

Vermont MMIS HIPAA Tech Specs

837 – Institutional

Hospice

| Field | HIPAA Guide Name | Page | | HIPAA Medicaid | | MMIS Instruction |
|----------------------------------|--|------|-------|----------------|---|------------------|
| | | # | Usage | Note | | |
| ----- | | | | | | |
| NA (Interchange Control Header) | | | | | | |
| ----- | | | | | | |
| ISA (Interchange Control Header) | | | | | | |
| ISA01 | Authorization Information Qualifier | B.3 | R | Y | Use value 00 | |
| ISA02 | Authorization Information | B.3 | R | N | | |
| ISA03 | Security Information Qualifier | B.4 | R | Y | Use value 00 | |
| ISA04 | Security Information | B.4 | R | N | | |
| ISA05 | Interchange Sender ID Qualifier | B.4 | R | Y | Use value ZZ for VT Medicaid. | |
| ISA06 | Interchange Sender ID | B.4 | R | Y | Use the Trading Partner ID assigned by VT Medicaid. | |
| ISA07 | Interchange Receiver ID Qualifier | B.4 | R | Y | Use ZZ for VT Medicaid. | |
| ISA08 | Interchange Receiver ID | B.5 | R | Y | Use 752548221 - the VT Medicaid EIN | |
| ISA09 | Interchange Date | B.5 | R | N | | |
| ISA10 | Interchange Time | B.5 | R | N | | |
| ISA11 | Interchange Control Standards Identifier | B.5 | R | N | | |
| ISA12 | Interchange Control Version Number | B.5 | R | N | | |
| ISA13 | Interchange Control Number | B.5 | R | N | | |
| ISA14 | Acknowledgment Requested | B.6 | R | N | | |
| ISA15 | Usage Indicator | B.6 | R | N | | |
| ISA16 | Component Element Separator | B.6 | R | N | | |

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NA (Functional Group Header)

GS (Functional Group Header)

| | | | | | |
|------|-----------------------------|-----|---|---|---|
| GS01 | Functional ID Code | B.8 | R | N | |
| GS02 | Application Sender's Code | B.8 | R | Y | Use the Trading Partner ID assigned by VT Medicaid. |
| GS03 | Application Receiver's Code | B.8 | R | Y | Use 752548221 - the VT Medicaid EIN |
| GS04 | Date | B.8 | R | N | |
| GS05 | Time | B.8 | R | N | |
| GS06 | Group Control Number | B.9 | R | N | |
| GS07 | Responsible Agency Code | B.9 | R | N | |
| GS08 | Version/Release ID Code | B.9 | R | Y | Use 004010X096A1 |

NA (NoLoopName)

ST (Transaction Set Header)

| | | | | | |
|------|---------------------------------|----|---|---|--|
| ST01 | Transaction Set Identifier Code | 56 | R | N | |
| ST02 | Transaction Set Control Number | 56 | R | N | |

BHT (Beginning Of Hierarchical Transaction)

| | | | | | |
|-------|-------------------------------|----|---|---|---|
| BHT01 | Hierarchical Structure Code | 57 | R | N | |
| BHT02 | Transaction Set Purpose Code | 58 | R | N | |
| BHT03 | Reference Identification | 58 | R | N | |
| BHT04 | Date | 58 | R | N | |
| BHT05 | Transaction Set Creation Time | 58 | R | N | |
| BHT06 | Transaction Type Code | 59 | R | Y | Vermont Medicaid will only process files with CH in this field.. Any files sent with other values will be rejected. |

REF (Transmission Type Identification)

| | | | | | |
|-------|------------------------------------|----|---|---|------------------|
| REF01 | Reference Identification Qualifier | 60 | R | N | |
| REF02 | Reference Identification | 60 | R | Y | Use 004010X096A1 |

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1000A (Submitter Name)

NM1 (Submitter Name)

| | | | | | |
|-------|--------------------------------|----|---|---|--|
| NM101 | Entity Identifier Code | 62 | R | N | |
| NM102 | Entity Type Qualifier | 62 | R | N | |
| NM103 | Name Last or Organization Name | 62 | R | N | |
| NM104 | Name First | 62 | S | N | |
| NM105 | Name Middle | 62 | S | N | |
| NM108 | Identification Code Qualifier | 62 | R | N | |
| NM109 | Identification Code | 63 | R | Y | Enter the 3 byte submitter ID assigned by VT Medicaid. |

PER (Submitter EDI Contact Information)

| | | | | | |
|-------|--------------------------------|----|---|---|---|
| PER01 | Contact Function Code | 65 | R | Y | VT Medicaid will only capture information from the first PER segment. |
| PER02 | Name | 65 | R | N | |
| PER03 | Communication Number Qualifier | 65 | R | Y | VT Medicaid will utilize TE, EM or FX. |
| PER04 | Communication Number | 65 | R | N | |
| PER05 | Communication Number Qualifier | 65 | S | Y | VT Medicaid will prefer to have TE, EX, EM or FX. |
| PER06 | Communication Number | 66 | S | N | |
| PER07 | Communication Number Qualifier | 66 | S | Y | VT Medicaid will prefer to have TE, EX, EM or FX. |
| PER08 | Communication Number | 66 | S | N | |

1000B (Receiver Name)

NM1 (Receiver Name)

| | | | | | |
|-------|--------------------------------|----|---|---|--------------------------------------|
| NM101 | Entity Identifier Code | 68 | R | N | |
| NM102 | Entity Type Qualifier | 68 | R | N | |
| NM103 | Name Last or Organization Name | 68 | R | Y | Enter "VT MEDICAID" |
| NM108 | Identification Code Qualifier | 68 | R | N | |
| NM109 | Identification Code | 68 | R | Y | Use 752548221 - the VT Medicaid EIN. |

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2000A (Billing/Pay-to Provider Hierarchical Level)

HL (Billing/Pay-to Provider Hierarchical Level)

| | | | | |
|------|-------------------------|----|---|---|
| HL01 | Hierarchical ID Number | 70 | R | N |
| HL03 | Hierarchical Level Code | 70 | R | N |
| HL04 | Hierarchical Child Code | 70 | R | N |

PRV (Billing/Pay-to Provider Specialty Information)

| | | | | | |
|-------|------------------------------------|----|---|---|---|
| PRV01 | Provider Code | 71 | R | N | |
| PRV02 | Reference Identification Qualifier | 72 | R | N | |
| PRV03 | Reference Identification | 72 | R | Y | The Taxonomy code is required for VT Medicaid |

CUR (Foreign Currency Information)

| | | | | |
|-------|------------------------|----|---|---|
| CUR01 | Entity Identifier Code | 74 | R | X |
| CUR02 | Currency Code | 74 | R | X |

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2010AA (Billing Provider Name)

NM1 (Billing Provider Name)

| | | | | | |
|-------|--------------------------------|----|---|---|---|
| NM101 | Entity Identifier Code | 77 | R | N | |
| NM102 | Entity Type Qualifier | 77 | R | N | |
| NM103 | Name Last or Organization Name | 77 | R | N | |
| NM108 | Identification Code Qualifier | 77 | R | Y | Use XX if sending the NPI in NM109 Use 24 or 34 if sending the VT Medicaid Provider ID |
| NM109 | Identification Code | 78 | R | Y | Enter the 10-digit NPI if XX was entered in NM108 |

N3 (Billing Provider Address)

| | | | | | |
|------|---------------------|----|---|---|--|
| N301 | Address Information | 79 | R | N | |
| N302 | Address Information | 79 | S | N | |

N4 (Billing Provider City/State/ZIP Code)

| | | | | | |
|------|--------------|----|---|---|--|
| N401 | City Name | 80 | R | N | |
| N402 | State | 81 | R | N | |
| N403 | Postal Code | 81 | R | N | |
| N404 | Country Code | 81 | S | N | |

REF (Billing Provider Secondary Identification)

| | | | | | |
|-------|------------------------------------|----|---|---|---|
| REF01 | Reference Identification Qualifier | 83 | R | Y | Enter 1D for VT Medicaid Provider when the billing provider is atypical |
| REF02 | Reference Identification | 84 | R | Y | Enter the 7 digit VT Medicaid provider number |

REF (Credit/Debit Card Billing Information)

| | | | | | |
|-------|------------------------------------|----|---|---|--|
| REF01 | Reference Identification Qualifier | 85 | R | X | |
| REF02 | Reference Identification | 86 | R | X | |

PER (Billing Provider Contact Information)

| | | | | | |
|-------|--------------------------------|----|---|---|--|
| PER01 | Contact Function Code | 88 | R | N | |
| PER02 | Name | 88 | R | N | |
| PER03 | Communication Number Qualifier | 88 | R | N | |
| PER04 | Communication Number | 88 | R | N | |
| PER05 | Communication Number Qualifier | 89 | S | N | |

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| | | | | |
|-------|--------------------------------|----|---|---|
| PER06 | Communication Number | 89 | S | N |
| PER07 | Communication Number Qualifier | 89 | S | N |
| PER08 | Communication Number | 89 | S | N |

2010AB (Pay-to Provider Name)

NM1 (Pay-to Provider Name)

| | | | | | |
|-------|--------------------------------|----|---|---|---|
| NM101 | Entity Identifier Code | 92 | R | N | |
| NM102 | Entity Type Qualifier | 92 | R | N | |
| NM103 | Name Last or Organization Name | 92 | R | N | |
| NM108 | Identification Code Qualifier | 92 | R | Y | If this loop is used, use XX if sending the NPI in NM109 Use 24 or 34 if sending the VT Medicaid Provider ID |
| NM109 | Identification Code | 93 | R | Y | If this loop is used, enter the 10-digit NPI if XX was entered in NM108 |

N3 (Pay-to Provider Address)

| | | | | |
|------|---------------------|----|---|---|
| N301 | Address Information | 94 | R | N |
| N302 | Address Information | 94 | S | N |

N4 (Pay-to Provider City/State/ZIP Code)

| | | | | |
|------|--------------|----|---|---|
| N401 | City Name | 95 | R | N |
| N402 | State | 95 | R | N |
| N403 | Postal Code | 95 | R | N |
| N404 | Country Code | 96 | S | N |

REF (Pay-to-Provider Secondary Identification)

| | | | | | |
|-------|------------------------------------|----|---|---|---|
| REF01 | Reference Identification Qualifier | 97 | R | Y | If this loop is used, use qualifier 1D when the billing provider is atypical |
| REF02 | Reference Identification | 98 | R | Y | If this loop is used, send VT Medicaid assigned 7 digit Provider ID |

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2000B (Subscriber Hierarchical Level)

HL (Subscriber Hierarchical Level)

| | | | | | |
|------|--|-----|---|---|---|
| HL01 | hierarchical id number | 100 | R | Y | The Subscriber always equals the Patient for VT Medicaid claims. Report Patient/Recipient information in this loop. |
| HL02 | hierarchical parent id number (insured person) | 100 | R | N | |
| HL03 | hierarchical level code | 100 | R | N | |
| HL04 | hierarchical child code | 100 | R | Y | Use value 0 - for VT Medicaid the Subscriber is always the same as the Patient. |

SBR (Subscriber Information)

| | | | | | |
|-------|---|-----|---|---|--------------------------------|
| SBR01 | payer responsibility sequence number code | 102 | R | N | |
| SBR02 | individual relationship code | 103 | S | Y | For VT Medicaid always use 18. |
| SBR03 | insured group or policy number | 103 | S | N | |
| SBR04 | insured group name | 103 | S | Y | Enter "MEDICAID" |
| SBR09 | claim filing indicator code | 104 | R | Y | Use indicator MC |

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2010BA (Subscriber Name)

NM1 (Subscriber Name)

| | | | | | |
|-------|--------------------------------|-----|---|---|---|
| NM101 | entity identifier code | 109 | R | N | |
| NM102 | entity type qualifier | 109 | R | Y | VT Medicaid Subscriber is always a person. Use value 1. |
| NM103 | Name Last or Organization Name | 109 | R | N | |
| NM104 | Name First | 109 | S | N | |
| NM105 | subscriber middle name | 109 | S | N | |
| NM107 | subscriber name suffix | 110 | S | N | |
| NM108 | identification code qualifier | 110 | S | Y | Use MI |
| NM109 | Identification Code | 110 | S | Y | Enter the patient's 9 character VT Medicaid Identification Number. Use numeric characters only, no hyphens or spaces. |

N3 (Subscriber Address)

| | | | | |
|------|---------------------------|-----|---|---|
| N301 | subscriber address line 1 | 112 | R | N |
| N302 | subscriber address line 2 | 112 | S | N |

N4 (Subscriber City/State/ZIP Code)

| | | | | |
|------|-------------------------|-----|---|---|
| N401 | subscriber city name | 113 | R | N |
| N402 | subscriber state | 114 | R | N |
| N403 | subscriber zip code | 114 | R | N |
| N404 | subscriber country code | 114 | S | N |

DMG (Subscriber Demographic Information)

| | | | | |
|-------|--|-----|---|---|
| DMG01 | date time period format qualifier (indicates dob format) | 115 | R | N |
| DMG02 | subscriber birth date | 116 | R | N |
| DMG03 | gender code | 116 | R | N |

REF (Subscriber Secondary Identification)

| | | | | |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 117 | R | N |
| REF02 | subscriber supplemental identifier | 118 | R | N |

REF (Property and Casualty Claim Number)

| | | | | |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 120 | R | X |
|-------|------------------------------------|-----|---|---|

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| | | | | |
|-------|--------------------------------|-----|---|---|
| REF02 | property casualty claim number | 120 | R | X |
|-------|--------------------------------|-----|---|---|

2010BB (Credit/debit card holder name)

NM1 (Credit/Debit Card Account Holder Name)

| | | | | |
|-------|------------------------|-----|---|---|
| NM101 | entity identifier code | 122 | R | X |
|-------|------------------------|-----|---|---|

| | | | | |
|-------|-----------------------|-----|---|---|
| NM102 | entity type qualifier | 122 | R | X |
|-------|-----------------------|-----|---|---|

| | | | | |
|-------|---|-----|---|---|
| NM103 | credit or debit card holder last or organizational name | 122 | R | X |
|-------|---|-----|---|---|

| | | | | |
|-------|--|-----|---|---|
| NM104 | credit or debit card holder first name | 122 | S | X |
|-------|--|-----|---|---|

| | | | | |
|-------|---|-----|---|---|
| NM105 | credit or debit card holder middle name | 122 | S | X |
|-------|---|-----|---|---|

| | | | | |
|-------|---|-----|---|---|
| NM107 | credit or debit card holder name suffix | 122 | S | X |
|-------|---|-----|---|---|

| | | | | |
|-------|-------------------------------|-----|---|---|
| NM108 | identification code qualifier | 123 | R | X |
|-------|-------------------------------|-----|---|---|

| | | | | |
|-------|-----------------------------|-----|---|---|
| NM109 | credit or debit card number | 123 | R | X |
|-------|-----------------------------|-----|---|---|

REF (Credit/Debit Card Information)

| | | | | |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 124 | R | X |
|-------|------------------------------------|-----|---|---|

| | | | | |
|-------|---|-----|---|---|
| REF02 | credit or debit card authorization number | 125 | R | X |
|-------|---|-----|---|---|

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2010BC (Payer Name)

NM1 (Payer Name)

| | | | | | |
|-------|-------------------------------|-----|---|---|-------------------------------------|
| NM101 | entity identifier code | 127 | R | N | |
| NM102 | entity type qualifier | 127 | R | N | |
| NM103 | payer name | 127 | R | Y | Use "VT MEDICAID" |
| NM108 | identification code qualifier | 127 | R | Y | Use qualifier PI for VT Medicaid |
| NM109 | payer identifier | 128 | R | Y | Use 752548221 - the VT Medicaid EIN |

N3 (Payer Address)

| | | | | | |
|------|----------------------|-----|---|---|--|
| N301 | payer address line 1 | 129 | R | N | |
| N302 | payer address line 2 | 129 | S | N | |

N4 (Payer City/State/ZIP Code)

| | | | | | |
|------|--------------------|-----|---|---|--|
| N401 | payer city name | 130 | R | N | |
| N402 | payer state code | 131 | R | N | |
| N403 | payer zip code | 131 | R | N | |
| N404 | payer country code | 131 | S | N | |

REF (Payer Secondary Identification)

| | | | | | |
|-------|------------------------------------|-----|---|---|--|
| REF01 | reference identification qualifier | 132 | R | N | |
| REF02 | payer additional identifier | 133 | R | N | |

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2010BD (Responsible Party Name)

NM1 (Responsible Party Name)

| | | | | |
|-------|---|-----|---|---|
| NM101 | entity identifier code | 135 | R | N |
| NM102 | entity type qualifier | 135 | R | N |
| NM103 | responsible party last or organization name | 135 | R | N |
| NM104 | responsible party first name | 135 | S | N |
| NM105 | responsible party middle name | 135 | S | N |
| NM107 | responsible party suffix name | 135 | S | N |

N3 (Responsible Party Address)

| | | | | |
|------|----------------------------------|-----|---|---|
| N301 | responsible party address line 1 | 136 | R | N |
| N302 | responsible party address line 2 | 136 | S | N |

N4 (Responsible Party City/State/ZIP Code)

| | | | | |
|------|--------------------------------|-----|---|---|
| N401 | responsible party city name | 137 | R | N |
| N402 | responsible party state code | 137 | R | N |
| N403 | responsible party zip code | 137 | R | N |
| N404 | responsible party country code | 138 | S | N |

2000C (Patient Hierarchical Level)

HL (Patient Hierarchical Level)

| | | | | |
|------|-------------------------------|-----|---|---|
| HL01 | hierarchical id number | 140 | R | X |
| HL02 | hierarchical parent id number | 140 | R | X |
| HL03 | hierarchical level code | 140 | R | X |
| HL04 | hierarchical child code | 140 | R | X |

PAT (Patient Information)

| | | | | |
|-------|----------------------------------|-----|---|---|
| PAT01 | patients relationship to insured | 142 | R | X |
|-------|----------------------------------|-----|---|---|

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| 2010CA (Patient Name) | | | | |
|--|---|-----|---|---|
| NM1 (Patient Name) | | | | |
| NM101 | entity identifier code | 145 | R | X |
| NM102 | entity type qualifier | 146 | R | X |
| NM103 | Patient last name | 146 | R | X |
| NM104 | Patient first name | 146 | R | X |
| NM105 | Patient middle name | 146 | S | X |
| NM107 | patient name suffix | 146 | S | X |
| NM108 | identification code qualifier | 147 | S | X |
| NM109 | identification code | 147 | S | X |
| N3 (Patient Address) | | | | |
| N301 | patient address line 1 | 148 | R | X |
| N302 | patient address line 2 | 148 | S | X |
| N4 (Patient City/State/ZIP Code) | | | | |
| N401 | patient city name | 149 | R | X |
| N402 | patient state code | 150 | R | X |
| N403 | patient zip code | 150 | R | X |
| N404 | country code | 150 | S | X |
| DMG (Patient Demographic Information) | | | | |
| DMG01 | date time period format qualifier (indicates format for date of birth) | 151 | R | X |
| DMG02 | patient date of birth | 152 | R | X |
| DMG03 | patient gender code | 152 | R | X |
| REF (Patient Secondary Identification Number) | | | | |
| REF01 | reference identification qualifier | 153 | R | X |
| REF02 | patient secondary identifier | 154 | R | X |
| REF (Property and Casualty Claim Number) | | | | |
| REF01 | reference qualifier | 155 | R | X |

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REF02 property casualty claim number 156 R X

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2300 (Claim Information)

CLM (Claim Information)

| | | | | | | |
|-------|--------|---|-----|---|---|---|
| CLM01 | | Patient Account Number | 158 | R | Y | VT Medicaid will capture up to the first 20 characters and return them on the 835. Fields longer than 20 will be truncated. |
| CLM02 | | Total Claim Charge Amount | 159 | R | N | |
| CLM05 | | Facility code Qualifier | 159 | R | N | |
| CLM05 | C023-1 | facility code value | 159 | R | N | |
| CLM05 | C023-2 | facility code qualifier | 159 | R | N | |
| CLM05 | C023-3 | claim frequency code | 159 | R | N | |
| CLM06 | | provider or supplier signature indicator | 160 | R | N | |
| CLM07 | | Medicare assignment code | 160 | S | N | |
| CLM08 | | benefits assignment certification indicator | 160 | R | N | |
| CLM09 | | release of information code | 161 | R | N | |
| CLM18 | | Explanation of Benefits Indicator | 163 | R | N | |
| CLM20 | | delay reason code | 164 | S | N | |

DTP (Discharge Hour)

| | | | | | |
|-------|--|-----------------------------------|-----|---|---|
| DTP01 | | date time qualifier | 165 | R | N |
| DTP02 | | date time period format qualifier | 165 | R | N |
| DTP03 | | Discharge Hour | 166 | R | N |

DTP (Statement Dates)

| | | | | | |
|-------|--|-----------------------------------|-----|---|---|
| DTP01 | | date time qualifier | 167 | R | N |
| DTP02 | | date time period format qualifier | 167 | R | N |
| DTP03 | | Statement from and to date | 168 | R | N |

DTP (Admission Date/Hour)

| | | | | | |
|-------|--|-----------------------------------|-----|---|---|
| DTP01 | | date time qualifier | 169 | R | N |
| DTP02 | | date time period format qualifier | 169 | R | N |
| DTP03 | | Admission Date and Hour | 170 | R | N |

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CL1 (Institutional Claim Code)

| | | | | |
|-------|-----------------------|-----|---|---|
| CL101 | Admission Type Code | 171 | S | N |
| CL102 | Admission Source Code | 172 | S | N |
| CL103 | Patient Status Code | 172 | S | N |

PWK (Claim Supplemental Information)

| | | | | |
|-------|-------------------------------|-----|---|---|
| PWK01 | attachment report type code | 174 | R | N |
| PWK02 | attachment transmission code | 174 | R | N |
| PWK05 | identification code qualifier | 175 | S | N |
| PWK06 | attachment control number | 175 | S | N |
| PWK07 | description | 175 | S | N |

CN1 (Contract Information)

| | | | | |
|-------|-----------------------------|-----|---|---|
| CN101 | contract type code | 176 | R | N |
| CN102 | contract amount | 177 | S | N |
| CN103 | contract percentage | 177 | S | N |
| CN104 | contract code | 177 | S | N |
| CN105 | terms discount percentage | 177 | S | N |
| CN106 | contract version identifier | 177 | S | N |

AMT (Payer Estimated Amount Due)

| | | | | |
|-------|-----------------------|-----|---|---|
| AMT01 | amount qualifier code | 178 | R | N |
| AMT02 | Payer Paid Amount | 179 | R | N |

AMT (Patient Estimated Amount Due)

| | | | | |
|-------|-------------------------------|-----|---|---|
| AMT01 | amount qualifier code | 180 | R | N |
| AMT02 | Patient Responsibility Amount | 181 | R | N |

AMT (Patient Amount Paid)

| | | | | |
|-------|-----------------------|-----|---|---|
| AMT01 | amount qualifier code | 182 | R | N |
| AMT02 | patient paid amount | 183 | R | N |

AMT (Credit/Debit Card Maximum Amount)

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| | | | | | |
|---|--|-----|---|---|---|
| AMT01 | amount qualifier code | 184 | R | X | |
| AMT02 | credit or debit card maximum amount | 184 | R | X | |
| REF (Adusted Repriced Claim Number) | | | | | |
| REF01 | reference identification qualifier | 185 | R | N | |
| REF02 | Medicare section 4081 indicator | 185 | R | N | |
| REF (Repriced Claim Number) | | | | | |
| REF01 | reference identification qualifier | 186 | R | N | |
| REF02 | mammography certification number | 186 | R | N | |
| REF (Claim Identification Number For Clearinghouses and Other Transmission Intermediaries) | | | | | |
| REF01 | reference identification qualifier | 187 | R | N | |
| REF02 | Reference Identification | 188 | R | N | |
| REF (Document Identification Code) | | | | | |
| REF01 | reference identification qualifier | 189 | R | N | |
| REF02 | claim original reference number | 189 | R | N | |
| REF (Original Reference Number (ICN/DCN)) | | | | | |
| REF01 | Reference Identification Qualifier | 191 | R | N | |
| REF02 | Original Reference Number | 192 | R | N | Report the 15 digit Internal Control Number (ICN) assigned to the original claim by VT MEDICAID. Required when Claim Frequency code = 7 or 8. |
| REF (Investigational Device Exemption Number) | | | | | |
| REF01 | reference identification qualifier | 193 | R | N | |
| REF02 | repriced claim reference number | 193 | R | N | |
| REF (Service Authorization Exception Code) | | | | | |
| REF01 | reference identification qualifier | 195 | R | N | |
| REF02 | adjusted repriced claim reference number | 196 | R | N | |
| REF (Peer Review Organization (PRO) Approval Number) | | | | | |
| REF01 | reference identification qualifier | 197 | R | N | |
| REF02 | Peer Review Auth Number | 197 | R | N | |
| REF (Prior Authorization or Referral Number) | | | | | |
| REF01 | Reference identification qualifier | 198 | R | N | |

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| | | | | |
|--|------------------------------------|-----|---|---|
| REF02 | Prior Authorization Number | 199 | R | N |
| REF (Medical Record Number) | | | | |
| REF01 | reference identification qualifier | 200 | R | N |
| REF02 | Reference Identification | 201 | R | N |
| REF (Demonstration Project Identifier) | | | | |
| REF01 | reference identification qualifier | 202 | R | N |
| REF02 | Reference Identification | 202 | R | N |
| K3 (File Information) | | | | |
| K301 | fixed format information 80 | 204 | R | N |
| NTE (Claim Note) | | | | |
| NTE01 | note reference code | 206 | R | N |
| NTE02 | description | 207 | R | N |
| NTE (Billing Note) | | | | |
| NTE01 | note reference code | 208 | R | N |
| NTE02 | description | 209 | R | N |
| CR6 (Home Health Care Information) | | | | |
| CR601 | Prognosis Indicator | 211 | R | N |
| CR602 | Service From Date | 211 | R | N |
| CR603 | Date Time Period Format Qualifier | 211 | S | N |
| CR604 | Certification Period | 212 | S | N |
| CR605 | Diagnosis Date | 212 | R | N |
| CR606 | Skilled Nursing Facility Indicator | 212 | R | N |
| CR607 | Medicare Coverage Indicator | 213 | R | N |
| CR608 | Certification Type Code | 213 | R | N |
| CR609 | Surgery Date | 213 | S | N |
| CR610 | Product or Service ID Qualifier | 214 | S | N |

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| | | | | |
|-------|--------------------------------------|-----|---|---|
| CR611 | Surgical Procedure Code | 214 | S | N |
| CR612 | Physician Order Date | 214 | S | N |
| CR613 | Last Visit Date | 215 | S | N |
| CR614 | Physician Contact Date | 215 | S | N |
| CR615 | Date Time Period Format Qualifier | 215 | S | N |
| CR616 | Last Admission Period | 215 | S | N |
| CR617 | Patient Discharge Facility Type Code | 216 | R | N |
| CR618 | Diagnosis Date | 216 | S | N |
| CR619 | Diagnosis Date | 217 | S | N |
| CR620 | Diagnosis Date | 217 | S | N |
| CR621 | Diagnosis Date | 217 | S | N |

CRC (Home Health Functional Limitations)

| | | | | |
|-------|-----------------------------------|-----|---|---|
| CRC01 | code category | 218 | R | N |
| CRC02 | certification condition indicator | 219 | R | N |
| CRC03 | Functional Limitation Code | 219 | R | N |
| CRC04 | Functional Limitation Code | 220 | S | N |
| CRC05 | Functional Limitation Code | 220 | S | N |
| CRC06 | Functional Limitation Code | 220 | S | N |
| CRC07 | Functional Limitation Code | 220 | S | N |

CRC (Home Health Activities Permitted)

| | | | | |
|-------|----------------------------|-----|---|---|
| CRC01 | code category | 221 | R | N |
| CRC02 | Functional Limitation Code | 222 | R | N |
| CRC03 | Activities Permitted Code | 222 | R | N |
| CRC04 | Activities Permitted Code | 223 | S | N |

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| | | | | |
|-------|---------------------------|-----|---|---|
| CRC05 | Activities Permitted Code | 223 | S | N |
| CRC06 | Activities Permitted Code | 223 | S | N |
| CRC07 | Activities Permitted Code | 223 | S | N |

CRC (Home Health Mental Status)

| | | | | |
|-------|----------------------------|-----|---|---|
| CRC01 | code category | 224 | R | N |
| CRC02 | Functional Limitation Code | 225 | R | N |
| CRC03 | Mental Status Code | 225 | R | N |
| CRC04 | Mental Status Code | 226 | S | N |
| CRC05 | Mental Status Code | 226 | S | N |
| CRC06 | Mental Status Code | 226 | S | N |
| CRC07 | Mental Status Code | 226 | S | N |

HI (Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information)

| | | | | | |
|------|--------|------------------------------|-----|---|---|
| HI01 | | Health care code information | 227 | R | N |
| HI01 | C022-1 | Code List Qualifier Code | 228 | R | N |
| HI01 | C022-2 | Industry Code | 228 | R | N |
| HI02 | | health care code information | 228 | S | N |
| HI02 | C022-1 | Code List Qualifier Code | 228 | R | Y |
| HI02 | C022-2 | Industry Code | 228 | R | N |
| HI03 | | health care code information | 229 | S | N |
| HI03 | C022-1 | Code List Qualifier Code | 229 | R | N |
| HI03 | C022-2 | Industry Code | 229 | R | N |

HI (Diagnosis Related Group (DRG) Information)

| | | | | | |
|------|--------|------------------------------|-----|---|---|
| HI01 | | Health care code information | 230 | R | N |
| HI01 | C022-1 | Code List Qualifier Code | 230 | R | N |
| HI01 | C022-2 | Industry Code | 230 | R | N |

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HI (Other Diagnosis Information)

| | | | | | |
|------|--------|------------------------------|-----|---|---|
| HI01 | | health care code information | 232 | R | N |
| HI01 | C022-1 | Code List Qualifier Code | 232 | R | N |
| HI01 | C022-2 | Industry Code | 233 | R | N |
| HI02 | | health care code information | 233 | S | N |
| HI02 | C022-1 | Code List Qualifier Code | 233 | R | N |
| HI02 | C022-2 | Industry Code | 233 | R | N |
| HI03 | | health care code information | 234 | S | N |
| HI03 | C022-1 | Code List Qualifier Code | 234 | R | N |
| HI03 | C022-2 | Industry Code | 234 | R | N |
| HI04 | C022-1 | Code List Qualifier Code | 235 | R | N |
| HI04 | C022-2 | Industry Code | 235 | R | N |
| HI05 | C022-1 | Code List Qualifier Code | 235 | R | N |
| HI05 | C022-2 | Industry Code | 235 | R | N |
| HI06 | C022-1 | Code List Qualifier Code | 236 | R | N |
| HI06 | C022-2 | Industry Code | 236 | R | N |
| HI07 | C022-1 | Code List Qualifier Code | 237 | R | N |
| HI07 | C022-2 | Industry Code | 237 | R | N |
| HI08 | C022-1 | Code List Qualifier Code | 237 | R | N |
| HI08 | C022-2 | Industry Code | 238 | R | N |
| HI09 | C022-1 | Code List Qualifier Code | 238 | R | N |
| HI09 | C022-2 | Industry Code | 238 | R | N |
| HI10 | C022-1 | Code List Qualifier Code | 239 | R | N |
| HI10 | C022-2 | Industry Code | 239 | R | N |

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| | | | | | | |
|---|--------|-----------------------------------|-----|---|---|-------------------------|
| HI11 | C022-1 | Code List Qualifier Code | 240 | R | N | |
| HI11 | C022-2 | Industry Code | 240 | R | N | |
| HI12 | C022-1 | Code List Qualifier Code | 240 | R | N | |
| HI12 | C022-2 | Industry Code | 240 | R | N | |
| HI (Principal Procedure Information) | | | | | | |
| HI01 | C022-1 | Code List Qualifier Code | 242 | R | Y | Use BR for VT Medicaid. |
| HI01 | C022-2 | Industry Code | 243 | R | N | |
| HI (Other Procedure Information) | | | | | | |
| HI01 | | health care code information | 244 | R | N | |
| HI01 | C022-1 | Code List Qualifier Code | 244 | R | Y | Use BQ for VT Medicaid. |
| HI01 | C022-2 | Industry Code | 245 | R | N | |
| HI01 | C022-3 | date time period format qualifier | 245 | S | N | |
| HI01 | C022-4 | date time period | 245 | S | N | |
| HI02 | | health care code information | 245 | S | N | |
| HI02 | C022-1 | Code List Qualifier Code | 245 | R | N | |
| HI02 | C022-2 | Industry Code | 246 | R | N | |
| HI02 | C022-3 | Date Time Period Format Qualifier | 246 | S | N | |
| HI02 | C022-4 | date time period | 246 | S | N | |
| HI03 | | health care code information | 246 | S | N | |
| HI03 | C022-1 | Code List Qualifier Code | 246 | R | N | |
| HI03 | C022-2 | Industry Code | 246 | R | N | |
| HI03 | C022-3 | Date Time Period Format Qualifier | 247 | S | N | |
| HI03 | C022-4 | date time period | 247 | S | N | |
| HI04 | | health care code information | 247 | S | N | |

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| | | | | | |
|------|--------|-----------------------------------|-----|---|---|
| HI04 | C022-1 | Code List Qualifier Code | 247 | R | N |
| HI04 | C022-2 | Industry Code | 247 | R | N |
| HI04 | C022-3 | Date Time Period Format Qualifier | 248 | S | N |
| HI04 | C022-4 | date time period | 248 | S | N |
| HI05 | | health care code information | 248 | S | N |
| HI05 | C022-1 | Code List Qualifier Code | 248 | R | N |
| HI05 | C022-2 | Industry Code | 248 | R | N |
| HI05 | C022-3 | Date Time Period Format Qualifier | 249 | S | N |
| HI05 | C022-4 | date time period | 249 | S | N |
| HI06 | | health care code information | 249 | S | N |
| HI06 | C022-1 | Code List Qualifier Code | 249 | R | N |
| HI06 | C022-2 | Industry Code | 249 | R | N |
| HI06 | C022-3 | Date Time Period Format Qualifier | 249 | S | N |
| HI06 | C022-4 | date time period | 250 | S | N |
| HI07 | | health care code information | 250 | S | N |
| HI07 | C022-1 | Code List Qualifier Code | 250 | R | N |
| HI07 | C022-2 | Industry Code | 250 | R | N |
| HI07 | C022-3 | Date Time Period Format Qualifier | 250 | S | N |
| HI07 | C022-4 | date time period | 251 | S | N |
| HI08 | | health care code information | 251 | S | N |
| HI08 | C022-1 | Code List Qualifier Code | 251 | R | N |
| HI08 | C022-2 | Industry Code | 251 | R | N |
| HI08 | C022-3 | Date Time Period Format Qualifier | 251 | S | N |
| HI08 | C022-4 | date time period | 252 | S | N |

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| | | | | | |
|------|--------|-----------------------------------|-----|---|---|
| HI01 | C022-3 | date time period format qualifier | 257 | R | N |
| HI01 | C022-4 | date time period | 257 | R | N |
| HI02 | | health care code information | 257 | S | N |
| HI02 | C022-1 | Code List Qualifier Code | 257 | R | N |
| HI02 | C022-2 | Industry Code | 257 | R | N |
| HI02 | C022-3 | Date Time Period Format Qualifier | 258 | R | N |
| HI02 | C022-4 | date time period | 258 | R | N |
| HI03 | | health care code information | 258 | S | N |
| HI03 | C022-1 | Code List Qualifier Code | 258 | R | N |
| HI03 | C022-2 | Industry Code | 258 | R | N |
| HI03 | C022-3 | Date Time Period Format Qualifier | 258 | R | N |
| HI03 | C022-4 | date time period | 259 | R | N |
| HI04 | C022-1 | Code List Qualifier Code | 259 | R | N |
| HI04 | C022-2 | Industry Code | 259 | R | N |
| HI04 | C022-3 | Date Time Period Format Qualifier | 259 | R | N |
| HI04 | C022-4 | date time period | 259 | R | N |
| HI05 | C022-1 | Code List Qualifier Code | 260 | R | N |
| HI05 | C022-2 | Industry Code | 260 | R | N |
| HI05 | C022-3 | Date Time Period Format Qualifier | 260 | R | N |
| HI05 | C022-4 | date time period | 260 | R | N |
| HI06 | C022-1 | Code List Qualifier Code | 261 | R | N |
| HI06 | C022-2 | Industry Code | 261 | R | N |
| HI06 | C022-3 | Date Time Period Format Qualifier | 261 | R | N |
| HI06 | C022-4 | date time period | 261 | R | N |

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| | | | | | |
|------|--------|-----------------------------------|-----|---|---|
| HI07 | C022-1 | Code List Qualifier Code | 261 | R | N |
| HI07 | C022-2 | Industry Code | 262 | R | N |
| HI07 | C022-3 | Date Time Period Format Qualifier | 262 | R | N |
| HI07 | C022-4 | date time period | 262 | R | N |
| HI08 | C022-1 | Code List Qualifier Code | 262 | R | N |
| HI08 | C022-2 | Industry Code | 262 | R | N |
| HI08 | C022-3 | Date Time Period Format Qualifier | 263 | R | N |
| HI08 | C022-4 | date time period | 263 | R | N |
| HI09 | C022-1 | Code List Qualifier Code | 263 | R | N |
| HI09 | C022-2 | Industry Code | 263 | R | N |
| HI09 | C022-3 | Date Time Period Format Qualifier | 263 | R | N |
| HI09 | C022-4 | date time period | 263 | R | N |
| HI10 | C022-1 | Code List Qualifier Code | 264 | R | N |
| HI10 | C022-2 | Industry Code | 264 | R | N |
| HI10 | C022-3 | Date Time Period Format Qualifier | 264 | R | N |
| HI10 | C022-4 | date time period | 264 | R | N |
| HI11 | C022-1 | Code List Qualifier Code | 265 | R | N |
| HI11 | C022-2 | Industry Code | 265 | R | N |
| HI11 | C022-3 | Date Time Period Format Qualifier | 265 | R | N |
| HI11 | C022-4 | date time period | 265 | R | N |
| HI12 | C022-1 | Code List Qualifier Code | 265 | R | N |
| HI12 | C022-2 | Industry Code | 266 | R | N |
| HI12 | C022-3 | Date Time Period Format Qualifier | 266 | R | N |
| HI12 | C022-4 | date time period | 266 | R | N |

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HI (Occurrence Information)

| | | | | | |
|------|--------|-----------------------------------|-----|---|---|
| HI01 | | health care code information | 267 | R | N |
| HI01 | C022-1 | Code List Qualifier Code | 267 | R | N |
| HI01 | C022-2 | Industry Code | 268 | R | N |
| HI01 | C022-3 | date time period format qualifier | 268 | R | N |
| HI01 | C022-4 | date time period | 268 | R | N |
| HI02 | | health care code information | 268 | S | N |
| HI02 | C022-1 | Code List Qualifier Code | 268 | R | N |
| HI02 | C022-2 | Industry Code | 268 | R | N |
| HI02 | C022-3 | Date Time Period Format Qualifier | 269 | R | N |
| HI02 | C022-4 | date time period | 269 | R | N |
| HI03 | | health care code information | 269 | S | N |
| HI03 | C022-1 | Code List Qualifier Code | 269 | R | N |
| HI03 | C022-2 | Industry Code | 269 | R | N |
| HI03 | C022-3 | Date Time Period Format Qualifier | 270 | R | N |
| HI03 | C022-4 | date time period | 270 | R | N |
| HI04 | C022-1 | Code List Qualifier Code | 270 | R | N |
| HI04 | C022-2 | Industry Code | 270 | R | N |
| HI04 | C022-3 | Date Time Period Format Qualifier | 271 | R | N |
| HI04 | C022-4 | date time period | 271 | R | N |
| HI05 | C022-1 | Code List Qualifier Code | 271 | R | N |
| HI05 | C022-2 | Industry Code | 271 | R | N |
| HI05 | C022-3 | Date Time Period Format Qualifier | 271 | R | N |
| HI05 | C022-4 | date time period | 272 | R | N |

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| | | | | | |
|------|--------|-----------------------------------|-----|---|---|
| HI06 | C022-1 | Code List Qualifier Code | 272 | R | N |
| HI06 | C022-2 | Industry Code | 272 | R | N |
| HI06 | C022-3 | Date Time Period Format Qualifier | 272 | R | N |
| HI06 | C022-4 | date time period | 273 | R | N |
| HI07 | C022-1 | Code List Qualifier Code | 273 | R | N |
| HI07 | C022-2 | Industry Code | 273 | R | N |
| HI07 | C022-3 | Date Time Period Format Qualifier | 273 | R | N |
| HI07 | C022-4 | date time period | 274 | R | N |
| HI08 | C022-1 | Code List Qualifier Code | 274 | R | N |
| HI08 | C022-2 | Industry Code | 274 | R | N |
| HI08 | C022-3 | Date Time Period Format Qualifier | 274 | R | N |
| HI08 | C022-4 | date time period | 275 | R | N |
| HI09 | C022-1 | Code List Qualifier Code | 275 | R | N |
| HI09 | C022-2 | Industry Code | 275 | R | N |
| HI09 | C022-3 | Date Time Period Format Qualifier | 275 | R | N |
| HI09 | C022-4 | date time period | 276 | R | N |
| HI10 | C022-1 | Code List Qualifier Code | 276 | R | N |
| HI10 | C022-2 | Industry Code | 276 | R | N |
| HI10 | C022-3 | Date Time Period Format Qualifier | 276 | R | N |
| HI10 | C022-4 | date time period | 277 | R | N |
| HI11 | C022-1 | Code List Qualifier Code | 277 | R | N |
| HI11 | C022-2 | Industry Code | 277 | R | N |
| HI11 | C022-3 | Date Time Period Format Qualifier | 277 | R | N |
| HI11 | C022-4 | date time period | 278 | R | N |

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| | | | | | |
|------|--------|------------------------------|-----|---|---|
| HI02 | | health care code information | 291 | S | N |
| HI02 | C022-1 | Code List Qualifier Code | 291 | R | N |
| HI02 | C022-2 | Industry Code | 291 | R | N |
| HI03 | | health care code information | 292 | S | N |
| HI03 | C022-1 | Code List Qualifier Code | 292 | R | N |
| HI03 | C022-2 | Industry Code | 292 | R | N |
| HI04 | C022-1 | Code List Qualifier Code | 292 | R | N |
| HI04 | C022-2 | Industry Code | 293 | R | N |
| HI05 | C022-1 | Code List Qualifier Code | 293 | R | N |
| HI05 | C022-2 | Industry Code | 293 | R | N |
| HI06 | C022-1 | Code List Qualifier Code | 294 | R | N |
| HI06 | C022-2 | Industry Code | 294 | R | N |
| HI07 | C022-1 | Code List Qualifier Code | 294 | R | N |
| HI07 | C022-2 | Industry Code | 295 | R | N |
| HI08 | C022-1 | Code List Qualifier Code | 295 | R | N |
| HI08 | C022-2 | Industry Code | 295 | R | N |
| HI09 | C022-1 | Code List Qualifier Code | 296 | R | N |
| HI09 | C022-2 | Industry Code | 296 | R | N |
| HI10 | C022-1 | Code List Qualifier Code | 296 | R | N |
| HI10 | C022-2 | Industry Code | 297 | R | N |
| HI11 | C022-1 | Code List Qualifier Code | 297 | R | N |
| HI11 | C022-2 | Industry Code | 297 | R | N |
| HI12 | C022-1 | Code List Qualifier Code | 298 | R | N |
| HI12 | C022-2 | Industry Code | 298 | R | N |

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HI (Treatment Code Information)

| | | | | | |
|------|--------|------------------------------|-----|---|---|
| HI01 | | health care code information | 299 | R | N |
| HI01 | C022-1 | Code List Qualifier Code | 299 | R | N |
| HI01 | C022-2 | Industry Code | 300 | R | N |
| HI02 | | health care code information | 300 | S | N |
| HI02 | C022-1 | Code List Qualifier Code | 300 | R | N |
| HI02 | C022-2 | Industry Code | 300 | R | N |
| HI03 | | health care code information | 300 | S | N |
| HI03 | C022-1 | Code List Qualifier Code | 300 | R | N |
| HI03 | C022-2 | Industry Code | 300 | R | N |
| HI04 | C022-1 | Code List Qualifier Code | 301 | R | N |
| HI04 | C022-2 | Industry Code | 301 | R | N |
| HI05 | C022-1 | Code List Qualifier Code | 301 | R | N |
| HI05 | C022-2 | Industry Code | 302 | R | N |
| HI06 | C022-1 | Code List Qualifier Code | 302 | R | N |
| HI06 | C022-2 | Industry Code | 302 | R | N |
| HI07 | C022-1 | Code List Qualifier Code | 302 | R | N |
| HI07 | C022-2 | Industry Code | 302 | R | N |
| HI08 | C022-1 | Code List Qualifier Code | 303 | R | N |
| HI08 | C022-2 | Industry Code | 303 | R | N |
| HI09 | C022-1 | Code List Qualifier Code | 303 | R | N |
| HI09 | C022-2 | Industry Code | 304 | R | N |
| HI10 | C022-1 | Code List Qualifier Code | 304 | R | N |
| HI10 | C022-2 | Industry Code | 304 | R | N |

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| | | | | | |
|--|--------|--|-----|---|---|
| HI11 | C022-1 | Code List Qualifier Code | 304 | R | N |
| HI11 | C022-2 | Industry Code | 304 | R | N |
| HI12 | C022-1 | Code List Qualifier Code | 305 | R | N |
| HI12 | C022-2 | Industry Code | 305 | R | N |
| QTY (Claim Quantity) | | | | | |
| QTY01 | | Quantity Qualifier | 307 | R | N |
| QTY02 | | Claim Days Count | 307 | R | N |
| QTY03 | | Composite units of measure | 307 | R | N |
| QTY03 | C001-1 | Unit or Basis of Measurement | 307 | R | N |
| HCP (Claim Pricing/Repricing Information) | | | | | |
| HCP01 | | pricing methodology | 309 | R | N |
| HCP02 | | allowed amount | 309 | R | N |
| HCP03 | | repriced saving amount | 310 | S | N |
| HCP04 | | repricing organization identifier | 310 | S | N |
| HCP05 | | repricing per diem or flat rate amount | 310 | S | N |
| HCP06 | | Repriced Approved DRG Code | 310 | S | N |
| HCP07 | | Repriced Approved DRG Amount | 310 | S | N |
| HCP08 | | Repriced Approved Revenue Code | 311 | S | N |
| HCP09 | | product/service id | 311 | S | N |
| HCP10 | | Approved Procedure Code | 311 | S | N |
| HCP11 | | unit or basis for measurement code | 311 | S | N |
| HCP12 | | quantity | 312 | S | N |
| HCP13 | | reject reason code | 312 | S | N |
| HCP14 | | policy compliance code | 312 | S | N |

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| | | | | |
|-------|----------------|-----|---|---|
| HCP15 | exception code | 313 | S | N |
|-------|----------------|-----|---|---|

2305 (Home Health Care Plan Information)

CR7 (Home Health Care Plan Information)

| | | | | |
|-------|----------------------|-----|---|---|
| CR701 | discipline type code | 314 | R | N |
|-------|----------------------|-----|---|---|

| | | | | |
|-------|--|-----|---|---|
| CR702 | Visits prior to Recertification Date Count | 315 | R | N |
|-------|--|-----|---|---|

| | | | | |
|-------|---|-----|---|---|
| CR703 | Total Visits Projected during this cert count | 315 | R | N |
|-------|---|-----|---|---|

HSD (Health Care Services Delivery)

| | | | | |
|-------|--------------------|-----|---|---|
| HSD01 | Quantity Qualifier | 317 | S | N |
|-------|--------------------|-----|---|---|

| | | | | |
|-------|------------------|-----|---|---|
| HSD02 | Frequency Number | 317 | S | N |
|-------|------------------|-----|---|---|

| | | | | |
|-------|------------------------------------|-----|---|---|
| HSD03 | unit or basis for measurement code | 317 | S | N |
|-------|------------------------------------|-----|---|---|

| | | | | |
|-------|------------------------|-----|---|---|
| HSD04 | Sample section Modulus | 318 | S | N |
|-------|------------------------|-----|---|---|

| | | | | |
|-------|-----------------------|-----|---|---|
| HSD05 | Time Period Qualifier | 318 | S | N |
|-------|-----------------------|-----|---|---|

| | | | | |
|-------|--------------|-----|---|---|
| HSD06 | period count | 318 | S | N |
|-------|--------------|-----|---|---|

| | | | | |
|-------|-----------------------|-----|---|---|
| HSD07 | calendar pattern code | 318 | S | N |
|-------|-----------------------|-----|---|---|

| | | | | |
|-------|----------------------------|-----|---|---|
| HSD08 | delivery pattern time code | 320 | S | N |
|-------|----------------------------|-----|---|---|

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2310A (Attending Provider Name)

NM1 (Attending Provider Name)

| | | | | | |
|-------|--------------------------------|-----|---|---|---|
| NM101 | Entity Identifier Code | 322 | R | N | |
| NM102 | Entity Type Qualifier | 322 | R | N | |
| NM103 | Name Last or Organization Name | 322 | R | N | |
| NM104 | Name First | 322 | S | N | |
| NM105 | Name Middle | 322 | S | N | |
| NM108 | Identification Code Qualifier | 323 | R | Y | Use XX if sending the NPI in NM109 Use 24 or 34 if sending the VT Medicaid Provider ID |
| NM109 | Identification Code | 323 | R | Y | Enter the 10-digit NPI if XX was entered in NM108 |

PRV (Attending Provider Specialty Information)

| | | | | | |
|-------|------------------------------------|-----|---|---|---|
| PRV01 | Provider Code | 324 | R | N | |
| PRV02 | Reference Identification Qualifier | 325 | R | N | |
| PRV03 | Reference Identification | 325 | R | Y | The Taxonomy code is required for VT Medicaid |

REF (Attending Provider Secondary Identification)

| | | | | | |
|-------|------------------------------------|-----|---|---|--|
| REF01 | Reference Identification Qualifier | 326 | R | Y | Use 1D when the attending provider is atypical |
| REF02 | Reference Identification | 327 | R | Y | Use the 7 digit VT Medicaid Provider ID |

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2310B (Operating Provider Name)

NM1 (Operating Provider Name)

| | | | | |
|-------|--------------------------------|-----|---|---|
| NM101 | Entity Identifier Code | 329 | R | N |
| NM102 | Entity Type Qualifier | 329 | R | N |
| NM103 | Name Last or Organization Name | 329 | R | N |
| NM104 | Name First | 329 | R | N |
| NM105 | Name Middle | 329 | S | N |
| NM107 | Name Suffix | 329 | S | N |
| NM108 | Identification Code Qualifier | 330 | R | N |
| NM109 | Identification Code | 330 | R | N |

PRV (Operating Physician Specialty Information)

| | | | | |
|-------|------------------------------------|-----|---|---|
| PRV01 | Provider Code | 331 | R | N |
| PRV02 | Reference Identification Qualifier | 332 | R | N |
| PRV03 | Reference Identification | 332 | R | N |

REF (Operating Physician Secondary Identification)

| | | | | |
|-------|------------------------------------|-----|---|---|
| REF01 | Reference Identification Qualifier | 333 | R | N |
| REF02 | Reference Identification | 334 | R | N |

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2310C (Other Physician Name)

NM1 (Other Provider Name)

| | | | | |
|-------|--------------------------------|-----|---|---|
| NM101 | Entity Identifier Code | 336 | R | N |
| NM102 | Entity Type Qualifier | 336 | R | N |
| NM103 | Name Last or Organization Name | 336 | R | N |
| NM104 | Name First | 336 | S | N |
| NM105 | Name Middle | 337 | S | N |
| NM107 | Name Suffix | 337 | S | N |
| NM108 | Identification Code Qualifier | 337 | R | N |
| NM109 | Identification Code | 337 | R | N |

PRV (Other Provider Specialty Information)

| | | | | |
|-------|------------------------------------|-----|---|---|
| PRV01 | Provider Code | 338 | R | N |
| PRV02 | Reference Identification Qualifier | 339 | R | N |
| PRV03 | Reference Identification | 339 | R | N |

REF (Other Provider Secondary Identification)

| | | | | |
|-------|------------------------------------|-----|---|---|
| REF01 | Reference Identification Qualifier | 340 | R | N |
| REF02 | Reference Identification | 341 | R | N |

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2310E (Service Facility Name)

NM1 (Service Facility Name)

| | | | | |
|-------|--------------------------------|-----|---|---|
| NM101 | Entity Identifier Code | 350 | R | N |
| NM102 | Entity Type Qualifier | 350 | R | N |
| NM103 | Name Last or Organization Name | 350 | R | N |
| NM108 | Identification Code Qualifier | 350 | S | N |
| NM109 | Identification Code | 350 | S | N |

PRV (Service Facility Specialty Information)

| | | | | |
|-------|------------------------------------|-----|---|---|
| PRV01 | Provider Code | 352 | R | N |
| PRV02 | Reference Identification Qualifier | 353 | R | N |
| PRV03 | Reference Identification | 353 | R | N |

N3 (Service Facility Address)

| | | | | |
|------|---------------------|-----|---|---|
| N301 | Address Information | 354 | R | N |
| N302 | Address Information | 354 | S | N |

N4 (Service Facility City/State/Zip Code)

| | | | | |
|------|--------------|-----|---|---|
| N401 | City Name | 355 | R | N |
| N402 | State | 355 | R | N |
| N403 | Postal Code | 356 | R | N |
| N404 | Country Code | 356 | S | N |

REF (Service Facility Secondary Identification)

| | | | | |
|-------|------------------------------------|-----|---|---|
| REF01 | Reference Identification Qualifier | 357 | R | N |
| REF02 | Reference Identification | 358 | R | N |

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2320 (Other Subscriber Information)

SBR (Other Subscriber Information)

| | | | | |
|-------|---|-----|---|---|
| SBR01 | payer responsibility sequence number code | 360 | R | N |
| SBR02 | individual relationship code | 361 | R | N |
| SBR03 | insured group or policy number | 363 | S | N |
| SBR04 | other insured group name | 363 | S | N |
| SBR09 | claim filing indicator code | 363 | S | N |

CAS (Claim Level Adjustment)

| | | | | |
|-------|-----------------------------|-----|---|---|
| CAS01 | claim adjustment group code | 367 | R | N |
| CAS02 | Adjustment Reason Code | 367 | R | N |
| CAS03 | Adjustment Amount | 367 | R | N |
| CAS04 | adjustment quantity | 367 | S | N |
| CAS05 | Adjustment Reason Code | 368 | S | N |
| CAS06 | adjustment amount | 368 | R | N |
| CAS07 | adjustment quantity | 368 | S | N |
| CAS08 | Adjustment Reason Code | 368 | S | N |
| CAS09 | adjustment amount | 368 | S | N |
| CAS10 | adjustment quantity | 369 | S | N |
| CAS11 | Adjustment Reason Code | 369 | S | N |
| CAS12 | adjustment amount | 369 | S | N |
| CAS13 | adjustment quantity | 369 | S | N |
| CAS14 | Adjustment Reason Code | 369 | S | N |
| CAS15 | adjustment amount | 370 | S | N |
| CAS16 | adjustment quantity | 370 | S | N |
| CAS17 | Adjustment Reason Code | 370 | S | N |

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| | | | | |
|---|---------------------------------|-----|---|---|
| CAS18 | adjustment amount | 370 | S | N |
| CAS19 | adjustment quantity | 370 | S | N |
| AMT (Payer Prior Payment) | | | | |
| AMT01 | amount qualifier code | 371 | R | N |
| AMT02 | Monetary amount | 371 | R | N |
| AMT (Coordination of Benefits (COB) Total Allowed Amount) | | | | |
| AMT01 | amount qualifier code | 372 | R | N |
| AMT02 | Monetary amount | 372 | R | N |
| AMT (Coordination of Benefits (COB) Total Submitted Charges) | | | | |
| AMT01 | amount qualifier code | 373 | R | N |
| AMT02 | Monetary amount | 373 | R | N |
| AMT (Diagnostic Related Group (DRG) Outlier Amount) | | | | |
| AMT01 | amount qualifier code | 374 | R | N |
| AMT02 | Monetary amount | 375 | R | N |
| AMT (Coordination of Benefits (COB) Total Medicare Paid Amount) | | | | |
| AMT01 | amount qualifier code | 376 | R | N |
| AMT02 | Total Medicare Paid | 377 | R | N |
| AMT (Medicare Paid Amount - 100%) | | | | |
| AMT01 | amount qualifier code | 378 | R | N |
| AMT02 | Medicare Paid at 100% Amount | 378 | R | N |
| AMT (Medicare Paid Amount - 80%) | | | | |
| AMT01 | amount qualifier code | 380 | R | N |
| AMT02 | Medicare Paid at 80% Amount | 380 | R | N |
| AMT (Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount) | | | | |
| AMT01 | amount qualifier code | 382 | R | N |
| AMT02 | Paid from Medicare A Trust Fund | 383 | R | N |
| AMT (Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount) | | | | |
| AMT01 | amount qualifier code | 384 | R | N |

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| | | | | |
|--|---|-----|---|---|
| AMT02 | Paid from Medicare B Trust Fund | 385 | R | N |
| AMT (Coordination of Benefits (COB) Total Non-covered Amount) | | | | |
| AMT01 | amount qualifier code | 386 | R | N |
| AMT02 | Non-covered Charge Amount | 386 | R | N |
| AMT (Coordination of Benefits (COB) Total Denied Amount) | | | | |
| AMT01 | amount qualifier code | 387 | R | N |
| AMT02 | Total Denied Charge Amount | 387 | R | N |
| DMG (Other Subscriber Demographic Information) | | | | |
| DMG03 | gender | 389 | R | N |
| OI (Other Insurance Coverage Information) | | | | |
| OI03 | Benefits Assignment Certification Indicator | 390 | R | N |
| OI06 | release of info code | 391 | R | N |
| MIA (Medicare Inpatient Adjudication Information) | | | | |
| MIA01 | Covered Days or Visits Count | 393 | R | N |
| MIA02 | Lifetime Reserve Days Count | 393 | S | N |
| MIA03 | LIFETIME Psychiatric Days Count | 393 | S | N |
| MIA04 | Claim DRG Amount | 393 | S | N |
| MIA05 | Claim Payment Remark Code | 393 | S | N |
| MIA06 | Claim Disproportionate Share Amount | 393 | S | N |
| MIA07 | Claim MSP Pass-through Amount | 394 | S | N |
| MIA08 | Claim PPS Capital Amount | 394 | S | N |
| MIA09 | PPS-Capital FSP CRG Amount | 394 | S | N |
| MIA10 | PPS - Capital HSP DRG Amount | 394 | S | N |
| MIA11 | PPS - Capital DSH DRG Amount | 394 | S | N |
| MIA12 | Old Capital Amount | 394 | S | N |
| MIA13 | PPS - Capital IME amount | 395 | S | N |

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| | | | | |
|-------|--|-----|---|---|
| MIA14 | PPS-Operating Hospital Specific DRG Amount | 395 | S | N |
| MIA15 | Cost Report Day Count | 395 | S | N |
| MIA16 | PPS-Operating Federal Specific DRG Amount | 395 | S | N |
| MIA17 | Claim PPS Capital Outlier Amount | 395 | S | N |
| MIA18 | Claim Indirect Teaching Amount | 395 | S | N |
| MIA19 | Nonpayable Professional Component Amount | 395 | S | N |
| MIA20 | Claim Payment Remark Code | 396 | S | N |
| MIA21 | Claim Payment Remark Code | 396 | S | N |
| MIA22 | Claim Payment Remark Code | 396 | S | N |
| MIA23 | Claim Payment Remark Code | 396 | S | N |
| MIA24 | PPS - Capital Exception Amount | 396 | S | N |

MOA (Medicare Outpatient Adjudication Information)

| | | | | |
|-------|-----------------------------------|-----|---|---|
| MOA01 | Reimbursement Rate | 397 | S | N |
| MOA02 | Claim HCPCS Payable Amount | 398 | S | N |
| MOA03 | Claim Payment Remark Code | 398 | S | N |
| MOA04 | Claim Payment Remark Code | 398 | S | N |
| MOA05 | Claim Payment Remark Code | 398 | S | N |
| MOA06 | Claim Payment Remark Code | 399 | S | N |
| MOA07 | Claim Payment Remark Code | 399 | S | N |
| MOA08 | Claim ESRD Payment Amount | 399 | S | N |
| MOA09 | Nonpayable Professional Component | 399 | S | N |

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2330A (Other Subscriber Name)

NM1 (Other Subscriber Name)

| | | | | | |
|-------|--------------------------------|-----|---|---|---|
| NM101 | entity identifier code | 401 | R | N | |
| NM102 | entity type qualifier | 401 | R | N | |
| NM103 | last name or organization name | 401 | R | N | |
| NM104 | first name | 401 | S | N | |
| NM105 | middle name | 402 | S | N | |
| NM107 | name suffix | 402 | S | N | |
| NM108 | id code qualifier | 402 | R | N | |
| NM109 | id code | 403 | R | Y | When the Other Insurance is Medicare (Loop 2320, SBR09 equals MA or MB), VT Medicaid will capture 15 characters in this field and truncate over 15. |

N3 (Other Subscriber Address)

| | | | | | |
|------|------------------------------|-----|---|---|--|
| N301 | other insured address line 1 | 404 | R | N | |
| N302 | other insured address line 2 | 405 | S | N | |

N4 (Other Subscriber City/State/ZIP Code)

| | | | | | |
|------|----------------------------|-----|---|---|--|
| N401 | other insured city name | 406 | R | N | |
| N402 | Other Insured State Code | 407 | R | R | |
| N403 | other insured zip code | 407 | R | N | |
| N404 | other insured country code | 407 | S | N | |

REF (Other Subscriber Secondary Identification)

| | | | | | |
|-------|-------------------------------------|-----|---|---|--|
| REF01 | reference identification qualifier | 408 | R | N | |
| REF02 | other insured additional identifier | 409 | R | N | |

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2330B (Other Payer Name)

NM1 (Other Payer Name)

| | | | | | |
|-------|--------------------------------|-----|---|---|--|
| NM101 | entity identifier code | 410 | R | N | |
| NM102 | entity type qualifier | 411 | R | N | |
| NM103 | last name or organization name | 411 | R | N | |
| NM108 | id code qualifier | 411 | R | Y | Use qualifier PI |
| NM109 | id code | 411 | R | Y | If reporting Other Insurance Carriers, use the VT Medicaid Carrier Code in this field. |

N3 (Other Payer Address)

| | | | | | |
|------|------------------------------|-----|---|---|--|
| N301 | other insured address line 1 | 412 | R | N | |
| N302 | other insured address line 2 | 412 | S | N | |

N4 (Other Payer City/State/ZIP Code)

| | | | | | |
|------|----------------------------|-----|---|---|--|
| N401 | other insured city name | 413 | R | N | |
| N402 | other insured state code | 414 | R | N | |
| N403 | other insured zip code | 414 | R | N | |
| N404 | other insured country code | 414 | S | N | |

DTP (Claim Adjudication Date)

| | | | | | |
|-------|-----------------------------------|-----|---|---|--|
| DTP01 | Date time qualifier | 415 | R | N | |
| DTP02 | Date Time Period Format Qualifier | 415 | R | N | |
| DTP03 | Adjudication or Payment date | 415 | R | N | |

REF (Other Payer Secondary Identification and Reference Number)

| | | | | | |
|-------|------------------------------------|-----|---|---|--|
| REF01 | reference identification qualifier | 416 | R | N | |
| REF02 | Other payer secondary Identifier | 417 | R | N | |

REF (Other Payer Prior Authorization or Referral Number)

| | | | | | |
|-------|---|-----|---|---|--|
| REF01 | reference identification qualifier | 418 | R | N | |
| REF02 | other payer prior auth or referral number | 419 | R | N | |

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2330C (Other Patient Information)

NM1 (Other Payer Patient Information)

| | | | | |
|-------|-------------------------------|-----|---|---|
| NM101 | Entity Identifier Code | 421 | R | N |
| NM102 | Entity Type Qualifier | 421 | R | N |
| NM108 | Identification Code Qualifier | 421 | R | N |
| NM109 | id code | 421 | R | N |

REF (Other Payer Patient Identification Number)

| | | | | |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 422 | R | N |
| REF02 | Other payer secondary Identifier | 423 | R | N |

2330D (Other Payer Attending Provider)

NM1 (Other Payer Attending Provider)

| | | | | |
|-------|------------------------|-----|---|---|
| NM101 | entity identifier code | 425 | R | N |
| NM102 | entity type qualifier | 425 | R | N |

REF (Other Payer Attending Provider Identification)

| | | | | |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 426 | R | N |
| REF02 | Other payer secondary Identifier | 427 | R | N |

2330E (Other Payer Operating Provider)

NM1 (Other Payer Operating Provider)

| | | | | |
|-------|------------------------|-----|---|---|
| NM101 | entity identifier code | 429 | R | N |
| NM102 | entity type qualifier | 429 | R | N |

REF (Other Payer Operating Provider Identification)

| | | | | |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 430 | R | N |
| REF02 | Other payer secondary Identifier | 431 | R | N |

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2330F (Other Payer Other Provider)

NM1 (Other Payer Other Provider)

| | | | | |
|-------|------------------------|-----|---|---|
| NM101 | entity identifier code | 433 | R | N |
|-------|------------------------|-----|---|---|

| | | | | |
|-------|-----------------------|-----|---|---|
| NM102 | entity type qualifier | 433 | R | N |
|-------|-----------------------|-----|---|---|

REF (Other Payer Other Provider Identification)

| | | | | |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 434 | R | N |
|-------|------------------------------------|-----|---|---|

| | | | | |
|-------|----------------------------------|-----|---|---|
| REF02 | Other payer secondary Identifier | 435 | R | N |
|-------|----------------------------------|-----|---|---|

2330H (Other Payer Service Facility Provider)

NM1 (Other Payer Service Facility Provider)

| | | | | |
|-------|------------------------|-----|---|---|
| NM101 | entity identifier code | 441 | R | N |
|-------|------------------------|-----|---|---|

| | | | | |
|-------|-----------------------|-----|---|---|
| NM102 | entity type qualifier | 441 | R | N |
|-------|-----------------------|-----|---|---|

REF (Other Payer Service Facility Provider Identification)

| | | | | |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 442 | R | N |
|-------|------------------------------------|-----|---|---|

| | | | | |
|-------|----------------------------------|-----|---|---|
| REF02 | Other payer secondary Identifier | 443 | R | N |
|-------|----------------------------------|-----|---|---|

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2400 (Service Line Number)

LX (Service Line Number)

| | | | | | |
|------|-----------------|-----|---|---|---|
| LX01 | Assigned Number | 444 | R | Y | Always start with 01 and increase by 1 with each subsequent service line. |
|------|-----------------|-----|---|---|---|

SV2 (Institutional Service Line)

| | | | | |
|-------|---------------------------|-----|---|---|
| SV201 | Service Line Revenue Code | 446 | R | N |
|-------|---------------------------|-----|---|---|

| | | | | |
|-------|--|-----|---|---|
| SV202 | Composite Medical Procedure Identifier | 446 | S | N |
|-------|--|-----|---|---|

| | | | | |
|-------|--|-----|---|---|
| SV202 | C003-1 Product or Service ID Qualifier | 446 | R | N |
|-------|--|-----|---|---|

| | | | | |
|-------|-------------------|-----|---|---|
| SV202 | C003-2 HCPCS Code | 447 | R | N |
|-------|-------------------|-----|---|---|

| | | | | |
|-------|-------------------------|-----|---|---|
| SV202 | C003-3 HCPCS Modifier 1 | 447 | S | N |
|-------|-------------------------|-----|---|---|

| | | | | |
|-------|-------------------------|-----|---|---|
| SV202 | C003-4 HCPCS Modifier 2 | 447 | S | N |
|-------|-------------------------|-----|---|---|

| | | | | |
|-------|-------------------------|-----|---|---|
| SV202 | C003-5 HCPCS Modifier 3 | 448 | S | N |
|-------|-------------------------|-----|---|---|

| | | | | |
|-------|-------------------------|-----|---|---|
| SV202 | C003-6 HCPCS Modifier 4 | 448 | S | N |
|-------|-------------------------|-----|---|---|

| | | | | |
|-------|-------------------------|-----|---|---|
| SV203 | Line Item Charge Amount | 448 | R | N |
|-------|-------------------------|-----|---|---|

| | | | | |
|-------|-------------------------------|-----|---|---|
| SV204 | Unit or Basis for Measurement | 448 | R | N |
|-------|-------------------------------|-----|---|---|

| | | | | |
|-------|--------------------|-----|---|---|
| SV205 | Service Unit Count | 449 | R | N |
|-------|--------------------|-----|---|---|

| | | | | |
|-------|-------------------|-----|---|---|
| SV206 | Service Line Rate | 449 | S | N |
|-------|-------------------|-----|---|---|

| | | | | |
|-------|--|-----|---|---|
| SV207 | Line Item Denied Charge or Non-Covered Charge amount | 449 | S | N |
|-------|--|-----|---|---|

PWK (Line Supplemental Information)

| | | | | |
|-------|-----------------------------|-----|---|---|
| PWK01 | Attachment Report type code | 453 | R | N |
|-------|-----------------------------|-----|---|---|

| | | | | |
|-------|------------------------------|-----|---|---|
| PWK02 | attachment transmission code | 454 | R | N |
|-------|------------------------------|-----|---|---|

| | | | | |
|-------|-------------------------------|-----|---|---|
| PWK05 | identification code qualifier | 454 | S | N |
|-------|-------------------------------|-----|---|---|

| | | | | |
|-------|---------------------------|-----|---|---|
| PWK06 | Attachment Control Number | 454 | S | N |
|-------|---------------------------|-----|---|---|

DTP (Service Line Date)

| | | | | |
|-------|---------------------|-----|---|---|
| DTP01 | date time qualifier | 456 | R | N |
|-------|---------------------|-----|---|---|

| | | | | |
|-------|-----------------------------------|-----|---|---|
| DTP02 | date time period format qualifier | 457 | R | N |
|-------|-----------------------------------|-----|---|---|

| | | | | |
|-------|--------------|-----|---|---|
| DTP03 | Service Date | 457 | R | N |
|-------|--------------|-----|---|---|

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DTP (Assessment Date)

| | | | | |
|-------|---------------------|-----|---|---|
| DTP01 | date time qualifier | 458 | R | N |
|-------|---------------------|-----|---|---|

| | | | | |
|-------|-----------------------------------|-----|---|---|
| DTP02 | date time period format qualifier | 458 | R | N |
|-------|-----------------------------------|-----|---|---|

| | | | | |
|-------|------------------|-----|---|---|
| DTP03 | date time period | 459 | R | N |
|-------|------------------|-----|---|---|

AMT (Service Tax Amount)

| | | | | |
|-------|-----------------------|-----|---|---|
| AMT01 | amount qualifier code | 460 | R | X |
|-------|-----------------------|-----|---|---|

| | | | | |
|-------|--------------------|-----|---|---|
| AMT02 | Service Tax Amount | 460 | R | X |
|-------|--------------------|-----|---|---|

AMT (Facility Tax Amount)

| | | | | |
|-------|-----------------------|-----|---|---|
| AMT01 | amount qualifier code | 461 | R | X |
|-------|-----------------------|-----|---|---|

| | | | | |
|-------|---------------------|-----|---|---|
| AMT02 | Facility Tax Amount | 461 | R | X |
|-------|---------------------|-----|---|---|

HCP (Line Pricing/Repricing Information)

| | | | | |
|-------|-------------------------------|----|---|---|
| HCP01 | Pricing/Repricing Methodology | 30 | R | N |
|-------|-------------------------------|----|---|---|

| | | | | |
|-------|----------------------------------|----|---|---|
| HCP02 | Pricing/Repricing Allowed Amount | 30 | R | N |
|-------|----------------------------------|----|---|---|

| | | | | |
|-------|----------------------------------|----|---|---|
| HCP03 | Pricing/Repricing Savings Amount | 30 | S | N |
|-------|----------------------------------|----|---|---|

| | | | | |
|-------|---|----|---|---|
| HCP04 | Pricing/Repricing Organizational Identifier | 30 | S | N |
|-------|---|----|---|---|

| | | | | |
|-------|------------------------|----|---|---|
| HCP05 | Pricing/Repricing Rate | 30 | S | N |
|-------|------------------------|----|---|---|

| | | | | |
|-------|----------------------------|----|---|---|
| HCP06 | Approved APG Code. Pricing | 30 | S | N |
|-------|----------------------------|----|---|---|

| | | | | |
|-------|------------------------------|----|---|---|
| HCP07 | Approved APG Amount. Pricing | 30 | S | N |
|-------|------------------------------|----|---|---|

| | | | | |
|-------|-----------------------|----|---|---|
| HCP08 | Approved Revenue Code | 30 | S | N |
|-------|-----------------------|----|---|---|

| | | | | |
|-------|------------------------------|----|---|---|
| HCP09 | Product/Service ID Qualifier | 30 | S | N |
|-------|------------------------------|----|---|---|

| | | | | |
|-------|---|----|---|---|
| HCP10 | Pricing/Repricing Approved Procedure Code | 30 | S | N |
|-------|---|----|---|---|

| | | | | |
|-------|------------------------------------|----|---|---|
| HCP11 | Unit or Basis for Measurement Code | 30 | S | N |
|-------|------------------------------------|----|---|---|

| | | | | |
|-------|--|----|---|---|
| HCP12 | Pricing/Repricing Approved Units or Inpatient Days | 30 | S | N |
|-------|--|----|---|---|

| | | | | |
|-------|--------------------|----|---|---|
| HCP13 | Reject Reason Code | 30 | S | N |
|-------|--------------------|----|---|---|

| | | | | |
|-------|------------------------|----|---|---|
| HCP14 | Policy Compliance Code | 30 | S | N |
|-------|------------------------|----|---|---|

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| | | | | |
|-------|----------------|----|---|---|
| HCP15 | Exception Code | 30 | S | N |
|-------|----------------|----|---|---|

2410 (Drug Identification)

LIN (Drug Identification)

| | | | | |
|-------|------------------------------|-----|---|---|
| LIN02 | Product/Service ID Qualifier | 461 | R | N |
|-------|------------------------------|-----|---|---|

| | | | | |
|-------|--------------------|-----|---|---|
| LIN03 | Product/Service ID | 461 | R | N |
|-------|--------------------|-----|---|---|

CTP (Drug Pricing)

| | | | | |
|-------|-----------------|-----|---|---|
| CPT03 | Drug Unit Price | 461 | R | N |
|-------|-----------------|-----|---|---|

| | | | | |
|-------|--------------------------|-----|---|---|
| CPT04 | National Drug Unit Count | 461 | R | N |
|-------|--------------------------|-----|---|---|

| | | | | |
|-------|--------------------------|-----|---|---|
| CPT05 | Composit Unit of Measure | 461 | R | N |
|-------|--------------------------|-----|---|---|

| | | | | |
|-------|----------------------|-----|---|---|
| CPT05 | C0001 Code Qualifier | 461 | R | N |
|-------|----------------------|-----|---|---|

REF (Prescription Number)

| | | | | |
|-------|----------------|-----|---|---|
| REF01 | Code Qualifier | 461 | R | N |
|-------|----------------|-----|---|---|

| | | | | |
|-------|---------------------|-----|---|---|
| REF02 | Prescription Number | 461 | R | N |
|-------|---------------------|-----|---|---|

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2420A (Attending Provider Name)

NM1 (Attending Physician Name)

| | | | | | |
|-------|--|-----|---|---|---|
| NM101 | Entity Identifier Code | 463 | R | N | |
| NM102 | Entity Type Qualifier | 463 | R | N | |
| NM103 | Name Last or Organization Name | 463 | R | N | |
| NM104 | Name First | 463 | S | N | |
| NM105 | Name Middle | 463 | S | N | |
| NM107 | Name Suffix | 463 | S | N | |
| NM108 | Identification Code Qualifier | 463 | R | Y | If the Attending Provider is reported at the service line level, use XX if sending the NPI in NM109 |
| NM109 | Attending Physician Primary Identifier | 464 | R | Y | Enter the 10-digit NPI if XX was entered in NM108 |

PRV (Attending Physician Specialty Information)

| | | | | | |
|-------|------------------------------------|-----|---|---|---|
| PRV01 | Provider Code | 465 | R | N | |
| PRV02 | Reference Identification Qualifier | 465 | R | N | |
| PRV03 | Reference Identification | 466 | R | Y | The Taxonomy code is required for VT Medicaid |

REF (Attending Physician Secondary Identification)

| | | | | | |
|-------|------------------------------------|-----|---|---|---|
| REF01 | reference identification qualifier | 467 | R | Y | If the Attending Provider is reported at the service line level, use 1D when the attending provider is atypical |
| REF02 | Reference Identification | 468 | R | Y | If the Attending Provider is reported at the service line level, report the 7-digit VT Medicaid provider number |

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2420B (Operating Physician Name)

NM1 (Operating Physician Name)

| | | | | |
|-------|--------------------------------|-----|---|---|
| NM101 | Entity Identifier Code | 470 | R | N |
| NM102 | Entity Type Qualifier | 470 | R | N |
| NM103 | Name Last or Organization Name | 470 | R | N |
| NM104 | Name First | 470 | S | N |
| NM105 | Name Middle | 470 | S | N |
| NM107 | Name Suffix | 470 | S | N |
| NM108 | Identification Code Qualifier | 470 | R | N |
| NM109 | Identification code | 471 | R | N |

PRV (Operating Physician Specialty Information)

| | | | | |
|-------|------------------------------------|-----|---|---|
| PRV01 | Provider Code | 472 | R | N |
| PRV02 | Reference Identification Qualifier | 473 | R | N |
| PRV03 | Reference Identification | 473 | R | N |

REF (Operating Physician Secondary Identification)

| | | | | |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 474 | R | N |
| REF02 | Reference Identification | 475 | R | N |

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2420C (Other Provider Name)

NM1 (Other Provider Name)

| | | | | |
|-------|--------------------------------|-----|---|---|
| NM101 | Entity Identifier Code | 477 | R | N |
| NM102 | Entity Type Qualifier | 477 | R | N |
| NM103 | Name Last or Organization Name | 477 | R | N |
| NM104 | Name First | 477 | S | N |
| NM105 | Name Middle | 477 | S | N |
| NM107 | Name Suffix | 478 | S | N |
| NM108 | Identification Code Qualifier | 478 | R | N |
| NM109 | Identification code | 478 | R | N |

PRV (Other Provider Specialty Information)

| | | | | |
|-------|------------------------------------|-----|---|---|
| PRV01 | Provider Code | 479 | R | N |
| PRV02 | Reference Identification Qualifier | 480 | R | N |
| PRV03 | Reference Identification | 480 | R | N |

REF (Other Provider Secondary Identification)

| | | | | |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 481 | R | N |
| REF02 | Reference Identification | 482 | R | N |

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2430 (Service Line Adjudication Information)

SVD (Service Line Adjudication Information)

| | | | | | | |
|-------|--------|--|-----|---|---|----------------------------------|
| SVD01 | | Payer Identifier | 491 | R | Y | Use the VT Medicaid Carrier Code |
| SVD02 | | Service Line Paid Amt. | 491 | R | N | |
| SVD03 | | composite medical procedure identifier | 491 | S | N | |
| SVD03 | C003-1 | product or service id qualifier | 491 | R | N | |
| SVD03 | C003-2 | procedure code | 492 | R | N | |
| SVD03 | C003-3 | procedure modifier 1 | 492 | S | N | |
| SVD03 | C003-4 | procedure modifier 2 | 492 | S | N | |
| SVD03 | C003-6 | procedure modifier 4 | 492 | S | N | |
| SVD03 | C003-7 | procedure code description | 492 | S | N | |
| SVD04 | | Service Line Revenue Code | 492 | R | N | |
| SVD05 | | Adjustment Quantity | 493 | R | N | |
| SVD06 | | bundled/unbundled line number | 493 | S | N | |

CAS (Service Line Adjustment)

| | | | | | | |
|-------|--|-----------------------------|-----|---|---|--|
| CAS01 | | claim adjustment group code | 495 | R | N | |
| CAS02 | | Adjustment Reason Code | 496 | R | N | |
| CAS03 | | Adjustment Amount | 496 | R | N | |
| CAS04 | | adjustment quantity | 496 | S | N | |
| CAS05 | | Adjustment Reason Code | 496 | S | N | |
| CAS06 | | adjustment amount | 497 | S | N | |
| CAS07 | | adjustment quantity | 497 | S | N | |
| CAS08 | | Adjustment Reason Code | 497 | S | N | |
| CAS09 | | adjustment amount | 498 | S | N | |
| CAS10 | | adjustment quantity | 498 | S | N | |

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| | | | | |
|--|-----------------------------------|-----|---|---|
| CAS11 | Adjustment Reason Code | 498 | S | N |
| CAS12 | adjustment amount | 499 | S | N |
| CAS13 | adjustment quantity | 499 | S | N |
| CAS14 | Adjustment Reason Code | 499 | S | N |
| CAS15 | adjustment amount | 500 | S | N |
| CAS16 | adjustment quantity | 500 | S | N |
| CAS17 | Adjustment Reason Code | 500 | S | N |
| CAS18 | adjustment amount | 501 | S | N |
| CAS19 | adjustment quantity | 501 | S | N |
| DTP (Service Adjudication Date) | | | | |
| DTP01 | date/time qualifier | 502 | R | N |
| DTP02 | date time period format qualifier | 502 | R | N |
| DTP03 | Date time Period | 502 | R | N |

NA (Transaction Set Trailer)

| | | | | |
|-------------------------------------|--------------------------------|-----|---|---|
| SE (Transaction Set Trailer) | | | | |
| SE01 | transaction segment count | 503 | R | N |
| SE02 | transaction set control number | 503 | R | N |

NA (Functional Group Trailer)

| | | | | |
|--------------------------------------|-------------------------------------|------|---|---|
| GE (Functional Group Trailer) | | | | |
| GE01 | Number of Transaction Sets Included | B.10 | R | N |
| GE02 | Group Control Number | B.10 | R | N |

NA (Interchange Control Trailer)

| | | | | |
|--|--------------------------------------|-----|---|---|
| IEA (Interchange Control Trailer) | | | | |
| IEA01 | Number of Included Functional Groups | B.7 | R | N |
| IEA02 | Interchange Control Number | B.7 | R | N |