

# 5010 ANSI ASC X12N 837 – PROFESSIONAL MHLA Data Specifications

Loop	Position	Segment	Segment Name/ Data Element Name	Format	Length	Req.	Value	HCFA
		ISA	Interchange Control Header		3	M	“ISA”	1500
			Data Element Separator				“*”	
		ISA01	Authorization Information Qualifier	ID	2	M	“00” No authorization information present	
			Separator				“*”	
		ISA02	Authorization Information	AN	10	M	blank	
			Separator				“*”	
		ISA03	Security Information Qualifier	ID	2	M	“00” No security information present	
			Separator				“*”	
		ISA04	Security Information	AN	10	M	blank	
			Separator				“*”	
		ISA05	Interchange ID Qualifier	ID	2	M	“ZZ” AIA Requirement	
			Separator				“*”	
		ISA06	Interchange Sender ID	AN	15	M	3 digit alphanumeric submitter ID (AIA assigned)	
			Separator				“*”	
		ISA07	Interchange ID Qualifier	ID	2	M	“30” U.S. Federal Tax Identification Number	
			Separator				“*”	
		ISA08	Interchange Receiver ID	AN	15	M	“132501278” AIA’s tax number	
			Separator				“*”	
		ISA09	Interchange Date	DT	6	M	Date of transmission/file creation (YYMMDD)	
			Separator				“*”	
		ISA10	Interchange Time	TM	4	M	Time of transmission/file creation (HHMM)	
			Separator				“*”	
		ISA11	Interchange Control Standards Identifier	ID	1	M	“^”	
			Separator				“*”	
		ISA12	Interchange Control Version Number	ID	5	M	“00501”	
			Separator				“*”	
		ISA13	Interchange Control Number	N0	9	M	9 digit control number assigned by sender	
			Separator				“*”	
		ISA14	Acknowledgment Requested	ID	1	M	“0” No acknowledgment requested	
			Separator				“*”	
		ISA15	Usage Indicator	ID	1	M	“P” Production Run (“T” = Test run)	
			Separator				“*”	
		ISA16	Component Element Separator		1	M	“~”	
			Segment Terminator				“~” <b>REQUIRED FOR ALL SEGMENTS</b>	
		GS	Functional Group Header		2	M	“GS”	
			Data Element Separator				“*”	
		GS01	Functional Identifier Code	ID	2	M	“HC” Health Care Claim (837)	
			Separator				“*”	
		GS02	Application Sender’s Code	AN	3	M	3 digit submitter code (AIA assigned)	
			Separator				“*”	
		GS03	Application Receiver’s Code	AN	8	M	PPP837P	
			Separator				“*”	
		GS04	Date	DT	8	M	YYYYMMDD	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
			Separator				“*”	
		GS05	Time Separator	TM	4/8	M	HHMM “*”	
		GS06	Group Control Number Separator	N0	1/9	M	1-9 digits assigned by sender “*”	
		GS07	Responsible Agency Code Separator	ID	1	M	“X” “*”	
		GS08	Version/Release/Industry Identifier Code	AN	1/12	M	“005010X222A1”	
	005	ST	Transaction Set Header Data Element Separator		2 1	R	“ST” “*”	
		ST01	Transaction Set Identifier Code Data Element Separator	ID	3 1	R	“837” Health Care Claim “*”	
		ST02	Transaction Set Control Number	AN	4/9	R	Transaction Set Control Number Sequential number assigned by the originator; ST02 and SE02 Control Numbers must be equivalent	
	010	BHT	Beginning of Hierarchical Transaction Data Element Separator		3 1	R	“BHT” “*”	
		BHT01	Hierarchical Structure Code Data Element Separator	ID	4 1	R	“0019” Information Source, Subscriber, Dep. “*”	
		BHT02	Transaction Set Purpose Code Data Element Separator	ID	2 1	R	“00” Original “*”	
		BHT03	Reference Identification Data Element Separator	AN	1/30 1	R	Originator Application Transaction Identifier “*”	
		BHT04	Date Data Element Separator	DT	8 1	R	Transaction Set Creation Date CCYYMMDD (Date Billed) “*”	
		BHT05	Time Data Element Separator	TM	4/8 1	R	Transaction Set Creation Time (HHMM) “*”	
		BHT06	Transaction Type Code	ID	2	R	“CH” Chargeable	
	020	NM1	Submitter Name Data Element Separator		3 1	R	“NM1” “*”	
		NM101	Entity Identifier Code Data Element Separator	ID	2/3 1	R	“41” Submitter “*”	
		NM102	Entity Type Qualifier Data Element Separator	ID	1 1	R	“1” Person (“2” Non-Person Entity) “*”	
		NM103	Last Name or Organization Name Data Element Separator	AN	1/35 1	R	Submitter Name – Last or Organization Name “*”	
		NM104	First Name Data Element Separator	AN	1/25 1	R	Submitter First Name (req. if NM102 = 1) “*”	
		NM105	Middle Name Data Element Separator	AN	1/25 1	R	Submitter Middle Name (req. if NM102 = 1) “*”	
		NM106	Not Used		1		“*”	

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Loop	Position	Segment	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA
		NM107	Not Used		1	R	“*”	1500
		NM108	Identification Code Qualifier	ID	1/2	R	“46” Electronic Transmitter Ident Number (ETIN)	
			Data Element Separator		1		“*”	
		NM109	Identification Code	AN	2/80	R	Submitter Identifier	
1000A	045	PER	Submitter EDI Contact Information		3	R	“PER” The contact information should point to the person in the submitter organization who deals with data transmission issues.	
			Data Element Separator		1		“*”	
		PER01	Contact Function Code	ID	2	R	“IC”	
			Data Element Separator		1		“*”	
		PER02	Name	AN	1/60	R	Submitter Contact Name	
			Data Element Separator		1		“*”	
		PER03	Communication Number Qualifier	ID	2	R	“TE”	
			Data Element Separator		1		“*”	
		PER04	Communication Number	AN	1/80	R	Submitters Telephone Number	
			Data Element Separator		1		“*”	
		PER05	Communication Number Qualifier	ID	2	R	“EM”	
			Data Element Separator		1		“*”	
		PER06	Communication Number	AN	1/80	R	Submitters E-mail address (this will be used to send the 997 and/or the 835 transactions)	
1000B	020	NM1	Receiver Name		3	R	“NM1”	
			Data Element Separator		1		“*”	
		NM101	Entity Identifier Code	ID	2/3	R	“40” Receiver	
			Data Element Separator		1		“*”	
		NM102	Entity Type Qualifier	ID	1	R	“2” Non-Person Entity	
			Data Element Separator		1		“*”	
		NM103	Organization Name	AN	1/35	R	“American Insurance Administrators” or “Benefit Programs Administration”	
			Data Element Separator		1		“*”	
		NM104	Not Used		1		“*”	
		NM105	Not Used		1		“*”	
		NM106	Not Used		1		“*”	
		NM107	Not Used		1		“*”	
		NM108	Identification Code Qualifier	ID	1/2	R	“46” Electronic Transmitter Identification Number	
			Data Element Separator		1		“*”	
		NM109	Identification Code	AN	2/80	R	“132501278”	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
2000A	001	HL	Billing/Pay-To Provider Hierarchical Data Element Separator		1	R	“HL” Repeat >1 “*”	
		HL01	Hierarchical ID Number	AN	1/12	R	Begin with “1” and increment by “1” each time a Hierarchical Level is used in the transaction. “*”	
		HL02	Data Element Separator		1		“*”	
		HL03	Not Used		1		“*”	
		HL04	Hierarchical Level Code	AN	2	R	“20” “*”	
		HL04	Data Element Separator		1		“*”	
		HL04	Hierarchical Child Code	ID	1	R	“1” Additional Subordinate HL Data Segment in this Hierarchical Structure	
2010AA	015	NM1	Billing Provider Name		3	R	“NM1” “*”	
		NM101	Data Element Separator		1		“*”	
		NM101	Entity Identifier Code	ID	2	R	“85” Billing Provider “*”	
		NM102	Data Element Separator		1		“*”	
		NM102	Entity Type Qualifier	ID	1	R	“2” non-person entity (1=person) “*”	
		NM103	Data Element Separator		1		“*”	
		NM103	Last Name or Organization Name	AN	1/35	R	Last Name or Organization Name “*”	33
		NM104	Data Element Separator		1		“*”	
		NM104	First Name	AN	1/25	S	First Name (required if NM102=1) “*”	33
		NM105	Data Element Separator		1		“*”	
NM105	Middle Name	AN	1/25	S	Middle Name (required if NM102=1) “*”	33		
NM106	Data Element Separator		1		“*”			
NM106	Not Used		1		“*”			
NM107	Name Suffix	AN	1/10	S	Name Suffix “*”	33		
NM108	Data Element Separator		1		“*”			
NM108	Identification Code Qualifier	ID	1/2	R	“XX” “*”			
NM109	Data Element Separator		1		“*”			
NM109	Identification Code	AN	1/80	R	NPI Number			
2010AA	025	N3	Billing Provider Address		2	R	“N3” “*”	
		N301	Data Element Separator		1		“*”	
		N301	Address Information	AN	1/55	R	Billing Provider Address “*”	33
		N302	Data Element Separator		1		“*”	
		N302	Address Information	AN	1/55	S	Billing Provider Address (for 2 <sup>nd</sup> line)	33
2010AA	030	N4	Billing Provider City/State/Zip Code		2	R	“N4” “*”	
		N401	Data Element Separator		1		“*”	
		N401	City Name	AN	2/30	R	Billing Provider City Name “*”	33
		N402	Data Element Separator		1		“*”	
		N402	State	ID	2	R	Billing Provider State Code “*”	33
		N403	Data Element Separator		1		“*”	
		N403	Zip Code	ID	3/15	R	Billing Provider Zip Code	33

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
2010AA	035	REF	Billing Provider Secondary ID		3	S	“REF” Required when a secondary identification number is necessary to identify the entity. “*”	25
		REF01	Data Element Separator Reference Identification Qualifier	ID	1 2	R	“EI” “*”	
		REF02	Data Element Separator Reference Identification	AN	1 1/30	R	Billing Provider ID – format 999999999x *note-This field should contain the Tax-ID and the suffix (if any).	
2000B	001	HL	Subscriber Hierarchical Level		2	R	“HL” Repeat: >1 “*”	
		HL01	Data Element Separator Hierarchical ID Number	AN	1 1/12	R	Hierarchical ID Number Increment by “1” for each Hierarchical Level in this transaction. “*”	
		HL02	Data Element Separator Hierarchical Parent ID Number	AN	1 1/12	R	Hierarchical Parent ID Number HL02 identifies the hierarchical ID number of the HL7 segment to which the current HL segment is subordinate. “*”	
		HL03	Data Element Separator Hierarchical Level Code	ID	1 2	R	“22” Subscriber “*”	
		HL04	Data Element Separator Hierarchical Child Code	ID	1 1	R	“0” No Subordinate HL Segment in this Hierarchical structure.	
2000B	005	SBR	Subscriber Information		3	R	“SBR” “*”	6  11
		SBR01	Data Element Separator Payer Responsibility Sequence # Code	ID	1 1	R	“P” Primary Payer “*”	
		SBR02	Data Element Separator Individual Relationship Code	ID	1 2	S	“18” Self “*”	
		SBR03	Data Element Separator Reference Identification	AN	1 1/30	S	Group/Policy Number “*”	
		SBR04	Data Element Separator Group/Policy Name		1 1		“*” “*”	
		SBR05	Insurance Type Code		1		“*”	
		SBR06	Not Used		1		“*”	
		SBR07	Not Used		1		“*”	
		SBR08	Not Used		1		“*”	
		SBR09	Claim Filing Indicator Code	ID	2	S	“ZZ”	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
2010BA	015	NM1	Subscriber Name		3	R	“NM1”	
			Data Element Separator		1		“*”	
		NM101	Entity Identifier Code	ID	2	R	“IL” Insured or Subscriber	
			Data Element Separator		1		“*”	
		NM102	Entity Type Qualifier	ID	1	R	“1” Person	
			Data Element Separator		1		“*”	
		NM103	Last Name or Organization Name	AN	1/35	R	Subscriber Last Name	2/4
			Data Element Separator		1		“*”	
		NM104	First Name	AN	1/25	S	Subscriber First Name (required when NM102 = 1)	2/4
			Data Element Separator		1		“*”	
	NM105	Middle Name	AN	1/25	S	Subscriber Middle Name	2/4	
		Data Element Separator		1		“*”		
	NM106	Not Used			1	“*”		
	NM107	Name Suffix			1	Subscriber Name Suffix	2/4	
		Data Element Separator			1	“*”		
	NM108	Identification Code Qualifier	ID	2	S	“MI” Member Identification Number		
		Data Element Separator			1	“*”		
	NM109	Identification Code	AN	2/20	S	<b>MHLA ID Number</b>	8	
2010BA	025	N3	Subscriber Address		2	S	“N3” Required if the subscriber is the patient	
			Data Element Separator		1		“*”	
		N301	Address Information	AN	1/35	R	Subscriber Address line 1	5/7
		Data Element Separator		1		“*”		
	N302	Address Information	AN	1/35	S	Subscriber Address line 2 (if any)	5/7	
2010BA	030	N4	Subscriber City/State/Zip Code		2	S	“N4” Required if the subscriber is the patient	
			Data Element Separator		1		“*”	
		N401	City	AN	2/30	R	Subscriber City	5/7
			Data Element Separator		1		“*”	
		N402	State Code	ID	2	R	Subscriber State Code	5/7
		Data Element Separator		1		“*”		
	N403	Zip Code	ID	3/15	R	Subscriber Zip Code	5/7	
2010BA	032	DMG	Subscriber Demographic Information		3	S	“DMG” Required if the subscriber is the patient	
			Data Element Separator		1		“*”	
		DMG01	Date Time Period Qualifier	ID	2	R	“D8” CCYYMMDD	
			Data Element Separator		1		“*”	
		DMG02	Date Time Period	AN	8	R	Subscriber Birth Date	3
			Data Element Separator		1		“*”	
	DMG03	Gender Code	ID	1	R	Sex Code “F”-Female, “M”-Male, “U”-Unknown	3	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
2010BA	035	REF	Billing Provider Secondary ID		3	S	“REF” Required when a secondary identification number is necessary to identify the entity. “*”	
		REF01	Data Element Separator Reference Identification Qualifier	ID	1 2	R	“*” Secondary reference identification qualifier (SY)	
		REF02	Data Element Separator Reference Identification	AN	1 1/30	R	“*” Secondary identification number – SSN	1a
2010BB	015	NM1	Payer Name		3	R	“NM1” “*”	
		NM101	Data Element Separator Entity Identifier Code	ID	1 2	R	“*” “PR” Payer	
		NM102	Data Element Separator Entity Type Qualifier	ID	1 1	R	“*” “2” Non-Person Entity	
		NM103	Data Element Separator Last Name or Organization Name	AN	1 1/35	R	“*” Last Name or Organization Name	
		NM104	Data Element Separator Not Used		1		“*”	
		NM105	Not Used		1		“*”	
		NM106	Not Used		1		“*”	
		NM107	Not Used		1		“*”	
		NM108	Identification Code Qualifier Data Element Separator	ID	2 1	R	“PI” Payor Identification “*”	
		NM109	Identification Code	AN	2/20	R	AIA Submitter Number	
2010BB	035	REF	Billing Provider Secondary ID		3	S	“REF” Required when a secondary identification number is necessary to identify the entity. “*”	
		REF01	Data Element Separator Reference Identification Qualifier	ID	1 2	R	“*” “G2”	
		REF02	Data Element Separator Reference Identification	AN	1 1/30	R	“*” Billing Provider ID – format 999999999x *note-This field should contain the Tax-ID and the suffix (if any).	25
2300	130	CLM	Claim Information		3	R	“CLM” Repeat Loop: 100 “*”	
		CLM01	Data Element Separator Claim Submitter’s Identifier	AN	1 1/38	R	“*” Patient Account Number (if greater than 10 bytes, the first 10 bytes will be used)	26
		CLM02	Data Element Separator Monetary Amount	R	1 1/18		“*” Total Claim Charge Amount	
		CLM03	Data Element Separator Not Used		1		“*”	28
		CLM04	Not Used		1		“*”	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
		CLM05 CLM05-1	Health Care Service Location Information Facility Code Value Sub-element Separator	AN	1/2 1	R	Place of Service Code (Composite) Facility Type Code (ie: "11" for Office Visit) “.”	24b
		CLM05-2	Not Used		1		“.”	
		CLM05-3	Claim Frequency Type Code Data Element Separator	ID	1 1	R	“1” Original “*”	
		CLM06	Yes/No Condition or Response Code Data Element Separator	ID	1 1	R	Provider or Supplier Signature Indicator “*”	31
		CLM07	Provider Accept Assignment Code Data Element Separator	ID	1 1	R	Provider Accept Assignment Code “*”	27
		CLM08	Yes/No Condition or Response Code Data Element Separator	ID	1 1	R	Benefits Assignment Certification Indicator “*”	n/a
		CLM09	Release of Information Code Data Element Separator	ID	1 1	R	Release of Information Code “*”	n/a
		CLM10	Patient Signature Source Code	ID	1	S	Patient Signature Source Code Required except in cases where code “N” is used in CLM09	
2300	135	DTP	Accident Date Data Element Separator		3 1	S	“DTP” “*”	
		DTP01	Date/Time Qualifier Data Element Separator	ID	3 1	S	“439” Accident Date “*”	
		DTP02	Date Time Period Format Qualifier Data Element Separator	ID	2 1	S	“D8” CCYYMMDD “*”	
		DTP03	Date Time Period	AN	8	S	Accident/Original Visit Date	14
2300	135	DTP	Admit Date Data Element Separator		3 1	R	“DTP” “*”	
		DTP01	Date/Time Qualifier Data Element Separator	ID	3 1	R	“435” Admission “*”	
		DTP02	Date Time Period Format Qualifier Data Element Separator	ID	2 1	R	“D8” CCYYMMDD “*”	
		DTP03	Date Time Period	AN	8	R	Admit/Visit Date	18
2300	135	DTP	Discharge Date Data Element Separator		3 1	R	“DTP” “*”	
		DTP01	Date/Time Qualifier Data Element Separator	ID	3 1	R	“096” Discharge “*”	
		DTP02	Date Time Period Format Qualifier Data Element Separator	ID	2 1	R	“D8” CCYYMMDD “*”	
		DTP03	Date Time Period	AN	8	R	Discharge/Visit Date	18



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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
2300	190	NTE	Claim Note		3	S	“NTE” Required when State regulations mandate information not identified elsewhere within the claim set. “*”	
		NTE01	Data Element Separator Note Reference Code	ID	1 3	R	“ADD” “*”	
		NTE02	Data Element Separator Description	AN	50	R	“LLEEHHMHLA” LL – Language (50-79) EE – Ethnicity (01-08) HH – Homeless code (NH,HS,HO,OT,HU,UN) <b>MHLA – Program Code</b>	10d
								19 23
2300	235	HI	Health Care Information Codes		2	R	“HI” Required on all claims/encounters except claims for which there are no diagnoses (e.g., taxi claims). Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed. “*”	
			Data Element Separator		1			
		HI01	Health Care Code Information			R	Principal Diagnosis (Composite)	
		HI01-01	Code List Qualifier Code	ID	2	R	“BK” Principal Diagnosis–ICD-9 Codes Vols 1&2	21
			Sub-element Separator		1		“.”	
		HI01-02	Industry Code	AN	1/5	R	Diagnosis Code (Primary Diagnosis Code)	21a
			Data Element Separator		1		“*”	
		HI02	Health Care Code Information			S	Secondary Diagnosis (Composite)	
		HI02-01	Code List Qualifier Code	ID	2	R	“BF” – Diagnosis – ICD-9 Codes	
			Sub-element Separator		1		“.”	
		HI02-02	Industry Code	AN	1/5	R	Diagnosis Code (secondary)	21b
			Data Element Separator		1		“*”	
		HI03	Health Care Code Information			S	Tertiary Diagnosis (Composite)	
		HI03-01	Code List Qualifier Code	ID	2	R	“BF” – Diagnosis – ICD-9 Codes	
			Sub-element Separator		1		“.”	
		HI03-02	Industry Code	AN	1/5	R	Diagnosis Code (tertiary)	21c
	Data Element Separator		1		“*”			
HI04	Health Care Code Information			S	Quaternary Diagnosis (Composite)			
HI04-01	Code List Qualifier Code	ID	2	R	“BF”			
	Sub-element Separator		1		“.”			
HI04-02	Industry Code	AN	1/5	R	Diagnosis Code (quaternary)	21d		

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
2300	250	NM1	Referring Provider Name		3	S	“NM1” Required if claim involved a referral “*”	
			Data Element Separator		1			
		NM101	Entity Identifier Code	ID	2	R	“DN” Referring Physician “*”	
			Data Element Separator		1			
		NM102	Entity Type Qualifier	ID	1	R	“1” Person (“2” for Non-Person Entity) “*”	
			Data Element Separator		1			
		NM103	Last Name or Organization Name	AN	1/35	R	Referring Provider Last Name or Organization Name “*”	
			Data Element Separator		1			
		NM104	First Name	AN	1/25	S	First Name (required if NM102 =1) “*”	17
			Data Element Separator		1			
		NM105	Middle Name	AN	1/25	S	Middle Name (required if NM102=1) “*”	17
	Data Element Separator		1					
NM106	Not Used				1	“*”		
NM107	Name Suffix	AN	1/10	S	Name Suffix “*”	17		
	Data Element Separator		1					
NM108	Identification Code Qualifier	ID	2	R	Usually “24” – Tax ID “*”			
	Data Element Separator		1					
NM109	Identification Code	AN	2/80	R	Employer’s Identification Number	17a		
2310B	271	REF	Rendering Provider Secondary Identification		3	S	“REF” Required when a secondary identification number is necessary to identify the entity. This is used to submit any/all of the State License/Blue Shield/Medicare/Medicaid numbers. One line per number. “*”	
			Data Element Separator		1			
		REF01	Reference Identification Qualifier	ID	2/3	R	Reference Identification Qualifier “*”	
	Data Element Separator		1					
	REF02	Reference Identification	AN	1/30	R	Reference Identification		
2310B	250	NM1	Rendering Provider Name		3	S	“NM1” Applies to the entire claim. Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops. “*”	
			Data Element Separator		1			
		NM101	Entity Identifier Code	ID	2	R	“82” Referring Physician “*”	
			Data Element Separator		1			
		NM102	Entity Type Qualifier	ID	1	R	“1” Person (“2” for Non-Person Entity) “*”	
			Data Element Separator		1			
NM103	Last Name or Organization Name	AN	1/35	R	Rendering Provider Last Name or Organization Name “*”	32		
	Data Element Separator		1					
NM104	First Name	AN	1/25	S	First Name (required if NM102 =1) “*”	32		
	Data Element Separator		1					
NM105	Middle Name	AN	1/25	S	Middle Name (required if NM102=1)	32		

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
		NM106	Data Element Separator		1		“*”	
			Not Used		1		“*”	
		NM107	Name Suffix	AN	1/10	S	Name Suffix	32
			Data Element Separator		1		“*”	
		NM108	Identification Code Qualifier	ID	2	R	Usually “24” – Tax ID	
			Data Element Separator		1		“*”	
		NM109	Identification Code	AN	2/80	R	Employer’s Identification Number	25
2310B	271	REF	Rendering Provider Secondary Identification		3	S	“REF” Required when a secondary identification number is necessary to identify the entity. This is used to submit any/all of the State License/Blue Shield/Medicare/Medicaid numbers. One line per number. “*”	
			Data Element Separator		1		“*”	
		REF01	Reference Identification Qualifier	ID	2/3	R	Reference Identification Qualifier	
			Data Element Separator		1		“*”	
		REF02	Reference Identification	AN	1/30	R	Reference Identification	
2310C	250	NM1	Service Facility Location		3	S	“NM1” Applies to the entire claim. Required when the Service Facility Location is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops. “*”	
			Data Element Separator		1		“*”	
		NM101	Entity Identifier Code	ID	2	R	“77” Facility	
			Data Element Separator		1		“*”	
		NM102	Entity Type Qualifier	ID	1	R	“2” Non-Person (“1” for Person)	
			Data Element Separator		1		“*”	
		NM103	Last Name or Organization Name	AN	1/35	R	Laboratory or Facility Name	
			Data Element Separator		1		“*”	
		NM104	Not Used		1		“*”	
		NM105	Not Used		1		“*”	
		NM106	Not Used		1		“*”	
		NM107	Not Used		1		“*”	
		NM108	Identification Code Qualifier	ID	2	R	“XX”	
			Data Element Separator		1		“*”	
		NM109	Identification Code	AN	2/80	R	AIA Assigned Facility Code	20
2310C	265	N3	Address Information		2	R	“N3”	
			Data Element Separator		1		“*”	
		N301	Address Information	AN	1/55	R	Laboratory or Facility Address line	32
			Data Element Separator		1		“*”	
		N302	Address Information	AN	1/55	S	Address line 2	32

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
2310C	270	N4	Geographic Location		2	R	“N4”	
			Data Element Separator		1		“*”	
		N401	City Name	AN	2/30	R	Laboratory or Facility City Name	32
			Data Element Separator		1		“*”	
		N402	State Code	ID	2	R	Laboratory or Facility State Code	32
2310D	271	REF	Service Facility Location Secondary Identification		3	S	“REF” Required when a secondary identification number is necessary to identify the entity. This is used to submit any/all of the State License/Blue Shield/Medicare/Medicaid numbers. One line per number.	
			Data Element Separator		1		“*”	
		REF01	Reference Identification Qualifier	ID	2	R	Reference Identification Qualifier	
			Data Element Separator		1		“*”	
2400	365	LX	Assigned Number		2	R	“LX”	
			Data Element Separator		1		“*”	
2400	370	LX01	Assigned Number	N0	1/6	R	Line Number Begin with 1 and increment by 1 for each additional Service Line of the claim.	
		SV1	Professional Service		3	R	“SV1”	
			Data Element Separator		2		“*”	
		SV101	Composite Medical Procedure Identifier				Procedure Identifier (Composite)	
		SV101-1	Product/Service ID Qualifier	ID	2	R	“HC” HCPCS Codes	
2400	370	SV101-2	Product/Service ID	AN	1/5	R	Procedure Code	24d
			Sub-element Separator		1		“.”	
		SV101-3	Procedure Modifier	AN	2	S	Modifier – Required for Mental Health Procedure Codes H0002 or H2014 for Dates of Service 7/01/2020 and after. 1 <sup>st</sup> Modifier will hold Test Identifier. Use “P1” for PHQ-9 Test or “G1” for GAD-7 Test. 2 <sup>nd</sup> Modifier will hold Test Score. Use two digits to reflect Test Score – 7 becomes 07. Sample of Modifiers for PHQ-9 Test: P:05 If submitting two test scores with Procedure Code=H2014, use next available Professional Service	24d

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
			Data Element Separator		1		Line for second Test Identifier and Score. “*”	
			Sub-element Separator		1		“.”	
		SV102	Monetary Amount	R	1/10	R	Line Item Charge Amount	24f
			Data Element Separator		1		“*”	
		SV103	Unit of Basis for Measurement Code	ID	2	R	“UN” Unit	
			Data Element Separator		1		“*”	
		SV104	Quantity	R	1/3	R	Service Unit Count	24g
			Data Element Separator		1		“*”	
		SV105	Facility Code Value	AN	2	S	Place of Service	24b
		SV106	Not Used		1		“*”	
		SV107	Composite Diagnosis Code Pointer				Diagnosis Code Pointer (Composite)	
		SV107-1	Diagnosis Code Pointer	N0	1	R	Usually “1”	
			Sub-element Separator		1		“.”	
		SV107-2	Diagnosis Code Pointer	N0	1	R	Usually “2”	
			Data Element Separator		1		“*”	
		SV107-3	Diagnosis Code Pointer	N0	1		Usually “3”	
			Sub-element Separator		1		“.”	
		SV107-4	Diagnosis Code Pointer	N0	1		Usually “4”	
			Data Element Separator		1		“*”	
		SV108	Not Used		1		“*”	
		SV109	Yes/No Condition or Response Code	ID	1	S	Emergency Indicator “Y” indicates service provided was emergency related	
2400	455	DTP	Service Date		3	R	“DTP”	
			Data Element Separator		1		“*”	
		DTP01	Date/Time Qualifier	ID	3	R	“472” Service Date	
			Data Element Separator		1		“*”	
		DTP02	Date Time Period Format Qualifier	ID	2/3	R	“D8” CCYYMMDD	
			Data Element Separator		1		“*”	
		DTP03	Date Time Period	AN	6/17	R	Service Date	24a

Revisions: Note: All segments need the “~” segment terminator

11/01/2011 New Version – 5010

10/16/2012 Corrected 2010AA.REF segment (original had REF\*G2, should have been REF\*EI)

12/19/2012 Added the 2010BB.REF segment (used to override the 2010AA.REF\*EI)

09/08/2014 Updated CLM NTE segment. Removed Healthy Way LA Program references

09/12/2014 Updated CLM NTE segment, add MHLA

09/16/2014 Updated 2010BA NM108/109 segment to reflect addition of MHLA Identification Number and

Updated 2010 BA REF segment to reflect SY\*SSN capture

04/30/2020 Updated 2400 Service Line segment. Add Modifier spec for Mental Health Test Score Capture