI12-5	Monetary Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HI12-6	Quantity		R	1-15	N/U				
HI12-7	Version Identifier		AN	1-30	N/U				
HI	Condition Information	290		2	S	2300			
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Code List Qualifier Code		ID	1-3	R			BG	
HI01-2	Condition Code		AN	1-30	R			01-11, 17-24, 26-29, 31-34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-A9, C1-C7, D0-D9, E0	Required when applicable.
HI01-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI01-4	Date Time Period		AN	1-35	N/U				
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				S				
HI02-1	Code List Qualifier Code		ID	1-3	R			BG	

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HI02-2	Condition Code		AN	1-30	R		01-11, 17-24, 26-29, 31-34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-A9, C1-C7, D0-D9, E0	Required when applicable.
HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI02-4	Date Time Period		AN	1-35	N/U			
HI02-5	Monetary Amount		R	1-18	N/U			
HI02-6	Quantity		R	1-15	N/U			
HI02-7	Version Identifier		AN	1-30	N/U			
HI03	HEALTH CARE CODE INFORMATION				S			
HI03-1	Code List Qualifier Code		ID	1-3	R		BG	
HI03-2	Condition Code		AN	1-30	R		01-11, 17-24, 26-29, 31-34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-A9, C1-C7, D0-D9, E0	Required when applicable.
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI03-4	Date Time Period		AN	1-35	N/U			
HI03-5	Monetary Amount		R	1-18	N/U			
HI03-6	Quantity		R	1-15	N/U			
HI03-7	Version Identifier		AN	1-30	N/U			
HI04	HEALTH CARE CODE INFORMATION				S			
HI04-1	Code List Qualifier Code		ID	1-3	R		BG	
HI04-2	Condition Code		AN	1-30	R		01-11, 17-24, 26-29, 31-34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-A9, C1-C7, D0-D9, E0	Required when applicable.
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI04-4	Date Time Period		AN	1-35	N/U			
HI04-5	Monetary Amount		R	1-18	N/U			
HI04-6	Quantity		R	1-15	N/U			
HI04-7	Version Identifier		AN	1-30	N/U			
HI05	HEALTH CARE CODE INFORMATION				S			
HI05-1	Code List Qualifier Code		ID	1-3	R		BG	
HI05-2	Condition Code		AN	1-30	R		01-11, 17-24, 26-29, 31-34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-A9, C1-C7, D0-D9, E0	Required when applicable.
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI05-4	Date Time Period		AN	1-35	N/U			
HI05-5	Monetary Amount		R	1-18	N/U			
HI05-6	Quantity		R	1-15	N/U			
HI05-7	Version Identifier		AN	1-30	N/U			
HI06	HEALTH CARE CODE INFORMATION				S			
HI06-1	Code List Qualifier Code		ID	1-3	R		BG	
HI06-2	Condition Code		AN	1-30	R		01-11, 17-24, 26-29, 31-34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-A9, C1-C7, D0-D9, E0	Required when applicable.
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U			

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HI06-4	Date Time Period		AN	1-35	N/U			
HI06-5	Monetary Amount		R	1-18	N/U			
HI06-6	Quantity		R	1-15	N/U			
HI06-7	Version Identifier		AN	1-30	N/U			
HI07	HEALTH CARE CODE INFORMATION				S			
HI07-1	Code List Qualifier Code		ID	1-3	R		BG	
HI07-2	Condition Code		AN	1-30	R		01-11, 17-24, 26-29, 31-34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-A9, C1-C7, D0-D9, E0	Required when applicable.
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI07-4	Date Time Period		AN	1-35	N/U			
HI07-5	Monetary Amount		R	1-18	N/U			
HI07-6	Quantity		R	1-15	N/U			
HI07-7	Version Identifier		AN	1-30	N/U			
HI08	HEALTH CARE CODE INFORMATION				S			
HI08-1	Code List Qualifier Code		ID	1-3	R		BG	
HI08-2	Condition Code		AN	1-30	R		01-11, 17-24, 26-29, 31-34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-A9, C1-C7, D0-D9, E0	Required when applicable.
HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI08-4	Date Time Period		AN	1-35	N/U			
HI08-5	Monetary Amount		R	1-18	N/U			
HI08-6	Quantity		R	1-15	N/U			
HI08-7	Version Identifier		AN	1-30	N/U			
HI09	HEALTH CARE CODE INFORMATION				S			
HI09-1	Code List Qualifier Code		ID	1-3	R		BG	
HI09-2	Condition Code		AN	1-30	R		01-11, 17-24, 26-29, 31-34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-A9, C1-C7, D0-D9, E0	Required when applicable.
HI09-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI09-4	Date Time Period		AN	1-35	N/U			
HI09-5	Monetary Amount		R	1-18	N/U			
HI09-6	Quantity		R	1-15	N/U			
HI09-7	Version Identifier		AN	1-30	N/U			
HI10	HEALTH CARE CODE INFORMATION				S			
HI10-1	Code List Qualifier Code		ID	1-3	R		BG	
HI10-2	Condition Code		AN	1-30	R		01-11, 17-24, 26-29, 31-34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-A9, C1-C7, D0-D9, E0	Required when applicable.
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI10-4	Date Time Period		AN	1-35	N/U			
HI10-5	Monetary Amount		R	1-18	N/U			
HI10-6	Quantity		R	1-15	N/U			
HI10-7	Version Identifier		AN	1-30	N/U			
HI11	HEALTH CARE CODE INFORMATION				S			

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HI11-1	Code List Qualifier Code		ID	1-3	R			BG	
HI11-2	Condition Code		AN	1-30	R			01-11, 17-24, 26-29, 31-34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-A9, C1-C7, D0-D9, E0	Required when applicable.
HI11-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI11-4	Date Time Period		AN	1-35	N/U				
HI11-5	Monetary Amount		R	1-18	N/U				
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				S				
HI12-1	Code List Qualifier Code		ID	1-3	R			BG	
HI12-2	Condition Code		AN	1-30	R			01-11, 17-24, 26-29, 31-34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-A9, C1-C7, D0-D9, E0	Required when applicable.
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI12-4	Date Time Period		AN	1-35	N/U				
HI12-5	Monetary Amount		R	1-18	N/U				
HI12-6	Quantity		R	1-15	N/U				
HI12-7	Version Identifier		AN	1-30	N/U				
HI	Treatment Code Information	299		2	S	2300			
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Code List Qualifier Code		ID	1-3	R			TC	
HI01-2	Treatment Code		AN	1-30	R			A01-A30, B01-B15, C01-C09, D01-D11, E01-E06, F01-F15	
HI01-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI01-4	Date Time Period		AN	1-35	N/U				
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				S				
HI02-1	Code List Qualifier Code		ID	1-3	R			TC	
HI02-2	Treatment Code		AN	1-30	R				
HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI02-4	Date Time Period		AN	1-35	N/U				
HI02-5	Monetary Amount		R	1-18	N/U				
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				
HI03	HEALTH CARE CODE INFORMATION				S				
HI03-1	Code List Qualifier Code		ID	1-3	R			TC	
HI03-2	Treatment Code		AN	1-30	R			A01-A30, B01-B15, C01-C09, D01-D11, E01-E06, F01-F15	
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI03-4	Date Time Period		AN	1-35	N/U				
HI03-5	Monetary Amount		R	1-18	N/U				
HI03-6	Quantity		R	1-15	N/U				

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HI03-7	Version Identifier		AN	1-30	N/U			
HI04	HEALTH CARE CODE INFORMATION				S			
HI04-1	Code List Qualifier Code		ID	1-3	R		TC	
HI04-2	Treatment Code		AN	1-30	R		A01-A30, B01-B15, C01-C09, D01-D11, E01-E06, F01-F15	
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI04-4	Date Time Period		AN	1-35	N/U			
HI04-5	Monetary Amount		R	1-18	N/U			
HI04-6	Quantity		R	1-15	N/U			
HI04-7	Version Identifier		AN	1-30	N/U			
HI05	HEALTH CARE CODE INFORMATION				S			
HI05-1	Code List Qualifier Code		ID	1-3	R		TC	
HI05-2	Treatment Code		AN	1-30	R		A01-A30, B01-B15, C01-C09, D01-D11, E01-E06, F01-F15	
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI05-4	Date Time Period		AN	1-35	N/U			
HI05-5	Monetary Amount		R	1-18	N/U			
HI05-6	Quantity		R	1-15	N/U			
HI05-7	Version Identifier		AN	1-30	N/U			
HI06	HEALTH CARE CODE INFORMATION				S			
HI06-1	Code List Qualifier Code		ID	1-3	R		TC	
HI06-2	Treatment Code		AN	1-30	R		A01-A30, B01-B15, C01-C09, D01-D11, E01-E06, F01-F15	
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI06-4	Date Time Period		AN	1-35	N/U			
HI06-5	Monetary Amount		R	1-18	N/U			
HI06-6	Quantity		R	1-15	N/U			
HI06-7	Version Identifier		AN	1-30	N/U			
HI07	HEALTH CARE CODE INFORMATION				S			
HI07-1	Code List Qualifier Code		ID	1-3	R		TC	
HI07-2	Treatment Code		AN	1-30	R		A01-A30, B01-B15, C01-C09, D01-D11, E01-E06, F01-F15	
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI07-4	Date Time Period		AN	1-35	N/U			
HI07-5	Monetary Amount		R	1-18	N/U			
HI07-6	Quantity		R	1-15	N/U			
HI07-7	Version Identifier		AN	1-30	N/U			
HI08	HEALTH CARE CODE INFORMATION				S			
HI08-1	Code List Qualifier Code		ID	1-3	R		TC	
HI08-2	Treatment Code		AN	1-30	R		A01-A30, B01-B15, C01-C09, D01-D11, E01-E06, F01-F15	
HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI08-4	Date Time Period		AN	1-35	N/U			
HI08-5	Monetary Amount		R	1-18	N/U			
HI08-6	Quantity		R	1-15	N/U			
HI08-7	Version Identifier		AN	1-30	N/U			
HI09	HEALTH CARE CODE INFORMATION				S			

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HI09-1	Code List Qualifier Code		ID	1-3	R			TC	
HI09-2	Treatment Code		AN	1-30	R			A01-A30, B01-B15, C01-C09, D01-D11, E01-E06, F01-F15	
HI09-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI09-4	Date Time Period		AN	1-35	N/U				
HI09-5	Monetary Amount		R	1-18	N/U				
HI09-6	Quantity		R	1-15	N/U				
HI09-7	Version Identifier		AN	1-30	N/U				
HI10	HEALTH CARE CODE INFORMATION				S				
HI10-1	Code List Qualifier Code		ID	1-3	R			TC	
HI10-2	Treatment Code		AN	1-30	R			A01-A30, B01-B15, C01-C09, D01-D11, E01-E06, F01-F15	
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI10-4	Date Time Period		AN	1-35	N/U				
HI10-5	Monetary Amount		R	1-18	N/U				
HI10-6	Quantity		R	1-15	N/U				
HI10-7	Version Identifier		AN	1-30	N/U				
HI11	HEALTH CARE CODE INFORMATION				S				
HI11-1	Code List Qualifier Code		ID	1-3	R			TC	
HI11-2	Treatment Code		AN	1-30	R			A01-A30, B01-B15, C01-C09, D01-D11, E01-E06, F01-F15	
HI11-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI11-4	Date Time Period		AN	1-35	N/U				
HI11-5	Monetary Amount		R	1-18	N/U				
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				S				
HI12-1	Code List Qualifier Code		ID	1-3	R			TC	
HI12-2	Treatment Code		AN	1-30	R			A01-A30, B01-B15, C01-C09, D01-D11, E01-E06, F01-F15	
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI12-4	Date Time Period		AN	1-35	N/U				
HI12-5	Monetary Amount		R	1-18	N/U				
HI12-6	Quantity		R	1-15	N/U				
HI12-7	Version Identifier		AN	1-30	N/U				
QTY	Claim Quantity	306		4	S	2300			
QTY01	Quantity Qualifier		ID	2-2	R			CA, CD, LA, NA	
QTY02	Claim Days Count		R	1-15	R				For Blue Medicare PPO qualifier CA is required when Type of Bill is 11X, 18X or 21X. Other qualifiers are required when applicable.
QTY03	UNIT OF MEASURE				R				
QTY03-1	Unit of Measurement Code		ID	2-2	R			DA	
QTY03-2	Exponent		R	1-15	N/U				
QTY03-3	Multiplier		R	1-10	N/U				
QTY03-4	Unit of Measurement Code		ID	2-2	N/U				
QTY03-5	Exponent		R	1-15	N/U				
QTY03-6	Multiplier		R	1-10	N/U				
QTY03-7	Unit of Measurement Code		ID	2-2	N/U				
QTY03-8	Exponent		R	1-15	N/U				
QTY03-9	Multiplier		R	1-10	N/U				

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QTY03-10	Unit of Measurement Code		ID	2-2	N/U			
QTY03-11	Exponent		R	1-15	N/U			
QTY03-12	Multiplier		R	1-10	N/U			
QTY03-13	Unit of Measurement Code		ID	2-2	N/U			
QTY03-14	Exponent		R	1-15	N/U			
QTY03-15	Multiplier		R	1-10	N/U			
QTY04	Free-Form Message		AN	1-30	N/U			
HCP	Claim Pricing/Repricing Information	308		1	S	2300		
HCP01	Pricing/Repricing Methodology		ID	2-2	R		00, 01, 02, 03, 04, 05, 07, 08, 09, 10, 11, 12, 13, 14	
HCP02	Allowed Amount, Pricing		R	1-18	R			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HCP03	Savings Amount, Pricing		R	1-18	S			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HCP04	Repricing Organization Identifier		AN	1-30	S			
HCP05	Pricing Rate		R	1-9	S			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HCP06	Approved APG Code, Pricing		AN	1-30	S			
HCP07	Approved APG Amount, Pricing		R	1-18	S			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HCP08	Approved Revenue Code		AN	1-48	S			
HCP09	Product or Service ID Qualifier		ID	2-2	S		HC	
HCP10	Repriced Approved HCPCS Code Unit or Basis for Measurement		AN	1-48	S			
HCP11	Code		ID	2-2	S		DA, UN	
HCP12	Approved Service Units		R	1-15	S			
HCP13	Reject Reason Code		ID	2-2	S		T1, T2, T3, T4, T5, T6	
HCP14	Policy Compliance Code		ID	1-2	S		1, 2, 3, 4, 5	
HCP15	Exception Code		ID	1-2	S		1, 2, 3, 4, 5, 6	
CR7	Home Health Care Plan Information	314		1	S	2305	1	
CR701	Discipline Type Code		ID	2-2	R		AI, MS, OT, PT, SN, ST	
CR702	Total Visits Rendered, home health		NO	1-9	R			
CR703	Total Visits Projected, home health		NO	1-9	R			
HSD	Health Care Services Delivery	316		12	S	2305	12	
HSD01	Quantity Qualifier		ID	2-2	S		VS	
HSD02	Number of Visits		R	1-15	S			

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HSD03	Frequency Period		ID	2-2	S			DA, MO, QI, WK	
HSD04	Modulus, Amount		R	1-6	S				
HSD05	Duration of Visits Units		ID	1-2	S			7, 35	
HSD06	Duration of Visits Number of Units		NO	1-3	S				
HSD07	Pattern Code		ID	1-2	S			1-9, A-H, J-L, N-O, S, SA, SB, SC, SD, SG, SL, SP, SX, SY, SZ, W	
HSD08	Time Code		ID	1-1	S			D, E, F	
NM1	Attending Physician Name	321		1	S	2310A			Addenda change 10/2002. See Note #1.
NM101	Entity Identifier Code		ID	2-3	R			71	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Attending Provider Last Name		AN	1-35	R				
NM104	Attending Provider First Name		AN	1-25	S				Required when NM102 = 1.
NM105	Attending Provider Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Attending Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	When XX is present, the NPI is required in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM109	Attending Provider Identifier		AN	2-80	S				When NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifier EI or the social security number with qualifier SY is required in REF02. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	Attending Physician Specialty Information	324		1	S	2310A	1		Addenda usage changed and see Note #4 10/2002.
PRV01	Provider Code		ID	1-3	R			AT, SU	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Provider Taxonomy Code		AN	1-30	R				This is a 10 byte provider taxonomy code.
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	PROVIDER SPECIALTY INFORMATION				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
REF	Attending Physician Secondary Identification	326		5	S	2310A	5		

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REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	
REF02	Attending Physician Secondary Identifier		AN	1-30	R				When NPI is present in the NM109, the tax id with qualifier EI or the social security number with qualifier SY is required in the REF02.
REF03	Description		AN	1-30	N/U				
REF04	Reference Identification				N/U				
NM1	Operating Physician Name	328		1	S	2310B	1		Addenda change 10/2002. See Note #1.
NM101	Entity Identifier Code		ID	2-3	R			72	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Operating Physician Last Name		AN	1-35	R				
NM104	Operating Physician First Name		AN	1-25	R				
NM105	Operating Physician Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Operating Physician Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			XX	When XX is present, the NPI is required in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM109	Operating Physician Primary Identifier		AN	2-80	R				When NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifier EI or the social security number with qualifier SY is required in REF02. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	Operating Physician Specialty Information	331		1	S	2310B			Addenda change 10/2002. Segment deleted.
REF	Operating Physician Secondary Identification	333		5	S	2310B	5		
REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	
REF02	Operating Physician Secondary Identifier		AN	1-30	R				When NPI is present in the NM109, the tax id with qualifier EI or the social security number with qualifier SY is required in the REF02.
REF03	Description		AN	1-30	N/U				
REF04	Reference Identification				N/U				
NM1	Other Provider Name	335		1	S	2310C	1		Addenda change 10/2002. See Note #1.

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NM101	Entity Identifier Code		ID	2-3	R			73	
NM102	Entity Type Qualifier		ID	1-1	R			1,2	
NM103	Other Physician Last or Organization Name		AN	1-35	R				
NM104	Other Physician First Name		AN	1-25	S				Required when NM102 = 1
NM105	Other Physician Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	When XX is present, the NPI is required in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM109	Other Physician Primary Identifier		AN	2-80	S				When NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifier EI or the social security number with qualifier SY is required in REF02. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	Other Provider Specialty Information	338		1	R	2310C	1		Addenda change 10/2002. Segment deleted.
REF	Other Provider Secondary Identification	340		5	S	2310C	5		
REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	
REF02	Other Provider Secondary Identifier		AN	1-30	R				When NPI is present in the NM109, the tax id with qualifier EI or the social security number with qualifier SY is required in the REF02.
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
NM1	Referring Provider Name	342		2	S	2310D			
NM101	Entity Identifier Code		ID	2-3	R			DN, P3	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Name Last or Organization Name		AN	1-35	R				
NM104	Name First		AN	1-25	S				
NM105	Name Middle		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	When XX is present, the NPI is required in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM109	Identification Code		AN	2-80	S				When NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifier EI or the social security number with qualifier SY is required in REF02. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				

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PRV	Referring Provider Specialty Information	345		1	S	2310D			Addenda change 10/2002. Segment deleted.
REF	Referring Provider Secondary Identification	347		5	S	2310D			
REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	
REF02	Reference Identification		AN	1-30	R				When NPI is present in the NM109, the tax id with qualifier EI or the social security number with qualifier SY is required in the REF02.
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
NM1	Service Facility Location	349		1	S	2310E	1		This loop is required when the location of health care is different that that carried in the 2010AA (Billing Provider) or 2010AB (Pay-To-Provider) loops.
NM101	Entity Identifier Code		ID	2-3	R			FA	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Laboratory or Facility Name		AN	1-35	R				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	S			XX	When XX is present, the 10 byte numeric NPI is required in NM109, if known.
NM109	Laboratory or Facility Primary Identifier		AN	2-80	S				When XX is present in NM108, the NPI must be present in NM109, if known. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	Service Facility Specialty Information	352		1	S	2310E			Addenda change 10/2002. Segment deleted.
N3	Service Facility Address	354		1	R	2310E			
N301	Laboratory or Facility Address Line		AN	1-55	R				
N302	Laboratory or Facility Address Line		AN	1-55	S				
N4	Service Facility City/State/Zip	355		1	R	2310E			
N401	Laboratory or Facility City Name		AN	2-30	R				
N402	Laboratory or Facility State		ID	2-2	R				
N403	Laboratory or Facility Zip Code		AN	3-15	R				
N404	Laboratory or Facility Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				

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REF	Service Facility Location Secondary Identification	357		5	S	2310E		
REF01	Reference Identification Qualifier		ID	2-3	R		EI	
REF02	Laboratory or Facility Secondary Identifier		AN	1-30	R			Enter the Laboratory or Facility Federal Taxpayer's Identification Number
REF03	Description		AN	1-80	N/U			
REF04	Reference Identification				N/U			
SBR	Other Subscriber Information	359		1	S	2320	10	
SBR01	Payor Responsibility Sequence Code		ID	1-1	R		P, S, T	Cannot equal SBR02 in 2000B loop.
SBR02	Individual Relationship Code		ID	2/2	R		01, 04, 05, 07, 10, 15, 17, 18, 19, 20, 21, 22,23, 24, 29, 32, 33, 26, 39, 40, 41, 43, 53, G8	
SBR03	Insured Group or Policy Number		AN	1-30	S			Required. Enter the group number from the members ID card.
SBR04	Other Insured Group Name		AN	1-60	S			
SBR05	Insurance Type Code		ID	1-3	N/U			
SBR06	Condition of Benefits Code		ID	1-1	N/U			
SBR07	Yes/No Condition or Response Code		ID	1-1	N/U			
SBR08	Employment Status Code		ID	2-2	N/U			
SBR09	Claim Filing Indicator Code		ID	1-2	S		09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	Preferred values are 09, BL, CH, CI, MA, MC, OF, WC or ZZ.
CAS	Claim Level Adjustments	365		5	S	2320		
CAS01	Claim Adjustment Group Code		ID	1-2	R		CO, CR, OA, PI, PR	
CAS02	Adjustment Reason Code		ID	1-5	R			
CAS03	Adjustment Amount		R	1-18	R			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
CAS04	Adjusted Units Claim Level		R	1-15	S			
CAS05	Adjustment Reason Code		ID	1-5	S			
CAS06	Adjustment Amount		R	1-18	S			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
CAS07	Adjusted Units Claim Level		R	1-15	S			
CAS08	Adjustment Reason Code		ID	1-5	S			

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CAS09	Adjustment Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
CAS10	Adjusted Units Claim Level		R	1-15	S				
CAS11	Adjustment Reason Code		ID	1-5	S				
CAS12	Adjustment Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
CAS13	Adjusted Units Claim Level		R	1-15	S				
CAS14	Adjustment Reason Code		ID	1-5	S				
CAS15	Adjustment Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
CAS16	Adjusted Units Claim Level		R	1-15	S				
CAS17	Adjustment Reason Code		ID	1-5	S				
CAS18	Adjustment Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
CAS19	Adjusted Units Claim Level		R	1-15	S				
AMT	Payer Prior Payment	371		1	S	2320			Amount paid by primary payer.
AMT01	Amount Qualifier Code		ID	1-3	R			C4	
AMT02	Other Payer Paid Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Coordination of Benefits (COB) Total Allowed Amount	372		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			B6	
AMT02	Approved Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Coordination of Benefits (COB) Total Submitted Charges	373		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			T3	
AMT02	Coordination of Benefits (COB) Total Submitted Charges		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Diagnostic Related Group (DRG) Outlier Amount	374		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			ZZ	
AMT02	Claim DRG Outlier Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.

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AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Coordination of Benefits (COB) Total Medicare Paid Amount	376		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			N1	
AMT02	Total Medicare Paid Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Medicare Paid Amount - 100%	378		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			KF	
AMT02	Medicare Paid at 100% Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Medicare Paid Amount - 80%	380		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			PG	
AMT02	Medicare Paid at 80% Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount	382		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			AA	
AMT02	Paid From Part A Medicare Trust Fund Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount	384		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			B1	
AMT02	Paid From Part B Medicare Trust Fund Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				

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AMT	Coordination of Benefits (COB) Total Non-Covered Amount	386		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			A8	
AMT02	Non-Covered Charge Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Coordination of Benefits (COB) Total Denied Amount	387		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			YT	
AMT02	Claim Total Denied Charge Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
DMG	Subscriber Demographic Information	388		1	S	2320			
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8	
DMG02	Other Insured Birth Date		AN	1-35	R			CCYYMMDD	
DMG03	Other Insured Gender Code		ID	1-1	R			F, M, U	
DMG04	Marital Status Code		ID	1-1	N/U				
DMG05	Race or Ethnicity Code		ID	1-1	N/U				
DMG06	Citizenship Status Code		ID	1-2	N/U				
DMG07	Country Code		ID	2-3	N/U				
DMG08	Basis of Verification Code		ID	1-2	N/U				
DMG09	Quantity		R	1-15	N/U				
OI	Other Insurance Coverage Information	390		1	R	2320			
OI01	Claim Filing Indicator Code		ID	1-2	N/U				
OI02	Claim Submission Reason Code		ID	2-2	N/U				
OI03	Benefits Assignment Certification Indicator		ID	1-1	R			N, Y	
OI04	Patient Signature Source Code		ID	1-1	N/U			B, C, M, P, S	
OI05	Provider Agreement Code		ID	1-1	N/U				
OI06	Release of Information Code		ID	1-1	R			A, I, M, N, O, Y	
MIA	Medicare Inpatient Adjudication Information	392		1	S	2320			
MIA01	Covered Days or Visits		R	1-15	R				
MIA02	Lifetime Reserve Days		R	1-15	S				
MIA03	Lifetime Psychiatric Days Count		R	1-15	S				

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MIA04	Claim DRG Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
MIA05	Remark Code		AN	1-30	S				
MIA06	Claim Disproportionate Share Amount		R	1-18	S				
MIA07	Claim MSP Pass-through Amount		R	1-18	S				
MIA08	Claim PPS Capital Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
MIS09	PPS-Capital FSP DRG Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
MIA10	PPS-Capital HSP DRG Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
MIA11	PPS-Capital DSH DRG Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
MIA12	Old Capital Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
MIA13	PPS-Capital IME Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
MIA14	PPS-Operating Hospital Specific DRG Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
MIA15	Cost Report Day Count		R	1-15	S				
MIA16	PPS-Operating Federal Specific DRG Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
MIA17	Claim PPS Capital Outlier Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
MIA18	Claim Indirect Teaching Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
MIA19	Nonpayable Professional Component Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
MIA20	Remark Code		AN	1-30	S				
MIA21	Remark Code		AN	1-30	S				
MIA22	Remark Code		AN	1-30	S				
MIA23	Remark Code		AN	1-30	S				
MIA24	PPS-Capital Exception Amount		R	1-18	S				
MOA	Medicare Outpatient Adjudication Information	397		1	S	2320			
MOA01	Outpatient Reimbursement Rate		R	1-10	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.

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MOA02	Claim HCPCS Payable Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
MOA03	Claim Payment Remark Code		AN	1-30	S				
MOA04	Claim Payment Remark Code		AN	1-30	S				
MOA05	Claim Payment Remark Code		AN	1-30	S				
MOA06	Claim Payment Remark Code		AN	1-30	S				
MOA07	Claim Payment Remark Code		AN	1-30	S				
MOA08	Claim ESRD Paid Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
MOA09	Nonpayable Professional Component Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
NM1	Other Subscriber Name	400		1	R	2330A	1		
NM101	Entity Identifier Code		ID	2-3	R			IL	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Other Insured Last Name		AN	1-35	R				
NM104	Other Insured First Name		AN	1-25	S				Required when NM102 = 1.
NM105	Other Insured Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Other Insured Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			MI, ZZ	Value ZZ not allowed.
NM109	Other Insured Identifier		AN	2-80	R				Enter the member/patient policy number as indicated on the ID Card including any alpha characters. The field length will be from nine to fourteen digits. Must not contain embedded blanks.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	Other Subscriber Address	404		1	S	2330A			
N301	Other Insured Address Line		AN	1-55	R				
N302	Other Insured Address Line		AN	1-55	S				
N4	Other Subscriber City/State/Zip	406		1	S	2330A			
N401	Other Insured City Name		AN	2-30	R				
N402	Other Insured State Code		ID	2-2	R				Must be the U.S. Postal Service abbreviation.
N403	Other Insured Postal Zip Code		AN	3-15	R				Must be valid for the state abbreviation. Must not be less than 5 or greater than 9 characters. If N402 is XX, this is not required.
N404	Laboratory/Facility Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	Other Subscriber Secondary Identification	408		3	S	2330A			
REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23,IG,SY	
REF02	Other Subscriber Secondary Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				

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REF04	Reference Identifier				N/U				
NM1	Other Payer Name	410		1	R	2330B	1		
NM101	Entity Identifier Code		ID	2-3	R			PR	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Other Payer Last or Organization Name		AN	1-35	R				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			PI, XV	Value XV is not valid at this time.
NM109	Other Payer Primary Identifier		AN	2-80	R				First position must be C, D, E, F, G, or H followed by the 5 to 6 character receiver ID.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	Other Payer Address	412		1	S	2330B			
N301	Other Payer Address Line		AN	1-55	R				
N302	Other Payer Address Line		AN	1-55	S				
N4	Other Payer City/State/Zip	413		1	S	2330B			
N401	Other Payer City Name		AN	2-30	R				
N402	Other Payer State Code		ID	2-2	R				
N403	Other Payer Postal Zip Code		AN	3-15	R				
N404	Other Payer Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
DTP	Claim Adjudication Date	415		1	S	2330B			
DTP01	Date Time Qualifier		ID	3-3	R			573	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Adjudication or Payment Date		AN	1-35	R			CCYYMMDD	
REF	Other Payer Secondary Identification and Reference Number	416		2	S	2330B			
REF01	Reference Identification Qualifier		ID	2-3	R			2U, F8, FY, NF, TJ	
REF02	Other Payer Secondary Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
REF	Other Payer Prior Authorization or Referral Number	418		1	S	2330B			

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REF01	Reference Identification Qualifier		ID	2-3	R			9F, G1	
REF02	Other Payer Prior Authorization or Referral Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
NM1	Other Payer Patient Information	420		1	S	2330C	1		
NM101	Entity Identifier Code		ID	2-3	R			QC	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Patient Last or Organization Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			EI, MI	
NM109	Patient's Other Payer Primary Identification Number		AN	2-80	R				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	Other Payer Patient Identification	422		3	S	2330C			
REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23, IG, SY	
REF02	Other Payer Patient Secondary Identification		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
NM1	Other Payer Attending Provider	424		1	S	2330D	1		
NM101	Entity Identifier Code		ID	2-3	R			71	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Name Last or Organization Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Other Payer Primary Identifier		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	Other Payer Attending Provider Identification	426		3	R	2330D			
REF01	Reference Identification Qualifier		ID	2-3	R			EI	
REF02	Other Payer Attending Provider Identification		AN	1-30	R				Enter the Employer's Identification Number

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REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
NM1	Other Payer Operating Provider	428		1	S	2330E	1		
NM101	Entity Identifier Code		ID	2-3	R			72+J2305	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Name Last or Organization Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Other Payer Primary Identifier		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	Other Payer Operating Provider Identification	430		3	R	2330E			
REF01	Reference Identification Qualifier		ID	2-3	R			EI	
REF02	Other Payer Operating Provider Identifier		AN	1-30	R				Enter the Employer's Identification Number
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
NM1	Other Payer Other Provider	432		1	S	2330F	1		
NM101	Entity Identifier Code		ID	2-3	R			73	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Name Last or Organization Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Other Payer Primary Identifier		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	Other Payer Other Provider Identification	434		3	R	2330F			
REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	
REF02	Other Payer Other Provider Identification		AN	1-30	R				Enter the tax id with qualifier EI or the social security number with qualifier SY.
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				

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NM1	Other Payer Referring Provider	436		1	S	2330G	2		Addenda change 10/2002. Segment deleted.
NM101	Entity Identifier Code		ID	2-3	R			DN, P3	
NM102	Entity Type Qualifier		ID	1-1	R			1,2	
NM103	Name Last or Organization Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		AN	1-10	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	Other Payer Referring Provider Identification	438		3	R	2330G			Addenda change 10/2002. Segment deleted.
NM1	Other Payer Service Facility Provider	440		1	S	2330H	1		
NM101	Entity Identifier Code		ID	2-3	R			FA	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Name Last or Organization Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	Other Payer Service Facility Provider Identification	442		3	R	2330H			
REF01	Reference Identification Qualifier		ID	2-3	R			LU	
REF02	Other Payer Service Facility Identification		AN	1-30	R				Enter Other Payer Service Facility Location Identifier
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
HCP	Line Pricing/Repricing Information			1	S	2400			Addenda change 10/2002. New Segment.
HCP01	Pricing Methodology		ID	2/2	R			00,01,02,03,04,05,06,07,08,08,09,10,11,12,13,14	
HCP02	Monetary Amount		R	1/18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.

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HCP03	Monetary Amount		R	1/18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HCP04	Reference Identification		AN	1/30	S				
HCP05	Rate		R	1/9	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HCP06	Reference Identification		AN	1/30	S				
HCP07	Monetary Amount		R	1/18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HCP08	Product/Service ID		AN	1/48	S				
HCP09	Product/Service ID Qualifier		ID	2/2	S			HC	
HCP10	Product/Service ID		AN	1/48	S				
HCP11	Unit or Basis for Measurement Code		ID	2/2	S			DA, UN	
HCP12	Quantity		R	1/15	S				
HCP13	Reject Reason Code		ID	2/2	S			T1,T2,T3,T4,T5,T6	
HCP14	Policy Compliance Code		ID	1/2	S			1,2,3,4,5	
HCP15	Exception Code		ID	1/2	S			1,2,3,4,5,6	
LIN	Drug Identification			1	S	2410			Addenda change 10/2002. New Segment.
LIN01	Assigned Identification		AN	1/20	N/U				
LIN02	Product/Service ID Qualifier		ID	2/2	R			N4	
LIN03	Product/Service ID		AN	1/48	R				
LIN04	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN05	Product/Service ID		AN	1/48	N/U				
LIN06	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN07	Product/Service ID		AN	1/48	N/U				
LIN08	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN09	Product/Service ID		AN	1/48	N/U				
LIN10	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN11	Product/Service ID		AN	1/48	N/U				
LIN12	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN13	Product/Service ID		AN	1/48	N/U				
LIN14	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN15	Product/Service ID		AN	1/48	N/U				
LIN16	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN17	Product/Service ID		AN	1/48	N/U				
LIN18	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN19	Product/Service ID		AN	1/48	N/U				
LIN20	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN21	Product/Service ID		AN	1/48	N/U				
LIN22	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN23	Product/Service ID		AN	1/48	N/U				
LIN24	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN25	Product/Service ID		AN	1/48	N/U				
LIN26	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN27	Product/Service ID		AN	1/48	N/U				
LIN28	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN29	Product/Service ID		AN	1/48	N/U				
LIN30	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN31	Product/Service ID		AN	1/48	N/U				

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CTP	Drug Pricing			1	S	2410			Addenda change 10/2002. New Segment.
CTP01	Class of Trade Code		ID	2/2	N/U				
CTP02	Price Identifier Code		ID	3/3	N/U				
CTP03	Unit Price		R	1/17	R				
CTP04	Quantity		R	1/15	R				
CTP05	Composite Unit of Measure				R				
CTP05-1	Unit or Basis for Measurement Code		R	2/2	R			GR,ME,ML,UN	
CTP05-2	Exponent		R	1/15	N/U				
CTP05-3	Multiplier		R	1/10	N/U				
CTP05-4	Unit or Basis for Measurement Code		ID	2/2	N/U				
CTP05-5	Exponent		R	1/15	N/U				
CTP05-6	Multiplier		R	1/10	N/U				
CTP05-7	Unit or Basis for Measurement Code		ID	2/2	N/U				
CTP05-8	Exponent		R	1/15	N/U				
CTP05-9	Multiplier		R	1/10	N/U				
CTP05-10	Unit or Basis for Measurement Code		ID	2/2	N/U				
CTP05-11	Exponent		R	1/15	N/U				
CTP05-12	Multiplier		R	1/10	N/U				
CTP05-13	Unit or Basis for Measurement Code		ID	2/2	N/U				
CTP05-14	Exponent		R	1/15	N/U				
CTP05-15	Multiplier		R	1/10	N/U				
CTP06	Price Multiplier Qualifier		ID	3/3	N/U				
CTP07	Multiplier		R	1/10	N/U				
CTP08	Monetary Amount		R	1/18	N/U				
CTP09	Basis of Unit Price Code		ID	2/2	N/U				
CTP10	Condition Value		AN	1/10	N/U				
CTP11	Multiple Price Quantity		NO	1/2	N/U				
REF	Prescription Number			1	S	2410			Edit for maximum repeat. Addenda change 10/2002. New Segment.
REF01	Reference Identification Qualifier		ID	2/3	R			XZ	
REF02	Reference Identification Qualifier		AN	1/30	R				
REF03	Description		AN	1/80	N/U				
REF04	Reference Identifier				N/U				
LX	Service Line Number	444		1	R	2400	999		HCSC will accept 115 service lines.
LX01	Line Counter		NO	1-6	R				
SV2	Institutional Service	445		1	R	2400			
SV201	Service Line Revenue Code		AN	1-48	R				
SV202	COMPOSITE MEDICAL PROCEDURE IDENTIFIER				S				Addenda change 10/2002. See new Note.
SV202-1	Product or Service ID Qualifier		ID	2-2	R			HC, IV, ZZ	Blue Cross prefers qualifier HC. Addenda change 10/2002. See new Note.

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SV202-2	Procedure Code		AN	1-48	R				For Blue Cross Type of Bills 13X and 83X: a HCPCs code is required for the following revenue codes: 274, 35X, 36X, 49X and 61X. When revenue code 36X and 49X are billed and more than one surgical procedure is performed, a detail line must be given for each surgery. This will include a unit of service and charge.
SV202-3	Procedure Modifier 1		AN	2-2	S				
SV202-4	Procedure Modifier 2		AN	2-2	S				
SV202-5	Procedure Modifier 3		AN	2-2	S				Not used by Blue Cross at this time.
SV202-6	Procedure Modifier 4		AN	2-2	S				Not used by Blue Cross at this time.
SV202-7	Description		AN	1-80	N/U				
SV203	Line Item Charge Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
SV204	Unit or Basis for Measurement Code		ID	2-2	R			DA, F2, UN	
SV205	Service Line Units		R	1-15	R				
SV206	Service Line Rate Amount		R	1-10	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
SV207	Service Line Non-Covered Charge Amount		R	1-18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
SV208	Yes/No Condition or Response Code		ID	1-1	N/U				
SV209	Nursing Home Residential Status Code		ID	1-1	N/U				
SV210	Level of Care Code		ID	1-1	N/U				
SV4	Prescription Number	450		1	S	2400			Addenda change 10/2002. Segment deleted.
PWK	Information	452		1	S	2400			
PWK01	Attachment Report Type Code		ID	2-2	R			AS, B2, B3, B4, CT, DA, DG, DS, EB, MT, NN, OB, OZ, PN, PO, PZ, RB, RR, RT	
PWK02	Attachment Transmission Code		ID	1-2	R			AA, AB, AD, AF, AG, BM, EL, EM, FX	
PWK03	Report Copies Needed		NO	1-2	N/U				
PWK04	Entity Identifier Code		ID	2-3	N/U				
PWK05	Identification Code Qualifier		ID	1-2	S			AC	
PWK06	Attachment Control Number		AN	2-80	S				
PWK07	Description		AN	1-80	N/U				
PWK08	Actions Indicated				N/U				
PWK09	Request Category Code		ID	1-2	N/U				
DTP	Service Line Date	456		1	S	2400			Addenda change 10/2002. See Note #4.
DTP01	Date Time Qualifier		ID	3-3	R			472	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8, RD8	

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DTP03	Service Date		AN	1-35	R			CCYYMMDD (D8) or CCYYMMDD- CCYYMMDD (RD8)	Required for outpatient laboratory, radiology and therapy services.
DTP	Assessment Date	458		1	S	2400			Addenda change 10/2002. See Note #3.
DTP01	Date Time Qualifier		ID	3-3	R			866	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Revision Date		AN	1-35	R			CCYYMMDD	Required for Blue Medicare PPO when revenue code 0022 is submitted.
AMT	Service Tax Amount	460		1	S	2400			
AMT01	Amount Qualifier Code		ID	1-3	R			GT	
AMT02	Service Tax Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Facility Tax Amount	461		1	S	2400			
AMT01	Amount Qualifier Code		ID	1-3	R			N8	
AMT02	Facility Tax Amount		R	1-18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
HCP	Line Pricing/Repricing Information			1	S	2400			Addenda change 10/2002. New Segment.
HCP01	Pricing Methodology		ID	2/2	R			00,01,02,03,04,05,06,07,08,09, 10,11,12,13,14	
HCP02	Monetary Amount		R	1/18	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HCP03	Monetary Amount		R	1/18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HCP04	Reference Identification		AN	1/30	S				
HCP05	Rate		R	1/9	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HCP06	Reference Identification		AN	1/30	S				
HCP07	Monetary Amount		R	1/18	S				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
HCP08	Product/Service ID		AN	1/48	S				
HCP09	Product/Service ID Qualifier		ID	2/2	S			HC	
HCP10	Product/Service ID		AN	1/48	S				
HCP11	Unit or Basis for Measurement Code		ID	2/2	S			DA, UN	
HCP12	Quantity		R	1/15	S				
HCP13	Reject Reason Code		ID	2/2	S			T1,T2,T3,T4,T5,T6	
HCP14	Policy Compliance Code		ID	1/2	S			1,2,3,4,5	
HCP15	Exception Code		ID	1/2	S			1,2,3,4,5,6	

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LIN	Drug Identification			1	S	2410			Addenda change 10/2002. New Segment.
LIN01	Assigned Identification		AN	1/20	N/U				
LIN02	Product/Service ID Qualifier		ID	2/2	R			N4	
LIN03	Product/Service ID		AN	1/48	R				
LIN04	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN05	Product/Service ID		AN	1/48	N/U				
LIN06	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN07	Product/Service ID		AN	1/48	N/U				
LIN08	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN09	Product/Service ID		AN	1/48	N/U				
LIN10	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN11	Product/Service ID		AN	1/48	N/U				
LIN12	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN13	Product/Service ID		AN	1/48	N/U				
LIN14	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN15	Product/Service ID		AN	1/48	N/U				
LIN16	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN17	Product/Service ID		AN	1/48	N/U				
LIN18	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN19	Product/Service ID		AN	1/48	N/U				
LIN20	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN21	Product/Service ID		AN	1/48	N/U				
LIN22	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN23	Product/Service ID		AN	1/48	N/U				
LIN24	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN25	Product/Service ID		AN	1/48	N/U				
LIN26	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN27	Product/Service ID		AN	1/48	N/U				
LIN28	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN29	Product/Service ID		AN	1/48	N/U				
LIN30	Product/Service ID Qualifier		ID	2/2	N/U			N4	
LIN31	Product/Service ID		AN	1/48	N/U				
CTP	Drug Pricing			1	S	2410			Addenda change 10/2002. New Segment.
CTP01	Class of Trade Code		ID	2/2	N/U				
CTP02	Price Identifier Code		ID	3/3	N/U				
CTP03	Unit Price		R	1/17	R				First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
CTP04	Quantity		R	1/15	R				
CTP05	Composite Unit of Measure				R				
CTP05-1	Unit or Basis for Measurement Code		R	2/2	R			GR,ME,ML,UN	
CTP05-2	Exponent		R	1/15	N/U				
CTP05-3	Multiplier		R	1/10	N/U				
CTP05-4	Unit or Basis for Measurement Code		ID	2/2	N/U				
CTP05-5	Exponent		R	1/15	N/U				
CTP05-6	Multiplier		R	1/10	N/U				
CTP05-7	Unit or Basis for Measurement Code		ID	2/2	N/U				
CTP05-8	Exponent		R	1/15	N/U				
CTP05-9	Multiplier		R	1/10	N/U				

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CTP05-10	Unit or Basis for Measurement Code		ID	2/2	N/U				
CTP05-11	Exponent		R	1/15	N/U				
CTP05-12	Multiplier		R	1/10	N/U				
CTP05-13	Unit or Basis for Measurement Code		ID	2/2	N/U				
CTP05-14	Exponent		R	1/15	N/U				
CTP05-15	Multiplier		R	1/10	N/U				
CTP06	Price Multiplier Qualifier		ID	3/3	N/U				
CTP07	Multiplier		R	1/10	N/U				
CTP08	Monetary Amount		R	1/18	N/U				
CTP09	Basis of Unit Price Code		ID	2/2	N/U				
CTP10	Condition Value		AN	1/10	N/U				
CTP11	Multiple Price Quantity		N0	1/2	N/U				
REF	Prescription Number			1	S	2410			Addenda change 10/2002. New Segment.
REF01	Reference Identification Qualifier		ID	2/3	R			XZ	
REF02	Reference Identification Qualifier		AN	1/30	R				
REF03	Description		AN	1/80	N/U				
REF04	Reference Identifier				N/U				
NM1	Attending Physician Name	462		1	S	2420A	1		When given, this will over write the provider information given in loop 2310A.
NM101	Entity Identifier Code		ID	2-3	R			71	
NM102	Entity Type Qualifier		ID	1-1	R			1,2	
NM103	Attending Provider Last or Organization Name		AN	1-35	R				
NM104	Attending Provider First Name		AN	1-25	S				Required when NM102 = 1.
NM105	Attending Provider Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Attending Provider Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			XX	When XX is present, the NPI is required in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM109	Attending Provider Identifier		AN	2-80	R				When NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifier EI or the social security number with qualier SY is required in REF02.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	Attending Provider Specialty Information	465		1	R	2420A			Addenda change 10/2002. Segment deleted.
REF	Attending Physician Secondary Identification	467		5	S	2420A			

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REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	
REF02	Rendering Provider Secondary Identifier		AN	1-30	R				When NPI is present in the NM109, the tax id with qualifer EI or the social security number with qualifer SY is required.
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
NM1	Operating Physician Name	469		1	S	2420B	1		When given, this will over write the provider information given in loop 2310A.
NM101	Entity Identifier Code		ID	2-3	R			72	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Operating Physician Last Name		AN	1-35	R				
NM104	Operating Physician First Name		AN	1-25	R				
NM105	Operating Physician Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Operating Physician Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	When XX is present, the NPI is required in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM109	Operating Physician Primary Identifier		AN	2-80	S				When NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifer EI or the social security number with qualifer SY is required in REF02. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	Operating Physician Specialty Information	472		1	S	2420B			Addenda change 10/2002. Segment deleted.
REF	Operating Physician Secondary Identification	474		1	S	2420B			
REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	
REF02	Operating Physician Secondary Identifier		AN	1-30	R				When NPI is present in the NM109, the tax id with qualifer EI or the social security number with qualifer SY is required.
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
NM1	Other Provider Name	476		1	S	2420C	1		When given, this will over-write the provider information given in loop 2310A.
NM101	Entity Identifier Code		ID	2-3	R			73	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Other Provider Last or Organization Name		AN	1-35	R				
NM104	Other Provider First Name		AN	1-25	S				Required when NM102 = 1.

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NM105	Other Provider Middle Name		AN	1-25	S			
NM106	Name Prefix		AN	1-10	N/U			
NM107	Other Provider Suffix		AN	1-10	S			
NM108	Identification Code Qualifier		ID	1-2	S		XX	When XX is present, the NPI is required in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM109	Other Provider Primary Identifier		AN	2-80	S			When NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifier EI or the social security number with qualifier SY is required in REF02.
NM110	Entity Relationship Code		ID	2-2	N/U			
NM111	Entity Identifier Code		ID	2-3	N/U			
PRV	Other Provider Specialty Information	479		1	S	2420C		Addenda change 10/2002. Segment deleted.
REF	Other Provider Secondary Identification	481		5	s	2420C		
REF01	Reference Identification Qualifier		ID	2-3	R		EI, SY	
REF02	Other Provider Secondary Identification		AN	1-30	R			When NPI is present in the NM109, the tax id with qualifier EI or the social security number with qualifier SY is required.
REF03	Description		AN	1-80	N/U			
REF04	Reference Identifier				N/U			
NM1	Referring Provider Name	483		1	S	2420D		Addenda change 10/2002. Segment deleted.
PRV	Referring Provider Specialty Information	486		1	S	2420D		Addenda change 10/2002. Segment deleted.
REF	Referring Provider Secondary Identification	488		1	S	2420D		Addenda change 10/2002. Segment deleted.
SVD	Service Line Adjudication Information	490		1	S	2430	25	
SVD01	Other Payer Primary Identifier		AN	2-80	R			
SVD02	Service Line Paid Amount		R	1-18	R			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER				R			
SVD03-1	Product or Service ID Qualifier		ID	2-2	R		HC, IV, N1, N2, N3, N4, ZZ	
SVD03-2	Procedure Code		AN	1-48	R			
SVD03-3	Procedure Modifier 1		AN	2-2	S			
SVD03-4	Procedure Modifier 2		AN	2-2	S			
SVD03-5	Procedure Modifier 3		AN	2-2	S			

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SVD03-6	Procedure Modifier 4		AN	2-2	S			
SVD03-7	Procedure Code Description		AN	1-80	S			
SVD04	Service Line Revenue Code		AN	1-48	R			
SVD05	Paid Service Unit Count		R	1-15	R			
SVD06	Bundled or Unbundled Line Number		N0	1-6	S			
CAS	Service Line Adjustment	494		99	S	2430		
CAS01	Adjustment Group Code		ID	1-2	R			CO, CR, OA, PI, PR
CAS02	Adjustment Reason Code		ID	1-5	R			
CAS03	Adjustment Amount		R	1-18	R			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
CAS04	Adjusted Units Claim Level		R	1-15	S			
CAS05	Adjustment Reason Code		ID	1-5	S			
CAS06	Adjustment Amount		R	1-18	S			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
CAS07	Adjusted Units Claim Level		R	1-15	S			
CAS08	Adjustment Reason Code		ID	1-5	S			
CAS09	Adjustment Amount		R	1-18	S			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
CAS10	Adjusted Units Claim Level		R	1-15	S			
CAS11	Adjustment Reason Code		ID	1-5	S			
CAS12	Adjustment Amount		R	1-18	S			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
CAS13	Adjusted Units Claim Level		R	1-15	S			
CAS14	Adjustment Reason Code		ID	1-5	S			
CAS15	Adjustment Amount		R	1-18	S			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
CAS16	Adjusted Units Claim Level		R	1-15	S			
CAS17	Adjustment Reason Code		ID	1-5	S			
CAS18	Adjustment Amount		R	1-18	S			First position must not be a minus sign. Addenda change 10/2002. Decimal data elements will be limited to a maximum length of 10 characters including reported or implied places for cents.
CAS19	Adjusted Units Claim Level		R	1-15	S			
DTP	Service Line Adjudication Date	502		1	S	2430		
DTP01	Date/Time Qualifier		ID	3-3	R			573
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8
DTP03	Adjudication or Payment Date		AN	1-35	R			CCYYMMDD
SE	Transaction Set Trailer	503		1	R	___		

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SE01	Transaction Segment Count		N0	1-10	R				
SE02	Transaction Set Control Number		AN	4-9	R				Must match ST02.
GE	Function Group Trailer	B.10			R	___			
GE01	Number of Included Transaction Sets		N0	1-6	R				
GE02	Group Control Number		N0	1-9	R				Must match GS06.
IEA	Interchange Control Trailer	B.7			R	___			
IEA01	Number of Included Functional Groups		N0	1-5	R				
IEA02	Interchange Control Number		N0	9-9	R				Must match ISA13.