



Encounter Data Minimum Data Elements

3/5/2012

Encounter Data Minimum Data Elements

Encounter Data Minimum Data Elements

The minimum data elements that are required to be populated in order to pass Encounter Data System translator and CEM level edits are provided below. MAOs and other entities must include at least these minimum data elements when they submit encounter data. MAOs and other entities can use this information for the submission of paper claims, member reimbursement claims, claims from foreign providers, etc.

The situational fields associated with these minimum data elements must also be submitted if the situation is present. Loops, segments, and data elements with an “*” denote the situational fields associated with the minimum data elements that occur commonly in encounter data submissions. **This document is not inclusive of all situational loops, segments, and data elements in the 837-I and 837-P TR3.** MAOs and other entities must refer to the 837-I and 837-P TR3 and CEM edits spreadsheet to determine the correct usage of situational fields.

The 837-I and 837-P TR3 contains fields that are specific to the electronic submission of the file, which may not be available on a paper claim. If these data elements are not populated, they will not pass translator and CEM level edits. Fields meeting these requirements are highlighted in grey below. The other fields that are listed are fields that can be found on a paper claim.

TABLE 1: TRANSLATOR AND CEM MINIMUM DATA ELEMENTS AND COMMONLY USED SITUATIONAL EDITS

LOOP ID	REFERENCE	NAME
ISA – INTERCHANGE CONTROL HEADER		
	ISA01	Authorization Information Qualifier
	ISA02	Authorization Information
	ISA03	Security Information Qualifier
	ISA04	Security Information
	ISA05	Interchange ID Qualifier
	ISA06	Interchange Sender ID
	ISA07	Interchange ID Qualifier
	ISA08	Interchange Receiver ID
	ISA09	Interchange Date
	ISA10	Interchange Time
	ISA11	Interchange Control Standards
	ISA12	Interchange Control Version Number
	ISA13	Interchange Control Number
	ISA14	Acknowledgement Request
	ISA15	Usage Indicator
	ISA16	Component Element Separator
GS – FUNCTIONAL GROUP HEADER		

Encounter Data Minimum Data Elements

	GS01	Functional Identifier Code
	GS02	Application Sender's Code
	GS03	Application Receiver's Code
	GS04	Group Creation Date

Encounter Data Minimum Data Elements

TABLE 1: TRANSLATOR AND CEM MINIMUM DATA ELEMENTS AND COMMONLY USED SITUATIONAL EDITS (CONTINUED)

LOOP ID	REFERENCE	NAME
	GS05	Group Creation Time
	GS06	Group Control Number
	GS07	Responsible Agency Code
	GS08	Version/Release/Industry Identifier Code
ST – TRANSACTION SET HEADER		
	ST01	Number of Transaction Sets
	ST02	Transaction Set Control Number
	ST03	Implementation Guide Version
BHT – BEGINNING OF HIERARCHICAL TRANSACTION		
	BHT01	Hierarchical Structure Code
	BHT02	Transaction Set Purpose Code
	BHT03	Batch Control Number
	BHT04	Transaction Set Creation Date
	BHT05	Transaction Set Creation Time
	BHT06	Transaction Set Type Code
LOOP 1000A – SUBMITTER NAME		
1000A	NM101	Entity Identifier Code
	NM102	Entity Type Qualifier
	NM103	Organization Name/Last Name
	NM108	Identification Code Qualifier
	NM109	Submitter ID
	PER01	Contact Function Code
	PER02	Submitter Contact Name
	PER03	Communication Qualifier
	PER04	Communication Number
LOOP 1000B – RECEIVER NAME		
1000B	NM101	Entity Identifier Code
	NM102	Entity Type Qualifier
	NM103	Organization Name
	NM108	Identification Code Qualifier
	NM109	Receiver Identifier
LOOP 2000A – BILLING PROVIDER HIERARCHICAL LEVEL		
2000A	HL01	Hierarchical ID Number
	HL03	Hierarchical Level Code
	HL04	Hierarchical Child Code
LOOP 2010AA – BILLING PROVIDER NAME		

Encounter Data Minimum Data Elements

TABLE 1: TRANSLATOR AND CEM MINIMUM DATA ELEMENTS AND COMMONLY USED SITUATIONAL EDITS (CONTINUED)

LOOP ID	REFERENCE	NAME
2010AA	NM101	Entity Identifier Code
	NM102	Entity Type Qualifier
	NM103	Organization Name/Last Name
	NM108	Identification Code Qualifier
	NM109	National Provider Identifier (NPI)
	N301	Billing Provider Street
	N401	Billing Provider City
	N402	Billing Provider State
	N403	Billing Provider ZIP Code
	REF01	Reference Identification Qualifier
	REF02	Billing Provider Tax Identification Number
LOOP 2000B – SUBSCRIBER HIERARCHICAL LEVEL		
	HL01	Hierarchical ID Number
	HL02	Hierarchical Parent ID Number
	HL03	Hierarchical Level Code
	HL04	Hierarchical Child Code
	SBR01	Payer Responsibility Sequence Number
	SBR02	Individual Relationship Code
	SBR03*	Subscriber Group or Policy Number
	SBR04*	Insured Group Number
	SBR05*	Insurance Type Code (Professional Only)
	SBR09*	Claim Filing Indicator Code
LOOP 2010BA – SUBSCRIBER NAME		
2010BA	NM101	Entity Identifier Code
	NM102	Entity Type Qualifier
	NM103	Subscriber Last Name
	NM104	Subscriber First Name
	NM105*	Subscriber Middle Name
	NM107*	Subscriber Name Suffix
	NM108	Identification Code Qualifier
	NM109	Subscriber HICN
	N301	Subscriber Street
	N401	Subscriber City
	N402	Subscriber State
	N403	Subscriber ZIP Code

Encounter Data Minimum Data Elements

TABLE 1: TRANSLATOR AND CEM MINIMUM DATA ELEMENTS AND COMMONLY USED SITUATIONAL EDITS (CONTINUED)

LOOP ID	REFERENCE	NAME
	DMG01	Date Format Qualifier
	DMG02	Subscriber Date of Birth
	DMG03	Subscriber Gender
LOOP 2010BB – PAYER NAME		
2010BB	NM101	Entity Identifier Code
	NM102	Entity Type Description
	NM103	Name Last or Organization
	NM108	Identification Code Qualifier
	NM109	Payer Identification (EDSCMS)
	N301	Payer Street
	N401	Payer City
	N402	Payer State
	N403	Payer ZIP Code
	REF01	Reference Identification Qualifier – Payer Identification Number
	REF02	Reference Identification – Payer Additional Identifier (Contract ID)
LOOP 2300 – CLAIM INFORMATION		
2300	CLM01	Claim Submitter’s Identifier (Patient Control Number)
	CLM02	Monetary Amount
	CLM05-1	Facility Type Code
	CLM05-2	Facility Code Qualifier
	CLM05-3	Claim Frequency Type Code
	CLM06	Provider or Supplier Signature Indicator (Professional Only)
	CLM07	Assignment or Plan Participation Code
	CLM08	Benefits Assignment Certification Indicator
	CLM09	Release of Information Code
	CLM11-1*	Related Causes Code Indicator
	CLM11-2*	Related Causes Code
	DTP01*	Date Time Period Qualifier – Accident Date (Professional Only)
	DTP02*	Date Time Period Format Qualifier – Accident Date (Professional Only)
	DTP03*	Accident Date (Professional Only)
	DTP01*	Date Time Qualifier – Discharge Hour (Institutional Only)
	DTP02*	Date Time Period Format Qualifier – Discharge Hour (Institutional Only)
	DTP03*	Date Time Period – Discharge Hour (Institutional Only)
	DTP01	Date Time Qualifier – Statement Date (Institutional Only)
	DTP02	Date Time Period Format Qualifier (Institutional Only)

Encounter Data Minimum Data Elements

TABLE 1: TRANSLATOR AND CEM MINIMUM DATA ELEMENTS AND COMMONLY USED SITUATIONAL EDITS (CONTINUED)

LOOP ID	REFERENCE	NAME
	DTP03	Date Time Period (Institutional Only)
	DTP01*	Date Time Period Qualifier – Admission (Institutional Only)
	DTP02*	Date Time Period Qualifier (Institutional Only)
	DTP03*	Date Time Period (Institutional Only)
	PWK01*	Report Type Code
	PWK02*	Attachment Transmission Code
	CL101*	Admission Type Code – Institutional Claim Code (Institutional Only)
	CL102*	Admission Source Code (Institutional Only)
	CL103	Patient Status Code (Institutional Only)
	REF01*	Original Reference Number
	REF02*	Payer Claim Control Number
	HI01-1	Diagnosis Type Code Qualifier – Principal Diagnosis (Institutional Only)
	HI01-2	Diagnosis Code – Principal Diagnosis (Institutional Only)
	HI01-1	Diagnosis Type Code Qualifier – Health Care Diagnosis Code (Professional Only)
	HI01-2	Diagnosis Code (Professional Only)
	HI01-1*	Code List Qualifier Code – Occurrence Span Code
	HI01-2*	Industry Code – Occurrence Span Code
	HI01-3*	Date Time Period Format Qualifier
	HI01-4*	Date Time Period – Occurrence Span Code Date
	HI01-1*	Code List Qualifier Code – Occurrence Code
	HI01-2*	Industry Code – Occurrence Code
	HI01-1*	Code List Qualifier Code- Value Code
	HI01-2*	Industry Code – Value Code
	HI01-1*	Code List Qualifier Code – Condition Code
	HI01-2*	Industry Code – Condition Code
LOOP 2310E – AMBULANCE PICK-UP LOCATION*		
	NM101*	Identity Identifier Code – Ambulance Pick-Up Location
	NM102*	Entity Type Qualifier – Non-Person Entity
	N301*	Ambulance Pick-Up Address Line
	N401*	Ambulance Pick-Up City
	N402*	Ambulance Pick-Up State or Province
	N403*	Ambulance Pick-Up ZIP Code
LOOP 2310F – AMBULANCE DROP-OFF LOCATION*		
	NM101*	Identity Identifier Code – Ambulance Drop-Off Location

Encounter Data Minimum Data Elements

TABLE 1: TRANSLATOR AND CEM MINIMUM DATA ELEMENTS AND COMMONLY USED SITUATIONAL EDITS (CONTINUED)

LOOP ID	REFERENCE	NAME
	NM102*	Entity Type Qualifier – Non-Person Entity
	N301*	Ambulance Drop-Off Address Line
	N401*	Ambulance Drop-Off City
	N402*	Ambulance Drop-Off State or Province
	N403*	Ambulance Drop-Off ZIP Code
LOOP 2320 – OTHER SUBSCRIBER INFORMATION		
	SBR01	Payer Responsibility Sequence Number
	SBR02	Individual Relationship Code
	SBR09	Claim Filing Indicator Code
	CAS01*	Claim Adjustment Group Code
	CAS02*	Claim Adjustment Reason Code
	CAS03*	Monetary Amount
	AMT01	Amount Qualifier Code
	AMT02	Payer Paid Amount
	OI03	Benefits Assignment Certification Indicator
	OI06	Release of Information Code
LOOP 2330A – OTHER SUBSCRIBER NAME		
	NM101	Entity Identifier Code
	NM102	Entity Type Qualifier
	NM103	Subscriber Last Name
	NM108	Identification Code Qualifier
	NM109	Subscriber HICN
	N301	Subscriber Street
	N401	Subscriber City
	N402	Subscriber State
	N403	Subscriber ZIP Code
LOOP 2330B – OTHER PAYER NAME		
	NM101	Entity Identifier Code
	NM102	Entity Type Description
	NM103	Name Last or Organization
	NM108	Identification Code Qualifier
	NM109	Payer Identification
	N301	Payer Street
	N401	Payer City
	N402	Payer State

Encounter Data Minimum Data Elements

TABLE 1: TRANSLATOR AND CEM MINIMUM DATA ELEMENTS AND COMMONLY USED SITUATIONAL EDITS (CONTINUED)

LOOP ID	REFERENCE	NAME
	N403	Payer ZIP Code
	REF01*	Reference Identification Qualifier – Signal code
	REF02*	Other Payer Claim Adjustment Indicator
LOOP 2400 – SERVICE LINE		
2400	LX01	Assigned Number
	DTP01	Date Time Qualifier - Service
	DTP02	Date Time Period Format Qualifier
	DTP03	Service Date
	SV201	Service Line Revenue Code (Institutional Only)
	SV202-1*	Product or Service ID Qualifier (Institutional Only)
	SV202-2*	Procedure Code (Institutional Only)
	SV202-3*	Procedure Modifier (Institutional Only)
	SV203	Monetary Amount (Institutional Only)
	SV204	Unit or Basis for Measurement Code (Institutional Only)
	SV205	Quantity (Institutional Only)
	SV207*	Non-Covered Charge Amount (Institutional only)
	SV101-1	Product/Service ID Qualifier (Professional Only)
	SV101-2	Procedure Code (Professional Only)
	SV101-3*	Procedure Modifier (Professional Only)
	SV102	Monetary Amount (Professional Only)
	SV103	Unit or Basis for Measurement Code (Professional Only)
	SV104	Quantity (Professional Only)
	SV107-1	Diagnosis Code Pointer (Professional Only)
LOOP 2430 – LINE ADJUDICATION INFORMATION*		
2430	SVD01*	Identification Code – Other Payer Primary Identifier
	SVD02*	Monetary Amount – Service Line Paid Amount
	SVD03-1*	Product/Service ID Qualifier
	SVD03-2*	Procedure Code
	SVD03-3*	Procedure Modifiers
	SVD05*	Quantity
	DTP01*	Date Time Qualifier – Adjudication or Payment Date
	DTP02*	Date Time Period Format Qualifier
	DTP03*	Adjudication or Payment Date
SE – TRANSACTION SET TRAILER		
	SE01	Transaction Segment Count

Encounter Data Minimum Data Elements

**TABLE 1: TRANSLATOR AND CEM MINIMUM DATA ELEMENTS AND
COMMONLY USED SITUATIONAL EDITS (CONTINUED)**

LOOP ID	REFERENCE	NAME
	SE02	Transaction Set Control Number
GE – FUNCTIONAL GROUP TRAILER		
	GE01	Number of Transaction Sets Included
	GE02	Group Control Number
IEA –INTERCHANGE CONTROL TRAILER		
	IEA01	Number of Included Functional Groups
	IEA02	Interchange Control Number