Companion Guide for CHARS 8371 (005010X233/005010X233A2)

Revision 6 (R6)

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1 General Information

1.1 Purpose and Scope

The CHARS Companion Guide and Procedure Manual supplement the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, Health Care Claim: Institutional (837), for the ASC X12N 005010X223/005010X223A2. They do not replace that document. The Companion Guide and Procedure Manual address those elements where the CHARS system requires specific or non-standard values. All data elements required by the X12N 005010X223/005010X223A2 format are required for CHARS files.
NOTE: This document is intended to be used with the CHARS reporting requirement specification, "*Procedure Manual for Submitting Discharge Data UB-04 and 837I 5010*".
Please download a copy from the DOH web site.
The *ASC X12 Consolidated Guide, Health Care Claim: Institutional (837), for the 005010X223/005010X223A2* can be found online for purchase.

1.2 Identification of CHARS Reporting Units in Files

As explained in the CHARS Procedure Manual, the hospital data reported to the Department of Health is categorized in terms of the principal Medicare units within a hospital: Acute, Swing Bed, Psychology, and Rehabilitation. In previous versions of CHARS files, including the X12 4010, the Department used a proprietary identifier, the CHARS ID, within the scope of previous billing file formats to associate claim or discharge information with the corresponding reporting unit. The X12 version 5010 restricts the use of such proprietary identifiers in favor of the National Provider Identifier (NPI). This creates a challenge for CHARS because not all hospitals are enumerated such that each reporting unit has its own, unique NPI. To uniquely identify reporting units in the version 5010 file, CHARS uses the unit's Taxonomy Code.

1.2.1 Usage of Taxonomy Code and CHARS ID

The CHARS application uses the CHARS ID in the ISA06 – Interchange Sender ID and GS02 – Application Sender ID combined with the 2000A PRV03 Taxonomy Code to accurately associate the discharges or claims within a 5010 file with the correct hospital and hospital unit. This scheme provides flexibility for the multitude of systems that report to CHARS to batch claims when necessary. Thus, **senders are required to use the Taxonomy code of the reporting unit in the 2000B PRV03 element.**

2 CHARS Controls and References

2.1 CHARS Code Sets

CHARS Code Set Values

Code Table 1 - DOH Payer Codes

Code	Definition
001	Medicare
002	Medicaid
004	HMO
006	Commercial
008	Labor & Industries (Workers Comp)
009	Self-Pay
610	Health Care Service Contractors
625	Other Government
630	Charity Care

External Code Source 682: Taxonomy Codes

Taxonomy Code	Category	Description
282N00000X	Hospital	Short-Term (General and Specialty Hospitals)
282NC0060X	Hospital	Critical Access Hospitals
282E00000X	Hospital	Long-Term Care Hospital
283X00000X	Hospital	Rehabilitation Hospitals
282NC2000X	Hospital	Children's Hospitals
283Q00000X	Hospital	Psychiatric Hospitals
282NR1301X	Hospital	Rural Hospital
273R00000X	Hospital Unit	Psychiatric Unit
273Y00000X	Hospital Unit	Rehabilitation Unit
275N00000X	Swing-Bed Unit	Medicare Defined Swing Bed Unit

Code Set B1: WA Race & Ethnicity Codes

Race

Code	Description
R1	White
R2	Black or African American
R3	American Indian or Alaska Native
R4	Asian (including Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.)
R5	Native Hawaiian or Pacific Islander (including Chamorro, Samoan, etc.)
R8	Patient refused
R9	Unknown

Ethnicity

Code	Description
E1	Hispanic Origin (including Spanish, Mexican, Puerto Rican, Cuban, etc.)
E2	Not Hispanic
E8	Patient refused
E9	Unknown

E.g.,
NTE*ADD*:RET:R1^R4:E2~ is Multiple race White and Asian, Non-Hispanic Ethnicity.

2.2 Control Segments

ISA - Interchange Control Header	
Data Element	Value
ISA01 Author Information Qualifier	00
ISA02 Author Information	Empty (i.e., 10 spaces)
ISA03 Security Information Qualifier	00
ISA04 Security Information	Empty (i.e., 10 spaces)
ISA05 Interchange ID Qualifier	ZZ
ISA06 Interchange Sender ID	CHARS ID. See: Page 18 of *the CHARS Procedure Manual* for a Hospital Directory link, or contact the CHARS administrator.
ISA07 Interchange ID Qualifier	ZZ
ISA08 Interchange Receiver ID	CHARS501
ISA09 Interchange Date	Date (YYMMDD)
ISA10 Interchange Time	Time (HHMM)
ISA11 Repetition Separator	Your Repetition Separator
ISA12 Interchange Control Version Number	00501
ISA13 Interchange Control Number	Your Interchange Control Number
ISA14 Acknowledgement Requested	0 = No Interchange Acknowledgement Requested 1 = Interchange Acknowledgement Requested (TA1)
ISA15 Usage Indicator	P = Production Data T = Test Data
ISA16Component Element Separator	Component Element Separator

GS – Functional Group Header	
Data Element	Value
GS01 Functional Identifier	HC
GS02 Application Sender's Code	CHARS ID. Contact the CHARS administrator.
GS03 Application Receiver's Code	CHARS045010
GS04 Date	Date (CCYYMMDD)
GS05 Time	Time (HHMM)
GS06 Group Control Number	Must match Group Trailer GE02
GS07 Responsible Agency Code	X
GS08 Version/Release/Identifier Code	005010X223A2

GE – Functional Group Trailer	
Data Element	Value
GE01 Number of Transaction Sets Included	Transaction Set Count
GE02 Group Control Number	Must match GS06

IEA – Interchange Control Trailer	
Data Element	Value
IEA01 Number of Included Functional Groups	Group Count
IEA02 Interchange Control Number	Must match ISA13

2.3 Other Control Values

Other Control Values	
Data Element	Value
BHT06 - Claim Or Encounter Identifier	RP
1000A_NM109 – Submitter Identification Code	Hospital CHARS ID or NPI
1000B_NM103 – Receiver Organization Name	DOH-CHARS04
1000B_NM109 – Receiver Identification Code	CHARS045010
2000A_PRV03 – Billing Provider Taxonomy Code	The Taxonomy Code for the reporting unit. See Code Set 682 – Taxonomy Codes

2.4 Character Sets

Basic Character Set									
A-Z	**0-9**	**!**	**"**	**&**	**'**	**(**	**)**	**+**	*****
,	**-**	**.**	**/**	**:**	**;**	**?**	**=**	**(space)**	
Extended Character Set									
a-z	**%**	**~**	**@**	**[**	**]**	**_**	**{**	**}**	
****	**|**	**<**	**>**	**^**	**`**	**#**	**$**		

3 Form Locator Usage

Where "Report Value According To" is "*CHARS Procedure Manual*", 5010-specific instructions are in **bold red** in the mapping tables.

Form Locator	UB-04 Data Element	UB-04 Usage	Report Value According To
1	Billing Provider's Name, Address and Telephone Number	Required	NUBC UB-04 Manual
2	Billing Provider's Designated Pay-to Name, Address & ID	Required	CHARS Procedure Manual
3 A	Patient's Control Number	Required	NUBC UB-04 Manual
3 B	Medical/Health Record Number	Situational	NUBC UB-04 Manual
4	Type of Bill	Required	NUBC UB-04 Manual
5	Federal Tax Number	Required	NUBC UB-04 Manual
6	Statement Covers Period (From-Through)	Required	NUBC UB-04 Manual
7	Reserved for Assignment by NUBC	Not Used	NUBC UB-04 Manual
8 A	Patient's Name and Identifier	Required	NUBC UB-04 Manual
8 B	Patient's Name	Required	NUBC UB-04 Manual
9	Patient's Address	Required	NUBC UB-04 Manual
10	Patient's Birth Date	Required	NUBC UB-04 Manual
11	Patient's Sex	Required	NUBC UB-04 Manual
12	Admission/Start of Care Date	Required	NUBC UB-04 Manual
13	Admission Hour	Required	CHARS Procedure Manual
14	Priority (Type) of Admission or Visit	Required	NUBC UB-04 Manual
15	Point of Origin for Admission or Visit	Required	NUBC UB-04 Manual
16	Discharge Hour	Required	CHARS Procedure Manual
17	Patient Discharge Status	Required	NUBC UB-04 Manual
18-28	Condition Codes	Situational	NUBC UB-04 Manual
29	(Auto) Accident State	Not Used	NUBC UB-04 Manual
30	Reserved for Assignment by NUBC	Not Used	NUBC UB-04 Manual
31-34	Occurrence Codes and Dates	Required	CHARS Procedure Manual
35-36	Occurrence Span Codes and Dates	Required	NUBC UB-04 Manual
37	Reserved for Assignment by NUBC	Not Used	NUBC UB-04 Manual
38	Responsible Party Name and Address	Not Required	NUBC UB-04 Manual
39-41	Value Codes and Amounts	Required	NUBC UB-04 Manual

Form Locator	UB-04 Data Element	UB-04 Usage	Report Value According To
42	Revenue Codes	Required	NUBC UB-04 Manual
43	Revenue Description/IDE Number/Medicaid Drug Rebate	Not Required	NUBC UB-04 Manual
44	HCPCS/Accommodation Rates/HIPPS Rate Codes	Required	NUBC UB-04 Manual
45	Service Dates	Required	NUBC UB-04 Manual
46	Service Units	Required	NUBC UB-04 Manual
47	Total Charges	Required	NUBC UB-04 Manual
48	Non-Covered Charges	Required	NUBC UB-04 Manual
49	Reserved for Assignment by NUBC	Not Used	NUBC UB-04 Manual
50 A/B/C	Payer Identification Number (A required, B and C situational)	Required	NUBC UB-04 Manual
51 A/B/C	Health Plan ID (A required, B and C situational)	Required	NUBC UB-04 Manual
52 A/B/C	Release of Information Certification Indicator	Required	NUBC UB-04 Manual
53 A/B/C	Assignment of Benefits Certification Indicator	Not Used	NUBC UB-04 Manual
54 A/B/C	Prior Payments	Situational	NUBC UB-04 Manual
55 A/B/C	Estimated Amount Due From Patient	Not Required	NUBC UB-04 Manual
56	Billing Provider National Provider Identifier (NPI)	Required	NUBC UB-04 Manual
57 A/B/C	Other Provider Identifier (primary, secondary, and/or tertiary)	Not Used	NUBC UB-04 Manual
58 A/B/C	Insured's Name	Required	NUBC UB-04 Manual
59 A/B/C	Patient's Relationship to Insured	Required	NUBC UB-04 Manual
60 A/B/C	Insured's Unique Identification (A required, B and C situational)	Required	NUBC UB-04 Manual
61 A/B/C	Insurance Group Name	Situational	NUBC UB-04 Manual
62 A/B/C	Insurance Group Number	Situational	NUBC UB-04 Manual
63 A/B/C	Treatment Authorization Code	Situational	NUBC UB-04 Manual
64 A/B/C	Document Control Number (DCN)	Situational	NUBC UB-04 Manual
65 A/B/C	Employer Name (of the Insured) (situational)	Not Used	CHARS Procedure Manual
66	Diagnosis and Procedure Code Qualifier (ICD Version Indicator)	Required	NUBC UB-04 Manual
67	Principal Diagnosis Code and Present on Admission Code	Required	NUBC UB-04 Manual
67A-Q	Other Diagnoses Codes and Present on Admission Codes	Situational	NUBC UB-04 Manual
68	Reserved for Assignment by NUBC	Not Used	NUBC UB-04 Manual
69	Admitting Diagnosis	Required	NUBC UB-04 Manual
70 A-C	Patient's Reason for Visit	Situational	NUBC UB-04 Manual
71	Prospective Payment System (PPS) Code	Not Used	NUBC UB-04 Manual

Form Locator	UB-04 Data Element	UB-04 Usage	Report Value According To
72 A-C	External Cause of Injury (ECI) Code and POA Indicator	Situational	CHARS Procedure Manual
73	Reserved for Assignment by NUBC	Not Used	NUBC UB-04 Manual
74	Principal Procedure Code and Date	Situational	NUBC UB-04 Manual
74 A-E	Other Procedure Codes and Dates	Situational	NUBC UB-04 Manual
75	Reserved for Assignment by NUBC	Not Used	NUBC UB-04 Manual
76	Attending Provider Name and Identifiers (including NPI)	Required	CHARS Procedure Manual
77	Operating Provider Name and Identifiers (including NPI)	Situational	NUBC UB-04 Manual
78-79	Other Provider Name and Identifiers (including NPI)	Situational	NUBC UB-04 Manual
80	Remarks	Situational	NUBC UB-04 Manual
81	Code - Code Field Code List Qualifier	Required	CHARS Procedure Manual
	B1 – Patient Race and Ethnicity Code Source: CHARS Race and Ethnicity Code List	Required	CHARS Procedure Manual
	B3 – Health Care Provider Taxonomy Code Code Source: ASC X12 External Code Source 682 (National Uniform Claim Committee)	Required	CHARS Procedure Manual

4 CHARS-Specific Value Mapping to 837 005010X223/005010X223A2)

By Form Locator

NOTES:

1. **This table shows only those data elements that are CHARS-specific. All other loops, segments and data elements are the same as specified in the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3, Health Care Claim: Institutional (837) version 005010X223/005010X223A2.**

2. **Values shown in BOLD RED are CHARS-unique values.**

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
FL 04	Type of Bill						**Report only bill types 111, 121, 131, 181 and 851**
FL 08 A,B	**A1 – Patient's Social Security Number**	**2010BA**	**REF02**		**127**	**SY in REF01**	**When FL59=18 (Self)**
		2300	**NTE02**	**C022**	**NTE02-2**	**SY in NTE02-1**	**When FL59 is not 18 e.g., SY:123456789~ See FL81 for full description of Billing Note segment.**
FL 42	Revenue Code	2400	SV201		234		**Revenue codes 055X, 057X, 058X, 059X 060X, 0630 and 064X are not accepted.**
FL 47	Total Charges						
	Line Item	2400	SV203		782		**Do not report line items with a negative dollar amount.**
	Total (Summary)	2300	CLM02		782		Total must = sum of SV2 items. **Do not report claims with Total Charges Amount with a negative number.**
FL 51	Health Plan Identifier						

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
	A/B/C	2010BB for the Destination Payer of the Claim	NM 109		67	PI, XV in NM108 DE66	
			REF02		**128**	**2U in REF01**	**CHARS Payer Code**
		2330B for Non-Destination Payers	NM 109		67	PI, XV in NM108 DE66	
			REF02		**128**	**2U in REF01**	**CHARS Payer Code**
FL 56	National Provider Identifier - Billing Provider	2010AA	NMI09		67	XX in NM 108 DE 66	**Hospital NPI previously coordinated with DOH.**
FL 57	Other (Billing) Provider Identifier						
	A/B/C	2010BB	REF02		127	G2 in REF01 DE 128	No map for Qualifier LU. **This segment (Other Billing Provider Identifier) is not used for the CHARS Payer Code. See FL51 REF02.**
FL 67 A-Q	Other Diagnosis Codes						**Report up to 24 Other Diagnosis Codes**
FL 72 A-C	External Cause of Injury Code						**Report all External Cause of Injury Codes up to 12**
FL 74 A-E	Other Procedure Codes and Dates						**Report all Other Procedure Codes and Dates up to 24**
FL 78-79	Other Provider's (Individual) Names and Identifiers						**Report only Other Operating Physician (Code Type Qualifier ZZ)**

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element #	Qualifier/ Ref. Des./ Data Element	Notes
FL 80	Remarks	2300	NTE02		352	ADD in NTE01 DE 363	**Report patient Race, Ethnicity and SSN.** See Segment Detail in next section.
FL 81	Code-Code Field						
	B1 – Patient Race and Ethnicity	**2300**	**NTE02**	**C056**		**ADD in NTE 01; RET in NTE02**	**NTE Billing Note.** See segment Detail in next section.
	B3 – Health Care Taxonomy Code (Billing Provider)	**2000A**	**PRV03**		**127**	**BI in PRV01 DE 1221; PXC in PRV02 DE 128**	**Required.** See External Code Set 682 above. **Use as previously coordinated with DOH.**

5 Complete CHARS UB-04 Mapping to 837 (005010X223/005010X223A2)

By Form Locator

NOTE: Values shown in BOLD RED are CHARS-unique values.

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
FL 01	Billing Provider's Name, Address and Telephone Number						
	Line1 - Name	2010AA	NM103		1035	85 in NM101 DE 98; 2 in NM102 DE 1065	
	Line2 –Street Address	2010AA	N301, N302		166		
	Line3 -City	2010AA	N401		19		
	Line3 -State	2010AA	N402		156		
	Line3 –Zip Code	2010AA	N403		116		
	Line4 -Telephone	2010AA	PER04		364	TE in PER03 DE 365	
	Line4 -Fax	2010AA	PER06		364	FX in PER05 DE365	
	Line4 –Country Code	2010AA	N404		26		
FL 02	Billing Provider's designated Pay-to Name, Address & ID						
	Line1 - Name						No map
	Line2 –Address	2010AB	N301		166		
	Line3 -City	2010AB	N401		19		
	Line3 -State	2010AB	N402		156		
	Line 3 - ZIP Code	2010AB	N403		156		
	Line 4 – ID						

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
FL 03 A	Patient's Control Number	2300	CLM01		1028		
FL 03 B	Medical/Health Record Number	2300	REF02		127	EA in REF01 DE 128	
FL 04	Type of Bill						**Report only bill types 111, 121, 131, 181 and 851**
	Facility Code (positions 2-3 of 4 in FL 04)	2300	CLM05-1	C023	1331	A in CLM05-2	Leading zero in FL 04 is not reported on 837
	Frequency Code (position 4 of 4 in FL 04)	2300	CLM05-3	C023	1325		
FL 05	Federal Tax Number						
	Lower Line	Control Segment	ISA06		106	30 in ISA05 DE I05	
	Lower Line	2010AA	REF02		127	EI in REF01 DE128	
FL 06	Statement Covers Period (From-Through)	2300	DTP03		1251	434 in DTP01 DE 374; RD8 in DTP02 DE 1250	
FL 07	Reserved by NUBC						
FL 08 A,B	Patient's Name and Identifier						
	A – Patient's Name and ID	2010BA	NM109		67	MI in NM108 DE 66	When FL59=18 (Self)
		2010CA	NM109		67	MI in NM108 DE 66	When FL59 is not 18
	A1 – Patient's Social	**2010BA**	**REF02**		**127**	**SY in REF01**	**When FL 59=18 (Self)**

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
	Security Number	**2300**	**NTE02**	**C022**	**NTE02-2**	**SY in NTE02-1**	**When FL59 is not 18 e.g., SY:123456789~ See FL81 for full description of Billing Note segment.**
	B – Patient's Name	2010BA	NM103-105		1035-1037	IL in NMI01 DE 98; 1 in NM102 DE 1065	When FL59=18 (Self)
		2010CA	NM103-105			QC in NM101 DE 98; 1 in NM102 DE 1065	When FL59 is not 18
FL 09	Patient's Address						
	A – Street Address	2010BA	N301		166		When FL59=18 (Self)
		2010CA	N301		166		When FL59 is not 18
	B - City	2010BA	N401		19		When FL59=18 (Self)
		2010CA	N401		19		When FL59 is not 18
	C - State	2010BA	N402		156		When FL59=18 (Self)
		2010CA	N402		156		When FL59 is not 18
	D - ZIP Code	2010BA	N403		116		When FL59=18
		2010CA	N403		116		When FL59 is not 18
	E - Country Code	2010BA	N404		26		When FL59=18 and the address is outside the United States
		2010CA	N404		26		When FL59 is not 18 and the address is outside the United States
FL 10	Patient's Birth Date	2010BA	DMG02		1251	D8 in DMG01 DE 1250	When FL59=18
		2010CA	DMG02		1251	D8 in DMG01 DE1250	When FL59 is not 18
FL 11	Patient's Sex	2010BA	DMG03		1068	F,M,U	When FL59=18
		2010CA	DMG03		1068	F,M,U	When FL59 is not 18

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
FL 12	Admission/Start of Care Date	2300	DTP03		1251	435 in DTP01 DE 374; DT in DTP02 DE 1250	
FL 13	Admission Hour	2300	DTP03		1251	435 in DTP01 DE 374; DT in DTP02 DE 1250	
FL 14	Priority (Type) of Admission or Visit	2300	CL101		1315		
FL 15	Point of Origin for Admission or Visit	2300	CL102		1314		
FL 16	Discharge Hour	2300	DTP03		1251	096 in DTP01 DE 374; TM in DTP02 DE 1250	
FL 17	Patient Discharge Status	2300	CL103		1352		
FL 18-28	Condition Codes						
	18	2300	HI101-2	C022	1271	BG in HI101-1 DE 1270	
	19	2300	HI102-2	C022	1271	BG in HI102-1 DE 1270	
	20	2300	HI103-2	C022	1271	BG in HI103-1 DE 1270	
	21	2300	HI104-2	C022	1271	BG in HI104-1 DE 1270	
	22	2300	HI105-2	C022	1271	BG in HI105-1 DE 1270	
	23	2300	HI106-2	C022	1271	BG in HI106-1 DE 1270	
	24	2300	HI107-2	C022	1271	BG in HI107-1 DE 1270	
	25	2300	HI108-2	C022	1271	BG in HI108-1 DE 1270	

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
	26	2300	HI109-2	C022	1271	BG in HI109-1 DE 1270	
	27	2300	HI110-2	C022	1271	BG in HI110-1 DE 1270	
	28	2300	HI111-2	C022	1271	BG in HI111-1 DE 1270	
FL 29	(Auto) Accident State	2300	REF02		127	LU in REF01 DE 128	
FL 30	Reserved by NUBC						
FL 31-34	Occurrence Codes and Dates						
	31 A – Code	2300	H101-2	C022	1271	BH in H101-1 DE 1270	
	31 A – Date	2300	H101-4	C022	1251	D8 in H101-3 DE 1250	
	32 A – Code	2300	H102-2	C022	1271	BH in H102-1 DE 1270	
	32 A – Date	2300	H102-4	C022	1251	D8 in H102-3 DE 1250	
	33 A – Code	2300	H103-2	C022	1271	BH in H103-1 DE 1270	
	33 A – Date	2300	H103-4	C022	1251	D8 in H103-3 DE 1250	
	34 A – Code	2300	H104-2	C022	1271	BH in H104-1 DE 1270	
	34 A – Date	2300	H104-4	C022	1251	D8 in H104-3 DE 1250	
	31 B – Code	2300	H105-2	C022	1271	BH in H105-1 DE 1270	
	31 B – Date	2300	H105-4	C022	1251	D8 in H105-3 DE 1250	
	32 B – Code	2300	H106-2	C022	1271	BH in H106-1 DE1270	
	32 B – Date	2300	H106-4	C022	1251	D8 in H106-3 DE 1250	
	33 B – Code	2300	H107-2	C022	1271	BH in H107-1 DE 1270	
	33 B – Date	2300	H107-4	C022	1251	D8 in H107-3 DE 1250	
	34 B – Code	2300	H108-2	C022	1271	BH in H108-1 DE 1270	
	34 B – Date	2300	H108-4	C022	1251	D8 in H108-3 DE 1250	
FL 35,36	Occurrence Span Codes and Dates						
	35 A – Code	2300	H101-2	C022	1271	BI in H101-1 DE 1270	

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
	35 A – From/ Through	2300	H101-4	C022	1251	RD8 in H101-3 DE 1250	
	36 A – Code	2300	H102-2	C022	1271	BI in H102-1 DE 1270	
	36 A – From/ Through	2300	H102-4	C022	1251	RD8 in H102-3 DE 1250	
	35 B – Code	2300	H103-2	C022	1271	BI in H103-1 DE 1270	
	35 B – From/ Through	2300	H103-4	C022	1251	RD8 in H103-3 DE 1250	
	36 B – Code	2300	H104-2	C022	1271	BI in H104-1 DE 1270	
	36 B – From/ Through	2300	H104-4	C022	1251	RD8 I H104-3 DE 1250	
FL 37	Reserved for Assignment by the NUBC						
FL 38	Responsible Party Name and Address						No map
FL 39-41	Value Codes and Amounts						
	39 A – Code	2300	H101-2	C022	1271	BE in H101-1 DE 1270	
	39 A – Amount	2300	H101-5	C022	782		
	39 B – Code	2300	H102-2	C022	1271	BE in H102-1 DE 1270	
	39 B – Amount	2300	H102-5	C022	782		
	39 C – Code	2300	H103-2	C022	1271	BE in H103-1 DE 1270	
	39 C – Amount	2300	H103-5	C022	782		
	39 D – Code	2300	H104-2	C022	1271	BE in H104-1 DE 1270	
	39 D – Amount	2300	H104-5	C022	782		
	40 A – Code	2300	H105-2	C022	1271	BE in H105-1 DE 1270	
	40 A – Amount	2300	H105-5	C022	782		
	40 B – Code	2300	H106-2	C022	1271	BE in H106-1 DE 1270	
	40 B – Amount	2300	H106-5	C022	782		
	40 C – Code	2300	H107-2	C022	1271	BE in H107-1 DE 1270	

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
	40 C – Amount	2300	H107-5	C022	782		
	40 D – Code	2300	H108-2	C022	1271	BE in H108-1 DE 1270	
	40 D – Amount	2300	H108-5	C022	782		
	41 A – Code	2300	H109-2	C022	1271	BE in H109-1 DE 1270	
	41 A – Amount	2300	H109-5	C022	782		
	41 B – Code	2300	H110-2	C022	1271	BE in H110-1 DE 1270	
	41 B – Amount	2300	H110-5	C022	782		
	41 C – Code	2300	H111-2	C022	1271	BE in H111-1 DE 1270	
	41 C – Amount	2300	H111-5	C022	782		
	41 D – Code	2300	H112-2	C022	1271	BE in H112-1 DE 1270	
	41 D – Amount	2300	H112-5	C022	782		
FL 42	Revenue Codes	2400	SV201		234		**Revenue codes 055X, 057X, 058X, 059X, 060X, 0630X and 064X are not accepted**
FL 43	Revenue Description/IDE Number/Medicaid Drug Rebate						No map
	IDE Number	2300	REF		127	LX in REF01 DE 128	
	Medicaid Drug Rebate Reporting: NDC Number	2410	LIN03		234	N4 in LIN02 De 235	
	Quantity	2410	CPT04		280	F2, GR, ML, UN in CPT05 DE 355	
FL 44	HCPCS/ Accommodation Rates /HIPPS Rate Codes						
	HCPCS	2400	SV202-2	C003	234	HC in SV202-1 DE 235	
	HIPPS Rate Code	2400	SV202-2	C003	234	HP in SV202-1 DE 235	

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
	Accommodation Rates	2400	SV206		1371		
	HCPCS Modifiers	2400	SV202-3, 4, 5, 6	C003	1339	HC in SV202-1 DE 235	
FL 45	Service Dates						
	Service Dates	2400	DTP03		1251	472 in DTP01 DE374; D8 in DTP02 DE 1250	
	Assessment Dates						No map. Occurrence Code 50
	Creation Dates	Header	BHT04		373		
FL 46	Service Units	2400	SV205		380	DA, UN in SV204 DE 355	
FL 47	Total Charges						
	Line Item	2400	SV203		782		**Do not report line items with a negative dollar amount.**
	Total (Summary)	2300	CLM02		782		Total must = sum of SV2 items. **Do not report claims with Total Charges Amount with a negative number.**
FL 48	Non-Covered Charges						
	Line Item	2400	SV207		782		
	Total (Summary)	2300	CLM02		782		
FL 49	Reserved for Assignment by the NUBC						
FL 50	Payer Identification Number						

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
	A/B/C	2010BB for the Destination Payer of the Claim	NM103		1035	PR in NM101 DE 98; 2 in NM102 DE 1065	
		2330B for Non-Destination Payers	NM103		1035	PR in NM101 DE 98; 2 in NM102 DE 1065	
FL 51	Health Plan Identifier						
	A/B/C	2010BB for the Destination Payer of the Claim	NM 109		67	PI, XV in NM108 DE66	
			REF02		**128**	**2U in REF01**	**CHARS Payer Code**
		2330B for Non-Destination Payers	NM 109		67	PI, XV in NM108 DE66	
			REF02		**128**	**2U in REF01**	**CHARS Payer Code**
FL 52	Release of Information Certification Indicator						
	A/B/C	2300 for Destination Payer	CLM09		1363	I, Y in CLM09 DE 1363	
		2320 for Non-Destination Payer	O106		1363	I, Y in CLM09 DE 1363	
FL 53	Assignment of Benefits Certification Indicator						

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
	A/B/C	2300 for Destination Payer	CLM08		1073	N, W, Y, in CLM08 DE 1073	
		2320 for Non-Destination Payer	OI03		1073	N, W, Y, in CLM08 DE 1073	
FL 54	Prior Payments						
	A/B/C	2320	AMT02		782	D in AMT 01 DE 522	
FL 55	Estimated Amount Due From Patient						
	A/B/C						No map; see Value Codes A3, B3, C3
FL 56	Billing Provider National Provider Identifier (NPI)	2010AA	NMI09		67	XX in NM 108 DE 66	**Hospital NPI previously coordinated with DOH.**
FL 57	Other Provider Identifier						
	A/B/C	2010BB	REF02		127	G2 in REF01 DE 128	No map for Qualifier LU. **This segment (Other Billing Provider Identifier) is not used for the CHARS Payer Code. See FL51 REF02.**
FL 58	Insured's Name						
	A/B/C	2010BA for Destination Payer	NM103		1035	IL in NM101 DE 98; 1 in NM102 DE 1065	

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
		2330A for Non-Destination Payer	NM104		1036	IL in NM101 DE 98; 1 in NM102 DE 1065	
FL 59	Patient's Relationship to Insured						
	A/B/C	2000B for Destination Payer	SBR02		1069		When FL59 = 18
		2000C for Destination Payer	PAT01		1069		When FL59 not = l8
		2320 for Non-Destination Payer	SBR02		1069		When FL59 = 18 and not = 18
FL 60	Insured's Unique Identification						
	A/B/C	2010BA for Destination Payer	NM109		67	MI in NM108 DE 66	
		2320A for Non-Destination Payer	NM109		67	MI in NM108 DE 66	
FL 61	Insurance Group Name						
	A/B/C	2000B for Destination Payer	SBR04		93		

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
		2320A for Non-Destination Payer	SBR04		93		
FL 62	Insurance Group Number						
	A/B/C	2000B for Destination Payer	SBR03		127		
		2320A for Non-Destination Payer	SBR03		127		
FL 63	Treatment Authorization Code						
	A	2300 for Destination Payer	REF02		127	G1 in REF01 DE 128	
	B	2300 for Destination Payer	REF02		127	9F in REF01 DE 128	
	C	2330B for Non-Destination Payer	REF02		127	G1 in REF01 DE 128	
FL 64	Document Control Number (DCN)						
	A/B/C	2300 for Destination Payer	REF02		127	F8 in REF01 DE 128	

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
		2330B for Non-Destination Payer	REF02		127	F8 in REF01 DE 128	
FL 65	Employer Name (of the Insured)						
	A/B/C						No map
FL 66	Diagnosis and Procedure Code Qualifier (ICD Version Indicator)						No map
FL 67	Principle Diagnosis Code and Present on Admission Code						
	Code (positions 1-7)	2300	HI01-2	C022	1271	BK/ABK in H101-1 DE 1270	
	POA Indicator (position 8)	2300	HI01-9		1073		
FL 67A-Q	Other Diagnosis Codes and Present on Admission Codes						**Report up to 24 Other Diagnosis Codes**
	A – Code-position 1-7	2300	HI01-2	C022	1271	BK/ABK in H101-1 DE 1270	
	A - POA Indicator-position 8	2300	HI01-9		1073		
	B – Code-position 1-7	2300	HI02-2	C022	1271	BF/ABF in H102 -1 DE 1270	
	B - POA Indicator-position 8	2300	HI02-9		1073		

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
	C – Code-position 1-7	2300	HI03-2	C022	1271	BF/ABF in H103-1 DE 1270	
	C - POA Indicator-position 8	2300	HI03-9		1073		
	D – Code-position 1-7	2300	HI04-2	C022	1271	BF/ABF in H104-1 DE 1270	
	D - POA Indicator-position 8	2300	HI04-9		1073		
	E – Code-position 1-7	2300	HI05-2	C022	1271	BF/ABF in H105-1 DE 1270	
	E - POA Indicator-position 8	2300	HI05-9		1073		
	F – Code-position 1-7	2300	HI06-2	C022	1271	BF/ABF in H106-1 DE 1270	
	F - POA Indicator-position 8	2300	HI06-9		1073		
	G – Code-position 1-7	2300	HI07-2	C022	1271	BF/ABF in H107-1 DE 1270	
	G - POA Indicator-position 8	2300	HI07-9		1073		
	H – Code-position 1-7	2300	HI08-2	C022	1271	BF/ABF in H108-1 DE 1270	
	H - POA Indicator-position 8	2300	HI08-9		1073		
	I – Code-position 1-7	2300	HI09-2	C022	1271	BF/ABF in H109-1 DE 1270	
	I - POA Indicator-position 8	2300	HI09-9		1073		
	J – Code-position 1-7	2300	HI10-2	C022	1271	BF/ABF in H110-1 DE 1270	

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
	J - POA Indicator-position 8	2300	HI10-9		1073		
	K – Code-position 1-7	2300	HI11-2	C022	1271	BF/ABF in H111-1 DE 1270	
	K - POA Indicator-position 8	2300	HI11-9		1073		
	L – Code-position 1-7	2300	HI12-2	C022	1271	BF/ABF in H112-1 DE 1270	
	L - POA Indicator-position 8	2300	HI12-9		1073		
	M – Code-position 1-7	2300	HI13-2	C022	1271	BF/ABF in H113-1 DE 1270	
	M - POA Indicator-position 8	2300	HI13-9		1073		
	N – Code-position 1-7	2300	HI14-2	C022	1271	BF/ABF in H114-1 DE 1270	
	N - POA Indicator-position 8	2300	HI14-9		1073		
	O – Code-position 1-7	2300	HI15-2	C022	1271	BF/ABF in H115-1 DE 1270	
	O - POA Indicator-position 8	2300	HI15-9		1073		
	P – Code-position 1-7	2300	HI16-2	C022	1271	BF/ABF in H116-1 DE 1270	
	P - POA Indicator-position 8	2300	HI16-9		1073		
	Q – Code-position 1-7	2300	HI17-2	C022	1271	BF/ABF in H117-1 DE 1270	
	Q - POA Indicator-position 8	2300	HI17-9		1073		

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
FL 68	Reserved for Assignment by NUBC						
FL 69	Admitting Diagnosis Code	2300	H101-2	C022	1271	BJ/ABJ in H101-1 DE 1270	
FL 70 A-C	Patient's Reason for Visit						
	A	2300	H101-2	C022	1271	PR/APR in H101-1 De 1270	
	B	2300	H102-2	C022	1271	PR/APR in H102-1 De 1270	
	C	2300	H103-2	C022	1271	PR/APR in H103-1 De 1270	
FL 71	Prospective Payment System (PPS) Code	2300	H101-2	C022	1271	DR in H101-1 DE 1270	
FL 72 A-C	External Cause of Injury (ECI) Code and POA Indicator						**Report all External Cause of Injury Codes up to 12**
	A – Code-positions 1-7	2300	HI01-2	C022	1271	BN/ABN in H101-1 DE 1270	
	A - POA Indicator-position 8	2300	HI01-9		1073		
	B – Code-positions 1-7	2300	HI02-2	C022	1271	BN/ABN in HI02-1 DE 1270	
	B - POA Indicator-position 8	2300	HI02-9		1073		
	C – Code-positions 1-7	2300	HI03-2	C022	1271	BN/ABN in HI03-1 DE 1270	
	C - POA Indicator (position 8)	2300	HI03-9		1073		

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
FL 73	Reserved for Assignment by NUBC						
FL 74	Principal Procedure Code and Date						
	Code	2300	HI01-2	C022	1271	BR/BBR in HI01-1 DE 1270	
	Date	2300	HI01-4	C022	1251	D8 in HI01-3 DE1250	
FL 74 A-E	Other Procedure Codes and Dates						**Report all Other Procedure Codes and Dates up to 24**
	A - Code	2300	HI01-2	C022	1271	BQ/BBQ in HI01-l DE 1270	
	A - Date	2300	HI01-4	C022	1251	D8 in HI01-3 DE 1250	
	B - Code	2300	HI02-2	C022	1271	BQ/BBQ in HI02-l DE 1270	
	B - Date	2300	HI02-4	C022	1251	D8 in HI02-3 DE 1250	
	C - Code	2300	HI03-2	C022	1271	BQ/BBQ in HI03-l DE 1270	
	C - Date	2300	HI03-4	C022	1251	D8 in HI03-3 DE 1250	
	D - Code	2300	HI04-2	C022	1271	BQ/BBQ in HI04-l DE 1270	
	D - Date	2300	HI04-4	C022	1251	D8 in HI04-3 DE 1250	
	E - Code	2300	HI05-2	C022	1271	BQ/BBQ in HI05-l DE 1270	
	E - Date	2300	HI05-4	C022	1251	D8 in HI05-3 DE 1250	
FL 75	Reserved for Assignment by NUBC						
FL 76	Attending Provider Name and Identifiers						

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
	NPI	2310A	NM109		67	71 in NM 101 DE 98; XX in NM108 DE 66	
	Secondary Identifier Qualifier	2310A	REF01		128		
	Secondary Identifier	2310A	REF02		127		
	Last Name	2310A	NM103		1035	1 in NM102 DE 1065	
	First Name	2310A	NM104		1036		
FL 77	Operating Provider Name and Identifiers						
	NPI	2310B	NM109		67	72 in NM 101 DE 98; XX in NM108 DE 66	
	Secondary Identifier Qualifier	2310B	REF01		128		
	Secondary Identifier	2310B	REF02		127		
	Last Name	2310B	NM103		1035	1 in NM102 DE 1065	
	First Name	2310B	NM104		1036		
FL 78-79	Other Provider Names and Identifiers						
	Provider Type Qualifier: Other Operating Physician Rendering Provider Referring Provider	 2310C 2310D 2310F	NM101		98	 ZZ 82 DN	**Report only Other Operating Physician (Code Type Qualifier ZZ)**

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
	NPI: Other Operating Physician Rendering Provider Referring Provider	2310C 2310D 2310F	NM109		67	XX in NM108 DE 66	
	Secondary Identifier Qualifier: Other Operating Physician Rendering Provider Referring Provider	2310C 2310D 2310F	REF01		128		
	Secondary Identifier: Other Operating Physician Rendering Provider Referring Provider	2310C 2310D 2310F	REF02		127		
	Last Name: Other Operating Physician Rendering Provider Referring Provider	2310C 2310D 2310F	NM103		1035	1 in NM102 DE 1065	
	First Name: Other Operating Physician Rendering Provider Referring Provider	2310C 2310D 2310F	NM104		1036		

FL	Description	Loop ID	Reference Designator	Composite	X12 Data Element	Qualifier/ Ref. Des./ Data Element	Notes
FL 80	Remarks	2300	NTE02		352	ADD in NTE01 DE 363	**Report patient Race, Ethnicity and SSN.** See Segment Detail in next section.
FL 81	Code-Code Field Code List Qualifier						
	B1 – Patient Race and Ethnicity	**2300**	**NTE02**	**C056**		**ADD in NTE 01; RET in NTE02**	**NTE Billing Note.** See Segment Detail in next section.
	B3 – Health Care Taxonomy Code (Billing Provider)	**2000A**	**PRV03**		**127**	**BI in PRV01 DE 1221; PXC in PRV02 DE 128**	**Required.** See External Code Set 682 above. **Use as previously coordinated with DOH.**

Segment Detail **2300 NTE - Billing Note with Patient Race, Ethnicity and SSN**

Segment Usage: **Required**
Patient Race, Ethnicity and SSN are required by WA State Administrative Code.
Report one ethnicity code and at least one race code

Segment Syntax: **Format the NTE02 to contain two data elements, DE01 and DE02.**

Example 1: **NTE*ADD*:RET:R9^:RET:E1~**

Example 2: **NTE*ADD*:RET:R2^:RET:R4^:RET:E1*SY:987654321~**

Detail		
Usage	**Ref. Des.**	**Name and Description**
REQUIRED	**DE01**	**Race and Ethnicity Code** DE01 is a 3-component Composite data element, Race and Ethnicity Code. Composite DE01 may repeat up to 10 times to report multiple race codes and a single ethnicity code. One Ethnicity code and at least one Race Code are required. Syntax: If either DE01-2 or DE01-3 is present, then the other is required.
NOT USED	**DE01-1**	
REQUIRED	**DE01-2**	**Code List Qualifier** Data element length: 1/3 RET – Race or Ethnicity Code
REQUIRED	**DE01-3**	**Race or Ethnicity Code** Data Element Length: 1/30. Use CHARS Code List B1.
SITUATIONAL	**DE02**	**Patient SSN** Use when FL59 is not 18 (Self) DE02 is a 2-component Composite data element. Syntax: If either DE02-1 or DE02-2 is present, then both are required.
REQUIRED	**DE02-1**	**Code List Qualifier** Data element length: 1/3 SY – Social Security Number
REQUIRED	**DE02-2**	**Patient SSN** Data Element length: 1/9 If DE02 is not required, then do not report this data element.

6 Change Summary

6.1 Changes in Revision 6 (R6)

6.1.1 Updated Form Location Usage

- Updated to Rev. 3709, Implemented 04-04-2017

6.1.2 Updated CHARS UB-04 Mapping to 837 (005010X223/005010X223A2)

- Updated to Rev. 3709, Implemented 04-04-2017

6.2 Changes in Revision 5 (R5)

6.2.1 Clarified ICD-10 Reporting in the CHARS 5010 Files

6.2.2 Corrected Typographical Errors

6.3 Changes in Revision 4 (R4)

6.3.1 Global Changes

- Corrected typographical errors

6.4 Changes in Revision 3 (R3)

6.4.1 Detailed Transaction Change

- Corrected Race and Ethnicity repetition instructions and examples

6.5 Changes in Revision 2 (R2)

6.5.1 Updated Control Values

- Modification of control values and addition of omitted control values

6.5.2 Global Changes

- Consolidated *CHARS Specific Values Mapping* and *Complete Mapping*
- Moved Control Segment and Control Values to the front of the document

6.5.3 Detailed Transaction Changes

- Clarified 2010BB REF – Other (Billing) Provider Identifier in not to be used for Payer ID

6.5.4 Control Segments

- Changed ISA06 and GS02 from NPI to Hospital CHARS ID
- Add control values for 1000 Loop and emphasized required value 2000A PRV03 Billing Provider Taxonomy Code
- Added the Basic Character Set and Extended Character Set tables from the X12 837 TR3 for reference (if discrepancies the TR3 report takes precedence)

6.6 Changes in Revision 1 (R1)

6.6.1 Global Changes

- The X12 837 implementation ID changed to 00510XA2 wherever it appears

6.6.2 Detailed Transaction Changes

- Corrected the example NTE segment in the Race and Ethnicity Codes table by adding a composite separator character (:) after RET
- Corrected Loop ID for FL03 address to 2010AB
- Added explanatory remark to FL09e that Country Code is reported only if the address is outside the USA

6.6.3 Control Segments

- Removed option to use X12 version identifier 005010X223 in GS08 Version/Release/Identifier Code
- Added requirement to use Transaction Type Code “RP” in BHT06

7 File Segment Example

ISA*00* *00* *ZZ*164 *ZZ*CHARS01 *150828*1208*^*00501*000006022*0*T*.~	
GS*HC*164*CHARS045010*20150828*1208*6022**005010223A2~	Shows License#, Date, 5010 Version X223A2
ST*837*0000000001*005010X223A2~	
BHT*0019*00*6022*20150828*1208*RP~	
NM1*41*2*EXAMPLE HEALTHCARE*****46*164~	1000A Submitter Name
PER*IC*JANE DOE*TE*4258993622~	Submitter Contact Info
NM1*40*2*CHARS*****46*CHARS04~	1000B Receiver Name - CHARS
HL*4**20*1~	2000A First Hierarchical Level - Billing Provider
PRV*BI*PXC*282N00000X~	Taxonomy Code MANDATORY
NM1*85*2*EXAMPLE HEALTHCARE*****XX*1033174933~	2000AA Billing Provider Name
N3*1212 MAIN STREET~	BP Address
N4*OLYMPIA*WA*985043098~	BP Address
REF*EI*910844563~	Tax ID
HL*7*1*22*1~	2000B Beginning of Next Discharge Record
SBR*P*********MC~	Subscriber Info - If field after P is blank, subscriber is not patient
NM1*IL*1*DOE*JOHN****MI*999999999~	2010BA Subscriber Name - We don't use SSN if in the last field
N3*123 STATE DRIVE~	Subscriber Address
N4*OLYMPIA*WA*98503~	Subscriber Address
DMG*D8*20140924*M~	Subscriber DOB and Sex - not race/ethnicity
REF*SY*0000~	Subscriber SSN - used if subscriber is the patient
NM1*PR*2*HEALTH INSURANCE CO*****PI*XX~	2010BB Payer Name
N3*PO BOX 6161*WASHINGTON CLAIMS~	Payer Address
N4*ARLINGTON*VA*234661010~	Payer Address
RF*2U*002~	DOH Payer Type
HL*8*7*23*0~	20000C Patient Level - if subscriber is not the patient
PAT*19~	Patient Relationship to Subscriber - CHARS does not use
NM1*QC*1*DOE*JANE~	2010CA Patient Name- loop not here if patient is subscriber

N3*123 STATE DRIVE~	Patient Address
N4*OLYMPIA*WA*98503~	Patient Address
DMG*D8*20140924*M~	Patient DOB and Sex
REF*Y4*0000~	CHARS does not use this
CLM*E8123456789 1*4052***11:A:1~	2300 Claim Info Loop, PCN, Charges, Bill Type (this is 111)
DTP*096*TM*1200~	Discharge Hour
DTP*434*RD8*20150724-20150726~	Statement To-From Dates
DTP*435*DT*201507240332~	Admission Date/Hour
CL1*4*5*01~	Admit Type, Admit Source, Discharge Status
REF*G1*C02137816~	CHARS does not use this
REF*EA*M1349075~	CHARS does not use this
NTE*ADD*RET:R9^:RET:E9*SY:0000~	Race/Ethnicity - SSN if patient is not subscriber
HI*ABK:Z3801~	Principal Diagnosis
HI*ABJ:Z3801~	Admitting Diagnosis
HI*DR*640~	Hospital Provided DRG
HI*ABF:P819*ABF:P0821*ABF:Z23~	Other Diagnosis - could be HI*ABF:P819:::::::::Y*
HI*BBR:3E0234Z:D8:20150724~	Principal Procedure Info
HI*BE:80:::2*BE:81:::0~	Value Code - could be BI Occurrence, Other Procedure
NM1*71*1*BONES*REBESSA*G***XX*999999999~	2310A Attending Provider - NPI in last field
NM1*72*1*CUTTER*JENNIFER*M***XX*9999999999~	2310B Operating Physician - NPI in last field
OTHER PAYER WOULD BE BETWEEN THIS AND THE NEXT LINE	
LX*1~	2400 Service Line #
SV2*0171**4052*DA*2~	Rev Code/Charges/Units
REF*6R*0171000090…1~	Other Info - Could be drug info if LIN and CTP segments follow