



5010 Gap Analysis for Dental Claims

Based on ASC X12 837 v5010 TR3 X224A2

Version 2.0 August 2010



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PURPOSE

The purpose of this document is to provide a high-level gap analysis between the current HIPAA-mandated Health Care Claim: Dental X097A1 837 version 4010 and the HIPAA-mandated Health Care Claim: Dental X224A2 837 version 5010 that has a compliance date of January 1, 2012.

This document should be used along with the X12 5010 Dental TR3 X224A2. To obtain your copy of the TR3 visit the X12 Web Site at:

<http://store.X12.org>
Health Care Claims: Dental 837
ASC X12 837 (005010X224A2)

OVERALL GAP ANALYSIS REPORT

The Overall Gap Analysis Report provides a list of all content changes in the order of the TR3. Changes that were considered non-substantive are not listed in this report. The Change Comment gives a brief summary of the change, and the columns listed to the right indicate the type of change.

NEW CONTENT REPORT

The New Content Report provides a list of NEW data elements added in the 5010 version of the transaction.

DELETED CONTENT REPORT

The Deleted Content Report provides a list of the data elements REMOVED in the 5010 version of the transaction.

USE CHANGE REPORT


The Use Change Report provides a list of data elements where the TR3 usage changed from Situational to Required; Required to Situational; or the Situational Note changed.

SIZING CHANGE REPORT

The Sizing Change Report provides a list of data elements where the min/max requirements changed in the 5010.

CODE CHANGE REPORT

The Code Change Report provides a list of data elements where the code values within the data element were changed in 5010.



Overall Gap Analysis Report



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5010 Gap Analysis Dental Claims X224A2 Gap Analysis

Items in Red are flagged as Transitions Challenges.

Highlighted Items indicate Errata Changes.

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
Header	GS08	005010X224 A1	Version / Release Industry ID Code	X224A2: Code value changed to 005010X224A2. X224A1: Code value changed to 005010X224A1.								
Table 1	ST03	005010X224 A1	Implementation Guide Version Name	X224A2: Code value changed to 005010X224A2. X224A1: Added ST03 to replace the Table 1 REF. Code value is 005010X224A1.								
Table 1	BHT03		Originator Application Transaction Identifier	Min/Max changed from 1/30 to 1/50. Note was added that limits this field to 30 characters.								
Table 1	BHT06		Claim or Encounter Identifier	Code value 31 was added.								
Table 1	REF01	87	Reference Identification Qualifier	Moved the Transmission Type to ST03.								
Table 1	REF02		Transmission Type Code	Moved the Transmission Type to ST03.								
1000A	NM103		Submitter Last/Org Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
1000A	NM104		Submitter First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.								
1000A	PER02		Submitter Contact Name	Changed from Required to Situational.								
1000A	PER03	List	Communication Number Qualifier	Code value ED was deleted.								
1000A	PER04		Communication Number	Min/Max changed from 1/80 to 1/256.								
1000A	PER04	ED	Submitter EDI Number	Deleted in 5010 due to lack of business requirement.								
1000A	PER04	EM	Submitter E-mail	Min/Max changed from 1/80 to 1/256.								
1000A	PER04	FX	Submitter FAX Number	Min/Max changed from 1/80 to 1/256.								
1000A	PER04	TE	Submitter Telephone Number	Min/Max changed from 1/80 to 1/256.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
1000A	PER05	List	Communication Number Qualifier	Code value ED was deleted.								
1000A	PER06		Communication Number	Min/Max changed from 1/80 to 1/256.								
1000A	PER06	ED	Submitter EDI Number	Deleted in 5010 due to lack of business requirement.								
1000A	PER06	EM	Submitter Email	Min/Max changed from 1/80 to 1/256.								
1000A	PER06	EX	Submitter Telephone Extension	Min/Max changed from 1/80 to 1/256.								
1000A	PER06	FX	Submitter FAX	Min/Max changed from 1/80 to 1/256.								
1000A	PER06	TE	Submitter Telephone Number	Min/Max changed from 1/80 to 1/256.								
1000A	PER07	List	Communication Number Qualifier	Code value ED was deleted.								
1000A	PER08		Communication Number	Min/Max changed from 1/80 to 1/256.								
1000A	PER08	ED	Submitter EDI Number	Deleted in 5010 due to lack of business requirement.								
1000A	PER08	EM	Submitter Email	Min/Max changed from 1/80 to 1/256.								
1000A	PER08	EX	Submitter Telephone Extension	Min/Max changed from 1/80 to 1/256.								
1000A	PER08	FX	Submitter FAX	Min/Max changed from 1/80 to 1/256.								
1000A	PER08	TE	Submitter Telephone Number	Min/Max changed from 1/80 to 1/256.								
1000B	NM103		Receiver Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2000A	PRV01	BI	Provider Code	Qualifier PT was deleted.								
2000A	PRV02	PXC	Reference ID Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required.								
2000A	PRV03	BI	Billing Provider Taxonomy Code	X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50.								
2000A	PRV03	PT	Pay-to Provider Taxonomy Code	Deleted Taxonomy Code as this is now Address Information only.								
2010AA	NM103		Billing Provider Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2010AA	NM104		Billing Provider First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010AA	NM108	List	Identification Code Qualifier	Changed from Required to Situational. Required when the Provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.								
2010AA	NM109	24	Billing Provider Employer's Identification Number	Employer's Identification Number (Qualifier 24) was relocated to a REF segment in the 2010AA Loop.								
2010AA	NM109	34	Billing Provider Social Security Number	Social Security Number (Qualifier 34) was relocated to a REF segment in the 2010AA Loop.								
2010AA	NM109	XX	Billing Provider National Provider Identifier	Changed from Required to Situational when the Billing Provider is eligible for an NPI.								
2010AA	N402		Billing Provider State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.								
2010AA	N403		Billing Provider Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada. When reporting zip codes for US addresses the full nine digit zip code must be provided.								
2010AA	N404		Billing Provider Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2010AA	N407		Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2010AA	REF01		Reference Identification Qualifier									
2010AA	REF02		Secondary Identifiers									
2010AA	REF02	0B	Billing Provider State License Number									
2010AA	REF02	1A	Billing Provider Blue Cross Number									
2010AA	REF02	1B	Billing Provider Blue Shield Number									
2010AA	REF02	1C	Billing Provider Medicare Number									
2010AA	REF02	1D	Billing Provider Medicaid Number									
2010AA	REF02	1E	Billing Provider Dentist License Number									
2010AA	REF02	1H	Billing Provider CHAMPUS ID Number									
2010AA	REF02	EI	Billing Provider Employer's ID									
2010AA	REF02	G2	Billing Provider Commercial Number									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010AA	REF02	G5	Billing Provider Site Number	Deleted in 5010. However, Emdeon will continue to allow providers to use this for reporting purposes. The information will not be passed on to the payer.								
2010AA	REF02	LU	Billing Provider Location Number									
2010AA	REF02	SY	Billing Provider Social Security Number									
2010AA	REF02	TJ	Billing Provider Federal Taxpayer's Identification Code									
2010AA	REF		BILLING PROVIDER TAX IDENTIFICATION	Billing Provider Tax Identification moved into a required REF segment specifically for Tax Identification Number.								
2010AA	REF01	List	Reference Identification Qualifier									
2010AA	REF02		Billing Provider Tax Identification Number	Min/Max changed from 1/30 to 1/50.								
2010AA	REF02	24	Billing Provider Employer's Identification Number	Min/Max changed from 1/30 to 1/50.								
2010AA	REF02	34	Billing Provider Social Security Number	Min/Max changed from 1/30 to 1/50.								
2010AA	REF		BILLING PROVIDER UPIN/LICENSE INFORMATION									
2010AA	REF01	List	Reference Identification Qualifier									
2010AA	REF02		Billing Provider License and/or UPIN Information	Min/Max changed from 1/30 to 1/50.								
2010AA	REF02	0B	Billing Provider State License Number	Min/Max changed from 1/30 to 1/50.								
2010AA	REF02	1G	Billing Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.								
2010AA	REF01		Reference Identification Qualifier									
2010AA	REF02		Credit/Debit Billing Identifiers (Repeat 8)									
2010AA	REF02	06	Credit/Debit System Number									
2010AA	REF02	8U	Credit/Debit Bank Assigned Security Identifier									
2010AA	REF02	EM	Credit/Debit Electronic Payment Reference Number									
2010AA	REF02	IJ	Credit/Debit Standard Classification (SIC) Code									
2010AA	REF02	LU	Credit/Debit Location Number									
2010AA	REF02	RB	Credit/Debit Rate Code Number									
2010AA	REF02	ST	Credit/Debit Store Number									
2010AA	REF02	TT	Credit/Debit Terminal Code									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010AA	PER		BILLING PROVIDER CONTACT INFORMATION	Segment added to enable submission of contact information when different from the submitter.								
2010AA	PER01	IC	Contact Function Code									
2010AA	PER02		Billing Provider Contact Name									
2010AA	PER03	List	Communication Number Qualifier									
2010AA	PER04		Communication Number									
2010AA	PER04	EM	Billing Provider Email									
2010AA	PER04	FX	Billing Provider FAX									
2010AA	PER04	TE	Billing Provider Telephone									
2010AA	PER05	List	Communication Number Qualifier									
2010AA	PER06		Communication Number									
2010AA	PER06	EM	Billing Provider Email									
2010AA	PER06	EX	Billing Provider Telephone Extension									
2010AA	PER06	FX	Billing Provider FAX									
2010AA	PER06	TE	Billing Provider Telephone									
2010AA	PER07	List	Communication Number Qualifier									
2010AA	PER08		Communication Number									
2010AA	PER08	EM	Billing Provider Email									
2010AA	PER08	EX	Billing Provider Telephone Extension									
2010AA	PER08	FX	Billing Provider FAX									
2010AA	PER08	TE	Billing Provider Telephone									
2010AB	NM103		Pay-to Last or Organization Information									
2010AB	NM104		Pay-to First Name	Required when NM102 equals 1 and the person has a first name.								
2010AB	NM105		Pay-to Middle Name									
2010AB	NM107		Pay-to Name Suffix									
2010AB	NM108		Identification Code Qualifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010AB	NM109		Pay-to Primary Identifier									
2010AB	NM109	24	Pay-To Employer Identification Number									
2010AB	NM109	34	Pay-To Social Security Number									
2010AB	NM109	XX	Pay-To National Provider Identifier									
2010AB	N402		Pay-to State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present.								
2010AB	N403		Pay-to Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								
2010AB	N404		Pay-to Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2010AB	N407		Pay-to Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2010AB	REF01		Reference Identification Qualifier									
2010AB	REF02		Pay-to Provider Secondary Identifiers									
2010AB	REF02	0B	Pay-to State License Number									
2010AB	REF02	1A	Pay-to Blue Cross Provider Number									
2010AB	REF02	1B	Pay-to Blue Shield Provider Number									
2010AB	REF02	1C	Pay-to Medicare Number									
2010AB	REF02	1D	Pay-to Medicaid Number									
2010AB	REF02	1E	Pay-to Dental License Number									
2010AB	REF02	1H	Pay-to CHAMPUS ID Number									
2010AB	REF02	EI	Pay-to Employer's Identification Number									
2010AB	REF02	G2	Pay-to Commercial Number									
2010AB	REF02	G5	Pay-to Site Number									
2010AB	REF02	LU	Pay-to Location Number									
2010AB	REF02	SY	Pay-to Social Security Number									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010AB	REF02	TJ	Pay-to State Federal Taxpayer's Identification Number									
2010AC	NM1		PAY-TO PLAN NAME	Pay-to Plan Name added to support Subrogation Claims.								
2010AC	NM101	PE	Name Qualifier									
2010AC	NM102	2	Entity Type Qualifier									
2010AC	NM103		Pay-to Plan Organization Name									
2010AC	NM108	List	Identification Code Qualifier									
2010AC	NM109		Pay-to Plan Primary Identifier									
2010AC	NM109	PI	Payer Identification									
2010AC	NM109	XV	CMS Plan ID									
2010AC	N3		PAY-TO PLAN ADDRESS									
2010AC	N301		Pay-to Plan Address 1									
2010AC	N302		Pay-to Plan Address 2									
2010AC	N4		PAY-TO PLAN CITY,STATE, ZIP CODE									
2010AC	N401		Pay-to Plan City Name									
2010AC	N402		Pay-to Plan State/Province Code	Required when US or it's territories or Canada. Only one of N402 or N407 may be present.								
2010AC	N403		Pay-to Plan Zip Code	Required when US or it's territories or Canada.								
2010AC	N404		Pay-to Plan Country Code									
2010AC	N407		Pay-to Plan Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2010AC	REF		PAY-TO PLAN SECONDARY IDENTIFICATION									
2010AC	REF01	List	Reference Identification Qualifier									
2010AC	REF02		Pay-to Plan Secondary Identifier									
2010AC	REF02	2U	Payer Identification Number									
2010AC	REF02	FY	Claim Office Number									
2010AC	REF02	NF	NAIC Code									
2010AC	REF		PAY-TO PLAN TAX IDENTIFICATION NUMBER									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010AC	REF01		Reference Identification Qualifier									
2010AC	REF02		Pay-to Plan Tax Identification Number									
2010AC	REF02	EI	EIN									
2000B	SBR01	List	Payer Responsibility Sequence Number Code	Code values A-H and U were added to support payers 4-11. Provider Products should not allow U as a valid value since this is for Payer to Payer COB only.								
2000B	SBR03		Subscriber Group or Policy Number	Industry Name changed from insured to subscriber. Min/Max changed from 1/30 to 1/50.								
2000B	SBR05	List	Insurance Type Code	Changed from Not Used to Situational to accommodate claims where Medicare is secondary.								
2000B	SBR06		Coordination of Benefits Code	Changed from Required to Not Used.								
2000B	SBR09	List	Claim Filing Indicator Code	Code values 09, MH, SA were deleted Code values AM, MA and TV were added.								
2010BA	NM103		Subscriber Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2010BA	NM104		Subscriber First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.								
2010BA	NM108	List	Identification Code Qualifier	X224A2: Changed from Required to Situational to accommodate Workers' Compensation. Required when the NM102 = 1. X224A1: Changed from Situational to Required to support the new definition of subscriber. Qualifier II replaced ZZ for Standard Unique Health Identifier.								
2010BA	NM109		Subscriber Primary Identifier	X224A2: Changed from Required to Situational to accommodate Workers' Compensation. Required when the NM102 = 1. X224A1: Changed from Situational to Required to support the new definition of subscriber.								
2010BA	NM109	II	Subscriber HIPAA Individual Patient Identifier									
2010BA	NM109	ZZ	Subscriber National Individual Identifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010BA	N4		SUBSCRIBER CITY, STATE, ZIP CODE	X224A2: Changed to Situational. Required when the patient is the subscriber or considered to be the subscriber. X224A1: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778.								
2010BA	N402		Subscriber State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.								
2010BA	N403		Subscriber Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								
2010BA	N404		Subscriber Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2010BA	N407		Subscriber Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2010BA	REF		SUBSCRIBER SECONDARY IDENTIFICATION	Repeat changed from 4 to 1.								
2010BA	REF01	List	Reference Identification Qualifier	Qualifiers 1W, 23, IG were deleted. Removed Note that SY may not be used for Medicare. Hyphens should be stripped from the value prior to sending.								
2010BA	REF02		Subscriber Secondary Identifiers	Min/Max changed from 1/30 to 1/50.								
2010BA	REF02	1W	Subscriber Member Identification Number									
2010BA	REF02	23	Subscriber IHS Health Record Number									
2010BA	REF02	IG	Subscriber Insurance Policy Number									
2010BA	REF02	SY	Subscriber Social Security Number	Min/Max changed from 1/30 to 1/50.								
2010BA	REF02		Property Casualty Claim Number	Min/max changed from 1/30 to 1/50								
2010BB	NM103		Payer Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2010BB	N4		PAYER CITY, STATE, ZIP CODE	X224A2: Changed to Situational. Required when the payer address is available to the submitter and the submitter intends for the claim to be printed at the next EDI location. X224A1: Changed from Situational to Required.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010BB	N402		Payer State/Provider Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.								
2010BB	N403		Payer Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								
2010BB	N404		Payer Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2010BB	N407		Payer Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2010BB	REF01		Reference Identification Qualifier	Code value TJ was deleted. Code value EI was added.								
2010BB	REF02		Secondary Identifiers (Repeat 3)	Industry name was changed to coincide with Segment name. Min/Max changed from 1/30 to 1/50.								
2010BB	REF02	2U	Payer ID Number	Min/Max changed from 1/30 to 1/50.								
2010BB	REF02	EI	Payer Employer Identification Number									
2010BB	REF02	FY	Payer Claim Office Number	Min/Max changed from 1/30 to 1/50.								
2010BB	REF02	NF	Payer NAIC Code	Min/Max changed from 1/30 to 1/50.								
2010BB	REF02	TJ	Payer Federal Taxpayer's Identification Number									
2010BB	REF		BILLING PROVIDER SECONDARY IDENTIFICATION	New Billing Provider qualifiers were added for payer assigned provider identifiers. This provides a direct link between the payer and the corresponding secondary identifier.								
2010BB	REF01		Reference Identification Qualifier	Qualifiers G2 and LU are the only valid Qualifiers.								
2010BB	REF02		Billing Provider Secondary Identifiers	Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50.								
2010BB	REF02	G2	Provider Commercial Number	Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50.								
2010BB	REF02	LU	Provider Location Number	Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50.								
2010BC	NM101	AO	Name Qualifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010BC	NM102		Entity Type Qualifier									
2010BC	NM103		Credit/Debit Cardholder Last or Organization Name									
2010BC	NM104		Credit /Debit Cardholder First Name	Required when NM102 equals 1 and the person has a first name.								
2010BC	NM105		Credit /Debit Cardholder Middle Name									
2010BC	NM107		Credit /Debit Cardholder Name Suffix									
2010BC	NM108	MI	Identification Code Qualifier									
2010BC	NM109		Credit or Debit Card Number									
2010BC	REF01		Reference Identification Qualifier									
2010BC	REF02	AB	Credit/Debit Card Authorization Number									
2000C	PAT01	List	Individual Relationship Code	Code values 22, 29, 41 and 76 were deleted. Code values 21, 39, 40 and G8 were added.								
2000C	PAT04		Patient Student Status	Changed from Situational to Not Used.								
2010CA	NM103		Patient Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2010CA	NM104		Patient First Name	Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.								
2010CA	NM108		Identification Code Qualifier									
2010CA	NM109	MI	Patient Member Identification Number									
2010CA	NM109	ZZ	Patient National Individual Identifier									
2010CA	N402		Patient State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present. Recommendation: This was a publisher error and will change in future guides - recommen								
2010CA	N403		Patient Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								
2010CA	N404		Patient Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010CA	N407		Patient Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2010CA	REF01		Reference Identification Qualifier									
2010CA	REF02		Patient Secondary Identifiers									
2010CA	REF02	1W	Patient Member Identification Number									
2010CA	REF02	23	Patient IHS Health Record Number									
2010CA	REF02	SY	Patient Social Security Number									
2010CA	REF02	IG	Patient Insurance Policy Number									
2010CA	REF		PROPERTY AND CASUALTY PATIENT IDENTIFIER	X224A2: This Segment was added to accommodate Workers' Compensation in lieu of the removal of the Patient Secondary Identification Segment.								
2010CA	REF01	List	Reference Number Qualifier									
2010CA	REF02		Reference Identification Number									
2010CA	REF02	1W	Patient Member Identification Number									
2010CA	REF02	SY	Patient Social Security Number									
2010CA	REF02		Patient Property Casualty Claim Number	Min/Max changed from 1/30 to 1/50.								
2300	CLM02		Total Claim Charge Amount	Clarification: total claim charge amount cannot be less than zero. Maximum length note was added to be 11 characters including the decimal.								
2300	CLM05-2	B	Facility Code Qualifier	Usage changed from Not Used to Required. Allowable value is B.								
2300	CLM07	List	Assignment or Plan Participation Code	Changed from Situational to Required and is no longer limited to Medicare Assignment. Code value P was deleted. This could be a significant change to provider software and products if a payer is requiring the use of this field to define their relationship with the provider submitting claims.								
2300	CLM08	List	Benefits Assignment Indicator	Code value W added to replace CLM07- Provider Accept Assignment Indicator code value P - 'Patient refuses to assign benefits'.								
2300	CLM09	List	Release of Information Code	Code value N was deleted. Code value I was added.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2300	CLM11		Related-Causes Information	Changed from Situational to Not Used.								
2300	CLM11-3		Related-Causes Code									
2300	CLM11-3	AA	Auto Accident									
2300	CLM11-3	EM	Employment Related									
2300	CLM11-3	OA	Other Accident									
2300	CLM20	List	Delay Reason Code	Code value 15 was added.								
2300	DTP01	435	DTP Qualifier									
2300	DTP02		DTP Format Qualifier									
2300	DTP03		Admission Date									
2300	DTP01	096	DTP Qualifier									
2300	DTP02		DTP Format Qualifier									
2300	DTP03		Discharge Date									
2300	DTP01	435	DTP Qualifier									
2300	DTP02		DTP Format Qualifier									
2300	DTP03		Referral Date									
2300	DTP		DATE - APPLIANCE PLACEMENT DATE	Repeat changed from 5 to 1.								
2300	DTP		DATE - REPRICER RECEIVED DATE									
2300	DTP01	050	DTP Qualifier									
2300	DTP02	D8	DTP Format Qualifier									
2300	DTP03		Repricer Received Date									
2300	DN103		Orthodontic Treatment Indicator	Changed from Situational to Not Used.								
2300	DN104		Orthodontic Treatment Indicator	Changed from Not Used to Situational, replaced DN103.								
2300	DN201		Tooth Number	Min/Max changed from 1/30 to 1/50.								
2300	DN202	List	Tooth Status Code	Code value I was deleted.								
2300	DN206	JP	Code List Qualifier Code	Added to define code source used in DN201								
2300	PWK01	List	Report Type Code	Code value OB was deleted.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2300	PWK02	List	Report Transmission Code	Code value FT was added.								
2300	PWK06		Attachment Control Number	A realistic maximum of 50 was added to the notes.								
2300	CN1		CONTRACT INFORMATION									
2300	CN101	List	Contract Type Code									
2300	CN102		Contract Amount	Maximum length note was added to be 11 characters including the decimal.								
2300	CN103		Contract Percentage									
2300	CN104		Contract Code									
2300	CN105		Terms Discount Percentage									
2300	CN106		Contract Version Identifier									
2300	AMT02		Patient Amount Paid	Maximum length note was added to be 11 characters including the decimal.								
2300	AMT01	MA	Amount Qualifier Code									
2300	AMT02		Credit or Debit Card Maximum Amount									
2300	REF		PREDETERMINATION IDENTIFICATION	Repeat changed from 5 to 1.								
2300	REF02		Predetermination of Benefits Identifier	Min/max changed from 1/30 to 1/50.								
2300	REF02	List	Service Authorization Exception Code	Min/max changed from 1/30 to 1/50.								
2300	REF02		Payer Claim Control Number	Min/max changed from 1/30 to 1/50.								
2300	REF01	List	Reference Identification Qualifier									
2300	REF02	9F	Referral Number	Min/max changed from 1/30 to 1/50.								
2300	REF02	G1	Prior Authorization Number	Min/max changed from 1/30 to 1/50.								
2300	REF		REFERRAL NUMBER	Split into separate segments to prevent sending 2 REFS with the same qualifier.								
2300	REF01	9F	Reference Identification Qualifier									
2300	REF02		Referral Number	Min/max changed from 1/30 to 1/50.								
2300	REF		PRIOR AUTHORIZATION	Split into separate segments to prevent sending 2 REFS with the same qualifier.								
2300	REF01	G1	Reference Identification Qualifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2300	REF02		Prior Authorization Number	Min/max changed from 1/30 to 1/50.								
2300	REF		REPRICED CLAIM NUMBER									
2300	REF01	9A	Reference Identification Qualifier									
2300	REF02		Repriced Claim Reference Number	Min/max changed from 1/30 to 1/50.								
2300	REF		ADJUSTED REPRICED CLAIM NUMBER									
2300	REF01	9C	Reference Identification Qualifier									
2300	REF02		Adjusted Repriced Claim Reference Number	Min/max changed from 1/30 to 1/50.								
2300	REF01	D9	Reference Identification Qualifier									
2300	REF02		Value Added Network Trace Number	Min/max changed from 1/30 to 1/50.								
2300	K3		FILE INFORMATION									
2300	K301		State / Regulatory Information									
2300	NTE		CLAIM NOTE	Repeat changed from 20 to 5.								
2300	HI		HEALTH CARE DIAGNOSIS CODE	X224A2: Situational Rule changed to allow more flexibility on when to utilize this segment.								
2300	HI01		Health Care Code Information									
2300	HI01-1	List	Diagnosis Type Code									
2300	HI01-2		Principal Diagnosis Code									
2300	HI02		Health Care Code Information									
2300	HI02-1	List	Code List Qualifier Code									
2300	HI02-2		Diagnosis Code									
2300	HI03		Health Care Code Information									
2300	HI03-1	List	Code List Qualifier Code									
2300	HI03-2		Diagnosis Code									
2300	HI04		Health Care Code Information									
2300	HI04-1	List	Code List Qualifier Code									
2300	HI04-2		Diagnosis Code									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2300	HCP		CLAIM PRICING/REPRICING INFORMATION									
2300	HCP01	List	Pricing Methodology									
2300	HCP02		Repriced Allowed Amount	Maximum length note was added to be 11 characters including the decimal.								
2300	HCP03		Repriced Savings Amount	Maximum length note was added to be 11 characters including the decimal.								
2300	HCP04		Repricing Organization Identifier	Min/Max changed from 1/30 to 1/50.								
2300	HCP05		Repricing Per Diem or Flat Rate Amount									
2300	HCP06		Repriced Approved Ambulatory Patient Group Code									
2300	HCP13	List	Reject Reason Code									
2300	HCP14	List	Policy Compliance Code									
2300	HCP15	List	Exception Code									
2310A	NM102	1	Entity Type Qualifier	Qualifier 2 was deleted								
2310A	NM103		Referring Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2310A	NM104		Referring Provider First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.								
2310A	NM108		Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.								
2310A	NM109	24	Employer's Identification Number									
2310A	NM109	34	Social Security Number									
2310A	PRV02	PXC	Reference Identification Qualifier	Qualifier ZZ changed to PXC.								
2310A	PRV03		Provider Taxonomy Code	Min/Max changed from 1/30 to 1/50. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.								
2310A	REF		REFERRING PROVIDER SECONDARY IDENTIFICATION	Repeat changed from 5 to 3.								
2310A	REF01	List	Reference Identification Qualifier	0B, 1G, and G2 are the only allowable values.								
2310A	REF02		Referring Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2310A	REF02	0B	State License Number	Min/Max changed from 1/30 to 1/50.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2310A	REF02	1A	Blue Cross Number									
2310A	REF02	1B	Blue Shield Number									
2310A	REF02	1C	Medicare Number									
2310A	REF02	1D	Medicaid Number									
2310A	REF02	1E	Dentist License Number									
2310A	REF02	1G	Provider UPIN									
2310A	REF02	1H	CHAMPUS Id Number									
2310A	REF02	EI	EIN									
2310A	REF02	G2	Commercial Number	Min/Max changed from 1/30 to 1/50.								
2310A	REF02	G5	Site ID									
2310A	REF02	LU	Location Number									
2310A	REF02	SY	SSN									
2310A	REF02	TJ	Tax ID Number									
2310B	NM103		Rendering Provider Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2310B	NM104		Rendering Provider First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.								
2310B	NM108		Identification Code Qualifier	Changed from Required to Situational. Situational Rule: NPI is required when provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.								
2310B	NM109		Rendering Provider Primary Identifier	Changed from Required to Situational. Situational Rule added NPI is required when provider is eligible for an NPI.								
2310B	NM109	24	Employer's Identification Number									
2310B	NM109	34	Social Security Number									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2310B	PRV		RENDERING PROVIDER SPECIALTY INFORMATION	Changed from Situational to Required based on provider input that it is less confusing to send all the time versus keeping track of payer requirements. Recommendation: Use Billing Provider Taxonomy if no Rendering Provider Taxonomy is present.								
2310B	PRV01	PE	Provider Code									
2310B	PRV02	PXC	Reference ID Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.								
2310B	PRV03		Provider Taxonomy Code	Min/Max changed from 1/30 to 1/50. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.								
2310B	REF		RENDERING PROVIDER SECONDARY IDENTIFICATION	Repeat changed from 5 to 4. Situational notes changed to support NPI.								
2310B	REF01		Reference Identification Qualifier	Code Values allowed are 0B, 1G, G2 and LU.								
2310B	REF02		Rendering Provider Secondary Identifiers	Min/Max changed from 1/30 to 1/50.								
2310B	REF02	0B	Rendering Provider State License Number	Min/Max changed from 1/30 to 1/50.								
2310B	REF02	1A	Rendering Provider Blue Cross Number									
2310B	REF02	1B	Rendering Provider Blue Shield Number									
2310B	REF02	1C	Rendering Provider Medicare Number									
2310B	REF02	1D	Rendering Provider Medicaid Number									
2310B	REF02	1E	Rendering Provider Dental License Number									
2310B	REF02	1G	Rendering Provider UPIN									
2310B	REF02	1H	Rendering Provider CHAMPUS ID Number									
2310B	REF02	EI	Rendering Provider Employer's Identification Number									
2310B	REF02	G2	Rendering Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								
2310B	REF02	G5	Rendering Provider Site ID									
2310B	REF02	LU	Rendering Provider Location Number	Min/Max changed from 1/30 to 1/50.								
2310B	REF02	SY	Rendering Provider Social Security Number									
2310B	REF02	TJ	Rendering Provider Taxpayer's Identification Number									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2310C	NM101	77	Name Qualifier	Code value FA was deleted. Code value 77 was added.								
2310C	NM103		Laboratory or Facility Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2310C	NM108		Identification Code Qualifier	Changed from Required to Situational. Code value 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.								
2310C	NM109		Service Facility Location Primary Identifier	Changed from Required to Situational.								
2310C	NM109	24	Employer's Identification Number									
2310C	NM109	34	Social Security Number									
2310C	N3		SERVICE FACILITY LOCATION ADDRESS	This does not exist in 4010 but is required if the Loop is used in 5010. Need to address how to handle during transition period.								
2310C	N301		Address 1									
2310C	N302		Address 2									
2310C	N4		SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE	This does not exist in 4010 but is required if the Loop is used in 5010. Need to address how to handle during transition period.								
2310C	N401		City name									
2310C	N402		Laboratory or Facility State or Province Code									
2310C	N403		Facility Zip Code	Required when US or it's territories or Canada.								
2310C	N404		Facility Country Code									
2310C	N407		Facility Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2310C	REF		SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	Repeat changed from 5 to 3.								
2310C	REF01	List	Reference Identification Qualifier	Allowable code values are 0B, G2 and LU.								
2310C	REF02		Service Facility Location Secondary Identifiers (Repeat 5)	Min/Max changed from 1/30 to 1/50.								
2310C	REF02	0B	State License Number	Min/Max changed from 1/30 to 1/50.								
2310C	REF02	1A	Blue Cross Number									
2310C	REF02	1B	Blue Shield Number									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2310C	REF02	1C	Medicare Number									
2310C	REF02	1D	Medicaid Number									
2310C	REF02	1G	UPIN									
2310C	REF02	1H	CHAMPUS ID Number									
2310C	REF02	G2	Commercial Number	Min/Max changed from 1/30 to 1/50.								
2310C	REF02	LU	Location Number	Min/Max changed from 1/30 to 1/50.								
2310C	REF02	TJ	Tax ID Number									
2310C	REF02	X4	CLIA Number									
2310C	REF02	X5	State Industrial Acc Number									
2310D	NM102	1	Entity Type Qualifier	Code value 2 was deleted.								
2310D	NM103		Assistant Surgeon Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2310D	NM104		Assistant Surgeon First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.								
2310D	NM108		Identification Code Qualifier	Changed from Required to Situational. Situational Rule added NPI is required when provider is eligible for an NPI. 24 and 34 were deleted.								
2310D	NM109		Assistant Surgeon Primary Identifier	Changed from Required to Situational. Situational Rule added NPI is required when provider is eligible for an NPI.								
2310D	NM109	24	Employer's Identification Number									
2310D	NM109	34	Social Security Number									
2310D	PRV		ASSISTANT SURGEON SPECIALTY INFORMATION	Changed from Situational to Required based on provider input that it is less confusing to send all the time versus keeping track of payer requirements.								
2310D	PRV01	AS	Provider Code									
2310D	PRV02	PXC	Reference Identification Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.								
2310D	PRV03		Provider Taxonomy code	Min/Max changed from 1/30 to 1/50. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2310D	REF		ASSISTANT SURGEON SECONDARY IDENTIFICATION	Repeat changed from 1 to 4.								
2310D	REF01		Reference Identification Qualifier	Code Values allowed are 0B, 1G, G2 and LU.								
2310D	REF02		Assistant Surgeon Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2310D	REF02	0B	State License Number	Min/Max changed from 1/30 to 1/50.								
2310D	REF02	1A	Blue Cross Number									
2310D	REF02	1B	Blue Shield Number									
2310D	REF02	1C	Medicare Number									
2310D	REF02	1D	Medicaid Number									
2310D	REF02	1E	Dentist License Number									
2310D	REF02	1G	UPIN									
2310D	REF02	1H	CHAMPUS ID Number									
2310D	REF02	G2	Commercial Number	Min/Max changed from 1/30 to 1/50.								
2310D	REF02	LU	Location Number	Min/Max changed from 1/30 to 1/50.								
2310D	REF02	TJ	Tax ID Number									
2310D	REF02	X4	CLIA Number									
2310D	REF02	X5	State Industrial Acc Number									
2310E	NM1		SUPERVISING PROVIDER NAME									
2310E	NM101	DQ	Name Qualifier									
2310E	NM102	1	Entity Type Qualifier									
2310E	NM103		Supervising Provider Last or Organization Name									
2310E	NM104		Supervising Provider First Name	Required when NM102 equals 1 and the person has a first name.								
2310E	NM105		Supervising Provider Middle Name or Initial									
2310E	NM107		Supervising Provider Name Suffix									
2310E	NM108		Identification Code Qualifier									
2310E	NM109		Supervising Provider Primary Identifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2310E	NM109	XX	National Provider Identifier									
2310E	REF		SUPERVISING PROVIDER SECONDARY IDENTIFICATION									
2310E	REF01	List	Reference Identification Qualifier									
2310E	REF02		Supervising Provider Secondary Identifier									
2310E	REF02	OB	State License Number									
2310E	REF02	1G	UPIN									
2310E	REF02	G2	Commercial Number									
2310E	REF02	LU	Location Number									
2320	SBR01	List	Payer Responsibility Code	Code values A-H and U were added to support payers 4-11. Provider Products should not allow U as a valid value since this is for Payer to Payer COB only.								
2320	SBR02	List	Individual Relationship Code	Code values 22, 29 and 76 were deleted. Code values 39, 40, 53 and G8 were added.								
2320	SBR03		Insured Group or Policy Number	Min/Max changed from 1/30 to 1/50.								
2320	SBR05	List	Insurance Type Code	Changed from Not Used to Situational to accommodate claims where Medicare is secondary.								
2320	SBR09	List	Claim Filing Indicator Code	Code values 09, MH and SA were deleted. Code values AM, MA and TV were added.								
2320	CAS03		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	CAS06		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	CAS09		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	CAS12		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	CAS15		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	CAS18		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	AMT02		Payer Paid Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	AMT01	AAE	Amount Qualifier Code									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2320	AMT02		Approved Amount									
2320	AMT01	B6	Amount Qualifier Code									
2320	AMT02		Allowed Amount									
2320	AMT01	F2	Amount Qualifier Code									
2320	AMT02		Patient Responsibility Amount									
2320	AMT01	AU	Amount Qualifier Code									
2320	AMT02		Covered Amount									
2320	AMT01	D8	Amount Qualifier Code									
2320	AMT02		Discount Amount									
2320	AMT01	F5	Amount Qualifier Code									
2320	AMT02		Patient Paid Amount									
2320	AMT		PATIENT REMAINING LIABILITY									
2320	AMT01	EAF	Amount Qualifier Code									
2320	AMT02		Patient Remaining Liability	Maximum length note was added to be 11 characters including the decimal.								
2320	AMT		COORDINATION OF BENEFITS (COB) TOTAL NON-COVERED AMOUNT									
2320	AMT01	A8	Amount Qualifier Code									
2320	AMT02		Non-Covered Charge Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	DMG01		DTP Qualifier									
2320	DMG02		Other Subscriber Birth Date									
2320	DMG03		Other Subscriber Gender Code									
2320	OI03	List	Benefits Assignment Certification Indicator	Code value of W was added. Recommendation: If W is received on 5010 and claim is going to legacy/4010 default to 'N' no assignment.								
2320	OI06	List	Release of Information Code	Code value N was deleted. Allowable code value is I and Y.								
2320	MOA		OUTPATIENT ADJUDICATION INFORMATION									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2320	MOA01		Reimbursement Rate									
2320	MOA02		HCPCS Payable Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	MOA03		Claim Payment Remark Code 1									
2320	MOA04		Claim Payment Remark Code 2									
2320	MOA05		Claim Payment Remark Code 3									
2320	MOA06		Claim Payment Remark Code 4									
2320	MOA07		Claim Payment Remark Code 5									
2320	MOA09		Non-Payable Professional Component Billed Amount	Maximum length note was added to be 11 characters including the decimal.								
2330A	NM103		Other Subscriber Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2330A	NM104		Other Subscriber First Name	Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.								
2330A	NM108		Identification Code Qualifier	Qualifier II replaced ZZ for Standard Unique Health Identifier. Code value 24 was deleted.								
2330A	NM109	24	Other Subscriber Employer's Identification Number									
2330A	NM109	II	Other Subscriber Standard Unique Health Identifier									
2330A	NM109	ZZ	Mutually Defined									
2330A	N4		OTHER SUBSCRIBER CITY/STATE AND ZIP CODE	X224A2: Changed from Required to Situational. Required when the information is available. X224A1: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778.								
2330A	N402		Other Subscriber State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.								
2330A	N403		Other Subscriber Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2330A	N404		Other Subscriber Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2330A	N407		Other Subscriber Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2330A	REF		OTHER SUBSCRIBER SECONDARY IDENTIFIERS	Repeat was changed from 3 to 2.								
2330A	REF02	1W	Other Subscriber Member ID Number									
2330A	REF02	23	Other Subscriber IHC/CHS Health Record Number									
2330A	REF02	IG	Other Subscriber Insurance Policy Number									
2330A	REF02	SY	Other Subscriber Social Security Number	Min/Max changed from 1/30 to 1/50.								
2330B	NM103		Other Payer Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2330B	PER01		Contact Function Code									
2330B	PER02		Other Payer Contact Name									
2330B	PER03		Communication Number Qualifier									
2330B	PER04		Communication Number									
2330B	PER04	TE	Other Payer Telephone Number									
2330B	PER04	FX	Other Payer FAX									
2330B	PER04	EM	Other Payer Email									
2330B	PER04	TE	Other Payer EDI Access Number									
2330B	PER05		Communication Number Qualifier									
2330B	PER06		Communication Number									
2330B	PER06	ED	Other Payer EDI Access Number									
2330B	PER06	EM	Other Payer FAX									
2330B	PER06	EX	Other Payer Telephone Extension									
2330B	PER06	FX	Other Payer Email									
2330B	PER06	TE	Other Payer Telephone Number									
2330B	PER07		Communication Number Qualifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2330B	PER08		Communication Number									
2330B	PER08	ED	Other Payer EDI Access Number									
2330B	PER08	EX	Other Payer Telephone Number									
2330B	PER08	EM	Other Payer FAX									
2330B	PER08	FX	Other Payer Email									
2330B	PER08	TE	Other Payer Telephone Extension									
2330B	N3		OTHER PAYER ADDRESS									
2330B	N301		Other Payer Address Line 1									
2330B	N302		Other Payer Address Line 2									
2330B	N4		OTHER PAYER CITY,STATE, ZIP CODE	X224A2: Changed from Required to Situational. Required when the payer address is available to the submitter and the submitter intends for the claim to be printed at the next EDI location.								
2330B	N401		Other Payer City Name									
2330B	N402		Other Payer State or Province Code	Required when US or it's territories or Canada. Only one of N402 or N407 may be present.								
2330B	N403		Other Payer Postal Zone or Zip Code	Required when US or it's territories or Canada.								
2330B	N404		Other Payer Country Code									
2330B	N407		Other Payer Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2330B	REF01	List	Reference Identification Qualifier	Code values D8, F8 and TJ were deleted. Code value EI was added.								
2330B	REF02		Other Payer Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2330B	REF02	2U	Other Payer ID	Min/Max changed from 1/30 to 1/50.								
2330B	REF02	EI	Employer's Identification Number									
2330B	REF02	D8	Loss Report Number									
2330B	REF02	F8	Other Payer Original Reference Number	New REF segment was added to support this data content.								
2330B	REF02	FY	Payer Claim Office Number	Min/Max changed from 1/30 to 1/50.								
2330B	REF02	NF	Payer NAIC Number	Min/Max changed from 1/30 to 1/50.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2330B	REF02	TJ	Tax Payer's Identification Number			■						
2330B	REF01		Reference Identification Qualifier			■	■					
2330B	REF02		Reference Number	Min/Max changed from 1/30 to 1/50.		■	■					
2330B	REF02	9F	Referral Number	Min/Max changed from 1/30 to 1/50.		■	■					
2330B	REF02	G1	Prior Authorization Number	Min/Max changed from 1/30 to 1/50.		■	■					
2330B	REF		OTHER PAYER PRIOR AUTHORIZATION	Split into separate segments to prevent sending 2 REFS with the same qualifier.	■		■					
2330B	REF01	G1	Reference Identification Qualifier		■		■					
2330B	REF02		Prior Authorization Number	Min/Max changed from 1/30 to 1/50.	■		■					■
2330B	REF		OTHER PAYER REFERRAL NUMBER	Split into separate segments to prevent sending 2 REFS with the same qualifier.	■		■					
2330B	REF01	9F	Reference Identification Qualifier		■		■					
2330B	REF02		Referral Number	Min/Max changed from 1/30 to 1/50.	■		■					■
2330B	REF02		Claim Adjustment Indicator	Min/Max changed from 1/30 to 1/50.								■
2330B	REF		OTHER PAYER PREDETERMINATION IDENTIFICATION		■							
2330B	REF01	G3	Reference Identification Qualifier		■							
2330B	REF02		Predetermination of Benefits Identification Number		■							
2330B	REF		OTHER PAYER CLAIM CONTROL NUMBER		■							
2330B	REF01	F8	Reference Identification Qualifier		■							
2330B	REF02		Other Payer's Claim Control Number		■							
2330C	NM101	QC	Name Qualifier			■						
2330C	NM102	1	Entity Type Qualifier			■						
2330C	NM108		Identification Code Qualifier			■						
2330C	NM109		Other Payer Patient Primary Identifier			■						
2330C	NM109	MI	Other Payer Patient ID			■						
2330C	REF01		Reference Identification Qualifier			■						
2330C	REF02		Other Payer Patient Secondary Identifiers			■						

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2330C	REF02	1W	Member Identification Number									
2330C	REF02	23	Client Number									
2330C	REF02	IG	Insurance Policy Number									
2330C	REF02	SY	Social Security Number									
2330C	NM102	1	Entity Type Qualifier	Code value 2 was deleted.								
2330C	REF01	List	Reference Identification Qualifier	Allowable values are 0B, 1G, and G2.								
2330C	REF02		Other Payer Referring Provider Secondary Identifiers	Min/Max changed from 1/30 to 1/50.								
2330C	REF02	0B	Other Payer Referring Provider State License Number	Min/Max changed from 1/30 to 1/50.								
2330C	REF02	1A	Other Payer Referring Provider Blue Cross Provider Number									
2330C	REF02	1B	Other Payer Referring Provider Blue Shield Provider Number									
2330C	REF02	1C	Other Payer Referring Provider Medicare Provider Number									
2330C	REF02	1D	Other Payer Referring Provider Medicaid Provider Number									
2330C	REF02	1E	Other Payer Referring Provider Dentist License Number									
2330C	REF02	1G	Other Payer Referring Provider UPIN	Min/Max changed from 1/30 to 1/50.								
2330C	REF02	1H	Other Payer Referring Provider Champus Identification Number									
2330C	REF02	EI	Other Payer Referring Provider Employer's Identification Number									
2330C	REF02	G2	Other Payer Referring Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								
2330C	REF02	G5	Other Payer Referring Provider Site Number									
2330C	REF02	LU	Other Payer Referring Provider Location Number									
2330C	REF02	SY	Other Payer Referring Provider Social Security Number									
2330C	REF02	TJ	Other Payer Referring Provider Taxpayer's Identification Number									
2330D	NM102	1	Entity Type Qualifier	Code value 2 was deleted.								
2330D	REF01		Reference Identification Qualifier	Allowable code values are 0B, 1G, G2 and LU								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2330D	REF02		Other Payer Rendering Provider Secondary Identifiers	Min/Max changed from 1/30 to 1/50.								
2330D	REF02	0B	Other Payer Rendering Provider State License Number	Min/Max changed from 1/30 to 1/50.								
2330D	REF02	1A	Other Payer Rendering Provider Blue Cross Provider Number									
2330D	REF02	1B	Other Payer Rendering Provider Blue Shield Provider Number									
2330D	REF02	1C	Other Payer Rendering Provider Medicare Number									
2330D	REF02	1D	Other Payer Rendering Provider Medicaid Number									
2330D	REF02	1E	Other Payer Rendering Provider Dentist License Number									
2330D	REF02	1G	Other Payer Rendering Provider UPIN									
2330D	REF02	1H	Other Payer Rendering Provider Champus Identification Number									
2330D	REF02	EI	Other Payer Rendering Provider Employer's Identification Number									
2330D	REF02	G2	Other Payer Rendering Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								
2330D	REF02	G5	Other Payer Rendering Provider Site Number									
2330D	REF02	LU	Other Payer Rendering Provider Location Number	Min/Max changed from 1/30 to 1/50.								
2330D	REF02	SY	Other Payer Rendering Provider Social Security Number									
2330D	REF02	TJ	Other Payer Rendering Provider Taxpayer's Identification Number									
2330E	NM1		OTHER PAYER SUPERVISING PROVIDER									
2330E	NM101	DQ	Name Qualifier									
2330E	NM102	1	Entity Type Qualifier									
2330E	REF		OTHER PAYER SUPERVISING PROVIDER SECONDARY IDENTIFICATION									
2330E	REF01	List	Reference Identification Qualifier									
2330E	REF02		Other Payer Supervising Provider Secondary Identifiers									
2330E	REF02	0B	Other Payer Supervising Provider State License Number									
2330E	REF02	1G	Other Payer Supervising Provider UPIN									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2330E	REF02	G2	Other Payer Supervising Provider Commercial Number									
2330E	REF02	LU	Other Payer Supervising Provider Location Number									
2330F	NM1		OTHER PAYER BILLING PROVIDER									
2330F	NM101	85	Name Qualifier									
2330F	NM102	List	Entity Type Qualifier									
2330F	REF		OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFIERS									
2330F	REF01	List	Reference Identification Qualifier									
2330F	REF02		Other Payer Billing Provider Identifier									
2330F	REF02	G2	Other Payer Billing Provider Commercial Number									
2330F	REF02	LU	Other Payer Billing Provider Location Number									
2330G	NM1		OTHER PAYER SERVICE FACILITY LOCATION									
2330G	NM101	77	Name Qualifier									
2330G	NM102	2	Entity Type Qualifier									
2330G	REF		OTHER PAYER SERVICE LOCATION IDENTIFICATION									
2330G	REF01	List	Reference Identification Qualifier									
2330G	REF02		Other Payer Service Facility Location Secondary Identifiers									
2330G	REF02	0B	Other Payer Service Facility Location State License Number									
2330G	REF02	G2	Other Payer Service Facility Location Commercial Number									
2330G	REF02	LU	Other Payer Service Facility Location Location Number									
2330H	NM1		OTHER PAYER ASSISTANT SURGEON									
2330H	NM101	DD	Name Qualifier									
2330H	NM102	List	Entity Type Qualifier									
2330H	REF		OTHER PAYER ASSISTANT SURGEON SECONDARY IDENTIFIER									
2330H	REF01	List	Reference Identification Qualifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2330H	REF02		Other Payer Assistant Surgeon Secondary Identifiers									
2330H	REF02	0B	Other Payer Assistant Surgeon State License Number									
2330H	REF02	1G	Other Payer Assistant Surgeon UPIN									
2330H	REF02	G2	Other Payer Assistant Surgeon Commercial Number									
2330H	REF02	LU	Other Payer Assistant Surgeon Location Number									
2400	LX		SERVICE LINE NUMBER	X224A2: Segment Repeat changed from 50 to 1.								
2400	SV301-7		Description	Added in 5010 to support NOC procedure codes. This information was carried in the NTE segment in 4010. During the transition, the information may be carried in either place.								
2400	SV302		Line Item Charge Amount	Maximum length note was added to be 11 characters including the decimal.								
2400	SV306		Procedure Count	Changed from Required to Situational. The operating assumption is that the unit count is 1 unless a different value is provided.								
2400	SV311		Composite Diagnosis Code Pointer									
2400	SV311-1		Diagnosis Code Pointer									
2400	SV311-2		Diagnosis Code Pointer									
2400	SV311-3		Diagnosis Code Pointer									
2400	SV311-4		Diagnosis Code Pointer									
2400	TOO02		Tooth Code	Changed from Situational to Required.								
2400	TOO03-2		Tooth Surface									
2400	TOO03-3		Tooth Surface									
2400	TOO03-4		Tooth Surface									
2400	TOO03-5		Tooth Surface									
2400	DTP01	List	DTP Qualifier	Code value 139 was added.								
2400	DTP03	139	Estimated Prior Placement Date									
2400	DTP		DATE - TREATMENT START									
2400	DTP01	196	DTP Qualifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2400	DTP02	D8	DTP Format Qualifier									
2400	DTP03		Treatment Start Date									
2400	DTP		DATE - TREATMENT COMPLETION									
2400	DTP01	198	DTP Qualifier									
2400	DTP02	D8	DTP Format Qualifier									
2400	DTP03		Treatment Completion Date									
2400	CN1		CONTRACT INFORMATION	Added to support post payment encounter information from one plan to another.								
2400	CN101	List	Contract Type Code									
2400	CN102		Contract Amount	Maximum length note was added to be 11 characters including the decimal.								
2400	CN103		Contract Percentage									
2400	CN104		Contract Code									
2400	CN105		Terms Discount Percentage									
2400	CN106		Contract Version Identifier									
2400	QTY01	List	Anesthesia Modifying Units									
2400	QTY02		Anesthesia Unit Count									
2400	REF		SERVICE PREDETERMINATION IDENTIFICATION	Repeat changed from 1 to 5.								
2400	REF02		Predetermination of Benefits Identifier	Min/Max changed from 1/30 to 1/50.								
2400	REF04		Reference Identifier									
2400	REF04-1	2U	Reference Number Qualifier									
2400	REF04-2		Other Payer Primary Identifier									
2400	REF01	List	Reference Identification Qualifier									
2400	REF02	9F	Referral Number	Min/Max changed from 1/30 to 1/50.								
2400	REF02	G1	Prior Authorization Number	Min/Max changed from 1/30 to 1/50.								
2400	REF		PRIOR AUTHORIZATION	Split into separate segments to prevent sending 2 REFS with the same qualifier.								
2400	REF01	G1	Reference Identification Qualifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2400	REF02		Prior Authorization Number	Min/Max changed from 1/30 to 1/50.								
2400	REF04		Reference Identifier									
2400	REF04-1	2U	Reference Number Qualifier									
2400	REF04-2		Other Payer Primary Identifier									
2400	REF02		Line Item Control Number	Min/Max changed from 1/30 to 1/50.								
2400	REF		REPRICED CLAIM NUMBER									
2400	REF01	9A	Reference Identification Qualifier									
2400	REF02		Repriced Claim Reference Number									
2400	REF		ADJUSTED REPRICED CLAIM NUMBER									
2400	REF01	9C	Reference Identification Qualifier									
2400	REF02		Adjusted Repriced Claim Reference Number									
2400	REF		REFERRAL NUMBER	Split into separate segments to prevent sending 2 REFS with the same qualifier.								
2400	REF01	9F	Reference Identification Qualifier									
2400	REF02		Referral Number	Min/Max changed from 1/30 to 1/50.								
2400	REF04		Reference Identifier									
2400	REF04-1	2U	Reference Number Qualifier									
2400	REF04-2		Other Payer Primary Identifier									
2400	AMT01	AAE	Amount Qualifier Code									
2400	AMT02		Approved Amount									
2400	AMT02		Sales Tax Amount	Maximum length note was added to be 11 characters including the decimal.								
2400	K3		FILE INFORMATION									
2400	K301		Fixed Format Information									
2400	NTE01	ADD	Note Reference Code									
2400	NTE02		Line Note Text									
2400	HCP		LINE PRICING/REPRICING INFORMATION									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2400	HCP01	List	Pricing Methodology									
2400	HCP02		Repriced Allowed Amount	Maximum length note was added to be 11 characters including the decimal.								
2400	HCP03		Repriced Savings Amount	Maximum length note was added to be 11 characters including the decimal.								
2400	HCP04		Repricing Organization Identifier									
2400	HCP05		Repricing Per Diem or Flat Rate									
2400	HCP09	AD	Product or Service ID Qualifier									
2400	HCP10		Repriced Approved HCPCS Code									
2400	HCP11	UN	Unit or Basis for Measurement Code									
2400	HCP12		Repriced Approved Service Unit Count	Maximum length was defined at 9 including a decimal position in the guide. The maximum number of positions allowed to the right of the decimal is three. This aligns with the Service Line Unit in the SV104.								
2400	HCP13	List	Reject Reason Code									
2400	HCP14	List	Policy Compliance Code									
2400	HCP15	List	Exception Code									
2420A	NM103		Rendering Provider Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2420A	NM104		Rendering Provider First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.								
2420A	NM108		Identification Code Qualifier	Changed from Required to Situational. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid Qualifier.								
2420A	NM109		Rendering Provider Primary Identifier	Changed from Required to Situational when the Rendering Provider is eligible for an NPI.								
2420A	NM109	24	Rendering ProviderEmployer's Identification Number									
2420A	NM109	34	Rendering Provider Social Security Number									
2420A	PRV		RENDERING PROVIDER SPECIALTY INFORMATION	Changed from Situational to Required.								
2420A	PRV02	PXC	Reference Identification Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2420A	PRV03		Rendering Provider Taxonomy Code	Min/Max changed from 1/30 to 1/50. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.								
2420A	REF		RENDERING PROVIDER SECONDARY IDENTIFIERS	Repeat changed from 5 to 20.								
2420A	REF01	List	Reference Identification Qualifier	Allowable code values are 0B, 1G, G2 and LU.								
2420A	REF02		Rendering Provider Secondary Identifiers	Min/Max changed from 1/30 to 1/50.								
2420A	REF02	0B	Rendering Provider State License Number	Min/Max changed from 1/30 to 1/50.								
2420A	REF02	1A	Rendering Provider Blue Cross Number									
2420A	REF02	1B	Rendering Provider Blue Shield Number									
2420A	REF02	1C	Rendering Provider Medicare Number									
2420A	REF02	1D	Rendering Provider Medicaid Number									
2420A	REF02	1E	Rendering Provider Dentist License Number									
2420A	REF02	1G	Rendering Provider UPIN									
2420A	REF02	1H	Rendering Provider CHAMPUS ID Number									
2420A	REF02	EI	Rendering Provider Employer's Identification Number									
2420A	REF02	G2	Rendering Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								
2420A	REF02	G5	Rendering Provider Site ID Number									
2420A	REF02	LU	Rendering Provider Location Number	Min/Max changed from 1/30 to 1/50.								
2420A	REF02	SY	Rendering Provider Social Security Number									
2420A	REF02	TJ	Rendering Provider Federal Taxpayer's Identification Number									
2420A	REF04		Reference identifier									
2420A	REF04-1	2U	Reference Number Qualifier									
2420A	REF04-2		Other Payer Primary Identifier									
2420B	NM101	PR	Entity Identifier Code									
2420B	NM102	2	Entity Type Qualifier									
2420B	NM103		Other Payer Last or Organization Name									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2420B	NM108	List	Identification Code Qualifier			■	■					
2420B	NM109		Other Payer Identification Number			■	■					
2420B	REF01	List	Reference Identification Qualifier			■	■					
2420B	REF02	9F	Referral Number	Min/Max changed from 1/30 to 1/50.		■	■					
2420B	REF02	G1	Prior Authorization Number	Min/Max changed from 1/30 to 1/50.		■	■					
2420B	NM102	1	Entity Type Qualifier	Code value 2 was deleted.						■		
2420B	NM103		Assistant Surgeon Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.							■	■
2420B	NM104		Assistant Surgeon First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.				■				■
2420B	NM108		Identification Code Qualifier	Changed from Required to Situational. Code values 24 and 34 were deleted.				■		■		
2420B	NM109		Assistant Surgeon Primary Identifier	Changed from Required to Situational.				■				
2420B	NM109	24	Assistant Surgeon Employer's Identification Number			■						
2420B	NM109	34	Assistant Surgeon Social Security Number			■						
2420B	PRV02	PXC	Reference Identification Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.						■	■	
2420B	PRV03		Assistant Surgeon Taxonomy Code	Min/Max changed from 1/30 to 1/50. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.							■	■
2420B	REF		ASSISTANT SURGEON SECONDARY IDENTIFICATION	Repeat changed from 1 to 20.				■				
2420B	REF01		Reference Identification Qualifier	Allowable code vlaues are 0B, 1G, G2 and LU.						■		
2420B	REF02	0B	Assistant Surgeon State License number	Min/Max changed from 1/30 to 1/50.								■
2420B	REF02	1A	Assistant Surgeon Blue Cross Number			■						
2420B	REF02	1B	Assistant Surgeon Blue Shield Number			■						
2420B	REF02	1C	Assistant Surgeon Medicare Number			■						
2420B	REF02	1D	Assistant Surgeon Medicaid Number			■						
2420B	REF02	1E	Assistant Surgeon Dental License Number			■						

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2420B	REF02	1G	Assistant Surgeon UPIN									
2420B	REF02	1H	Assistant Surgeon CHAMPUS ID Number									
2420B	REF02	G2	Assistant Surgeon Commercial Number	Min/Max changed from 1/30 to 1/50.								
2420B	REF02	LU	Assistant Surgeon Location Number	Min/Max changed from 1/30 to 1/50.								
2420B	REF02	TJ	Assistant Surgeon Federal Taxpayer's Identification Number									
2420B	REF02	X4	Assistant Surgeon CLIA Number									
2420B	REF02	X5	Assistant Surgeon State Industrial Acc Number									
2420B	REF04		Reference Identifier									
2420B	REF04-1	2U	Reference Number Qualifier									
2420B	REF04-2		Other Payer Primary Identifier									
2420C	NM1		SUPERVISING PROVIDER NAME									
2420C	NM101	DQ	Name Qualifier									
2420C	NM102	1	Entity Type Qualifier									
2420C	NM103		Supervising Provider Last Name									
2420C	NM104		Supervising Provider First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.								
2420C	NM105		Supervising Provider Middle Name or Initial									
2420C	NM107		Supervising Provider Name Suffix									
2420C	NM108	XX	Identification Code Qualifier									
2420C	NM109		Supervising Provider Primary identifier									
2420C	NM109	XX	Supervising Provider National Provider Identifier									
2420C	REF		SUPERVISING PROVIDER SECONDARY IDENTIFIERS									
2420C	REF01	List	Reference Identification Qualifier									
2420C	REF02		Supervising Provider Secondary Identifiers									
2420C	REF02	0B	Supervising Provider State License Number									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2420C	REF02	1G	Supervising Provider UPIN									
2420C	REF02	G2	Supervising Provider Commercial Number									
2420C	REF02	LU	Supervising Provider Location Number									
2420C	REF04		Reference Identifier									
2420C	REF04-1	2U	Reference Number Qualifier									
2420C	REF04-2		Other Payer Primary Identifier									
2420D	NM1		SERVICE FACILITY LOCATION NAME									
2420D	NM101	77	Name Qualifier									
2420D	NM102	2	Entity Type Qualifier									
2420D	NM103		Laboratory or Facility Name									
2420D	NM108	XX	Identification Code Qualifier									
2420D	NM109		Laboratory or Facility Primary Identifier									
2420D	NM109	XX	Laboratory or Facility National Provider Identifier									
2420D	N3		SERVICE FACILITY LOCATION ADDRESS									
2420D	N301		Laboratory or Facility Address Line 1									
2420D	N302		Laboratory or Facility Address Line 2									
2420D	N4		SERVICE FACILITY LOCATION CITY/STATE/ZIP CODE									
2420D	N401		Laboratory or Facility City Name									
2420D	N402		Laboratory or Facility State or Province Code	Required when US or it's territories or Canada. Only one of N402 or N407 may be present.								
2420D	N403		Laboratory or Facility Postal Zone or Zip Code	Required when US or it's territories or Canada.								
2420D	N404		Laboratory or Facility Country Code									
2420D	N407		Laboratory or Facility Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2420D	REF		SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION									
2420D	REF01		Reference Identification Qualifier									
2420D	REF02	List	Laboratory or Facility Secondary Identifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2420D	REF02	1G	Laboratory or Facility UPIN Number									
2420D	REF02	G2	Laboratory or Facility Provider Commercial Number									
2420D	REF02	LU	Laboratory or Facility Location Number									
2420D	REF04		Reference Identifier									
2420D	REF04-1	2U	Reference Number Qualifier									
2420D	REF04-2		Other Payer Primary Identifier									
2430	SVD02		Service Line Paid Amount	Maximum length note was added to be 11 characters including the decimal.								
2430	SVD03-1	List	Product or Service ID Qualifier	Code value ER replaced ZZ.								
2430	SVD05		Paid Service Unit Count	Maximum length was defined at 9 including a decimal position in the guide. The maximum number of positions allowed to the right of the decimal is three.								
2430	CAS		LINE ADJUSTMENT	Repeat changed from 99 to 5.								
2430	CAS03		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2430	CAS06		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2430	CAS09		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2430	CAS12		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2430	CAS15		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2430	CAS18		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2430	AMT		REMAINING PATIENT LIABILITY									
2430	AMT01	EAF	Amount Qualifier Code									
2430	AMT02		Remaining Patient Liability	Maximum length note was added to be 11 characters including the decimal.								

New Content Report



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5010 Gap Analysis Dental Claim X224A2 New Content

Items in Red are flagged as Transitions Issues.

Highlighted Items indicate Errata Changes.

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Implementation Guide Version Name	<p>X224A2: Code value changed to 005010X224A2.</p> <p>X224A1: Added ST03 to replace the Table 1 REF. Code value is 005010X224A1.</p>	Table 1	ST03	005010X224A1	R
Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2010AA	N407		S
Billing Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.	2010AA	REF02	1G	R
Contact Function Code		2010AA	PER01	IC	R
Billing Provider Contact Name		2010AA	PER02		S
Communication Number Qualifier		2010AA	PER03	List	R
Communication Number		2010AA	PER04		R
Billing Provider Email		2010AA	PER04	EM	R
Billing Provider FAX		2010AA	PER04	FX	R
Billing Provider Telephone		2010AA	PER04	TE	R
Communication Number Qualifier		2010AA	PER05	List	S
Communication Number		2010AA	PER06		R
Billing Provider Email		2010AA	PER06	EM	S
Billing Provider Telephone Extension		2010AA	PER06	EX	S
Billing Provider FAX		2010AA	PER06	FX	S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Billing Provider Telephone		2010AA	PER06	TE	S
Communication Number Qualifier		2010AA	PER07	List	S
Communication Number		2010AA	PER08		R
Billing Provider Email		2010AA	PER08	EM	S
Billing Provider Telephone Extension		2010AA	PER08	EX	S
Billing Provider FAX		2010AA	PER08	FX	S
Billing Provider Telephone		2010AA	PER08	TE	S
Pay-to Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2010AB	N407		S
Name Qualifier		2010AC	NM101	PE	R
Entity Type Qualifier		2010AC	NM102	2	R
Pay-to Plan Organization Name		2010AC	NM103		R
Identification Code Qualifier		2010AC	NM108	List	R
Pay-to Plan Primary Identifier		2010AC	NM109		R
Payer Identification		2010AC	NM109	PI	R
CMS Plan ID		2010AC	NM109	XV	R
Pay-to Plan Address 1		2010AC	N301		R
Pay-to Plan Address 2		2010AC	N302		S
Pay-to Plan City Name		2010AC	N401		R
Pay-to Plan State/Province Code	Required when US or it's territories or Canada. Only one of N402 or N407 may be present.	2010AC	N402		S
Pay-to Plan Zip Code	Required when US or it's territories or Canada.	2010AC	N403		S
Pay-to Plan Country Code		2010AC	N404		S
Pay-to Plan Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2010AC	N407		S
Reference Identification Qualifier		2010AC	REF01	List	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Pay-to Plan Secondary Identifier		2010AC	REF02		R
Payer Identification Number		2010AC	REF02	2U	R
Claim Office Number		2010AC	REF02	FY	R
NAIC Code		2010AC	REF02	NF	R
Reference Identification Qualifier		2010AC	REF01		R
Pay-to Plan Tax Identification Number		2010AC	REF02		R
EIN		2010AC	REF02	EI	R
Insurance Type Code	Changed from Not Used to Situational to accommodate claims were Medicare is secondary.	2000B	SBR05	List	S
Subscriber HIPAA Individual Patient Identifier		2010BA	NM109	II	R
Subscriber Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2010BA	N407		S
Payer Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2010BB	N407		S
Payer Employer Identification Number		2010BB	REF02	EI	R
Patient Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2010CA	N407		S
Reference Number Qualifier		2010CA	REF01	List	R
Reference Identification Number		2010CA	REF02		R
Patient Member Identification Number		2010CA	REF02	1W	R
Patient Social Security Number		2010CA	REF02	SY	R
Facility Code Qualifier	Usage changed from Not Used to Required. Allowable value is B.	2300	CLM05-2	B	R
DTP Qualifier		2300	DTP01	050	R
DTP Format Qualifier		2300	DTP02	D8	R
Repricer Received Date		2300	DTP03		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Orthodontic Treatment Indicator	Changed from Not Used to Situational, replaced DN103.	2300	DN104		S
Code List Qualifier Code	Added to define code source used in DN201	2300	DN206	JP	R
Contract Type Code		2300	CN101	List	R
Contract Amount	Maximum length note was added to be 11 characters including the decimal.	2300	CN102		S
Contract Percentage		2300	CN103		S
Contract Code		2300	CN104		S
Terms Discount Percentage		2300	CN105		S
Contract Version Identifier		2300	CN106		S
Reference Identification Qualifier		2300	REF01	9A	R
Repriced Claim Reference Number	Min/max changed from 1/30 to 1/50.	2300	REF02		R
Reference Identification Qualifier		2300	REF01	9C	R
Adjusted Repriced Claim Reference Number	Min/max changed from 1/30 to 1/50.	2300	REF02		R
Reference Identification Qualifier		2300	REF01	D9	R
State / Regulatory Information		2300	K301		R
Health Care Code Information		2300	HI01		R
Diagnosis Type Code		2300	HI01-1	List	R
Principal Diagnosis Code		2300	HI01-2		R
Health Care Code Information		2300	HI02		S
Code List Qualifier Code		2300	HI02-1	List	R
Diagnosis Code		2300	HI02-2		R
Health Care Code Information		2300	HI03		S
Code List Qualifier Code		2300	HI03-1	List	R
Diagnosis Code		2300	HI03-2		R
Health Care Code Information		2300	HI04		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Code List Qualifier Code		2300	HI04-1	List	R
Diagnosis Code		2300	HI04-2		R
Pricing Methodology		2300	HCP01	List	R
Repriced Allowed Amount	Maximum length note was added to be 11 characters including the decimal.	2300	HCP02		R
Repriced Savings Amount	Maximum length note was added to be 11 characters including the decimal.	2300	HCP03		S
Repricing Organization Identifier	Min/Max changed from 1/30 to 1/50.	2300	HCP04		S
Repricing Per Diem or Flat Rate Amount		2300	HCP05		S
Repriced Approved Ambulatory Patient Group Code		2300	HCP06		S
Reject Reason Code		2300	HCP13	List	S
Policy Compliance Code		2300	HCP14	List	S
Exception Code		2300	HCP15	List	S
Provider UPIN		2310A	REF02	1G	S
Rendering Provider UPIN		2310B	REF02	1G	R
Address 1		2310C	N301		R
Address 2		2310C	N302		S
City name		2310C	N401		R
Laboratory or Facility State or Province Code		2310C	N402		S
Facility Zip Code	Required when US or it's territories or Canada.	2310C	N403		S
Facility Country Code		2310C	N404		S
Facility Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2310C	N407		S
UPIN		2310D	REF02	1G	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Name Qualifier		2310E	NM101	DQ	R
Entity Type Qualifier		2310E	NM102	1	R
Supervising Provider Last or Organization Name		2310E	NM103		R
Supervising Provider First Name	Required when NM102 equals 1 and the person has a first name.	2310E	NM104		S
Supervising Provider Middle Name or Initial		2310E	NM105		S
Supervising Provider Name Suffix		2310E	NM107		S
Identification Code Qualifier		2310E	NM108		S
Supervising Provider Primary Identifier		2310E	NM109		S
National Provider Identifier		2310E	NM109	XX	S
Reference Identification Qualifier		2310E	REF01	List	R
Supervising Provider Secondary Identifier		2310E	REF02		R
State License Number		2310E	REF02	0B	R
UPIN		2310E	REF02	1G	R
Commercial Number		2310E	REF02	G2	R
Location Number		2310E	REF02	LU	R
Insurance Type Code	Changed from Not Used to Situational to accommodate claims were Medicare is secondary.	2320	SBR05	List	S
Amount Qualifier Code		2320	AMT01	EAF	R
Patient Remaining Liability	Maximum length note was added to be 11 characters including the decimal.	2320	AMT02		R
Amount Qualifier Code		2320	AMT01	A8	R
Non-Covered Charge Amount	Maximum length note was added to be 11 characters including the decimal.	2320	AMT02		R
Reimbursement Rate		2320	MOA01		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
HCPCS Payable Amount	Maximum length note was added to be 11 characters including the decimal.	2320	MOA02		S
Claim Payment Remark Code 1		2320	MOA03		S
Claim Payment Remark Code 2		2320	MOA04		S
Claim Payment Remark Code 3		2320	MOA05		S
Claim Payment Remark Code 4		2320	MOA06		S
Claim Payment Remark Code 5		2320	MOA07		S
Non-Payable Professional Component Billed Amount	Maximum length note was added to be 11 characters including the decimal.	2320	MOA09		S
Other Subscriber Standard Unique Health Identifier		2330A	NM109	II	R
Other Subscriber Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2330A	N407		S
Other Payer Address Line 1		2330B	N301		R
Other Payer Address Line 2		2330B	N302		S
Other Payer City Name		2330B	N401		R
Other Payer State or Province Code	Required when US or it's territories or Canada. Only one of N402 or N407 may be present.	2330B	N402		S
Other Payer Postal Zone or Zip Code	Required when US or it's territories or Canada.	2330B	N403		S
Other Payer Country Code		2330B	N404		S
Other Payer Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2330B	N407		S
Employer's Identification Number		2330B	REF02	EI	R
Reference Identification Qualifier		2330B	REF01	G3	R
Predetermination of Benefits Identification Number		2330B	REF02		R
Reference Identification Qualifier		2330B	REF01	F8	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Other Payer's Claim Control Number		2330B	REF02		R
Other Payer Referring Provider UPIN	Min/Max changed from 1/30 to 1/50.	2330C	REF02	1G	R
Other Payer Rendering Provider UPIN		2330D	REF02	1G	R
Name Qualifier		2330E	NM101	DQ	R
Entity Type Qualifier		2330E	NM102	1	R
Reference Identification Qualifier		2330E	REF01	List	
Other Payer Supervising Provider Secondary Identifiers		2330E	REF02		R
Other Payer Supervising Provider State License Number		2330E	REF02	0B	R
Other Payer Supervising Provider UPIN		2330E	REF02	1G	R
Other Payer Supervising Provider Commercial Number		2330E	REF02	G2	R
Other Payer Supervising Provider Location Number		2330E	REF02	LU	R
Name Qualifier		2330F	NM101	85	R
Entity Type Qualifier		2330F	NM102	List	R
Reference Identification Qualifier		2330F	REF01	List	R
Other Payer Billing Provider Identifier		2330F	REF02		R
Other Payer Billing Provider Commercial Number		2330F	REF02	G2	R
Other Payer Billing Provider Location Number		2330F	REF02	LU	R
Name Qualifier		2330G	NM101	77	R
Entity Type Qualifier		2330G	NM102	2	R
Reference Identification Qualifier		2330G	REF01	List	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Other Payer Service Facility Location Secondary Identifiers		2330G	REF02		R
Other Payer Service Facility Location State License Number		2330G	REF02	0B	R
Other Payer Service Facility Location Commercial Number		2330G	REF02	G2	R
Other Payer Service Facility Location Location Number		2330G	REF02	LU	R
Name Qualifier		2330H	NM101	DD	R
Entity Type Qualifier		2330H	NM102	List	R
Reference Identification Qualifier		2330H	REF01	List	R
Other Payer Assistant Surgeon Secondary Identifiers		2330H	REF02		R
Other Payer Assistant Surgeon State License Number		2330H	REF02	0B	R
Other Payer Assistant Surgeon UPIN		2330H	REF02	1G	R
Other Payer Assistant Surgeon Commercial Number		2330H	REF02	G2	R
Other Payer Assistant Surgeon Location Number		2330H	REF02	LU	R
Description	Added in 5010 to support NOC procedure codes. This information was carried in the NTE segment in 4010. During the transition, the information may be carried in	2400	SV301-7		S
Composite Diagnosis Code Pointer		2400	SV311		S
Diagnosis Code Pointer		2400	SV311-1		R
Diagnosis Code Pointer		2400	SV311-2		S
Diagnosis Code Pointer		2400	SV311-3		S
Diagnosis Code Pointer		2400	SV311-4		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Estimated Prior Placement Date		2400	DTP03	139	R
DTP Qualifier		2400	DTP01	196	R
DTP Format Qualifier		2400	DTP02	D8	R
Treatment Start Date		2400	DTP03		R
DTP Qualifier		2400	DTP01	198	R
DTP Format Qualifier		2400	DTP02	D8	R
Treatment Completion Date		2400	DTP03		R
Contract Type Code		2400	CN101	List	R
Contract Amount	Maximum length note was added to be 11 characters including the decimal.	2400	CN102		S
Contract Percentage		2400	CN103		S
Contract Code		2400	CN104		S
Terms Discount Percentage		2400	CN105		S
Contract Version Identifier		2400	CN106		S
Reference Identifier		2400	REF04		S
Reference Number Qualifier		2400	REF04-1	2U	R
Other Payer Primary Identifier		2400	REF04-2		R
Reference Identifier		2400	REF04		S
Reference Number Qualifier		2400	REF04-1	2U	R
Other Payer Primary Identifier		2400	REF04-2		R
Reference Identification Qualifier		2400	REF01	9A	R
Repriced Claim Reference Number		2400	REF02		R
Reference Identification Qualifier		2400	REF01	9C	R
Adjusted Repriced Claim Reference Number		2400	REF02		R
Reference Identifier		2400	REF04		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Reference Number Qualifier		2400	REF04-1	2U	R
Other Payer Primary Identifier		2400	REF04-2		R
Fixed Format Information		2400	K301		R
Pricing Methodology		2400	HCP01	List	R
Repriced Allowed Amount	Maximum length note was added to be 11 characters including the decimal.	2400	HCP02		R
Repriced Savings Amount	Maximum length note was added to be 11 characters including the decimal.	2400	HCP03		S
Repricing Organization Identifier		2400	HCP04		S
Repricing Per Diem or Flat Rate		2400	HCP05		S
Product or Service ID Qualifier		2400	HCP09	AD	S
Repriced Approved HCPCS Code		2400	HCP10		S
Unit or Basis for Measurement Code		2400	HCP11	UN	S
Repriced Approved Service Unit Count	Maximum length was defined at 9 including a decimal position in the guide. The maximum number of positions allowed to the right of the decimal is three. This aligns with the Service Line Unit in the SV104.	2400	HCP12		S
Reject Reason Code		2400	HCP13	List	S
Policy Compliance Code		2400	HCP14	List	S
Exception Code		2400	HCP15	List	S
Rendering Provider UPIN		2420A	REF02	1G	S
Reference identifier		2420A	REF04		S
Reference Number Qualifier		2420A	REF04-1	2U	R
Other Payer Primary Identifier		2420A	REF04-2		R
Assistant Surgeon UPIN		2420B	REF02	1G	R
Reference Identifier		2420B	REF04		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Reference Number Qualifier		2420B	REF04-1	2U	R
Other Payer Primary Identifier		2420B	REF04-2		R
Name Qualifier		2420C	NM101	DQ	R
Entity Type Qualifier		2420C	NM102	1	R
Supervising Provider Last Name		2420C	NM103		R
Supervising Provider First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.	2420C	NM104		S
Supervising Provider Middle Name or Initial		2420C	NM105		S
Supervising Provider Name Suffix		2420C	NM107		S
Identification Code Qualifier		2420C	NM108	XX	S
Supervising Provider Primary identifier		2420C	NM109		S
Supervising Provider National Provider Identifier		2420C	NM109	XX	S
Reference Identification Qualifier		2420C	REF01	List	R
Supervising Provider Secondary Identifiers		2420C	REF02		R
Supervising Provider State License Number		2420C	REF02	0B	R
Supervising Provider UPIN		2420C	REF02	1G	R
Supervising Provider Commercial Number		2420C	REF02	G2	R
Supervising Provider Location Number		2420C	REF02	LU	R
Reference Identifier		2420C	REF04		S
Reference Number Qualifier		2420C	REF04-1	2U	R
Other Payer Primary Identifier		2420C	REF04-2		R
Name Qualifier		2420D	NM101	77	R
Entity Type Qualifier		2420D	NM102	2	R
Laboratory or Facility Name		2420D	NM103		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Identification Code Qualifier		2420D	NM108	XX	S
Laboratory or Facility Primary Identifier		2420D	NM109		S
Laboratory or Facility National Provider Identifier		2420D	NM109	XX	S
Laboratory or Facility Address Line 1		2420D	N301		R
Laboratory or Facility Address Line 2		2420D	N302		S
Laboratory or Facility City Name		2420D	N401		R
Laboratory or Facility State or Province Code	Required when US or it's territories or Canada. Only one of N402 or N407 may be present.	2420D	N402		S
Laboratory or Facility Postal Zone or Zip Code	Required when US or it's territories or Canada.	2420D	N403		S
Laboratory or Facility Country Code		2420D	N404		S
Laboratory or Facility Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2420D	N407		S
Reference Identification Qualifier		2420D	REF01		R
Laboratory or Facility Secondary Identifier		2420D	REF02	List	R
Laboratory or Facility UPIN Number		2420D	REF02	1G	R
Laboratory or Facility Provider Commercial Number		2420D	REF02	G2	R
Laboratory or Facility Location Number		2420D	REF02	LU	R
Reference Identifier		2420D	REF04		S
Reference Number Qualifier		2420D	REF04-1	2U	R
Other Payer Primary Identifier		2420D	REF04-2		R
Amount Qualifier Code		2430	AMT01	EAF	R
Remaining Patient Liability	Maximum length note was added to be 11 characters including the decimal.	2430	AMT02		R

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5010 Gap Analysis Dental Claim X224A2 Deleted Content

Items in Red are flagged as Transitions Issues.

Highlighted Items indicate Errata Changes.

Description	Loop	Segment	Qualifier
Submitter EDI Number	1000A	PER04	ED
Submitter EDI Number	1000A	PER06	ED
Submitter EDI Number	1000A	PER08	ED
Pay-to Provider Taxonomy Code	2000A	PRV03	PT
Reference Identification Qualifier	2010AA	REF01	
Billing Provider Blue Cross Number	2010AA	REF02	1A
Billing Provider Blue Shield Number	2010AA	REF02	1B
Billing Provider Medicare Number	2010AA	REF02	1C
Billing Provider Medicaid Number	2010AA	REF02	1D
Billing Provider Dentist License Number	2010AA	REF02	1E
Billing Provider CHAMPUS ID Number	2010AA	REF02	1H
Billing Provider Site Number	2010AA	REF02	G5
Billing Provider Federal Taxpayer's Identification Code	2010AA	REF02	TJ
Reference Identification Qualifier	2010AA	REF01	
Credit/Debit Billing Identifiers (Repeat 8)	2010AA	REF02	
Credit/Debit System Number	2010AA	REF02	06
Credit/Debit Bank Assigned Security Identifier	2010AA	REF02	8U
Credit/Debit Electronic Payment Reference Number	2010AA	REF02	EM
Credit/Debit Standard Classification (SIC) Code	2010AA	REF02	IJ

Description	Loop	Segment	Qualifier
Credit/Debit Location Number	2010AA	REF02	LU
Credit/Debit Rate Code Number	2010AA	REF02	RB
Credit/Debit Store Number	2010AA	REF02	ST
Credit/Debit Terminal Code	2010AA	REF02	TT
Pay-to Last or Organization Information	2010AB	NM103	
Pay-to First Name	2010AB	NM104	
Pay-to Middle Name	2010AB	NM105	
Pay-to Name Suffix	2010AB	NM107	
Identification Code Qualifier	2010AB	NM108	
Pay-To Employer Identification Number	2010AB	NM109	24
Pay-To Social Security Number	2010AB	NM109	34
Pay-To National Provider Identifier	2010AB	NM109	XX
Reference Identification Qualifier	2010AB	REF01	
Pay-to State License Number	2010AB	REF02	0B
Pay-to Blue Cross Provider Number	2010AB	REF02	1A
Pay-to Blue Shield Provider Number	2010AB	REF02	1B
Pay-to Medicare Number	2010AB	REF02	1C
Pay-to Medicaid Number	2010AB	REF02	1D
Pay-to Dental License Number	2010AB	REF02	1E
Pay-to CHAMPUS ID Number	2010AB	REF02	1H
Pay-to Employer's Identification Number	2010AB	REF02	EI
Pay-to Commercial Number	2010AB	REF02	G2
Pay-to Site Number	2010AB	REF02	G5
Pay-to Location Number	2010AB	REF02	LU
Pay-to Social Security Number	2010AB	REF02	SY

Description	Loop	Segment	Qualifier
Pay-to State Federal Taxpayer's Identification Number	2010AB	REF02	TJ
Coordination of Benefits Code	2000B	SBR06	
Subscriber National Individual Identifier	2010BA	NM109	ZZ
Subscriber Member Identification Number	2010BA	REF02	1W
Subscriber IHS Health Record Number	2010BA	REF02	23
Subscriber Insurance Policy Number	2010BA	REF02	IG
Payer Federal Taxpayer's Identification Number	2010BB	REF02	TJ
Name Qualifier	2010BC	NM101	AO
Entity Type Qualifier	2010BC	NM102	
Credit/Debit Cardholder Last or Organization Name	2010BC	NM103	
Credit /Debit Cardholder First Name	2010BC	NM104	
Credit /Debit Cardholder Middle Name	2010BC	NM105	
Credit /Debit Cardholder Name Suffix	2010BC	NM107	
Identification Code Qualifier	2010BC	NM108	MI
Credit or Debit Card Number	2010BC	NM109	
Reference Identification Qualifier	2010BC	REF01	
Credit/Debit Card Authorization Number	2010BC	REF02	AB
Patient Student Status	2000C	PAT04	
Identification Code Qualifier	2010CA	NM108	
Patient Member Identification Number	2010CA	NM109	MI
Patient National Individual Identifier	2010CA	NM109	ZZ
Reference Identification Qualifier	2010CA	REF01	
Patient Member Identification Number	2010CA	REF02	1W
Patient IHS Health Record Number	2010CA	REF02	23
Patient Social Security Number	2010CA	REF02	SY

Description	Loop	Segment	Qualifier
Patient Insurance Policy Number	2010CA	REF02	IG
Related-Causes Information	2300	CLM11	
Related-Causes Code	2300	CLM11-3	
Auto Accident	2300	CLM11-3	AA
Employment Related	2300	CLM11-3	EM
Other Accident	2300	CLM11-3	OA
DTP Qualifier	2300	DTP01	435
DTP Format Qualifier	2300	DTP02	
Admission Date	2300	DTP03	
DTP Qualifier	2300	DTP01	096
DTP Format Qualifier	2300	DTP02	
Discharge Date	2300	DTP03	
DTP Qualifier	2300	DTP01	435
DTP Format Qualifier	2300	DTP02	
Referral Date	2300	DTP03	
Orthodontic Treatment Indicator	2300	DN103	
Amount Qualifier Code	2300	AMT01	MA
Credit or Debit Card Maximum Amount	2300	AMT02	
Employer's Identification Number	2310A	NM109	24
Social Security Number	2310A	NM109	34
Blue Cross Number	2310A	REF02	1A
Blue Shield Number	2310A	REF02	1B
Medicare Number	2310A	REF02	1C
Medicaid Number	2310A	REF02	1D
Dentist License Number	2310A	REF02	1E

Description	Loop	Segment	Qualifier
CHAMPUS Id Number	2310A	REF02	1H
EIN	2310A	REF02	EI
Site ID	2310A	REF02	G5
Location Number	2310A	REF02	LU
SSN	2310A	REF02	SY
Tax ID Number	2310A	REF02	TJ
Employer's Identification Number	2310B	NM109	24
Social Security Number	2310B	NM109	34
Rendering Provider Blue Cross Number	2310B	REF02	1A
Rendering Provider Blue Shield Number	2310B	REF02	1B
Rendering Provider Medicare Number	2310B	REF02	1C
Rendering Provider Medicaid Number	2310B	REF02	1D
Rendering Provider Dental License Number	2310B	REF02	1E
Rendering Provider CHAMPUS ID Number	2310B	REF02	1H
Rendering Provider Employer's Identification Number	2310B	REF02	EI
Rendering Provider Site ID	2310B	REF02	G5
Rendering Provider Social Security Number	2310B	REF02	SY
Rendering Provider Taxpayer's Identification Number	2310B	REF02	TJ
Employer's Identification Number	2310C	NM109	24
Social Security Number	2310C	NM109	34
Blue Cross Number	2310C	REF02	1A
Blue Shield Number	2310C	REF02	1B
Medicare Number	2310C	REF02	1C
Medicaid Number	2310C	REF02	1D
UPIN	2310C	REF02	1G

Description	Loop	Segment	Qualifier
CHAMPUS ID Number	2310C	REF02	1H
Tax ID Number	2310C	REF02	TJ
CLIA Number	2310C	REF02	X4
State Industrial Acc Number	2310C	REF02	X5
Employer's Identification Number	2310D	NM109	24
Social Security Number	2310D	NM109	34
Blue Cross Number	2310D	REF02	1A
Blue Shield Number	2310D	REF02	1B
Medicare Number	2310D	REF02	1C
Medicaid Number	2310D	REF02	1D
Dentist License Number	2310D	REF02	1E
CHAMPUS ID Number	2310D	REF02	1H
Tax ID Number	2310D	REF02	TJ
CLIA Number	2310D	REF02	X4
State Industrial Acc Number	2310D	REF02	X5
Amount Qualifier Code	2320	AMT01	AAE
Approved Amount	2320	AMT02	
Amount Qualifier Code	2320	AMT01	B6
Allowed Amount	2320	AMT02	
Amount Qualifier Code	2320	AMT01	F2
Patient Responsibility Amount	2320	AMT02	
Amount Qualifier Code	2320	AMT01	AU
Covered Amount	2320	AMT02	
Amount Qualifier Code	2320	AMT01	D8
Discount Amount	2320	AMT02	

Description	Loop	Segment	Qualifier
Amount Qualifier Code	2320	AMT01	F5
Patient Paid Amount	2320	AMT02	
DTP Qualifier	2320	DMG01	
Other Subscriber Birth Date	2320	DMG02	
Other Subscriber Gender Code	2320	DMG03	
Other Subscriber Employer's Identification Number	2330A	NM109	24
Mutually Defined	2330A	NM109	ZZ
Other Subscriber Member ID Number	2330A	REF02	1W
Other Subscriber IHC/CHS Health Record Number	2330A	REF02	23
Other Subscriber Insurance Policy Number	2330A	REF02	IG
Contact Function Code	2330B	PER01	
Other Payer Contact Name	2330B	PER02	
Communication Number Qualifier	2330B	PER03	
Communication Number	2330B	PER04	
Other Payer Telephone Number	2330B	PER04	TE
Other Payer FAX	2330B	PER04	FX
Other Payer Email	2330B	PER04	EM
Other Payer EDI Access Number	2330B	PER04	TE
Communication Number Qualifier	2330B	PER05	
Communication Number	2330B	PER06	
Other Payer EDI Access Number	2330B	PER06	ED
Other Payer FAX	2330B	PER06	EM
Other Payer Telephone Extension	2330B	PER06	EX
Other Payer Email	2330B	PER06	FX
Other Payer Telephone Number	2330B	PER06	TE

Description	Loop	Segment	Qualifier
Communication Number Qualifier	2330B	PER07	
Communication Number	2330B	PER08	
Other Payer EDI Access Number	2330B	PER08	ED
Other Payer Telephone Number	2330B	PER08	EX
Other Payer FAX	2330B	PER08	EM
Other Payer Email	2330B	PER08	FX
Other Payer Telephone Extension	2330B	PER08	TE
Loss Report Number	2330B	REF02	D8
Other Payer Original Reference Number	2330B	REF02	F8
Tax Payer's Identification Number	2330B	REF02	TJ
Name Qualifier	2330C	NM101	QC
Entity Type Qualifier	2330C	NM102	1
Identification Code Qualifier	2330C	NM108	
Other Payer Patient Primary Identifier	2330C	NM109	
Other Payer Patient ID	2330C	NM109	MI
Reference Identification Qualifier	2330C	REF01	
Member Identification Number	2330C	REF02	1W
Client Number	2330C	REF02	23
Insurance Policy Number	2330C	REF02	IG
Social Security Number	2330C	REF02	SY
Other Payer Referring Provider Blue Cross Provider Number	2330C	REF02	1A
Other Payer Referring Provider Blue Shield Provider Number	2330C	REF02	1B
Other Payer Referring Provider Medicare Provider Number	2330C	REF02	1C
Other Payer Referring Provider Medicaid Provider Number	2330C	REF02	1D
Other Payer Referring Provider Dentist License Number	2330C	REF02	1E

Description	Loop	Segment	Qualifier
Other Payer Referring Provider Champus Identification Number	2330C	REF02	1H
Other Payer Referring Provider Employer's Identification Number	2330C	REF02	EI
Other Payer Referring Provider Site Number	2330C	REF02	G5
Other Payer Referring Provider Location Number	2330C	REF02	LU
Other Payer Referring Provider Social Security Number	2330C	REF02	SY
Other Payer Referring Provider Taxpayer's Identification Number	2330C	REF02	TJ
Other Payer Rendering Provider Blue Cross Provider Number	2330D	REF02	1A
Other Payer Rendering Provider Blue Shield Provider Number	2330D	REF02	1B
Other Payer Rendering Provider Medicare Number	2330D	REF02	1C
Other Payer Rendering Provider Medicaid Number	2330D	REF02	1D
Other Payer Rendering Provider Dentist License Number	2330D	REF02	1E
Other Payer Rendering Provider Champus Identification Number	2330D	REF02	1H
Other Payer Rendering Provider Employer's Identification Number	2330D	REF02	EI
Other Payer Rendering Provider Site Number	2330D	REF02	G5
Other Payer Rendering Provider Social Security Number	2330D	REF02	SY
Other Payer Rendering Provider Taxpayer's Identification Number	2330D	REF02	TJ
Anesthesia Modifying Units	2400	QTY01	List
Anesthesia Unit Count	2400	QTY02	
Amount Qualifier Code	2400	AMT01	AAE
Approved Amount	2400	AMT02	
Note Reference Code	2400	NTE01	ADD
Line Note Text	2400	NTE02	
Rendering Provider Employer's Identification Number	2420A	NM109	24
Rendering Provider Social Security Number	2420A	NM109	34
Rendering Provider Blue Cross Number	2420A	REF02	1A

Description	Loop	Segment	Qualifier
Rendering Provider Blue Shield Number	2420A	REF02	1B
Rendering Provider Medicare Number	2420A	REF02	1C
Rendering Provider Medicaid Number	2420A	REF02	1D
Rendering Provider Dentist License Number	2420A	REF02	1E
Rendering Provider CHAMPUS ID Number	2420A	REF02	1H
Rendering Provider Employer's Identification Number	2420A	REF02	EI
Rendering Provider Site ID Number	2420A	REF02	G5
Rendering Provider Social Security Number	2420A	REF02	SY
Rendering Provider Federal Taxpayer's Identification Number	2420A	REF02	TJ
Assistant Surgeon Employer's Identification Number	2420B	NM109	24
Assistant Surgeon Social Security Number	2420B	NM109	34
Assistant Surgeon Blue Cross Number	2420B	REF02	1A
Assistant Surgeon Blue Shield Number	2420B	REF02	1B
Assistant Surgeon Medicare Number	2420B	REF02	1C
Assistant Surgeon Medicaid Number	2420B	REF02	1D
Assistant Surgeon Dental License Number	2420B	REF02	1E
Assistant Surgeon CHAMPUS ID Number	2420B	REF02	1H
Assistant Surgeon Federal Taxpayer's Identification Number	2420B	REF02	TJ
Assistant Surgeon CLIA Number	2420B	REF02	X4
Assistant Surgeon State Industrial Acc Number	2420B	REF02	X5

Use Change Report



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5010 Gap Analysis Dental Claim X224A2 TR3 Use Changes

Items in Red are flagged as Transitions Issue

Highlighted Items indicate Errata Changes.



Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Submitter Last/Org Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	1000A	NM103		R
Submitter Contact Name	Changed from Required to Situational.	1000A	PER02		S
Receiver Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	1000B	NM103		R
Reference ID Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required.	2000A	PRV02	PXC	R
Billing Provider Taxonomy Code	X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50.	2000A	PRV03	BI	R
Billing Provider Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2010AA	NM103		R
Identification Code Qualifier	Changed from Required to Situational. Required when the Provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2010AA	NM108	List	S
Billing Provider National Provider Identifier	Changed from Required to Situational when the Billing Provider is eligible for an NPI.	2010AA	NM109	XX	S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Billing Provider State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.	2010AA	N402		S
Billing Provider Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada. When reporting zip codes for US addresses the full nine digit zip code must be provided.	2010AA	N403		S
Billing Provider Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2010AA	N404		S
Pay-to State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present.	2010AB	N402		S
Pay-to Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.	2010AB	N403		S
Pay-to Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2010AB	N404		S
Subscriber Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2010BA	NM103		R
Identification Code Qualifier	X224A2: Changed from Required to Situational to accommodate Workers' Compensation. Required when the NM102 = 1. X224A1: Changed from Situational to Required to support the new definition of subscriber. Qualifier II replaced ZZ for Standard Unique Health	2010BA	NM108	List	S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Subscriber Primary Identifier	<p>X224A2: Changed from Required to Situational to accommodate Workers' Compensation. Required when the NM102 = 1.</p> <p>X224A1: Changed from Situational to Required to support the new definition of subscriber.</p>	2010BA	NM109		S
SUBSCRIBER CITY, STATE, ZIP CODE	<p>X224A2: Changed to Situational. Required when the patient is the subscriber or considered to be the subscriber.</p> <p>X224A1: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778.</p>	2010BA	N4		S-1
Subscriber State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.	2010BA	N402		S
Subscriber Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.	2010BA	N403		S
Subscriber Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2010BA	N404		S
SUBSCRIBER SECONDARY IDENTIFICATION	Repeat changed from 4 to 1.	2010BA	REF		S-1
Payer Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2010BB	NM103		R
PAYER CITY, STATE, ZIP CODE	<p>X224A2: Changed to Situational. Required when the payer address is available to the submitter and the submitter intends for the claim to be printed at the next EDI location.</p> <p>X224A1: Changed from Situational to Required.</p>	2010BB	N4		S-1
Payer State/Provider Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.	2010BB	N402		S
Payer Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.	2010BB	N403		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Payer Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2010BB	N404		S
Patient Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2010CA	NM103		R
Patient First Name	Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.	2010CA	NM104		S
Patient State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present. Recommendation: This was a publisher error and will change in future guides - recommen	2010CA	N402		S
Patient Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.	2010CA	N403		S
Patient Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2010CA	N404		S
Assignment or Plan Participation Code	Changed from Situational to Required and is no longer limited to Medicare Assignment. Code value P was deleted. This could be a significant change to provider software and products if a payer is requiring the use of this field to define their relationship with the provider submitting claims.	2300	CLM07	List	R
DATE - APPLIANCE PLACEMENT DATE	Repeat changed from 5 to 1.	2300	DTP		S-1
PREDETERMINATION IDENTIFICATION	Repeat changed from 5 to 1.	2300	REF		S-1
REFERRAL NUMBER	Split into separate segments to prevent sending 2 REFS with the same qualifier.	2300	REF		S-1
PRIOR AUTHORIZATION	Split into separate segments to prevent sending 2 REFS with the same qualifier.	2300	REF		S-1

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
CLAIM NOTE	Repeat changed from 20 to 5.	2300	NTE		S-5
Referring Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2310A	NM103		R
Referring Provider First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.	2310A	NM104		S
Provider Taxonomy Code	Min/Max changed from 1/30 to 1/50. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2310A	PRV03		R
REFERRING PROVIDER SECONDARY IDENTIFICATION	Repeat changed from 5 to 3.	2310A	REF		S-3
Rendering Provider Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2310B	NM103		R
Rendering Provider First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.	2310B	NM104		S
Identification Code Qualifier	Changed from Required to Situational. Situational Rule: NPI is required when provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2310B	NM108		S
Rendering Provider Primary Identifier	Changed from Required to Situational. Situational Rule added NPI is required when provider is eligible for an NPI.	2310B	NM109		S
RENDERING PROVIDER SPECIALTY INFORMATION	Changed from Situational to Required based on provider input that it is less confusing to send all the time versus keeping track of payer requirements. Recommendation: Use Billing Provider Taxonomy if no Rendering Provider Taxonomy is present.	2310B	PRV		R-1
Reference ID Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2310B	PRV02	PXC	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Provider Taxonomy Code	Min/Max changed from 1/30 to 1/50. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2310B	PRV03		R
RENDERING PROVIDER SECONDARY IDENTIFICATION	Repeat changed from 5 to 4. Situational notes changed to support NPI.	2310B	REF		S-4
Laboratory or Facility Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2310C	NM103		R
Identification Code Qualifier	Changed from Required to Situational. Code value 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2310C	NM108		S
Service Facility Location Primary Identifier	Changed from Required to Situational.	2310C	NM109		S
SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	Repeat changed from 5 to 3.	2310C	REF		S-3
Assistant Surgeon Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2310D	NM103		R
Assistant Surgeon First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.	2310D	NM104		S
Identification Code Qualifier	Changed from Required to Situational. Situational Rule added NPI is required when provider is eligible for an NPI. 24 and 34 were deleted.	2310D	NM108		S
Assistant Surgeon Primary Identifier	Changed from Required to Situational. Situational Rule added NPI is required when provider is eligible for an NPI.	2310D	NM109		S
ASSISTANT SURGEON SPECIALTY INFORMATION	Changed from Situational to Required based on provider input that it is less confusing to send all the time versus keeping track of payer requirements.	2310D	PRV		R-1
Reference Identification Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2310D	PRV02	PXC	R
Provider Taxonomy code	Min/Max changed from 1/30 to 1/50. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2310D	PRV03		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
ASSISTANT SURGEON SECONDARY IDENTIFICATION	Repeat changed from 1 to 4.	2310D	REF		S-4
Reference Identification Qualifier	Code Values allowed are 0B, 1G, G2 and LU.	2310D	REF01		R
Insurance Type Code	Changed from Not Used to Situational to accommodate claims were Medicare is secondary.	2320	SBR05	List	S
Other Subscriber Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2330A	NM103		R
Other Subscriber First Name	Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.	2330A	NM104		S
OTHER SUBSCRIBER CITY/STATE AND ZIP CODE	X224A2: Changed from Required to Situational. Required when the information is available. X224A1: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778.	2330A	N4		S-1
Other Subscriber State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.	2330A	N402		S
Other Subscriber Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.	2330A	N403		S
Other Subscriber Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2330A	N404		S
OTHER SUBSCRIBER SECONDARY IDENTIFIERS	Repeat was changed from 3 to 2.	2330A	REF		S-2
Other Payer Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2330B	NM103		R
LOOP ID 2330C OTHER PAYER REFERRING PROVIDER	Repeat changed from 1 to 2.	2330C			S-2

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
SERVICE LINE NUMBER	X224A2: Segment Repeat changed from 50 to 1.	2400	LX		R-1
Procedure Count	Changed from Required to Situational. The operating assumption is that the unit count is 1 unless a different value is provided.	2400	SV306		S
Tooth Code	Changed from Situational to Required.	2400	TOO02		R
Tooth Surface		2400	TOO03-2		S
Tooth Surface		2400	TOO03-3		S
Tooth Surface		2400	TOO03-4		S
Tooth Surface		2400	TOO03-5		S
SERVICE PREDETERMINATION IDENTIFICATION	Repeat changed from 1 to 5.	2400	REF		S-5
PRIOR AUTHORIZATION	Split into separate segments to prevent sending 2 REFS with the same qualifier.	2400	REF		S-5
REFERRAL NUMBER	Split into separate segments to prevent sending 2 REFS with the same qualifier.	2400	REF		S-5
Rendering Provider Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2420A	NM103		R
Rendering Provider First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.	2420A	NM104		S
Identification Code Qualifier	Changed from Required to Situational. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid Qualifier.	2420A	NM108		S
Rendering Provider Primary Identifier	Changed from Required to Situational when the Rendering Provider is eligible for an NPI.	2420A	NM109		S
RENDERING PROVIDER SPECIALTY INFORMATION	Changed from Situational to Required.	2420A	PRV		R-1
Reference Identification Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2420A	PRV02	PXC	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Rendering Provider Taxonomy Code	Min/Max changed from 1/30 to 1/50. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2420A	PRV03		R
RENDERING PROVIDER SECONDARY IDENTIFIERS	Repeat changed from 5 to 20.	2420A	REF		S-20
Assistant Surgeon Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2420B	NM103		R
Assistant Surgeon First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.	2420B	NM104		S
Identification Code Qualifier	Changed from Required to Situational. Code values 24 and 34 were deleted.	2420B	NM108		S
Assistant Surgeon Primary Identifier	Changed from Required to Situational.	2420B	NM109		S
Reference Identification Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2420B	PRV02	PXC	R
Assistant Surgeon Taxonomy Code	Min/Max changed from 1/30 to 1/50. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2420B	PRV03		R
ASSISTANT SURGEON SECONDARY IDENTIFICATION	Repeat changed from 1 to 20.	2420B	REF		S-20
LOOP ID 2430 LINE ADJUDICATION INFORMATION	Repeat changed from 25 to 15.	2430			S-15
LINE ADJUSTMENT	Repeat changed from 99 to 5.	2430	CAS		S-5

Sizing Change Report



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5010 Gap Analysis Dental Claim X224A2 Sizing Change Report

Items in Red are flagged as Transitions Issues.

Highlighted Items indicate Errata Changes.

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Originator Application Transaction Identifier	Min/Max changed from 1/30 to 1/50. Note was added that limits this field to 30 characters.	Table 1	BHT03		R
Submitter Last/Org Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	1000A	NM103		R
Submitter First Name	Required when NM102 equals 1 and the person has a first name.	1000A	NM104		S
Communication Number	Min/Max changed from 1/80 to 1/256.	1000A	PER04		R
Submitter E-mail	Min/Max changed from 1/80 to 1/256.	1000A	PER04	EM	R
Submitter FAX Number	Min/Max changed from 1/80 to 1/256.	1000A	PER04	FX	R
Submitter Telephone Number	Min/Max changed from 1/80 to 1/256.	1000A	PER04	TE	R
Communication Number	Min/Max changed from 1/80 to 1/256.	1000A	PER06		S
Submitter Email	Min/Max changed from 1/80 to 1/256.	1000A	PER06	EM	S
Submitter Telephone Extension	Min/Max changed from 1/80 to 1/256.	1000A	PER06	EX	S
Submitter FAX	Min/Max changed from 1/80 to 1/256.	1000A	PER06	FX	S
Submitter Telephone Number	Min/Max changed from 1/80 to 1/256.	1000A	PER06	TE	S
Communication Number	Min/Max changed from 1/80 to 1/256.	1000A	PER08		S
Submitter Email	Min/Max changed from 1/80 to 1/256.	1000A	PER08	EM	S
Submitter Telephone Extension	Min/Max changed from 1/80 to 1/256.	1000A	PER08	EX	S
Submitter FAX	Min/Max changed from 1/80 to 1/256.	1000A	PER08	FX	S
Submitter Telephone Number	Min/Max changed from 1/80 to 1/256.	1000A	PER08	TE	S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Receiver Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	1000B	NM103		R
Billing Provider Taxonomy Code	X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50.	2000A	PRV03	BI	R
Billing Provider Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2010AA	NM103		R
Billing Provider First Name	Required when NM102 equals 1 and the person has a first name.	2010AA	NM104		S
Billing Provider Tax Identification Number	Min/Max changed from 1/30 to 1/50.	2010AA	REF02		R
Billing Provider Employer's Identification Number	Min/Max changed from 1/30 to 1/50.	2010AA	REF02	24	R
Billing Provider Social Security Number	Min/Max changed from 1/30 to 1/50.	2010AA	REF02	34	R
Billing Provider License and/or UPIN Information	Min/Max changed from 1/30 to 1/50.	2010AA	REF02		R
Billing Provider State License Number	Min/Max changed from 1/30 to 1/50.	2010AA	REF02	OB	R
Subscriber Group or Policy Number	Industry Name changed from insured to subscriber. Min/Max changed from 1/30 to 1/50.	2000B	SBR03		S
Subscriber Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2010BA	NM103		R
Subscriber First Name	Required when NM102 equals 1 and the person has a first name.	2010BA	NM104		S
Subscriber Secondary Identifiers	Min/Max changed from 1/30 to 1/50.	2010BA	REF02		R
Subscriber Social Security Number	Min/Max changed from 1/30 to 1/50.	2010BA	REF02	SY	S
Property Casualty Claim Number	Min/max changed from 1/30 to 1/50	2010BA	REF02		R
Payer Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2010BB	NM103		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Secondary Identifiers (Repeat 3)	Industry name was changed to coincide with Segment name. Min/Max changed from 1/30 to 1/50.	2010BB	REF02		R
Payer ID Number	Min/Max changed from 1/30 to 1/50.	2010BB	REF02	2U	R
Payer Claim Office Number	Min/Max changed from 1/30 to 1/50.	2010BB	REF02	FY	R
Payer NAIC Code	Min/Max changed from 1/30 to 1/50.	2010BB	REF02	NF	R
Billing Provider Secondary Identifiers	Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50.	2010BB	REF02		S
Provider Commercial Number	Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50.	2010BB	REF02	G2	S
Provider Location Number	Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50.	2010BB	REF02	LU	S
Patient Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2010CA	NM103		R
Patient First Name	Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name.	2010CA	NM104		S
Patient Property Casualty Claim Number	Min/Max changed from 1/30 to 1/50.	2010CA	REF02		R
Total Claim Charge Amount	Clarification: total claim charge amount cannot be less than zero. Maximum length note was added to be 11 characters including the decimal.	2300	CLM02		R
Tooth Number	Min/Max changed from 1/30 to 1/50.	2300	DN201		R
Attachment Control Number	A realistic maximum of 50 was added to the notes.	2300	PWK06		S
Patient Amount Paid	Maximum length note was added to be 11 characters including the decimal.	2300	AMT02		R
Predetermination of Benefits Identifier	Min/max changed from 1/30 to 1/50.	2300	REF02		R
Service Authorization Exception Code	Min/max changed from 1/30 to 1/50.	2300	REF02	List	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Payer Claim Control Number	Min/max changed from 1/30 to 1/50.	2300	REF02		R
Referral Number	Min/max changed from 1/30 to 1/50.	2300	REF02		R
Prior Authorization Number	Min/max changed from 1/30 to 1/50.	2300	REF02		R
Value Added Network Trace Number	Min/max changed from 1/30 to 1/50.	2300	REF02		R
Referring Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2310A	NM103		R
Referring Provider First Name	Required when NM102 equals 1 and the person has a first name.	2310A	NM104		S
Provider Taxonomy Code	Min/Max changed from 1/30 to 1/50. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2310A	PRV03		R
Referring Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2310A	REF02		S
State License Number	Min/Max changed from 1/30 to 1/50.	2310A	REF02	0B	S
Commercial Number	Min/Max changed from 1/30 to 1/50.	2310A	REF02	G2	S
Rendering Provider Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2310B	NM103		R
Rendering Provider First Name	Required when NM102 equals 1 and the person has a first name.	2310B	NM104		S
Provider Taxonomy Code	Min/Max changed from 1/30 to 1/50. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2310B	PRV03		R
Rendering Provider Secondary Identifers	Min/Max changed from 1/30 to 1/50.	2310B	REF02		R
Rendering Provider State License Number	Min/Max changed from 1/30 to 1/50.	2310B	REF02	0B	R
Rendering Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2310B	REF02	G2	R
Rendering Provider Location Number	Min/Max changed from 1/30 to 1/50.	2310B	REF02	LU	R
Laboratory or Facility Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2310C	NM103		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Service Facility Location Secondary Identifiers (Repeat 5)	Min/Max changed from 1/30 to 1/50.	2310C	REF02		R
State License Number	Min/Max changed from 1/30 to 1/50.	2310C	REF02	0B	R
Commercial Number	Min/Max changed from 1/30 to 1/50.	2310C	REF02	G2	R
Location Number	Min/Max changed from 1/30 to 1/50.	2310C	REF02	LU	R
Assistant Surgeon Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2310D	NM103		R
Assistant Surgeon First Name	Required when NM102 equals 1 and the person has a first name.	2310D	NM104		S
Provider Taxonomy code	Min/Max changed from 1/30 to 1/50. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2310D	PRV03		R
Assistant Surgeon Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2310D	REF02		R
State License Number	Min/Max changed from 1/30 to 1/50.	2310D	REF02	0B	R
Commercial Number	Min/Max changed from 1/30 to 1/50.	2310D	REF02	G2	R
Location Number	Min/Max changed from 1/30 to 1/50.	2310D	REF02	LU	R
Insured Group or Policy Number	Min/Max changed from 1/30 to 1/50.	2320	SBR03		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2320	CAS03		R
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2320	CAS06		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2320	CAS09		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2320	CAS12		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2320	CAS15		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2320	CAS18		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Payer Paid Amount	Maximum length note was added to be 11 characters including the decimal.	2320	AMT02		R
Other Subscriber Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2330A	NM103		R
Other Subscriber First Name	Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name.	2330A	NM104		S
Other Subscriber Social Security Number	Min/Max changed from 1/30 to 1/50.	2330A	REF02	SY	R
Other Payer Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2330B	NM103		R
Other Payer Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2330B	REF02		R
Other Payer ID	Min/Max changed from 1/30 to 1/50.	2330B	REF02	2U	R
Payer Claim Office Number	Min/Max changed from 1/30 to 1/50.	2330B	REF02	FY	R
Payer NAIC Number	Min/Max changed from 1/30 to 1/50.	2330B	REF02	NF	R
Prior Authorization Number	Min/Max changed from 1/30 to 1/50.	2330B	REF02		R
Referral Number	Min/Max changed from 1/30 to 1/50.	2330B	REF02		R
Claim Adjustment Indicator	Min/Max changed from 1/30 to 1/50.	2330B	REF02		R
Other Payer Referring Provider Secondary Identifiers	Min/Max changed from 1/30 to 1/50.	2330C	REF02		R
Other Payer Referring Provider State License Number	Min/Max changed from 1/30 to 1/50.	2330C	REF02	0B	R
Other Payer Referring Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2330C	REF02	G2	R
Other Payer Rendering Provider Secondary Identifiers	Min/Max changed from 1/30 to 1/50.	2330D	REF02		R
Other Payer Rendering Provider State License Number	Min/Max changed from 1/30 to 1/50.	2330D	REF02	0B	R
Other Payer Rendering Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2330D	REF02	G2	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Other Payer Rendering Provider Location Number	Min/Max changed from 1/30 to 1/50.	2330D	REF02	LU	R
Line Item Charge Amount	Maximum length note was added to be 11 characters including the decimal.	2400	SV302		R
Predetermination of Benefits Identifier	Min/Max changed from 1/30 to 1/50.	2400	REF02		R
Prior Authorization Number	Min/Max changed from 1/30 to 1/50.	2400	REF02		R
Line Item Control Number	Min/Max changed from 1/30 to 1/50.	2400	REF02		R
Referral Number	Min/Max changed from 1/30 to 1/50.	2400	REF02		R
Sales Tax Amount	Maximum length note was added to be 11 characters including the decimal.	2400	AMT02		R
Rendering Provider Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2420A	NM103		R
Rendering Provider First Name	Required when NM102 equals 1 and the person has a first name.	2420A	NM104		S
Rendering Provider Taxonomy Code	Min/Max changed from 1/30 to 1/50. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2420A	PRV03		R
Rendering Provider Secondary Identifiers	Min/Max changed from 1/30 to 1/50.	2420A	REF02		R
Rendering Provider State License Number	Min/Max changed from 1/30 to 1/50.	2420A	REF02	OB	S
Rendering Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2420A	REF02	G2	S
Rendering Provider Location Number	Min/Max changed from 1/30 to 1/50.	2420A	REF02	LU	S
Assistant Surgeon Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2420B	NM103		R
Assistant Surgeon First Name	Required when NM102 equals 1 and the person has a first name.	2420B	NM104		S
Assistant Surgeon Taxonomy Code	Min/Max changed from 1/30 to 1/50. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2420B	PRV03		R
Assistant Surgeon State License number	Min/Max changed from 1/30 to 1/50.	2420B	REF02	OB	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Assistant Surgeon Commercial Number	Min/Max changed from 1/30 to 1/50.	2420B	REF02	G2	R
Assistant Surgeon Location Number	Min/Max changed from 1/30 to 1/50.	2420B	REF02	LU	R
Service Line Paid Amount	Maximum length note was added to be 11 characters including the decimal.	2430	SVD02		R
Paid Service Unit Count	Maximum length was defined at 9 including a decimal position in the guide. The maximum number of positions allowed to the right of the decimal is three.	2430	SVD05		R
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2430	CAS03		R
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2430	CAS06		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2430	CAS09		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2430	CAS12		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2430	CAS15		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2430	CAS18		S

Code Value Change Report



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5010 Gap Analysis Dental Claim X2242 Code Changes



Items in Red are flagged as Transition Challenges.

Highlighted Items indicate Errata Changes.

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Version / Release Industry ID Code	X224A2: Code value changed to 005010X224A2. X224A1: Code value changed to 005010X224A1.	Header	GS08	005010X224 A1	R
Claim or Encounter Identifier	Code value 31 was added.	Table 1	BHT06		R
Communication Number Qualifier	Code value ED was deleted.	1000A	PER03	List	R
Communication Number Qualifier	Code value ED was deleted.	1000A	PER05	List	S
Communication Number Qualifier	Code value ED was deleted.	1000A	PER07	List	S
Provider Code	Qualifier PT was deleted.	2000A	PRV01	BI	R
Reference ID Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required.	2000A	PRV02	PXC	R
Identification Code Qualifier	Changed from Required to Situational. Required when the Provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2010AA	NM108	List	S
Payer Responsibility Sequence Number Code	Code values A-H and U were added to support payers 4-11. Provider Products should not allow U as a valid value since this is for Payer to Payer COB only.	2000B	SBR01	List	R
Claim Filing Indicator Code	Code values 09, MH, SA were deleted Code values AM, MA and TV were added.	2000B	SBR09	List	S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Identification Code Qualifier	X224A2: Changed from Required to Situational to accommodate Workers' Compensation. Required when the NM102 = 1. X224A1: Changed from Situational to Required to support the new definition of subscriber.	2010BA	NM108	List	S
Reference Identification Qualifier	Qualifiers 1W, 23, IG were deleted. Removed Note that SY may not be used for Medicare. Hyphens should be stripped from the value prior to sending.	2010BA	REF01	List	R
Reference Identification Qualifier	Code value TJ was deleted. Code value EI was added.	2010BB	REF01		R
Individual Relationship Code	Code values 22, 29, 41 and 76 were deleted. Code values 21, 39, 40 and G8 were added.	2000C	PAT01	List	R
Assignment or Plan Participation Code	Changed from Situational to Required and is no longer limited to Medicare Assignment. Code value P was deleted. This could be a significant change to provider software and products if a payer is requiring the use of this field to define their relationship with the provider submitting claims.	2300	CLM07	List	R
Benefits Assignment Indicator	Code value W added to replace CLM07- Provider Accept Assignment Indicator code value P - 'Patient refuses to assign benefits'.	2300	CLM08	List	R
Release of Information Code	Code value N was deleted. Code value I was added.	2300	CLM09	List	R
Delay Reason Code	Code value 15 was added.	2300	CLM20	List	S
Tooth Status Code	Code value I was deleted.	2300	DN202	List	R
Report Type Code	Code value OB was deleted.	2300	PWK01	List	R
Report Transmission Code	Code value FT was added.	2300	PWK02	List	R
Entity Type Qualifier	Qualifier 2 was deleted	2310A	NM102	1	R
Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2310A	NM108		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Reference Identification Qualifier	Qualifier ZZ changed to PXC.	2310A	PRV02	PXC	R
Reference Identification Qualifier	0B, 1G, and G2 are the only allowable values.	2310A	REF01	List	S
Reference ID Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2310B	PRV02	PXC	R
Reference Identification Qualifier	Code Values allowed are 0B, 1G, G2 and LU.	2310B	REF01		R
Name Qualifier	Code value FA was deleted. Code value 77 was added.	2310C	NM101	77	R
Identification Code Qualifier	Changed from Required to Situational. Code value 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2310C	NM108		S
Reference Identification Qualifier	Allowable code values are 0B, G2 and LU.	2310C	REF01	List	R
Entity Type Qualifier	Code value 2 was deleted.	2310D	NM102	1	R
Reference Identification Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2310D	PRV02	PXC	R
Reference Identification Qualifier	Code Values allowed are 0B, 1G, G2 and LU.	2310D	REF01		R
Payer Responsibility Code	Code values A-H and U were added to support payers 4-11. Provider Products should not allow U as a valid value since this is for Payer to Payer COB only.	2320	SBR01	List	R
Individual Relationship Code	Code values 22, 29 and 76 were deleted. Code values 39, 40, 53 and G8 were added.	2320	SBR02	List	R
Claim Filing Indicator Code	Code values 09, MH and SA were deleted. Code values AM, MA and TV were added.	2320	SBR09	List	S
Benefits Assignment Certification Indicator	Code value of W was added. Recommendation: If W is received on 5010 and claim is going to legacy/4010 default to 'N' no assignment.	2320	OIO3	List	R
Release of Information Code	Code value N was deleted. Allowable code value is I and Y.	2320	OIO6	List	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Identification Code Qualifier	Qualifier II replaced ZZ for Standard Unique Health Identifier. Code value 24 was deleted.	2330A	NM108		R
Reference Identification Qualifier	Code values D8, F8 and TJ were deleted. Code value EI was added.	2330B	REF01	List	R
Entity Type Qualifier	Code value 2 was deleted.	2330C	NM102	1	R
Reference Identification Qualifier	Allowable values are 0B, 1G, and G2.	2330C	REF01	List	R
Entity Type Qualifier	Code value 2 was deleted.	2330D	NM102	1	R
Reference Identification Qualifier	Allowable code values are 0B, 1G, G2 and LU	2330D	REF01		R
DTP Qualifier	Code value 139 was added.	2400	DTP01	List	R
Reference Identification Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2420A	PRV02	PXC	R
Reference Identification Qualifier	Allowable code values are 0B, 1G, G2 and LU.	2420A	REF01	List	R
Entity Type Qualifier	Code value 2 was deleted.	2420B	NM102	1	R
Identification Code Qualifier	Changed from Required to Situational. Code values 24 and 34 were deleted.	2420B	NM108		S
Reference Identification Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from M to X with the condition if either PRV02 or PRV03 is present the other is required.	2420B	PRV02	PXC	R
Reference Identification Qualifier	Allowable code vlaues are 0B, 1G, G2 and LU.	2420B	REF01		R
Product or Service ID Qualifier	Code value ER replaced ZZ.	2430	SVD03-1	List	R