

Event Data Set
Dictionary / Data Submission Guide
Companion Guide to
HIPAA (ASC X12 837Prof) Format
for Fiscal Year 2025

Formally National Standard Format (NSF)

Updates to Event File

No updates for SFY25.

Event (Claim File) Data Conventions

Data Element Types

Symbol	Type	Comments
AN	String	Any character from basic or extended character set
B	Binary	
DT	Date	YYMMDD or CCYYMMDD depending on the length of the element
ID	Identifier	Value from a predefined table of codes
N#	Numeric	# = number of decimal places to right of implied decimal, (-) indicates negative number, length does not include optional sign
R	Decimal	Number with explicit decimal point always displayed, (-) indicates negative number, length does not include optional sign
TM	Time	HHMM(SSD..D) depending on the length of the element
X	String	Specific code such as a record ID (IPOP definition)

Requirement Designators

Type	Definition	Comments
M	Mandatory	Required field
O	Optional	Field may or may not be present. If NOT present, the Element Separator is still required
X	Relational	Codes in this field are based on the qualifying code in the previous field

Recommendations

- It is **STRONGLY** recommended, but not required, that an asterisk (*) be used as the Data / Field Element Separator, a colon (:) be used as the Component Element Separator, and a tilde (~) be used as the Segment / Record Terminator in the ISA record.
- It is recommended that all time fields always be set to 24 hour clock (2:00 pm is 1400) and use only 4 position length (HHMM). Do not use a colon (:) in the time field, especially if colon is being used as the Component Element Separator.
- Records should have CR/LF following the “ ~ “ at the end of the record. Not only does the software behave better with this line break, but it enables IPOP to read the raw data better and zero in on any problems.

Procedure

The Editor program (written in 2004) allows the HIPAA format to be submitted directly into the IPOP database.

NOTE:

- Only the HIPAA records that are needed for the Event Data Set are listed in this document (and some needed for ease in following loops and “envelopes”). Additional HIPAA records may be included in the same transmission, but IPOP will ignore them.
- An encryption program for the HIPAA format is available under File Management within your Data Upload System web page. Instructions for this and the other encryption programs is available in the same location.
- Highlighted items within the Input Record Format are fields that are being used by IPOP/DBHDID.

Event (Claim File) Data Submission File Layout

See the individual input record formats starting on page E-7

Event (Claim File) Data Set Table Layout

Seq	Field Name * = Key field-	Type Size	Old NFS Field ID	HIPPA Field ID / loop	Edits	Errors
01	* Region Number	char 2	BA0-01		From input file ID (pos 1-2), must match valid region else reject entire batch	F
02	* PAT Control NO (client ID)	char 9	CA0-03	NM109 2010BA	Must match Client table else reject claim	F
03	* Claim Number	char 6			System generated incremental number set to "00001" at beginning	
04	* SVC From Date	date	FA0-03	DTP03 2400	Valid date before today else reject service	F
05	* DMHMRS Modifier 1	char 2	FA0-12	NTE02 2400	Must match a valid code; if Prime-Payer = Y, then F - reject service; else G	F/G/C
06	* Provider NO	char 15	CA0-28	NTE02 2400	Must match Providers table else reject claim (if client status = 2, G error)	F/G
07	* Rendering Professional ID	char 15	FA0-23	NTE02 2400	May be "999999" or must match HR table else set to 15 zeros	G
08	* Place of SVC	char 2	FA0-07	SV105 2400	Must match a valid code else set to "98"	G/C
09	* System Reporting Date	date			From input file ID (pos 3-6 - mm/01/yy), must be before today else reject batch	F
10	Claim ID Number	char 6	CA0-29		(Not used) Set to "000000"	G
11	Last Name	char 20	CA0-04		(not used) Set to blank	
12	First Name	char 12	CA0-05		(not used) Set to blank	
13	Date of Birth	date	CA0-08		(not used) Set to "99999998"	
14	Sex	char 1	CA0-09		(not used) Set to "8"	
15	Claim Filing Ind 1	char 1	DA0-04		(not used) no edit	
16	* Source of Pay 1 (Prime Payer)	char 1	DA0-05	SBR09 / NTE02 2000B / 2400	Must match a valid code else set to "8"	G
17	Claim Filing Ind 2	char 1	DA0-04		(not used) no edit	
18	Source of Pay 2	char 1	DA0-05		(not used) Set to blank	F
19	Claim Filing Ind 3	char 1	DA0-04		(not used) no edit	
20	Source of Pay 3	char 1	DA0-05		(not used) Set to blank	F
21	Admission Date	date	EA0-26	DTP03 2300	Before today; may be blank if client status 2 else set to "00000000"	G
22	Discharge Date	date	EA0-27	DTP03 2300	May be blank or must be valid date else set to "00000000"	G
23	Diagnosis Code 1	char 8	EA0-30	HI01(2) 2300	Must match ICD-10 table else set to "00000"	G
24	Diagnosis Code 2	char 8	EA0-31	HI02(2) 2300	May be blank or must match ICD-10 table else set to "00000"	G
25	Diagnosis Code 3	char 8	EA0-32	HI03(2) 2300	May be blank or must match ICD-10 table else set to "00000"	G

26	Diagnosis Code 4	char 8	EA0-33	HI04(2) 2300	May be blank or must match ICD-10 table else set to "00000"	G
27	Special Program IND	char 2	EA0-41	NTE02 2400	Must match a valid code else set to "98"	G/C
28	Line Item Control NO	char 17	FA0-04		No edit - Set to blank	
29	SVC To Date	date	FA0-06	DTP03 2400	May be blank or before today and after Svc from else set to "00000000"	G
30	Procedure Code	char 5	FA0-09	SV101(2) 2400	If Prime-Payer = "Y" may be blank or match DMHMRS-Modifier or contain valid CPT/HCPTS code // If Prime-Payer = "D" must be valid CPT-HCPCS code // If Prime_Payer other than D/Y, must contain a valid CPT/HCPCS code, else set to "99998"	G
31	HCPCS Modifier 1	char 2	FA0-10		(not used) no edit	
32	HCPCS Modifier 2	char 2	FA0-11		(not used) no edit	
33	Line Charges	num 7	FA0-13	SV102 2400	(not used) Must be numeric else set to "00000000"	
34	Diag Code Pointer 1	char 1	FA0-14	SV107(1) 2400	(not used) Must be 1/2/3/4 else set to "8"	G A/C
35	Diag Code Pointer 2	char 1	FA0-15	SV107(2) 2400	(not used) May be blank or 1/2/3/4 else set to "8"	G A
36	Diag Code Pointer 3	char 1	FA0-16	SV107(3) 2400	(not used) May be blank or 1/2/3/4 else set to "8"	G A
37	Diag Code Pointer 4	char 1	FA0-17	SV107(4) 2400	(not used) May be blank or 1/2/3/4 else set to "8"	G A
38	Units of SVC	num 4	FA0-18	SV104 2400	Must be numeric else set to "0000"	G A/C
39	Referring Professional ID	char 15	FA0-24		(not used) no edit	
40	DMHMRS Modifier 2	char 2	FA0-36	NTE02 2400	(not used) Must match a valid code else set to "98"	G A/C
41	Medicaid ID NO	char 25	DA0-28	SBR03 2000B	(no longer required) If Prime-Payer = "D" may not be blank, may be anything else set to blanks	G A
42	DA0 Filler Local	char 5			no edit	
43	Insure Type Code	char 2	DA0-06	NTE02 2400	If Prime-Payer = "D" must match valid code If Prime-Payer = "Y" must be 01 or OT or 99 otherwise anything else set to "98"	G

"Missing Clients" are Client_IDs that are not found in the Client table

"Rejected Services" are from invalid SVC_From_Date or invalid Source_of_Pay_1

Note: Submission records for a given year / month completely replace existing records for matching year / month.

F = Fatal error - field vital to record, entire record rejected, no further edit checks are performed

G = General error - invalid value, data recorded for reporting purposes, value changed to Unknown / Not Collected code (8 / 98 / etc)

NOTE: NOT counted in completeness accumulation

C = Completeness - this field checked against Unknown / Not Collected codes

NOTES:

Timeliness Standard FAILS if final submission not completed by the last day of the month following the Reporting Period.

Fatal Error Standard FAILS if any fatal field has more than 1.0% invalid values. See "Standards for Information Quality" for list of fatal fields.

General Error Standard FAILS if any non-fatal field has more than the maximum error rate of invalid values allowable for the field. See "Standards for Information Quality" for list of non-fatal fields and maximum error rate.

Input Record Format

Section: ISA – Interchange Control Header

This record is a fixed length record of 106 bytes.

- NOTE: 106 bytes includes the Data / Field Element Separator (position #4), Component Element Separator (position #105), and the Segment / Record Terminator (position #106). These delimiter characters may NOT be used anywhere else in the entire transaction data set.
- It is **STRONGLY** recommended, but not required, that an asterisk (*) be used as the Data / Field Element Separator, a colon (:) be used as the Component Element Separator, and a tilde (~) be used as the Segment / Record Terminator. For consistency, these are the delimiters used in this guide.

Only once per submission; additional ISA records will be ignored

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments	106 bytes
	Record ID	M	X	3/3	"ISA"	1-3
	Element Separator	M	X	1	Delimiter used to separate elements	4
ISA01	Authorization Info Qualifier	M	ID	2/2	00 = no meaningful information in ISA02	5-6
ISA02	Authorization Information	M	AN	10/10		8-17
ISA03	Security Info Qualifier	M	ID	2/2	use "00" = no meaningful information in ISA04 01 = password in ISA04	19-20
ISA04	Security Information	M	AN	10/10		22-31
ISA05	Interchange ID Qualifier	M	ID	2/2	mutually defined code in I06 for Sender (use "30")	33-34
ISA06 / AA0-2	Interchange Sender ID	M	AN	15/15	Sender ID (use ETIN)	36-50
ISA07	Interchange ID Qualifier	M	ID	2/2	mutually defined code in ISA08 for Receiver (use "30")	52-53
ISA08 / AA0-17	Interchange Receiver ID	M	AN	15/15	Receiver ID (use "616001218")	55-69
ISA09 / AA0-15	Interchange Date	M	DT	6/6	YYMMDD (use date of submission)	71-76
ISA10 / AA0-16	Interchange Time	M	TM	4/4	HHMM (use time of submission - not edited)	78-81
ISA11	Repetition Separator Inter Cntl Std ID	M	X	1/1	Interchange Control Standards ID (use "U")	83
ISA12	Interchange Control Version Number	M	ID	5/5	use "00401" = Version 4, release 1	85-89
ISA13	Interchange Control Number	M	N0	9/9	Must match IEA02	91-99
ISA14	Acknowledgement Requested	M	ID	1/1	use "1" = interchange acknowledgement requested 0 = no acknowledgement requested	101
ISA15 / AA0-21	Usage Indicator	M	ID	1/1	use P = production data T = test data	103
ISA16	Component Element Separator	M	X	1/1	delimiter used to separate 'records'	105
	Segment / Record Terminator	M	X	1/1	delimiter used to indicate the end of a record	106

Example:

ISA*00* *00* *30*610123456 *30*616001218 *020831*1000 **con't**
*U*00401*150207010*1*P*::~~

Section – GS - Functional Group Header

Only once per submission; additional GS records will be ignored

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	2/2	“GS”
	Element Separator	M	X	1/1	must match character in col 4 of ISA
GS01	Functional ID Code	M	AN	2/2	use “HC” = 837 format
GS02 / AA0-2	Application Sender's Code	M	AN	2/15	Must match ISA06 (which is a 15 character field)
GS03 / AA0-17	Application Receiver's Code	M	AN	2/15	Must match ISA08 (which is a 15 character field)
GS04 / AA0-15	Date	M	DT	8/8	CCYYMMDD – may be the same as ISA09 with century
GS05 / AA0-16	Time	M	TM	4/8	HHMM(SSDD) – may be the same as ISA10
GS06	Group Control Number	M	N0	1/9	must match GE02
GS07	Responsible Agency Code	M	ID	1/2	X = X12 used in conjunction with GS08
GS08	Version/Release/Industry ID Code	M	AN	1/12	use “004010X098” = version 4, release 1, ASC X12
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:

GS*HC*610123456 *616001218 *20020831*1000*X*00501X222~

NOTE: ISA06 & 08 MUST be 15 positions long; GS02 & 03 should match the ISA06 & 08, but blanks may be dropped

Section – ST - Transaction Set Header

While the HIPAA developers recommend that users include no more than 5,000 Claim (CLM) records within a ST – SE “envelope”., IPOPOP should be able to handle any number sent.

There is no limit as to the number of ST – SE envelopes that may be included within a GS - GE envelope.

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	2/2	“ST”
	Element Separator	M	X	1/1	must match character in col 4 of ISA
ST01	Transaction Set ID Code	M	ID	3/3	use “837” = health claim defines the type of transaction
ST02 / AA0-5	Transaction Set Control Number	M	AN	4/9	must match SE02
ST03	Not used by IPOPOP				
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:

ST*837*0001~

Section – NM1 – Submitter Name - loop 1000A

Once for each BHT record;

Not used / ignored by IPOP/DBHDID

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	3/3	"NM1"
	Element Separator	M	X	1/1	must match character in col 4 of ISA
NM101	Entity ID Code	M	ID	2/3	use "41" = Sender
NM102	Entity Type Qualifier	M	ID	1/1	use "2" = non-person
NM103 / AA0-6	Organization Name	O	AN	1/35	Sender name (use name of your region)
NM104	Not Used				
NM105	Not Used				
NM106	Not Used				
NM107	Not Used				
NM108	ID Code Qualifier	X	ID	1/2	use "46" = ETIN
NM109 / BA0-2	ID Code	X	AN	2/80	Use your Employer / Tax ID number
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:

NM1*41*2*BLUEGRASS*****46*610123456~

NOTE: Region number will be taken from the identification of the input file

Section – PER – Contact Person's Name - loop 1000A

One is required, may have two.

Not used / ignored by IPOP/DBHDID

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	3/3	"NM1"
	Element Separator	M	X	1/1	must match character in col 4 of ISA
PER01	Contact Function Code	M	ID	2/2	"IC" = Information Contact
PER02 / AA0-13	Sender Contact Name	O	AN	1/60	Name of person responsible for sending data
PER03	Communication Number Qualifier	X	ID	2/2	Method of communication access – "TE" = Phone #
PER04 / AA0-14	Communication Number	X	AN	1/80	Communication Number
PER05	Communication Number Qualifier	X	ID	2/2	Method of communication access – "EX" = Phone extension #
PER06	Communication Number	X	AN	1/80	Communication Number
PER07	Communication Number Qualifier	X	ID	2/2	Method of communication access – "EM" = e-mail address
PER08	Communication Number	X	AN	1/80	Communication 'Number'
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:

PER*IC*Jon A. Dough*TE*8595551212*EX*12*EM*jadough@region.com~

Section – HL – Hierarchical Level - loop 2000A - Billing / Pay-To Provider (Region)

One for each iteration of loop 2000A; - loop 2000A may occur as often as needed

Not used / ignored by IPOP/DBHDID

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	2/2	"HL"
	Element Separator	M	X	1/1	must match character in col 4 of ISA
HL01	Hierarchical ID #	M	AN	1/12	Start with 1 and increment by 1 each time HL is used
HL02	Not used				Not used when HL01 = 1
HL03	Level Code	M	ID	1/2	use "20" = Information Source
HL04	Child Code	O	ID	1/1	"0" = no subordinate levels; "1" = additional subordinate HL data segments
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:

HL*1**20*0~

loop 2000B may occur as many times as needed

Section – HL – Hierarchical Level - loop 2000B

Once per loop;

Not used / ignored by IPOP/DBHDID

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	2/2	"HL"
	Element Separator	M	X	1/1	must match character in col 4 of ISA
HL01	Hierarchical ID #	M	AN	1/12	start with 1 and increment by 1 each time HL is used
HL02	Hierarchical Parent ID #	O	AN	1/12	The hierarchical ID number this HL record is subordinate to
HL03	Level Code	M	ID	1/2	use "22" = Subscriber
HL04	Child Code	O	ID	1/1	"0" = no subordinate levels; "1" = additional subordinate HL data segments
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:

HL*2*1*22*0~

Section – SBR – Subscriber Information - loop 2000B - “Payer”

Once for each HL record

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	3/3	“SBR”
	Element Separator	M	X	1/1	must match character in col 4 of ISA
SBR01	Payer Responsibility Sequence ID	M	ID	1/1	use “P” = primary or “S” = secondary or “T” = tertiary
SBR02	Patients Relationship to Insured	O	ID	2/2	use “18” = self
SBR03 / DA0-28	Insurance Policy or Group ID Not Used	O	AN	1/30	Medicaid ID # (no longer required per JCIC meeting of 7/21/2004)
SBR04	Not used				
SBR05 / DA0-6	Insurance Type Code Not used				will use the NTE02 code until HIPAA establishes a valid cross-reference
SBR06	Not used				
SBR07	Not used				
SBR08	Not used				
SBR09 / DA0-5	Payer (Source of Pay)	O	ID	1/2	see cross-reference below (only one Payer accepted per JCIC meeting of 7/21/2004)
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:

SBR*P*18*254*****ZZ~

SBR03 (DA0-28). Medicaid ID Number

Data field name - Medicaid_ID_No

Description: The Medicaid identifying number.
Required?: No, however, if the data is entered, it will be retained
Error Action: None, field not required

SBR09 (DA0-05). Source of Pay (Payer)

Data field name: Source_of_Pay_1
 NOTE: Source of Pay 2 and 3 are no longer required

Description: The HIPAA code identifying the payment source (Payer) for this claim
Required?: Yes
Error Action: General error reported and field set to “8”

Valid Codes:	HIPAA	(NSF)	Description
	09	A	SELF PAY **
	WC	B	WORKER'S COMPENSATION
	MB	C	MEDICARE (Part B)
	MC	D	MEDICAID
	OF	E	OTHER FEDERAL PROGRAM
	CI	F	COMMERCIAL INSURANCE COMPANY
	CH	H	TRICARE/CHAMPUS
	HM	I	HMO
	[blank]	S	DCBS (new in FY24 to capture DCBS State General Funds for I/DD population)
	BL	P	BLUE CROSS
	TV	T	TITLE V (DCBS)
	VA	V	VETERANS ADMINISTRATION PLAN
	12	X	PPO
	[blank] *	Y	DBHDID (formerly DMHMRS)
	ZZ	Z	OTHER

* A Source of Pay of DBHDID (Y) is indicated by a "1" in column 1 of NTE02. Any value entered into the DBR09 field will be overwritten with "Y" when there is a "1" in column 1 of NTE02. You may pad DBR09 with spaces if you wish.

** note that with the new 5010 HIPAA Transaction standards, effective January 2012, there is no official HIPAA code for Self Pay. Centers should continue to use the old HIPAA code 09 for Self Pay services.

[EMC – Loop 2000B – Element – SBR01, SBR02 and SBR 09 | Medicare Payment, Reimbursement, CPT code, ICD, Denial Guidelines \(medicarepaymentandreimbursement.com\)](#)
[How Do I Correct Segment SBR09 On My Eclaims? \(chirofusionsoftware.com\)](#)
[Versions 5010 and D.0 Background | Guidance Portal \(hhs.gov\)](#)
[Versions 5010 and D.0 & 3.0 | CMS](#)

Section – NM1 – Subscriber / Insured Name - loop 2010BA

Once for each HL record

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	3/3	"NM1"
	Element Separator	M	X	1/1	must match character in col 4 of ISA
NM101	Entity ID Code	M	ID	2/3	use "IL" = Insured or Subscriber
NM102	Entity Type Qualifier	M	ID	1/1	use "1" = person
NM103	Last Name	M	AN	1/35	something is required
NM104	First Name	M	AN	1/35	something is required
NM105	Not Used				
NM106	Not Used				
NM107	Not Used				
NM108	ID Code Qualifier	X	ID	1/2	use "MI" = Member's ID #
NM109 / CA0-3 & DA0-3 & EA0-3 & FA0-3	ID Code	X	AN	2/80	Member's Encrypted SSN #
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:

NM1*IL*1*A*B****MI*G12X3L789~

NM109 (CA0-03/DA0-03/EA0-03/FA0-03). Patient Control Number / Client ID Number

Data field name - Pat_Control_No

Description: Identifies client to the database using a unique identifier. This is the encrypted SSN using the established encryption methodology. See Client ID Encryption Protocol.

Required?: Yes

Error Action: Fatal, Reject claim

Valid Codes: Must match Client ID in Client Data Set and CLM01.

Section – CLM – Claim Information - loop 2300

May have up to 100 Claim (CLM) records within each 2300 loop.

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	3/3	"CLM"
	Element Separator	M	X	1/1	must match character in col 4 of ISA
CLM01 / EA0-3	Claim Submitter's (Client's) ID	M	AN	1/38	Member's Encrypted SSN #
CLM02 / XA0-12	Total Claim Charges	O	R	1/18	This format MUST include the decimal. NOTE: this field is not required
CLM03-4	Not used				
CLM05	Not used Place of Service	M	AN	1/2	NOTE: this field is NOT used. SV105 will be used for each service record
CLM06-20	Not used				
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:

CLM*G12X3L789~

CLM01 (EA0-03). Patient Control Number / Client ID Number

Data field name - Pat_Control_No

Description: Identifies client to the database using a unique identifier. This is the encrypted SSN using the established encryption methodology. See Client ID Encryption Protocol.

Required?: Yes

Error Action: Fatal, Reject claim

Valid Codes: Must match Client ID in Client Data Set and NM109.

Section – DTP – Admission Date - loop 2300

No longer considered necessary for DBHDID

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	3/3	"DTP"
	Element Separator	M	X	1/1	must match character in col 4 of ISA
DTP01	Date/Time Qualifier	M	ID	3/3	"435" = admission
DTP02	Date/Time Format Qualifier	M	ID	2/3	"D8"
DTP03 / EA0-26	Admission Date	O	AN	1/35	YYYYMMDD format
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:

DTP*435*D8*20020531~

DTP03 (EA0-26). Admission Date

Data field name - Admission_Date

Description: Date when the client receives first direct service of this episode.

Required?: No (per JCIC meeting of 7/21/2004) but the date will be retained if entered and valid

Error Action: This field may be left blank.

Valid Codes: Any date in the format YYYYMMDD. Must be less than or equal to submission date.

Section – DTP – Discharge Date - loop 2300
No longer considered necessary for DBHDID

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	3/3	“DTP”
	Element Separator	M	X	1/1	must match character in col 4 of ISA
DTP01	Date/Time Qualifier	M	ID	3/3	“096” = discharge
DTP02	Date/Time Format Qualifier	M	ID	2/3	“D8”
DTP03 / EA0-27	Discharge Date This field no longer used by IPOP/DBHDID	O	AN	1/35	YYYYMMDD format
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:
DTP*096*D8*20020601~

DTP03 (EA0-27). Discharge Date

Data field name - Discharge_Date

Description: Date when the client receives the last direct service of this episode.
Required?: No, but the date will be retained if entered and valid
Error Action: This field may be left blank.

Valid Codes: Any date in the format YYYYMMDD. Must be less than or equal to submission date.

Section – HI – Health Care Information - loop 2300
one required for each CLM

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	2/2	“HI”
	Element Separator	M	X	1/1	must match character in col 4 of ISA
HI01(1)	Code List Qualifier	M	ID	1/3	use “BK” = Principal diagnosis – ICD9 use “ABK” for ICD10 code
HI01(2) / EA0-30	Diagnosis Code 1	M	AN	1/30	Valid diagnosis code, decimal may be included. For services provided during Fiscal Year 2016, both ICD-9 and ICD-10 codes will be accepted. All services with dates of July 1, 2016 or greater should use ICD-10 diagnoses.
HI02(1)	Code List Qualifier	M	ID	1/3	use “BF” = Additional diagnosis – ICD9 use “ABF” for ICD10 code
HI02(2) / EA0-31	Diagnosis Code 2	M	AN	1/30	If needed - valid diagnosis code, decimal may be included. For services provided during Fiscal Year 2016, both ICD-9 and ICD-10 codes will be accepted. All services with dates of July 1, 2016 or greater should use ICD-10 diagnoses.
HI03(1)	Code List Qualifier	M	ID	1/3	use “BF” = Additional diagnosis – ICD9 use “ABF” for ICD10 code
HI03(2) / EA0-32	Diagnosis Code 3	M	AN	1/30	If needed - valid diagnosis code, decimal may be included. For services provided during Fiscal Year 2016, both ICD-9 and ICD-10 codes will be accepted. All services with dates of July 1, 2016 or greater should use ICD-10

					diagnoses.
HI04(1)	Code List Qualifier	M	ID	1/3	use "BF" = Additional diagnosis – ICD9 use "ABF" for ICD10 code
HI04(2) / EA0-33	Diagnosis Code 4	M	AN	1/30	If needed - valid diagnosis code, decimal may be included. For services provided during Fiscal Year 2016, both ICD-9 and ICD-10 codes will be accepted. All services with dates of July 1, 2016 or greater should use ICD-10 diagnoses.
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:

HI*ABK:Z711*BF:30001~

HI01(2) (EA0-30). Diagnosis Code-1

Data field name - Diagnosis_Code_1

Description: An ICD-10 Diagnosis Code identifying a diagnosed medical condition resulting in a service.
Required?: Yes
Error Action: Blank or invalid code generates a General Error, Code set to "00000" in database.

Valid Codes: A valid ICD-10 code. Decimal points may be included.

HI02(2) (EA0-31). Diagnosis Code-2

Data field name - Diagnosis_Code_2

HI03(2) (EA0-32). Diagnosis Code-3

Data field name - Diagnosis_Code_3

HI04(2) (EA0-33). Diagnosis Code-4

Data field name - Diagnosis_Code_4

Description: An ICD-10 Diagnosis Code identifying a diagnosed medical condition resulting in a service.
Required?: Optional for Diagnosis Codes 2, 3, 4
Error Action: If invalid, General Error reported and field set to "00000" in database.
Valid Codes: A valid ICD-10 code, decimal points may be included, '00000', blank, or null.

Section – LX – Service Line / Line Counter - loop 2400

Once per 2400 loop - loop 2400 may occur up to 50 times

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	2/2	"LX"
	Element Separator	M	X	1/1	must match character in col 4 of ISA
LX01 / FA0-4	Assigned Number	M	N0	1/6	Begin with 1 and increment by 1
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:

LX*1~

Section – SV1 – Professional Service Information - loop 2400
once for each LX record

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	3/3	"SV1"
	Element Separator	M	X	1/1	must match character in col 4 of ISA
SV101(1)	Service ID Qualifier	M	ID	2/2	use "HC" = HCPCS Code
SV101(2) / FA0-9	Service Code	M	AN	1/48	HCPCS code
SV102 / FA0-13	Line Item Charge	O	R	1/18	This format MUST include the decimal. NOTE: this field is not used by DBHDID
SV103	Unit of Measurement	M	ID	2/2	use "UN" = unit
SV104 / FA0-18	Quantity / Units of Service	X	R	1/15	This format MUST include the decimal (if needed)
SV105 / FA0-7	Place of Service	M	AN	1/2	see below
SV106	Not used				
SV107(1) / FA0-14	Diagnosis Code Pointer #1 Not used	M	N0	1/2	only codes "1" thru "4" are acceptable; no longer used by DBHDID
SV107(2) / FA0-15	Diagnosis Code Pointer #2 Not used	O	N0	1/2	no longer used by DBHDID
SV107(3) / FA0-16	Diagnosis Code Pointer #3 Not used	O	N0	1/2	no longer used by DBHDID
SV107(3) / FA0-17	Diagnosis Code Pointer #4 Not used	O	N0	1/2	no longer used by DBHDID
SV108-21	Not used				
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:

SV1*HC:90899**UN*1.0*53*1:2~

SV101(2) (FA0-09). Procedure Code

Data field name - HCPCS_Procedure_Code

Description: This is the HCPCS or CPT code that describes the service.

Required?: Yes

Error Action: If this field does not meet the criteria listed below, it is considered a General Error.

Valid Codes: Allowable codes in this field depend upon the value submitted in the Source of Pay field (SBR09 (DA0-5)).

Source of Pay = DBHDID ("Y"):

Leave blank, enter a valid CPT or HCPCS procedure code (See Appendix D), or enter the same 3-digit code used in the DMHMRS_Modifier_1 field (NTE02).

Source of Pay = Medicaid ("D"):

Enter a valid billing code as set out in the "DBHDID Service Code Definitions and Crosswalk" section in Appendix E or a valid code that follows instructions of payer for the event. If a billing code is not specified in that appendix, you may use any valid CPT or HCPCS procedure code.

Other Source of Pay:

Enter a valid CPT or HCPCS procedure code (See Appendix D).

Special Instructions: Valid codes listed herein are applicable to all services dated July 1, 2014 or later. All back-dated services (services with “service from dates” prior to July 1, 2014) should be coded using the technical specifications and allowable values as set out in the Data Submission Guide for FY2014.

SV104 (FA0-18). Units of Service

Data field name - Units_of_Svc

Description: The number of services rendered in Units of Service appropriate to the service provided (see Appendix E).

Required?: Yes

Error Action: General Error reported. Field set to '000.0' in database.

Valid Codes: 000.1-999.9

Although this HIPAA format will allow larger numbers, due to limitations in the IPOP data set, the Units of Service cannot exceed 999.9

Special Instructions:In order to capture fractional services, include the decimal as needed. (per HIPAA guidelines)

SV105 (FA0-07). Place of Service

Data field name - Place_of_Svc

Description: The code that identifies where the service was performed.

Required?: Yes

Error Action: If invalid or null, field set to 98 in database and general error reported.

Valid Codes:

02	Telehealth
03	School
04	Homeless Shelter
09	Prison/Correctional Facility
10	Community
11	Office
12	Home
13	Assisted Living Facility (e.g., a personal care home)
14	Group Home (ID)
15	Mobile Unit (e.g., Mobile Crisis)
16	Temporary Lodging (e.g. hotel, motel, campground)
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birth Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance - Land
42	Ambulance - Air or Water
50	Federally Qualified Health Center

- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility Partial Hospitalization
- 53 Community Mental Health Center
- 54 Intermediate Care Facility/~~Mentally Retarded~~ ID
- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 57 Non-Residential Substance Abuse Treatment Facility

- 60 Mass Immunization Center
- 61 Comprehensive Inpatient Rehabilitation Facility
- 62 Comprehensive Outpatient Rehabilitation Facility
- 65 End Stage Renal Disease Treatment Facility

- 71 State or Local Public Health Clinic
- 72 Rural Health Clinic

- 81 Independent Laboratory

- 98 Unknown / Not Collected (this should rarely be used)
- 99 Other Unlisted Facility Place of Service not identified above

Section – DTP – Service Date - loop 2400
once for each SV1 record

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	3/3	"DTP"
	Element Separator	M	X	1/1	must match character in col 4 of ISA
DTP01	Date/Time Qualifier	M	ID	3/3	use "472" = discharge service dates
DTP02	Date/Time Format Qualifier	M	ID	2/3	"RD8"
DTP03 / FA0-5 & 6	Service From & To Date	M	AN	1/35	YYYYMMDD-YYYYMMDD format. NOTE: dates are separated by a dash.
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:
DTP*472*RD8*20020531-20020601~

DTP03 (FA0-05/ FA0-06). Service From & To Dates

Data field name - Svc_From_Date // Svc_To_Date

Description: The date the service was initiated and extends through.
Required?: Service From Date IS required, Service To Date is not used
Error Action: If Service From Date is invalid, before 7/1/1997 or greater than the last day of the reporting month, Fatal error reported, field set to null in database.
 Service To Date is optional, however if reported and it is an invalid date or before the Service From Date or after the last day of the reporting month, General Error reported, field set to null in database

Valid Codes: Valid dates in the format YYYYMMDD, separated by a dash (-).

Section – NTE – Line Item Note - loop 2400
once for each SV1 record

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	3/3	"NTE"
	Element Separator	M	X	1/1	must match character in col 4 of ISA
NTE01	Reference Code	O	ID	3/3	use "ADD" = Additional Info
NTE02 / DA0-5 & DA0-6 & EA0-41 & FA0-12 & FA0-36 & CA0-28 & FA0-23	Delimit by position MHMR Ind-Payer Ins Type Code Spec Pgm Ind DMHMR Modifier 1 DMHMR Modifier 2 Provider ID # Rendering Prof ID #	M M M M M M M	X X X X X X X	1/1 2/2 3/3 3/3 3/3 6/6 15/15	see applicable NSF field definitions "1" = MHMR (Y); "0" = not MHMR see below 1/2/3/4 = MH/MR/Alc/Drug see Appendix E no longer needed see Providers list see HR table
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:

NTE*ADD*1003311300001505205581~

1	MHMR Indicator
00	Ins Type Code
331	Spec Pgm Ind (only last 2 positions used)
130	DMHMRS Modifier 1
000	not used, MUST fill spaces
150520	Provider ID #
5581	Rendering Prof ID #

NTE02 - column 1 (DA0-05). Source of Pay (Payer)

Data field name - Source_of_Pay_1

Description: a "1" in this position will override the SBR09 code and indicate the Payer is DBHDID; otherwise, code "0" (zero) - **Do NOT skip**

Required?: Yes

Error Action: If the SBR09 code was not provided AND this code is NOT = 1, then General error reported and field set to "8"

Valid Codes: 1 = DBHDID 0 or space = not DBHDID

NTE02 - columns 2-3 (DA0-06). Insurance Type Code

Data field name - Insure_Type_Code

Description: Identifies the type of insurance (policy).

Required?: Yes, if field SBR09 (DA0-05) (Payer) = D or Y.

Error Action: If field SBR09 (DA0-05) = D or Y and this field is invalid, General error reported and field set to 98 in database.

Valid Codes: The following codes may be used if SBR09 (DA0-05) (Payer) is "D" (Medicaid)

01	Title XIX Fee for Service
02	IMPACT Plus No longer used effective with Fiscal Year 2017
03	Supports for Community Living
04	Acquired Brain Injury
05	Substance Abuse Pregnant Women
06	KCHIP
99	Other

The following codes may be used if NTE02 - column 1 (DA0-05) is "1" (DBHDID)

01	IFBSS (Intensive Family-Based Support Services)
99	Other
OT	Other

NTE02 - columns 4-6 (EA0-41). Special Program Indicator / Program Code

Data field name - Special_Program_Ind

Description: A code indicating the Special Program under which the services rendered to the patient were performed.

Required?: Yes

Error Action: Invalid or blanks generate General Error. Field is set to 998 in database.

NOTES: Special Program Indicator must be submitted in 3 character HIPAA format.

Effective with Fiscal Year 2017, centers may use the main code in each category in lieu of submitting the more detailed codes. Main codes are:

- 100 - Mental Health
- 200 – Intellectual Disabilities
- 300 – Alcohol
- 400 – Drug

Valid Codes:

HIPAA

	<u>Mental Health</u> (any code beginning with "1" is a MH code)
110	10 Sexual/Domestic Violence Victim
111	11 Sexual/Domestic Violence Perpetrator
112	12 Adult with SMI (Severe or Chronic mental illness)
113	13 Other Adult
114	14 Hi-Fidelity Wraparound Children
115	15 Other SED Children
116	16 Other Children
117	17 Consultation and Education
100	19 General MH code
	<u>Intellectual Disabilities</u> (any code beginning with "2" is an ID code)
220	20 All
221	21 Early Intervention
200	29 General ID code
	<u>Alcohol</u> (any code beginning with "3" or "4" is a SA code)
330	30 Pregnant Women/Women with Dependent Children
331	31 DUI
332	32 Other Alcohol
	33 Deleted in 2001
300	39 General Alcohol code
	<u>Drug</u> (any code beginning with "3" or "4" is a SA code)
440	40 Pregnant Women/Women with Dependent Children
441	41 DUI
442	42 Other Drug
	43 Deleted in 2001
400	49 General Drug code
	<u>Physical Health</u>
900	90 General Physical Health code
	<u>Other</u>
998	98 Other/Unknown (This should rarely be used)

NTE02 - columns 7-9 (FA0-12). DMHMRS Modifier 1 (Service / Procedure)

Data field name - DMHMRS_Modifier_1

- Description:** This code identifies the first DMHMR modifier for this service. See Appendix E for full Modifier Descriptions.
- Required?:** Yes
- Error Action:** If the Payer (SBR09 (DA0-5)) = "Y" and this field is invalid, it is a Fatal Error. If the Payer is not "Y" and this field is invalid, it is a General Error, the service is rejected and field set to 98.
- If field value equals "138", "139" and the Provider ID (NTE02 (CA0-28)) corresponds to a Site Code that is not a CSU Site, then a Possible Error will be reported.

Valid Codes in Numerical Order (Appendix E includes full description of these codes):

Service Name	BHDID Data Implementation Guide Event Field NTE02 DMHMRS_Modifier_1 "DBHDID Service Code"	Appendix E Page #
Assessment	001	35
PASRR Level II Evaluation	004	35
PASRR-Discontinued Level II	005	36
PASRR Response to Referral	006	36
Psychiatric Diagnostic Evaluation	010	36
Psychological Testing	020	36
Miscellaneous Services Purchased	024	37
Miscellaneous Goods Purchased	025	37
Therapeutic Foster Family Treatment	027	38
Respite Care (Intellectual Disabilities)	031	11
Specialized Personal Care Home Services (Mental Health)	037	22
Residential Support (Supported Housing per diem)	040	38
Withdrawal Management (non-medical)	041	28
Withdrawal Management (medical)	042	28
Supportive Housing - Psychosocial Rehabilitation Services	043	48
Individual Outpatient Therapy	050	39
Individual Outpatient Therapy (Psychiatrist)	051	39
Group Outpatient Therapy	052	39
Targeted Case Management for Adults with Serious Mental Illness (SMI)	060	25
Targeted Case Management for Children with Severe Emotional Disorder (SED)	061	26
DUI Education	070	28
Mental Health Prevention	072	22
Consultation (Behavioral Health)	073	40
Behavioral Support (Intellectual Disabilities)	084	11
Supported Employment	085	48
Occupational Therapy	087	12
Physical Therapy	088	12
Speech Therapy	089	13

PASRR Specialized Services (Intellectual Disabilities)	090	13
PASRR Goods Purchased (Intellectual Disabilities)	094	13
Group Home Residential Supports (Intellectual Disabilities)	095	14
Family Home Residential Supports (Intellectual Disabilities)	096	14
Staffed Residence Residential Supports (Intellectual Disabilities)	097	15
Unknown / Not Collected	098	54
Other non-BHDID Service Specified in SV101(2)	099	54
Screening	101 (Mental Health); 102 (Substance Use Disorder)	40
Assessment DUI	103	29
Assessment – Alcohol Intoxication	104	29
Behavioral Health Prevention Education for pregnant and/or postpartum individuals	105 (Substance Use Disorder)	41
Residential Services for Substance Use Disorders	118 (Short Term); 119 (Long Term)	29
Day Treatment	128 (Child/Youth <21)	42
Therapeutic Rehabilitation Program (Mental Health)	129 (Child/Youth); 130 (Adult)	23
Residential Crisis Stabilization (Behavioral Health)	138 (Adult); 139 (Child/Youth)	41
Adult Peer Support	145 (Individual); 146 (Group)	50
Parent/Family Peer Support	147 (Individual); 148 (Group)	51
Youth Peer Support	149 (Individual); 150 (Group)	51
Intensive Outpatient Program	154 (Mental Health); 153 (Substance Use Disorder)	43
Case Management for Individuals with Intellectual Disabilities (ID)	162	21
Outreach and Education	174	43
Psychoeducational service, per 15 minutes	175	44
Community-Based Mobile Crisis Intervention Services	176	44
Adult Foster Care Home Residential Supports (Intellectual Disabilities)	177	15
Career Planning (Intellectual Disabilities)	178	16
Community Living Supports (SCL-1); Personal Assistance (SCL-2)	179	16
Day Training (Intellectual Disabilities)	181	16
Alternative Residential (in own home, or technology assisted residential) (Intellectual Disabilities)	182	17
Community Access (Intellectual Disabilities)	186	18
Crisis Prevention (Intellectual Disabilities)	191	18

Crisis Intervention Service	200 (15 minutes) (H2011); 210 (first 60 minutes) (90839); 211 (each additional 30 minutes) (90840)	45
Service Planning	201 (Mental Health); 202 (Substance Use Disorder)	23
Interim Housing for individuals with Substance Use Disorder who are receiving SUD outpatient or aftercare services	240	33
Family Outpatient Therapy	253	45
Collateral Outpatient Therapy	254	46
Partial Hospitalization	255	46
Assertive Community Treatment (ACT)	256	24
Comprehensive Community Support	257	24
Screening, Brief Intervention, and Referral to Treatment (SBIRT) (Treatment for Substance Use Disorder Only)	258	31
Mental Health Service, NOS	261	25
Targeted Case Management for Individuals with Moderate to Severe Substance Use Disorder (SUD)	264 (SUD)	33
Case Management for Pregnant and/or Post-partum Individuals w any Substance Use Disorder	265 (Preg/Post-partum)	34
Targeted Case Management for Individuals w <u>Co-Occurring</u> Mental Health (SMI, SED) or Substance Use Disorders (SUD) and Chronic Complex Physical Health Issues	266	52
Transition (Intellectual Disabilities)	274	19
Person Centered Coach (Intellectual Disabilities)	292	19
Consultative Clinical and Therapeutic Services (Intellectual Disabilities)	293	20
Access and Referral (SGF) (Intellectual Disabilities)	294	21
Buprenorphine and Methadone Induction (by only Narcotic Treatment Program)	330	32
H0020 – Methadone Medicated Assisted Treatment Bundle (by Narcotic Treatment Program only)	332	32
Buprenorphine Medicated Assisted Treatment Bundle, (by Narcotic Treatment Program only)	333	32
Outreach/Inreach (Behavioral Health)	400	47
Physical Health Services	900	54

NTE02 - columns 10-12 (FA0-36). DMHMRS Modifier 2

Data field name - DMHMRS_Modifier_2

Although this data is no longer needed, you **MUST** use 3 zeros or spaces as place-holders or the remaining fields will not be read correctly.

Valid Code: 000

NTE02 - columns 13-18 (CA0-28). Provider Number / ID

Data field name - Provider_No

Description: Most of the time, a Provider designates a specific address where services are performed. However, there may be several 'Providers' at the same address when multiple programs are housed at that address and the Regions want to use the Provider Site ID as a method to separate the services. Also, some services may be performed at homes, schools, courts or other non-regional sites. A Provider Site ID may be established to help identify a specific service and the address used may be the 'home' address of the service or the staff member providing the service. See Appendix A.

Required?: Yes

Error Action: 1. If Client Field 6 – Client Status Code = 1, Fatal, reject claim.
2. If Client Field 6 – Client Status Code = 2, General Error reported, code changed to 999998 in database.

Valid Codes: Provider Number must be within the reporting Region. See Appendix A

If Provider Number corresponds to a Site Code that is not a CSU Site and if the *DMHMRS Modifier 1* value for the current record equals “038”, “039” or “076”, then a Possible Error will be reported.

NTE02 - columns 19-33 (FA0-23). Rendering Professional ID (Staff ID)

Data field name - Rendering_Professional_ID

Description: Professional identifier assigned by center. This is the same number provided in the Human Resources data set.

Required?: Yes

Valid Codes: Professional ID on record in the Human Resources data set for the Reporting Region. Up to 15 alpha-numeric characters “999999” = Not a direct employee of the center

Error Action: General Error reported. Field set to '000000000000000' in database.

Example:

NTE*ADD*1003310340001505205581~
1 MHMR Indicator
00 Ins Type Code
331 Spec Pgm Ind
034DMHMRS Modifier 1 (only last 2 positions used)
000 not used, MUST fill spaces
150520 Provider ID #
5581 Rendering Prof ID #

Section – SE - Transaction Set Trailer
once for each ST record

HIPAA/NSF Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	2/2	“SE”
	Element Separator	M	X	1/1	must match character in col 4 of ISA
SE01	Number of Included Segments	M	N0	1/10	number of records / segments in transaction set, including ST and SE
SE02 / AA0-5	Transaction Set Control Number	M	AN	4/9	must match ST02
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example: SE*99*0001~

Section – GE - Functional Group Trailer
Once per submission

HIPAA Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	2/2	“GE”
	Element Separator	M	X	1/1	must match character in col 4 of ISA
GE01	Number of Transaction Sets included	M	N0	1/6	
GE02	Group Control Number	M	N0	1/9	Must match GS06
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example: GE*22*15~

Section – IEA - Interchange Control Trailer
once per submission

HIPAA Reference Designator	Data Element Name	Requirement Designator	Type	Min/Max Length	Comments
	Record ID	M	X	3/3	“IEA”
	Element Separator	M	X	1/1	must match character in col 4 of ISA
IEA01	Number of Included Functional Groups	M	N0	1/5	Count of the number of GS/GE groups
IEA02	Interchange Control Number	M	N0	9/9	must match ISA13
	Segment / Record Terminator	M	X	1/1	Must match character in col 106 of ISA

Example:
IEA*14*150207010~

HIPAA Data Stream Example

any additional HIPAA records submitted will be **IGNORED** by the editor program
see NOTES at bottom of example

ISA*00* *00* *30*610123456 *30*616001218 *020831*1000 con't
*U*00401*150207010*1*P*::~~
GS*HC*610123456 *616001218 *20020831*1000*X*00401X098~
ST*837*0001~

/* This is the start of the Client loop 2000B */

SBR*P*18*254*****ZZ~
NM1*IL*1*A*B****MI*G12X3L789~

/* This is the start of the Claim loop 2200 */

CLM*G12X3L789~
HI*BK:79999*BF:30001~

/* This is the start of a Services loop 2400 */

LX*1~
SV1*HC:90899**UN*1.0*53*1:4~
DTP*472*RD8*20020531-20020601~
NTE*ADD*1003310340001505205581~

LX*2~
SV1*HC:90804**UN*4.0*53*1~
DTP*472*RD8*20020517-20020517~
NTE*ADD*1013320440981505204567~

LX*3~
SV1*HC:X0050**UN*0.25*99*2~
DTP*472*RD8*20020501-20020501~
NTE*ADD*1993300700011505205001~

/* This is the end of the first Services loop */

/* This is the end of the first Claim loop */

/* This is the start of the second Claim loop */

CLM*A12B3C456~
HI*BK:29383~

/* This is the start of a Services loop for the second Claim */

LX*1~
SV1*HC:04**UN*2.0*53*1~
DTP*472*RD8*20020522-20020522~
NTE*ADD*003113036 1598705581~

LX*2~
SV1*HC:50**UN*0.5*53*1~
DTP*472*RD8*20020524-20020524~
NTE*ADD*003113036 1598704567~

/* This is the end of the Services loop for the second Claim */

/* This is the end of the second Claim loop */

/* This is the end of the first Client loop */

/* This is the start of a second Client loop */

SBR*P*18*254*****ZZ~
NM1*IL*1*C*D****MI*B23C4D567~

/* This is the start of a Claim loop for the second Client */

CLM*B23C4D567~
HI*BK:30000*BF:30090~

/* This is the start of a Services loop for the second Client */

LX*1~
SV1*HC:X0150**UN*1.0*11*1~
DTP*472*RD8*20020521-20020521~
NTE*ADD*0012200780061500245454~

/* This is the end of the Services loop for the second Client */

/* This is the end of the Claim loop for the second Client */

/* This is the end of the second Client loop */

SE*9999*0001~
GE*22*15~
IEA*14*150207010~

/* This is the end of the submission */

NOTES:

1. Only records of interest to DBHDID/IPOP are included in this example (i.e. the ones that contain data that will be loaded into the Event data set). All other records will be ignored by IPOP.
2. Fields not utilized by DBHDID/IPOP are not included herein.
3. Everything between /* and */ is a comment and NOT part of the data stream.