



**STATE of HAWAII
DEPARTMENT of HUMAN
SERVICES
MED-QUEST DIVISION**

**837 Standard Companion Guide
Transaction Information – Claims**

**Instructions related to Transactions
based on ASC X12 Implementation
Guides, version 005010**

**Companion Guide Version Number: 0.1
September 2011**

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Transaction Instruction (TI)

1. TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard

HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2. Included ASC X12 Implementation Guides

Unique ID	Name
005010X222	Health Care Claim: Professional (837)
005010X223	Health Care Claim: Institutional (837)
005010X224	Health Care Claim: Dental (837)

3. Instruction Tables

3.1 837 Health Care Claim: Professional – Claims

Loop ID	Reference	Name 837-P 5010 A1 FFS	Codes	Notes/Comments
				Glossary: NOT USED BY MQD - MQD does not use the segment or element for processing or updating of the adjudication system. The field may still be required by a Validator. - Follow TR3 guidelines.
				Blue = Header segments
				Light Blue = Billing Provider Detail Segments
				Green = Subscriber Detail Segments
				Yellow = Claim Level Segments
				Orange = Line Level Segments
—	ISA	INTERCHANGE CONTROL HEADER		
	ISA06	Interchange Sender ID	Five byte MQD sender ID	
	ISA08	Interchange Receiver ID	Expect MQD996001089	
—	GS	FUNCTIONAL GROUP HEADER		
	GS02	Application Sender Code	Five byte MQD sender ID	
	GS03	Application Receiver Code	Expect MQD996001089	
	GS08	Version Identifier Code	005010X222A1	
—	ST	TRANSACTION SET HEADER		
	ST03	Implementation Convention	005010X222A1	

Loop ID	Reference	Name 837-P 5010 A1 FFS	Codes	Notes/Comments
		Reference		
—	BHT	BEGINNING OF HIERARCHICAL TRANSACTION		
	BHT06	Claim or Encounter ID	CH	
1000A	NM1	SUBMITTER NAME		
1000A	NM109	Submitter Identifier	Five byte MQD sender ID	
1000B	NM1	RECEIVER NAME		
1000B	NM103	Receiver Name	Expect 'MED-QUEST'	
1000B	NM109	Receiver Primary Identifier	Expect 996001089	
2010BA	NM1	SUBSCRIBER NAME		
2010BA	NM109	Subscriber Primary Identifier	Expect HAWI ID	
2010BB	NM1	PAYER NAME		
2010BB	NM103	Payer Name	Expect 'MED-QUEST'	
2010BB	NM108	Identification Code Qualifier	PI	
2010BB	NM109	Payer Identifier	Expect 996001089	
2010BB	REF	BILLING PROVIDER SECONDARY IDENTIFICATION		Atypical Provider Only
2010BB	REF02	Payer Additional Identifier	Expect 8-digit ID (6-digit MQD Provider Registration ID+2-digit Location code)	
2310A	REF	REFERRING PROVIDER SECONDARY ID		Atypical Provider Only
2310A	REF02	Referring Provider Secondary Identifier	Expect 8-digit ID (6-digit MQD Provider Registration ID+2-digit Location code)	
2310B	REF	RENDERING PROVIDER SECONDARY ID		Atypical Provider Only
2310B	REF02	Rendering Provider Secondary Identifier	Expect 8-digit ID (6-digit MQD Provider Registration ID+2-digit Location code)	
2310C	REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION		Atypical Provider Only
2310C	REF02	Laboratory or Facility Secondary Identifier	Expect 8-digit ID (6-digit MQD Provider Registration ID+2-digit Location code)	
2420F	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		Atypical Provider Only
2420F	REF02	Referring Provider Secondary Identifier	Expect 8-digit ID (6-digit MQD Provider Registration ID+2-digit Location code)	

3.2 837 Health Care Claim: Institutional - Claims

Loop ID	Reference	Name 837-I 5010 A2 FFS	Codes	Notes/Comments
				Glossary: NOT USED BY MQD - MQD does not use the segment or element for processing or updating of the adjudication system. The field may still be required by a Validator. - Follow TR3 guidelines.
				Blue = Header segments
				Light Blue = Billing Provider & Pay To Segments
				Green = Subscriber & Payer Segments
				Yellow = Claim Level Segments
				Purple = Other Subscriber Info Segments
				Orange = Line Level Segments
	ISA	INTERCHANGE CONTROL HEADER		
	ISA06	Interchange Sender ID	Five byte MQD sender ID	
	ISA08	Interchange Receiver ID	Expect MQD996001089	
	GS	FUNCTIONAL GROUP HEADER		
	GS02	Application Sender Code	Five byte MQD sender ID	
	GS03	Application Receiver Code	Expect MQD996001089	
	GS08	Version Identifier Code	005010X223A2	
	ST	TRANSACTION SET HEADER		
	ST03	Implementation Convention Reference	005010X223A2	
	BHT	BEGINNING OF HIERARCHICAL TRANSACTION		
	BHT06	Claim or Encounter ID	CH	
1000A	NM1	SUBMITTER NAME		
1000A	NM109	Submitter Identifier	Five byte MQD sender ID	
1000B	NM1	RECEIVER NAME		
1000B	NM103	Receiver Name	Expect 'MED-QUEST'	
1000B	NM109	Receiver Primary Identifier	Expect 996001089	
2010BA	NM1	SUBSCRIBER NAME		
2010BA	NM109	Subscriber Primary Identifier	Expect HAWI ID	
2010BB	NM1	PAYER NAME		
2010BB	NM103	Payer Name	Expect 'MED-QUEST'	
2010BB	NM108	Identification Code Qualifier	PI	

Loop ID	Reference	Name 837-I 5010 A2 FFS	Codes	Notes/Comments
2010BB	NM109	Payer Identifier	Expect 996001089	
2010BB	REF	BILLING PROVIDER SECONDARY IDENTIFICATION		Atypical provider Only
2010BB	REF02	Secondary Identifier	Expect 8-digit ID (6-digit MQD Provider Registration ID+2-digit Location code)	
2310A	REF	ATTENDING PROVIDER SECONDARY ID		Atypical provider Only
2310A	REF02	Secondary Identifier	Expect 8-digit ID (6-digit MQD Provider Registration ID+2-digit Location code)	
2310B	REF	OPERATING PHYSICIAN SECONDARY ID		Atypical provider Only
2310B	REF02	Secondary Identifier	Expect 8-digit ID (6-digit MQD Provider Registration ID+2-digit Location code)	
2310C	REF	OTHER OPERATING PHYSICIAN SECONDARY ID		Atypical provider Only
2310C	REF02	Rendering Provider Secondary Identifier	Expect 8-digit ID (6-digit MQD Provider Registration ID+2-digit Location code)	
2310E	REF	SERVICE FACILITY LOCATION SECONDARY ID		Atypical provider Only
2310E	REF02	Laboratory or Facility Secondary Identifier	Expect 8-digit ID (6-digit MQD Provider Registration ID+2-digit Location code)	
2310F	REF	REFERRING PROVIDER SECONDARY ID		Atypical provider Only
2310F	REF02	Referring Provider Secondary Identifier	Expect 8-digit ID (6-digit MQD Provider Registration ID+2-digit Location code)	

3.3 837 Health Care Claim: Dental – Claims

Loop ID	Reference	Name 837-D 5010 A2 FFS	Codes	Notes/Comments
				Glossary: NOT USED BY MQD - MQD does not use the segment or element for processing or updating of the adjudication system. The field may still be required by a Validator. - Follow TR3 guidelines.
				Blue = Header segments
				Light Blue = Billing Provider & Pay To Segments
				Green = Subscriber / Payer/ Patient Segments
				Yellow = Claim Level Segments
				Orange = Line Level Segments
	ISA	Interchange Control Header		
	ISA06	Interchange Sender ID	Five byte MQD sender ID	
	ISA08	Interchange Receiver ID	Expect MQD996001089	
	GS	Functional Group Header		
	GS02	Application Sender Code	Five byte MQD sender ID	
	GS03	Application Receiver Code	Expect MQD996001089	
	GS08	Version Identifier Code	005010X2243A2	
	ST	Transaction Set Header		
	ST03	Implementation Convention Reference	005010X224A2	
	BHT	Beginning of Hierarchical Transaction		
	BHT06	Claim or Encounter ID	CH	
1000A	NM1	Submitter Name		
1000A	NM109	Submitter Identifier	Five byte MQD sender ID	
1000B	NM1	Receiver Name		
1000B	NM103	Receiver Name	Expect 'MED-QUEST'	
1000B	NM109	Receiver Primary Identifier	Expect 996001089	
2010BA	NM1	Subscriber Name		
2010BA	NM109	Subscriber Primary Identifier	Expect HAWI ID	
2010BB	NM1	Payer Name		
2010BB	NM103	Payer Name	Expect 'MED-QUEST'	
2010BB	NM108	Identification Code Qualifier	PI	
2010BB	NM109	Payer Identifier	866004791	

Loop ID	Reference	Name 837-D 5010 A2 FFS	Codes	Notes/Comments
2010BB	REF	Billing Provider Secondary ID		Atypical provider Only
2010BB	REF02	Payer Additional Identifier	Expect Billing Registration Provider ID	
2310A	REF	Referring Provider Secondary Identifier		Atypical provider Only
2310A	REF02	Referring Provider Secondary Identifier	Expect 8-digit ID (6-digit MQD Provider Registration ID+2-digit Location code)	
2310B	REF	Rendering Provider Secondary ID		Atypical provider Only
2310B	REF02	Rendering Provider Secondary Identifier	Expect 8-digit ID (6-digit MQD Provider Registration ID+2-digit Location code)	
2420A	NM1	Rendering Provider Name		SEGMENT NOT USED BY MQD Business Rule - MQD doesn't recognize multiple rendering providers or Assistant Surgeons on one claim.
2420B	NM1	Assistant Surgeon Name		SEGMENT NOT USED BY MQD Business Rule - MQD doesn't recognize multiple rendering providers or Assistant Surgeons on one claim.

4. TI Additional Information

4.1 Business Scenarios

4.1.1 837 Professional Transaction Notes - Claims

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
																	Glossary: NOT USED BY MQD - MQD does not use the segment or element for processing or updating of the adjudication system. The field may still be required by a Validator. - Follow TR3 guidelines.
																	Blue = Header segments
																	Light Blue = Billing Provider Detail Segments
																	Green = Subscriber Detail Segments
																	Yellow = Claim Level Segments
																	Orange = Line Level Segments
	ISA	INTERCHANGE CONTROL HEADER		1	R	1			ISA	INTERCHANGE CONTROL HEADER		1	R	1			
	ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03		ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03		Expect 00
	ISA02	Authorization Information	AN	10-10	R				ISA02	Authorization Information	AN	10-10	R				10 spaces
	ISA03	Security Information Qualifier	ID	2-2	R		00, 01		ISA03	Security Information Qualifier	ID	2-2	R		00, 01		Expect 00
	ISA04	Security Information	AN	10-10	R				ISA04	Security Information	AN	10-10	R				10 spaces
	ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28,		ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27,		Expect ZZ
	ISA06	Interchange Sender ID	AN	15-15	R				ISA06	Interchange Sender ID	AN	15-15	R				Five byte MQD sender ID
	ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ		ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ		Expect ZZ
	ISA08	Interchange Receiver ID	AN	15-15	R				ISA08	Interchange Receiver ID	AN	15-15	R				Expect MQD996001089
	ISA09	Interchange Date	DT	6-6	R		YYMMDD		ISA09	Interchange Date	DT	6-6	R		YYMMDD		Expect Date
	ISA10	Interchange Time	TM	4-4	R		HHMM		ISA10	Interchange Time	TM	4-4	R		HHMM		Expect Time
	ISA11	Interchange Control Standards ID	ID	1-1	R		U		ISA11	Interchange Control Standards ID	ID	1-1	R				^
	ISA12	Interchange Control Version Number	ID	5-5	R		00401		ISA12	Interchange Control Version Number	ID	5-5	R		00501		00501
	ISA13	Interchange Control Number	NO	9-9	R				ISA13	Interchange Control Number	NO	9-9	R				Expect Interchange Control Number, Assigned by Submitter
	ISA14	Acknowledgement Requested	ID	1-1	R		0, 1		ISA14	Acknowledgement Requested	ID	1-1	R		0, 1		Expect 1
	ISA15	Usage Indicator	ID	1-1	R		P, T		ISA15	Usage Indicator	ID	1-1	R		P, T		Expect P or T
	ISA16	Component Element Separator	AN	1-1	R				ISA16	Component Element Separator	AN	1-1	R				
	GS	FUNCTIONAL GROUP HEADER		1	R	>1			GS	FUNCTIONAL GROUP HEADER		1	R	1			
	GS01	Functional Identifier Code	ID	2-2	R		HC		GS01	Functional Identifier Code	ID	2-2	R				Expect HC
	GS02	Application Sender Code	AN	2-15	R				GS02	Application Sender Code	AN	2-15	R				Five byte MQD sender ID
	GS03	Application Receiver Code	AN	2-15	R				GS03	Application Receiver Code	AN	2-15	R				Expect MQD996001089
	GS04	Date	DT	8-8	R		CCYYMMDD		GS04	Date	DT	8-8	R		CCYYMMDD		Expect Date
	GS05	Time	TM	4-8	R		HHMMSSDD		GS05	Time	TM	4-8	R		HHMM		Expect Time
	GS06	Group Control Number	NO	1-9	R				GS06	Group Control Number	NO	1-9	R				Expect Group Control Number, Assigned by Submitter
	GS07	Responsible Agency Code	ID	1-2	R		X		GS07	Responsible Agency Code	ID	1-2	R		X		Expect X
	GS08	Version Identifier Code	AN	1-12	R		004010X098A1		GS08	Version Identifier Code	AN	1-12	R		005010X222	Code Change	Expect 005010X222A1
	ST	TRANSACTION SET HEADER		1	R	>1			ST	TRANSACTION SET HEADER		1	R	>1			
	ST01	Transaction Set Identifier Code	ID	3-3	R		837		ST01	Transaction Set Identifier Code	ID	3-3	R		837		Expect 837
	ST02	Transaction Set Control Number	AN	4-9	R				ST02	Transaction Set Control Number	AN	4-9	R				Expect Transaction Set Control Number, Assigned by Submitter
									ST03	Implementation Convention Reference	AN	1-35	R			New Element	Expect 005010X222A1
	BHT	BEGINNING OF HIERARCHICAL TRANSACTION		1	R	1			BHT	BEGINNING OF HIERARCHICAL TRANSACTION		1	R	1			
	BHT01	Hierarchical Structure Code	ID	4-4	R		0019		BHT01	Hierarchical Structure Code	ID	4-4	R		0019		Expect 0019

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
	BHT02	Transaction Set Purpose Code	ID	2-2	R		00, 18		BHT02	Transaction Set Purpose Code	ID	2-2	R		00, 18		Expect 00
	BHT03	Originator Application Transaction ID	AN	1-30	R				BHT03	Originator Application Transaction ID	AN	1-50	R				Expect Originator Application Transaction Identifier, Assigned by Submitter
	BHT04	Transaction Set Creation Date	DT	8-8	R		CCYYMMDD		BHT04	Transaction Set Creation Date	DT	8-8	R		CCYYMMDD		Expect Date
	BHT05	Transaction Set Creation Time	TM	4-8	R		HHMM, HHMMSS, HHMMSSD, HHMMSSDD		BHT05	Transaction Set Creation Time	TM	4-8	R		HHMM, HHMMSS, HHMMSSD, HHMMSSDD		Expect Time
	BHT06	Claim or Encounter ID	ID	2-2	R		CH, RP		BHT06	Claim or Encounter ID	ID	2-2	R		31, CH, RP		Expect CH
	REF	TRANSMISSION TYPE IDENTIFICATION		1	R	1										Segment Deleted	DELETED
1000A	NM1	SUBMITTER NAME		1	R	1		1000A	NM1	SUBMITTER NAME		1	R	1			
	NM101	Entity Identifier Code	ID	2-3	R		41	1000A	NM101	Entity Identifier Code	ID	2-3	R		41		Expect 41
	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	1000A	NM102	Entity Type Qualifier	ID	1-1	R		1, 2		Expect 2
	NM103	Submitter Last or Organization Name	AN	1-35	R			1000A	NM103	Submitter Last or Organization Name	AN	1-60	R			Increase from 35 - 60	Expect Organization Name
	NM104	Submitter First Name	AN	1-25	S			1000A	NM104	Submitter First Name	AN	1-35	S			Increase from 25 - 35	NOT USED BY MQD
	NM105	Submitter Middle Name	AN	1-25	S			1000A	NM105	Submitter Middle Name	AN	1-25	S				NOT USED BY MQD
	NM106	Name Prefix	AN	1-10	N/U			1000A	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Name Suffix	AN	1-10	N/U			1000A	NM107	Name Suffix	AN	1-10	N/U				NOT USED
	NM108	Identification Code Qualifier	ID	1-2	R		46	1000A	NM108	Identification Code Qualifier	ID	1-2	R		46		Expect 46
	NM109	Submitter Identifier	AN	2-80	R			1000A	NM109	Submitter Identifier	AN	2-80	R				Five byte MQD sender ID
	NM110	Entity Relationship Code	ID	2-2	N/U			1000A	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			1000A	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								1000A	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
1000A	PER	SUBMITTER EDI CONTACT INFORMATION		2	R			1000A	PER	SUBMITTER EDI CONTACT INFORMATION		2	R				
	PER01	Contact Function Code	ID	2-2	R		IC	1000A	PER01	Contact Function Code	ID	2-2	R		IC		Expect IC
	PER02	Submitter Contact Name	AN	1-60	R			1000A	PER02	Submitter Contact Name	AN	1-60	S				Expect Submitter Contact Name
	PER03	Communication Number Qualifier	ID	2-2	R		ED, EM, FX, TE	1000A	PER03	Communication Number Qualifier	ID	2-2	R		EM, FX, TE	Code Deleted	Expect one Communication Number Qualifier. Submitter should submit the preferred method of contact.
	PER04	Communication Number	AN	1-80	R			1000A	PER04	Communication Number	AN	1-256	R			Increase from 80 - 256	Expect Communication Number
	PER05	Communication Number Qualifier	ID	2-2	S		ED, EM, EX, FX, TE	1000A	PER05	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE	Code Deleted	
	PER06	Communication Number	AN	1-80	S			1000A	PER06	Communication Number	AN	1-256	S			Increase from 80 - 256	
	PER07	Communication Number Qualifier	ID	2-2	S		ED, EM, EX, FX, TE	1000A	PER07	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE	Code Deleted	
	PER08	Communication Number	AN	1-80	S			1000A	PER08	Communication Number	AN	1-256	S			Increase from 80 - 256	
	PER09	Contact Inquiry Reference	AN	1-20	N/U			1000A	PER09	Contact Inquiry Reference	AN	1-20	N/U				NOT USED
1000B	NM1	RECEIVER NAME		1	R	1		1000B	NM1	RECEIVER NAME		1	R	1			
	NM101	Entity Identifier Code	ID	2-3	R		40	1000B	NM101	Entity Identifier Code	ID	2-3	R		40		Expect 40
	NM102	Entity Type Qualifier	ID	1-1	R		2	1000B	NM102	Entity Type Qualifier	ID	1-1	R		2		Expect 2
	NM103	Receiver Name	AN	1-35	R			1000B	NM103	Receiver Name	AN	1-60	R			Increase from 35 - 60	Expect MED-QUEST
	NM104	Name First	AN	1-25	N/U			1000B	NM104	Name First	AN	1-35	N/U				NOT USED
	NM105	Name Middle	AN	1-25	N/U			1000B	NM105	Name Middle	AN	1-25	N/U				NOT USED
	NM106	Name Prefix	AN	1-10	N/U			1000B	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Name Suffix	AN	1-10	N/U			1000B	NM107	Name Suffix	AN	1-10	N/U				NOT USED
	NM108	Identification Code Qualifier	ID	1-2	R		46	1000B	NM108	Identification Code Qualifier	ID	1-2	R		46		Expect 46
	NM109	Receiver Primary Identifier	AN	2-80	R			1000B	NM109	Receiver Primary Identifier	AN	2-80	R				Expect 996001089
	NM110	Entity Relationship Code	ID	2-2	N/U			1000B	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			1000B	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								1000B	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
2000A	HL	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL		1	R	>1		2000A	HL	BILLING PROVIDER HIERARCHICAL LEVEL		1	R	>1		Name Change	
	HL01	Hierarchical ID Number	AN	1-12	R			2000A	HL01	Hierarchical ID Number	AN	1-12	R				Expect 1
	HL02	Hierarchical Parent ID Number	AN	1-12	N/U			2000A	HL02	Hierarchical Parent ID Number	AN	1-12	N/U				NOT USED
	HL03	Hierarchical Level Code	ID	1-2	R		20	2000A	HL03	Hierarchical Level Code	ID	1-2	R		20		Expect 20
	HL04	Hierarchical Child Code	ID	1-1	R		1	2000A	HL04	Hierarchical Child Code	ID	1-1	R		1		Expect 1
2000A	PRV	BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION		1	S			2000A	PRV	BILLING PROVIDER SPECIALTY INFORMATION		1	S			Name Change	MQD will start collecting Taxonomy Codes
	PRV01	Provider Code	ID	1-3	R		BI, PT	2000A	PRV01	Provider Code	ID	1-3	R		BI		Expect BI
	PRV02	Reference Identification Qualifier	ID	2-3	R		ZZ	2000A	PRV02	Reference Identification Qualifier	ID	2-3	R		PXC		Expect PXC
	PRV03	Provider Taxonomy Code	AN	1-30	R			2000A	PRV03	Provider Taxonomy Code	AN	1-50	R			Increase 30 - 50	Expect Provider Taxonomy Code
	PRV04	State or Province Code	ID	2-2	N/U			2000A	PRV04	State or Province Code	ID	2-2	N/U				NOT USED
	PRV05	PROVIDER SPECIALTY INFORMATION			N/U			2000A	PRV05	PROVIDER SPECIALTY INFORMATION			N/U				NOT USED
	PRV06	Provider Organization Code	ID	3-3	N/U			2000A	PRV06	Provider Organization Code	ID	3-3	N/U				NOT USED
2000A	CUR	FOREIGN CURRENCY INFORMATION		1	S			2000A	CUR	FOREIGN CURRENCY INFORMATION		1	S				SEGMENT NOT USED BY MQD
	CUR01	Entity Identifier Code	ID	2-3	R		85	2000A	CUR01	Entity Identifier Code	ID	2-3	R		85		NOT USED BY MQD
	CUR02	Currency Code	ID	3-3	R			2000A	CUR02	Currency Code	ID	3-3	R				NOT USED BY MQD
	CUR03	Exchange Rate	R	4-10	N/U			2000A	CUR03	Exchange Rate	R	4-10	N/U				NOT USED
	CUR04	Entity Identifier Code	ID	2-3	N/U			2000A	CUR04	Entity Identifier Code	ID	2-3	N/U				NOT USED
	CUR05	Currency Code	ID	3-3	N/U			2000A	CUR05	Currency Code	ID	3-3	N/U				NOT USED
	CUR06	Currency Market/Exchange Code	ID	3-3	N/U			2000A	CUR06	Currency Market/Exchange Code	ID	3-3	N/U				NOT USED
	CUR07	Date/Time Qualifier	ID	3-3	N/U			2000A	CUR07	Date/Time Qualifier	ID	3-3	N/U				NOT USED
	CUR08	Date	DT	8-8	N/U			2000A	CUR08	Date	DT	8-8	N/U				NOT USED
	CUR09	Time	TM	4-8	N/U			2000A	CUR09	Time	TM	4-8	N/U				NOT USED
	CUR10	Date/Time Qualifier	ID	3-3	N/U			2000A	CUR10	Date/Time Qualifier	ID	3-3	N/U				NOT USED
	CUR11	Date	DT	8-8	N/U			2000A	CUR11	Date	DT	8-8	N/U				NOT USED
	CUR12	Time	TM	4-8	N/U			2000A	CUR12	Time	TM	4-8	N/U				NOT USED
	CUR13	Date/Time Qualifier	ID	3-3	N/U			2000A	CUR13	Date/Time Qualifier	ID	3-3	N/U				NOT USED
	CUR14	Date	DT	8-8	N/U			2000A	CUR14	Date	DT	8-8	N/U				NOT USED
	CUR15	Time	TM	4-8	N/U			2000A	CUR15	Time	TM	4-8	N/U				NOT USED
	CUR16	Date/Time Qualifier	ID	3-3	N/U			2000A	CUR16	Date/Time Qualifier	ID	3-3	N/U				NOT USED
	CUR17	Date	DT	8-8	N/U			2000A	CUR17	Date	DT	8-8	N/U				NOT USED
	CUR18	Time	TM	4-8	N/U			2000A	CUR18	Time	TM	4-8	N/U				NOT USED
	CUR19	Date/Time Qualifier	ID	3-3	N/U			2000A	CUR19	Date/Time Qualifier	ID	3-3	N/U				NOT USED
	CUR20	Date	DT	8-8	N/U			2000A	CUR20	Date	DT	8-8	N/U				NOT USED
	CUR21	Time	TM	4-8	N/U			2000A	CUR21	Time	TM	4-8	N/U				NOT USED
2010AA	NM1	Billing Provider Name Suffix		1	R	1		2010AA	NM1	Billing Provider Name		1	R	1		Name Change	
	NM101	Entity Identifier Code	ID	2-3	R		85	2010AA	NM101	Entity Identifier Code	ID	2-3	R		85		Expect 85
	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	2010AA	NM102	Entity Type Qualifier	ID	1-1	R		1, 2		Expect 1 or 2
	NM103	Billing Provider Last or Organizational Name	AN	1-35	R			2010AA	NM103	Billing Provider Last or Organizational Name	AN	1-60	R			Increase from 35 - 60	Expect Billing Provider Name
	NM104	Billing Provider First Name	AN	1-25	S			2010AA	NM104	Billing Provider First Name	AN	1-35	S			Increase from 25 - 35	Expect Billing Provider First Name if person
	NM105	Billing Provider Middle Name	AN	1-25	S			2010AA	NM105	Billing Provider Middle Name	AN	1-25	S				Expect Billing Provider Middle Name if person and needed to identify
	NM106	Name Prefix	AN	1-10	N/U			2010AA	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Billing Provider Name Suffix	AN	1-10	S			2010AA	NM107	Billing Provider Name Suffix	AN	1-10	S			Usage changed to Situational	NOT USED BY MQD
	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, XX	2010AA	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted Usage changed to Situational	Expect XX if medical provider
	NM109	Billing Provider Identifier	AN	2-80	R			2010AA	NM109	Billing Provider Identifier	AN	2-80	S			Usage changed to Situational	Expect NPI if medical provider
	NM110	Entity Relationship Code	ID	2-2	N/U			2010AA	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2010AA	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2010AA	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
2010AA	N3	BILLING PROVIDER ADDRESS		1	R			2010AA	N3	BILLING PROVIDER ADDRESS		1	R				
	N301	Billing Provider Address Line	AN	1-55	R			2010AA	N301	Billing Provider Address Line	AN	1-55	R				Expect Billing Provider Address
	N302	Billing Provider Address Line	AN	1-55	S			2010AA	N302	Billing Provider Address Line	AN	1-55	S				Expect Billing Provider Address if second address line is applicable
2010AA	N4	BILLING PROVIDER CITY/STATE/ZIP CODE		1	R			2010AA	N4	BILLING PROVIDER CITY/STATE/ZIP CODE		1	R				
	N401	Billing Provider City Name	AN	2-30	R			2010AA	N401	Billing Provider City Name	AN	2-30	R				Expect Billing Provider City Name
	N402	Billing Provider State or Province Code	ID	2-2	R			2010AA	N402	Billing Provider State or Province Code	ID	2-2	S			Usage changed to Situational	Expect Billing Provider State
	N403	Billing Provider Postal Zone or ZIP Code	ID	3-15	R			2010AA	N403	Billing Provider Postal Zone or ZIP Code	ID	3-15	S			Usage changed to Situational	Expect Billing Provider Zip Code
	N404	Country Code	ID	2-3	S			2010AA	N404	Country Code	ID	2-3	S				NOT USED BY MQD
	N405	Location Qualifier	ID	1-2	N/U			2010AA	N405	Location Qualifier	ID	1-2	N/U				NOT USED
	N406	Location Identifier	AN	1-30	N/U			2010AA	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2010AA	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD
2010AA	REF	BILLING PROVIDER SECONDARY IDENTIFICATION		8	S			2010AA	REF	BILLING PROVIDER TAX IDENTIFICATION		1	R			Name Change Usage changed to Required	
	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J,	2010AA	REF01	Reference Identification Qualifier	ID	2-3	R		EI, SY	Code Deleted	Expect EI or SY
	REF02	Billing Provider Additional Identifier	AN	1-30	R			2010AA	REF02	Billing Provider Additional Identifier	AN	1-50	R			Increase from 30 - 50	Expect Billing Provider Tax Identification Number
	REF03	Description	AN	1-80	N/U			2010AA	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2010AA	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2010AA	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010AA	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2010AA	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010AA	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2010AA	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010AA	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2010AA	REF	CREDIT/DEBIT CARD BILLING INFORMATION		8	S			2010AA	REF	BILLING PROVIDER UPIN/LICENSE INFORMATION		2	S			Name Change	SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		06, 8U, EM, IJ,	2010AA	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G	Code Deleted	NOT USED BY MQD
	REF02	Billing Provider Credit Card Identifier	AN	1-30	R			2010AA	REF02	Billing Provider Additional Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2010AA	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2010AA	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2010AA	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010AA	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2010AA	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010AA	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2010AA	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010AA	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2010AA	PER	BILLING PROVIDER CONTACT INFORMATION		2	S			2010AA	PER	BILLING PROVIDER CONTACT INFORMATION		2	S			Expect only if different than 1000A PER segment	
	PER01	Contact Function Code	ID	2-2	R		IC	2010AA	PER01	Contact Function Code	ID	2-2	R		IC		Expect IC
	PER02	Billing Provider Contact Name	AN	1-60	R			2010AA	PER02	Billing Provider Contact Name	AN	1-60	S			Usage changed to Situational	Expect Billing Provider Contact Name
	PER03	Communication Number Qualifier	ID	2-2	R		EM, FX, TE	2010AA	PER03	Communication Number Qualifier	ID	2-2	R		EM, FX, TE		Expect one Communication Number Qualifier. Should submit the preferred method of contact.
	PER04	Communication Number	AN	1-80	R			2010AA	PER04	Communication Number	AN	1-256	R			Increase from 80 - 256	Expect Communication Number
	PER05	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE	2010AA	PER05	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE		
	PER06	Communication Number	AN	1-80	S			2010AA	PER06	Communication Number	AN	1-256	S			Increase from 80 - 256	
	PER07	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE	2010AA	PER07	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE		
	PER08	Communication Number	AN	1-80	S			2010AA	PER08	Communication Number	AN	1-256	S			Increase from 80 - 256	
	PER09	Contact Inquiry Reference	AN	1-20	N/U			2010AA	PER09	Contact Inquiry Reference	AN	1-20	N/U				NOT USED

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2010AB	NM1	PAY-TO PROVIDER NAME		1	S	1		2010AB	NM1	PAY-TO ADDRESS NAME		1	S	1		Name Change	SEGMENT NOT USED BY MQD MQD will use the PMMIS pay-to address, providers need to ensure they have their correct pay-to address in PMMIS
	NM101	Entity Identifier Code	ID	2-3	R		87	2010AB	NM101	Entity Identifier Code	ID	2-3	R		87		NOT USED BY MQD
	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	2010AB	NM102	Entity Type Qualifier	ID	1-1	R		1, 2		NOT USED BY MQD
	NM103	Pay-to Provider Last or Organization Name	AN	1-35	R			2010AB	NM103	Pay-to Provider Last or Organization Name	AN	1-60	N/U			Increase from 35 - 60 Usage changed to Not Used	NOT USED
	NM104	Pay-to Provider First Name	AN	1-25	S			2010AB	NM104	Pay-to Provider First Name	AN	1-35	N/U			Increase from 25 - 35 Usage changed to Not Used	NOT USED
	NM105	Pay-to Provider Middle Name	AN	1-25	S			2010AB	NM105	Pay-to Provider Middle Name	AN	1-25	N/U			Usage changed to Not Used	NOT USED
	NM106	Name Prefix	AN	1-10	N/U			2010AB	NM106	Name Prefix	AN	1-10	N/U			Usage changed to Not Used	NOT USED
	NM107	Pay-to Provider Name Suffix	AN	1-10	S			2010AB	NM107	Pay-to Provider Name Suffix	AN	1-10	N/U			Usage changed to Not Used	NOT USED
	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, XX	2010AB	NM108	Identification Code Qualifier	ID	1-2	N/U			Code Deleted Usage changed to Not Used	NOT USED
	NM109	Pay-to Provider Identifier	AN	2-80	R			2010AB	NM109	Pay-to Provider Identifier	AN	2-80	N/U			Usage changed to Not Used	NOT USED
	NM110	Entity Relationship Code	ID	2-2	N/U			2010AB	NM110	Entity Relationship Code	ID	2-2	N/U			Usage changed to Not Used	NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2010AB	NM111	Entity Identifier Code	ID	2-3	N/U			Usage changed to Not Used	NOT USED
								2010AB	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2010AB	N3	PAY-TO PROVIDER ADDRESS		1	R			2010AB	N3	PAY-TO PROVIDER ADDRESS		1	R				SEGMENT NOT USED BY MQD
	N301	Pay-to Provider Address Line	AN	1-55	R			2010AB	N301	Pay-to Provider Address Line	AN	1-55	R				NOT USED BY MQD
	N302	Pay-to Provider Address Line	AN	1-55	S			2010AB	N302	Pay-to Provider Address Line	AN	1-55	S				NOT USED BY MQD
2010AB	N4	PAY-TO PROVIDER CITY/STATE/ZIP CODE		1	R			2010AB	N4	PAY-TO PROVIDER CITY/STATE/ZIP CODE		1	R				SEGMENT NOT USED BY MQD
	N401	Pay-to Provider City Name	AN	2-30	R			2010AB	N401	Pay-to Provider City Name	AN	2-30	R				NOT USED BY MQD
	N402	Pay-to Provider State Code	ID	2-2	R			2010AB	N402	Pay-to Provider State Code	ID	2-2	S			Usage changed	NOT USED BY MQD
	N403	Pay-to Provider Postal Zone or ZIP Code	ID	3-15	R			2010AB	N403	Pay-to Provider Postal Zone or ZIP Code	ID	3-15	S			Usage changed	NOT USED BY MQD
	N404	Pay-to Provider Country Code	ID	2-3	S			2010AB	N404	Pay-to Provider Country Code	ID	2-3	S				NOT USED BY MQD
	N405	Location Qualifier	ID	1-2	N/U			2010AB	N405	Location Qualifier	ID	1-2	N/U				NOT USED
	N406	Location Identifier	AN	1-30	N/U			2010AB	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2010AB	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD
2010AB	REF	PAY-TO PROVIDER SECONDARY IDENTIFICATION		5	S											Segment Deleted	DELETED
								2010AC	NM1	PAY TO PLAN NAME		1	S	1		New Segment	SEGMENT NOT USED BY MQD
								2010AC	NM101	Entity Identifier Code	ID	2-3	R		PE		NOT USED BY MQD
								2010AC	NM102	Entity Type Qualifier	ID	1-1	R		2		NOT USED BY MQD
								2010AC	NM103	Pay to Plan Organizational Name	AN	1-60	R				NOT USED BY MQD
								2010AC	NM104	Name First	AN	1-35	N/U				NOT USED
								2010AC	NM105	Name Middle	AN	1-25	N/U				NOT USED
								2010AC	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2010AC	NM107	Name Suffix	AN	1-10	N/U				NOT USED
								2010AC	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV		NOT USED BY MQD
								2010AC	NM109	Identification Code	AN	2-80	R				NOT USED BY MQD
								2010AC	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2010AC	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2010AC	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2010AC	N3	PAY-TO PLAN ADDRESS		1	R			New Segment	SEGMENT NOT USED BY MQD
								2010AC	N301	Pay-to Plan Address Line	AN	1-55	R				NOT USED BY MQD
								2010AC	N302	Pay-to Plan Address Line	AN	1-55	S				NOT USED BY MQD
								2010AC	N4	PAY-TO PLAN CITY/STATE/ZIP CODE		1	R			New Segment	SEGMENT NOT USED BY MQD
								2010AC	N401	Pay-to Plan City Name	AN	2-30	R				NOT USED BY MQD
								2010AC	N402	Pay-to Plan State Code	ID	2-2	S				NOT USED BY MQD
								2010AC	N403	Pay-to Plan Postal Zone or ZIP Code	ID	3-15	S				NOT USED BY MQD

Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2010AC	N404	Pay-to Plan Country Code	ID	2-3	S				NOT USED BY MQD
								2010AC	N405	Location Qualifier	ID	1-2	N/U				NOT USED
								2010AC	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2010AC	N407	Country Subdivision Code	ID	1-3	S				NOT USED BY MQD
								2010AC	REF	PAY-TO PLAN SECONDARY IDENTIFICATION		1	S			New Segment	SEGMENT NOT USED BY MQD
								2010AC	REF01	Reference Identification Qualifier	ID	2-3	R		2U, FY, NF		NOT USED BY MQD
								2010AC	REF02	Reference Identification	AN	1-50	R				NOT USED BY MQD
								2010AC	REF03	Description	AN	1-80	N/U				NOT USED
								2010AC	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2010AC	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				NOT USED
								2010AC	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U				NOT USED
								2010AC	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2010AC	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
								2010AC	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2010AC	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
								2010AC	REF	PAY-TO PLAN TAX IDENTIFICATION		1	R			New Segment	SEGMENT NOT USED BY MQD
								2010AC	REF01	Reference Identification Qualifier	ID	2-3	R		EI		NOT USED BY MQD
								2010AC	REF02	Reference Identification	AN	1-50	R				NOT USED BY MQD
								2010AC	REF03	Description	AN	1-80	N/U				NOT USED
								2010AC	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2010AC	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				NOT USED
								2010AC	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U				NOT USED
								2010AC	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2010AC	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
								2010AC	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2010AC	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
2000B	HL	SUBSCRIBER HIERARCHICAL LEVEL		1	R	>1		2000B	HL	SUBSCRIBER HIERARCHICAL LEVEL		1	R	>1			
	HL01	Hierarchical ID Number	AN	1-12	R			2000B	HL01	Hierarchical ID Number	AN	1-12	R				Expect Incremented number from 2000A/HL Billing Provider Hierarchical Level
	HL02	Hierarchical Parent ID Number	AN	1-12	R			2000B	HL02	Hierarchical Parent ID Number	AN	1-12	R				Expect Hierarchical Parent ID Number from 2000A/HL Billing Provider
	HL03	Hierarchical Level Code	ID	1-2	R		22	2000B	HL03	Hierarchical Level Code	ID	1-2	R		22		Expect 22
	HL04	Hierarchical Child Code	ID	1-1	R		0, 1	2000B	HL04	Hierarchical Child Code	ID	1-1	R		0, 1	MQD does not have dependent claims	Expect 0
2000B	SBR	SUBSCRIBER INFORMATION		1	R			2000B	SBR	SUBSCRIBER INFORMATION		1	R				
	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R		P, S, T	2000B	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R		A, B, C, D, E, F, G, H, P, S, T, U	Code Deleted	Expect applicable Payer Responsible Sequence Number Code identified for MQD
	SBR02	Individual Relationship Code	ID	2-2	S		18	2000B	SBR02	Individual Relationship Code	ID	2-2	S		18		Expect 18
	SBR03	Insured Group or Policy Number	AN	1-30	S			2000B	SBR03	Insured Group or Policy Number	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD
	SBR04	Insured Group Name	AN	1-60	S			2000B	SBR04	Insured Group Name	AN	1-60	S				NOT USED BY MQD
	SBR05	Insurance Type Code	ID	1-3	S		12, 13, 14, 15, 16, 41, 42, 43, 47	2000B	SBR05	Insurance Type Code	ID	1-3	S		12, 13, 14, 15, 16, 41, 42, 43, 47		NOT USED BY MQD
	SBR06	Coordination of Benefits Code	ID	1-1	N/U			2000B	SBR06	Coordination of Benefits Code	ID	1-1	N/U				NOT USED
	SBR07	Yes/No Condition or Response Code	ID	1-1	N/U			2000B	SBR07	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
	SBR08	Employment Status Code	ID	2-2	N/U			2000B	SBR08	Employment Status Code	ID	2-2	N/U				NOT USED
	SBR09	Claim Filing Indicator Code	ID	1-2	S		09, 10, 11, 12, 13,	2000B	SBR09	Claim Filing Indicator Code	ID	1-2	S		11, 12, 13, 14,	Code Change	Expect MC
2000B	PAT	PATIENT INFORMATION		1	S			2000B	PAT	PATIENT INFORMATION		1	S				SEGMENT NOT USED BY MQD
	PAT01	Individual Relationship Code	ID	2-2	N/U			2000B	PAT01	Individual Relationship Code	ID	2-2	N/U				NOT USED
	PAT02	Patient Location Code	ID	1-1	N/U			2000B	PAT02	Patient Location Code	ID	1-1	N/U				NOT USED

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
	PAT03	Employment Status Code	ID	2-2	N/U			2000B	PAT03	Employment Status Code	ID	2-2	N/U				NOT USED
	PAT04	Student Status Code	ID	1-1	N/U			2000B	PAT04	Student Status Code	ID	1-1	N/U				NOT USED
	PAT05	Date Time Period Format Qualifier	ID	2-3	S		D8	2000B	PAT05	Date Time Period Format Qualifier	ID	2-3	S		D8		NOT USED BY MQD
	PAT06	Insured Individual Death Date	AN	1-35	S		CCYYMMDD	2000B	PAT06	Insured Individual Death Date	AN	1-35	S		CCYYMMDD		NOT USED BY MQD
	PAT07	Unit or Basis for Measurement Code	ID	2-2	S		01	2000B	PAT07	Unit or Basis for Measurement Code	ID	2-2	S		01		NOT USED BY MQD
	PAT08	Patient Weight 9(6)V99	R	1-10	S			2000B	PAT08	Patient Weight 9(6)V99	R	1-10	S				NOT USED BY MQD
	PAT09	Pregnancy Indicator	ID	1-1	S		Y	2000B	PAT09	Pregnancy Indicator	ID	1-1	S		Y		NOT USED BY MQD
2010BA	NM1	SUBSCRIBER NAME		1	R	1		2010BA	NM1	SUBSCRIBER NAME		1	R	1			
	NM101	Entity Identifier Code	ID	2-3	R		IL	2010BA	NM101	Entity Identifier Code	ID	2-3	R		IL		Expect IL
	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	2010BA	NM102	Entity Type Qualifier	ID	1-1	R		1, 2		Expect 1
	NM103	Subscriber Last Name	AN	1-35	R			2010BA	NM103	Subscriber Last Name	AN	1-60	R			Increase from 35 - 60	Expect Member Last Name
	NM104	Subscriber First Name	AN	1-25	S			2010BA	NM104	Subscriber First Name	AN	1-35	S			Increase from 25 - 35	Expect Member First Name if member has one
	NM105	Subscriber Middle Name	AN	1-25	S			2010BA	NM105	Subscriber Middle Name	AN	1-25	S				Expect Member Middle Name or initial if needed to identify member
	NM106	Name Prefix	AN	1-10	N/U			2010BA	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Subscriber Name Suffix	AN	1-10	S			2010BA	NM107	Subscriber Name Suffix	AN	1-10	S				NOT USED BY MQD
	NM108	Identification Code Qualifier	ID	1-2	S		MI, ZZ	2010BA	NM108	Identification Code Qualifier	ID	1-2	S		II, MI	Code Change	Expect MI
	NM109	Subscriber Primary Identifier	AN	2-80	S			2010BA	NM109	Subscriber Primary Identifier	AN	2-80	S				Expect 9 byte HAWI ID
	NM110	Entity Relationship Code	ID	2-2	N/U			2010BA	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2010BA	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2010BA	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2010BA	N3	SUBSCRIBER ADDRESS		1	S			2010BA	N3	SUBSCRIBER ADDRESS		1	S				
	N301	Subscriber Address Line	AN	1-55	R			2010BA	N301	Subscriber Address Line	AN	1-55	R				Expect Member Address
	N302	Subscriber Address Line	AN	1-55	S			2010BA	N302	Subscriber Address Line	AN	1-55	S				Expect Member second address line if
2010BA	N4	SUBSCRIBER CITY/STATE/ZIP CODE		1	S			2010BA	N4	SUBSCRIBER CITY/STATE/ZIP CODE		1	S				
	N401	Subscriber City Name	AN	2-30	R			2010BA	N401	Subscriber City Name	AN	2-30	R				Expect Member City Name
	N402	Subscriber State Code	ID	2-2	R			2010BA	N402	Subscriber State Code	ID	2-2	S			Usage changed to Situational	Expect Member State
	N403	Subscriber Postal Zone or ZIP Code	ID	3-15	R			2010BA	N403	Subscriber Postal Zone or ZIP Code	ID	3-15	S			Usage changed to Situational	Expect Member Zip
	N404	Subscriber Country Code	ID	2-3	S			2010BA	N404	Subscriber Country Code	ID	2-3	S				NOT USED BY MQD
	N405	Location Qualifier	ID	1-2	N/U			2010BA	N405	Location Qualifier	ID	1-2	N/U				NOT USED
	N406	Location Identifier	AN	1-30	N/U			2010BA	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2010BA	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD
2010BA	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION		1	S			2010BA	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION		1	S				
	DMG01	Date Time Period Format Qualifier	ID	2-3	R		D8	2010BA	DMG01	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect D8
	DMG02	Subscriber Birth Date	AN	1-35	R		CCYYMMDD	2010BA	DMG02	Subscriber Birth Date	AN	1-35	R		CCYYMMDD		Expect Member Birth Date
	DMG03	Subscriber Gender Code	ID	1-1	R		F, M, U	2010BA	DMG03	Subscriber Gender Code	ID	1-1	R		F, M, U		Expect Member Gender
	DMG04	Marital Status Code	ID	1-1	N/U			2010BA	DMG04	Marital Status Code	ID	1-1	N/U				NOT USED
	DMG05	Race or Ethnicity Code	ID	1-1	N/U			2010BA	DMG05	Race or Ethnicity Code	ID	1-1	N/U				NOT USED
	DMG06	Citizenship Status Code	ID	1-2	N/U			2010BA	DMG06	Citizenship Status Code	ID	1-2	N/U				NOT USED
	DMG07	Country Code	ID	2-3	N/U			2010BA	DMG07	Country Code	ID	2-3	N/U				NOT USED
	DMG08	Basis of Verification Code	ID	1-2	N/U			2010BA	DMG08	Basis of Verification Code	ID	1-2	N/U				NOT USED
	DMG09	Quantity	R	1-15	N/U			2010BA	DMG09	Quantity	R	1-15	N/U				NOT USED
								2010BA	DMG10	Code List Qualifier Code	ID	1-3	N/U			New Element	NOT USED
								2010BA	DMG11	Industry Code	AN	1-30	N/U			New Element	NOT USED
2010BA	REF	SUBSCRIBER SECONDARY IDENTIFICATION		4	S			2010BA	REF	SUBSCRIBER SECONDARY IDENTIFICATION		1	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		1W, 23, IG, SY	2010BA	REF01	Reference Identification Qualifier	ID	2-3	R		SY	Code Removed	NOT USED BY MQD
	REF02	Subscriber Supplemental Identifier	AN	1-30	R			2010BA	REF02	Subscriber Supplemental Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2010BA	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2010BA	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2010BA	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010BA	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2010BA	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010BA	REF04-4	Reference Identification Qualifier	AN	1-50	N/U			New Element	NOT USED
								2010BA	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010BA	REF04-6	Reference Identification Qualifier	AN	1-50	N/U			New Element	NOT USED
2010BA	REF	PROPERTY AND CASUALTY CLAIM NUMBER		1	S			2010BA	REF	PROPERTY AND CASUALTY CLAIM NUMBER		1	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		Y4	2010BA	REF01	Reference Identification Qualifier	ID	2-3	R		Y4		NOT USED BY MQD
	REF02	Property Casualty Claim Number	AN	1-30	R			2010BA	REF02	Property Casualty Claim Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2010BA	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2010BA	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2010BA	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010BA	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2010BA	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010BA	REF04-4	Reference Identification Qualifier	AN	1-50	N/U			New Element	NOT USED
								2010BA	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010BA	REF04-6	Reference Identification Qualifier	AN	1-50	N/U			New Element	NOT USED
								2010BA	PER	PROPERTY AND CASUALTY SUBSCRIBER CONTACT INFORMATION		1	S			New Segment	SEGMENT NOT USED BY MQD
								2010BA	PER01	Contact Function Code	ID	2-2	R		IC		NOT USED BY MQD
								2010BA	PER02	Billing Provider Contact Name	AN	1-60	S				NOT USED BY MQD
								2010BA	PER03	Communication Number Qualifier	ID	2-2	R		TE		NOT USED BY MQD
								2010BA	PER04	Communication Number	AN	1-256	R				NOT USED BY MQD
								2010BA	PER05	Communication Number Qualifier	ID	2-2	S		EX		NOT USED BY MQD
								2010BA	PER06	Communication Number	AN	1-256	S				NOT USED BY MQD
								2010BA	PER07	Communication Number Qualifier	ID	2-2	N/U				NOT USED
								2010BA	PER08	Communication Number	AN	1-256	N/U				NOT USED
								2010BA	PER09	Contact Inquiry Reference	AN	1-20	N/U				NOT USED
2010BB	NM1	PAYER NAME		1	R	1		2010BB	NM1	PAYER NAME		1	R	1			MQD does not use this segment, but its required on the transaction
	NM101	Entity Identifier Code	ID	2-3	R		PR	2010BB	NM101	Entity Identifier Code	ID	2-3	R		PR		Expect PR
	NM102	Entity Type Qualifier	ID	1-1	R		2	2010BB	NM102	Entity Type Qualifier	ID	1-1	R		2		Expect 2
	NM103	Payer Name	AN	1-35	R			2010BB	NM103	Payer Name	AN	1-60	R			Increase from 35 - 60	Expect 'MED-QUEST'
	NM104	Name First	AN	1-25	N/U			2010BB	NM104	Name First	AN	1-35	N/U				NOT USED
	NM105	Name Middle	AN	1-25	N/U			2010BB	NM105	Name Middle	AN	1-25	N/U				NOT USED
	NM106	Name Prefix	AN	1-10	N/U			2010BB	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Name Suffix	AN	1-10	N/U			2010BB	NM107	Name Suffix	AN	1-10	N/U				NOT USED
	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV	2010BB	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV		Expect PI
	NM109	Payer Identifier	AN	2-80	R			2010BB	NM109	Payer Identifier	AN	2-80	R				Expect 996001089
	NM110	Entity Relationship Code	ID	2-2	N/U			2010BB	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2010BB	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2010BB	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2010BB	N3	PAYER ADDRESS		1	S			2010BB	N3	PAYER ADDRESS		1	S				SEGMENT NOT USED BY MQD
	N301	Payer Address Line	AN	1-55	R			2010BB	N301	Payer Address Line	AN	1-55	R				NOT USED BY MQD
	N302	Payer Address Line	AN	1-55	S			2010BB	N302	Payer Address Line	AN	1-55	S				NOT USED BY MQD
2010BB	N4	PAYER CITY/STATE/ZIP CODE		1	S			2010BB	N4	PAYER CITY/STATE/ZIP CODE		1	S				SEGMENT NOT USED BY MQD
	N401	Payer City Name	AN	2-30	R			2010BB	N401	Payer City Name	AN	2-30	R				NOT USED BY MQD
	N402	Payer State Code	ID	2-2	R			2010BB	N402	Payer State Code	ID	2-2	S			Usage changed to Situational	NOT USED BY MQD
	N403	Payer Postal Zone or ZIP Code	ID	3-15	R			2010BB	N403	Payer Postal Zone or ZIP Code	ID	3-15	S			Usage changed to Situational	NOT USED BY MQD
	N404	Payer Country Code	ID	2-3	S			2010BB	N404	Payer Country Code	ID	2-3	S				NOT USED BY MQD
	N405	Location Qualifier	ID	1-2	N/U			2010BB	N405	Location Qualifier	ID	1-2	N/U				NOT USED
	N406	Location Identifier	AN	1-30	N/U			2010BB	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2010BB	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD
2010BB	REF	PAYER SECONDARY IDENTIFICATION		3	S			2010BB	REF	PAYER SECONDARY IDENTIFICATION		3	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		2U, FY, NF, TJ	2010BB	REF01	Reference Identification Qualifier	ID	2-3	R		2U, EI, FY, NF	Code Change	NOT USED BY MQD
	REF02	Payer Additional Identifier	AN	1-30	R			2010BB	REF02	Payer Additional Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2010BB	REF03	Description	AN	1-80	N/U				NOT USED

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
	REF04	REFERENCE IDENTIFIER			N/U			2010BB	REF04	REFERENCE IDENTIFIER				N/U			NOT USED
								2010BB	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010BB	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2010BB	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010BB	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2010BB	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010BB	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2010BB	REF	BILLING PROVIDER SECONDARY IDENTIFICATION			2	S		New Segment	Atypical Provider Only
								2010BB	REF01	Reference Identification Qualifier	ID	2-3	R		G2, LU		Expect 'G2'
								2010BB	REF02	Payer Additional Identifier	AN	1-50	R				Expect 6-digit MQD Provider Registration ID
								2010BB	REF03	Description	AN	1-80	N/U				NOT USED
								2010BB	REF04	REFERENCE IDENTIFIER							NOT USED
								2010BB	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				NOT USED
								2010BB	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U				NOT USED
								2010BB	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2010BB	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
								2010BB	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2010BB	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
2010BC	NM1	RESPONSIBLE PARTY NAME		1	S	1										Segment Deleted	DELETED
2010BC	N3	RESPONSIBLE PARTY ADDRESS		1	R											Segment Deleted	DELETED
2010BC	N4	RESPONSIBLE PARTY CITY/STATE/ZIP CODE		1	R											Segment Deleted	DELETED
2010BD	NM1	CREDIT/DEBIT CARD HOLDER NAME		1	S	1										Segment Deleted	DELETED
2010BD	REF	CREDIT/DEBIT CARD INFORMATION		2	S											Segment Deleted	DELETED
2000C	HL	PATIENT HIERARCHICAL LEVEL		1	S	>1		2000C	HL	PATIENT HIERARCHICAL LEVEL		1	S	>1			SEGMENT NOT USED BY MQD
	HL01	Hierarchical ID Number	AN	1-12	R			2000C	HL01	Hierarchical ID Number	AN	1-12	R				NOT USED BY MQD
	HL02	Hierarchical Parent ID Number	AN	1-12	R			2000C	HL02	Hierarchical Parent ID Number	AN	1-12	R				NOT USED BY MQD
	HL03	Hierarchical Level Code	ID	1-2	R	23		2000C	HL03	Hierarchical Level Code	ID	1-2	R	23			NOT USED BY MQD
	HL04	Hierarchical Child Code	ID	1-1	R	0		2000C	HL04	Hierarchical Child Code	ID	1-1	R	0			NOT USED BY MQD
2000C	PAT	PATIENT INFORMATION		1	R			2000C	PAT	PATIENT INFORMATION		1	R				SEGMENT NOT USED BY MQD
	PAT01	Individual Relationship Code	ID	2-2	R	01, 04, 05, 07, 09, 10, 15, 17, 19, 20,		2000C	PAT01	Individual Relationship Code	ID	2-2	R	01, 19, 20, 21, 39, 40, 53, G8		Code Deleted	NOT USED BY MQD
	PAT02	Patient Location Code	ID	1-1	N/U			2000C	PAT02	Patient Location Code	ID	1-1	N/U				NOT USED
	PAT03	Employment Status Code	ID	2-2	N/U			2000C	PAT03	Employment Status Code	ID	2-2	N/U				NOT USED
	PAT04	Student Status Code	ID	1-1	N/U			2000C	PAT04	Student Status Code	ID	1-1	N/U				NOT USED
	PAT05	Date Time Period Format Qualifier	ID	2-3	S	D8		2000C	PAT05	Date Time Period Format Qualifier	ID	2-3	S	D8			NOT USED BY MQD
	PAT06	Patient Death Date	AN	1-35	S	CCYYMMDD		2000C	PAT06	Patient Death Date	AN	1-35	S	CCYYMMDD			NOT USED BY MQD
	PAT07	Unit or Basis for Measurement Code	ID	2-2	S	01		2000C	PAT07	Unit or Basis for Measurement Code	ID	2-2	S	01			NOT USED BY MQD
	PAT08	Patient Weight 9(6)V99	R	1-10	S			2000C	PAT08	Patient Weight 9(6)V99	R	1-10	S				NOT USED BY MQD
	PAT09	Pregnancy Indicator	ID	1-1	S	Y		2000C	PAT09	Pregnancy Indicator	ID	1-1	S	Y			NOT USED BY MQD
2010CA	NM1	PATIENT NAME		1	R	1		2010CA	NM1	PATIENT NAME		1	R	1			SEGMENT NOT USED BY MQD
	NM101	Entity Identifier Code	ID	2-3	R	QC		2010CA	NM101	Entity Identifier Code	ID	2-3	R	QC			NOT USED BY MQD
	NM102	Entity Type Qualifier	ID	1-1	R	1		2010CA	NM102	Entity Type Qualifier	ID	1-1	R	1			NOT USED BY MQD
	NM103	Patient Last Name	AN	1-35	R			2010CA	NM103	Patient Last Name	AN	1-60	R			Increase from 35 - 60	NOT USED BY MQD
	NM104	Patient First Name	AN	1-25	R			2010CA	NM104	Patient First Name	AN	1-35	S			Increase from 25 - 35 Usage changed to Situational	NOT USED BY MQD
	NM105	Patient Middle Name	AN	1-25	S			2010CA	NM105	Patient Middle Name	AN	1-25	S				NOT USED BY MQD
	NM106	Name Prefix	AN	1-10	N/U			2010CA	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Patient Name Suffix	AN	1-10	S			2010CA	NM107	Patient Name Suffix	AN	1-10	S				NOT USED BY MQD
	NM108	Identification Code Qualifier	ID	1-2	S	MI, ZZ		2010CA	NM108	Identification Code Qualifier	ID	1-2	N/U			Usage changed to Not Used	NOT USED
	NM109	Patient Primary Identifier	AN	2-80	S			2010CA	NM109	Patient Primary Identifier	AN	2-80	N/U			Usage changed to Not Used	NOT USED

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	NM110	Entity Relationship Code	ID	2-2	N/U			2010CA	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2010CA	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2010CA	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2010CA	N3	PATIENT ADDRESS		1	R			2010CA	N3	PATIENT ADDRESS		1	R				SEGMENT NOT USED BY MQD
	N301	Patient Address Line	AN	1-55	R			2010CA	N301	Patient Address Line	AN	1-55	R				NOT USED BY MQD
	N302	Patient Address Line	AN	1-55	S			2010CA	N302	Patient Address Line	AN	1-55	S				NOT USED BY MQD
2010CA	N4	PATIENT CITY/STATE/ZIP CODE		1	R			2010CA	N4	PATIENT CITY/STATE/ZIP CODE		1	R				SEGMENT NOT USED BY MQD
	N401	Patient City Name	AN	2-30	R			2010CA	N401	Patient City Name	AN	2-30	R				NOT USED BY MQD
	N402	Patient State Code	ID	2-2	S			2010CA	N402	Patient State Code	ID	2-2	S			Usage changed to Situational	NOT USED BY MQD
	N403	Patient Postal Zone or ZIP Code	ID	3-15	R			2010CA	N403	Patient Postal Zone or ZIP Code	ID	3-15	S			Usage changed to Situational	NOT USED BY MQD
	N404	Patient Country Code	ID	2-3	S			2010CA	N404	Patient Country Code	ID	2-3	S				NOT USED BY MQD
	N405	Location Qualifier	ID	1-2	N/U			2010CA	N405	Location Qualifier	ID	1-2	N/U				NOT USED
	N406	Location Identifier	AN	1-30	N/U			2010CA	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2010CA	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD
2010CA	DMG	PATIENT DEMOGRAPHIC INFORMATION		1	R			2010CA	DMG	PATIENT DEMOGRAPHIC INFORMATION		1	R				SEGMENT NOT USED BY MQD
	DMG01	Date Time Period Format Qualifier	ID	2-3	R		D8	2010CA	DMG01	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
	DMG02	Patient Birth Date	AN	1-35	R		CCYYMMDD	2010CA	DMG02	Patient Birth Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
	DMG03	Patient Gender Code	ID	1-1	R		F, M, U	2010CA	DMG03	Patient Gender Code	ID	1-1	R		F, M, U		NOT USED BY MQD
	DMG04	Marital Status Code	ID	1-1	N/U			2010CA	DMG04	Marital Status Code	ID	1-1	N/U				NOT USED
	DMG05	Race or Ethnicity Code	ID	1-1	N/U			2010CA	DMG05	Race or Ethnicity Code	ID	1-1	N/U				NOT USED
	DMG06	Citizenship Status Code	ID	1-2	N/U			2010CA	DMG06	Citizenship Status Code	ID	1-2	N/U				NOT USED
	DMG07	Country Code	ID	2-3	N/U			2010CA	DMG07	Country Code	ID	2-3	N/U				NOT USED
	DMG08	Basis of Verification Code	ID	1-2	N/U			2010CA	DMG08	Basis of Verification Code	ID	1-2	N/U				NOT USED
	DMG09	Quantity	R	1-15	N/U			2010CA	DMG09	Quantity	R	1-15	N/U				NOT USED
								2010CA	DMG10	Code List Qualifier Code	ID	1-3	N/U			New Element	NOT USED
								2010CA	DMG11	Industry Code	AN	1-30	N/U			New Element	NOT USED
2010CA	REF	PATIENT SECONDARY IDENTIFICATION		5	S											Segment Deleted	DELETED
2010CA	REF	PROPERTY AND CASUALTY CLAIM NUMBER		1	S			2010CA	REF	PROPERTY AND CASUALTY CLAIM NUMBER		1	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		Y4	2010CA	REF01	Reference Identification Qualifier	ID	2-3	R		Y4		NOT USED BY MQD
	REF02	Property Casualty Claim Number	AN	1-30	R			2010CA	REF02	Property Casualty Claim Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2010CA	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2010CA	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2010CA	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010CA	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2010CA	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010CA	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2010CA	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2010CA	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
				1	S			2010CA	REF	PROPERTY AND CASUALTY PATIENT IDENTIFIER		1	S			New Segment Errata Version	SEGMENT NOT USED BY MQD
			ID	2-3	R		Y4	2010CA	REF01	Reference Identification Qualifier	ID	2-3	R		Y4	1W, SY	NOT USED BY MQD
			AN	1-30	R			2010CA	REF02	Property and Casualty Patient Identifier	AN	1-50	R				NOT USED BY MQD
								2010CA	REF03	Description	AN	1-80	N/U				NOT USED
								2010CA	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2010CA	PER	PROPERTY AND CASUALTY PATIENT CONTACT INFORMATION		1	S			New Segment	SEGMENT NOT USED BY MQD
								2010CA	PER01	Contact Function Code	ID	2-2	R		IC		NOT USED BY MQD
								2010CA	PER02	Billing Provider Contact Name	AN	1-60	S				NOT USED BY MQD
								2010CA	PER03	Communication Number Qualifier	ID	2-2	R		TE		NOT USED BY MQD
								2010CA	PER04	Communication Number	AN	1-256	R				NOT USED BY MQD
								2010CA	PER05	Communication Number Qualifier	ID	2-2	S		EX		NOT USED BY MQD
								2010CA	PER06	Communication Number	AN	1-256	S				NOT USED BY MQD

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								2010CA	PER07	Communication Number Qualifier	ID	2-2	N/U				NOT USED
								2010CA	PER08	Communication Number	AN	1-256	N/U				NOT USED
								2010CA	PER09	Contact Inquiry Reference	AN	1-20	N/U				NOT USED
2300	CLM	CLAIM INFORMATION		1	R	100		2300	CLM	CLAIM INFORMATION		1	R	100			
	CLM01	Patient Account Number	AN	1-38	R			2300	CLM01	Patient Account Number	AN	1-38	R				Expect Patient Account Number, support up to 20 bytes
	CLM02	Total Claim Charge Amount S9(7)V99	R	1-18	R			2300	CLM02	Total Claim Charge Amount S9(7)V99	R	1-18	R				Expect Total Claim Charge Amount
	CLM03	Claim Filing Indicator Code	ID	1-2	N/U			2300	CLM03	Claim Filing Indicator Code	ID	1-2	N/U				NOT USED
	CLM04	Non-Institutional Claim Type Code	ID	1-2	N/U			2300	CLM04	Non-Institutional Claim Type Code	ID	1-2	N/U				NOT USED
	CLM05	HEALTH CARE SERVICE LOCATION INFORMATION			R			2300	CLM05	HEALTH CARE SERVICE LOCATION INFORMATION			R				
	CLM05-1	Facility Type Code	AN	1-2	R		11, 12, 21, 22, 23,	2300	CLM05-1	Facility Type Code	AN	1-2	R			Code Deleted	Expect Facility Code Value, Place of
	CLM05-2	Facility Code Qualifier	ID	1-2	N/U			2300	CLM05-2	Facility Code Qualifier	ID	1-2	R		B	Usage changed to Required	Expect B
	CLM05-3	Claim Frequency Code	ID	1-1	R		Refer to Code Source 235	2300	CLM05-3	Claim Frequency Code	ID	1-1	R			Code Deleted	Expect 1 for Original Expect 7 for Replacement Expect 8 for Void
	CLM06	Provider or Supplier Signature Indicator	ID	1-1	R		N, Y	2300	CLM06	Provider or Supplier Signature Indicator	ID	1-1	R		N, Y		Expect N or Y
	CLM07	Medicare Assignment Code	ID	1-1	R		A, B, C, P	2300	CLM07	Medicare Assignment Code	ID	1-1	R		A, B, C	Code Deleted	Expect A, B or C
	CLM08	Benefits Assignment Certification Indicator	ID	1-1	R		N, Y	2300	CLM08	Benefits Assignment Certification Indicator	ID	1-1	R		N, W, Y	Code Added	Expect N, W or Y
	CLM09	Release of Information Code	ID	1-1	R		A, I, M, N, O, Y	2300	CLM09	Release of Information Code	ID	1-1	R		I, Y	Code Deleted	Expect I or Y
	CLM10	Patient Signature Source Code	ID	1-1	S		B, C, M, P, S	2300	CLM10	Patient Signature Source Code	ID	1-1	S		P	Code Deleted	Expect P if signature was executed on member's behalf
	CLM11	RELATED CAUSES INFORMATION			S			2300	CLM11	RELATED CAUSES INFORMATION			S				
	CLM11-1	Related Causes Code	ID	2-3	R		AA, AP, EM, OA	2300	CLM11-1	Related Causes Code	ID	2-3	R		AA, EM, OA	Code Deleted	Expect any Related Causes Code: AA=Auto Accident EM=Employment OA=Other Accident
	CLM11-2	Related Causes Code	ID	2-3	S		AA, AP, EM, OA	2300	CLM11-2	Related Causes Code	ID	2-3	S		AA, EM, OA	Code Deleted	Expect any Related Causes Code: AA=Auto Accident EM=Employment OA=Other Accident
	CLM11-3	Related Causes Code	ID	2-3	S		AA, AP, EM, OA	2300	CLM11-3	Related Causes Code	ID	2-3	N/U			Code Deleted Usage changed to Not Used	NOT USED
	CLM11-4	Auto Accident State or Province Code	ID	2-2	S			2300	CLM11-4	Auto Accident State or Province Code	ID	2-2	S				Expect State when CLM11-1 or CLM11-2 is AA
	CLM11-5	Country Code	ID	2-3	S			2300	CLM11-5	Country Code	ID	2-3	S				NOT USED BY MQD
	CLM12	Special Program Indicator	ID	2-3	S		01, 02, 03, 05, 07,	2300	CLM12	Special Program Indicator	ID	2-3	S		02, 03, 05, 09	Code Deleted	Expect 02, 03, 05 or 09
	CLM13	Yes/No Condition or Response Code	ID	1-1	N/U			2300	CLM13	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
	CLM14	Level of Service Code	ID	1-3	N/U			2300	CLM14	Level of Service Code	ID	1-3	N/U				NOT USED
	CLM15	Yes/No Condition or Response Code	ID	1-1	N/U			2300	CLM15	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
	CLM16	Participation Agreement	ID	1-1	S		P	2300	CLM16	Participation Agreement	ID	1-1	N/U			Code Deleted	NOT USED
	CLM17	Claim Status Code	ID	1-2	N/U			2300	CLM17	Claim Status Code	ID	1-2	N/U				NOT USED
	CLM18	Yes/No Condition or Response Code	ID	1-1	N/U			2300	CLM18	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
	CLM19	Claim Submission Reason Code	ID	2-2	N/U			2300	CLM19	Claim Submission Reason Code	ID	2-2	N/U				NOT USED
	CLM20	Delay Reason Code	ID	1-2	S		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11	2300	CLM20	Delay Reason Code	ID	1-2	S		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11,	Code Added	NOT USED BY MQD
								2300	DTP	DATE - ONSET OF CURRENT ILLNESS/SYMP TOM		1	S			Expect if onset date of acute symptoms is different than DOS	
								2300	DTP01	Date Time Qualifier	ID	3-3	R		431		Expect 431
								2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect D8
								2300	DTP03	Onset of Current Illness or Injury Date	AN	1-35	R		CCYYMMDD		Expect Onset of Illness/Injury Date

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2300	DTP	DATE - INITIAL TREATMENT		1	S			2300	DTP	DATE - INITIAL TREATMENT		1	S			Expect from OB providers when member is pregnant.	
	DTP01	Date Time Qualifier	ID	3-3	R		454	2300	DTP01	Date Time Qualifier	ID	3-3	R		454		Expect 454
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect D8
	DTP03	Initial Treatment Date	AN	1-35	R		CCYYMMDD	2300	DTP03	Initial Treatment Date	AN	1-35	R		CCYYMMDD		Expect CCYYMMDD
2300	DTP	DATE - DATE LAST SEEN		1	S			2300	DTP	DATE - DATE LAST SEEN		1	S				SEGMENT NOT USED BY MQD
	DTP01	Date Time Qualifier	ID	3-3	R		304	2300	DTP01	Date Time Qualifier	ID	3-3	R		304		NOT USED BY MQD
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
	DTP03	Last Seen Date	AN	1-35	R		CCYYMMDD	2300	DTP03	Last Seen Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2300	DTP	DATE - ONSET OF CURRENT ILLNESS/SYMP TOM		1	S										Segment Deleted	DELETED	
2300	DTP	DATE - ACUTE MANIFESTATION		5	S			2300	DTP	DATE - ACUTE MANIFESTATION		1	S				SEGMENT NOT USED BY MQD
	DTP01	Date Time Qualifier	ID	3-3	R		453	2300	DTP01	Date Time Qualifier	ID	3-3	R		453		NOT USED BY MQD
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
	DTP03	Acute Manifestation Date	AN	1-35	R		CCYYMMDD	2300	DTP03	Acute Manifestation Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2300	DTP	DATE - SIMILAR ILLNESS/SYMP TOM ONSET		10	S										Segment Deleted	DELETED	
2300	DTP	DATE - ACCIDENT		10	S			2300	DTP	DATE - ACCIDENT		1	S			Expect if CLM11-1 or CLM11-2 is AA or OA, or CLM11-1 or CLM11-2 has EM	
	DTP01	Date Time Qualifier	ID	3-3	R		439	2300	DTP01	Date Time Qualifier	ID	3-3	R		439		Expect 439
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8, DT	2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8,		Expect D8
	DTP03	Accident Date	AN	1-35	R		CCYYMMDD,	2300	DTP03	Accident Date	AN	1-35	R		CCYYMMDD	Code Deleted	Expect Accident Date
2300	DTP	DATE - LAST MENSTRUAL PERIOD		1	S			2300	DTP	DATE - LAST MENSTRUAL PERIOD		1	S			Expected when services are related to member's pregnancy	
	DTP01	Date Time Qualifier	ID	3-3	R		484	2300	DTP01	Date Time Qualifier	ID	3-3	R		484		Expect 484
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect D8
	DTP03	Last Menstrual Period Date	AN	1-35	R		CCYYMMDD	2300	DTP03	Last Menstrual Period Date	AN	1-35	R		CCYYMMDD		Expect Last Menstrual Period Date
2300	DTP	DATE - LAST X-RAY		1	S			2300	DTP	DATE - LAST X-RAY		1	S				SEGMENT NOT USED BY MQD
	DTP01	Date Time Qualifier	ID	3-3	R		455	2300	DTP01	Date Time Qualifier	ID	3-3	R		455		NOT USED BY MQD
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
	DTP03	Last X-Ray Date	AN	1-35	R		CCYYMMDD	2300	DTP03	Last X-Ray Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2300	DTP	DATE - HEARING AND VISION PRESCRIPTION DATE		1	S			2300	DTP	DATE - HEARING AND VISION PRESCRIPTION DATE		1	S				SEGMENT NOT USED BY MQD
	DTP01	Date Time Qualifier	ID	3-3	R		471	2300	DTP01	Date Time Qualifier	ID	3-3	R		471		NOT USED BY MQD
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
	DTP03	Prescription Date	AN	1-35	R		CCYYMMDD	2300	DTP03	Prescription Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2300	DTP	DATE - DISABILITY BEGIN		5	S										Segment Deleted	DELETED	
								2300	DTP	DATE - DISABILITY DATES		1	S			New Segment	SEGMENT NOT USED BY MQD
								2300	DTP01	Date Time Qualifier	ID	3-3	R		314, 360, 361		NOT USED BY MQD
								2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8, RD8		NOT USED BY MQD
								2300	DTP03	Disability From Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2300	DTP	DATE - DISABILITY END		5	S										Segment Deleted	DELETED	
2300	DTP	DATE - LAST WORKED		1	S			2300	DTP	DATE - LAST WORKED		1	S				SEGMENT NOT USED BY MQD
	DTP01	Date Time Qualifier	ID	3-3	R		297	2300	DTP01	Date Time Qualifier	ID	3-3	R		297		NOT USED BY MQD
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
	DTP03	Last Worked Date	AN	1-35	R		CCYYMMDD	2300	DTP03	Last Worked Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2300	DTP	DATE - AUTHORIZED RETURN TO WORK		1	S			2300	DTP	DATE - AUTHORIZED RETURN TO WORK		1	S				SEGMENT NOT USED BY MQD
	DTP01	Date Time Qualifier	ID	3-3	R		296	2300	DTP01	Date Time Qualifier	ID	3-3	R		296		NOT USED BY MQD
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
	DTP03	Work Return Date	AN	1-35	R		CCYYMMDD	2300	DTP03	Work Return Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD

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2300	DTP	DATE - ADMISSION		1	S			2300	DTP	DATE - ADMISSION		1	S			Expected for ambulance claims when member admitted to hospital or when inpatient medical visits involved.	
	DTP01	Date Time Qualifier	ID	3-3	R		435	2300	DTP01	Date Time Qualifier	ID	3-3	R		435		Expect 435
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect D8
	DTP03	Related Hospitalization Admission Date	AN	1-35	R		CCYYMMDD	2300	DTP03	Related Hospitalization Admission Date	AN	1-35	R		CCYYMMDD		Expect Related Hospitalization Admission Date
2300	DTP	DATE - DISCHARGE		1	S			2300	DTP	DATE - DISCHARGE		1	S				SEGMENT NOT USED BY MQD
	DTP01	Date Time Qualifier	ID	3-3	R		096	2300	DTP01	Date Time Qualifier	ID	3-3	R		096		NOT USED BY MQD
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
	DTP03	Related Hospitalization Discharge Date	AN	1-35	R		CCYYMMDD	2300	DTP03	Related Hospitalization Discharge Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2300	DTP	DATE - ASSUMED AND RELINQUISHED CARE DATES		2	S			2300	DTP	DATE - ASSUMED AND RELINQUISHED CARE DATES		2	S				SEGMENT NOT USED BY MQD
	DTP01	Date Time Qualifier	ID	3-3	R		090, 091	2300	DTP01	Date Time Qualifier	ID	3-3	R		090, 091	090=Report Start (Assumed Care Date) 091=Report End (Relinquished Care Date)	NOT USED BY MQD
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
	DTP03	Assumed or Relinquished Care Date	AN	1-35	R		CCYYMMDD	2300	DTP03	Assumed or Relinquished Care Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
								2300	DTP	DATE - PROPERTY AND CASUALTY DATE OF FIRST CONTACT		1	S			New Segment	SEGMENT NOT USED BY MQD
								2300	DTP01	Date Time Qualifier	ID	3-3	R		444		NOT USED BY MQD
								2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
								2300	DTP03	Order Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
								2300	DTP	DATE - REPRICER RECEIVED DATE		1	S			New Segment	SEGMENT NOT USED BY MQD
								2300	DTP01	Date Time Qualifier	ID	3-3	R		050		NOT USED BY MQD
								2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
								2300	DTP03	Order Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2300	PWK	CLAIM SUPPLEMENTAL INFORMATION		10	S			2300	PWK	CLAIM SUPPLEMENTAL INFORMATION		10	S			Expected when there is a paper attachment to follow, or when attachments are sent electronically but transmitted in another functional group (275), or when provider deems necessary to identify additional information being held at provider's office and is available upon request by payer	SEGMENT NOT USED BY MQD
	PWK01	Attachment Report Type Code	ID	2-2	R		77, AS, B2, B3, B4, CT, DA, DG,	2300	PWK01	Attachment Report Type Code	ID	2-2	R		03, 04, 05, 06, 07, 08, 09, 10,	Code Added	NOT USED BY MQD
	PWK02	Attachment Transmission Code	ID	1-2	R		AA, BM, EL, EM, FX	2300	PWK02	Attachment Transmission Code	ID	1-2	R		AA, BM, EL, EM, FT, FX	Code Deleted	NOT USED BY MQD
	PWK03	Report Copies Needed	N0	1-2	N/U			2300	PWK03	Report Copies Needed	N0	1-2	N/U				NOT USED
	PWK04	Entity Identifier Code	ID	2-3	N/U			2300	PWK04	Entity Identifier Code	ID	2-3	N/U				NOT USED
	PWK05	Identification Code Qualifier	ID	1-2	S		AC	2300	PWK05	Identification Code Qualifier	ID	1-2	S		AC		NOT USED BY MQD
	PWK06	Attachment Control Number	AN	2-80	S			2300	PWK06	Attachment Control Number	AN	2-80	S			50 bytes or less	NOT USED BY MQD
	PWK07	Description	AN	1-80	N/U			2300	PWK07	Description	AN	1-80	N/U				NOT USED
	PWK08	ACTIONS INDICATED			N/U			2300	PWK08	ACTIONS INDICATED			N/U				NOT USED
	PWK09	Request Category Code	ID	1-2	N/U			2300	PWK09	Request Category Code	ID	1-2	N/U				NOT USED
2300	CN1	CONTRACT INFORMATION		1	S			2300	CN1	CONTRACT INFORMATION		1	S				SEGMENT NOT USED BY MQD

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	CN101	Contract Type Code	ID	2-2	R		02, 03, 04, 05, 06, 09	2300	CN101	Contract Type Code	ID	2-2	R		01, 02, 03, 04, 05, 06, 09	Code Deleted	NOT USED BY MQD
	CN102	Contract Amount S9(7)V99	R	1-18	S			2300	CN102	Contract Amount S9(7)V99	R	1-18	S				NOT USED BY MQD
	CN103	Contract Percentage 9(2)V99	R	1-6	S			2300	CN103	Contract Percentage 9(2)V99	R	1-6	S				NOT USED BY MQD
	CN104	Contract Code	AN	1-30	S			2300	CN104	Contract Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD
	CN105	Terms Discount Percent 9(2)V99	R	1-6	S			2300	CN105	Terms Discount Percent 9(2)V99	R	1-6	S				NOT USED BY MQD
	CN106	Contract Version Identifier	AN	1-30	S			2300	CN106	Contract Version Identifier	AN	1-30	S				NOT USED BY MQD
2300	AMT	CREDIT/DEBIT CARD MAXIMUM AMOUNT		1	S											Segment Deleted	DELETED
2300	AMT	PATIENT AMOUNT PAID		1	S			2300	AMT	PATIENT AMOUNT PAID		1	S			Expect when member has made payment toward claim	
	AMT01	Amount Qualifier Code	ID	1-3	R		F5	2300	AMT01	Amount Qualifier Code	ID	1-3	R		F5		Expect F5
	AMT02	Patient Amount Paid S9(7)V99	R	1-18	R			2300	AMT02	Patient Amount Paid S9(7)V99	R	1-18	R				Expect Patient Amount Paid
	AMT03	Credit/Debit Flag Code	ID	1-1	N/U			2300	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
2300	AMT	TOTAL PURCHASED SERVICE AMOUNT		1	S											Segment Deleted	DELETED
2300	REF	SERVICE AUTHORIZATION EXCEPTION CODE		1	S			2300	REF	SERVICE AUTHORIZATION EXCEPTION CODE		1	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		4N	2300	REF01	Reference Identification Qualifier	ID	2-3	R		4N		NOT USED BY MQD
	REF02	Service Authorization Exception Code	AN	1-30	R		1, 2, 3, 4, 5, 6, 7	2300	REF02	Service Authorization Exception Code	AN	1-50	R		1, 2, 3, 4, 5, 6, 7	Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2300	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2300	REF	MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR		1	S			2300	REF	MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR		1	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		F5	2300	REF01	Reference Identification Qualifier	ID	2-3	R		F5		NOT USED BY MQD
	REF02	Medicare Section 4081 Indicator	AN	1-30	R		Y,N	2300	REF02	Medicare Section 4081 Indicator	AN	1-50	R		Y,N	Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2300	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2300	REF	MAMMOGRAPHY CERTIFICATION NUMBER		1	S			2300	REF	MAMMOGRAPHY CERTIFICATION NUMBER		1	S				SEGMENT NOT USED BY MQD
	REF01	Mammography Certification Number	ID	2-3	R		EW	2300	REF01	Mammography Certification Number	ID	2-3	R		EW		NOT USED BY MQD
	REF02	Mammography Certification Number	AN	1-30	R			2300	REF02	Mammography Certification Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2300	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2300	REF	PRIOR AUTHORIZATION OR REFERRAL NUMBER		2	S											Segment Deleted	DELETED

Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
2300	REF	ORIGINAL REFERENCE NUMBER (ICN/DCN)		1	S											Segment Deleted	DELETED
								2300	REF	REFERRAL NUMBER		1	S			New Segment	SEGMENT NOT USED BY MQD
								2300	REF01	Reference Identification Qualifier	ID	2-3	R		9F		NOT USED BY MQD
								2300	REF02	Prior Authorization or Referral Number	AN	1-50	R				NOT USED BY MQD
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				NOT USED
								2300	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U				NOT USED
								2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2300	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
								2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2300	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
								2300	REF	PRIOR AUTHORIZATION		1	S			New Segment	Expect when an authorization number is assigned by MQD and the services were preauthorized
								2300	REF01	Reference Identification Qualifier	ID	2-3	R		G1		Expect G1
								2300	REF02	Prior Authorization Number	AN	1-50	R				Expect Prior Authorization Number
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				NOT USED
								2300	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U				NOT USED
								2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2300	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
								2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2300	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
								2300	REF	PAYER CLAIM CONTROL NUMBER		1	S			Expect when CLM05-3 indicates claim is a replacement or void to a previously adjudicated claim	
								2300	REF01	Reference Identification Qualifier	ID	2-3	R		F8		Expect F8
								2300	REF02	Claim Original Reference Number	AN	1-50	R				Expect Payer Claim Control Number.
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				NOT USED
								2300	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U				NOT USED
								2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2300	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
								2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2300	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
2300	REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER		3	S			2300	REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER		1	S			Expect for CLIA certified facilities performing CLIA covered lab services	SEGMENT NOT USED BY MQD
								2300	REF01	Reference Identification Qualifier	ID	2-3	R		X4		NOT USED BY MQD
								2300	REF02	Clinical Laboratory Improvement Amendment Number	AN	1-30	R			Increase from 30 - 50	NOT USED BY MQD
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2300	REF	REPRICED CLAIM NUMBER		1	S			2300	REF	REPRICED CLAIM NUMBER		1	S				SEGMENT NOT USED BY MQD
								2300	REF01	Reference Identification Qualifier	ID	2-3	R		9A		NOT USED BY MQD
								2300	REF02	Repriced Claim Reference Number	AN	1-30	R			Increase from 30 - 50	NOT USED BY MQD

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
	REF03	Description	AN	1-80	N/U			2300	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2300	REF	ADJUSTED REPRICED CLAIM NUMBER		1	S			2300	REF	ADJUSTED REPRICED CLAIM NUMBER		1	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		9C	2300	REF01	Reference Identification Qualifier	ID	2-3	R		9C		NOT USED BY MQD
	REF02	Adjusted Repriced Claim Reference Number	AN	1-30	R			2300	REF02	Adjusted Repriced Claim Reference Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2300	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2300	REF	INVESTIGATIONAL DEVICE EXEMPTION NUMBER		1	S			2300	REF	INVESTIGATIONAL DEVICE EXEMPTION NUMBER		1	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		LX	2300	REF01	Reference Identification Qualifier	ID	2-3	R		LX		NOT USED BY MQD
	REF02	Investigational Device Exemption Number	AN	1-30	R			2300	REF02	Investigational Device Exemption Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2300	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2300	REF	CLAIM IDENTIFICATION NUMBER FOR CLEARING HOUSES AND		1	S			2300	REF	CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES		1	S			Name Change	SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		D9	2300	REF01	Reference Identification Qualifier	ID	2-3	R		D9		NOT USED BY MQD
	REF02	Clearinghouse Trace Number	AN	1-30	R			2300	REF02	Clearinghouse Trace Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2300	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2300	REF	AMBULATORY PATIENT GROUP (APG)		4	S											Segment Deleted	DELETED
2300	REF	MEDICAL RECORD NUMBER		1	S			2300	REF	MEDICAL RECORD NUMBER		1	S			Expect when provider needs to identify for future inquiries, actual medical record of member for this episode of care	
	REF01	Reference Identification Qualifier	ID	2-3	R		EA	2300	REF01	Reference Identification Qualifier	ID	2-3	R		EA		Expect EA
	REF02	Medical Record Number	AN	1-30	R			2300	REF02	Medical Record Number	AN	1-50	R			Increase from 30 - 50	Expect Medical Record Number
	REF03	Description	AN	1-80	N/U			2300	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2300	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2300	REF	DEMONSTRATION PROJECT IDENTIFIER			1	S		2300	REF	DEMONSTRATION PROJECT IDENTIFIER			1	S			
	REF01	Reference Identification Qualifier	ID	2-3	R		P4	2300	REF01	Reference Identification Qualifier	ID	2-3	R		P4		Expect P4
	REF02	Demonstration Project Identifier	AN	1-30	R			2300	REF02	Demonstration Project Identifier	AN	1-50	R			Increase from 30 - 50	Expect W (waiver)
	REF03	Description	AN	1-80	N/U			2300	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2300	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2300	REF	CARE PLAN OVERSIGHT			1	S		New Segment	SEGMENT NOT USED BY MQD
								2300	REF01	Reference Identification Qualifier	ID	2-3	R		1J		NOT USED BY MQD
								2300	REF02	Care Plan Oversight Number	AN	1-50	R				NOT USED BY MQD
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2300	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				NOT USED
								2300	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U				NOT USED
								2300	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2300	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
								2300	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2300	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
2300	K3	FILE INFORMATION			10	S		2300	K3	FILE INFORMATION			10	S			SEGMENT NOT USED BY MQD
	K301	Fixed Format Information	AN	1-80	R			2300	K301	Fixed Format Information	AN	1-80	R				NOT USED BY MQD
	K302	Record Format Code	ID	1-2	N/U			2300	K302	Record Format Code	ID	1-2	N/U				NOT USED
	K303	COMPOSITE UNIT OF MEASURE			N/U			2300	K303	COMPOSITE UNIT OF MEASURE			N/U				NOT USED
2300	NTE	CLAIM NOTE			1	S		2300	NTE	CLAIM NOTE			1	S		Expect if in the judgment of provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set	
	NTE01	Note Reference Code	ID	3-3	R		ADD, CER,	2300	NTE01	Note Reference Code	ID	3-3	R		ADD, CER,	Code Deleted	Expect ADD, CER, DCP, DGN or TPO
	NTE02	Claim Note Text	AN	1-80	R			2300	NTE02	Claim Note Text	AN	1-80	R				Expect Claim Note Text
2300	CR1	AMBULANCE TRANSPORT INFORMATION			1	S		2300	CR1	AMBULANCE TRANSPORT INFORMATION			1	S			SEGMENT NOT USED BY MQD
	CR101	Unit or Basis for Measurement Code	ID	2-2	S		LB	2300	CR101	Unit or Basis for Measurement Code	ID	2-2	S		LB		NOT USED BY MQD
	CR102	Patient Weight 9(3)	R	1-10	S			2300	CR102	Patient Weight 9(3)	R	1-10	S				NOT USED BY MQD
	CR103	Ambulance Transport Code	ID	1-1	R		I, R, T, X	2300	CR103	Ambulance Transport Code	ID	1-1	N/U			Code Deleted Usage changed to Not Used	NOT USED
	CR104	Ambulance Transport Reason Code	ID	1-1	R		A, B, C, D, E	2300	CR104	Ambulance Transport Reason Code	ID	1-1	R		A, B, C, D, E		NOT USED BY MQD
	CR105	Unit or Basis for Measurement Code	ID	2-2	R		DH	2300	CR105	Unit or Basis for Measurement Code	ID	2-2	R		DH		NOT USED BY MQD
	CR106	Transport Distance 9(4)	R	1-15	R			2300	CR106	Transport Distance 9(4)	R	1-15	R				NOT USED BY MQD
	CR107	Address Information	AN	1-55	N/U			2300	CR107	Address Information	AN	1-55	N/U				NOT USED
	CR108	Address Information	AN	1-55	N/U			2300	CR108	Address Information	AN	1-55	N/U				NOT USED
	CR109	Round Trip Purpose Description	AN	1-80	S			2300	CR109	Round Trip Purpose Description	AN	1-80	S				NOT USED BY MQD

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
	CR110	Stretcher Purpose Description	AN	1-80	S			2300	CR110	Stretcher Purpose Description	AN	1-80	S				NOT USED BY MQD
2300	CR2	SPINAL MANIPULATION SERVICE INFORMATION		1	S			2300	CR2	SPINAL MANIPULATION SERVICE INFORMATION		1	S				SEGMENT NOT USED BY MQD
	CR201	Treatment Series Number 9(3)	N0	1-9	N/U			2300	CR201	Treatment Series Number 9(3)	N0	1-9	N/U				NOT USED
	CR202	Treatment Count 9(3)	R	1-15	N/U			2300	CR202	Treatment Count 9(3)	R	1-15	N/U				NOT USED
	CR203	Subluxation Level Code	ID	2-3	N/U			2300	CR203	Subluxation Level Code	ID	2-3	N/U				NOT USED
	CR204	Subluxation Level Code	ID	2-3	N/U			2300	CR204	Subluxation Level Code	ID	2-3	N/U				NOT USED
	CR205	Unit or Basis for Measurement Code	ID	2-2	N/U			2300	CR205	Unit or Basis for Measurement Code	ID	2-2	N/U				NOT USED
	CR206	Treatment Period Count 9(3)	R	1-15	N/U			2300	CR206	Treatment Period Count 9(3)	R	1-15					NOT USED
	CR207	Monthly Treatment Count 9(2)	R	1-15	N/U			2300	CR207	Monthly Treatment Count 9(2)	R	1-15					NOT USED
	CR208	Patient Condition Code	ID	1-1	R		A, C, D, E, F, G, M	2300	CR208	Patient Condition Code	ID	1-1	R		A, C, D, E, F, G, M		NOT USED BY MQD
	CR209	Complication Indicator	ID	1-1	N/U			2300	CR209	Complication Indicator	ID	1-1	N/U				NOT USED
	CR210	Patient Condition Description	AN	1-80	S			2300	CR210	Patient Condition Description	AN	1-80	S				NOT USED BY MQD
	CR211	Patient Condition Description	AN	1-80	S			2300	CR211	Patient Condition Description	AN	1-80	S				NOT USED BY MQD
	CR212	X-ray Availability Indicator	ID	1-1	S		N, Y	2300	CR212	Yes/No Condition or Response Code	ID	1-1	N/U			Code Deleted Usage changed to Not Used	NOT USED
2300	CRC	AMBULANCE CERTIFICATION		3	S			2300	CRC	AMBULANCE CERTIFICATION		3	S				SEGMENT NOT USED BY MQD
	CRC01	Code Category	ID	2-2	R		07	2300	CRC01	Code Category	ID	2-2	R		07		NOT USED BY MQD
	CRC02	Certification Condition Indicator	ID	1-1	R		N, Y	2300	CRC02	Certification Condition Indicator	ID	1-1	R		N, Y		NOT USED BY MQD
	CRC03	Condition Code	ID	2-2	R		01, 02, 03, 04, 05, 06, 07, 08, 09, 60	2300	CRC03	Condition Code	ID	2-3	R		01, 04, 05, 06, 07, 08, 09, 12	Code Deleted Increase from 2 - 3	NOT USED BY MQD
	CRC04	Condition Code	ID	2-2	S		01, 02, 03, 04, 05, 06, 07, 08, 09, 60	2300	CRC04	Condition Code	ID	2-3	S		01, 04, 05, 06, 07, 08, 09, 12	Code Deleted Increase from 2 - 3	NOT USED BY MQD
	CRC05	Condition Code	ID	2-2	S		01, 02, 03, 04, 05, 06, 07, 08, 09, 60	2300	CRC05	Condition Code	ID	2-3	S		01, 04, 05, 06, 07, 08, 09, 12	Code Deleted Increase from 2 - 3	NOT USED BY MQD
	CRC06	Condition Code	ID	2-2	S		01, 02, 03, 04, 05, 06, 07, 08, 09, 60	2300	CRC06	Condition Code	ID	2-3	S		01, 04, 05, 06, 07, 08, 09, 12	Code Deleted Increase from 2 - 3	NOT USED BY MQD
	CRC07	Condition Code	ID	2-2	S		01, 02, 03, 04, 05, 06, 07, 08, 09, 60	2300	CRC07	Condition Code	ID	2-3	S		01, 04, 05, 06, 07, 08, 09, 12	Code Deleted Increase from 2 - 3	NOT USED BY MQD
2300	CRC	PATIENT CONDITION INFORMATION: VISION		3	S			2300	CRC	PATIENT CONDITION INFORMATION: VISION		3	S			Required on vision claims involving replacement lenses or frames when this information is known to impact reimbursement.	SEGMENT NOT USED BY MQD
	CRC01	Code Category	ID	2-2	R		E1, E2, E3	2300	CRC01	Code Category	ID	2-2	R		E1, E2, E3	E1=Spectacle Lenses E2=Contact Lenses E3=Spectacle Frames	NOT USED BY MQD
	CRC02	Certification Condition Indicator	ID	1-1	R		N, Y	2300	CRC02	Certification Condition Indicator	ID	1-1	R		N, Y		NOT USED BY MQD
	CRC03	Condition Code	ID	2-2	R		L1, L2, L3, L4, L5	2300	CRC03	Condition Code	ID	2-3	R		L1, L2, L3, L4, L5	L1=General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met L2=Replacement Due to Loss or Theft L3=Replacement Due to Breakage or Damage L4=Replacement Due to Patient Preference L5=Replacement Due to Medical Reason Increase from 2 - 3	NOT USED BY MQD

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
	CRC04	Condition Code	ID	2-2	S		L1, L2, L3, L4, L5	2300	CRC04	Condition Code	ID	2-3	S		L1, L2, L3, L4, L5	L1=General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met L2=Replacement Due to Loss or Theft L3=Replacement Due to Breakage or Damage L4=Replacement Due to Patient Preference L5=Replacement Due to Medical Reason Increase from 2 - 3	NOT USED BY MQD
	CRC05	Condition Code	ID	2-2	S		L1, L2, L3, L4, L5	2300	CRC05	Condition Code	ID	2-3	S		L1, L2, L3, L4, L5	L1=General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met L2=Replacement Due to Loss or Theft L3=Replacement Due to Breakage or Damage L4=Replacement Due to Patient Preference L5=Replacement Due to Medical Reason Increase from 2 - 3	NOT USED BY MQD
	CRC06	Condition Code	ID	2-2	S		L1, L2, L3, L4, L5	2300	CRC06	Condition Code	ID	2-3	S		L1, L2, L3, L4, L5	L1=General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met L2=Replacement Due to Loss or Theft L3=Replacement Due to Breakage or Damage L4=Replacement Due to Patient Preference L5=Replacement Due to Medical Reason Increase from 2 - 3	NOT USED BY MQD
	CRC07	Condition Code	ID	2-2	S		L1, L2, L3, L4, L5	2300	CRC07	Condition Code	ID	2-3	S		L1, L2, L3, L4, L5	L1=General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met L2=Replacement Due to Loss or Theft L3=Replacement Due to Breakage or Damage L4=Replacement Due to Patient Preference L5=Replacement Due to Medical Reason Increase from 2 - 3	NOT USED BY MQD
2300	CRC	HOMEBOUND INDICATOR		1	S			2300	CRC	HOMEBOUND INDICATOR		1	S				SEGMENT NOT USED BY MQD
	CRC01	Code Category	ID	2-2	R		75	2300	CRC01	Code Category	ID	2-2	R		75		NOT USED BY MQD
	CRC02	Certification Condition Indicator	ID	1-1	R		Y	2300	CRC02	Certification Condition Indicator	ID	1-1	R		Y		NOT USED BY MQD
	CRC03	Homebound Indicator	ID	2-2	R		IH	2300	CRC03	Homebound Indicator	ID	2-3	R		IH	Increase from 2 - 3	NOT USED BY MQD
	CRC04	Condition Indicator	ID	2-2	N/U			2300	CRC04	Condition Indicator	ID	2-3	N/U				NOT USED
	CRC05	Condition Indicator	ID	2-2	N/U			2300	CRC05	Condition Indicator	ID	2-3	N/U				NOT USED
	CRC06	Condition Indicator	ID	2-2	N/U			2300	CRC06	Condition Indicator	ID	2-3	N/U				NOT USED
	CRC07	Condition Indicator	ID	2-2	N/U			2300	CRC07	Condition Indicator	ID	2-3	N/U				NOT USED
2300	CRC	EPSDT REFERRAL		1	S			2300	CRC	EPSDT REFERRAL		1	S			Expect for EPSDT when claim is for screening service	
	CRC01	Code Category	ID	2-2	R		ZZ	2300	CRC01	Code Category	ID	2-2	R		ZZ		Expect ZZ

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
	CRC02	Certification Condition Indicator	ID	1-1	R		N, Y	2300	CRC02	Certification Condition Indicator	ID	1-1	R		N, Y		Expect N if no EPSDT referral was given
	CRC03	Condition Code	ID	2-2	R		AV, NU, S2, ST	2300	CRC03	Condition Code	ID	2-3	R		AV, NU, S2, ST	Increase from 2 - 3	Expect applicable Condition Code
	CRC04	Condition Code	ID	2-2	S		AV, NU, S2, ST	2300	CRC04	Condition Code	ID	2-3	S		AV, NU, S2, ST	Increase from 2 - 3	Expect if second condition code is necessary
	CRC05	Condition Code	ID	2-2	S		AV, NU, S2, ST	2300	CRC05	Condition Code	ID	2-3	S		AV, NU, S2, ST	Increase from 2 - 3	Expect if third condition code is necessary
	CRC06	Condition Indicator	ID	2-2	N/U			2300	CRC06	Condition Indicator	ID	2-3	N/U				NOT USED
	CRC07	Condition Indicator	ID	2-2	N/U			2300	CRC07	Condition Indicator	ID	2-3	N/U				NOT USED
2300	HI	HEALTH CARE DIAGNOSIS CODE		1	S			2300	HI	HEALTH CARE DIAGNOSIS CODE		1	R			Usage changed to Required	
	HI01	HEALTH CARE CODE INFORMATION			R			2300	HI01	HEALTH CARE CODE INFORMATION			R				
	HI01-1	Diagnosis Type Code	ID	1-3	R		BK	2300	HI01-1	Diagnosis Type Code	ID	1-3	R		ABK, BK	Code Added	Expect ABK for ICD10 or BK for ICD9
	HI01-2	Diagnosis Code	AN	1-30	R			2300	HI01-2	Diagnosis Code	AN	1-30	R				Expect Diagnosis Code
	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U			2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
	HI01-4	Date Time Period	AN	1-35	N/U			2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
	HI01-5	Monetary Amount	R	1-18	N/U			2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
	HI01-6	Quantity	R	1-15	N/U			2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
	HI01-7	Version Identifier	AN	1-30	N/U			2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI01-8	Industry code	AN	1-30	N/U			New Element	NOT USED
								2300	HI01-9	Yes/No Condition or response Code	ID	1-1	N/U			New Element	NOT USED
	HI02	HEALTH CARE CODE INFORMATION			S			2300	HI02	HEALTH CARE CODE INFORMATION			S				Expect if additional diagnosis need to be reported
	HI02-1	Diagnosis Type Code	ID	1-3	R		BF	2300	HI02-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Code Added	Expect ABF for ICD10 or BF for ICD9
	HI02-2	Diagnosis Code	AN	1-30	R			2300	HI02-2	Diagnosis Code	AN	1-30	R				Expect Diagnosis Code
	HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U			2300	HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
	HI02-4	Date Time Period	AN	1-35	N/U			2300	HI02-4	Date Time Period	AN	1-35	N/U				NOT USED
	HI02-5	Monetary Amount	R	1-18	N/U			2300	HI02-5	Monetary Amount	R	1-18	N/U				NOT USED
	HI02-6	Quantity	R	1-15	N/U			2300	HI02-6	Quantity	R	1-15	N/U				NOT USED
	HI02-7	Version Identifier	AN	1-30	N/U			2300	HI02-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI02-8	Industry code	AN	1-30	N/U			New Element	NOT USED
								2300	HI02-9	Yes/No Condition or response Code	ID	1-1	N/U			New Element	NOT USED
	HI03	HEALTH CARE CODE INFORMATION			S			2300	HI03	HEALTH CARE CODE INFORMATION			S				Expect if additional diagnosis need to be reported
	HI03-1	Diagnosis Type Code	ID	1-3	R		BF	2300	HI03-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Code Added	Expect ABF for ICD10 or BF for ICD9
	HI03-2	Diagnosis Code	AN	1-30	R			2300	HI03-2	Diagnosis Code	AN	1-30	R				Expect Diagnosis Code
	HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U			2300	HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
	HI03-4	Date Time Period	AN	1-35	N/U			2300	HI03-4	Date Time Period	AN	1-35	N/U				NOT USED
	HI03-5	Monetary Amount	R	1-18	N/U			2300	HI03-5	Monetary Amount	R	1-18	N/U				NOT USED
	HI03-6	Quantity	R	1-15	N/U			2300	HI03-6	Quantity	R	1-15	N/U				NOT USED
	HI03-7	Version Identifier	AN	1-30	N/U			2300	HI03-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI03-8	Industry code	AN	1-30	N/U			New Element	NOT USED
								2300	HI03-9	Yes/No Condition or response Code	ID	1-1	N/U			New Element	NOT USED
	HI04	HEALTH CARE CODE INFORMATION			S			2300	HI04	HEALTH CARE CODE INFORMATION			S				Expect if additional diagnosis need to be reported
	HI04-1	Diagnosis Type Code	ID	1-3	R		BF	2300	HI04-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Code Added	Expect ABF for ICD10 or BF for ICD9
	HI04-2	Diagnosis Code	AN	1-30	R			2300	HI04-2	Diagnosis Code	AN	1-30	R				Expect Diagnosis Code
	HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U			2300	HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
	HI04-4	Date Time Period	AN	1-35	N/U			2300	HI04-4	Date Time Period	AN	1-35	N/U				NOT USED
	HI04-5	Monetary Amount	R	1-18	N/U			2300	HI04-5	Monetary Amount	R	1-18	N/U				NOT USED
	HI04-6	Quantity	R	1-15	N/U			2300	HI04-6	Quantity	R	1-15	N/U				NOT USED
	HI04-7	Version Identifier	AN	1-30	N/U			2300	HI04-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI04-8	Industry code	AN	1-30	N/U			New Element	NOT USED

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	HI05	HEALTH CARE CODE INFORMATION			S			2300	HI04-9	Yes/No Condition or response Code	ID	1-1	N/U			New Element	NOT USED
	HI06	HEALTH CARE CODE INFORMATION			S			2300	HI05	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
	HI07	HEALTH CARE CODE INFORMATION			S			2300	HI06	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
	HI08	HEALTH CARE CODE INFORMATION			S			2300	HI07	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
	HI09	HEALTH CARE CODE INFORMATION			N/U			2300	HI08	HEALTH CARE CODE INFORMATION			S			Usage changed to Situational	NOT USED BY MQD
	HI10	HEALTH CARE CODE INFORMATION			N/U			2300	HI09	HEALTH CARE CODE INFORMATION			S			Usage changed to Situational	NOT USED BY MQD
	HI11	HEALTH CARE CODE INFORMATION			N/U			2300	HI10	HEALTH CARE CODE INFORMATION			S			Usage changed to Situational	NOT USED BY MQD
	HI12	HEALTH CARE CODE INFORMATION			N/U			2300	HI11	HEALTH CARE CODE INFORMATION			S			Usage changed to Situational	NOT USED BY MQD
								2300	HI12	HEALTH CARE CODE INFORMATION			S			Usage changed to Situational	NOT USED BY MQD
								2300	HI	ANESTHESIA RELATED PROCEDURE			1	S		New Segment	SEGMENT NOT USED BY MQD
								2300	HI01	HEALTH CARE CODE INFORMATION			R				NOT USED BY MQD
								2300	HI01-1	Code List Qualifier	ID	1-3	R		BP		NOT USED BY MQD
								2300	HI01-2	Anesthesia Related Surgical	AN	1-30	R				NOT USED BY MQD
								2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
								2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
								2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
								2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
								2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
								2300	HI01-9	Yes/No Condition or response Code	ID	1-1	N/U				NOT USED
								2300	HI02	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI03	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI04	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI05	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI06	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI07	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI08	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI09	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI10	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI11	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI12	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI	CONDITION INFORMATION			2	S		New Segment	SEGMENT NOT USED BY MQD
								2300	HI01	HEALTH CARE CODE INFORMATION			R				NOT USED BY MQD
								2300	HI01-1	Code List Qualifier	ID	1-3	R		BG		NOT USED BY MQD
								2300	HI01-2	Condition Code	AN	1-30	R				NOT USED BY MQD
								2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
								2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
								2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
								2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
								2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
								2300	HI01-9	Yes/No Condition or response Code	ID	1-1	N/U				NOT USED
								2300	HI02	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI03	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI04	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI05	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI06	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI07	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI08	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI09	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD

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								2300	HI10	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD	
								2300	HI11	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD	
								2300	HI12	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD	
2300	HCP	CLAIM PRICING/REPRICING INFORMATION			1	S		2300	HCP	CLAIM PRICING/REPRICING INFORMATION			1	S			SEGMENT NOT USED BY MQD	
	HCP01	Pricing Methodology	ID	2-2	R		00, 01, 02, 03, 04,	2300	HCP01	Pricing Methodology	ID	2-2	R		00, 01, 02, 03,		NOT USED BY MQD	
	HCP02	Repriced Allowed Amount S9(7)V99	R	1-18	R			2300	HCP02	Repriced Allowed Amount S9(7)V99	R	1-18	R				NOT USED BY MQD	
	HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S			2300	HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S				NOT USED BY MQD	
	HCP04	Repricing Organization Identifier	AN	1-30	S			2300	HCP04	Repricing Organization Identifier	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD	
	HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S			2300	HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S				NOT USED BY MQD	
	HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-30	S			2300	HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD	
	HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99	R	1-18	S			2300	HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99	R	1-18	S				NOT USED BY MQD	
	HCP08	Product/Service ID	AN	1-48	N/U			2300	HCP08	Product/Service ID	AN	1-48	N/U				NOT USED	
	HCP09	Product/Service ID Qualifier	ID	2-2	N/U			2300	HCP09	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED	
	HCP10	Product/Service ID	AN	1-48	N/U			2300	HCP10	Product/Service ID	AN	1-48	N/U				NOT USED	
	HCP11	Unit or Basis for Measurement Code	ID	2-2	N/U			2300	HCP11	Unit or Basis for Measurement Code	ID	2-2	N/U				NOT USED	
	HCP12	Quantity 9(3)V9	R	1-15	N/U			2300	HCP12	Quantity 9(3)V9	R	1-15	N/U				NOT USED	
	HCP13	Reject Reason Code	ID	2-2	S		T1, T2, T3, T4, T5, T6	2300	HCP13	Reject Reason Code	ID	2-2	S		T1, T2, T3, T4, T5, T6		NOT USED BY MQD	
	HCP14	Policy Compliance Code	ID	1-2	S		1, 2, 3, 4, 5	2300	HCP14	Policy Compliance Code	ID	1-2	S		1, 2, 3, 4, 5		NOT USED BY MQD	
	HCP15	Exception Code	ID	1-2	S		1, 2, 3, 4, 5, 6	2300	HCP15	Exception Code	ID	1-2	S		1, 2, 3, 4, 5, 6		NOT USED BY MQD	
2305	CR7	HOME HEALTH CARE PLAN INFORMATION			1	S	6									Segment Deleted	DELETED	
2305	HSD	HEALTH CARE SERVICES DELIVERY			3	S										Segment Deleted	DELETED	
2310A	NM1	REFERRING PROVIDER NAME			1	S	2	2310A	NM1	REFERRING PROVIDER NAME			1	S	2		Expect when claim involves a referral	
	NM101	Entity Identifier Code	ID	2-3	R		DN, P3	2310A	NM101	Entity Identifier Code	ID	2-3	R		DN, P3		Expect DN	
	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	2310A	NM102	Entity Type Qualifier	ID	1-1	R		1		Code Deleted	Expect 1
	NM103	Referring Provider Last Name	AN	1-35	R			2310A	NM103	Referring Provider Last Name	AN	1-60	R				Increase from 35 - 60	Expect Referring Provider Last Name
	NM104	Referring Provider First Name	AN	1-25	S			2310A	NM104	Referring Provider First Name	AN	1-35	S				Increase from 25 - 35	Expect Referring Provider First Name if applicable
	NM105	Referring Provider Middle Name	AN	1-25	S			2310A	NM105	Referring Provider Middle Name	AN	1-25	S					Expect Referring Provider Middle Name or Initial if needed to identify provider
	NM106	Name Prefix	AN	1-10	N/U			2310A	NM106	Name Prefix	AN	1-10	N/U					NOT USED
	NM107	Referring Provider Name Suffix	AN	1-10	S			2310A	NM107	Referring Provider Name Suffix	AN	1-10	S					NOT USED BY MQD
	NM108	Identification Code Qualifier	ID	1-2	S		24, 34, XX	2310A	NM108	Identification Code Qualifier	ID	1-2	S		XX		Code Deleted	Expect XX if Referring Provider is a Medical Provider
	NM109	Referring Provider Identifier	AN	2-80	S			2310A	NM109	Referring Provider Identifier	AN	2-80	S					Expect NPI if Referring Provider is a Medical Provider
	NM110	Entity Relationship Code	ID	2-2	N/U			2310A	NM110	Entity Relationship Code	ID	2-2	N/U					NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2310A	NM111	Entity Identifier Code	ID	2-3	N/U					NOT USED
								2310A	NM112	Name Last or Organization Name	AN	1-60	N/U				New Element	NOT USED
2310A	PRV	REFERRING PROVIDER SPECIALTY INFORMATION			1	S										Segment Deleted	DELETED	

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
2310A	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		5	S			2310A	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		3	S			Expect when claim involves a referral from an atypical provider and an identification number is necessary to identify the referring provider	Atypical Provider Only
	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1B, 1C, 1D,	2310A	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2	Code Deleted	Expect G2
	REF02	Referring Provider Secondary Identifier	AN	1-30	R			2310A	REF02	Referring Provider Secondary Identifier	AN	1-50	R			Increase from 30 - 50	Expect 8-digit ID (6-digit MQD Provider Registration ID+2-digit Location code)
	REF03	Description	AN	1-80	N/U			2310A	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2310A	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2310A	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2310A	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2310A	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2310A	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2310A	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2310A	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2310B	NM1	RENDERING PROVIDER NAME		1	S	1		2310B	NM1	RENDERING PROVIDER NAME		1	S	1		Expect when rendering provider is different than billing provider	
	NM101	Entity Identifier Code	ID	2-3	R		82	2310B	NM101	Entity Identifier Code	ID	2-3	R		82		Expect 82
	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	2310B	NM102	Entity Type Qualifier	ID	1-1	R		1, 2		Expect 1 or 2
	NM103	Rendering Provider Last or Organization Name	AN	1-35	R			2310B	NM103	Rendering Provider Last or Organization Name	AN	1-60	R			Increase from 35 - 60	Expect Rendering Provider Last or Organization Name
	NM104	Rendering Provider First Name	AN	1-25	S			2310B	NM104	Rendering Provider First Name	AN	1-35	S			Increase from 25 - 35	Expect Rendering Provider First Name if person
	NM105	Rendering Provider Middle Name	AN	1-25	S			2310B	NM105	Rendering Provider Middle Name	AN	1-25	S				Expect Rendering Provider Middle Name if person and needed to identify individual
	NM106	Name Prefix	AN	1-10	N/U			2310B	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Rendering Provider Name Suffix	AN	1-10	S			2310B	NM107	Rendering Provider Name Suffix	AN	1-10	S				NOT USED BY MQD
	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, XX	2310B	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted Usage Changed to Situational	Expect XX if Rendering Provider is a medical provider
	NM109	Rendering Provider Identifier	AN	2-80	R			2310B	NM109	Rendering Provider Identifier	AN	2-80	S			Usage Changed to Situational	Expect NPI if Rendering Provider is a medical provider
	NM110	Entity Relationship Code	ID	2-2	N/U			2310B	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2310B	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2310B	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2310B	PRV	RENDERING PROVIDER SPECIALTY INFORMATION		1	S			2310B	PRV	RENDERING PROVIDER SPECIALTY INFORMATION		1	S				MQD will start collecting Taxonomy Codes
	PRV01	Provider Code	ID	1-3	R		PE	2310B	PRV01	Provider Code	ID	1-3	R		PE		Expect PE
	PRV02	Reference Identification Qualifier	ID	2-3	R		ZZ	2310B	PRV02	Reference Identification Qualifier	ID	2-3	R		PXC	Code Change	Expect PXC
	PRV03	Provider Taxonomy Code	AN	1-30	R			2310B	PRV03	Provider Taxonomy Code	AN	1-50	R			Increase from 30 - 50	Expect Provider Taxonomy Code
	PRV04	State or Province Code	ID	2-2	N/U			2310B	PRV04	State or Province Code	ID	2-2	N/U				NOT USED
	PRV05	PROVIDER SPECIALTY INFORMATION			N/U			2310B	PRV05	PROVIDER SPECIALTY INFORMATION			N/U				NOT USED
	PRV06	Provider Organization Code	ID	3-3	N/U			2310B	PRV06	Provider Organization Code	ID	3-3	N/U				NOT USED
2310B	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION		5	S			2310B	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION		4	S			Expect when rendering provider is an atypical provider and an identification number is necessary to identify the rendering provider	Atypical Provider Only
	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1B, 1C, 1D,	2310B	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU		Expect 'G2'
	REF02	Rendering Provider Secondary Identifier	AN	1-30	R			2310B	REF02	Rendering Provider Secondary Identifier	AN	1-50	R			Increase from 30 - 50	Expect 8-digit ID (6-digit MQD Provider Registration ID+2-digit Location code)
	REF03	Description	AN	1-80	N/U			2310B	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2310B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2310B	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2310B	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2310B	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2310B	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2310B	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2310B	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2310C	NM1	PURCHASED SERVICE PROVIDER NAME		1	S	1										Segment Deleted	DELETED
2310C	REF	PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION		5	S											Segment Deleted	DELETED
2310D	NM1	SERVICE FACILITY LOCATION		1	S	1		2310C	NM1	SERVICE FACILITY LOCATION		1	S	1		Loop Change - moved from 2310D to 2310C Expect when location of service is different than billing provider	
	NM101	Entity Identifier Code	ID	2-3	R		77, FA, LI, TL	2310C	NM101	Entity Identifier Code	ID	2-3	R		77	Code Deleted	Expect 77
	NM102	Entity Type Qualifier	ID	1-1	R		2	2310C	NM102	Entity Type Qualifier	ID	1-1	R		2		Expect 2
	NM103	Laboratory or Facility Name	AN	1-35	S			2310C	NM103	Laboratory or Facility Name	AN	1-60	R			Increase from 35 - 60 Usage changed to required	Expect Laboratory or Facility Name
	NM104	Name First	AN	1-25	N/U			2310C	NM104	Name First	AN	1-35	N/U				NOT USED
	NM105	Name Middle	AN	1-25	N/U			2310C	NM105	Name Middle	AN	1-25	N/U				NOT USED
	NM106	Name Prefix	AN	1-10	N/U			2310C	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Name Suffix	AN	1-10	N/U			2310C	NM107	Name Suffix	AN	1-10	N/U				NOT USED
	NM108	Identification Code Qualifier	ID	1-2	S		24, 34, XX	2310C	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted	Expect XX is service location has an NPI and is not a component or subpart of billing provider entity
	NM109	Laboratory or Facility Primary Identifier	AN	2-80	S			2310C	NM109	Laboratory or Facility Primary Identifier	AN	2-80	S				Expect NPI
	NM110	Entity Relationship Code	ID	2-2	N/U			2310C	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2310C	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2310C	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2310D	N3	SERVICE FACILITY LOCATION ADDRESS		1	R			2310C	N3	SERVICE FACILITY LOCATION ADDRESS		1	R			Loop Change	
	N301	Laboratory or Facility Address Line	AN	1-55	R			2310C	N301	Laboratory or Facility Address Line	AN	1-55	R				Expect Laboratory or Facility Address Line
	N302	Laboratory or Facility Address Line	AN	1-55	S			2310C	N302	Laboratory or Facility Address Line	AN	1-55	S				Expect Laboratory or Facility Address Line if second address line is applicable
2310D	N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP		1	R			2310C	N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP		1	R			Loop Change	
	N401	Laboratory or Facility City Name	AN	2-30	R			2310C	N401	Laboratory or Facility City Name	AN	2-30	R				Expect Laboratory or Facility City Name
	N402	Laboratory or Facility State or Province Code	ID	2-2	R			2310C	N402	Laboratory or Facility State or Province Code	ID	2-2	S			Usage changed to Situational	Expect Laboratory or Facility State
	N403	Laboratory or Facility Postal Zone ZIP Code	ID	3-15	R			2310C	N403	Laboratory or Facility Postal Zone ZIP Code	ID	3-15	S			Usage changed to Situational	Expect Laboratory or Facility Zip Code
	N404	Laboratory/Facility Country Code	ID	2-3	S			2310C	N404	Laboratory/Facility Country Code	ID	2-3	S				NOT USED BY MQD
	N405	Location Qualifier	ID	1-2	N/U			2310C	N405	Location Qualifier	ID	1-2	N/U				NOT USED
	N406	Location Identifier	AN	1-30	N/U			2310C	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2310C	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD
2310D	REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION		5	S			2310C	REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION		3	S			Loop Change	Atypical Provider Only
	REF01	Reference Identification Qualifier	ID	2-3	R		0B,1A,1B,1C,1D,	2310C	REF01	Reference Identification Qualifier	ID	2-3	R		0B, G2, LU	Code Deleted	Expect 'G2'
	REF02	Laboratory or Facility Secondary Identifier	AN	1-30	R			2310C	REF02	Laboratory or Facility Secondary Identifier	AN	1-50	R			Increase from 30 - 50	Expect 6-digit MQD Provider Registration ID
	REF03	Description	AN	1-80	N/U			2310C	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2310C	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2310C	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED

Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2310C	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2310C	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2310C	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2310C	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2310C	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2310C	PER	SERVICE FACILITY CONTACT INFORMATION		1	R			New Segment	SEGMENT NOT USED BY MQD
								2310C	PER01	Contact Function Code	ID	2-2	R		IC		NOT USED BY MQD
								2310C	PER02	Submitter Contact Name	AN	1-60	S				NOT USED BY MQD
								2310C	PER03	Communication Number Qualifier	ID	2-2	R		TE		NOT USED BY MQD
								2310C	PER04	Communication Number	AN	1-256	R				NOT USED BY MQD
								2310C	PER05	Communication Number Qualifier	ID	2-2	S		EX		NOT USED BY MQD
								2310C	PER06	Communication Number	AN	1-256	S				NOT USED BY MQD
								2310C	PER07	Communication Number Qualifier	ID	2-2	N/U				NOT USED
								2310C	PER08	Communication Number	AN	1-256	N/U				NOT USED
								2310C	PER09	Contact Inquiry Reference	AN	1-20	N/U				NOT USED
2310E	NM1	SUPERVISING PROVIDER NAME		1	S	1		2310D	NM1	SUPERVISING PROVIDER NAME		1	S	1		Loop Change	SEGMENT NOT USED BY MQD
	NM101	Entity Identifier Code	ID	2-3	R		DQ	2310D	NM101	Entity Identifier Code	ID	2-3	R		DQ		NOT USED BY MQD
	NM102	Entity Type Qualifier	ID	1-1	R		1	2310D	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY MQD
	NM103	Supervising Provider Last Name	AN	1-35	R			2310D	NM103	Supervising Provider Last Name	AN	1-60	R			Increase from 35 - 60	NOT USED BY MQD
	NM104	Supervising Provider First Name	AN	1-25	R			2310D	NM104	Supervising Provider First Name	AN	1-35	S			Increase from 25 - 35 Usage changed to Situational	NOT USED BY MQD
	NM105	Supervising Provider Middle Name	AN	1-25	S			2310D	NM105	Supervising Provider Middle Name	AN	1-25	S				NOT USED BY MQD
	NM106	Name Prefix	AN	1-10	N/U			2310D	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Supervising Provider Name Suffix	AN	1-10	S			2310D	NM107	Supervising Provider Name Suffix	AN	1-10	S				NOT USED BY MQD
	NM108	Identification Code Qualifier	ID	1-2	S		24, 34, XX	2310D	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted	NOT USED BY MQD
	NM109	Supervising Provider Identifier	AN	2-80	S			2310D	NM109	Supervising Provider Identifier	AN	2-80	S				NOT USED BY MQD
	NM110	Entity Relationship Code	ID	2-2	N/U			2310D	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2310D	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2310D	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2310E	REF	SUPERVISING PROVIDER SECONDARY IDENTIFIER		5	S			2310D	REF	SUPERVISING PROVIDER SECONDARY IDENTIFIER		4	S			Loop Change	SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1B, 1C, 1D,	2310D	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Deleted	NOT USED BY MQD
	REF02	Supervising Provider Secondary Identifier	AN	1-30	R			2310D	REF02	Supervising Provider Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2310D	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2310D	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2310D	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2310D	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2310D	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2310D	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2310D	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2310D	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2310E	NM1	AMBULANCE PICK UP LOCATION		1	S	1		Required when billing for ambulance or non-emergency transportation services	
								2310E	NM101	Entity Identifier Code	ID	2-3	R		PW	PW=Pickup Address	Expect 'PW'
								2310E	NM102	Entity Type Qualifier	ID	1-1	R		2	2=Non-person entity	Expect '2'
								2310E	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2310E	NM104	Name First	AN	1-35	N/U				NOT USED
								2310E	NM105	Name Middle	AN	1-25	N/U				NOT USED
								2310E	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2310E	NM107	Name Suffix	AN	1-10	N/U				NOT USED
								2310E	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
								2310E	NM109	Identification Code	AN	2-80	N/U				NOT USED
								2310E	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2310E	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2310E	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
2320	SBR	OTHER SUBSCRIBER INFORMATION		1	S	10		2320	SBR	OTHER SUBSCRIBER INFORMATION		1	S	10		Expect when other payers are known to potentially be involved in paying claim	
	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R		P, S, T	2320	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R		A, B, C, D, E, F, G, H, P, S, T, U	Code Added	Expect any applicable Payer Responsible Sequence Number Code identified for applicable payer
	SBR02	Individual Relationship Code	ID	2-2	R		01, 04, 05, 07, 10, 15, 17, 18, 19, 20,	2320	SBR02	Individual Relationship Code	ID	2-2	R		01, 18, 19, 20, 21, 39, 40, 53,	Code Deleted	Expect any applicable Individual Relationship Code
	SBR03	Insured Group or Policy Number	AN	1-30	S			2320	SBR03	Insured Group or Policy Number	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD
	SBR04	Other Insured Group Name	AN	1-60	S			2320	SBR04	Other Insured Group Name	AN	1-60	S				NOT USED BY MQD
	SBR05	Insurance Type Code	ID	1-3	R		AP, C1, CP, GP, HM, IP, LD, LT, MB, MC, MI, MP, OT, PB, PC,	2320	SBR05	Insurance Type Code	ID	1-3	S		12, 13, 14, 15, 16, 41, 42, 43, 47	Code Change Usage changed to Situational	Expect any code when payer in 2330B is Medicare and Medicare is not primary (SBR02 is not P)
	SBR06	Coordination of Benefits Code	ID	1-1	N/U			2320	SBR06	Coordination of Benefits Code	ID	1-1	N/U				NOT USED
	SBR07	Yes/No Condition or Response Code	ID	1-1	N/U			2320	SBR07	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
	SBR08	Employment Status Code	ID	2-2	N/U			2320	SBR08	Employment Status Code	ID	2-2	N/U				NOT USED
	SBR09	Claim Filing Indicator Code	ID	1-2	S		09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MB, MC, OF, TV, VA, WC, ZZ	2320	SBR09	Claim Filing Indicator Code	ID	1-2	S		11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	Code Change	Expect any applicable Claim Filing Indicator Code
2320	CAS	CLAIM LEVEL ADJUSTMENTS		5	S			2320	CAS	CLAIM LEVEL ADJUSTMENTS		5	S			Expect when claim previously adjudicated by payer identified in this loop and where amount paid differs from charge amount. Adjustment Trios (6 trios of CARC, Amount & Quantity) may be sent	
	CAS01	Claim Adjustment Group Code	ID	1-2	R		CO, CR, OA, PI,		CAS01	Claim Adjustment Group Code	ID	1-2	R		CO, CR, OA, PI,		Expect CO, CR, OA, PI, PR
	CAS02	Adjustment Reason Code	ID	1-5	R			2320	CAS02	Adjustment Reason Code	ID	1-5	R				Expect Adjustment Reason Code
	CAS03	Adjustment Amount S9(7)V99	R	1-18	R			2320	CAS03	Adjustment Amount S9(7)V99	R	1-18	R				Expect Adjustment Amount
	CAS04	Adjustment Quantity 9(7)	R	1-15	S			2320	CAS04	Adjustment Quantity 9(7)	R	1-15	S				Expect Adjustment Qty
	CAS05	Adjustment Reason Code	ID	1-5	S			2320	CAS05	Adjustment Reason Code	ID	1-5	S			Occurrence 2	Expect Adjustment Reason Code
	CAS06	Adjustment Amount S9(7)V99	R	1-18	S			2320	CAS06	Adjustment Amount S9(7)V99	R	1-18	S				Expect Adjustment Amount
	CAS07	Adjustment Quantity 9(7)	R	1-15	S			2320	CAS07	Adjustment Quantity 9(7)	R	1-15	S				Expect Adjustment Qty
	CAS08	Adjustment Reason Code	ID	1-5	S			2320	CAS08	Adjustment Reason Code	ID	1-5	S			Occurrence 3	Expect Adjustment Reason Code
	CAS09	Adjustment Amount S9(7)V99	R	1-18	S			2320	CAS09	Adjustment Amount S9(7)V99	R	1-18	S				Expect Adjustment Amount
	CAS10	Adjustment Quantity 9(7)	R	1-15	S			2320	CAS10	Adjustment Quantity 9(7)	R	1-15	S				Expect Adjustment Qty
	CAS11	Adjustment Reason Code	ID	1-5	S			2320	CAS11	Adjustment Reason Code	ID	1-5	S			Occurrence 4	Expect Adjustment Reason Code
	CAS12	Adjustment Amount S9(7)V99	R	1-18	S			2320	CAS12	Adjustment Amount S9(7)V99	R	1-18	S				Expect Adjustment Amount
	CAS13	Adjustment Quantity 9(7)	R	1-15	S			2320	CAS13	Adjustment Quantity 9(7)	R	1-15	S				Expect Adjustment Qty
	CAS14	Adjustment Reason Code	ID	1-5	S			2320	CAS14	Adjustment Reason Code	ID	1-5	S			Occurrence 5	Expect Adjustment Reason Code
	CAS15	Adjustment Amount S9(7)V99	R	1-18	S			2320	CAS15	Adjustment Amount S9(7)V99	R	1-18	S				Expect Adjustment Amount
	CAS16	Adjustment Quantity 9(7)	R	1-15	S			2320	CAS16	Adjustment Quantity 9(7)	R	1-15	S				Expect Adjustment Qty
	CAS17	Adjustment Reason Code	ID	1-5	S			2320	CAS17	Adjustment Reason Code	ID	1-5	S			Occurrence 6	Expect Adjustment Reason Code
	CAS18	Adjustment Amount S9(7)V99	R	1-18	S			2320	CAS18	Adjustment Amount S9(7)V99	R	1-18	S				Expect Adjustment Amount
	CAS19	Adjustment Quantity 9(7)	R	1-15	S			2320	CAS19	Adjustment Quantity 9(7)	R	1-15	S				Expect Adjustment Qty
2320	AMT	COB PAYER PAID AMOUNT		1	S			2320	AMT	COB PAYER PAID AMOUNT		1	S				
	AMT01	Amount Qualifier Code	ID	1-3	R		D	2320	AMT01	Amount Qualifier Code	ID	1-3	R		D		Expect D
	AMT02	Payer Paid Amount S9(7)V99	R	1-18	R			2320	AMT02	Payer Paid Amount S9(7)V99	R	1-18	R				Expect COB Payer Paid Amount
	AMT03	Credit/Debit Flag Code	ID	1-1	N/U			2320	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
2320	AMT	COB APPROVED AMOUNT		1	S											Segment Deleted	DELETED
								2320	AMT	COB TOTAL NON-COVERED AMOUNT		1	S			New Segment	SEGMENT NOT USED BY MQD
								2320	AMT01	Amount Qualifier Code	ID	1-3	R		A8		NOT USED BY MQD
								2320	AMT02	Non-Covered Amount S9(7)V99	R	1-18	R				NOT USED BY MQD

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2320	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
2320	AMT	COB ALLOWED AMOUNT		1	S											Segment Deleted	
								2320	AMT	REMAINING PATIENT LIABILITY		1	S			New Segment	SEGMENT NOT USED BY MQD
								2320	AMT01	Amount Qualifier Code	ID	1-3	R		EAF		NOT USED BY MQD
								2320	AMT02	Remaining Patient Liability Amount S9(7)V99	R	1-18	R				NOT USED BY MQD
								2320	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
2320	AMT	COB PATIENT RESPONSIBILITY AMOUNT		1	S											Segment Deleted	DELETED
2320	AMT	COB COVERED AMOUNT		1	S											Segment Deleted	DELETED
2320	AMT	COB DISCOUNT AMOUNT		1	S											Segment Deleted	DELETED
2320	AMT	COB PER DAY LIMIT AMOUNT		1	S											Segment Deleted	DELETED
2320	AMT	COB PATIENT PAID AMOUNT		1	S											Segment Deleted	DELETED
2320	AMT	COB TAX AMOUNT		1	S											Segment Deleted	DELETED
2320	AMT	COB TOTAL CLAIM BEFORE TAXES AMOUNT		1	S											Segment Deleted	DELETED
2320	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION		1	S											Segment Deleted	DELETED
2320	OI	OTHER INSURANCE COVERAGE INFORMATION		1	R			2320	OI	OTHER INSURANCE COVERAGE INFORMATION		1	R				SEGMENT NOT USED BY MQD
	OI01	Claim Filing Indicator Code	ID	1-2	N/U			2320	OI01	Claim Filing Indicator Code	ID	1-2	N/U				NOT USED
	OI02	Claim Submission Reason Code	ID	2-2	N/U			2320	OI02	Claim Submission Reason Code	ID	2-2	N/U				NOT USED
	OI03	Benefits Assignment Certification Indicator	ID	1-1	R		N, Y	2320	OI03	Benefits Assignment Certification Indicator	ID	1-1	R		N, W, Y	Code Added	NOT USED BY MQD
	OI04	Patient Signature Source Code	ID	1-1	S		B, C, M, P, S	2320	OI04	Patient Signature Source Code	ID	1-1	S		P	Code Deleted	NOT USED BY MQD
	OI05	Provider Agreement Code	ID	1-1	N/U			2320	OI05	Provider Agreement Code	ID	1-1	N/U				NOT USED
	OI06	Release of Information Code	ID	1-1	R		A, I, M, N, O, Y	2320	OI06	Release of Information Code	ID	1-1	R		I, Y	Code Deleted	NOT USED BY MQD
2320	MOA	MEDICARE OUTPATIENT ADJUDICATION INFORMATION		1	S			2320	MOA	MEDICARE OUTPATIENT ADJUDICATION INFORMATION		1	S				SEGMENT NOT USED BY MQD
	MOA01	Reimbursement Rate 9(3)V99	R	1-10	S			2320	MOA01	Reimbursement Rate 9(3)V99	R	1-10	S				NOT USED BY MQD
	MOA02	HCPCS Payable Amount S9(7)V99	R	1-18	S			2320	MOA02	HCPCS Payable Amount S9(7)V99	R	1-18	S				NOT USED BY MQD
	MOA03	Remark Code	AN	1-30	S			2320	MOA03	Remark Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD
	MOA04	Remark Code	AN	1-30	S			2320	MOA04	Remark Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD
	MOA05	Remark Code	AN	1-30	S			2320	MOA05	Remark Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD
	MOA06	Remark Code	AN	1-30	S			2320	MOA06	Remark Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD
	MOA07	Remark Code	AN	1-30	S			2320	MOA07	Remark Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD
	MOA08	End Stage Renal Disease Payment Amount S9(7)V99	R	1-18	S			2320	MOA08	End Stage Renal Disease Payment Amount S9(7)V99	R	1-18	S				NOT USED BY MQD
	MOA09	Non-Payable Professional Component Billed Amount S9(7)V99	R	1-18	S			2320	MOA09	Non-Payable Professional Component Billed Amount S9(7)V99	R	1-18	S				NOT USED BY MQD
2330A	NM1	OTHER SUBSCRIBER NAME		1	R	1		2330A	NM1	OTHER SUBSCRIBER NAME		1	R	1			SEGMENT NOT USED BY MQD
	NM101	Entity Identifier Code	ID	2-3	R		IL	2330A	NM101	Entity Identifier Code	ID	2-3	R		IL		NOT USED BY MQD
	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	2330A	NM102	Entity Type Qualifier	ID	1-1	R		1, 2		NOT USED BY MQD
	NM103	Other Insured Last Name	AN	1-35	R			2330A	NM103	Other Insured Last Name	AN	1-60	R			Increase from 35 - 60	NOT USED BY MQD
	NM104	Other Insured First Name	AN	1-25	S			2330A	NM104	Other Insured First Name	AN	1-35	S			Increase from 25 - 35	NOT USED BY MQD
	NM105	Other Insured Middle Name	AN	1-25	S			2330A	NM105	Other Insured Middle Name	AN	1-25	S				NOT USED BY MQD
	NM106	Name Prefix	AN	1-10	N/U			2330A	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Other Insured Name Suffix	AN	1-10	S			2330A	NM107	Other Insured Name Suffix	AN	1-10	S				NOT USED BY MQD
	NM108	Identification Code Qualifier	ID	1-2	R		MI, ZZ	2330A	NM108	Identification Code Qualifier	ID	1-2	R		II, MI	Code Change	NOT USED BY MQD
	NM109	Other Insured Identifier	AN	2-80	R			2330A	NM109	Other Insured Identifier	AN	2-80	R				NOT USED BY MQD
	NM110	Entity Relationship Code	ID	2-2	N/U			2330A	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2330A	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2330A	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED

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2330A	N3	OTHER SUBSCRIBER ADDRESS		1	S			2330A	N3	OTHER SUBSCRIBER ADDRESS		1	S				SEGMENT NOT USED BY MQD
	N301	Other Insured Address Line	AN	1-55	R			2330A	N301	Other Insured Address Line	AN	1-55	R				NOT USED BY MQD
	N302	Other Insured Address Line	AN	1-55	S			2330A	N302	Other Insured Address Line	AN	1-55	S				NOT USED BY MQD
2330A	N4	OTHER SUBSCRIBER CITY/STATE/ZIP CODE		1	S			2330A	N4	OTHER SUBSCRIBER CITY/STATE/ZIP CODE		1	S			Usage changed to Required, but Errata changed it back to Situational	SEGMENT NOT USED BY MQD
	N401	Other Insured City Name	AN	2-30	S			2330A	N401	Other Insured City Name	AN	2-30	R			Usage changed to Required	NOT USED BY MQD
	N402	Other Insured State Code	ID	2-2	S			2330A	N402	Other Insured State Code	ID	2-2	S				NOT USED BY MQD
	N403	Other Insured Postal Zone or ZIP Code	ID	3-15	S			2330A	N403	Other Insured Postal Zone or ZIP Code	ID	3-15	S				NOT USED BY MQD
	N404	Subscriber Country Code	ID	2-3	S			2330A	N404	Subscriber Country Code	ID	2-3	S				NOT USED BY MQD
	N405	Location Qualifier	ID	1-2	N/U			2330A	N405	Location Qualifier	ID	1-2	N/U				NOT USED
	N406	Location Identifier	AN	1-30	N/U			2330A	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2330A	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD
2330A	REF	OTHER SUBSCRIBER SECONDARY IDENTIFICATION		3	S			2330A	REF	OTHER SUBSCRIBER SECONDARY IDENTIFICATION		1	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		1W, 23, IG, SY	2330A	REF01	Reference Identification Qualifier	ID	2-3	R		SY	Code Deleted	NOT USED BY MQD
	REF02	Other Insured Additional Identifier	AN	1-30	R			2330A	REF02	Other Insured Additional Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2330A	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2330A	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330A	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330A	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2330A	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330A	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2330A	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330A	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2330B	NM1	OTHER PAYER NAME		1	R	1		2330B	NM1	OTHER PAYER NAME		1	R	1			
	NM101	Entity Identifier Code	ID	2-3	R		PR	2330B	NM101	Entity Identifier Code	ID	2-3	R		PR		Expect PR
	NM102	Entity Type Qualifier	ID	1-1	R		2	2330B	NM102	Entity Type Qualifier	ID	1-1	R		2		Expect 2
	NM103	Other Payer Last or Organization Name	AN	1-35	R			2330B	NM103	Other Payer Last or Organization Name	AN	1-60	R			Increase from 35 - 60	Expect Other Payer Organization Name
	NM104	Name First	AN	1-25	N/U			2330B	NM104	Name First	AN	1-35	N/U				NOT USED
	NM105	Name Middle	AN	1-25	N/U			2330B	NM105	Name Middle	AN	1-25	N/U				NOT USED
	NM106	Name Prefix	AN	1-10	N/U			2330B	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Name Suffix	AN	1-10	N/U			2330B	NM107	Name Suffix	AN	1-10	N/U				NOT USED
	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV	2330B	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV		Expect PI
	NM109	Other Payer Primary Identifier	AN	2-80	R			2330B	NM109	Other Payer Primary Identifier	AN	2-80	R				Expect Other Payer Primary Identifier
	NM110	Entity Relationship Code	ID	2-2	N/U			2330B	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2330B	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2330B	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
								2330B	N3	OTHER PAYER ADDRESS		1	S			New Segment	SEGMENT NOT USED BY MQD
								2330B	N301	Other Payer Address Line	AN	1-55	R				NOT USED BY MQD
								2330B	N302	Other Payer Address Line	AN	1-55	S				NOT USED BY MQD
								2330B	N4	OTHER PAYER CITY/STATE/ZIP CODE		1	S			New Segment	SEGMENT NOT USED BY MQD
								2330B	N401	Other Payer City Name	AN	2-30	R				NOT USED BY MQD
								2330B	N402	Other Payer State Code	ID	2-2	S				NOT USED BY MQD
								2330B	N403	Other Payer Postal Zone or ZIP Code	ID	3-15	S				NOT USED BY MQD
								2330B	N404	Other Payer Country Code	ID	2-3	S				NOT USED BY MQD
								2330B	N405	Location Qualifier	ID	1-2	N/U				NOT USED
								2330B	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2330B	N407	Country Subdivision Code	ID	1-3	S				NOT USED BY MQD
2330B	PER	OTHER PAYER CONTACT INFORMATION		2	S											Segment Deleted	DELETED
2330B	DTP	CLAIM ADJUDICATION DATE		1	S											Segment Deleted	DELETED

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								2330B	DTP	DATE - CLAIM CHECK OR REMITTANCE DATE		1	S			New Segment	SEGMENT NOT USED BY MQD
								2330B	DTP01	Date Time Qualifier	ID	3-3	R		573		NOT USED BY MQD
								2330B	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
								2330B	DTP03	Adjudication or Payment Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2330B	REF	OTHER PAYER SECONDARY IDENTIFIER			2	S		2330B	REF	OTHER PAYER SECONDARY IDENTIFICATION			2	S		Name Change	SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		2U, F8, FY, NF,	2330B	REF01	Reference Identification Qualifier	ID	2-3	R		2U, EI, FY, NF	Code Deleted	NOT USED BY MQD
	REF02	Other Payer Secondary Identifier	AN	1-30	R			2330B	REF02	Other Payer Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2330B	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2330B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330B	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330B	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2330B	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330B	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2330B	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330B	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2330B	REF	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL			2	S		2330B	REF	OTHER PAYER PRIOR AUTHORIZATION NUMBER			1	S		Name Change	SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		9F, G1	2330B	REF01	Reference Identification Qualifier	ID	2-3	R		G1	Code Deleted	NOT USED BY MQD
	REF02	Other Payer Prior Authorization or Referral Number	AN	1-30	R			2330B	REF02	Other Payer Prior Authorization Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2330B	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2330B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330B	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330B	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2330B	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330B	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2330B	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330B	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2330B	REF	OTHER PAYER REFERRAL NUMBER			1	S		New Segment	SEGMENT NOT USED BY MQD
								2330B	REF01	Reference Identification Qualifier	ID	2-3	R		9F		NOT USED BY MQD
								2330B	REF02	Other Payer Referral Number	AN	1-50	R				NOT USED BY MQD
								2330B	REF03	Description	AN	1-80	N/U				NOT USED
								2330B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330B	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330B	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2330B	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330B	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2330B	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330B	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2330B	REF	OTHER PAYER CLAIM ADJUSTMENT INDICATOR			2	S		2330B	REF	OTHER PAYER CLAIM ADJUSTMENT INDICATOR			1	S			SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		T4	2330B	REF01	Reference Identification Qualifier	ID	2-3	R		T4		NOT USED BY MQD
	REF02	Other Payer Claim Adjustment Indicator	AN	1-30	R		Y	2330B	REF02	Other Payer Claim Adjustment Indicator	AN	1-50	R			Code Deleted Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2330B	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2330B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330B	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330B	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2330B	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330B	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2330B	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330B	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2330C	NM1	OTHER PAYER PATIENT INFORMATION			1	S	1									Segment Deleted	DELETED

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								2330B	REF	OTHER PAYER CLAIM CONTROL NUMBER		1	S			New Segment	SEGMENT NOT USED BY MQD
								2330B	REF01	Reference Identification Qualifier	ID	2-3	R		F8		NOT USED BY MQD
								2330B	REF02	Other Payer Claim Control Number	AN	1-50	R				NOT USED BY MQD
								2330B	REF03	Description	AN	1-80	N/U				NOT USED
								2330B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330B	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				NOT USED
								2330B	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U				NOT USED
								2330B	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2330B	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
								2330B	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2330B	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
2330C	REF	OTHER PAYER PATIENT IDENTIFICATION			3	S										Segment Deleted	DELETED
2330D	NM1	OTHER PAYER REFERRING PROVIDER			1	S	2	2330C	NM1	OTHER PAYER REFERRING PROVIDER		1	S	2		Loop Change	SEGMENT NOT USED BY MQD
	NM101	Entity Identifier Code	ID	2-3	R		DN, P3	2330C	NM101	Entity Identifier Code	ID	2-3	R		DN, P3		NOT USED BY MQD
	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	2330C	NM102	Entity Type Qualifier	ID	1-1	R		1	Code Deleted	NOT USED BY MQD
	NM103	Referring Provider Last Name	AN	1-35	N/U			2330C	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
	NM104	Name First	AN	1-25	N/U			2330C	NM104	Name First	AN	1-35	N/U				NOT USED
	NM105	Name Middle	AN	1-25	N/U			2330C	NM105	Name Middle	AN	1-25	N/U				NOT USED
	NM106	Name Prefix	AN	1-10	N/U			2330C	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Name Suffix	AN	1-10	N/U			2330C	NM107	Name Suffix	AN	1-10	N/U				NOT USED
	NM108	Identification Code Qualifier	ID	1-2	N/U			2330C	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
	NM109	Identification Code	AN	2-80	N/U			2330C	NM109	Other Payer Primary Identifier	AN	2-80	N/U				NOT USED
	NM110	Entity Relationship Code	ID	2-2	N/U			2330C	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2330C	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2330C	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2330D	REF	OTHER PAYER REFERRING PROVIDER IDENTIFICATION			3	R		2330C	REF	OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFIER		3	R			Loop Change	SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		1B, 1C, 1D, EI,	2330C	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2	Code Change	NOT USED BY MQD
	REF02	Other Payer Referring Provider Identification	AN	1-30	R			2330C	REF02	Other Payer Referring Provider Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2330C	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2330C	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330C	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330C	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2330C	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330C	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2330C	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330C	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2330E	NM1	OTHER PAYER RENDERING PROVIDER			1	S	1	2330D	NM1	OTHER PAYER RENDERING PROVIDER		1	S	1		Loop Change	SEGMENT NOT USED BY MQD
	NM101	Entity Identifier Code	ID	2-3	R		82	2330D	NM101	Entity Identifier Code	ID	2-3	R		82		NOT USED BY MQD
	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	2330D	NM102	Entity Type Qualifier	ID	1-1	R		1, 2		NOT USED BY MQD
	NM103	Rendering Provider Last or	AN	1-35	N/U			2330D	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
	NM104	Name First	AN	1-25	N/U			2330D	NM104	Name First	AN	1-35	N/U				NOT USED
	NM105	Name Middle	AN	1-25	N/U			2330D	NM105	Name Middle	AN	1-25	N/U				NOT USED
	NM106	Name Prefix	AN	1-10	N/U			2330D	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Name Suffix	AN	1-10	N/U			2330D	NM107	Name Suffix	AN	1-10	N/U				NOT USED
	NM108	Identification Code Qualifier	ID	1-2	N/U			2330D	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
	NM109	Identification Code	AN	2-80	N/U			2330D	NM109	Other Payer Primary Identifier	AN	2-80	N/U				NOT USED
	NM110	Entity Relationship Code	ID	2-2	N/U			2330D	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2330D	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2330D	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
2330E	REF	OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFICATION		3	R			2330D	REF	OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFIER		3	R			Loop Change Name Change	SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		1B, 1C, 1D, EI,	2330D	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Change	NOT USED BY MQD
	REF02	Other Payer Rendering Provider Secondary Identifier	AN	1-30	R			2330D	REF02	Other Payer Rendering Provider Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2330D	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2330D	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330D	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330D	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2330D	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330D	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2330D	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2330D	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2330E	NM1	OTHER PAYER SERVICE FACILITY LOCATION		1	S	1		New Segment	SEGMENT NOT USED BY MQD
								2330E	NM101	Entity Identifier Code	ID	2-3	R		77		NOT USED BY MQD
								2330E	NM102	Entity Type Qualifier	ID	1-1	R		2		NOT USED BY MQD
								2330E	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2330E	NM104	Name First	AN	1-35	N/U				NOT USED
								2330E	NM105	Name Middle	AN	1-25	N/U				NOT USED
								2330E	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2330E	NM107	Name Suffix	AN	1-10	N/U				NOT USED
								2330E	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
								2330E	NM109	Other Payer Primary Identifier	AN	2-80	N/U				NOT USED
								2330E	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2330E	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2330E	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2330E	REF	OTHER PAYER SERVICE FACILITY LOCATION SECONDARY IDENTIFIER		3	R			New Segment	SEGMENT NOT USED BY MQD
								2330E	REF01	Reference Identification Qualifier	ID	2-3	R		0B, G2, LU		NOT USED BY MQD
								2330E	REF02	Other Payer Service Facility Location Secondary Identifier	AN	1-50	R				NOT USED BY MQD
								2330E	REF03	Description	AN	1-80	N/U				NOT USED
								2330E	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330E	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				NOT USED
								2330E	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U				NOT USED
								2330E	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2330E	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
								2330E	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2330E	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
2330F	NM1	OTHER PAYER PURCHASED SERVICE PROVIDER		1	S	1										Segment Deleted	DELETED
2330F	REF	OTHER PAYER PURCHASED SERVICE PROVIDER IDENTIFICATION		3	R											Segment Deleted	DELETED
								2330F	NM1	OTHER PAYER SUPERVISING PROVIDER		1	S	1		New Segment	SEGMENT NOT USED BY MQD
								2330F	NM101	Entity Identifier Code	ID	2-3	R		DQ		NOT USED BY MQD
								2330F	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY MQD
								2330F	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2330F	NM104	Name First	AN	1-35	N/U				NOT USED
								2330F	NM105	Name Middle	AN	1-25	N/U				NOT USED
								2330F	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2330F	NM107	Name Suffix	AN	1-10	N/U				NOT USED
								2330F	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
								2330F	NM109	Other Payer Primary Identifier	AN	2-80	N/U				NOT USED

Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2330F	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2330F	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2330F	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2330F	REF	OTHER PAYER SUPERVISING PROVIDER SECONDARY IDENTIFICATION		3	R			New Segment	SEGMENT NOT USED BY MQD
								2330F	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU		NOT USED BY MQD
								2330F	REF02	Other Payer Supervising Provider Secondary Identifier	AN	1-50	R				NOT USED BY MQD
								2330F	REF03	Description	AN	1-80	N/U				NOT USED
								2330F	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330F	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				NOT USED
								2330F	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U				NOT USED
								2330F	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2330F	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
								2330F	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2330F	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
2330G	NM1	OTHER PAYER SERVICE FACILITY LOCATION		1	S	1										Segment Deleted	DELETED
2330G	REF	OTHER PAYER SERVICE FACILITY LOCATION IDENTIFICATION		3	R											Segment Deleted	DELETED
								2330G	NM1	OTHER PAYER BILLING PROVIDER		1	S	1		New Segment	SEGMENT NOT USED BY MQD
								2330G	NM101	Entity Identifier Code	ID	2-3	R		85		NOT USED BY MQD
								2330G	NM102	Entity Type Qualifier	ID	1-1	R		1, 2		NOT USED BY MQD
								2330G	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2330G	NM104	Name First	AN	1-35	N/U				NOT USED
								2330G	NM105	Name Middle	AN	1-25	N/U				NOT USED
								2330G	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2330G	NM107	Name Suffix	AN	1-10	N/U				NOT USED
								2330G	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
								2330G	NM109	Other Payer Primary Identifier	AN	2-80	N/U				NOT USED
								2330G	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2330G	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2330G	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2330G	REF	OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION		2	R			New Segment	SEGMENT NOT USED BY MQD
								2330G	REF01	Reference Identification Qualifier	ID	2-3	R		G2, LU		NOT USED BY MQD
								2330G	REF02	Other Payer Billing Provider Secondary Identification	AN	1-50	R				NOT USED BY MQD
								2330G	REF03	Description	AN	1-80	N/U				NOT USED
								2330G	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330G	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				NOT USED
								2330G	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U				NOT USED
								2330G	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2330G	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
								2330G	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2330G	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
2330H	NM1	OTHER PAYER SUPERVISING PROVIDER		1	S	1										Segment Deleted	DELETED
2330H	REF	OTHER PAYER SUPERVISING PROVIDER IDENTIFICATION		3	R											Segment Deleted	DELETED
2400	LX	SERVICE LINE		1	R	50		2400	LX	SERVICE LINE		1	R	50			
	LX01	Assigned Number	NO	1-6	R			2400	LX01	Assigned Number	NO	1-6	R				Expect 1 and incremented
2400	SV1	PROFESSIONAL SERVICE		1	R			2400	SV1	PROFESSIONAL SERVICE		1	R				

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
	SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R			2400	SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R				
	SV101-1	Product or Service ID Qualifier	ID	2-2	R		HC, IV, ZZ	2400	SV101-1	Product or Service ID Qualifier	ID	2-2	R		ER, HC, IV, WK	Coe Change	Expect HC
	SV101-2	Procedure Code	AN	1-48	R			2400	SV101-2	Procedure Code	AN	1-48	R				Expect Procedure Code
	SV101-3	Procedure Modifier	AN	2-2	S			2400	SV101-3	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier
	SV101-4	Procedure Modifier	AN	2-2	S			2400	SV101-4	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier
	SV101-5	Procedure Modifier	AN	2-2	S			2400	SV101-5	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier
	SV101-6	Procedure Modifier	AN	2-2	S			2400	SV101-6	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier
	SV101-7	Description	AN	1-80	N/U			2400	SV101-7	Description	AN	1-80	S				NOT USED BY MQD
								2400	SV101-8	Product/Service ID	AN	1-48	N/U			New Element	NOT USED
	SV102	Line Item Charge Amount S9(7)V99	R	1-18	R			2400	SV102	Line Item Charge Amount S9(7)V99	R	1-18	R				Expect Line Item Charge Amount
	SV103	Unit or Basis for Measurement Code	ID	2-2	R		F2,MJ,UN	2400	SV103	Unit or Basis for Measurement Code	ID	2-2	R		MJ, UN		Expect MJ or UN
	SV104	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" = 9(3)V9	R	1-15	R			2400	SV104	Service Unit Count "MJ" = 9(4) "UN" = 9(3)V9	R	1-15	R				Expect Quantity
	SV105	Place of Service Code	AN	1-2	S		11, 12, 21, 22, 23,	2400	SV105	Place of Service Code	AN	1-2	S				Expect Place of Service Code
	SV106	Service Type Code	ID	1-2	N/U			2400	SV106	Service Type Code	ID	1-2	N/U				NOT USED
	SV107	COMPOSITE DIAGNOSIS CODE POINTER			S			2400	SV107	COMPOSITE DIAGNOSIS CODE POINTER			R			Usage changed to Required Allowed values are 1-12 If SV107-1 is present, use the number represented here to determine which diagnosis from the HI segment should be moved. Note: Only 4 Diagnosis code pointers to now 12 (prior 8) Diagnosis codes in 2300/HI segment Need to review that we will be able to accept values 1-12	
	SV107-1	Diagnosis Code Pointer	N0	1-2	R			2400	SV107-1	Diagnosis Code Pointer	N0	1-2	R			If SV107-1 = 1, move HI01-2 If SV107-1 = 2, move HI02-2 If SV107-1 = 3, move HI03-2 If SV107-1 = 4, move HI04-2 If SV107-1 = 5, move HI05-2 If SV107-1 = 6, move HI06-2 If SV107-1 = 7, move HI07-2 If SV107-1 = 8, move HI08-2	Expect 1 through 12
	SV107-2	Diagnosis Code Pointer	N0	1-2	S			2400	SV107-2	Diagnosis Code Pointer	N0	1-2	S			If SV107-2 = 1, move HI01-2 If SV107-2 = 2, move HI02-2 If SV107-2 = 3, move HI03-2 If SV107-2 = 4, move HI04-2 If SV107-2 = 5, move HI05-2 If SV107-2 = 6, move HI06-2 If SV107-2 = 7, move HI07-2 If SV107-2 = 8, move HI08-2	Expect 1 through 12 if applicable
	SV107-3	Diagnosis Code Pointer	N0	1-2	S			2400	SV107-3	Diagnosis Code Pointer	N0	1-2	S			If SV107-3 = 1, move HI01-2 If SV107-3 = 2, move HI02-2 If SV107-3 = 3, move HI03-2 If SV107-3 = 4, move HI04-2 If SV107-3 = 5, move HI05-2 If SV107-3 = 6, move HI06-2 If SV107-3 = 7, move HI07-2 If SV107-3 = 8, move HI08-2	Expect 1 through 12 if applicable
	SV107-4	Diagnosis Code Pointer	N0	1-2	S			2400	SV107-4	Diagnosis Code Pointer	N0	1-2	S			If SV107-4 = 1, move HI01-2 If SV107-4 = 2, move HI02-2 If SV107-4 = 3, move HI03-2 If SV107-4 = 4, move HI04-2 If SV107-4 = 5, move HI05-2 If SV107-4 = 6, move HI06-2 If SV107-4 = 7, move HI07-2 If SV107-4 = 8, move HI08-2	Expect 1 through 12 if applicable

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
	SV108	Monetary Amount	R	1-18	N/U			2400	SV108	Monetary Amount	R	1-18	N/U				NOT USED
	SV109	Emergency Indicator	ID	1-1	S		Y	2400	SV109	Emergency Indicator	ID	1-1	S		Y	Required when the service is known to be an emergency by the provider.	Expect Y if service is known to be an emergency by provider
	SV110	Multiple Procedure Code	ID	1-2	N/U			2400	SV110	Multiple Procedure Code	ID	1-2	N/U				NOT USED
	SV111	EPSDT Indicator	ID	1-1	S		Y	2400	SV111	EPSDT Indicator	ID	1-1	S		Y	Required when Medicaid services are the result of a screening referral	Expect Y if service is the result of a screening referral
	SV112	Family Planning Indicator	ID	1-1	S		Y	2400	SV112	Family Planning Indicator	ID	1-1	S		Y	Required when applicable for Medicaid claims.	Expect 'Y' or Blank
	SV113	Review Code	ID	1-2	N/U			2400	SV113	Review Code	ID	1-2	N/U				NOT USED
	SV114	National or Local Assigned Review Value	AN	1-2	N/U			2400	SV114	National or Local Assigned Review Value	AN	1-2	N/U				NOT USED
	SV115	Co-Pay Status Code	ID	1-1	S		0	2400	SV115	Co-Pay Status Code	ID	1-1	S		0	Required when patient is exempt from co-pay. 0=Copay exempt	Expect '0'
	SV116	Health Care Professional Shortage Area Code	ID	1-1	N/U			2400	SV116	Health Care Professional Shortage Area Code	ID	1-1	N/U				NOT USED
	SV117	Reference Identification	AN	1-30	N/U			2400	SV117	Reference Identification	AN	1-30	N/U				NOT USED
	SV118	Postal Code	ID	3-15	N/U			2400	SV118	Postal Code	ID	3-15	N/U				NOT USED
	SV119	Monetary Amount	R	1-18	N/U			2400	SV119	Monetary Amount	R	1-18	N/U				NOT USED
	SV120	Level of Care Code	ID	1-1	N/U			2400	SV120	Level of Care Code	ID	1-1	N/U				NOT USED
	SV121	Provider Agreement Code	ID	1-1	N/U			2400	SV121	Provider Agreement Code	ID	1-1	N/U				NOT USED
2400	SV5	DURABLE MEDICAL EQUIPMENT SERVICE		1	S			2400	SV5	DURABLE MEDICAL EQUIPMENT SERVICE		1	S				SEGMENT NOT USED BY MQD
	SV501	COMPOSITE MEDICAL PROCEDURE			R			2400	SV501	COMPOSITE MEDICAL PROCEDURE			R				NOT USED BY MQD
	SV501-1	Procedure Identifier	ID	2-2	R		HC	2400	SV501-1	Procedure Identifier	ID	2-2	R		HC		NOT USED BY MQD
	SV501-2	Procedure Code	AN	1-48	R			2400	SV501-2	Procedure Code	AN	1-48	R				NOT USED BY MQD
	SV501-3	Procedure Modifier	AN	2-2	N/U			2400	SV501-3	Procedure Modifier	AN	2-2	N/U				NOT USED
	SV501-4	Procedure Modifier	AN	2-2	N/U			2400	SV501-4	Procedure Modifier	AN	2-2	N/U				NOT USED
	SV501-5	Procedure Modifier	AN	2-2	N/U			2400	SV501-5	Procedure Modifier	AN	2-2	N/U				NOT USED
	SV501-6	Procedure Modifier	AN	2-2	N/U			2400	SV501-6	Procedure Modifier	AN	2-2	N/U				NOT USED
	SV501-7	Description	AN	1-80	N/U			2400	SV501-7	Description	AN	1-80	N/U				NOT USED
								2400	SV501-8	Product/Service ID	AN	1-48	N/U			New Element	NOT USED
	SV502	Unit or Basis for Measurement Code	ID	2-2	R		DA	2400	SV502	Unit or Basis for Measurement Code	ID	2-2	R		DA		NOT USED BY MQD
	SV503	Length of Medical Necessity 9(3)	R	1-15	R			2400	SV503	Length of Medical Necessity 9(3)	R	1-15	R				NOT USED BY MQD
	SV504	DME Rental Price S9(7)V99	R	1-18	S			2400	SV504	DME Rental Price S9(7)V99	R	1-18	R			Usage changed to Required	NOT USED BY MQD
	SV505	DME Purchase Price S9(7)V99	R	1-18	S			2400	SV505	DME Purchase Price S9(7)V99	R	1-18	R			Usage changed to Required	NOT USED BY MQD
	SV506	Rental Unit Price Indicator	ID	1-1	S		1, 4, 6	2400	SV506	Rental Unit Price Indicator	ID	1-1	R		1, 4, 6	Usage changed to Required	NOT USED BY MQD
	SV507	Prognosis Code	ID	1-1	N/U			2400	SV507	Prognosis Code	ID	1-1	N/U				NOT USED
								2400	PWK	LINE SUPPLEMENTAL		10	S			New Segment	SEGMENT NOT USED BY MQD
								2400	PWK01	Attachment Report Type Code	ID	2-2	R		03, 04, 05, 06,		NOT USED BY MQD
								2400	PWK02	Attachment Transmission Code	ID	1-2	R		AA, BM, EL,		NOT USED BY MQD
								2400	PWK03	Report Copies Needed	N0	1-2	N/U				NOT USED
								2400	PWK04	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2400	PWK05	Identification Code Qualifier	ID	1-2	S		AC		NOT USED BY MQD
								2400	PWK06	Identification Code	AN	2-80	S				NOT USED BY MQD
								2400	PWK07	Description	AN	1-80	N/U				NOT USED
								2400	PWK08	ACTIONS INDICATED			N/U				NOT USED
								2400	PWK09	Request Category Code	ID	1-2	N/U				NOT USED
2400	PWK	DMERC CMN INDICATOR		1	S			2400	PWK	DURABLE MEDICAL EQUIPMENT CERTIFICATE OF MEDICAL NECESSITY INDICATOR		1	S			Name Change	SEGMENT NOT USED BY MQD
	PWK01	Attachment Report Type Code	ID	2-2	R		CT	2400	PWK01	Attachment Report Type Code	ID	2-2	R		CT		NOT USED BY MQD
	PWK02	Attachment Transmission Code	ID	1-2	R		AB, AD, AF, AG,	2400	PWK02	Attachment Transmission Code	ID	1-2	R		AB, AD, AF,		NOT USED BY MQD
	PWK03	Report Copies Needed	N0	1-2	N/U			2400	PWK03	Report Copies Needed	N0	1-2	N/U				NOT USED
	PWK04	Entity Identifier Code	ID	2-3	N/U			2400	PWK04	Entity Identifier Code	ID	2-3	N/U				NOT USED
	PWK05	Identification Code Qualifier	ID	1-2	N/U			2400	PWK05	Identification Code Qualifier	ID	1-2	N/U				NOT USED

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ	
	PWK06	Identification Code	AN	2-80	N/U			2400	PWK06	Identification Code	AN	2-80	N/U				NOT USED	
	PWK07	Description	AN	1-80	N/U			2400	PWK07	Description	AN	1-80	N/U				NOT USED	
	PWK08	ACTIONS INDICATED			N/U			2400	PWK08	ACTIONS INDICATED			N/U				NOT USED	
	PWK09	Request Category Code	ID	1-2	N/U			2400	PWK09	Request Category Code	ID	1-2	N/U				NOT USED	
2400	CR1	AMBULANCE TRANSPORT INFORMATION		1	S			2400	CR1	AMBULANCE TRANSPORT INFORMATION		1	S				SEGMENT NOT USED BY MQD	
	CR101	Unit or Basis for	ID	2-2	S		LB	2400	CR101	Unit or Basis for Measurement Code	ID	2-2	S		LB		NOT USED BY MQD	
	CR102	Patient Weight 9(3)	R	1-10	S			2400	CR102	Patient Weight 9(3)	R	1-10	S				NOT USED BY MQD	
	CR103	Ambulance Transport Code	ID	1-1	R		I, R, T, X	2400	CR103	Ambulance Transport Code	ID	1-1	N/U			Usage changed to Not Used	NOT USED	
	CR104	Ambulance Transport Reason Code	ID	1-1	R		A, B, C, D, E	2400	CR104	Ambulance Transport Reason Code	ID	1-1	R		A, B, C, D, E		NOT USED BY MQD	
	CR105	Unit or Basis for Measurement Code	ID	2-2	R		DH	2400	CR105	Unit or Basis for Measurement Code	ID	2-2	R		DH		NOT USED BY MQD	
	CR106	Transport Distance 9(4)	R	1-15	R			2400	CR106	Transport Distance 9(4)	R	1-15	R				NOT USED BY MQD	
	CR107	Address Information	AN	1-55	N/U			2400	CR107	Address Information	AN	1-55	N/U				NOT USED	
	CR108	Address Information	AN	1-55	N/U			2400	CR108	Address Information	AN	1-55	N/U				NOT USED	
	CR109	Round Trip Purpose Description	AN	1-80	S			2400	CR109	Round Trip Purpose Description	AN	1-80	S				NOT USED BY MQD	
	CR110	Stretcher Purpose Description	AN	1-80	S			2400	CR110	Stretcher Purpose Description	AN	1-80	S				NOT USED BY MQD	
2400	CR2	SPINAL MANIPULATION SERVICE INFORMATION		5	S											Segment Deleted	DELETED	
2400	CR3	DURABLE MEDICAL EQUIPMENT CERTIFICATION		1	S			2400	CR3	DURABLE MEDICAL EQUIPMENT CERTIFICATION		1	S					SEGMENT NOT USED BY MQD
	CR301	Certification Type Code	ID	1-1	R		I,R,S	2400	CR301	Certification Type Code	ID	1-1	R		I,R,S		NOT USED BY MQD	
	CR302	Unit or Basis for Measurement Code	ID	2-2	R		MO	2400	CR302	Unit or Basis for Measurement Code	ID	2-2	R		MO		NOT USED BY MQD	
	CR303	Durable Medical Equipment Duration 9(2)	R	1-15	R			2400	CR303	Durable Medical Equipment Duration 9(2)	R	1-15	R				NOT USED BY MQD	
	CR304	Insulin Dependent Code	ID	1-1	N/U			2400	CR304	Insulin Dependent Code	ID	1-1	N/U				NOT USED	
	CR305	Description	AN	1-80	N/U			2400	CR305	Description	AN	1-80	N/U				NOT USED	
2400	CR5	HOME OXYGEN THERAPY INFORMATION		1	S											Segment Deleted	DELETED	
2400	CRC	AMBULANCE CERTIFICATION		3	S			2400	CRC	AMBULANCE CERTIFICATION		3	S					SEGMENT NOT USED BY MQD
	CRC01	Code Category	ID	2-2	R		07	2400	CRC01	Code Category	ID	2-2	R		07		NOT USED BY MQD	
	CRC02	Certification Condition Indicator	ID	1-1	R		N, Y	2400	CRC02	Certification Condition Indicator	ID	1-1	R		N, Y		NOT USED BY MQD	
	CRC03	Condition Code	ID	2-2	R		01, 02, 03, 04, 05,	2400	CRC03	Condition Code	ID	2-3	R		01, 04, 05, 06,	Code Deleted	NOT USED BY MQD	
	CRC04	Condition Code	ID	2-2	S		01, 02, 03, 04, 05,	2400	CRC04	Condition Code	ID	2-3	S		01, 04, 05, 06,	Code Deleted	NOT USED BY MQD	
	CRC05	Condition Code	ID	2-2	S		01, 02, 03, 04, 05,	2400	CRC05	Condition Code	ID	2-3	S		01, 04, 05, 06,	Code Deleted	NOT USED BY MQD	
	CRC06	Condition Code	ID	2-2	S		01, 02, 03, 04, 05,	2400	CRC06	Condition Code	ID	2-3	S		01, 04, 05, 06,	Code Deleted	NOT USED BY MQD	
	CRC07	Condition Code	ID	2-2	S		01, 02, 03, 04, 05,	2400	CRC07	Condition Code	ID	2-3	S		01, 04, 05, 06,	Code Deleted	NOT USED BY MQD	
2400	CRC	HOSPICE EMPLOYEE INDICATOR		1	S			2400	CRC	HOSPICE EMPLOYEE INDICATOR		1	S					SEGMENT NOT USED BY MQD
	CRC01	Code Category	ID	2-2	R		70	2400	CRC01	Code Category	ID	2-2	R		70		NOT USED BY MQD	
	CRC02	Hospice Employed Provider Indicator	ID	1-1	R		N, Y	2400	CRC02	Hospice Employed Provider Indicator	ID	1-1	R		N, Y		NOT USED BY MQD	
	CRC03	Condition Indicator	ID	2-2	R		65	2400	CRC03	Condition Indicator	ID	2-3	R		65	Increase from 2 - 3	NOT USED BY MQD	
	CRC04	Condition Indicator	ID	2-2	N/U			2400	CRC04	Condition Indicator	ID	2-3	N/U				NOT USED	
	CRC05	Condition Indicator	ID	2-2	N/U			2400	CRC05	Condition Indicator	ID	2-3	N/U				NOT USED	
	CRC06	Condition Indicator	ID	2-2	N/U			2400	CRC06	Condition Indicator	ID	2-3	N/U				NOT USED	
	CRC07	Condition Indicator	ID	2-2	N/U			2400	CRC07	Condition Indicator	ID	2-3	N/U				NOT USED	
2400	CRC	DMERC CONDITION INDICATOR		2	S			2400	CRC	CONDITION INDICATOR DURABLE MEDICAL EQUIPMENT		1	S					SEGMENT NOT USED BY MQD
	CRC01	Code Category	ID	2-2	R		09,11	2400	CRC01	Code Category	ID	2-2	R		09	Code Deleted	NOT USED BY MQD	
	CRC02	Certification Condition Indicator	ID	1-1	R		N, Y	2400	CRC02	Certification Condition Indicator	ID	1-1	R		N, Y		NOT USED BY MQD	
	CRC03	Condition Indicator	ID	2-2	R		37,38,AL,P1, ZV	2400	CRC03	Condition Indicator	ID	2-3	R		38, ZV	Code Deleted	NOT USED BY MQD	
	CRC04	Condition Indicator	ID	2-2	S		37,38,AL,P1, ZV	2400	CRC04	Condition Indicator	ID	2-3	S		38, ZV	Code Deleted	NOT USED BY MQD	
	CRC05	Condition Indicator	ID	2-2	S		37,38,AL,P1, ZV	2400	CRC05	Condition Indicator	ID	2-3	N/U			Usage changed to Not Used	NOT USED	
	CRC06	Condition Indicator	ID	2-2	S		37,38,AL,P1, ZV	2400	CRC06	Condition Indicator	ID	2-3	N/U			Usage changed to Not Used	NOT USED	
	CRC07	Condition Indicator	ID	2-2	S		37,38,AL,P1, ZV	2400	CRC07	Condition Indicator	ID	2-3	N/U			Usage changed to Not Used	NOT USED	

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
2400	DTP	DATE - SERVICE DATE		1	R			2400	DTP	DATE - SERVICE DATE		1	R				
	DTP01	Date Time Qualifier	ID	3-3	R		472	2400	DTP01	Date Time Qualifier	ID	3-3	R		472		Expect 472
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8, RD8	2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8, RD8		Expect D8 or RD8
	DTP03	Service Date	AN	1-35	R		CCYYMMDD, CCYYMMDD	2400	DTP03	Service Date	AN	1-35	R		CCYYMMDD, CCYYMMDD		Expect CCYYMMDD if D8, Expect CCYYMMDD-CCYYMMDD if RD8
								2400	DTP	DATE - PRESCRIPTION DATE		1	S			Expect when drug billed for line and prescription was written or communicated by prescriber	
								2400	DTP01	Date Time Qualifier	ID	3-3	R		471		Expect 471
								2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect D8
								2400	DTP03	Prescription Date	AN	1-35	R		CCYYMMDD		Expect CCYYMMDD
2400	DTP	DATE - CERTIFICATION REVISION DATE		1	S			2400	DTP	DATE - CERTIFICATION REVISION/RECERTIFICATION DATE		1	S				SEGMENT NOT USED BY MQD
	DTP01	Date Time Qualifier	ID	3-3	R		607	2400	DTP01	Date Time Qualifier	ID	3-3	R		607		NOT USED BY MQD
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
	DTP03	Certification Revision Date	AN	1-35	R		CCYYMMDD	2400	DTP03	Certification Revision Recertification	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2400	DTP	DATE - BEGIN THERAPY DATE		1	S			2400	DTP	DATE - BEGIN THERAPY DATE		1	S				SEGMENT NOT USED BY MQD
	DTP01	Date Time Qualifier	ID	3-3	R		463	2400	DTP01	Date Time Qualifier	ID	3-3	R		463		NOT USED BY MQD
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
	DTP03	Begin Therapy Date	AN	1-35	R		CCYYMMDD	2400	DTP03	Begin Therapy Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2400	DTP	DATE - LAST CERTIFICATION DATE		1	S			2400	DTP	DATE - LAST CERTIFICATION DATE		1	S				SEGMENT NOT USED BY MQD
	DTP01	Date Time Qualifier	ID	3-3	R		461	2400	DTP01	Date Time Qualifier	ID	3-3	R		461		NOT USED BY MQD
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
	DTP03	Last Certification Date	AN	1-35	R		CCYYMMDD	2400	DTP03	Last Certification Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2400	DTP	DATE - DATE LAST SEEN		1	S			2400	DTP	DATE - DATE LAST SEEN		1	S				SEGMENT NOT USED BY MQD
	DTP01	Date Time Qualifier	ID	3-3	R		304	2400	DTP01	Date Time Qualifier	ID	3-3	R		304		NOT USED BY MQD
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
	DTP03	Last Seen Date	AN	1-35	R		CCYYMMDD	2400	DTP03	Last Seen Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2400	DTP	DATE - TEST		2	S			2400	DTP	DATE - TEST		2	S			Expect on initial EPO claims service lines for dialysis patients when test results being billed/reported	
	DTP01	Date Time Qualifier	ID	3-3	R		738, 739	2400	DTP01	Date Time Qualifier	ID	3-3	R		738, 739	738=Most Recent Hemoglobin or	Expect 738 or 739
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect D8
	DTP03	Test Performed Date	AN	1-35	R		CCYYMMDD	2400	DTP03	Test Performed Date	AN	1-35	R		CCYYMMDD		Expect Test Date
2400	DTP	DATE - OXYGEN SATURATION/ARTERIAL BLOOD GAS TEST		3	S										Segment Deleted	DELETED	
2400	DTP	DATE - SHIPPED		1	S			2400	DTP	DATE - SHIPPED		1	S				SEGMENT NOT USED BY MQD
	DTP01	Date Time Qualifier	ID	3-3	R		011	2400	DTP01	Date Time Qualifier	ID	3-3	R		011		NOT USED BY MQD
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
	DTP03	Shipped Date	AN	1-35	R		CCYYMMDD	2400	DTP03	Shipped Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2400	DTP	DATE - ONSET OF CURRENT SYMPTOM/ILLNESS		1	S										Segment Deleted	DELETED	
2400	DTP	DATE - LAST X-RAY		1	S			2400	DTP	DATE - LAST X-RAY		1	S				SEGMENT NOT USED BY MQD
	DTP01	Date Time Qualifier	ID	3-3	R		455	2400	DTP01	Date Time Qualifier	ID	3-3	R		455		NOT USED BY MQD
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
	DTP03	Last X-Ray Date	AN	1-35	R		CCYYMMDD	2400	DTP03	Last X-Ray Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2400	DTP	DATE - ACUTE MANIFESTATION		1	S										Segment Deleted	DELETED	
2400	DTP	DATE - INITIAL TREATMENT		1	S			2400	DTP	DATE - INITIAL TREATMENT		1	S				
	DTP01	Date Time Qualifier	ID	3-3	R		454	2400	DTP01	Date Time Qualifier	ID	3-3	R		454		Expect 454

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Loop	Element	Description	ID	Min. Max.	Use	REP	Values	Loop	Element	Description	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect D8
	DTP03	Initial Treatment Date	AN	1-35	R		CCYYMMDD	2400	DTP03	Initial Treatment Date	AN	1-35	R		CCYYMMDD		Expect Initial Treatment Date
2400	DTP	DATE - SIMILAR ILLNESS/SYMP TOM ONSET		1	S											Segment Deleted	DELETED
								2400	QTY	AMBULANCE PATIENT COUNT		1	S			Segment Added	SEGMENT NOT USED BY MQD
								2400	QTY01	Quantity Qualifier	ID	2-2	R		PT		NOT USED BY MQD
								2400	QTY02	Ambulance Patient Count 9(2)	R	1-15	R				NOT USED BY MQD
								2400	QTY03	COMPOSITE UNIT OF MEASURE			N/U				NOT USED
								2400	QTY04	Fee-Form Message	AN	1-30	N/U				NOT USED
								2400	QTY	OBSTETRIC ANESTHESIA ADDITIONAL UNITS		1	S			Segment Added	SEGMENT NOT USED BY MQD
								2400	QTY01	Quantity Qualifier	ID	2-2	R		FL		NOT USED BY MQD
								2400	QTY02	Obstetric Additional Units 9(2)	R	1-15	R				NOT USED BY MQD
								2400	QTY03	COMPOSITE UNIT OF MEASURE			N/U				NOT USED
								2400	QTY04	Fee-Form Message	AN	1-30	N/U				NOT USED
2400	MEA	TEST RESULTS		20	S			2400	MEA	TEST RESULTS		5	S				SEGMENT NOT USED BY MQD
	MEA01	Measurement Reference Identification	ID	2-2	R		OG, TR	2400	MEA01	Measurement Reference Identification	ID	2-2	R		OG, TR		NOT USED BY MQD
	MEA02	Measurement Qualifier	ID	1-3	R		GRA, HT, R1, R2,	2400	MEA02	Measurement Qualifier	ID	1-3	R		HT, R1, R2, R3,	Code Deleted	NOT USED BY MQD
	MEA03	Test Result 9(3) "GRA", "R1", "R2", "R4", & "ZO" = 9(2)V9	R	1-20	R			2400	MEA03	Test Result "HT" 9(2), "R1", "R2", "R3", "R4" = 9(2)V9	R	1-20	R				NOT USED BY MQD
	MEA04	COMPOSITE UNIT OF MEASURE			N/U			2400	MEA04	COMPOSITE UNIT OF MEASURE			N/U				NOT USED
	MEA05	Range Minimum	R	1-20	N/U			2400	MEA05	Range Minimum	R	1-20	N/U				NOT USED
	MEA06	Range Maximum	R	1-20	N/U			2400	MEA06	Range Maximum	R	1-20	N/U				NOT USED
	MEA07	Measurement Significance Code	ID	2-2	N/U			2400	MEA07	Measurement Significance Code	ID	2-2	N/U				NOT USED
	MEA08	Measurement Attribute Code	ID	2-2	N/U			2400	MEA08	Measurement Attribute Code	ID	2-2	N/U				NOT USED
	MEA09	Surface/Layer/Position Code	ID	2-2	N/U			2400	MEA09	Surface/Layer/Position Code	ID	2-2	N/U				NOT USED
	MEA10	Measurement Method or Device	ID	2-4	N/U			2400	MEA10	Measurement Method or Device	ID	2-4	N/U				NOT USED
								2400	MEA11	Code List Qualifier Code	ID	1-3	N/U			New Element	NOT USED
								2400	MEA12	Industry Code	AN	1-30	N/U			New Element	NOT USED
2400	CN1	CONTRACT INFORMATION		1	S			2400	CN1	CONTRACT INFORMATION		1	S				SEGMENT NOT USED BY MQD
	CN101	Contract Type Code	ID	2-2	R		01, 02, 03, 04, 05,	2400	CN101	Contract Type Code	ID	2-2	R		01, 02, 03, 04,		NOT USED BY MQD
	CN102	Contract Amount S9(7)V99	R	1-18	S			2400	CN102	Contract Amount S9(7)V99	R	1-18	S				NOT USED BY MQD
	CN103	Contract Percentage 9(2)V99	R	1-6	S			2400	CN103	Contract Percentage 9(2)V99	R	1-6	S				NOT USED BY MQD
	CN104	Contract Code	AN	1-30	S			2400	CN104	Contract Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD
	CN105	Terms Discount Percent 9(2)V99	R	1-6	S			2400	CN105	Terms Discount Percent 9(2)V99	R	1-6	S				NOT USED BY MQD
	CN106	Contract Version Identifier	AN	1-30	S			2400	CN106	Contract Version Identifier	AN	1-30	S				NOT USED BY MQD
2400	REF	REPRICED LINE ITEM REFERENCE NUMBER		1	S			2400	REF	REPRICED LINE ITEM REFERENCE NUMBER		1	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		9B	2400	REF01	Reference Identification Qualifier	ID	2-3	R		9B		NOT USED BY MQD
	REF02	Repriced Line Item Reference Number	AN	1-30	R			2400	REF02	Repriced Line Item Reference Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2400	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2400	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2400	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2400	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2400	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2400	REF	ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER		1	S			2400	REF	ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER		1	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		9D	2400	REF01	Reference Identification Qualifier	ID	2-3	R		9D		NOT USED BY MQD
	REF02	Adjusted Repriced Line Item Reference Number	AN	1-30	R			2400	REF02	Adjusted Repriced Line Item Reference Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2400	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2400	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2400	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED

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								2400	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2400	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2400	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2400	REF	PRIOR AUTHORIZATION OR REFERRAL NUMBER		2	S			2400	REF	PRIOR AUTHORIZATION		5	S				Expect when an authorization number is assigned by MQD and the services were preauthorized and is different than claim level
	REF01	Reference Identification Qualifier	ID	2-3	R		9F, G1	2400	REF01	Reference Identification Qualifier	ID	2-3	R		G1	Code Deleted	Expect G1
	REF02	Prior Authorization or Referral Number	AN	1-30	R			2400	REF02	Prior Authorization or Referral Number	AN	1-50	R			Increase from 30 - 50	Expect Prior Authorization Number
	REF03	Description	AN	1-80	N/U			2400	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2400	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2400	REF	LINE ITEM CONTROL NUMBER		1	S			2400	REF	LINE ITEM CONTROL NUMBER		1	S			Expect if submitter needs a line item control number for subsequent communications to or from payer	
	REF01	Reference Identification Qualifier	ID	2-3	R		6R	2400	REF01	Reference Identification Qualifier	ID	2-3	R		6R		Expect 6R
	REF02	Line Item Control Number	AN	1-30	R			2400	REF02	Line Item Control Number	AN	1-50	R			Increase from 30 - 50	
	REF03	Description	AN	1-80	N/U			2400	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2400	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2400	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2400	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2400	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2400	REF	MAMMOGRAPHY CERTIFICATION NUMBER		1	S			2400	REF	MAMMOGRAPHY CERTIFICATION NUMBER		1	S				SEGMENT NOT USED BY MQD
	REF01	Reference identification Qualifier	ID	2-3	R		EW	2400	REF01	Reference identification Qualifier	ID	2-3	R		EW		NOT USED BY MQD
	REF02	Mammography Certification Number	AN	1-30	R			2400	REF02	Mammography Certification Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2400	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2400	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2400	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2400	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2400	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2400	REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION		1	S			2400	REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION		1	S			Expect for CLIA certified facilities performing CLIA covered lab services and the number is different than CLIA reported at claim level	SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		X4	2400	REF01	Reference Identification Qualifier	ID	2-3	R		X4		NOT USED BY MQD
	REF02	Clinical Laboratory Improvement Amendment Number	AN	1-30	R			2400	REF02	Clinical Laboratory Improvement Amendment Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2400	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2400	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2400	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2400	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2400	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2400	REF	REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY IDENTIFICATION		1	S			2400	REF	REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY IDENTIFICATION		1	S				SEGMENT NOT USED BY MQD

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	REF01	Reference Identification Qualifier	ID	2-3	R		F4	2400	REF01	Reference Identification Qualifier	ID	2-3	R		F4		NOT USED BY MQD
	REF02	Referring CLIA Number	AN	1-30	R			2400	REF02	Referring CLIA Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2400	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2400	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2400	REF04-1	Reference Identifier Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-2	Other Payer Primary Identifier	AN	1-50	N/U			New Element	NOT USED
								2400	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2400	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2400	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2400	REF	IMMUNIZATION BATCH NUMBER		1	S			2400	REF	IMMUNIZATION BATCH NUMBER		1	S			Required when mandated by state or federal law or regulations to report an Immunization Batch Number.	SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		BT	2400	REF01	Reference Identification Qualifier	ID	2-3	R		BT	BT=Batch Number	NOT USED BY MQD
	REF02	Immunization Batch Number	AN	1-30	R			2400	REF02	Immunization Batch Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2400	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2400	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2400	REF	AMBULATORY PATIENT GROUP (APG)		4	S											Segment Deleted	DELETED
2400	REF	OXYGEN FLOW RATE		1	S											Segment Deleted	DELETED
2400	REF	UNIVERSAL PRODUCT NUMBER (UPN)		1	S											Segment Deleted	DELETED
								2400	REF	REFERRAL NUMBER		5	S			New Segment	SEGMENT NOT USED BY MQD
								2400	REF01	Reference Identification Qualifier	ID	2-3	R		9F		NOT USED BY MQD
								2400	REF02	Referral Number	AN	1-50	R				NOT USED BY MQD
								2400	REF03	Description	AN	1-80	N/U				NOT USED
								2400	REF04	REFERENCE IDENTIFIER							NOT USED BY MQD
								2400	REF04-1	Reference Identifier Qualifier	ID	2-3	R		2U		NOT USED BY MQD
								2400	REF04-2	Other Payer Primary Identifier	AN	1-50	R				NOT USED BY MQD
								2400	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2400	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
								2400	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2400	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
2400	AMT	SALES TAX AMOUNT		1	S			2400	AMT	SALES TAX AMOUNT		1	S				SEGMENT NOT USED BY MQD
	AMT01	Amount Qualifier Code	ID	1-3	R		T	2400	AMT01	Amount Qualifier Code	ID	1-3	R		T		NOT USED BY MQD
	AMT02	Sales Tax Amount S9(7)V99	R	1-18	R			2400	AMT02	Sales Tax Amount S9(7)V99	R	1-18	R				NOT USED BY MQD
	AMT03	Credit/Debit Flag Code	ID	1-1	N/U			2400	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
2400	AMT	APPROVED AMOUNT		1	S											Segment Deleted	DELETED
2400	AMT	POSTAGE CLAIMED AMOUNT		1	S			2400	AMT	POSTAGE CLAIMED AMOUNT		1	S				SEGMENT NOT USED BY MQD
	AMT01	Amount Qualifier Code	ID	1-3	R		F4	2400	AMT01	Amount Qualifier Code	ID	1-3	R		F4		NOT USED BY MQD
	AMT02	Postage Claimed Amount S9(7)V99	R	1-18	R			2400	AMT02	Sales Tax Amount S9(7)V99	R	1-18	R				NOT USED BY MQD
	AMT03	Credit/Debit Flag Code	ID	1-1	N/U			2400	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
2400	K3	FILE INFORMATION		10	S			2400	K3	FILE INFORMATION		10	S				SEGMENT NOT USED BY MQD
	K301	Fixed Format Information	AN	1-80	R			2400	K301	Fixed Format Information	AN	1-80	R				NOT USED BY MQD
	K302	Record Format Code	ID	1-2	N/U			2400	K302	Record Format Code	ID	1-2	N/U				NOT USED
	K303	COMPOSITE UNIT OF MEASURE			N/U			2400	K303	COMPOSITE UNIT OF MEASURE			N/U				NOT USED
2400	NTE	LINE NOTE		1	S			2400	NTE	LINE NOTE		1	S			Expect if in the judgment of provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set	SEGMENT NOT USED BY MQD
	NTE01	Note Reference Code	ID	3-3	R		ADD, DCP, PMT,	2400	NTE01	Note Reference Code	ID	3-3	R		ADD, DCP	Code Deleted	NOT USED BY MQD
	NTE02	Line Note Text	AN	1-80	R			2400	NTE02	Line Note Text	AN	1-80	R				NOT USED BY MQD

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								2400	NTE	THIRD PARTY ORGANIZATION NOTE		1	S			New Segment	SEGMENT NOT USED BY MQD	
								2400	NTE01	Third Party Organization Notes	ID	3-3	R		TPO		NOT USED BY MQD	
								2400	NTE02	Line Note Text	AN	1-80	R				NOT USED BY MQD	
2400	PS1	PURCHASED SERVICE INFORMATION			1	S		2400	PS1	PURCHASED SERVICE INFORMATION			1	S			SEGMENT NOT USED BY MQD	
	PS101	Purchased Service Provider Identifier	AN	1-30	R			2400	PS101	Purchased Service Provider Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD	
	PS102	Purchased Service Charge Amount S9(7)V99	R	1-18	R			2400	PS102	Purchased Service Charge Amount S9(7)V99	R	1-18	R				NOT USED BY MQD	
	PS103	State or Province Code	ID	2-2	N/U			2400	PS103	State or Province Code	ID	2-2	N/U				NOT USED	
2400	HSD	HEALTH CARE SERVICES DELIVERY			1	S										Segment Deleted	DELETED	
2400	HCP	LINE PRICING/REPRICING INFORMATION			1	S		2400	HCP	LINE PRICING/REPRICING INFORMATION			1	S			SEGMENT NOT USED BY MQD	
	HCP01	Pricing Methodology	ID	2-2	R		00, 01, 02, 03, 04,	2400	HCP01	Pricing Methodology	ID	2-2	R		00, 01, 02, 03,		NOT USED BY MQD	
	HCP02	Repriced Allowed Amount S9(7)V99	R	1-18	R			2400	HCP02	Repriced Allowed Amount S9(7)V99	R	1-18	R				NOT USED BY MQD	
	HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S			2400	HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S				NOT USED BY MQD	
	HCP04	Repricing Organization Identifier	AN	1-30	S			2400	HCP04	Repricing Organization Identifier	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD	
	HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S			2400	HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S				NOT USED BY MQD	
	HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-30	S			2400	HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD	
	HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99	R	1-18	S			2400	HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99	R	1-18	S				NOT USED BY MQD	
	HCP08	Product/Service ID	AN	1-48	N/U			2400	HCP08	Product/Service ID	AN	1-48	N/U				NOT USED	
	HCP09	Product or Service ID Qualifier	ID	2-2	S		HC, IV, ZZ	2400	HCP09	Product or Service ID Qualifier	ID	2-2	S		ER, HC, IV, WK	Code Deleted	NOT USED BY MQD	
	HCP10	Procedure Code	AN	1-48	S			2400	HCP10	Procedure Code	AN	1-48	S				NOT USED BY MQD	
	HCP11	Unit or Basis for Measurement Code	ID	2-2	S		DA, UN	2400	HCP11	Unit or Basis for Measurement Code	ID	2-2	S		MJ, UN	Code Change	NOT USED BY MQD	
	HCP12	Repriced Approved Service Unit Count "DA" = 9(3) "UN" = 9(3)V9	R	1-15	S			2400	HCP12	Repriced Approved Service Unit Count "MJ" = 9(4) "UN" = 9(3)V9	R	1-15	S				NOT USED BY MQD	
	HCP13	Reject Reason Code	ID	2-2	S		T1, T2, T3, T4,	2400	HCP13	Reject Reason Code	ID	2-2	S		T1, T2, T3, T4,		NOT USED BY MQD	
	HCP14	Policy Compliance Code	ID	1-2	S		1, 2, 3, 4, 5	2400	HCP14	Policy Compliance Code	ID	1-2	S		1, 2, 3, 4, 5		NOT USED BY MQD	
	HCP15	Exception Code	ID	1-2	S		1, 2, 3, 4, 5, 6	2400	HCP15	Exception Code	ID	1-2	S		1, 2, 3, 4, 5, 6		NOT USED BY MQD	
2410	LIN	DRUG IDENTIFICATION			1	S	25	2410	LIN	DRUG IDENTIFICATION			1	S	1			
	LIN01	Assigned Identification	AN	1-20	N/U			2410	LIN01	Assigned Identification	AN	1-20	N/U					NOT USED
	LIN02	Product or Service ID Qualifier	ID	2-2	R		N4	2410	LIN02	Product or Service ID Qualifier	ID	2-2	R		N4	Errata added EN, EO, HI, ON, UK, UP	Expect N4	
	LIN03	National Drug Code	AN	1-48	R			2410	LIN03	National Drug Code	AN	1-48	R			Errata added Product Number	Expect National Drug Code	
	LIN04	Product/Service ID Qualifier	ID	2-2	N/U			2410	LIN04	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED	
	LIN05	Product/Service ID	AN	1-48	N/U			2410	LIN05	Product/Service ID	AN	1-48	N/U				NOT USED	
	LIN06	Product/Service ID Qualifier	ID	2-2	N/U			2410	LIN06	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED	
	LIN07	Product/Service ID	AN	1-48	N/U			2410	LIN07	Product/Service ID	AN	1-48	N/U				NOT USED	
	LIN08	Product/Service ID Qualifier	ID	2-2	N/U			2410	LIN08	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED	
	LIN09	Product/Service ID	AN	1-48	N/U			2410	LIN09	Product/Service ID	AN	1-48	N/U				NOT USED	
	LIN10	Product/Service ID Qualifier	ID	2-2	N/U			2410	LIN10	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED	
	LIN11	Product/Service ID	AN	1-48	N/U			2410	LIN11	Product/Service ID	AN	1-48	N/U				NOT USED	
	LIN12	Product/Service ID Qualifier	ID	2-2	N/U			2410	LIN12	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED	
	LIN13	Product/Service ID	AN	1-48	N/U			2410	LIN13	Product/Service ID	AN	1-48	N/U				NOT USED	
	LIN14	Product/Service ID Qualifier	ID	2-2	N/U			2410	LIN14	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED	
	LIN15	Product/Service ID	AN	1-48	N/U			2410	LIN15	Product/Service ID	AN	1-48	N/U				NOT USED	
	LIN16	Product/Service ID Qualifier	ID	2-2	N/U			2410	LIN16	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED	
	LIN17	Product/Service ID	AN	1-48	N/U			2410	LIN17	Product/Service ID	AN	1-48	N/U				NOT USED	
	LIN18	Product/Service ID Qualifier	ID	2-2	N/U			2410	LIN18	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED	
	LIN19	Product/Service ID	AN	1-48	N/U			2410	LIN19	Product/Service ID	AN	1-48	N/U				NOT USED	
	LIN20	Product/Service ID Qualifier	ID	2-2	N/U			2410	LIN20	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED	
	LIN21	Product/Service ID	AN	1-48	N/U			2410	LIN21	Product/Service ID	AN	1-48	N/U				NOT USED	

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	LIN22	Product/Service ID Qualifier	ID	2-2	N/U			2410	LIN22	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
	LIN23	Product/Service ID	AN	1-48	N/U			2410	LIN23	Product/Service ID	AN	1-48	N/U				NOT USED
	LIN24	Product/Service ID Qualifier	ID	2-2	N/U			2410	LIN24	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
	LIN25	Product/Service ID	AN	1-48	N/U			2410	LIN25	Product/Service ID	AN	1-48	N/U				NOT USED
	LIN26	Product/Service ID Qualifier	ID	2-2	N/U			2410	LIN26	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
	LIN27	Product/Service ID	AN	1-48	N/U			2410	LIN27	Product/Service ID	AN	1-48	N/U				NOT USED
	LIN28	Product/Service ID Qualifier	ID	2-2	N/U			2410	LIN28	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
	LIN29	Product/Service ID	AN	1-48	N/U			2410	LIN29	Product/Service ID	AN	1-48	N/U				NOT USED
	LIN30	Product/Service ID Qualifier	ID	2-2	N/U			2410	LIN30	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
	LIN31	Product/Service ID	AN	1-48	N/U			2410	LIN31	Product/Service ID	AN	1-48	N/U				NOT USED
2410	CTP	DRUG PRICING		1	S			2410	CTP	DRUG QUANTITY		1	R				
	CTP01	Class of Trade Code	ID	2-2	N/U			2410	CTP01	Class of Trade Code	ID	2-2	N/U				NOT USED
	CTP02	Price Identifier Code	ID	3-3	N/U			2410	CTP02	Price Identifier Code	ID	3-3	N/U				NOT USED
	CTP03	Drug Unit Price S9(7)V99	R	1-17	R			2410	CTP03	Unit Price	R	1-17	N/U			Usage changed to Not Used	NOT USED
	CTP04	National Drug Unit Count - when CTP05 = "UN" 9(3)V9, CTP05 = "F2" 9(7)V999, CTP05 = "ML" or "GR" 9(2)V99	R	1-15	R			2410	CTP04	National Drug Unit Count - when CTP05-1 = "UN" 9(3)V9, "F2" 9(7)V999, "ML" or "GR" 9(2)V99, ME 9(5)V999	R	1-15	R				Expect National Drug Unit Count
	CTP05	COMPOSITE UNIT OF MEASURE						2410	CTP05	COMPOSITE UNIT OF MEASURE			R			Usage changed to Required	
	CTP05-1	Unit or Basis For Measurement Code	ID	2-2	R		F2, GR, ML, UN	2410	CTP05-1	Unit or Basis For Measurement Code	ID	2-2	R		F2, GR, ME, ML, UN	Code Added	Expect F2, GR, ME, ML, UN
	CTP05-2	Exponent	R	1-15	N/U			2410	CTP05-2	Exponent	R	1-15	N/U				NOT USED
	CTP05-3	Multiplier	R	1-10	N/U			2410	CTP05-3	Multiplier	R	1-10	N/U				NOT USED
	CTP05-4	Unit or Basis For Measurement Code	ID	2-2	N/U			2410	CTP05-4	Unit or Basis For Measurement Code	ID	2-2	N/U				NOT USED
	CTP05-5	Exponent	R	1-15	N/U			2410	CTP05-5	Exponent	R	1-15	N/U				NOT USED
	CTP05-6	Multiplier	R	1-10	N/U			2410	CTP05-6	Multiplier	R	1-10	N/U				NOT USED
	CTP05-7	Unit or Basis For Measurement Code	ID	2-2	N/U			2410	CTP05-7	Unit or Basis For Measurement Code	ID	2-2	N/U				NOT USED
	CTP05-8	Exponent	R	1-15	N/U			2410	CTP05-8	Exponent	R	1-15	N/U				NOT USED
	CTP05-9	Multiplier	R	1-10	N/U			2410	CTP05-9	Multiplier	R	1-10	N/U				NOT USED
	CTP05-10	Unit or Basis For Measurement Code	ID	2-2	N/U			2410	CTP05-10	Unit or Basis For Measurement Code	ID	2-2	N/U				NOT USED
	CTP05-11	Exponent	R	1-15	N/U			2410	CTP05-11	Exponent	R	1-15	N/U				NOT USED
	CTP05-12	Multiplier	R	1-10	N/U			2410	CTP05-12	Multiplier	R	1-10	N/U				NOT USED
	CTP05-13	Unit or Basis For Measurement Code	ID	2-2	N/U			2410	CTP05-13	Unit or Basis For Measurement Code	ID	2-2	N/U				NOT USED
	CTP05-14	Exponent	R	1-15	N/U			2410	CTP05-14	Exponent	R	1-15	N/U				NOT USED
	CTP05-15	Multiplier	R	1-10	N/U			2410	CTP05-15	Multiplier	R	1-10	N/U				NOT USED
	CTP06	Price Multiplier Qualifier	ID	3-3	N/U			2410	CTP06	Price Multiplier Qualifier	ID	3-3	N/U				NOT USED
	CTP07	Multiplier	R	1-10	N/U			2410	CTP07	Multiplier	R	1-10	N/U				NOT USED
	CTP08	Monetary Amount	R	1-18	N/U			2410	CTP08	Monetary Amount	R	1-18	N/U				NOT USED
	CTP09	Basis of Unit Price Code	ID	2-2	N/U			2410	CTP09	Basis of Unit Price Code	ID	2-2	N/U				NOT USED
	CTP10	Condition Value	AN	1-10	N/U			2410	CTP10	Condition Value	AN	1-10	N/U				NOT USED
	CTP11	Multiple Price Quantity	N0	1-2	N/U			2410	CTP11	Multiple Price Quantity	N0	1-2	N/U				NOT USED
2410	REF	PRESCRIPTION NUMBER		1	S			2410	REF	PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER		1	S			Expect if dispensing of drug is done with an assigned prescription number or when provided medication involves the compounding of two or more drugs and there is no prescription number	
	REF01	Reference Identification Qualifier	ID	2-3	R		XZ	2410	REF01	Reference Identification Qualifier	ID	2-3	R		VY, XZ	VY=Link Sequence Number XZ=Pharmacy Prescription Number Code Added	Expect VY, XZ
	REF02	Prescription Number	AN	1-30	R			2410	REF02	Prescription Number	AN	1-50	R			Increase from 30 - 50	Expect Prescription Number
	REF03	Description	AN	1-80	N/U			2410	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2410	REF04	REFERENCE IDENTIFIER			N/U				NOT USED

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
2420A	NM1	RENDERING PROVIDER NAME		1	S	1		2420A	NM1	RENDERING PROVIDER NAME		1	S	1			SEGMENT NOT USED BY MQD MQD doesn't accept different rendering providers at the line level.
	NM101	Entity Identifier Code	ID	2-3	R		82	2420A	NM101	Entity Identifier Code	ID	2-3	R		82		NOT USED BY MQD
	NM102	Entity Type Qualifier	ID	1-1	R		1,2	2420A	NM102	Entity Type Qualifier	ID	1-1	R		1,2		NOT USED BY MQD
	NM103	Rendering Provider Last or Organization Name	AN	1-35	R			2420A	NM103	Rendering Provider Last or Organization Name	AN	1-60	R				NOT USED BY MQD
	NM104	Rendering Provider First Name	AN	1-25	S			2420A	NM104	Rendering Provider First Name	AN	1-35	S				NOT USED BY MQD
	NM105	Rendering Provider Middle Name	AN	1-25	S			2420A	NM105	Rendering Provider Middle Name	AN	1-25	S				NOT USED BY MQD
	NM106	Name Prefix	AN	1-10	N/U			2420A	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Rendering Provider Name Suffix	AN	1-10	S			2420A	NM107	Rendering Provider Name Suffix	AN	1-10	S				NOT USED BY MQD
	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, XX	2420A	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted	NOT USED BY MQD
	NM109	Rendering Provider Identifier	AN	2-80	R			2420A	NM109	Rendering Provider Identifier	AN	2-80	S				NOT USED BY MQD
	NM110	Entity Relationship Code	ID	2-2	N/U			2420A	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2420A	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2420A	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2420A	PRV	RENDERING PROVIDER SPECIALTY INFORMATION		1	S			2420A	PRV	RENDERING PROVIDER SPECIALTY INFORMATION		1	S				SEGMENT NOT USED BY MQD
	PRV01	Provider Code	ID	1-3	R		PE	2420A	PRV01	Provider Code	ID	1-3	R		PE		NOT USED BY MQD
	PRV02	Reference Identification Qualifier	ID	2-3	R		ZZ	2420A	PRV02	Reference Identification Qualifier	ID	2-3	R		PXC	Code change	NOT USED BY MQD
	PRV03	Provider Taxonomy Code	AN	1-30	R			2420A	PRV03	Provider Taxonomy Code	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	PRV04	State or Province Code	ID	2-2	N/U			2420A	PRV04	State or Province Code	ID	2-2	N/U				NOT USED
	PRV05	PROVIDER SPECIALTY INFORMATION			N/U			2420A	PRV05	PROVIDER SPECIALTY INFORMATION			N/U				NOT USED
	PRV06	Provider Organization Code	ID	3-3	N/U			2420A	PRV06	Provider Organization Code	ID	3-3	N/U				NOT USED
2420A	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION		5	S			2420A	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION		20	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1B, 1C, 1D,	2420A	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Deleted	NOT USED BY MQD
	REF02	Rendering Provider Secondary Identifier	AN	1-30	R			2420A	REF02	Rendering Provider Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2420A	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2420A	REF04	REFERENCE IDENTIFIER			S				NOT USED BY MQD
								2420A	REF04-1	Reference Identifier Qualifier	ID	2-3	R		2U	New Element	NOT USED BY MQD
								2420A	REF04-2	Other Payer Primary Identifier	AN	1-50	R			New Element	NOT USED BY MQD
								2420A	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2420A	REF04-4	Reference Identification Qualifier	AN	1-50	N/U			New Element	NOT USED
								2420A	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2420A	REF04-6	Reference Identification Qualifier	AN	1-50	N/U			New Element	NOT USED
2420B	NM1	PURCHASED SERVICE PROVIDER NAME		1	S	1		2420B	NM1	PURCHASED SERVICE PROVIDER NAME		1	S	1			SEGMENT NOT USED BY MQD
	NM101	Entity Identifier Code	ID	2-3	R		QB	2420B	NM101	Entity Identifier Code	ID	2-3	R		QB		NOT USED BY MQD
	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	2420B	NM102	Entity Type Qualifier	ID	1-1	R		1, 2		NOT USED BY MQD
	NM103	Name Last or Organization Name	AN	1-35	N/U			2420B	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
	NM104	Name First	AN	1-25	N/U			2420B	NM104	Name First	AN	1-35	N/U				NOT USED
	NM105	Name Middle	AN	1-25	N/U			2420B	NM105	Name Middle	AN	1-25	N/U				NOT USED
	NM106	Name Prefix	AN	1-10	N/U			2420B	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Name Suffix	AN	1-10	N/U			2420B	NM107	Name Suffix	AN	1-10	N/U				NOT USED
	NM108	Identification Code Qualifier	ID	1-2	S		24, 34, XX	2420B	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted	NOT USED BY MQD
	NM109	Purchased Service Provider Identifier	AN	2-80	S			2420B	NM109	Other Payer Primary Identifier	AN	2-80	S				NOT USED BY MQD
	NM110	Entity Relationship Code	ID	2-2	N/U			2420B	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2420B	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2420B	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2420B	REF	PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION		5	S			2420B	REF	PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION		20	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1A, 1B, 1C,	2420B	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2	Code Deleted	NOT USED BY MQD
	REF02	Purchased Service Provider Secondary Identifier	AN	1-30	R			2420B	REF02	Purchased Service Provider Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2420B	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2420B	REF04	REFERENCE IDENTIFIER			S				NOT USED BY MQD

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2420B	REF04-1	Reference Identifier Qualifier	ID	2-3	R		2U	New Element	NOT USED BY MQD
								2420B	REF04-2	Other Payer Primary Identifier	AN	1-50	R			New Element	NOT USED BY MQD
								2420B	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2420B	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2420B	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2420B	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2420C	NM1	SERVICE FACILITY LOCATION		1	S	1		2420C	NM1	SERVICE FACILITY LOCATION NAME		1	S	1			SEGMENT NOT USED BY MQD
	NM101	Entity Identifier Code	ID	2-3	R		77, FA, LI, TL	2420C	NM101	Entity Identifier Code	ID	2-3	R		77		NOT USED BY MQD
	NM102	Entity Type Qualifier	ID	1-1	R		2	2420C	NM102	Entity Type Qualifier	ID	1-1	R		2		NOT USED BY MQD
	NM103	Laboratory or Facility Name	AN	1-35	S			2420C	NM103	Name Last or Organization Name	AN	1-60	R			Increase from 35 - 60	NOT USED BY MQD
	NM104	Name First	AN	1-25	N/U			2420C	NM104	Name First	AN	1-35	N/U				NOT USED
	NM105	Name Middle	AN	1-25	N/U			2420C	NM105	Name Middle	AN	1-25	N/U				NOT USED
	NM106	Name Prefix	AN	1-10	N/U			2420C	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Name Suffix	AN	1-10	N/U			2420C	NM107	Name Suffix	AN	1-10	N/U				NOT USED
	NM108	Identification Code Qualifier	ID	1-2	S		24, 34, XX	2420C	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted	NOT USED BY MQD
	NM109	Laboratory or Facility Primary Identifier	AN	2-80	S			2420C	NM109	Other Payer Primary Identifier	AN	2-80	S				NOT USED BY MQD
	NM110	Entity Relationship Code	ID	2-2	N/U			2420C	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2420C	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2420C	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2420C	N3	SERVICE FACILITY LOCATION ADDRESS		1	R			2420C	N3	SERVICE FACILITY LOCATION ADDRESS		1	R				SEGMENT NOT USED BY MQD
	N301	Laboratory or Facility Address Line	AN	1-55	R			2420C	N301	Laboratory or Facility Address Line	AN	1-55	R				NOT USED BY MQD
	N302	Laboratory or Facility Address Line	AN	1-55	S			2420C	N302	Laboratory or Facility Address Line	AN	1-55	S				NOT USED BY MQD
2420C	N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP		1	R			2420C	N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP		1	R				SEGMENT NOT USED BY MQD
	N401	Laboratory or Facility City Name	AN	2-30	R			2420C	N401	Laboratory or Facility City Name	AN	2-30	R				NOT USED BY MQD
	N402	Laboratory or Facility State or Province Code	ID	2-2	R			2420C	N402	Laboratory or Facility State or Province Code	ID	2-2	S			Usage changed to Situational	NOT USED BY MQD
	N403	Laboratory or Facility Postal Zone or ZIP Code	ID	3-15	R			2420C	N403	Laboratory or Facility Postal Zone ZIP Code	ID	3-15	S			Usage changed to Situational	NOT USED BY MQD
	N404	Country Code	ID	2-3	S			2420C	N404	Laboratory or Facility Country Code	ID	2-3	S				NOT USED BY MQD
	N405	Location Qualifier	ID	1-2	N/U			2420C	N405	Location Qualifier	ID	1-2	N/U				NOT USED
	N406	Location Identifier	ID	1-30	N/U			2420C	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2420C	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD
2420C	REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION		5	S			2420C	REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION		3	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1A, 1B, 1C,	2420C	REF01	Reference Identification Qualifier	ID	2-3	R		G2, LU	Code Deleted	NOT USED BY MQD
	REF02	Service Facility Location Secondary Identifier	AN	1-30	R			2420C	REF02	Service Facility Location Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2420C	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2420C	REF04	REFERENCE IDENTIFIER			S			Usage changed	NOT USED BY MQD
								2420C	REF04-1	Reference Identifier Qualifier	ID	2-3	R		2U	New Element	NOT USED BY MQD
								2420C	REF04-2	Other Payer Primary Identifier	AN	1-50	R			New Element	NOT USED BY MQD
								2420C	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2420C	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2420C	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2420C	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2420D	NM1	SUPERVISING PROVIDER NAME		1	S	1		2420D	NM1	SUPERVISING PROVIDER NAME		1	S	1			SEGMENT NOT USED BY MQD
	NM101	Entity Identifier Code	ID	2-3	R		DQ	2420D	NM101	Entity Identifier Code	ID	2-3	R		DQ		NOT USED BY MQD
	NM102	Entity Type Qualifier	ID	1-1	R		1	2420D	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY MQD
	NM103	Supervising Provider Last Name	AN	1-35	R			2420D	NM103	Supervising Provider Last Name	AN	1-60	R			Increase from 35 - 60	NOT USED BY MQD
	NM104	Supervising Provider First Name	AN	1-25	R			2420D	NM104	Name First	AN	1-35	S			Increase from 25 - 35	NOT USED BY MQD
	NM105	Supervising Provider Middle Name	AN	1-25	S			2420D	NM105	Name Middle	AN	1-25	S				NOT USED BY MQD
	NM106	Name Prefix	AN	1-10	N/U			2420D	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Supervising Provider Name Suffix	AN	1-10	S			2420D	NM107	Name Suffix	AN	1-10	S				NOT USED BY MQD
	NM108	Identification Code Qualifier	ID	1-2	S		24, 34, XX	2420D	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted	NOT USED BY MQD
	NM109	Supervising Provider Identifier	AN	2-80	S			2420D	NM109	Other Payer Primary Identifier	AN	2-80	S				NOT USED BY MQD

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	NM110	Entity Relationship Code	ID	2-2	N/U			2420D	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2420D	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2420D	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2420D	REF	SUPERVISING PROVIDER SECONDARY IDENTIFICATION		5	S			2420D	REF	SUPERVISING PROVIDER SECONDARY IDENTIFICATION		20	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1B, 1C, 1D,	2420D	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Deleted	NOT USED BY MQD
	REF02	Supervising Provider Secondary Identifier	AN	1-30	R			2420D	REF02	Supervising Provider Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2420D	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2420D	REF04	REFERENCE IDENTIFIER			S			Usage changed to Situational	NOT USED BY MQD
								2420D	REF04-1	Reference Identifier Qualifier	ID	2-3	R		2U	New Element	NOT USED BY MQD
								2420D	REF04-2	Other Payer Primary Identifier	AN	1-50	R			New Element	NOT USED BY MQD
								2420D	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2420D	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2420D	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2420D	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2420E	NM1	ORDERING PROVIDER NAME		1	S	1		2420E	NM1	ORDERING PROVIDER NAME		1	S	1			SEGMENT NOT USED BY MQD
	NM101	Entity Identifier Code	ID	2-3	R		DK	2420E	NM101	Entity Identifier Code	ID	2-3	R		DK		NOT USED BY MQD
	NM102	Entity Type Qualifier	ID	1-1	R		1	2420E	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY MQD
	NM103	Ordering Provider Last Name	AN	1-35	R			2420E	NM103	Ordering Provider Last Name	AN	1-60	R			Increase from 35 - 60	NOT USED BY MQD
	NM104	Ordering Provider First Name	AN	1-25	R			2420E	NM104	Ordering Provider First Name	AN	1-35	S			Increase from 25 - 35	NOT USED BY MQD
	NM105	Ordering Provider Middle Name	AN	1-25	S			2420E	NM105	Ordering Provider Middle Name or	AN	1-25	S				NOT USED BY MQD
	NM106	Name Prefix	AN	1-10	N/U			2420E	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Ordering Provider Name Suffix	AN	1-10	S			2420E	NM107	Ordering Provider Name Suffix	AN	1-10	S				NOT USED BY MQD
	NM108	Identification Code Qualifier	ID	1-2	S		24, 34, XX	2420E	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted	NOT USED BY MQD
	NM109	Ordering Provider Identifier	AN	2-80	S			2420E	NM109	Other Payer Primary Identifier	AN	2-80	S				NOT USED BY MQD
	NM110	Entity Relationship Code	ID	2-2	N/U			2420E	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2420E	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2420E	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2420E	N3	ORDERING PROVIDER ADDRESS		1	S			2420E	N3	ORDERING PROVIDER ADDRESS		1	S				SEGMENT NOT USED BY MQD
	N301	Ordering Provider Address Line	AN	1-55	R			2420E	N301	Ordering Provider Address Line	AN	1-55	R				NOT USED BY MQD
	N302	Ordering Provider Address Line	AN	1-55	S			2420E	N302	Ordering Provider Address Line	AN	1-55	S				NOT USED BY MQD
2420E	N4	ORDERING PROVIDER CITY/STATE/ZIP CODE		1	S			2420E	N4	ORDERING PROVIDER CITY/STATE/ZIP CODE		1	R			Usage changed to Required	SEGMENT NOT USED BY MQD
	N401	Ordering Provider City Name	AN	2-30	R			2420E	N401	Ordering Provider City Name	AN	2-30	R				NOT USED BY MQD
	N402	Ordering Provider State Code	ID	2-2	R			2420E	N402	Ordering Provider State or Province Code	ID	2-2	S			Usage changed to Situational	NOT USED BY MQD
	N403	Ordering Provider Postal Zone or ZIP Code	ID	3-15	R			2420E	N403	Ordering Provider Postal Zone ZIP Code	ID	3-15	S			Usage changed to Situational	NOT USED BY MQD
	N404	Country Code	ID	2-3	S			2420E	N404	Ordering Provider Country Code	ID	2-3	S				NOT USED BY MQD
	N405	Location Qualifier	ID	1-2	N/U			2420E	N405	Location Qualifier	ID	1-2	N/U				NOT USED
	N406	Location Identifier	AN	1-30	N/U			2420E	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2420E	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD
2420E	REF	ORDERING PROVIDER SECONDARY IDENTIFICATION		5	S			2420E	REF	ORDERING PROVIDER SECONDARY IDENTIFICATION		20	S				SEGMENT NOT USED BY MQD
	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1B, 1C, 1D,	2420E	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2	Code Deleted	NOT USED BY MQD
	REF02	Ordering Provider Secondary Identifier	AN	1-30	R			2420E	REF02	Ordering Provider Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
	REF03	Description	AN	1-80	N/U			2420E	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2420E	REF04	REFERENCE IDENTIFIER			S			Usage changed	NOT USED BY MQD
								2420E	REF04-1	Reference Identifier Qualifier	ID	2-3	R		2U	New Element	NOT USED BY MQD
								2420E	REF04-2	Other Payer Primary Identifier	AN	1-50	R			New Element	NOT USED BY MQD
								2420E	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2420E	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2420E	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2420E	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
2420E	PER	ORDERING PROVIDER CONTACT INFORMATION		1	S			2420E	PER	ORDERING PROVIDER CONTACT INFORMATION		1	S				SEGMENT NOT USED BY MQD
	PER01	Contact Function Code	ID	2-2	R		1C	2420E	PER01	Contact Function Code	ID	2-2	R		1C		NOT USED BY MQD
	PER02	Ordering Provider Contact Name	AN	1-60	R			2420E	PER02	Ordering Provider Contact Name	AN	1-60	S			Usage changed to Situational	NOT USED BY MQD
	PER03	Communication Number Qualifier	ID	2-2	R		EM, FX, TE	2420E	PER03	Communication Number Qualifier	ID	2-2	R		EM, FX, TE		NOT USED BY MQD
	PER04	Communication Number	AN	1-80	R			2420E	PER04	Communication Number	AN	1-256	R				NOT USED BY MQD
	PER05	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE	2420E	PER05	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE		NOT USED BY MQD
	PER06	Communication Number	AN	1-80	S			2420E	PER06	Communication Number	AN	1-256	S				NOT USED BY MQD
	PER07	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE	2420E	PER07	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE		NOT USED BY MQD
	PER08	Communication Number	AN	1-80	S			2420E	PER08	Communication Number	AN	1-256	S				NOT USED BY MQD
	PER09	Contact Inquiry Reference	AN	1-20	N/U			2420E	PER09	Contact Inquiry Reference	AN	1-20	N/U				NOT USED
2420F	NM1	REFERRING PROVIDER NAME		1	S	2		2420F	NM1	REFERRING PROVIDER NAME		1	S	2		Expect when service line involves a referral and referring provider differs from claim level referring provider.	
	NM101	Entity Identifier Code	ID	2-3	R		DN, P3	2420F	NM101	Entity Identifier Code	ID	2-3	R		DN, P3		Expect DN
	NM102	Entity Type Qualifier	ID	1-1	R		1	2420F	NM102	Entity Type Qualifier	ID	1-1	R		1		Expect 1
	NM103	Referring Provider Last Name	AN	1-35	R			2420F	NM103	Referring Provider Last Name	AN	1-60	R			Increase from 35 - 60	Expect Referring Provider Last Name
	NM104	Referring Provider First Name	AN	1-25	R			2420F	NM104	Referring Provider First Name	AN	1-35	S			Increase from 25 - 35	Expect Referring Provider First Name if applicable
	NM105	Referring Provider Middle Name	AN	1-25	S			2420F	NM105	Referring Provider Middle Name or Initial	AN	1-25	S				Expect Referring Provider Middle Name or Initial if needed to identify provider
	NM106	Name Prefix	AN	1-10	N/U			2420F	NM106	Name Prefix	AN	1-10	N/U				NOT USED
	NM107	Referring Provider Name Suffix	AN	1-10	S			2420F	NM107	Referring Provider Name Suffix	AN	1-10	S				NOT USED BY MQD
	NM108	Identification Code Qualifier	ID	1-2	S		24, 34, XX	2420F	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted	Expect XX if Referring Provider is a Medical Provider
	NM109	Referring Provider Identifier	AN	2-80	S			2420F	NM109	Other Payer Primary Identifier	AN	2-80	S				Expect NPI if Referring Provider is a Medical Provider
	NM110	Entity Relationship Code	ID	2-2	N/U			2420F	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
	NM111	Entity Identifier Code	ID	2-3	N/U			2420F	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2420F	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2420F	PRV	REFERRING PROVIDER SPECIALTY INFORMATION		1	S											Segment Deleted	DELETED
2420F	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		5	S			2420F	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		20	S			Expect when referring provider is an atypical provider and an identification number is necessary to identify the referring provider	Atypical Provider Only
	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1B, 1C, 1D,	2420F	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2	Code Deleted	Expect 'G2'
	REF02	Referring Provider Secondary Identifier	AN	1-30	R			2420F	REF02	Referring Provider Secondary Identifier	AN	1-50	R			Increase from 30 - 50	Expect 6-digit MQD Provider Registration ID
	REF03	Description	AN	1-80	N/U			2420F	REF03	Description	AN	1-80	N/U				NOT USED
	REF04	REFERENCE IDENTIFIER			N/U			2420F	REF04	REFERENCE IDENTIFIER			S			Usage changed to Situational	Expect when the identifier is reported in REF02 of this segment is for a non-destination payer
								2420F	REF04-1	Reference Identifier Qualifier	ID	2-3	R		2U	New Element	Expect 2U
								2420F	REF04-2	Other Payer Primary Identifier	AN	1-50	R			New Element	Expect Other Payer Primary Identifier, must match NM109 of 2330B
								2420F	REF04-3	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2420F	REF04-4	Reference Identification	AN	1-50	N/U			New Element	NOT USED
								2420F	REF04-5	Reference Identification Qualifier	ID	2-3	N/U			New Element	NOT USED
								2420F	REF04-6	Reference Identification	AN	1-50	N/U			New Element	NOT USED
2420G	NM1	OTHER PAYER PRIOR		1	S	4										Segment Deleted	DELETED
2420G	REF	OTHER PAYER PRIOR		2	R											Segment Deleted	DELETED

Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2420G	NM1	AMBULANCE PICK UP LOCATION		1	S	1		Expect when ambulance pick-up location for this service line differs than ambulance pick-up location at claim level.	
								2420G	NM101	Entity Identifier Code	ID	2-3	R		PW		Expect PW
								2420G	NM102	Entity Type Qualifier	ID	1-1	R		2		Expect 2
								2420G	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2420G	NM104	Name First	AN	1-35	N/U				NOT USED
								2420G	NM105	Name Middle	AN	1-25	N/U				NOT USED
								2420G	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2420G	NM107	Name Suffix	AN	1-10	N/U				NOT USED
								2420G	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
								2420G	NM109	Identification Code	AN	2-80	N/U				NOT USED
								2420G	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2420G	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2420G	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2420G	N3	AMBULANCE PICK UP LOCATION ADDRESS		1	R			New Segment	
								2420G	N301	Ambulance Pick Up Address Line	AN	1-55	R				Expect Ambulance Pick Up Address Line
								2420G	N302	Ambulance Pick Up Address Line	AN	1-55	S				Expect Ambulance Pick Up Second Address Line if applicable
								2420G	N4	AMBULANCE PICK UP LOCATION CITY/STATE/ZIP		1	R			New Segment	
								2420G	N401	Ambulance Pick Up City Name	AN	2-30	R				Expect Ambulance Pick Up City Name
								2420G	N402	Ambulance Pick Up State or Province Code	ID	2-2	S				Expect Ambulance Pick Up State
								2420G	N403	Ambulance Pick Up Postal Zone ZIP Code	ID	3-15	S				Expect Ambulance Pick Up Zip code
								2420G	N404	Ambulance Pick Up Country Code	ID	2-3	S				NOT USED BY MQD
								2420G	N405	Location Qualifier	ID	1-2	N/U				NOT USED
								2420G	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2420G	N407	Country Subdivision Code	ID	1-3	S				NOT USED BY MQD
								2420H	NM1	AMBULANCE DROP OFF LOCATION		1	S	1		Expect when ambulance drop-off location for this service line differs than ambulance drop-off location at claim level.	
								2420H	NM101	Entity Identifier Code	ID	2-3	R		45		Expect 45
								2420H	NM102	Entity Type Qualifier	ID	1-1	R		2		Expect 2
								2420H	NM103	Ambulance Drop Off Location	AN	1-60	S			Required when drop-off location name is known	Expect Drop-off location name
								2420H	NM104	Name First	AN	1-35	N/U				NOT USED
								2420H	NM105	Name Middle	AN	1-25	N/U				NOT USED
								2420H	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2420H	NM107	Name Suffix	AN	1-10	N/U				NOT USED
								2420H	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
								2420H	NM109	Identification Code	AN	2-80	N/U				NOT USED
								2420H	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2420H	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2420H	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2420H	N3	AMBULANCE DROP OFF LOCATION ADDRESS		1	R			New Segment	
								2420H	N301	Ambulance Drop Off Address Line	AN	1-55	R				Expect Ambulance Drop Off Address Line
								2420H	N302	Ambulance Drop Off Address Line	AN	1-55	S				Expect Ambulance Drop Off Second Address Line if applicable

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Loop	Element	Description 837-P 4010 A1 FFS	ID	Min. Max.	Use	REP	Values	Loop	Element	Description 837-P 5010 A1 FFS	ID	Min. Max.	Use	REP	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2420H	N4	AMBULANCE DROP OFF LOCATION CITY/STATE/ZIP		1	R			New Segment	
								2420H	N401	Ambulance Drop Off City Name	AN	2-30	R				Expect Ambulance Drop Off City Name
								2420H	N402	Ambulance Drop Off State or Province Code	ID	2-2	S				Expect Ambulance Drop Off State
								2420H	N403	Ambulance Drop Off Postal Zone ZIP Code	ID	3-15	S				Expect Ambulance Drop Off Zip code
								2420H	N404	Ambulance Drop Off Country Code	ID	2-3	S				NOT USED BY MQD
								2420H	N405	Location Qualifier	ID	1-2	N/U				NOT USED
								2420H	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2420H	N407	Country Subdivision Code	ID	1-3	S				NOT USED BY MQD
2430	SVD	LINE ADJUDICATION INFORMATION		1	S	25		2430	SVD	LINE ADJUDICATION INFORMATION		1	S	15		Expect when claim was previously adjudicated by payer identified in loop 2330B and this service line has payments/adjustments applied.	
	SVD01	Other Payer Primary Identifier	AN	2-80	R			2430	SVD01	Other Payer Primary Identifier	AN	2-80	R				Expect Other Payer Primary Identifier
	SVD02	Service Line Paid Amount S9(7)V99	R	1-18	R			2430	SVD02	Service Line Paid Amount S9(7)V99	R	1-18	R				Expect Service Line Paid Amount
	SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R			2430	SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R				
	SVD03-1	Product or Service ID Qualifier	ID	2-2	R		HC, IV, ZZ	2430	SVD03-1	Product or Service ID Qualifier	ID	2-2	R		ER, HC, IV, WK	Code Change	Expect HC
	SVD03-2	Procedure Code	AN	1-48	R			2430	SVD03-2	Procedure Code	AN	1-48	R				Expect Procedure Code
	SVD03-3	Procedure Modifier	AN	2-2	S			2430	SVD03-3	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier
	SVD03-4	Procedure Modifier	AN	2-2	S			2430	SVD03-4	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier
	SVD03-5	Procedure Modifier	AN	2-2	S			2430	SVD03-5	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier
	SVD03-6	Procedure Modifier	AN	2-2	S			2430	SVD03-6	Procedure Modifier	AN	2-2	S				Expect Procedure Modifier
	SVD03-7	Procedure Code Description	AN	1-80	S			2430	SVD03-7	Procedure Code Description	AN	1-80	S				NOT USED BY MQD
	SVD04	Product or Service ID	AN	1-48	N/U			2430	SVD03-8	Product/Service ID	AN	1-48	N/U			New Element	NOT USED
	SVD05	Paid Service Unit Count 9(7)V999	R	1-15	R			2430	SVD04	Product or Service ID	AN	1-48	N/U				NOT USED
	SVD06	Bundled Line Number	N0	1-6	S			2430	SVD05	Paid Service Unit Count 9(7)V999	R	1-15	R				Expect the number of paid units from the remittance advice. When not present on remittance, expect original billed units.
								2430	SVD06	Bundled or Unbundled Line Number	N0	1-6	S			Name Change	NOT USED BY MQD
2430	CAS	LINE ADJUSTMENT		99	S			2430	CAS	LINE ADJUSTMENT		5	S			Expect when claim was previously adjudicated by payer identified in loop 2330B and this service line has payments/adjustments applied.	
	CAS01	Claim Adjustment Group Code	ID	1-2	R		CO, CR, OA, PI, PR	2430	CAS01	Claim Adjustment Group Code	ID	1-2	R		CO, CR, OA, PI, PR		Expect CO, CR, OA, PI, PR
	CAS02	Adjustment Reason Code	ID	1-5	R			2430	CAS02	Adjustment Reason Code	ID	1-5	R				Expect Adjustment Reason Code
	CAS03	Adjustment Amount S9(7)V99	R	1-18	R			2430	CAS03	Adjustment Amount S9(7)V99	R	1-18	R				Expect Adjustment Amount
	CAS04	Adjustment Quantity 9(7)	R	1-15	S			2430	CAS04	Adjustment Quantity 9(7)	R	1-15	S				Expect when number of service units was adjusted.
	CAS05	Adjustment Reason Code	ID	1-5	S			2430	CAS05	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
	CAS06	Adjustment Amount S9(7)V99	R	1-18	S			2430	CAS06	Adjustment Amount S9(7)V99	R	1-18	S				Expect Adjustment Amount
	CAS07	Adjustment Quantity 9(7)	R	1-15	S			2430	CAS07	Adjustment Quantity 9(7)	R	1-15	S				Expect Adjustment Qty
	CAS08	Adjustment Reason Code	ID	1-5	S			2430	CAS08	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
	CAS09	Adjustment Amount S9(7)V99	R	1-18	S			2430	CAS09	Adjustment Amount S9(7)V99	R	1-18	S				Expect Adjustment Amount
	CAS10	Adjustment Quantity 9(7)	R	1-15	S			2430	CAS10	Adjustment Quantity 9(7)	R	1-15	S				Expect Adjustment Qty
	CAS11	Adjustment Reason Code	ID	1-5	S			2430	CAS11	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
	CAS12	Adjustment Amount S9(7)V99	R	1-18	S			2430	CAS12	Adjustment Amount S9(7)V99	R	1-18	S				Expect Adjustment Amount
	CAS13	Adjustment Quantity 9(7)	R	1-15	S			2430	CAS13	Adjustment Quantity 9(7)	R	1-15	S				Expect Adjustment Qty
	CAS14	Adjustment Reason Code	ID	1-5	S			2430	CAS14	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
	CAS15	Adjustment Amount S9(7)V99	R	1-18	S			2430	CAS15	Adjustment Amount S9(7)V99	R	1-18	S				Expect Adjustment Amount
	CAS16	Adjustment Quantity 9(7)	R	1-15	S			2430	CAS16	Adjustment Quantity 9(7)	R	1-15	S				Expect Adjustment Qty
	CAS17	Adjustment Reason Code	ID	1-5	S			2430	CAS17	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
	CAS18	Adjustment Amount S9(7)V99	R	1-18	S			2430	CAS18	Adjustment Amount S9(7)V99	R	1-18	S				Expect Adjustment Amount

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	CAS19	Adjustment Quantity 9(7)	R	1-15	S			2430	CAS19	Adjustment Quantity 9(7)	R	1-15	S				Expect Adjustment Qty
2430	DTP	LINE ADJUDICATION DATE		1	R			2430	DTP	LINE CHECK OR REMITTANCE		1	R				
	DTP01	Date Time Qualifier	ID	3-3	R		573	2430	DTP01	Date Time Qualifier	ID	3-3	R		573		Expect 573
	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2430	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect D8
	DTP03	Adjudication or Payment Date	AN	1-35	R		CCYYMMDD	2430	DTP03	Adjudication or Payment Date	AN	1-35	R		CCYYMMDD		Expect CCYYMMDD
								2430	AMT	REMAINING PATIENT LIABILITY		1	S			New Segment	SEGMENT NOT USED BY MQD
								2430	AMT01	Amount Qualifier Code	ID	1-3	R		EAF		NOT USED BY MQD
								2430	AMT02	Remaining Patient Liability Amount S9(7)V99	R	1-18	R				NOT USED BY MQD
								2430	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
2440	LQ	FORM IDENTIFICATION CODE		1	S	5		2440	LQ	FORM IDENTIFICATION CODE		1	S	>1			SEGMENT NOT USED BY MQD
	LQ01	Code List Qualifier Code	ID	1-3	R		AS, UT	2440	LQ01	Code List Qualifier Code	ID	1-3	R		AS, UT		NOT USED BY MQD
	LQ02	Form Identifier	AN	1-30	R			2440	LQ02	Form Identifier	AN	1-30	R				NOT USED BY MQD
2440	FRM	SUPPORTING DOCUMENTATION		99	S			2440	FRM	SUPPORTING DOCUMENTATION		99	S				SEGMENT NOT USED BY MQD
	FRM01	Question Number/Letter	AN	1-20	R			2440	FRM01	Question Number/Letter	AN	1-20	R				NOT USED BY MQD
	FRM02	Question Response	ID	1-1	S		N, W, Y	2440	FRM02	Question Response	ID	1-1	S		N, W, Y		NOT USED BY MQD
	FRM03	Question Response	AN	1-30	S			2440	FRM03	Question Response	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD
	FRM04	Question Response	DT	8-8	S		CCYYMMDD	2440	FRM04	Question Response	DT	8-8	S		CCYYMMDD		NOT USED BY MQD
	FRM05	Question Response 9(3)V9	R	1-6	S			2440	FRM05	Question Response 9(3)V9	R	1-6	S				NOT USED BY MQD
	SE	TRANSACTION SET TRAILER		1	R	>1			SE	TRANSACTION SET TRAILER		1	R	>1			
	SE01	Transaction Segment Count	N0	1-10	R				SE01	Transaction Segment Count	N0	1-10	R				Expect Transaction Segment Count
	SE02	Transaction Set Control Number	AN	4-9	R				SE02	Transaction Set Control Number	AN	4-9	R				Expect Transaction Set Control Number
	GE	FUNCTION GROUP TRAILER		1	R	>1			GE	FUNCTION GROUP TRAILER		1	R	1			
	GE01	Number of Transaction Sets Included	N0	1-6	R				GE01	Number of Transaction Sets Included	N0	1-6	R				Expect Number of Transaction Sets Included
	GE02	Group Control Number	N0	1-9	R				GE02	Group Control Number	N0	1-9	R				Expect Group Control Number
	IEA	INTERCHANGE CONTROL TRAILER		1	R	1			IEA	INTERCHANGE CONTROL TRAILER		1	R	1			
	IEA01	Number of Included Functional Groups	N0	1-5	R				IEA01	Number of Included Functional Groups	N0	1-5	R				Expect Number of Included Functional Groups
	IEA02	Interchange Control Number	N0	9-9	R				IEA02	Interchange Control Number	N0	9-9	R				Expect Interchange Control Number

4.1.2 837 Institutional Transaction Notes - Claims

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
																	Glossary: NOT USED BY MQD - MQD does not use the segment or element for processing or updating of the adjudication system. The field may still be required by a Validator. - Follow TR3 guidelines.
																	Blue = Header segments
																	Light Blue = Billing Provider & Pay To Segments
																	Green = Subscriber & Payer Segments
																	Yellow = Claim Level Segments
																	Purple = Other Subscriber Info Segments
																	Orange = Line Level Segments
	ISA	INTERCHANGE CONTROL HEADER		1	R	1			ISA	INTERCHANGE CONTROL HEADER		1	R	1			
	ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03		ISA01	Authorization Information Qualifier	ID	2-2	R		00, 03		Expect 00
	ISA02	Authorization Information	AN	10-10	R				ISA02	Authorization Information	AN	10-10	R				10 spaces
	ISA03	Security Information Qualifier	ID	2-2	R		00, 01		ISA03	Security Information Qualifier	ID	2-2	R		00, 01		Expect 00
	ISA04	Security Information	AN	10-10	R				ISA04	Security Information	AN	10-10	R				10 spaces
	ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ		ISA05	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ		Expect ZZ
	ISA06	Interchange Sender ID	AN	15-15	R				ISA06	Interchange Sender ID	AN	15-15	R				Five byte MQD sender ID
	ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ		ISA07	Interchange ID Qualifier	ID	2-2	R		01, 14, 20, 27, 28, 29, 30, 33, ZZ		Expect ZZ
	ISA08	Interchange Receiver ID	AN	15-15	R				ISA08	Interchange Receiver ID	AN	15-15	R				Expect MQD996001089
	ISA09	Interchange Date	DT	6-6	R		YYMMDD		ISA09	Interchange Date	DT	6-6	R		YYMMDD		Expect Date
	ISA10	Interchange Time	TM	4-4	R		HHMM		ISA10	Interchange Time	TM	4-4	R		HHMM		Expect Time
	ISA11	Interchange Control Standards ID	AN	1-1	R				ISA11	Interchange Control Standards ID	AN	1-1	R				Expect ^
	ISA12	Interchange Control Version Number	ID	5-5	R				ISA12	Interchange Control Version Number	ID	5-5	R		00501		00501
	ISA13	Interchange Control Number	N0	9-9	R				ISA13	Interchange Control Number	N0	9-9	R				Expect Interchange Control Number
	ISA14	Acknowledgement Requested	ID	1-1	R		0, 1		ISA14	Acknowledgement Requested	ID	1-1	R		0, 1		Expect 1
	ISA15	Usage Indicator	ID	1-1	R		P, T		ISA15	Usage Indicator	ID	1-1	R		P, T		Expect P or T
	ISA16	Component Element Separator	AN	1-1	R				ISA16	Component Element Separator	AN	1-1	R				Expect Pipe
	GS	FUNCTIONAL GROUP HEADER		1	R	1			GS	FUNCTIONAL GROUP HEADER		1	R	1			
	GS01	Functional Identifier Code	ID	2-2	R				GS01	Functional Identifier Code	ID	2-2	R				Expect HC
	GS02	Application Sender Code	AN	2-15	R				GS02	Application Sender Code	AN	2-15	R				Five byte MQD sender ID
	GS03	Application Receiver Code	AN	2-15	R				GS03	Application Receiver Code	AN	2-15	R				Expect MQD996001089
	GS04	Date	DT	8-8	R		CCYYMMDD		GS04	Date	DT	8-8	R		CCYYMMDD		Expect Date
	GS05	Time	TM	4-8	R		HHMM, HHMMSS, HHMMSSD, HHMMSSDD		GS05	Time	TM	4-8	R		HHMM, HHMMSS, HHMMSSD, HHMMSSDD		Expect Time HHMMSSDD
	GS06	Group Control Number	N0	1-9	R				GS06	Group Control Number	N0	1-9	R				Assigned by submitter; Same as GE02
	GS07	Responsible Agency Code	ID	1-2	R		X		GS07	Responsible Agency Code	ID	1-2	R		X		Expect X
	GS08	Version Identifier Code	AN	1-12	R		004010X096A1		GS08	Version Identifier Code	AN	1-12	R		005010X223	Code Change	Expect 005010X223A2
	ST	TRANSACTION SET HEADER		1	R	>1			ST	TRANSACTION SET HEADER		1	R	>1			
	ST01	Transaction Set Identifier Code	ID	3-3	R		837		ST01	Transaction Set Identifier Code	ID	3-3	R		837		Expect '837'
	ST02	Transaction Set Control Number	AN	4-9	R				ST02	Transaction Set Control Number	AN	4-9	R				Assigned by submitter; Same as SE02

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
								1000B	NM112	Name Last or Organization Name			N/U				NOT USED
2000A	HL	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL		1	R	>1		2000A	HL	BILLING PROVIDER HIERARCHICAL LEVEL		1	R	>1		Name Change	
2000A	HL01	Hierarchical ID Number	AN	1-12	R			2000A	HL01	Hierarchical ID Number	AN	1-12	R				Expect '1'
2000A	HL02	Hierarchical Parent ID Number	AN	1-12	N/U			2000A	HL02	Hierarchical Parent ID Number	AN	1-12	N/U				NOT USED
2000A	HL03	Hierarchical Level Code	ID	1-2	R		20	2000A	HL03	Hierarchical Level Code	ID	1-2	R		20		Expect '20' Information Source
2000A	HL04	Hierarchical Child Code	ID	1-1	R		1	2000A	HL04	Hierarchical Child Code	ID	1-1	R		1		Expect '1' Additional Subordinate HL Data Segment in This Hierarchical Structure
2000A	PRV	BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION		1	S			2000A	PRV	BILLING PROVIDER SPECIALTY INFORMATION		1	S			Name Change	MQD will start collecting Taxonomy Code
2000A	PRV01	Provider Code	ID	1-3	R		BI, PT	2000A	PRV01	Provider Code	ID	1-3	R		BI	Code Deleted	Expect 'BI' Billing
2000A	PRV02	Reference Identification Qualifier	ID	2-3	R		ZZ	2000A	PRV02	Reference Identification Qualifier	ID	2-3	R		PXC	Code Change	Expect 'PXC' Health Care Provider Taxonomy Code
2000A	PRV03	Provider Taxonomy Code	AN	1-30	R			2000A	PRV03	Provider Taxonomy Code	AN	1-50	R			Increase from 30 - 50	Expect Billing Provider Taxonomy code
								2000A	PRV04	State or Province Code	ID	2-2	N/U				NOT USED
								2000A	PRV05	PROVIDER SPECIALTY INFORMATION			N/U				NOT USED
								2000A	PRV06	Provider Organization Code	ID	3-3	N/U				NOT USED
2000A	CUR	FOREIGN CURRENCY INFORMATION		1	S			2000A	CUR	FOREIGN CURRENCY INFORMATION		1	S				SEGMENT NOT USED BY MQD
2000A	CUR01	Entity Identifier Code	ID	2-3	R		85	2000A	CUR01	Entity Identifier Code	ID	2-3	R		85		NOT USED BY MQD
2000A	CUR02	Currency Code	ID	3-3	R			2000A	CUR02	Currency Code	ID	3-3	R				NOT USED BY MQD
								2000A	CUR03	Exchange Rate	R	4-10	N/U				NOT USED
								2000A	CUR04	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2000A	CUR05	Currency Code	ID	3-3	N/U				NOT USED
								2000A	CUR06	Currency Market/Exchange Code	ID	3-3	N/U				NOT USED
								2000A	CUR07	Date/Time Qualifier	ID	3-3	N/U				NOT USED
								2000A	CUR08	Date	DT	8-8	N/U				NOT USED
								2000A	CUR09	Time	TM	4-8	N/U				NOT USED
								2000A	CUR10	Date/Time Qualifier	ID	3-3	N/U				NOT USED
								2000A	CUR11	Date	DT	8-8	N/U				NOT USED
								2000A	CUR12	Time	TM	4-8	N/U				NOT USED
								2000A	CUR13	Date/Time Qualifier	ID	3-3	N/U				NOT USED
								2000A	CUR14	Date	DT	8-8	N/U				NOT USED
								2000A	CUR15	Time	TM	4-8	N/U				NOT USED
								2000A	CUR16	Date/Time Qualifier	ID	3-3	N/U				NOT USED
								2000A	CUR17	Date	DT	8-8	N/U				NOT USED
								2000A	CUR18	Time	TM	4-8	N/U				NOT USED
								2000A	CUR19	Date/Time Qualifier	ID	3-3	N/U				NOT USED
								2000A	CUR20	Date	DT	8-8	N/U				NOT USED
								2000A	CUR21	Time	TM	4-8	N/U				NOT USED
2010AA	NM1	Billing Provider Name		1	R	1		2010AA	NM1	Billing Provider Name		1	R	1			
2010AA	NM101	Entity Identifier Code	ID	2-3	R		85	2010AA	NM101	Entity Identifier Code	ID	2-3	R		85		Expect 85
2010AA	NM102	Entity Type Qualifier	ID	1-1	R		2	2010AA	NM102	Entity Type Qualifier	ID	1-1	R		2		Expect 2
2010AA	NM103	Billing Provider Last or Organizational Name	AN	1-35	R			2010AA	NM103	Billing Provider Last or Organizational Name	AN	1-60	R			Increase from 35 - 60	Expect Billing Provider Name
2010AA	NM104	Name First	AN	1-25	N/U			2010AA	NM104	Billing Provider First Name	AN	1-35	N/U			Increase from 25 - 35	NOT USED
2010AA	NM105	Name Middle	AN	1-25	N/U			2010AA	NM105	Billing Provider Middle Name	AN	1-25	N/U				NOT USED
2010AA	NM106	Name Prefix	AN	1-10	N/U			2010AA	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2010AA	NM107	Name Suffix	AN	1-10	N/U			2010AA	NM107	Billing Provider Name Suffix	AN	1-10	N/U				NOT USED
2010AA	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, XX	2010AA	NM108	Identification Code Qualifier	ID	1-2	S		XX		Expect XX if medical provider
2010AA	NM109	Billing Provider Identifier	AN	2-80	S			2010AA	NM109	Billing Provider Identifier	AN	2-80	S				Expect NPI
								2010AA	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2010AA	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2010AA	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2010AA	N3	BILLING PROVIDER ADDRESS		1	R			2010AA	N3	BILLING PROVIDER ADDRESS		1	R				
2010AA	N301	Billing Provider Address Line	AN	1-55	R			2010AA	N301	Billing Provider Address Line	AN	1-55	R				Expect Billing Address 1

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2010AA	N302	Billing Provider Address Line	AN	1-55	S			2010AA	N302	Billing Provider Address Line	AN	1-55	S				Expect Billing Address 2
2010AA	N4	BILLING PROVIDER CITY/STATE/ZIP CODE		1	R			2010AA	N4	BILLING PROVIDER CITY/STATE/ZIP CODE		1	R				
2010AA	N401	Billing Provider City Name	AN	2-30	R			2010AA	N401	Billing Provider City Name	AN	2-30	R				Expect Billing City
2010AA	N402	Billing Provider State or Province Code	ID	2-2	R			2010AA	N402	Billing Provider State or Province Code	ID	2-2	S			Usage change to Situational	Expect Billing State
2010AA	N403	Billing Provider Postal Zone or ZIP Code	ID	3-15	R			2010AA	N403	Billing Provider Postal Zone or ZIP Code	ID	3-15	S			Usage change to Situational	Expect Billing Zip
2010AA	N404	Country Code	ID	2-3	S			2010AA	N404	Country Code	ID	2-3	S				NOT USED BY MQD
2010AA	N405	Location Qualifier	ID	1-2	N/U			2010AA	N405	Location Qualifier	ID	1-2	N/U				NOT USED
2010AA	N406	Location Identifier	AN	1-30	N/U			2010AA	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2010AA	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD
2010AA	REF	BILLING PROVIDER TAX IDENTIFICATION		8	R			2010AA	REF	BILLING PROVIDER TAX IDENTIFICATION		1	R			# Repeats change to 1	
2010AA	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, X5	2010AA	REF01	Reference Identification Qualifier	ID	2-3	R		EI	Code Deleted	Expect 'EI' Employer's Identification Number
2010AA	REF02	Billing Provider Additional Identifier	AN	1-30	R			2010AA	REF02	Billing Provider Additional Identifier	AN	1-50	R			Increase from 30 - 50	Expect Billing Tax ID
								2010AA	REF03	Description	AN	1-80	N/U				NOT USED
								2010AA	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2010AA	REF	CREDIT/DEBIT CARD BILLING INFORMATION		8	S											SEGMENT DELETED	DELETED
2010AA	PER	BILLING PROVIDER CONTACT INFORMATION		2	S			2010AA	PER	BILLING PROVIDER CONTACT INFORMATION		2	S				SEGMENT NOT USED BY MQD
2010AA	PER01	Contact Function Code	ID	2-2	R		IC	2010AA	PER01	Contact Function Code	ID	2-2	R		IC		NOT USED BY MQD
2010AA	PER02	Billing Provider Contact Name	AN	1-60	R			2010AA	PER02	Billing Provider Contact Name	AN	1-60	S			Usage change to Situational	NOT USED BY MQD
2010AA	PER03	Communication Number Qualifier	ID	2-2	R		EM, FX, TE	2010AA	PER03	Communication Number Qualifier	ID	2-2	R		EM, FX, TE		NOT USED BY MQD
2010AA	PER04	Communication Number	AN	1-80	R			2010AA	PER04	Communication Number	AN	1-256	R			Increase from 80 - 256	NOT USED BY MQD
2010AA	PER05	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE	2010AA	PER05	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE		NOT USED BY MQD
2010AA	PER06	Communication Number	AN	1-80	S			2010AA	PER06	Communication Number	AN	1-256	S			Increase from 80 - 256	NOT USED BY MQD
2010AA	PER07	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE	2010AA	PER07	Communication Number Qualifier	ID	2-2	S		EM, EX, FX, TE		NOT USED BY MQD
2010AA	PER08	Communication Number	AN	1-80	S			2010AA	PER08	Communication Number	AN	1-256	S			Increase from 80 - 256	NOT USED BY MQD
2010AB	NM1	PAY-TO PROVIDER NAME		1	S	1		2010AB	NM1	PAY-TO ADDRESS NAME		1	S	1		Name Change	LOOP NOT USED BY MQD Providers need to ensure MQD has the correct pay-to address within the MQD provider system.
2010AB	NM101	Entity Identifier Code	ID	2-3	R		87	2010AB	NM101	Entity Identifier Code	ID	2-3	R		87		NOT USED BY MQD
2010AB	NM102	Entity Type Qualifier	ID	1-1	R		2	2010AB	NM102	Entity Type Qualifier	ID	1-1	R		2		NOT USED BY MQD
2010AB	NM103	Pay-to Provider Last or Organization Name	AN	1-35	R			2010AB	NM103	Pay-to Provider Last or Organization Name	AN	1-60	N/U			Increase from 35 - 60	NOT USED
2010AB	NM104	Name First	AN	1-25	N/U			2010AB	NM104	Pay-to Provider First Name	AN	1-35	N/U				NOT USED
2010AB	NM105	Name Middle	AN	1-25	N/U			2010AB	NM105	Pay-to Provider Middle Name	AN	1-25	N/U			Name Change	NOT USED
2010AB	NM106	Name Prefix	AN	1-10	N/U			2010AB	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2010AB	NM107	Name Suffix	AN	1-10	N/U			2010AB	NM107	Pay-to Provider Name Suffix	AN	1-10	N/U			Name Change	NOT USED
2010AB	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, XX	2010AB	NM108	Identification Code Qualifier	ID	1-2	N/U			Code Deleted	NOT USED
2010AB	NM109	Pay-to Provider Identifier	AN	2-80	R			2010AB	NM109	Pay-to Provider Identifier	AN	2-80	N/U				NOT USED
								2010AB	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2010AB	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2010AB	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2010AB	N3	PAY-TO PROVIDER ADDRESS		1	R			2010AB	N3	PAY-TO PROVIDER ADDRESS		1	R				SEGMENT NOT USED BY MQD
2010AB	N301	Pay-to Provider Address Line	AN	1-55	R			2010AB	N301	Pay-to Provider Address Line	AN	1-55	R				NOT USED BY MQD
2010AB	N302	Pay-to Provider Address Line	AN	1-55	S			2010AB	N302	Pay-to Provider Address Line	AN	1-55	S				NOT USED BY MQD
2010AB	N4	PAY-TO PROVIDER CITY/STATE/ZIP CODE		1	R			2010AB	N4	PAY-TO PROVIDER CITY/STATE/ZIP CODE		1	R				SEGMENT NOT USED BY MQD
2010AB	N401	Pay-to Provider City Name	AN	2-30	R			2010AB	N401	Pay-to Provider City Name	AN	2-30	R				NOT USED BY MQD

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ	
2010AB	N402	Pay-to Provider State Code	ID	2-2	R			2010AB	N402	Pay-to Provider State Code	ID	2-2	S			Usage change to Situational	NOT USED BY MQD	
2010AB	N403	Pay-to Provider Postal Zone or ZIP Code	ID	3-15	R			2010AB	N403	Pay-to Provider Postal Zone or ZIP Code	ID	3-15	S			Usage change to Situational	NOT USED BY MQD	
2010AB	N404	Pay-to Provider Country Code	ID	2-3	S			2010AB	N404	Pay-to Provider Country Code	ID	2-3	S					
2010AB	N405	Location Qualifier	ID	1-2	N/U			2010AB	N405	Location Qualifier	ID	1-2	N/U					NOT USED
2010AB	N406	Location Identifier	AN	1-30	N/U			2010AB	N406	Location Identifier	AN	1-30	N/U					NOT USED
								2010AB	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD	
2010AB	REF	PAY-TO PROVIDER SECONDARY IDENTIFICATION		5	S											SEGMENT DELETED	DELETED	
								2010AC	NM1	PAY TO PLAN NAME		1	S	1		New Segment	LOOP NOT USED BY MQD	
								2010AC	NM101	Entity Identifier Code	ID	2-3	R		PE			NOT USED BY MQD
								2010AC	NM102	Entity Type Qualifier	ID	1-1	R		2			NOT USED BY MQD
								2010AC	NM103	Pay to Plan Organizational Name	AN	1-60	R					NOT USED BY MQD
								2010AC	NM104	Name First	AN	1-35	N/U					NOT USED
								2010AC	NM105	Name Middle	AN	1-25	N/U					NOT USED
								2010AC	NM106	Name Prefix	AN	1-10	N/U					NOT USED
								2010AC	NM107	Name Suffix	AN	1-10	N/U					NOT USED
								2010AC	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV			NOT USED BY MQD
								2010AC	NM109	Identification Code	AN	2-80	R					NOT USED BY MQD
								2010AC	NM110	Entity Relationship Code	ID	2-2	N/U					NOT USED
								2010AC	NM111	Entity Identifier Code	ID	2-3	N/U					NOT USED
								2010AC	NM112	Name Last or Organization Name	AN	1-60	N/U					NOT USED
								2010AC	N3	PAY-TO PLAN ADDRESS		1	R			New Segment	SEGMENT NOT USED BY MQD	
								2010AC	N301	Pay-to Plan Address Line	AN	1-55	R					NOT USED BY MQD
								2010AC	N302	Pay-to Plan Address Line	AN	1-55	S					NOT USED BY MQD
								2010AC									NOT USED BY MQD	
								2010AC	N4	PAY-TO PLAN CITY/STATE/ZIP CODE		1	R			New Segment	SEGMENT NOT USED BY MQD	
								2010AC	N401	Pay-to Plan City Name	AN	2-30	R					NOT USED BY MQD
								2010AC	N402	Pay-to Plan State Code	ID	2-2	S					NOT USED BY MQD
								2010AC	N403	Pay-to Plan Postal Zone or ZIP Code	ID	3-15	S					NOT USED BY MQD
								2010AC	N404	Pay-to Plan Country Code	ID	2-3	S					NOT USED BY MQD
								2010AC	N405	Location Qualifier	ID	1-2	N/U					NOT USED
								2010AC	N406	Location Identifier	AN	1-30	N/U					NOT USED
								2010AC	N407	Country Subdivision Code	ID	1-3	S					NOT USED BY MQD
								2010AC	REF	PAY-TO PLAN SECONDARY IDENTIFICATION		1	S			New Segment	SEGMENT NOT USED BY MQD	
								2010AC	REF01	Reference Identification Qualifier	ID	2-3	R		2U, FY, NF			NOT USED BY MQD
								2010AC	REF02	Reference Identification	AN	1-50	R					NOT USED BY MQD
								2010AC	REF03	Description	AN	1-80	N/U					NOT USED
								2010AC	REF04	REFERENCE IDENTIFIER			N/U					NOT USED
								2010AC	REF	PAY-TO PLAN TAX IDENTIFICATION		1	R			New Segment	SEGMENT NOT USED BY MQD	
								2010AC	REF01	Reference Identification Qualifier	ID	2-3	R		EI			NOT USED BY MQD
								2010AC	REF02	Reference Identification	AN	1-50	R					NOT USED BY MQD
								2010AC	REF03	Description	AN	1-80	N/U					NOT USED
								2010AC	REF04	REFERENCE IDENTIFIER			N/U					NOT USED
2000B	HL	SUBSCRIBER HIERARCHICAL LEVEL		1	R	>1		2000B	HL	SUBSCRIBER HIERARCHICAL LEVEL		1	R	>1				
2000B	HL01	Hierarchical ID Number	AN	1-12	R			2000B	HL01	Hierarchical ID Number	AN	1-12	R					Expect Incremented number from 2000A/HL Billing Provider Hierarchical Level
2000B	HL02	Hierarchical Parent ID Number	AN	1-12	R			2000B	HL02	Hierarchical Parent ID Number	AN	1-12	R					Expect Hierarchical Parent ID Number from 2000A/HL Billing Provider
2000B	HL03	Hierarchical Level Code	ID	1-2	R		22	2000B	HL03	Hierarchical Level Code	ID	1-2	R		22			Expect '22' Subscriber

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2000B	HL04	Hierarchical Child Code	ID	1-1	R		0, 1	2000B	HL04	Hierarchical Child Code	ID	1-1	R		0, 1		Expect 0
2000B	SBR	SUBSCRIBER INFORMATION		1	R			2000B	SBR	SUBSCRIBER INFORMATION		1	R				
2000B	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R		P, S, T	2000B	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R		A, B, C, D, E, F, G, H, P, S, T, U	Code Added	Expect applicable Payer Responsible Sequence Number Code
2000B	SBR02	Individual Relationship Code	ID	2-2	S		18	2000B	SBR02	Individual Relationship Code	ID	2-2	S		18		Expect '18' Self
2000B	SBR03	Insured Group or Policy Number	AN	1-30	S			2000B	SBR03	Insured Group or Policy Number	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD
2000B	SBR04	Insured Group Name	AN	1-60	S			2000B	SBR04	Insured Group Name	AN	1-60	S				NOT USED BY MQD
								2000B	SBR05	Insurance Type Code	ID	1-3	N/U				NOT USED BY MQD
								2000B	SBR06	Coordination of Benefits Code	ID	1-1	N/U				NOT USED
								2000B	SBR07	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
								2000B	SBR08	Employment Status Code	ID	2-2	N/U				NOT USED
2000B	SBR09	Claim Filing Indicator Code	ID	1-2	S		09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	2000B	SBR09	Claim Filing Indicator Code	ID	1-2	S		11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	Code Change	Expect 'MC' Medicaid
2010BA	NM1	SUBSCRIBER NAME		1	R	1		2010BA	NM1	SUBSCRIBER NAME		1	R	1			
2010BA	NM101	Entity Identifier Code	ID	2-3	R		IL	2010BA	NM101	Entity Identifier Code	ID	2-3	R		IL		Expect 'IL' Insured or Subscriber
2010BA	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	2010BA	NM102	Entity Type Qualifier	ID	1-1	R		1, 2		Expect '1' Person
2010BA	NM103	Subscriber Last Name	AN	1-35	R			2010BA	NM103	Subscriber Last Name	AN	1-60	R			Increase from 35 - 60	Expect Member Last Name
2010BA	NM104	Subscriber First Name	AN	1-25	S			2010BA	NM104	Subscriber First Name	AN	1-35	S			Increase from 25 - 35	Expect Member First Name
2010BA	NM105	Subscriber Middle Name	AN	1-25	S			2010BA	NM105	Subscriber Middle Name	AN	1-25	S				Expect Member MI
2010BA	NM106	Name Prefix	AN	1-10	N/U			2010BA	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2010BA	NM107	Subscriber Name Suffix	AN	1-10	S			2010BA	NM107	Subscriber Name Suffix	AN	1-10	S				NOT USED BY MQD
2010BA	NM108	Identification Code Qualifier	ID	1-2	S		MI, ZZ	2010BA	NM108	Identification Code Qualifier	ID	1-2	R		II, MI	Code Change Usage change to Required	Expect 'MI' Member Identification Number
2010BA	NM109	Subscriber Primary Identifier	AN	2-80	S			2010BA	NM109	Subscriber Primary Identifier	AN	2-80	R			Usage change to Required	Expect 9 byte HAWI ID
								2010BA	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2010BA	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2010BA	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2010BA	N3	SUBSCRIBER ADDRESS		1	S			2010BA	N3	SUBSCRIBER ADDRESS		1	S				
2010BA	N301	Subscriber Address Line	AN	1-55	R			2010BA	N301	Subscriber Address Line	AN	1-55	R				Expect Member Address 1
2010BA	N302	Subscriber Address Line	AN	1-55	S			2010BA	N302	Subscriber Address Line	AN	1-55	S				Expect Member Address 2
2010BA	N4	SUBSCRIBER CITY/STATE/ZIP CODE		1	S			2010BA	N4	SUBSCRIBER CITY/STATE/ZIP CODE		1	S				
2010BA	N401	Subscriber City Name	AN	2-30	R			2010BA	N401	Subscriber City Name	AN	2-30	R				Expect Member City
2010BA	N402	Subscriber State Code	ID	2-2	R			2010BA	N402	Subscriber State Code	ID	2-2	S			Usage change to Situational	Expect Member State
2010BA	N403	Subscriber Postal Zone or ZIP Code	ID	3-15	R			2010BA	N403	Subscriber Postal Zone or ZIP Code	ID	3-15	S			Usage change to Situational	Expect Member Zip
2010BA	N404	Subscriber Country Code	ID	2-3	S			2010BA	N404	Subscriber Country Code	ID	2-3	S				NOT USED BY MQD
2010BA	N405	Location Qualifier	ID	1-2	N/U			2010BA	N405	Location Qualifier	ID	1-2	N/U				NOT USED
2010BA	N406	Location Identifier	AN	1-30	N/U			2010BA	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2010BA	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD
2010BA	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION		1	S			2010BA	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION		1	S				
2010BA	DMG01	Date Time Period Format Qualifier	ID	2-3	R		D8	2010BA	DMG01	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8' CCYYMMDD
2010BA	DMG02	Subscriber Birth Date	AN	1-35	R		CCYYMMDD	2010BA	DMG02	Subscriber Birth Date	AN	1-35	R		CCYYMMDD		Expect Member DOB
2010BA	DMG03	Subscriber Gender Code	ID	1-1	R		F, M, U	2010BA	DMG03	Subscriber Gender Code	ID	1-1	R		F, M, U		Expect Gender
								2010BA	DMG04	Marital Status Code	ID	1-1	N/U				NOT USED
								2010BA	DMG05	Race or Ethnicity Code	ID	1-1	N/U				NOT USED
								2010BA	DMG06	Citizenship Status Code	ID	1-2	N/U				NOT USED
								2010BA	DMG07	Country Code	ID	2-3	N/U				NOT USED
								2010BA	DMG08	Basis of Verification Code	ID	1-2	N/U				NOT USED
								2010BA	DMG09	Quantity	R	1-15	N/U				NOT USED
								2010BA	DMG10	Code List Qualifier Code	ID	1-3	N/U				NOT USED
								2010BA	DMG11	Industry Code	AN	1-30	N/U				NOT USED

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2010BA	REF	SUBSCRIBER SECONDARY IDENTIFICATION		4	S			2010BA	REF	SUBSCRIBER SECONDARY IDENTIFICATION		1	S				SEGMENT NOT USED BY MQD
2010BA	REF01	Reference Identification Qualifier	ID	2-3	R		1W, 23, IG, SY	2010BA	REF01	Reference Identification Qualifier	ID	2-3	R		SY	Code Deleted	NOT USED BY MQD
2010BA	REF02	Subscriber Supplemental Identifier	AN	1-30	R			2010BA	REF02	Subscriber Supplemental Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2010BA	REF03	Description	AN	1-80	N/U				NOT USED
								2010BA	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2010BA	REF	PROPERTY AND CASUALTY CLAIM NUMBER		1	S			2010BA	REF	PROPERTY AND CASUALTY CLAIM NUMBER		1	S				SEGMENT NOT USED BY MQD
2010BA	REF01	Reference Identification Qualifier	ID	2-3	R		Y4	2010BA	REF01	Reference Identification Qualifier	ID	2-3	R		Y4		NOT USED BY MQD
2010BA	REF02	Property Casualty Claim Number	AN	1-30	R			2010BA	REF02	Property Casualty Claim Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2010BA	REF03	Description	AN	1-80	N/U				NOT USED
								2010BA	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2010BB	NM1	CREDIT/DEBIT CARD ACCOUNT HOLDER NAME		1	S	1										SEGMENT DELETED	DELETED
2010BB	REF	CREDIT/DEBT CARD INFORMATION		2	S											SEGMENT DELETED	DELETED
2010BC	NM1	PAYER NAME		1	R	1		2010BB	NM1	PAYER NAME		1	R	1		Loop Change	
2010BC	NM101	Entity Identifier Code	ID	2-3	R		PR	2010BB	NM101	Entity Identifier Code	ID	2-3	R		PR		Expect "PR"
2010BC	NM102	Entity Type Qualifier	ID	1-1	R		2	2010BB	NM102	Entity Type Qualifier	ID	1-1	R		2		Expect "2"
2010BC	NM103	Payer Name	AN	1-35	R			2010BB	NM103	Payer Name	AN	1-60	R			Increase from 35 - 60	Expect 'MED-QUEST'
2010BC	NM104	Name First	AN	1-25	N/U			2010BB	NM104	Name First	AN	1-35	N/U			Increase from 25 - 35	NOT USED
2010BC	NM105	Name Middle	AN	1-25	N/U			2010BB	NM105	Name Middle	AN	1-25	N/U				NOT USED
2010BC	NM106	Name Prefix	AN	1-10	N/U			2010BB	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2010BC	NM107	Name Suffix	AN	1-10	N/U			2010BB	NM107	Name Suffix	AN	1-10	N/U				NOT USED
2010BC	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV	2010BB	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV		Expect PI
2010BC	NM109	Payer Identifier	AN	2-80	R			2010BB	NM109	Payer Identifier	AN	2-80	R				Expect 996001089
								2010BB	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2010BB	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2010BB	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2010BC	N3	PAYER ADDRESS		1	S			2010BB	N3	PAYER ADDRESS		1	S			Loop Change	SEGMENT NOT USED BY MQD
2010BC	N301	Payer Address Line	AN	1-55	R			2010BB	N301	Payer Address Line	AN	1-55	R				NOT USED BY MQD
2010BC	N302	Payer Address Line	AN	1-55	S			2010BB	N302	Payer Address Line	AN	1-55	S				NOT USED BY MQD
2010BC	N4	PAYER CITY/STATE/ZIP CODE		1	R			2010BB	N4	PAYER CITY/STATE/ZIP CODE		1	R			Loop Change	SEGMENT NOT USED BY MQD
2010BC	N401	Payer City Name	AN	2-30	R			2010BB	N401	Payer City Name	AN	2-30	R				NOT USED BY MQD
2010BC	N402	Payer State Code	ID	2-2	R			2010BB	N402	Payer State Code	ID	2-2	S			Usage change to Situational	NOT USED BY MQD
2010BC	N403	Payer Postal Zone or ZIP Code	ID	3-15	R			2010BB	N403	Payer Postal Zone or ZIP Code	ID	3-15	S			Usage change to Situational	NOT USED BY MQD
2010BC	N404	Payer Country Code	ID	2-3	S			2010BB	N404	Payer Country Code	ID	2-3	S				NOT USED BY MQD
2010BC	N405	Location Qualifier	ID	1-2	N/U			2010BB	N405	Location Qualifier	ID	1-2	N/U				NOT USED
2010BC	N406	Location Identifier	AN	1-30	N/U			2010BB	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2010BB	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD
2010BC	REF	PAYER SECONDARY IDENTIFICATION		3	S			2010BB	REF	PAYER SECONDARY IDENTIFICATION		3	S			Loop Change	SEGMENT NOT USED BY MQD
2010BC	REF01	Reference Identification Qualifier	ID	2-3	R		2U, FY, NF, TJ	2010BB	REF01	Reference Identification Qualifier	ID	2-3	R		2U, EI, FY, NF	Code Change	NOT USED BY MQD
2010BC	REF02	Payer Additional Identifier	AN	1-30	R			2010BB	REF02	Payer Additional Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2010BB	REF03	Description	AN	1-80	N/U				NOT USED
								2010BB	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2010BB	REF	BILLING PROVIDER SECONDARY IDENTIFICATION		1	S			Segment Added	Atypical Provider
								2010BB	REF01	Reference Identification Qualifier	ID	2-3	R		G2, LU		Expect G2 only if 2010AA NM109 not used
								2010BB	REF02	Payer Additional Identifier	AN	1-50	R				Expect Billing Registration Provider ID
								2010BB	REF03	Description	AN	1-80	N/U				NOT USED
								2010BB	REF04	REFERENCE IDENTIFIER			N/U				NOT USED

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2010BD	NM1	RESPONSIBLE PARTY NAME		1	S	1										SEGMENT DELETED	DELETED
2010BC	N3	RESPONSIBLE PARTY ADDRESS		1	S											SEGMENT DELETED	DELETED
2010BC	N4	RESPONSIBLE PARTY CITY/STATE/ZIP CODE		1	R											SEGMENT DELETED	DELETED
2000C	HL	PATIENT HIERARCHICAL LEVEL		1	S	>1		2000C	HL	PATIENT HIERARCHICAL LEVEL		1	S	>1		MQD members are uniquely identified, so 2000C is not used.	SEGMENT NOT USED BY MQD
2000C	HL01	Hierarchical ID Number	AN	1-12	R			2000C	HL01	Hierarchical ID Number	AN	1-12	R				NOT USED BY MQD
2000C	HL02	Hierarchical Parent ID Number	AN	1-12	R			2000C	HL02	Hierarchical Parent ID Number	AN	1-12	R				NOT USED BY MQD
2000C	HL03	Hierarchical Level Code	ID	1-2	R		23	2000C	HL03	Hierarchical Level Code	ID	1-2	R		23		NOT USED BY MQD
2000C	HL04	Hierarchical Child Code	ID	1-1	R		0	2000C	HL04	Hierarchical Child Code	ID	1-1	R		0		NOT USED BY MQD
2000C	PAT	PATIENT INFORMATION		1	R			2000C	PAT	PATIENT INFORMATION		1	R				SEGMENT NOT USED BY MQD
2000C	PAT01	Individual Relationship Code	ID	2-2	R		01, 04, 05, 07, 10,	2000C	PAT01	Individual Relationship Code	ID	2-2	R		01, 19, 20, 21, 39, 40,	Code Deleted	NOT USED BY MQD
								2000C	PAT02	Patient Location Code	ID	1-1	N/U				NOT USED
								2000C	PAT03	Employment Status Code	ID	2-2	N/U				NOT USED
								2000C	PAT04	Student Status Code	ID	1-1	N/U				NOT USED
								2000C	PAT05	Date Time Period Format Qualifier	ID	2-3	S				NOT USED BY MQD
								2000C	PAT06	Patient Death Date	AN	1-35	S				NOT USED BY MQD
								2000C	PAT07	Unit or Basis for Measurement Code	ID	2-2	S				NOT USED BY MQD
								2000C	PAT08	Patient Weight 9(6)V99	R	1-10	S				NOT USED BY MQD
								2000C	PAT09	Pregnancy Indicator	ID	1-1	S				NOT USED BY MQD
2010CA	NM1	PATIENT NAME		1	R	1		2010CA	NM1	PATIENT NAME		1	R	1			SEGMENT NOT USED BY MQD
2010CA	NM101	Entity Identifier Code	ID	2-3	R		QC	2010CA	NM101	Entity Identifier Code	ID	2-3	R		QC		NOT USED BY MQD
2010CA	NM102	Entity Type Qualifier	ID	1-1	R		1	2010CA	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY MQD
2010CA	NM103	Patient Last Name	AN	1-35	R			2010CA	NM103	Patient Last Name	AN	1-60	R			Increase from 35 - 60	NOT USED BY MQD
2010CA	NM104	Patient First Name	AN	1-25	R			2010CA	NM104	Patient First Name	AN	1-35	S			Increase from 25 - 35 Usage change to Situational	NOT USED BY MQD
2010CA	NM105	Patient Middle Name	AN	1-25	S			2010CA	NM105	Patient Middle Name	AN	1-25	S				NOT USED BY MQD
2010CA	NM106	Name Prefix	AN	1-10	N/U			2010CA	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2010CA	NM107	Patient Name Suffix	AN	1-10	S			2010CA	NM107	Patient Name Suffix	AN	1-10	S				NOT USED BY MQD
2010CA	NM108	Identification Code Qualifier	ID	1-2	S		MI, ZZ	2010CA	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
2010CA	NM109	Patient Primary Identifier	AN	2-80	S			2010CA	NM109	Patient Primary Identifier	AN	2-80	N/U			Usage change to Not Used	NOT USED
								2010CA	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2010CA	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2010CA	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2010CA	N3	PATIENT ADDRESS		1	R			2010CA	N3	PATIENT ADDRESS		1	R				SEGMENT NOT USED BY MQD
2010CA	N301	Patient Address Line	AN	1-55	R			2010CA	N301	Patient Address Line	AN	1-55	R				NOT USED BY MQD
2010CA	N302	Patient Address Line	AN	1-55	S			2010CA	N302	Patient Address Line	AN	1-55	S				NOT USED BY MQD
2010CA	N4	PATIENT CITY/STATE/ZIP CODE		1	R			2010CA	N4	PATIENT CITY/STATE/ZIP CODE		1	R				SEGMENT NOT USED BY MQD
2010CA	N401	Patient City Name	AN	2-30	R			2010CA	N401	Patient City Name	AN	2-30	R				NOT USED BY MQD
2010CA	N402	Patient State Code	ID	2-2	R			2010CA	N402	Patient State Code	ID	2-2	S			Usage change to Situational	NOT USED BY MQD
2010CA	N403	Patient Postal Zone or ZIP Code	ID	3-15	R			2010CA	N403	Patient Postal Zone or ZIP Code	ID	3-15	S			Usage change to Situational	NOT USED BY MQD
2010CA	N404	Patient Country Code	ID	2-3	S			2010CA	N404	Patient Country Code	ID	2-3	S				NOT USED BY MQD
2010CA	N405	Location Qualifier	ID	1-2	N/U			2010CA	N405	Location Qualifier	ID	1-2	N/U				NOT USED
2010CA	N406	Location Identifier	AN	1-30	N/U			2010CA	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2010CA	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD
2010CA	DMG	PATIENT DEMOGRAPHIC INFORMATION		1	R			2010CA	DMG	PATIENT DEMOGRAPHIC INFORMATION		1	R				SEGMENT NOT USED BY MQD
2010CA	DMG01	Date Time Period Format Qualifier	ID	2-3	R		D8	2010CA	DMG01	Date Time Period Format Qualifier	ID	2-3	R		D8		NOT USED BY MQD
2010CA	DMG02	Patient Birth Date	AN	1-35	R		CCYYMMDD	2010CA	DMG02	Patient Birth Date	AN	1-35	R		CCYYMMDD		NOT USED BY MQD
2010CA	DMG03	Patient Gender Code	ID	1-1	R		F, M, U	2010CA	DMG03	Patient Gender Code	ID	1-1	R		F, M, U		NOT USED BY MQD
								2010CA	DMG04	Marital Status Code	ID	1-1	N/U				NOT USED
								2010CA	DMG05	Race or Ethnicity Code	ID	1-1	N/U				NOT USED
								2010CA	DMG06	Citizenship Status Code	ID	1-2	N/U				NOT USED
								2010CA	DMG07	Country Code	ID	2-3	N/U				NOT USED
								2010CA	DMG08	Basis of Verification Code	ID	1-2	N/U				NOT USED

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2010CA	DMG09	Quantity	R	1-15	N/U				NOT USED
								2010CA	DMG10	Code List Qualifier Code	ID	1-3	N/U				NOT USED
								2010CA	DMG11	Industry Code	AN	1-30	N/U				NOT USED
2010CA	REF	PATIENT SECONDARY IDENTIFICATION NUMBER		5	S											SEGMENT DELETED	DELETED
2010CA	REF	PROPERTY AND CASUALTY CLAIM NUMBER		1	S			2010CA	REF	PROPERTY AND CASUALTY CLAIM NUMBER		1	S				SEGMENT NOT USED BY MQD
2010CA	REF01	Reference Identification Qualifier	ID	2-3	R		Y4	2010CA	REF01	Reference Identification Qualifier	ID	2-3	R		Y4		NOT USED BY MQD
2010CA	REF02	Property Casualty Claim Number	AN	1-30	R			2010CA	REF02	Property Casualty Claim Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
2300	CLM	CLAIM INFORMATION		1	R	100		2300	CLM	CLAIM INFORMATION		1	R	100			
2300	CLM01	Patient Account Number	AN	1-38	R			2300	CLM01	Patient Control Number	AN	1-38	R				Expect Patient Control number
2300	CLM02	Total Claim Charge Amount	R	1-18	R			2300	CLM02	Total Claim Charge Amount	R	1-18	R				Expect Total Claim Charge
2300	CLM03	Claim Filing Indicator Code	ID	1-2	N/U			2300	CLM03	Claim Filing Indicator Code	ID	1-2	N/U				NOT USED
2300	CLM04	Non-Institutional Claim Type Code	ID	1-2	N/U			2300	CLM04	Non-Institutional Claim Type Code	ID	1-2	N/U				NOT USED
2300	CLM05	HEALTH CARE SERVICE LOCATION INFORMATION			R			2300	CLM05	HEALTH CARE SERVICE LOCATION INFORMATION			R				
2300	CLM05-1	Facility Type Code	AN	1-2	R			2300	CLM05-1	Facility Type Code	AN	1-2	R				Expect Facility Type Code
2300	CLM05-2	Facility Code Qualifier	ID	1-2	R		A	2300	CLM05-2	Facility Code Qualifier	ID	1-2	R		A		Expect A
2300	CLM05-3	Claim Frequency Code	ID	1-1	R			2300	CLM05-3	Claim Frequency Code	ID	1-1	R				Expect Claim Frequency Code 1=Original 7=Replacement (MQD: to be used for Adjustment and Resubmission) 8=Void
2300	CLM06	Provider or Supplier Signature Indicator	ID	1-1	N/U		N, Y	2300	CLM06	Provider or Supplier Signature Indicator	ID	1-1	N/U		N, Y		NOT USED
2300	CLM07	Medicare Assignment Code	ID	1-1	R		A, C	2300	CLM07	Medicare Assignment Code	ID	1-1	R		A, B, C	Code Added	Expect 'A, B, C'
2300	CLM08	Benefits Assignment Certification Indicator	ID	1-1	R		N	2300	CLM08	Benefits Assignment Certification Indicator	ID	1-1	R		N, W, Y	Code Added	Expect N, W or Y
2300	CLM09	Release of Information Code	ID	1-1	R		A, I, M, N, O, Y	2300	CLM09	Release of Information Code	ID	1-1	R		I, Y	Code Deleted	Expect I or Y
2300	CLM10	Patient Signature Source Code	ID	1-1	N/U			2300	CLM10	Patient Signature Source Code	ID	1-1	N/U				NOT USED
2300	CLM11	RELATED CAUSES INFORMATION			N/U			2300	CLM11	RELATED CAUSES INFORMATION			N/U				NOT USED
2300	CLM12	Special Program Indicator	ID	2-3	N/U			2300	CLM12	Special Program Indicator	ID	2-3	N/U		02, 03, 05, 09		NOT USED
2300	CLM13	Yes/No Condition or Response Code	ID	1-1	N/U			2300	CLM13	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	CLM14	Level of Service Code	ID	1-3	N/U			2300	CLM14	Level of Service Code	ID	1-3	N/U				NOT USED
2300	CLM15	Yes/No Condition or Response Code	ID	1-1	N/U			2300	CLM15	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	CLM16	Participation Agreement	ID	1-1	N/U			2300	CLM16	Participation Agreement	ID	1-1	N/U				NOT USED
2300	CLM17	Claim Status Code	ID	1-2	N/U			2300	CLM17	Claim Status Code	ID	1-2	N/U				NOT USED
2300	CLM18	Yes/No Condition or Response Code	ID	1-1	R		N, Y	2300	CLM18	Yes/No Condition or Response Code	ID	1-1	N/U			Usage change to Not Used	NOT USED
2300	CLM19	Claim Submission Reason Code	ID	2-2	N/U			2300	CLM19	Claim Submission Reason Code	ID	2-2	N/U				NOT USED
2300	CLM20	Delay Reason Code	ID	1-2	S		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11	2300	CLM20	Delay Reason Code	ID	1-2	S		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15	Code Added	NOT USED BY MQD
2300	DTP	DATE - DISCHARGE HOUR		1	S			2300	DTP	DATE - DISCHARGE HOUR		1	S				Expect when final inpatient claim.
2300	DTP01	Date Time Qualifier	ID	3-3	R		96	2300	DTP01	Date Time Qualifier	ID	3-3	R		96		Expect '96'
2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		TM	2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		TM		Expect 'TM'
2300	DTP03	Discharge Hour	AN	1-35	R		HHMM	2300	DTP03	Discharge Time	AN	1-35	R		HHMM	Name Change	Expect HHMM
2300	DTP	DATE - STATEMENT DATES		1	R			2300	DTP	DATE - STATEMENT DATES		1	S			Usage change to Situational	
2300	DTP01	Date Time Qualifier	ID	3-3	R		434	2300	DTP01	Date Time Qualifier	ID	3-3	R		434		Expect '434'
2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8, RD8	2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		RD8	Code Deleted	Expect RD8
2300	DTP03	Statement From or To Date	AN	1-35	R		CCYYMMDDCCYYMMDD	2300	DTP03	Statement From and To Date	AN	1-35	R		CCYYMMDDCCYYMMDD	Name Change	Expect Statement From and To date (Service Begin-End)
2300	DTP	DATE - ADMISSION DATE/HOUR		1	S			2300	DTP	DATE - ADMISSION DATE/HOUR		1	S				Expect on Inpatient Claims
2300	DTP01	Date Time Qualifier	ID	3-3	R		435	2300	DTP01	Date Time Qualifier	ID	3-3	R		435		Expect '435'

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ	
2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		DT	2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8, DT	Code Added	Expect DT for inpatient claims, except bill type 021X Expect D8 if Type of Bill is 021X	
2300	DTP03	Admission Date and Hour	AN	1-35	R		CCYYMMDDHHMM	2300	DTP03	Admission Date and Hour	AN	1-35	R		CCYYMMDD, CCYYMMDDHHMM	Code Added	If DT, expect CCYYMMDDHHMM If D8, expect CCYYMMDD	
								2300	DTP	DATE - REPRICER RECEIVED DATE		1	S			New Segment	SEGMENT NOT USED BY MQD	
								2300	DTP01	Date Time Qualifier	ID	3-3	R		050			
								2300	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8			
								2300	DTP03	Order Date	AN	1-35	R		CCYYMMDD			
								2300	CL1	INSTITUTIONAL CLAIM CODE		1	S					
2300	CL101	Admission Type Code	ID	1-1	S			2300	CL101	Admission Type Code	ID	1-1	S				Expect Admission Type code	
2300	CL102	Admission Source Code	ID	1-1	S			2300	CL102	Admission Source Code	ID	1-1	S				Expect Admission Source code	
2300	CL103	Patient Status Code	ID	1-2	S			2300	CL103	Patient Status Code	ID	1-2	R			Usage change to Required	Expect Patient Status code	
								2300	CL104	Nursing Home Residential Status Code	ID	1-1	N/U				NOT USED	
2300	PWK	CLAIM SUPPLEMENTAL INFORMATION		10	S			2300	PWK	CLAIM SUPPLEMENTAL INFORMATION		10	S			Expected when there is a paper attachment to follow, or when attachments are sent electronically but transmitted in another functional group (275), or when provider deems necessary to identify additional information being held at provider's office and is available upon request by payer	SEGMENT NOT USED BY MQD Attachments not currently captured	
2300	PWK01	Attachment Report Type Code	ID	2-2	R		AS, B2, B3, B4, CT, DA, DG, DS, EB,	2300	PWK01	Attachment Report Type Code	ID	2-2	R		03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21,	Code Added	NOT USED BY MQD	
2300	PWK02	Attachment Transmission Code	ID	1-2	R		AA, BM, EL, EM, FX	2300	PWK02	Attachment Transmission Code	ID	1-2	R		AA, BM, EL, EM, FT, FX	Code Added	NOT USED BY MQD	
2300	PWK03	Report Copies Needed	N0	1-2	N/U			2300	PWK03	Report Copies Needed	N0	1-2	N/U				NOT USED	
2300	PWK04	Entity Identifier Code	ID	2-3	N/U			2300	PWK04	Entity Identifier Code	ID	2-3	N/U				NOT USED	
2300	PWK05	Identification Code Qualifier	ID	1-2	S		AC	2300	PWK05	Identification Code Qualifier	ID	1-2	S		AC		NOT USED BY MQD	
2300	PWK06	Attachment Control Number	AN	2-80	S			2300	PWK06	Attachment Control Number	AN	2-80	S				NOT USED BY MQD	
2300	PWK07	Description	AN	1-80	S			2300	PWK07	Description	AN	1-80	N/U			Usage change to Not Used	NOT USED	
								2300	PWK08	ACTIONS INDICATED			N/U				NOT USED	
								2300	PWK09	Request Category Code	ID	1-2	N/U					NOT USED
								2300	CN1	CONTRACT INFORMATION		1	S					SEGMENT NOT USED BY MQD
2300	CN101	Contract Type Code	ID	2-2	R		01, 02, 03, 04, 05, 06, 09	2300	CN101	Contract Type Code	ID	2-2	R		01, 02, 03, 04, 05, 06, 09		NOT USED BY MQD	
2300	CN102	Contract Amount	R	1-18	S			2300	CN102	Contract Amount	R	1-18	S				NOT USED BY MQD	
2300	CN103	Contract Percentage	R	1-6	S			2300	CN103	Contract Percentage	R	1-6	S				NOT USED BY MQD	
2300	CN104	Contract Code	AN	1-30	S			2300	CN104	Contract Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD	
2300	CN105	Terms Discount Percent	R	1-6	S			2300	CN105	Terms Discount Percent	R	1-6	S				NOT USED BY MQD	
2300	CN106	Contract Version Identifier	AN	1-30	S			2300	CN106	Contract Version Identifier	AN	1-30	S				NOT USED BY MQD	
2300	AMT	PAYER ESTIMATED AMOUNT DUE		1	S											SEGMENT DELETED	DELETED	
								2300	AMT	PATIENT ESTIMATED AMOUNT DUE		1	S					SEGMENT NOT USED BY MQD
2300	AMT01	Amount Qualifier Code	ID	1-3	R		F3	2300	AMT01	Amount Qualifier Code	ID	1-3	R		F3		NOT USED BY MQD	
2300	AMT02	Patient Responsibility Amount	R	1-18	R			2300	AMT02	Patient Responsibility Amount	R	1-18	R				NOT USED BY MQD	
2300	AMT03	Credit/Debit Flag Code	ID	1-1	N/U			2300	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED	
								2300	AMT	PATIENT PAID AMOUNT		1	S				SEGMENT DELETED	DELETED
								2300	AMT	CREDIT/DEBIT CARD MAXIMUM AMOUNT		1	S				SEGMENT DELETED	DELETED
2300	REF	SERVICE AUTHORIZATION EXCEPTION CODE		1	S			2300	REF	SERVICE AUTHORIZATION EXCEPTION CODE		1	S				SEGMENT NOT USED BY MQD	

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2300	REF01	Reference Identification Qualifier	ID	2-3	R		4N	2300	REF01	Reference Identification Qualifier	ID	2-3	R		4N		NOT USED BY MQD
2300	REF02	Service Authorization Exception Code	AN	1-30	R		1, 2, 3, 4, 5, 6, 7	2300	REF02	Service Authorization Exception Code	AN	1-50	R		1, 2, 3, 4, 5, 6, 7	Increase from 30 - 50	NOT USED BY MQD
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2300	REF	REFERRAL NUMBER		1	S			New Segment	SEGMENT NOT USED BY MQD
								2300	REF01	Reference Identification Qualifier	ID	2-3	R		9F		NOT USED BY MQD
								2300	REF02	Prior Authorization or Referral Number	AN	1-50	R				NOT USED BY MQD
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	REF	PRIOR AUTHORIZATION		2	S			2300	REF	PRIOR AUTHORIZATION		1	S			# Repeats change to 1	Expect when an authorization number is assigned by MQD and the services were preauthorized
2300	REF01	Reference Identification Qualifier	ID	2-3	R		9F, G1	2300	REF01	Reference Identification Qualifier	ID	2-3	R		G1	Code Deleted	Expect G1
2300	REF02	Prior Authorization Number	AN	1-30	R			2300	REF02	Prior Authorization or Referral Number	AN	1-50	R			Increase from 30 - 50 Name Change	Expect Prior Authorization Number
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	REF	ORIGINAL REFERENCE NUMBER (ICN/DCN)		1	S			2300	REF	PAYER CLAIM CONTROL NUMBER		1	S			Name Change	Expect when CLM05-3 indicates claim is a replacement or void to a previously adjudicated claim
2300	REF01	Reference Identification Qualifier	ID	2-3	R		F8	2300	REF01	Reference Identification Qualifier	ID	2-3	R		F8		Expect 'F8'
2300	REF02	Claim Original Reference Number	AN	1-30	R			2300	REF02	Claim Original Reference Number	AN	1-50	R			Increase from 30 - 50	Expect Payer Claim Control Number, MQD CRN
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	REF	REPRICED CLAIM NUMBER		1	S			2300	REF	REPRICED CLAIM NUMBER		1	S				SEGMENT NOT USED BY MQD
2300	REF01	Reference Identification Qualifier	ID	2-3	R		9A	2300	REF01	Reference Identification Qualifier	ID	2-3	R		9A		NOT USED BY MQD
2300	REF02	Repriced Claim Reference Number	AN	1-30	R			2300	REF02	Repriced Claim Reference Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	REF	ADJUSTED REPRICED CLAIM NUMBER		1	S			2300	REF	ADJUSTED REPRICED CLAIM NUMBER		1	S				SEGMENT NOT USED BY MQD
2300	REF01	Reference Identification Qualifier	ID	2-3	R		9C	2300	REF01	Reference Identification Qualifier	ID	2-3	R		9C		NOT USED BY MQD
2300	REF02	Adjusted Repriced Claim Reference Number	AN	1-30	R			2300	REF02	Adjusted Repriced Claim Reference Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	REF	INVESTIGATIONAL DEVICE EXEMPTION NUMBER		1	S			2300	REF	INVESTIGATIONAL DEVICE EXEMPTION NUMBER		5	S			Expect when claim has FDA assigned investigational device exemption number.	SEGMENT NOT USED BY MQD
2300	REF01	Reference Identification Qualifier	ID	2-3	R		LX	2300	REF01	Reference Identification Qualifier	ID	2-3	R		LX		NOT USED BY MQD
2300	REF02	Investigational Device Exemption Number	AN	1-30	R			2300	REF02	Investigational Device Exemption Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	REF	CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES		1	S			2300	REF	CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES		1	S				SEGMENT NOT USED BY MQD
2300	REF01	Reference Identification Qualifier	ID	2-3	R		D9	2300	REF01	Reference Identification Qualifier	ID	2-3	R		D9		NOT USED BY MQD
2300	REF02	Value Added Network Trace Number	AN	1-30	R			2300	REF02	Clearinghouse Trace Number	AN	1-50	R			Increase from 30 - 50 Name Change	NOT USED BY MQD
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2300	REF	DOCUMENT IDENTIFICATION CODE		2	S											SEGMENT DELETED	DELETED
								2300	REF	AUTO ACCIDENT STATE		1	S			New Segment	Expect if services on this claim are related to an auto accident and the accident occurred in a country or location from code source 22.
								2300	REF01	Reference Identification Qualifier	ID	2-3	R		LU		Expect LU
								2300	REF02	Auto Accident State or Province	AN	1-50	R				Expect applicable Auto Accident State or Province
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	REF	MEDICAL RECORD NUMBER		1	S			2300	REF	MEDICAL RECORD NUMBER		1	S				Expect when provider needs to identify for future inquiries, actual medical record of member for this episode of care
2300	REF01	Reference Identification Qualifier	ID	2-3	R		EA	2300	REF01	Reference Identification Qualifier	ID	2-3	R		EA		Expect 'EA'
2300	REF02	Medical Record Number	AN	1-30	R			2300	REF02	Medical Record Number	AN	1-50	R			Increase from 30 - 50	Expect Medical Record Number
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	REF	DEMONSTRATION PROJECT IDENTIFIER		1	S			2300	REF	DEMONSTRATION PROJECT IDENTIFIER		1	S				SEGMENT NOT USED BY MQD
2300	REF01	Reference Identification Qualifier	ID	2-3	R		P4	2300	REF01	Reference Identification Qualifier	ID	2-3	R		P4		NOT USED BY MQD
2300	REF02	Demonstration Project Identifier	AN	1-30	R			2300	REF02	Demonstration Project Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	REF	PEER REVIEW ORGANIZATION		1	S			2300	REF	PEER REVIEW ORGANIZATION		1	S				SEGMENT NOT USED BY MQD
2300	REF01	Reference Identification Qualifier	ID	2-3	R		G4	2300	REF01	Reference Identification Qualifier	ID	2-3	R		G4		NOT USED BY MQD
2300	REF02	PRO Number	AN	1-30	R			2300	REF02	PRO Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2300	REF03	Description	AN	1-80	N/U				NOT USED
								2300	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2300	K3	FILE INFORMATION		10	S			2300	K3	FILE INFORMATION		10	S				SEGMENT NOT USED BY MQD
2300	K301	Fixed Format Information	AN	1-80	R			2300	K301	Fixed Format Information	AN	1-80	R				NOT USED BY MQD
								2300	K302	Record Format Code	ID	1-2	N/U				NOT USED
								2300	K303	COMPOSITE UNIT OF MEASURE			N/U				NOT USED
2300	NTE	CLAIM NOTE		10	S			2300	NTE	CLAIM NOTE		10	S				SEGMENT NOT USED BY MQD
2300	NTE01	Note Reference Code	ID	3-3	R		ALG, DCP, DGN, DME, MED, NTR, ODT, RHB, RLH, RNH, SET, SFM, SPT, UPI	2300	NTE01	Note Reference Code	ID	3-3	R		ALG, DCP, DGN, DME, MED, NTR, ODT, RHB, RLH, RNH, SET, SFM, SPT, UPI		NOT USED BY MQD
2300	NTE02	Claim Note Text	AN	1-80	R			2300	NTE02	Claim Note Text	AN	1-80	R				NOT USED BY MQD
2300	NTE	BILLING NOTE		1	S			2300	NTE	BILLING NOTE		1	S				Expect if in the judgment of the provider the information is needed to substantiate the medical treatment and is not supported elsewhere in claim data set.
2300	NTE01	Note Reference Code	ID	3-3	R		ADD	2300	NTE01	Note Reference Code	ID	3-3	R		ADD		Expect ADD
2300	NTE02	Billing Note Text	AN	1-80	R			2300	NTE02	Billing Note Text	AN	1-80	R				Expect Billing Note Text
2300	CR6	HOME HEALTH CARE INFORMATION		1	S											SEGMENT DELETED	DELETED
2300	CRC	HOME HEALTH FUNCTIONAL LIMITATIONS		3	S											SEGMENT DELETED	DELETED
2300	CRC	HOME HEALTH FUNCTIONAL LIMITATIONS		3	S											SEGMENT DELETED	DELETED

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2300	CRC	HOME HEALTH MENTAL STATUS		2	S											SEGMENT DELETED	DELETED
								2300	CRC	EPSDT REFERRAL		1	S			New Segment	Expect for EPSDT when claim is for screening service
								2300	CRC01	Code Category	ID	2-2	R		ZZ		Expect 'ZZ'
								2300	CRC02	Certification Condition Indicator	ID	1-1	R		N, Y		Expect 'Y/N'
								2300	CRC03	Condition Code	ID	2-3	R		AV, NU, S2, ST		Expect Condition Code value
								2300	CRC04	Condition Code	ID	2-3	S		AV, NU, S2, ST		Expect if second condition code is necessary
								2300	CRC05	Condition Code	ID	2-3	S		AV, NU, S2, ST		Expect if third condition code is necessary
								2300	CRC06	Condition Indicator	ID	2-3	N/U				NOT USED
								2300	CRC07	Condition Indicator	ID	2-3	N/U				NOT USED
2300	HI	PRINCIPAL DIAGNOSIS		1	S			2300	HI	PRINCIPAL DIAGNOSIS		1	R			Usage change to Required	
2300	HI01	HEALTH CARE CODE INFORMATION			R			2300	HI01	HEALTH CARE CODE INFORMATION			R				
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BK	2300	HI01-1	Diagnosis Type Code	ID	1-3	R		ABK, BK	Name Change	Expect ABK for ICD10 or BK for ICD9
2300	HI01-2	Industry Code	AN	1-30	R			2300	HI01-2	Principal Diagnosis Code	AN	1-30	R			Name Change	Expect Principal Diagnosis Code
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U			2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI01-4	Date Time Period	AN	1-35	N/U			2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI01-5	Monetary Amount	R	1-18	N/U			2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI01-6	Quantity	R	1-15	N/U			2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
2300	HI01-7	Version Identifier	AN	1-30	N/U			2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
2300								2300	HI01-8	Industry code	AN	1-30	N/U			New Element	NOT USED
2300								2300	HI01-9	Present on Admission indicator	ID	1-1	S		N, U, W, Y	New Element Required as directed by the NUBC billing manual.	Expect applicable Present on Admission Indicator
2300	HI02	HEALTH CARE CODE INFORMATION			S			2300	HI02	HEALTH CARE CODE INFORMATION			N/U			Usage change to Not Used	NOT USED
2300	HI03	HEALTH CARE CODE INFORMATION			S			2300	HI03	HEALTH CARE CODE INFORMATION			N/U			Usage change to Not Used	NOT USED
2300	HI04	HEALTH CARE CODE INFORMATION			N/U			2300	HI04	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI05	HEALTH CARE CODE INFORMATION			N/U			2300	HI05	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI06	HEALTH CARE CODE INFORMATION			N/U			2300	HI06	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI07	HEALTH CARE CODE INFORMATION			N/U			2300	HI07	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI08	HEALTH CARE CODE INFORMATION			N/U			2300	HI08	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI09	HEALTH CARE CODE INFORMATION			N/U			2300	HI09	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI10	HEALTH CARE CODE INFORMATION			N/U			2300	HI10	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI11	HEALTH CARE CODE INFORMATION			N/U			2300	HI11	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI12	HEALTH CARE CODE INFORMATION			N/U			2300	HI12	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI	ADMITTING DIAGNOSIS		1	R			New Segment	Required when claim involves an inpatient admission
								2300	HI01	HEALTH CARE CODE INFORMATION			R				
								2300	HI01-1	Diagnosis Type Code	ID	1-3	R		ABJ, BJ		Expect ABJ for ICD10 or BJ for ICD9
								2300	HI01-2	Admitting Diagnosis Code	AN	1-30	R				Expect Admitting Diagnosis code
								2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
								2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
								2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
								2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
								2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
								2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
								2300	HI02	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI03	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI04	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI05	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI06	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI07	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI08	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI09	HEALTH CARE CODE INFORMATION			N/U				NOT USED

Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2300	HI10	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI11	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI12	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI	PATIENT REASON FOR VISIT		1	R			New Segment	Required when claim involves outpatient visits.
								2300	HI01	HEALTH CARE CODE INFORMATION			R				
								2300	HI01-1	Diagnosis Type Code	ID	1-3	R		APR, PR		Expect APR for ICD10 or PR for ICD9
								2300	HI01-2	Patient Reason For Visit	AN	1-30	R				Expect Patient Reason for visit
								2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
								2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
								2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
								2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
								2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
								2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
								2300	HI02	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI03	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI04	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI05	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI06	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI07	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI08	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI09	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI10	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI11	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI12	HEALTH CARE CODE INFORMATION			N/U				NOT USED
								2300	HI	EXTERNAL CAUSE OF INJURY		1	R			New Segment Expect when an external Cause of Injury is needed to describe an injury, poisoning or adverse effect.	SEGMENT NOT USED BY MQD
								2300	HI01	HEALTH CARE CODE INFORMATION			R				NOT USED BY MQD
								2300	HI01-1	Diagnosis Type Code	ID	1-3	R		ABN, BN		NOT USED BY MQD
								2300	HI01-2	External Cause of Injury Code	AN	1-30	R				NOT USED BY MQD
								2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
								2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
								2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
								2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
								2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
								2300	HI01-9	Present on Admission indicator	ID	1-1	S		N, U, W, Y		NOT USED BY MQD
								2300	HI02	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI03	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI04	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI05	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI06	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI07	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI08	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI09	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI10	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI11	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
								2300	HI12	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
2300	HI	DIAGNOSIS RELATED GROUP (DRG) INFORMATION		1	R			2300	HI	DIAGNOSIS RELATED GROUP (DRG) INFORMATION		1	R				SEGMENT NOT USED BY MQD
2300	HI01	HEALTH CARE CODE INFORMATION			R			2300	HI01	HEALTH CARE CODE INFORMATION			R				NOT USED BY MQD

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		DR	2300	HI01-1	Qualifier	ID	1-3	R		DR		NOT USED BY MQD
2300	HI01-2	DRG Code	AN	1-30	R			2300	HI01-2	DRG Code	AN	1-30	R				NOT USED BY MQD
								2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
								2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
								2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
								2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
								2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
								2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED BY MQD
2300	HI02	HEALTH CARE CODE INFORMATION			N/U			2300	HI02	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI03	HEALTH CARE CODE INFORMATION			N/U			2300	HI03	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI04	HEALTH CARE CODE INFORMATION			N/U			2300	HI04	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI05	HEALTH CARE CODE INFORMATION			N/U			2300	HI05	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI06	HEALTH CARE CODE INFORMATION			N/U			2300	HI06	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI07	HEALTH CARE CODE INFORMATION			N/U			2300	HI07	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI08	HEALTH CARE CODE INFORMATION			N/U			2300	HI08	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI09	HEALTH CARE CODE INFORMATION			N/U			2300	HI09	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI10	HEALTH CARE CODE INFORMATION			N/U			2300	HI10	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI11	HEALTH CARE CODE INFORMATION			N/U			2300	HI11	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI12	HEALTH CARE CODE INFORMATION			N/U			2300	HI12	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI	OTHER DIAGNOSIS INFORMATION		2	R			2300	HI	OTHER DIAGNOSIS INFORMATION		2	R				Expect when other condition(s) coexist or develop(s) subsequently during the patient's treatment.
2300	HI01	HEALTH CARE CODE INFORMATION			R			2300	HI01	HEALTH CARE CODE INFORMATION			R				
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BF	2300	HI01-1	Diagnosis Type Code	ID	1-3	R		ABF, BF	Name Change Code Added	Expect ABF for ICD10 or BF for ICD9
2300	HI01-2	Other Diagnosis	AN	1-30	R			2300	HI01-2	Other Diagnosis	AN	1-30	R				Expect Other Diagnosis code
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U			2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI01-4	Date Time Period	AN	1-35	N/U			2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI01-5	Monetary Amount	R	1-18	N/U			2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI01-6	Quantity	R	1-15	N/U			2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
2300	HI01-7	Version Identifier	AN	1-30	N/U			2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI01-8	Industry code	AN	1-30	N/U			New Element	NOT USED
								2300	HI01-9	Present on Admission indicator	ID	1-1	S		N, U, W, Y	N=No U=Unknown W=Not Applicable Y=Yes New Element	Expect N, U, W, or Y
2300	HI02	HEALTH CARE CODE INFORMATION			S			2300	HI02	HEALTH CARE CODE INFORMATION			S				Expect when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnosis.
2300	HI03	HEALTH CARE CODE INFORMATION			S			2300	HI03	HEALTH CARE CODE INFORMATION			S				Report an additional diagnosis
2300	HI04	HEALTH CARE CODE INFORMATION			S			2300	HI04	HEALTH CARE CODE INFORMATION			S				Report an additional diagnosis
2300	HI05	HEALTH CARE CODE INFORMATION			S			2300	HI05	HEALTH CARE CODE INFORMATION			S				Report an additional diagnosis
2300	HI06	HEALTH CARE CODE INFORMATION			S			2300	HI06	HEALTH CARE CODE INFORMATION			S				Report an additional diagnosis
2300	HI07	HEALTH CARE CODE INFORMATION			S			2300	HI07	HEALTH CARE CODE INFORMATION			S				Report an additional diagnosis
2300	HI08	HEALTH CARE CODE INFORMATION			S			2300	HI08	HEALTH CARE CODE INFORMATION			S				Report an additional diagnosis
2300	HI09	HEALTH CARE CODE INFORMATION			S			2300	HI09	HEALTH CARE CODE INFORMATION			S				Report an additional diagnosis
2300	HI10	HEALTH CARE CODE INFORMATION			S			2300	HI10	HEALTH CARE CODE INFORMATION			S				Report an additional diagnosis
2300	HI11	HEALTH CARE CODE INFORMATION			S			2300	HI11	HEALTH CARE CODE INFORMATION			S				Report an additional diagnosis
2300	HI12	HEALTH CARE CODE INFORMATION			S			2300	HI12	HEALTH CARE CODE INFORMATION			S				Report an additional diagnosis
2300	HI	PRINCIPAL PROCEDURE INFORMATION		1	R			2300	HI	PRINCIPAL PROCEDURE INFORMATION		1	R				Expect on inpatient claim when a procedure was performed.
2300	HI01	HEALTH CARE CODE INFORMATION			R			2300	HI01	HEALTH CARE CODE INFORMATION			R				
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BP	2300	HI01-1	Qualifier	ID	1-3	R		BBR, BR	Name Change Code Change	Expect BBR for ICD10 or BR for ICD9
2300	HI01-2	Principal Procedure Code	AN	1-30	R			2300	HI01-2	Principal Procedure Code	AN	1-30	R				Expect Principal Procedure Code

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	S		D8	2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U			Usage change to Not Used	NOT USED
2300	HI01-4	Date Time Period	AN	1-35	S			2300	HI01-4	Date Time Period	AN	1-35	N/U			Usage change to Not Used	NOT USED
2300	HI01-5	Monetary Amount	R	1-18	N/U			2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
2300	HI01-6	Quantity	R	1-15	N/U			2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
2300	HI01-7	Version Identifier	AN	1-30	N/U			2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
2300	HI01-8	Industry code	AN	1-30	N/U			2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U			2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI02	HEALTH CARE CODE INFORMATION			N/U			2300	HI02	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI03	HEALTH CARE CODE INFORMATION			N/U			2300	HI03	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI04	HEALTH CARE CODE INFORMATION			N/U			2300	HI04	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI05	HEALTH CARE CODE INFORMATION			N/U			2300	HI05	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI06	HEALTH CARE CODE INFORMATION			N/U			2300	HI06	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI07	HEALTH CARE CODE INFORMATION			N/U			2300	HI07	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI08	HEALTH CARE CODE INFORMATION			N/U			2300	HI08	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI09	HEALTH CARE CODE INFORMATION			N/U			2300	HI09	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI10	HEALTH CARE CODE INFORMATION			N/U			2300	HI10	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI11	HEALTH CARE CODE INFORMATION			N/U			2300	HI11	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI12	HEALTH CARE CODE INFORMATION			N/U			2300	HI12	HEALTH CARE CODE INFORMATION			N/U				NOT USED
2300	HI	OTHER PROCEDURE INFORMATION		2	R			2300	HI	OTHER PROCEDURE INFORMATION		2	R				Expect on inpatient claim when additional procedures must be reported.
2300	HI01	HEALTH CARE CODE INFORMATION			R			2300	HI01	HEALTH CARE CODE INFORMATION			R				
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BO, BQ	2300	HI01-1	Qualifier Code	ID	1-3	R		BBQ, BQ	Name Change/Code Change	Expect BBQ for ICD10 or BQ for ICD9
2300	HI01-2	Procedure Code	AN	1-30	R			2300	HI01-2	Procedure Code	AN	1-30	R				Expect Procedure code
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	S		D8	2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	R		D8	Usage change to Required	Expect 'D8'
2300	HI01-4	Date Time Period	AN	1-35	S		CCYYMMDD	2300	HI01-4	Date Time Period	AN	1-35	R		CCYYMMDD	Usage change to Required	Expect Procedure date
								2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
								2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
								2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
								2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI02	HEALTH CARE CODE INFORMATION			S			2300	HI02	HEALTH CARE CODE INFORMATION			S				Expect when it is necessary to report an additional procedure and the preceding HI data elements have been used to report other procedures.
2300	HI03	HEALTH CARE CODE INFORMATION			S			2300	HI03	HEALTH CARE CODE INFORMATION			S				Report additional procedure
2300	HI04	HEALTH CARE CODE INFORMATION			S			2300	HI04	HEALTH CARE CODE INFORMATION			S				Report additional procedure
2300	HI05	HEALTH CARE CODE INFORMATION			S			2300	HI05	HEALTH CARE CODE INFORMATION			S				Report additional procedure
2300	HI06	HEALTH CARE CODE INFORMATION			S			2300	HI06	HEALTH CARE CODE INFORMATION			S				Report additional procedure
2300	HI07	HEALTH CARE CODE INFORMATION			S			2300	HI07	HEALTH CARE CODE INFORMATION			S				Report additional procedure
2300	HI08	HEALTH CARE CODE INFORMATION			S			2300	HI08	HEALTH CARE CODE INFORMATION			S				Report additional procedure
2300	HI09	HEALTH CARE CODE INFORMATION			S			2300	HI09	HEALTH CARE CODE INFORMATION			S				Report additional procedure
2300	HI10	HEALTH CARE CODE INFORMATION			S			2300	HI10	HEALTH CARE CODE INFORMATION			S				Report additional procedure
2300	HI11	HEALTH CARE CODE INFORMATION			S			2300	HI11	HEALTH CARE CODE INFORMATION			S				Report additional procedure
2300	HI12	HEALTH CARE CODE INFORMATION			S			2300	HI12	HEALTH CARE CODE INFORMATION			S				Report additional procedure
2300	HI	OCCURRENCE SPAN INFORMATION		2	S			2300	HI	OCCURRENCE SPAN INFORMATION		2	R			Usage change to Required	Expect when an Occurrence Span Code applies to claim.
2300	HI01	HEALTH CARE CODE INFORMATION			R			2300	HI01	HEALTH CARE CODE INFORMATION			R				
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BI	2300	HI01-1	Qualifier	ID	1-3	R		BI	Name Change	Expect 'BI'
2300	HI01-2	Occurrence Span Code	AN	1-30	R			2300	HI01-2	Occurrence Span Code	AN	1-30	R				Expect Occurrence Span code
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	R		RD8	2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	R		RD8		Expect 'RD8'
2300	HI01-4	Date Time Period	AN	1-35	R		CCYYMMDD- CCYYMMDD	2300	HI01-4	Date Time Period	AN	1-35	R		CCYYMMDD- CCYYMMDD		Expect Occurrence Span code date
2300	HI01-5	Monetary Amount	R	1-18	N/U			2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
								2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
								2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI02	HEALTH CARE CODE INFORMATION			S			2300	HI02	HEALTH CARE CODE INFORMATION			S				Expect when an additional occurrence span code is necessary and the preceding HI data elements have been used to report other occurrence span codes.
2300	HI03	HEALTH CARE CODE INFORMATION			S			2300	HI03	HEALTH CARE CODE INFORMATION			S				Report additional occurrence span
2300	HI04	HEALTH CARE CODE INFORMATION			S			2300	HI04	HEALTH CARE CODE INFORMATION			S				Report additional occurrence span
2300	HI05	HEALTH CARE CODE INFORMATION			S			2300	HI05	HEALTH CARE CODE INFORMATION			S				Report additional occurrence span
2300	HI06	HEALTH CARE CODE INFORMATION			S			2300	HI06	HEALTH CARE CODE INFORMATION			S				Report additional occurrence span
2300	HI07	HEALTH CARE CODE INFORMATION			S			2300	HI07	HEALTH CARE CODE INFORMATION			S				Report additional occurrence span
2300	HI08	HEALTH CARE CODE INFORMATION			S			2300	HI08	HEALTH CARE CODE INFORMATION			S				Report additional occurrence span
2300	HI09	HEALTH CARE CODE INFORMATION			S			2300	HI09	HEALTH CARE CODE INFORMATION			S				Report additional occurrence span
2300	HI10	HEALTH CARE CODE INFORMATION			S			2300	HI10	HEALTH CARE CODE INFORMATION			S				Report additional occurrence span
2300	HI11	HEALTH CARE CODE INFORMATION			S			2300	HI11	HEALTH CARE CODE INFORMATION			S				Report additional occurrence span
2300	HI12	HEALTH CARE CODE INFORMATION			S			2300	HI12	HEALTH CARE CODE INFORMATION			S				Report additional occurrence span
2300	HI	OCCURRENCE INFORMATION		2	R			2300	HI	OCCURRENCE INFORMATION		2	R				Required when there is a Occurrence Code that applies to this claim
2300	HI01	HEALTH CARE CODE INFORMATION			R			2300	HI01	HEALTH CARE CODE INFORMATION			R				
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BH	2300	HI01-1	Qualifier	ID	1-3	R		BH	Name Change	Expect 'BH'
2300	HI01-2	Occurrence Code	AN	1-30	R			2300	HI01-2	Occurrence Code	AN	1-30	R				Expect Occurrence code
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	R		D8	2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2300	HI01-4	Date Time Period	AN	1-35	R		CCYYMMDD	2300	HI01-4	Date Time Period	AN	1-35	R		CCYYMMDD		Expect Occurrence code date
								2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
								2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
								2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
								2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI02	HEALTH CARE CODE INFORMATION			S			2300	HI02	HEALTH CARE CODE INFORMATION			S				Expect when an additional occurrence code is necessary and the preceding HI data elements have been used to report other occurrence codes.
2300	HI03	HEALTH CARE CODE INFORMATION			S			2300	HI03	HEALTH CARE CODE INFORMATION			S				Report additional occurrence code
2300	HI04	HEALTH CARE CODE INFORMATION			S			2300	HI04	HEALTH CARE CODE INFORMATION			S				Report additional occurrence code
2300	HI05	HEALTH CARE CODE INFORMATION			S			2300	HI05	HEALTH CARE CODE INFORMATION			S				Report additional occurrence code
2300	HI06	HEALTH CARE CODE INFORMATION			S			2300	HI06	HEALTH CARE CODE INFORMATION			S				Report additional occurrence code
2300	HI07	HEALTH CARE CODE INFORMATION			S			2300	HI07	HEALTH CARE CODE INFORMATION			S				Report additional occurrence code
2300	HI08	HEALTH CARE CODE INFORMATION			S			2300	HI08	HEALTH CARE CODE INFORMATION			S				Report additional occurrence code
2300	HI09	HEALTH CARE CODE INFORMATION			S			2300	HI09	HEALTH CARE CODE INFORMATION			S				Report additional occurrence code
2300	HI10	HEALTH CARE CODE INFORMATION			S			2300	HI10	HEALTH CARE CODE INFORMATION			S				Report additional occurrence code
2300	HI11	HEALTH CARE CODE INFORMATION			S			2300	HI11	HEALTH CARE CODE INFORMATION			S				Report additional occurrence code
2300	HI12	HEALTH CARE CODE INFORMATION			S			2300	HI12	HEALTH CARE CODE INFORMATION			S				Report additional occurrence code
2300	HI	VALUE INFORMATION		2	R			2300	HI	VALUE INFORMATION		2	R				Required when there is a Value Code that applies to this claim.
2300	HI01	HEALTH CARE CODE INFORMATION			R			2300	HI01	HEALTH CARE CODE INFORMATION			R				
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BE	2300	HI01-1	Qualifier	ID	1-3	R		BE	Name Change	Expect 'BE'
2300	HI01-2	Value Code	AN	1-30	R			2300	HI01-2	Value Code	AN	1-30	R				Expect Value code
2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U			2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
2300	HI01-4	Date Time Period	AN	1-35	N/U			2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
2300	HI01-5	Value Code Associated Amount	R	1-18	R			2300	HI01-5	Value Code Amount	R	1-18	R			Name Change	Expect Value code amount
								2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
								2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
								2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2300	HI02	HEALTH CARE CODE INFORMATION			S			2300	HI02	HEALTH CARE CODE INFORMATION			S				Expect when it is necessary to report an additional value code and the preceding HI data elements had been used to report other value codes.
2300	HI03	HEALTH CARE CODE INFORMATION			S			2300	HI03	HEALTH CARE CODE INFORMATION			S				Report an additional value code
2300	HI04	HEALTH CARE CODE INFORMATION			S			2300	HI04	HEALTH CARE CODE INFORMATION			S				Report an additional value code
2300	HI05	HEALTH CARE CODE INFORMATION			S			2300	HI05	HEALTH CARE CODE INFORMATION			S				Report an additional value code
2300	HI06	HEALTH CARE CODE INFORMATION			S			2300	HI06	HEALTH CARE CODE INFORMATION			S				Report an additional value code
2300	HI07	HEALTH CARE CODE INFORMATION			S			2300	HI07	HEALTH CARE CODE INFORMATION			S				Report an additional value code
2300	HI08	HEALTH CARE CODE INFORMATION			S			2300	HI08	HEALTH CARE CODE INFORMATION			S				Report an additional value code
2300	HI09	HEALTH CARE CODE INFORMATION			S			2300	HI09	HEALTH CARE CODE INFORMATION			S				Report an additional value code
2300	HI10	HEALTH CARE CODE INFORMATION			S			2300	HI10	HEALTH CARE CODE INFORMATION			S				Report an additional value code
2300	HI11	HEALTH CARE CODE INFORMATION			S			2300	HI11	HEALTH CARE CODE INFORMATION			S				Report an additional value code
2300	HI12	HEALTH CARE CODE INFORMATION			S			2300	HI12	HEALTH CARE CODE INFORMATION			S				Report an additional value code
2300	HI	CONDITION INFORMATION		2	R			2300	HI	CONDITION INFORMATION		2	R				Required when there is a Condition Code that applies to this claim.
2300	HI01	HEALTH CARE CODE INFORMATION			R			2300	HI01	HEALTH CARE CODE INFORMATION			R				
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		BG	2300	HI01-1	Qualifier	ID	1-3	R		BG	Name Change	Expect 'BG'
2300	HI01-2	Condition Code	AN	1-30	R			2300	HI01-2	Condition Code	AN	1-30	R				Expect Condition code
								2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U		D8		NOT USED
								2300	HI01-4	Date Time Period	AN	1-35	N/U		CCYYMMDD		NOT USED
								2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
								2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
								2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
								2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI02	HEALTH CARE CODE INFORMATION			S			2300	HI02	HEALTH CARE CODE INFORMATION			S				Expect when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes.
2300	HI03	HEALTH CARE CODE INFORMATION			S			2300	HI03	HEALTH CARE CODE INFORMATION			S				Report an additional condition code
2300	HI04	HEALTH CARE CODE INFORMATION			S			2300	HI04	HEALTH CARE CODE INFORMATION			S				Report an additional condition code
2300	HI05	HEALTH CARE CODE INFORMATION			S			2300	HI05	HEALTH CARE CODE INFORMATION			S				Report an additional condition code
2300	HI06	HEALTH CARE CODE INFORMATION			S			2300	HI06	HEALTH CARE CODE INFORMATION			S				Report an additional condition code
2300	HI07	HEALTH CARE CODE INFORMATION			S			2300	HI07	HEALTH CARE CODE INFORMATION			S				Report an additional condition code
2300	HI08	HEALTH CARE CODE INFORMATION			S			2300	HI08	HEALTH CARE CODE INFORMATION			S				Report an additional condition code
2300	HI09	HEALTH CARE CODE INFORMATION			S			2300	HI09	HEALTH CARE CODE INFORMATION			S				Report an additional condition code
2300	HI10	HEALTH CARE CODE INFORMATION			S			2300	HI10	HEALTH CARE CODE INFORMATION			S				Report an additional condition code
2300	HI11	HEALTH CARE CODE INFORMATION			S			2300	HI11	HEALTH CARE CODE INFORMATION			S				Report an additional condition code
2300	HI12	HEALTH CARE CODE INFORMATION			S			2300	HI12	HEALTH CARE CODE INFORMATION			S				Report an additional condition code
2300	HI	TREATMENT CODE INFORMATION		2	R			2300	HI	TREATMENT CODE INFORMATION		2	R				SEGMENT NOT USED BY MQD
2300	HI01	HEALTH CARE CODE INFORMATION			R			2300	HI01	HEALTH CARE CODE INFORMATION			R				NOT USED BY MQD
2300	HI01-1	Code List Qualifier Code	ID	1-3	R		TC	2300	HI01-1	Qualifier	ID	1-3	R		TC	Name Change	NOT USED BY MQD
2300	HI01-2	Treatment Code	AN	1-30	R			2300	HI01-2	Treatment Code	AN	1-30	R				NOT USED BY MQD
								2300	HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				NOT USED
								2300	HI01-4	Date Time Period	AN	1-35	N/U				NOT USED
								2300	HI01-5	Monetary Amount	R	1-18	N/U				NOT USED
								2300	HI01-6	Quantity	R	1-15	N/U				NOT USED
								2300	HI01-7	Version Identifier	AN	1-30	N/U				NOT USED
								2300	HI01-8	Industry code	AN	1-30	N/U				NOT USED
								2300	HI01-9	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED
2300	HI02	HEALTH CARE CODE INFORMATION			S			2300	HI02	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
2300	HI03	HEALTH CARE CODE INFORMATION			S			2300	HI03	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
2300	HI04	HEALTH CARE CODE INFORMATION			S			2300	HI04	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
2300	HI05	HEALTH CARE CODE INFORMATION			S			2300	HI05	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
2300	HI06	HEALTH CARE CODE INFORMATION			S			2300	HI06	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
2300	HI07	HEALTH CARE CODE INFORMATION			S			2300	HI07	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
2300	HI08	HEALTH CARE CODE INFORMATION			S			2300	HI08	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2300	HI09	HEALTH CARE CODE INFORMATION			S			2300	HI09	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
2300	HI10	HEALTH CARE CODE INFORMATION			S			2300	HI10	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
2300	HI11	HEALTH CARE CODE INFORMATION			S			2300	HI11	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
2300	HI12	HEALTH CARE CODE INFORMATION			S			2300	HI12	HEALTH CARE CODE INFORMATION			S				NOT USED BY MQD
2300	QTY	CLAIM QUANTITY		4	S											SEGMENT DELETED	DELETED
2300	HCP	CLAIM PRICING/REPRICING INFORMATION		1	S			2300	HCP	CLAIM PRICING/REPRICING INFORMATION		1	S				SEGMENT NOT USED BY MQD
2300	HCP01	Pricing Methodology	ID	2-2	R		00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14	2300	HCP01	Pricing Methodology	ID	2-2	R		00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14		NOT USED BY MQD
2300	HCP02	Repriced Allowed Amount	R	1-18	R			2300	HCP02	Repriced Allowed Amount	R	1-18	R				NOT USED BY MQD
2300	HCP03	Repriced Saving Amount	R	1-18	S			2300	HCP03	Repriced Saving Amount	R	1-18	S				NOT USED BY MQD
2300	HCP04	Repricing Organization Identifier	AN	1-30	S			2300	HCP04	Repricing Organization Identifier	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD
2300	HCP05	Repricing Per Diem or Flat Rate Amount	R	1-9	S			2300	HCP05	Repricing Per Diem or Flat Rate Amount	R	1-9	S				NOT USED BY MQD
2300	HCP06	Repriced Approved DRG Code	AN	1-30	S			2300	HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-50	S			Increase from 30 - 50 Name Change	NOT USED BY MQD
2300	HCP07	Repriced Approved Amount	R	1-18	S			2300	HCP07	Repriced Approved Ambulatory Patient Group Amount	R	1-18	S			Name Change	NOT USED BY MQD
2300	HCP08	Product/Service ID	AN	1-48	S			2300	HCP08	Product/Service ID	AN	1-48	S				NOT USED BY MQD
2300	HCP09	Product/Service ID Qualifier	ID	2-2	S		HC	2300	HCP09	Product/Service ID Qualifier	ID	2-2	N/U			Usage change to Not Used	NOT USED
2300	HCP10	Product/Service ID	AN	1-48	S			2300	HCP10	Product/Service ID	AN	1-48	N/U			Usage change to Not Used	NOT USED
2300	HCP11	Unit or Basis for Measurement Code	ID	2-2	S		DA, UN	2300	HCP11	Unit or Basis for Measurement Code	ID	2-2	S		DA, UN		NOT USED BY MQD
2300	HCP12	Quantity	R	1-15	S			2300	HCP12	Quantity	R	1-15	S				NOT USED BY MQD
2300	HCP13	Reject Reason Code	ID	2-2	S		T1, T2, T3, T4, T5, T6	2300	HCP13	Reject Reason Code	ID	2-2	S		T1, T2, T3, T4, T5, T6		NOT USED BY MQD
2300	HCP14	Policy Compliance Code	ID	1-2	S		1, 2, 3, 4, 5	2300	HCP14	Policy Compliance Code	ID	1-2	S		1, 2, 3, 4, 5		NOT USED BY MQD
2300	HCP15	Exception Code	ID	1-2	S		1, 2, 3, 4, 5, 6	2300	HCP15	Exception Code	ID	1-2	S		1, 2, 3, 4, 5, 6		NOT USED BY MQD
2305	CR7	HOME HEALTH CARE PLAN INFORMATION		1	S	6										SEGMENT DELETED	DELETED
2305	HSD	HOME CARE SERVICES DELIVERY		12	S											SEGMENT DELETED	DELETED
2310A	NM1	ATTENDING PHYSICIAN NAME		1	S	1		2310A	NM1	ATTENDING PROVIDER NAME		1	S	1		Name Change	
2310A	NM101	Entity Identifier Code	ID	2-3	R		71	2310A	NM101	Entity Identifier Code	ID	2-3	R		71		Expect '71'
2310A	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	2310A	NM102	Entity Type Qualifier	ID	1-1	R		1	Code Deleted	Expect '1'
2310A	NM103	Name Last	AN	1-35	R			2310A	NM103	Attending Provider Last Name	AN	1-60	R			Name Change Increase from 35 - 60	Expect Attending Provider Last name
2310A	NM104	Name First	AN	1-25	S			2310A	NM104	Attending Provider First Name	AN	1-35	S			Name Change Increase 25 - 35	Expect Attending Provider First Name
2310A	NM105	Name Middle	AN	1-25	S			2310A	NM105	Attending Provider Middle Name or Initial	AN	1-25	S			Name Change	Expect Attending Provider MI
2310A	NM106	Name Prefix	AN	1-10	N/U			2310A	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2310A	NM107	Name Suffix	AN	1-10	S			2310A	NM107	Attending Provider Name Suffix	AN	1-10	S				NOT USED BY MQD
2310A	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, XX	2310A	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted Usage change to Situational	Expect 'XX'
2310A	NM109	Provider Identifier	AN	2-80	R			2310A	NM109	Attending Provider Primary Identifier	AN	2-80	S			Usage change to Situational	Expect Attending Provider NPI
								2310A	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2310A	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2310A	NM112	Name Last or Organization Name	AN	1-60	N/U			New Data element	NOT USED
2310A	PRV	ATTENDING PHYSICIAN SPECIALTY INFORMATION		1	S			2310A	PRV	ATTENDING PROVIDER SPECIALTY INFORMATION		1	S			Name Change	
2310A	PRV01	Provider Code	ID	1-3	R		AT, SU	2310A	PRV01	Provider Code	ID	1-3	R		AT	Code Deleted	Expect 'AT'
2310A	PRV02	Reference Identification Qualifier	ID	2-3	R		ZZ	2310A	PRV02	Reference Identification Qualifier	ID	2-3	R		PXC	Code Change	Expect PXC
2310A	PRV03	Provider Taxonomy Code	AN	1-30	R			2310A	PRV03	Provider Taxonomy Code	AN	1-50	R			Increase from 30 - 50	Expect Provider Taxonomy Code
								2310A	PRV04	State or Province Code	ID	2-2	N/U				NOT USED
								2310A	PRV05	PROVIDER SPECIALTY INFORMATION			N/U				NOT USED

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								2310A	PRV06	Provider Organization Code	ID	3-3	N/U				NOT USED
2310A	REF	ATTENDING PHYSICIAN SECONDARY IDENTIFICATION		5	S			2310A	REF	ATTENDING PROVIDER SECONDARY IDENTIFICATION		4	S			Name Change # Repeats change to 4	Atypical Provider
2310A	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1R, 1S, 1T, 1U, 1V, 1W, 1X, 1Y, 1Z	2310A	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Deleted	Expect 'G2'
2310A	REF02	Attending Physician Secondary Identifier	AN	1-30	R			2310A	REF02	Secondary Identifier	AN	1-50	R			Increase from 30 - 50 Name Change	Expect Attending Provider's MQD Provider Registration ID
								2310A	REF03	Description	AN	1-80	N/U				NOT USED
								2310A	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2310B	NM1	OPERATING PHYSICIAN NAME		1	S	1		2310B	NM1	OPERATING PHYSICIAN NAME		1	S	1			Required when a surgical procedure code is listed on this claim
2310B	NM101	Entity Identifier Code	ID	2-3	R		72	2310B	NM101	Entity Identifier Code	ID	2-3	R		72		Expect '72'
2310B	NM102	Entity Type Qualifier	ID	1-1	R		1	2310B	NM102	Entity Type Qualifier	ID	1-1	R		1		Expect 1
2310B	NM103	Last or Organization Name	AN	1-35	R			2310B	NM103	Operating Physician Last Name	AN	1-60	R			Increase from 35 - 60	Expect Operating Physician Last Name
2310B	NM104	Name First	AN	1-25	R			2310B	NM104	Operating Physician First Name	AN	1-35	S			Increase from 25 - 35 Usage change to Situational	Expect Operating Physician First Name
2310B	NM105	Middle Name	AN	1-25	S			2310B	NM105	Middle Name	AN	1-25	S				Expect Operating Physician MI
2310B	NM106	Name Prefix	AN	1-10	N/U			2310B	NM106	Operating Physician Middle Name or Initial	AN	1-10	N/U				NOT USED
2310B	NM107	Name Suffix	AN	1-10	S			2310B	NM107	Name Suffix	AN	1-10	S				NOT USED BY MQD
2310B	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, XX	2310B	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted Usage change to Situational	Expect 'XX'
2310B	NM109	Identifier	AN	2-80	R			2310B	NM109	Operating Physician Primary Identifier	AN	2-80	S			Usage change to Situational	Expect Operating Physician NPI
								2310B	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2310B	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2310B	NM112	Name Last or Organization Name	AN	1-60	N/U			New Data element	NOT USED
2310B	REF	OPERATING PHYSICIAN SECONDARY IDENTIFICATION		5	S			2310B	REF	OPERATING PHYSICIAN SECONDARY IDENTIFICATION		4	S			# Repeats change to 4	Atypical Provider
2310B	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	2310B	REF01	Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Deleted	Expect 'G2'
2310B	REF02	Secondary Identifier	AN	1-30	R			2310B	REF02	Secondary Identifier	AN	1-50	R			Increase from 30 - 50	Expect Operating Physician's MQD Provider Registration ID
								2310B	REF03	Description	AN	1-80	N/U				NOT USED
								2310B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2310C	NM1	OTHER PROVIDER NAME		1	S	1		2310C	NM1	OTHER OPERATING PHYSICIAN NAME		1	S	1		Name Change	Required when another Operating Physician is involved.
2310C	NM101	Entity Identifier Code	ID	2-3	R		73	2310C	NM101	Entity Identifier Code	ID	2-3	R		ZZ	Code Change	Expect ZZ
2310C	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	2310C	NM102	Entity Type Qualifier	ID	1-1	R		1	Code Deleted	Expect 1
2310C	NM103	Last or Organization Name	AN	1-35	R			2310C	NM103	Last or Organization Name	AN	1-60	R			Increase from 35 - 60	Expect Other Operating Physician Last Name.
2310C	NM104	First Name	AN	1-25	R			2310C	NM104	First Name	AN	1-35	S			Increase from 25 - 35 Usage change to Situational	Expect Other Operating Physician First Name if applicable.
2310C	NM105	Middle Name	AN	1-25	S			2310C	NM105	Middle Name	AN	1-25	S				Expect Other Operating Physician MI
2310C	NM106	Name Prefix	AN	1-10	N/U			2310C	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2310C	NM107	Name Suffix	AN	1-10	S			2310C	NM107	Name Suffix	AN	1-10	S				NOT USED BY MQD
2310C	NM108	Identification Code Qualifier	ID	1-2	R		24, 34, XX	2310C	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted Usage change to Situational	Expect 'XX'
2310C	NM109	Identifier	AN	2-80	S			2310C	NM109	Identifier	AN	2-80	S				Expect NPI
								2310C	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2310C	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2310C	NM112	Name Last or Organization Name	AN	1-60	N/U			New Data element	NOT USED

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2310C	REF	OTHER PROVIDER SECONDARY IDENTIFICATION		5	S			2310C	REF	OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION		4	S			Name Change # of Repeats change to 4	Atypical Provider
2310C	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	2310C	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Deleted	Expect 'G2'
2310C	REF02	Rendering Provider Secondary Identifier	AN	1-30	R			2310C	REF02	Rendering Provider Secondary Identifier	AN	1-50	R			Increase from 30 - 50	format 00aaaaaall - two leading zeros - aaaaaa = MQD Provider Reg ID - ll = pay to location code
								2310D	REF03	Description	AN	1-80	N/U				NOT USED
								2310D	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2310D	NM1	RENDERING PHYSICIAN NAME		1	S	1		New Segment	SEGMENT NOT USED BY MQD
								2310D	NM101	Entity Identifier Code	ID	2-3	R		82		NOT USED BY MQD
								2310D	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY MQD
								2310D	NM103	Rendering Provider Last or Organization Name	AN	1-60	R				NOT USED BY MQD
								2310D	NM104	Rendering Provider First Name	AN	1-35	S				NOT USED BY MQD
								2310D	NM105	Rendering Provider Middle Name	AN	1-25	S				NOT USED BY MQD
								2310D	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2310D	NM107	Rendering Provider Name Suffix	AN	1-10	S				NOT USED BY MQD
								2310D	NM108	Identification Code Qualifier	ID	1-2	S		XX		NOT USED BY MQD
								2310D	NM109	Rendering Provider Identifier	AN	2-80	S				NOT USED BY MQD
								2310D	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2310D	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2310D	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2310D	REF	RENDERING PHYSICIAN SECONDARY IDENTIFICATION		4	S			New Segment	SEGMENT NOT USED BY MQD
								2310D	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU		NOT USED BY MQD
								2310D	REF02	Rendering Provider Secondary Identifier	AN	1-50	R				NOT USED BY MQD
								2310D	REF03	Description	AN	1-80	N/U				NOT USED
								2310D	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2310E	NM1	SERVICE FACILITY NAME		1	S	1		2310E	NM1	SERVICE FACILITY LOCATION		1	S	1		Name Change	Expect when location of health care service is different than billing provider, 2010AA
2310E	NM101	Entity Identifier Code	ID	2-3	R		FA	2310E	NM101	Entity Identifier Code	ID	2-3	R		77	Code Change	Expect 77
2310E	NM102	Entity Type Qualifier	ID	1-1	R		2	2310E	NM102	Entity Type Qualifier	ID	1-1	R		2		Expect 2
2310E	NM103	Laboratory or Facility Name	AN	1-35	R			2310E	NM103	Laboratory or Facility Name	AN	1-60	R			Increase from 35 - 60	Expect Laboratory or Facility Name
2310E	NM104	Name First	AN	1-25	N/U			2310E	NM104	Name First	AN	1-35	N/U			Increase from 25 - 35	NOT USED
2310E	NM105	Name Middle	AN	1-25	N/U			2310E	NM105	Name Middle	AN	1-25	N/U				NOT USED
2310E	NM106	Name Prefix	AN	1-10	N/U			2310E	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2310E	NM107	Name Suffix	AN	1-10	N/U			2310E	NM107	Name Suffix	AN	1-10	N/U				NOT USED
2310E	NM108	Identification Code Qualifier	ID	1-2	S		24, 34, XX	2310E	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted	Expect XX
2310E	NM109	Laboratory or Facility Primary Identifier	AN	2-80	S			2310E	NM109	Laboratory or Facility Primary Identifier	AN	2-80	S				Expect Service Facility Location NPI
								2310E	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2310E	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2310E	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2310E	N3	SERVICE FACILITY ADDRESS		1	R			2310E	N3	SERVICE FACILITY LOCATION ADDRESS		1	R			Name Change	
2310E	N301	Laboratory or Facility Address Line	AN	1-55	R			2310E	N301	Laboratory or Facility Address Line	AN	1-55	R				Expect Service Facility Address1
2310E	N302	Laboratory or Facility Address Line	AN	1-55	S			2310E	N302	Laboratory or Facility Address Line	AN	1-55	S				Expect Service Facility Address2
2310E	N4	SERVICE FACILITY CITY/STATE/ZIP CODE		1	R			2310E	N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP		1	R			Name Change	
2310E	N401	Laboratory or Facility City Name	AN	2-30	R			2310E	N401	Laboratory or Facility City Name	AN	2-30	R				Expect Service Facility City

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2310E	N402	Laboratory or Facility State or Province Code	ID	2-2	R			2310E	N402	Laboratory or Facility State or Province Code	ID	2-2	S			Usage change to Situational	Expect Service Facility State
2310E	N403	Laboratory or Facility Postal Zone or ZIP Code	ID	3-15	R			2310E	N403	Laboratory or Facility Postal Zone ZIP Code	ID	3-15	S			Usage change to Situational	Expect Service Facility Zip
2310E	N404	Laboratory/Facility Country Code	ID	2-3	S			2310E	N404	Laboratory/Facility Country Code	ID	2-3	S				NOT USED BY MQD
2310E	N405	Location Qualifier	ID	1-2	N/U			2310E	N405	Location Qualifier	ID	1-2	N/U				NOT USED
2310E	N406	Location Identifier	AN	1-30	N/U			2310E	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2310E	N407	Country Subdivision Code	ID	1-3	S			New Element	
2310E	REF	SERVICE FACILITY SECONDARY IDENTIFICATION		5	S			2310E	REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION		3	S			Name Change # of Repeats change to 3	Atypical Provider
2310E	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	2310E	REF01	Reference Identification Qualifier	ID	2-3	R		0B, G2, LU	Code Deleted	Expect G2
2310E	REF02	Laboratory or Facility Secondary Identifier	AN	1-30	R			2310E	REF02	Laboratory or Facility Secondary Identifier	AN	1-50	R			Increase from 30 - 50	Expect Laboratory/Facility Location's MQD Provider Registration ID
								2310E	REF03	Description	AN	1-80	N/U				NOT USED
								2310E	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2310F	NM1	REFERRING PROVIDER NAME		1	S	1		New Segment	
								2310F	NM101	Entity Identifier Code	ID	2-3	R		DN		Expect 'DN'
								2310F	NM102	Entity Type Qualifier	ID	1-1	R		1		Expect '1'
								2310F	NM103	Referring Provider Last Name	AN	1-60	R				Expect Referring Provider Last Name
								2310F	NM104	Referring Provider First Name	AN	1-35	S				Expect Referring Provider First Name
								2310F	NM105	Referring Provider Middle Name	AN	1-25	S				Expect Referring Provider Middle Name
								2310F	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2310F	NM107	Referring Provider Name Suffix	AN	1-10	S				NOT USED BY MQD
								2310F	NM108	Identification Code Qualifier	ID	1-2	S		XX		Expect XX
								2310F	NM109	Referring Provider Identifier	AN	2-80	S				Expect Referring Provider NPI
								2310F	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2310F	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2310F	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2310F	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		3	S			New Segment	Atypical Provider
								2310F	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2		Expect G2
								2310F	REF02	Referring Provider Secondary Identifier	AN	1-50	R				Expect Referring Provider's MQD Provider Registration ID
								2310F	REF03	Description	AN	1-80	N/U				NOT USED
								2310F	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2320	SBR	OTHER SUBSCRIBER INFORMATION		1	S	10		2320	SBR	OTHER SUBSCRIBER INFORMATION		1	S	10			Expect when other payers are known to potentially be involved in paying claim.
2320	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R		P, S, T	2320	SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R		A, B, C, D, E, F, G, H, P, S, T, U	Code Added	Expect any applicable Payer Responsible Sequence Number Code
2320	SBR02	Individual Relationship Code	ID	2-2	R		01, 04, 05, 07, 10, 15, 17, 18, 19, 20, 21, 22, 23, 24, 29, 32, 33, 36, 39, 40, 41, 43, 53, G8	2320	SBR02	Individual Relationship Code	ID	2-2	R		01, 18, 19, 20, 21, 39, 40, 53, G8	Code Deleted	Expect any applicable Individual Relationship Code.
2320	SBR03	Insured Group or Policy Number	AN	1-30	S			2320	SBR03	Insured Group or Policy Number	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD
2320	SBR04	Other Insured Group Name	AN	1-60	S			2320	SBR04	Other Insured Group Name	AN	1-60	S			Required when SBR03 is not used and the group name is available.	NOT USED BY MQD
2320	SBR05	Insurance Type Code	ID	1-3	N/U			2320	SBR05	Insurance Type Code	ID	1-3	N/U				NOT USED
2320	SBR06	Coordination of Benefits Code	ID	1-1	N/U			2320	SBR06	Coordination of Benefits Code	ID	1-1	N/U				NOT USED
2320	SBR07	Yes/No Condition or Response Code	ID	1-1	N/U			2320	SBR07	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ	
2320	SBR08	Employment Status Code	ID	2-2	N/U			2320	SBR08	Employment Status Code	ID	2-2	N/U					NOT USED
2320	SBR09	Claim Filing Indicator Code	ID	1-2	S		09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	2320	SBR09	Claim Filing Indicator Code	ID	1-2	S		11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	Code Change	Expect any applicable Claim Filing Indicator Code.	
2320	CAS	CLAIM LEVEL ADJUSTMENTS		5	S			2320	CAS	CLAIM LEVEL ADJUSTMENTS		5	S				Expect when claim previously adjudicated by payer identified in this loop and where amount paid differs from charge amount. Adjustment Trios (6 trios of CARC, Amount & Quantity) may be sent	
2320	CAS01	Claim Adjustment Group Code	ID	1-2	R		CO, CR, OA, PI, PR	2320	CAS01	Claim Adjustment Group Code	ID	1-2	R		CO, CR, OA, PI, PR		Expect CO, CR, OA, PI, PR	
2320	CAS02	Adjustment Reason Code	ID	1-5	R			2320	CAS02	Adjustment Reason Code	ID	1-5	R				Expect Adjustment Reason Code	
2320	CAS03	Adjustment Amount	R	1-18	R			2320	CAS03	Adjustment Amount	R	1-18	R				Expect Adjustment Amount	
2320	CAS04	Adjustment Quantity	R	1-15	S			2320	CAS04	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty	
2320	CAS05	Adjustment Reason Code	ID	1-5	S			2320	CAS05	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code	
2320	CAS06	Adjustment Amount	R	1-18	S			2320	CAS06	Adjustment Amount	R	1-18	S				Expect Adjustment Amount	
2320	CAS07	Adjustment Quantity	R	1-15	S			2320	CAS07	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty	
2320	CAS08	Adjustment Reason Code	ID	1-5	S			2320	CAS08	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code	
2320	CAS09	Adjustment Amount	R	1-18	S			2320	CAS09	Adjustment Amount	R	1-18	S				Expect Adjustment Amount	
2320	CAS10	Adjustment Quantity	R	1-15	S			2320	CAS10	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty	
2320	CAS11	Adjustment Reason Code	ID	1-5	S			2320	CAS11	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code	
2320	CAS12	Adjustment Amount	R	1-18	S			2320	CAS12	Adjustment Amount	R	1-18	S				Expect Adjustment Amount	
2320	CAS13	Adjustment Quantity	R	1-15	S			2320	CAS13	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty	
2320	CAS14	Adjustment Reason Code	ID	1-5	S			2320	CAS14	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code	
2320	CAS15	Adjustment Amount	R	1-18	S			2320	CAS15	Adjustment Amount	R	1-18	S				Expect Adjustment Amount	
2320	CAS16	Adjustment Quantity	R	1-15	S			2320	CAS16	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty	
2320	CAS17	Adjustment Reason Code	ID	1-5	S			2320	CAS17	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code	
2320	CAS18	Adjustment Amount	R	1-18	S			2320	CAS18	Adjustment Amount	R	1-18	S				Expect Adjustment Amount	
2320	CAS19	Adjustment Quantity	R	1-15	S			2320	CAS19	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty	
2320	AMT	PAYER PRIOR PAYMENT		1	S			2320	AMT	COB PAYER PAID AMOUNT		1	S			Name Change	Required when the claim has been adjudicated by the payer identified in Loop ID-2330B of this loop. OR Required when Loop ID-2010AC is present. In this case, the claim is a post payment recovery claim submitted by a subrogated Medicaid agency.	
2320	AMT01	Amount Qualifier Code	ID	1-3	R		C4	2320	AMT01	Amount Qualifier Code	ID	1-3	R		D	Code Change	Expect 'D'	
2320	AMT02	Other Payer Patient Paid Amount	R	1-18	R			2320	AMT02	Payer Paid Amount	R	1-18	R			Name Change	Expect Payer Paid Amount	
								2320	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED	
2320	AMT	COORDINATION OF BENEFITS (COB) TOTAL ALLOWED AMOUNT		1	S											SEGMENT DELETED	DELETED	
2320	AMT	COORDINATION OF BENEFITS (COB) TOTAL SUBMITTED CHARGES		1	S											SEGMENT DELETED	DELETED	
2320	AMT	DIAGNOSTIC RELATED GROUP (DRG) OUTLIER AMOUNT		1	S											SEGMENT DELETED	DELETED	
2320	AMT	COORDINATION OF BENEFITS (COB) TOTAL MEDICARE PAID AMOUNT		1	S											SEGMENT DELETED	DELETED	
2320	AMT	MEDICARE PAID AMOUNT - 100%		1	S											SEGMENT DELETED	DELETED	

Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2320	AMT	MEDICARE PAID AMOUNT - 80%		1	S											SEGMENT DELETED	DELETED
2320	AMT	COORDINATION OF BENEFITS (COB) MEDICARE A TRUST FUND PAID AMOUNT		1	S											SEGMENT DELETED	DELETED
2320	AMT	COORDINATION OF BENEFITS (COB) MEDICARE B TRUST FUND PAID AMOUNT		1	S											SEGMENT DELETED	DELETED
2320	AMT	COORDINATION OF BENEFITS (COB) TOTAL NON-COVERED AMOUNT		1	S											SEGMENT DELETED	DELETED
2320	AMT	COORDINATION OF BENEFITS (COB) TOTAL DENIED AMOUNT		1	S											SEGMENT DELETED	DELETED
								2320	AMT	REMAINING PATIENT LIABILITY		1	S			TR3 note: 1. In the judgment of the provider, this is the remaining amount to be paid after adjudication by the Other Payer identified in Loop ID-2330B of this iteration of Loop ID-2320. 2. This segment is only used in provider submitted claims. It is not used in Payer-to-Payer Coordination of Benefits (COB). 3. This segment is not used if the line level (Loop ID-2430) Remaining Patient Liability AMT segment is used for this Other Payer.	SEGMENT NOT USED BY MQD
								2320	AMT01	Amount Qualifier Code	ID	1-3	R		EAF		NOT USED BY MQD
								2320	AMT02	Remaining Patient Liability Amount	R	1-18	R				NOT USED BY MQD
								2320	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
								2320	AMT	COB TOTAL NON-COVERED AMOUNT		1	S			New Segment	SEGMENT NOT USED BY MQD
								2320	AMT01	Amount Qualifier Code	ID	1-3	R		A8		NOT USED BY MQD
								2320	AMT02	Non-Covered Amount	R	1-18	R				NOT USED BY MQD
								2320	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
2320	DMG	OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION		1	S											SEGMENT DELETED	DELETED
2320	OI	OTHER INSURANCE COVERAGE INFORMATION		1	R			2320	OI	OTHER INSURANCE COVERAGE INFORMATION		1	R				SEGMENT NOT USED BY MQD
2320	OI01	Claim Filing Indicator Code	ID	1-2	N/U			2320	OI01	Claim Filing Indicator Code	ID	1-2	N/U				NOT USED
2320	OI02	Claim Submission Reason Code	ID	2-2	N/U			2320	OI02	Claim Submission Reason Code	ID	2-2	N/U				NOT USED
2320	OI03	Benefits Assignment Certification Indicator	ID	1-1	R		N, Y	2320	OI03	Benefits Assignment Certification Indicator	ID	1-1	R		N, W, Y	Code Added	NOT USED BY MQD
2320	OI04	Patient Signature Source Code	ID	1-1	N/U			2320	OI04	Patient Signature Source Code	ID	1-1	N/U				NOT USED
2320	OI05	Provider Agreement Code	ID	1-1	N/U			2320	OI05	Provider Agreement Code	ID	1-1	N/U				NOT USED
2320	OI06	Release of Information Code	ID	1-1	R		A, I, M, N, O, Y	2320	OI06	Release of Information Code	ID	1-1	R		I, Y	Code Deleted	NOT USED BY MQD
2320	MIA	MEDICARE INPATIENT ADJUDICATION INFORMATION		1	S			2320	MIA	INPATIENT ADJUDICATION INFORMATION		1	S				Under Review
2320	MIA01	Covered Days or Visits Count	R	1-15	R			2320	MIA01	Covered Days or Visits Count	R	1-15	S			Usage change to Situational	Under Review
2320	MIA02	Lifetime Reserve Days Count	R	1-15	S			2320	MIA02	Amount	R	1-18	N/U			Usage change to Not Used	NOT USED
2320	MIA03	Lifetime Psychiatric Days	R	1-15	S			2320	MIA03	Lifetime Psychiatric Days	R	1-15	S				NOT USED BY MQD
2320	MIA04	Claim DRG Amount	R	1-18	S			2320	MIA04	Remaining Patient Liability Amount	R	1-18	S			Name Change	NOT USED BY MQD
2320	MIA05	Remark Code	AN	1-30	S			2320	MIA05	Claim Payment Remark Code	AN	1-50	S			Increase from 30 - 50 Name Change	NOT USED BY MQD

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ	
2320	MIA06	Claim Disproportionate Share Amount	R	1-18	S			2320	MIA06	Claim Disproportionate Share Amount	R	1-18	S				NOT USED BY MQD	
2320	MIA07	Claim MSP Pass-through Amount	R	1-18	S			2320	MIA07	Claim MSP Pass-through Amount	R	1-18	S					NOT USED BY MQD
2320	MIA08	Claim PPS Capital Amount	R	1-18	S			2320	MIA08	Claim PPS Capital Amount	R	1-18	S					NOT USED BY MQD
2320	MIA09	PPS-Capital FSP DRG Amount	R	1-18	S			2320	MIA09	PPS-Capital FSP DRG Amount	R	1-18	S					NOT USED BY MQD
2320	MIA10	PPS-Capital HSP DRG Amount	R	1-18	S			2320	MIA10	PPS-Capital HSP DRG Amount	R	1-18	S					NOT USED BY MQD
2320	MIA11	PPS-Capital DSH DRG Amount	R	1-18	S			2320	MIA11	PPS-Capital DSH DRG Amount	R	1-18	S					NOT USED BY MQD
2320	MIA12	Old Capital Amount	R	1-18	S			2320	MIA12	Old Capital Amount	R	1-18	S					NOT USED BY MQD
2320	MIA13	PPS-Capital IME Amount	R	1-18	S			2320	MIA13	PPS-Capital IME Amount	R	1-18	S					NOT USED BY MQD
2320	MIA14	PPS-Operating Hospital Specific DRG Amount	R	1-18	S			2320	MIA14	PPS-Operating Hospital Specific DRG Amount	R	1-18	S					NOT USED BY MQD
2320	MIA15	Cost Report Day Count	R	1-15	S			2320	MIA15	Cost Report Day Count	R	1-15	S					NOT USED BY MQD
2320	MIA16	PPS-Operating Federal Specific DRG Amount	R	1-18	S			2320	MIA16	PPS-Operating Federal Specific DRG Amount	R	1-18	S					NOT USED BY MQD
2320	MIA17	Claim PPS Capital Outlier Amount	R	1-18	S			2320	MIA17	Claim PPS Capital Outlier Amount	R	1-18	S					NOT USED BY MQD
2320	MIA18	Claim Indirect Teaching Amount	R	1-18	S			2320	MIA18	Claim Indirect Teaching Amount	R	1-18	S					NOT USED BY MQD
2320	MIA19	Non-Payable Professional Component Amount	R	1-18	S			2320	MIA19	Non-Payable Professional Component Billed Amount	R	1-18	S			Name Change	NOT USED BY MQD	
2320	MIA20	Remark Code	AN	1-30	S			2320	MIA20	Claim Payment Remark Code	AN	1-50	S			Increase from 30 - 50 Name Change	NOT USED BY MQD	
2320	MIA21	Remark Code	AN	1-30	S			2320	MIA21	Claim Payment Remark Code	AN	1-50	S			Increase from 30 - 50 Name Change	NOT USED BY MQD	
2320	MIA22	Remark Code	AN	1-30	S			2320	MIA22	Claim Payment Remark Code	AN	1-50	S			Increase from 30 - 50 Name Change	NOT USED BY MQD	
2320	MIA23	Remark Code	AN	1-30	S			2320	MIA23	Claim Payment Remark Code	AN	1-50	S			Increase from 30 - 50 Name Change	NOT USED BY MQD	
2320	MIA24	PPS-Capital Exception Amount	R	1-18	S			2320	MIA24	PPS-Capital Exception Amount	R	1-18	S					NOT USED BY MQD
2320	MOA	MEDICARE OUTPATIENT ADJUDICATION INFORMATION		1	S			2320	MOA	MEDICARE OUTPATIENT ADJUDICATION INFORMATION		1	S			Required when outpatient adjudication information is reported in the remittance advice OR Required when it is necessary to report remark codes.	SEGMENT NOT USED BY MQD	
2320	MOA01	Reimbursement Rate	R	1-10	S			2320	MOA01	Reimbursement Rate	R	1-10	S					NOT USED BY MQD
2320	MOA02	Claim HCPCS Payable Amount	R	1-18	S			2320	MOA02	HCPCS Payable Amount	R	1-18	S			Name Change	NOT USED BY MQD	
2320	MOA03	Remark Code	AN	1-30	S			2320	MOA03	Remark Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD	
2320	MOA04	Remark Code	AN	1-30	S			2320	MOA04	Remark Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD	
2320	MOA05	Remark Code	AN	1-30	S			2320	MOA05	Remark Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD	
2320	MOA06	Remark Code	AN	1-30	S			2320	MOA06	Remark Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD	
2320	MOA07	Remark Code	AN	1-30	S			2320	MOA07	Remark Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD	
2320	MOA08	Claim ESRD Payment Amount	R	1-18	S			2320	MOA08	End Stage Renal Disease Payment Amount	R	1-18	S			Name Change	NOT USED BY MQD	
2320	MOA09	Non-Payable Professional Component Amount	R	1-18	S			2320	MOA09	Non-Payable Professional Component Billed Amount	R	1-18	S			Name Change	NOT USED BY MQD	
2330A	NM1	OTHER SUBSCRIBER NAME		1	R	1		2330A	NM1	OTHER SUBSCRIBER NAME		1	R	1		Expect if the member can be uniquely identified to the Other Payer in this 2320 by a unique Member ID, then member is the subscriber. If can't be uniquely identified to the Other Payer in this 2320 by a unique Member ID, then the subscriber is identified here.	SEGMENT NOT USED BY MQD	
2330A	NM101	Entity Identifier Code	ID	2-3	R		IL	2330A	NM101	Entity Identifier Code	ID	2-3	R		IL			NOT USED BY MQD
2330A	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	2330A	NM102	Entity Type Qualifier	ID	1-1	R		1, 2			NOT USED BY MQD
2330A	NM103	Other Insured Last Name	AN	1-35	R			2330A	NM103	Other Insured Last Name	AN	1-60	R			Increase from 35 - 60	NOT USED BY MQD	
2330A	NM104	Other Insured First Name	AN	1-25	S			2330A	NM104	Other Insured First Name	AN	1-35	S			Increase from 25 - 35	NOT USED BY MQD	
2330A	NM105	Other Insured Middle Name	AN	1-25	S			2330A	NM105	Other Insured Middle Name	AN	1-25	S					NOT USED BY MQD
2330A	NM106	Name Prefix	AN	1-10	NU			2330A	NM106	Name Prefix	AN	1-10	NU					NOT USED
2330A	NM107	Other Insured Name Suffix	AN	1-10	S			2330A	NM107	Other Insured Name Suffix	AN	1-10	S					NOT USED BY MQD
2330A	NM108	Identification Code Qualifier	ID	1-2	R		MI, ZZ	2330A	NM108	Identification Code Qualifier	ID	1-2	R		II, MI	Code Change	NOT USED BY MQD	
2330A	NM109	Other Insured Identifier	AN	2-80	R			2330A	NM109	Other Insured Identifier	AN	2-80	R					NOT USED BY MQD
								2330A	NM110	Entity Relationship Code	ID	2-2	NU					NOT USED
								2330A	NM111	Entity Identifier Code	ID	2-3	NU					NOT USED

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2330A	NM112	Name Last or Organization Name	AN	1-60	N/U			New Element	NOT USED
2330A	N3	OTHER SUBSCRIBER ADDRESS		1	S			2330A	N3	OTHER SUBSCRIBER ADDRESS		1	S				SEGMENT NOT USED BY MQD
2330A	N301	Other Insured Address Line	AN	1-55	R			2330A	N301	Other Insured Address Line	AN	1-55	R				NOT USED BY MQD
2330A	N302	Other Insured Address Line	AN	1-55	S			2330A	N302	Other Insured Address Line	AN	1-55	S				NOT USED BY MQD
2330A	N4	OTHER SUBSCRIBER CITY/STATE/ZIP CODE		1	S			2330A	N4	OTHER SUBSCRIBER CITY/STATE/ZIP CODE		1	R				SEGMENT NOT USED BY MQD
2330A	N401	Other Insured City Name	AN	2-30	R			2330A	N401	Other Insured City Name	AN	2-30	R				NOT USED BY MQD
2330A	N402	Other Insured State Code	ID	2-2	R			2330A	N402	Other Insured State Code	ID	2-2	S			Usage change to Situational	NOT USED BY MQD
2330A	N403	Other Insured Postal Zone or ZIP Code	ID	3-15	R			2330A	N403	Other Insured Postal Zone or ZIP Code	ID	3-15	S			Usage change to Situational	NOT USED BY MQD
2330A	N404	Subscriber Country Code	ID	2-3	S			2330A	N404	Subscriber Country Code	ID	2-3	S				NOT USED BY MQD
2330A	N405	Location Qualifier	ID	1-2	N/U			2330A	N405	Location Qualifier	ID	1-2	N/U				NOT USED
2330A	N406	Location Identifier	AN	1-30	N/U			2330A	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2330A	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD
2330A	REF	OTHER SUBSCRIBER SECONDARY IDENTIFICATION		3	S			2330A	REF	OTHER SUBSCRIBER SECONDARY IDENTIFICATION		2	S			# of Repeat change to 2	SEGMENT NOT USED BY MQD
2330A	REF01	Reference Identification Qualifier	ID	2-3	R		1W, 23, IG, SY	2330A	REF01	Reference Identification Qualifier	ID	2-3	R		SY	Code Deleted	NOT USED BY MQD
2330A	REF02	Other Insured Additional Identifier	AN	1-30	R			2330A	REF02	Other Insured Additional Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2330A	REF03	Description	AN	1-80	N/U				NOT USED
								2330A	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330B	NM1	OTHER PAYER NAME		1	R	1		2330B	NM1	OTHER PAYER NAME		1	R	1			SEGMENT NOT USED BY MQD
2330B	NM101	Entity Identifier Code	ID	2-3	R		PR	2330B	NM101	Entity Identifier Code	ID	2-3	R		PR		NOT USED BY MQD
2330B	NM102	Entity Type Qualifier	ID	1-1	R		2	2330B	NM102	Entity Type Qualifier	ID	1-1	R		2		NOT USED BY MQD
2330B	NM103	Other Payer Last or Organization Name	AN	1-35	R			2330B	NM103	Other Payer Last or Organization Name	AN	1-60	R			Increase from 35 - 60	NOT USED BY MQD
2330B	NM104	Name First	AN	1-25	N/U			2330B	NM104	Name First	AN	1-35	N/U			Increase from 25 - 35	NOT USED
2330B	NM105	Name Middle	AN	1-25	N/U			2330B	NM105	Name Middle	AN	1-25	N/U				NOT USED
2330B	NM106	Name Prefix	AN	1-10	N/U			2330B	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2330B	NM107	Name Suffix	AN	1-10	N/U			2330B	NM107	Name Suffix	AN	1-10	N/U				NOT USED
2330B	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV	2330B	NM108	Identification Code Qualifier	ID	1-2	R		PI, XV		NOT USED BY MQD
2330B	NM109	Other Payer Primary Identifier	AN	2-80	R			2330B	NM109	Other Payer Primary Identifier	AN	2-80	R			When sending Line Adjudication Information for this payer, the identifier sent in SVD01 (Payer Identifier) of Loop ID-2430 (Line Adjudication Information) must match this value.	NOT USED BY MQD
								2330B	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2330B	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2330B	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330B	N3	OTHER PAYER ADDRESS		1	S			2330B	N3	OTHER PAYER ADDRESS		1	S				SEGMENT NOT USED BY MQD
2330B	N301	Other Payer Address Line	AN	1-55	R			2330B	N301	Other Payer Address Line	AN	1-55	R				NOT USED BY MQD
2330B	N302	Other Payer Address Line	AN	1-55	S			2330B	N302	Other Payer Address Line	AN	1-55	S				NOT USED BY MQD
2330B	N4	OTHER PAYER CITY/STATE/ZIP CODE		1	S			2330B	N4	OTHER PAYER CITY/STATE/ZIP CODE		1	R			Usage change to Required	SEGMENT NOT USED BY MQD
2330B	N401	Other Payer City Name	AN	2-30	R			2330B	N401	Other Payer City Name	AN	2-30	R				NOT USED BY MQD
2330B	N402	Other Payer State Code	ID	2-2	R			2330B	N402	Other Payer State Code	ID	2-2	S			Usage change to Situational	NOT USED BY MQD
2330B	N403	Other Payer Postal Zone or ZIP Code	ID	3-15	R			2330B	N403	Other Payer Postal Zone or ZIP Code	ID	3-15	S			Usage change to Situational	NOT USED BY MQD
2330B	N404	Payer Country Code	ID	2-3	S			2330B	N404	Other Payer Country Code	ID	2-3	S			Name Change	NOT USED BY MQD
2330B	N405	Location Qualifier	ID	1-2	N/U			2330B	N405	Location Qualifier	ID	1-2	N/U				NOT USED
2330B	N406	Location Identifier	AN	1-30	N/U			2330B	N406	Location Identifier	AN	1-30	N/U				NOT USED
								2330B	N407	Country Subdivision Code	ID	1-3	S			New Element	NOT USED BY MQD
2330B	DTP	CLAIM ADJUDICATION DATE		1	S			2330B	DTP	DATE - CLAIM CHECK OR REMITTANCE DATE		1	S			Name Change	Expect if payer previously adjudicated claim and Line (2430) Check or Remittance Date not used
2330B	DTP01	Date Time Qualifier	ID	3-3	R		573	2330B	DTP01	Date Time Qualifier	ID	3-3	R		573		Expect '573'
2330B	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2330B	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2330B	DTP03	Adjudication or Payment Date	AN	1-35	R		CCYYMMDD	2330B	DTP03	Adjudication or Payment Date	AN	1-35	R		CCYYMMDD		Expect Adjudication/Payment Date
2330B	REF	OTHER PAYER SECONDARY IDENTIFICATION AND REFERENCE NUMBER		2	S			2330B	REF	OTHER PAYER SECONDARY IDENTIFICATION		2	S			Name Change	SEGMENT NOT USED BY MQD
2330B	REF01	Reference Identification Qualifier	ID	2-3	R		2U, F8, FY, NF, TJ	2330B	REF01	Reference Identification Qualifier	ID	2-3	R		2U, EI, FY, NF	Code Change	NOT USED BY MQD
2330B	REF02	Other Payer Secondary Identifier	AN	1-30	R			2330B	REF02	Other Payer Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2330B	REF03	Description	AN	1-80	N/U				NOT USED
								2330B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330B	REF	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER		1	S			2330B	REF	OTHER PAYER PRIOR AUTHORIZATION NUMBER		1	S				SEGMENT NOT USED BY MQD
2330B	REF01	Reference Identification Qualifier	ID	2-3	R		9F, G1	2330B	REF01	Reference Identification Qualifier	ID	2-3	R		G1	Code Change	NOT USED BY MQD
2330B	REF02	Other Payer Prior Authorization or Referral Number	AN	1-30	R			2330B	REF02	Other Payer Prior Authorization Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2330B	REF03	Description	AN	1-80	N/U				NOT USED
								2330B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330B	REF	OTHER PAYER REFERRAL NUMBER		1	S			New Segment	SEGMENT NOT USED BY MQD
								2330B	REF01	Reference Identification Qualifier	ID	2-3	R		9F		NOT USED BY MQD
								2330B	REF02	Other Payer Referral Number	AN	1-50	R				NOT USED BY MQD
								2330B	REF03	Description	AN	1-80	N/U				NOT USED
								2330B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330B	REF	OTHER PAYER CLAIM ADJUSTMENT INDICATOR		1	S			New Segment	SEGMENT NOT USED BY MQD
								2330B	REF01	Reference Identification Qualifier	ID	2-3	R		T4	T4-Signal Code	NOT USED BY MQD
								2330B	REF02	Other Payer Claim Adjustment Indicator	AN	1-50	R				NOT USED BY MQD
								2330B	REF03	Description	AN	1-80	N/U				NOT USED
								2330B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330B	REF	OTHER PAYER CLAIM CONTROL NUMBER		1	S			New Segment	SEGMENT NOT USED BY MQD
								2330B	REF01	Reference Identification Qualifier	ID	2-3	R		F8		NOT USED BY MQD
								2330B	REF02	Other Payer Claim Control Number	AN	1-50	R				NOT USED BY MQD
								2330B	REF03	Description	AN	1-80	N/U				NOT USED
								2330B	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330C	NM1	OTHER PAYER PATIENT INFORMATION		1	S	1										SEGMENT DELETED	DELETED
2330C	REF	OTHER PAYER PATIENT IDENTIFICATION NUMBER		3	S											SEGMENT DELETED	DELETED
2330D	NM1	OTHER PAYER ATTENDING PROVIDER		1	S	1		2330C	NM1	OTHER PAYER ATTENDING PROVIDER		1	S	1		Loop Change	SEGMENT NOT USED BY MQD
2330D	NM101	Entity Identifier Code	ID	2-3	R		71	2330C	NM101	Entity Identifier Code	ID	2-3	R		71		NOT USED BY MQD
2330D	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	2330C	NM102	Entity Type Qualifier	ID	1-1	R		1	Code Deleted	NOT USED BY MQD
								2330C	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2330C	NM104	Name First	AN	1-35	N/U				NOT USED
								2330C	NM105	Name Middle	AN	1-25	N/U				NOT USED
								2330C	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2330C	NM107	Name Suffix	AN	1-10	N/U				NOT USED
								2330C	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
								2330C	NM109	Identification Code	AN	2-80	N/U				NOT USED
								2330C	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2330C	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2330C	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2330D	REF	OTHER PAYER ATTENDING PROVIDER SECONDARY IDENTIFICATION		3	R			2330C	REF	OTHER PAYER ATTENDING PROVIDER SECONDARY IDENTIFICATION		4	R			Loop Change # Repeats change to 4	SEGMENT NOT USED BY MQD
2330D	REF01	Reference Identification Qualifier	ID	2-3	R		1A, 1B, 1C, 1D, 1G,	2330C	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Change	NOT USED BY MQD
2330D	REF02	Secondary Identifier	AN	1-30	R			2330C	REF02	Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2330C	REF03	Description	AN	1-80	N/U				NOT USED
								2330C	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330E	NM1	OTHER PAYER OPERATING PROVIDER		1	S	1		2330D	NM1	OTHER PAYER OPERATING PROVIDER		1	S	1		Loop Change	SEGMENT NOT USED BY MQD
2330E	NM101	Entity Identifier Code	ID	2-3	R		72	2330D	NM101	Entity Identifier Code	ID	2-3	R		72		NOT USED BY MQD
2330E	NM102	Entity Type Qualifier	ID	1-1	R		1	2330D	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY MQD
								2330D	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2330D	NM104	Name First	AN	1-35	N/U				NOT USED
								2330D	NM105	Name Middle	AN	1-25	N/U				NOT USED
								2330D	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2330D	NM107	Name Suffix	AN	1-10	N/U				NOT USED
								2330D	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
								2330D	NM109	Identification Code	AN	2-80	N/U				NOT USED
								2330D	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2330D	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2330D	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330E	REF	OTHER PAYER OPERATING PROVIDER IDENTIFICATION		3	R			2330D	REF	OTHER PAYER OPERATING PROVIDER SECONDARY IDENTIFICATION		4	R			Loop Change Name Change # Repeats change to 4	SEGMENT NOT USED BY MQD
2330E	REF01	Reference Identification Qualifier	ID	2-3	R		1A, 1B, 1C, 1D, 1G,	2330D	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Change	NOT USED BY MQD
2330E	REF02	Secondary Identifier	AN	1-30	R			2330D	REF02	Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2330D	REF03	Description	AN	1-80	N/U				NOT USED
								2330D	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330F	NM1	OTHER PAYER OTHER PROVIDER		1	S	1		2330E	NM1	OTHER PAYER OTHER OPERATING PROVIDER		1	S	1		Loop Change Name Change	SEGMENT NOT USED BY MQD
2330F	NM101	Entity Identifier Code	ID	2-3	R		73	2330E	NM101	Entity Identifier Code	ID	2-3	R		ZZ	Code Change	NOT USED BY MQD
2330F	NM102	Entity Type Qualifier	ID	1-1	R		1, 2	2330E	NM102	Entity Type Qualifier	ID	1-1	R		1	Code Deleted	NOT USED BY MQD
								2330E	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2330E	NM104	Name First	AN	1-35	N/U				NOT USED
								2330E	NM105	Name Middle	AN	1-25	N/U				NOT USED
								2330E	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2330E	NM107	Name Suffix	AN	1-10	N/U				NOT USED
								2330E	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
								2330E	NM109	Identification Code	AN	2-80	N/U				NOT USED
								2330E	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2330E	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2330E	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330F	REF	OTHER PAYER OTHER PROVIDER IDENTIFICATION		3	R			2330E	REF	OTHER PAYER OTHER OPERATING PROVIDER SECONDARY IDENTIFICATION		4	R			Loop Change Name Change # Repeats change to 4	SEGMENT NOT USED BY MQD
2330F	REF01	Reference Identification Qualifier	ID	2-3	R		1A, 1B, 1C, 1D, 1G,	2330E	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU	Code Change	NOT USED BY MQD
2330F	REF02	Secondary Identifier	AN	1-30	R			2330E	REF02	Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2330E	REF03	Description	AN	1-80	N/U				NOT USED
								2330E	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2330H	NM1	OTHER PAYER SERVICE FACILITY PROVIDER		1	S	1		2330F	NM1	OTHER PAYER SERVICE FACILITY LOCATION		1	S	1		Loop Change Name Change	SEGMENT NOT USED BY MQD
2330H	NM101	Entity Identifier Code	ID	2-3	R		FA	2330F	NM101	Entity Identifier Code	ID	2-3	R		77	Code Change	NOT USED BY MQD
2330H	NM102	Entity Type Qualifier	ID	1-1	R		2	2330F	NM102	Entity Type Qualifier	ID	1-1	R		2		NOT USED BY MQD
								2330F	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2330F	NM104	Name First	AN	1-35	N/U				NOT USED
								2330F	NM105	Name Middle	AN	1-25	N/U				NOT USED
								2330F	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2330F	NM107	Name Suffix	AN	1-10	N/U				NOT USED
								2330F	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2330F	NM109	Identification Code	AN	2-80	N/U				NOT USED
								2330F	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2330F	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2330F	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2330H	REF	OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFICATION		3	R			2330F	REF	OTHER PAYER SERVICE FACILITY LOCATION SECONDARY IDENTIFIER		3	R			Loop Change Name Change	SEGMENT NOT USED BY MQD
2330H	REF01	Reference Identification Qualifier	ID	2-3	R		1B, 1C, 1D, EI, G2,	2330F	REF01	Reference Identification Qualifier	ID	2-3	R		0B, G2, LU	Code Change	NOT USED BY MQD
2330H	REF02	Other Payer Service Facility Location Secondary Identifier	AN	1-30	R			2330F	REF02	Other Payer Service Facility Location Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2330F	REF03	Description	AN	1-80	N/U				NOT USED
								2330F	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330G	NM1	OTHER PAYER RENDERING PROVIDER		1	S	1		New Segment	SEGMENT NOT USED BY MQD
								2330G	NM101	Entity Identifier Code	ID	2-3	R		82		NOT USED BY MQD
								2330G	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY MQD
								2330G	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2330G	NM104	Name First	AN	1-35	N/U				NOT USED
								2330G	NM105	Name Middle	AN	1-25	N/U				NOT USED
								2330G	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2330G	NM107	Name Suffix	AN	1-10	N/U				NOT USED
								2330G	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
								2330G	NM109	Identification Code	AN	2-80	N/U				NOT USED
								2330G	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2330G	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2330G	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2330G	REF	OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFIER		4	R			New Segment	SEGMENT NOT USED BY MQD
								2330G	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2, LU		NOT USED BY MQD
								2330G	REF02	Other Payer Rendering Provider Secondary Identifier	AN	1-50	R				NOT USED BY MQD
								2330G	REF03	Description	AN	1-80	N/U				NOT USED
								2330G	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330H	NM1	OTHER PAYER REFERRING PROVIDER		1	S	1		New Segment	SEGMENT NOT USED BY MQD
								2330H	NM101	Entity Identifier Code	ID	2-3	R		DN		NOT USED BY MQD
								2330H	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY MQD
								2330H	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2330H	NM104	Name First	AN	1-35	N/U				NOT USED
								2330H	NM105	Name Middle	AN	1-25	N/U				NOT USED
								2330H	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2330H	NM107	Name Suffix	AN	1-10	N/U				NOT USED
								2330H	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED
								2330H	NM109	Identification Code	AN	2-80	N/U				NOT USED
								2330H	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2330H	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2330H	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2330H	REF	OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFIER		3	R			New Segment	SEGMENT NOT USED BY MQD
								2330H	REF01	Reference Identification Qualifier	ID	2-3	R		0B, 1G, G2		NOT USED BY MQD
								2330H	REF02	Other Payer Referring Provider Secondary Identifier	AN	1-50	R				NOT USED BY MQD
								2330H	REF03	Description	AN	1-80	N/U				NOT USED
								2330H	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2330I	NM1	OTHER PAYER BILLING PROVIDER		1	S	1		New Segment	SEGMENT NOT USED BY MQD

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ	
								2330I	NM101	Entity Identifier Code	ID	2-3	R		85		NOT USED BY MQD	
								2330I	NM102	Entity Type Qualifier	ID	1-1	R		2		NOT USED BY MQD	
								2330I	NM103	Name Last or Organization Name	AN	1-60	N/U				NOT USED	
								2330I	NM104	Name First	AN	1-35	N/U				NOT USED	
								2330I	NM105	Name Middle	AN	1-25	N/U				NOT USED	
								2330I	NM106	Name Prefix	AN	1-10	N/U				NOT USED	
								2330I	NM107	Name Suffix	AN	1-10	N/U				NOT USED	
								2330I	NM108	Identification Code Qualifier	ID	1-2	N/U				NOT USED	
								2330I	NM109	Identification Code	AN	2-80	N/U				NOT USED	
								2330I	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED	
								2330I	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED	
								2330I	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED	
								2330I	REF	OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION		2	R			New Segment	SEGMENT NOT USED BY MQD	
								2330I	REF01	Reference Identification Qualifier	ID	2-3	R		G2, LU		NOT USED BY MQD	
								2330I	REF02	Other Payer Billing Provider Secondary Identification	AN	1-50	R				NOT USED BY MQD	
								2330I	REF03	Description	AN	1-80	N/U				NOT USED	
								2330I	REF04	REFERENCE IDENTIFIER			N/U				NOT USED	
2400	LX	SERVICE LINE NUMBER		1	R	999		2400	LX	SERVICE LINE		1	R	999		Name Change		
2400	LX01	Assigned Number	N0	1-6	R			2400	LX01	Assigned Number	N0	1-6	R				Expect Line counter	
2400	SV2	INSTITUTIONAL SERVICE LINE		1	R			2400	SV2	INSTITUTIONAL SERVICE LINE		1	R					
2400	SV201	Revenue Code	AN	1-48	R			2400	SV201	Revenue Code	AN	1-48	R				Expect Revenue code	
2400	SV202	COMPOSITE			S			2400	SV202	COMPOSITE			R			Usage change to Required	Expect when outpatient claim and an appropriate procedure code exists for service line, or for inpatient claims when an appropriate HCPCS (drugs and/or biologics only) or HIPPS code exists for service line item.	
2400	SV202-1	Product or Service ID Qualifier	ID	2-2	R		HC, IV, ZZ	2400	SV202-1	Product or Service ID Qualifier	ID	2-2	R		ER, HC, HP, IV, WK	Code Change	Expect 'HC'	
2400	SV202-2	Procedure Code	AN	1-48	R			2400	SV202-2	Procedure Code	AN	1-48	R				Expect Procedure code	
2400	SV202-3	Procedure Modifier	AN	2-2	S			2400	SV202-3	Procedure Modifier	AN	2-2	S				Expect if modifier clarifies or improves the reporting accuracy of the associated procedure code. This is the first procedure modifier.	
2400	SV202-4	Procedure Modifier	AN	2-2	S			2400	SV202-4	Procedure Modifier	AN	2-2	S				Expect if second modifier clarifies or improves the reporting accuracy of the associated procedure code.	
2400	SV202-5	Procedure Modifier	AN	2-2	S			2400	SV202-5	Procedure Modifier	AN	2-2	S				Expect if third modifier clarifies or improves the reporting accuracy of the associated procedure code.	
2400	SV202-6	Procedure Modifier	AN	2-2	S			2400	SV202-6	Procedure Modifier	AN	2-2	S				Expect if fourth modifier clarifies or improves the reporting accuracy of the associated procedure code.	
2400	SV202-7	Description	AN	1-80	N/U			2400	SV202-7	Description	AN	1-80	S			Usage change to Situational	NOT USED BY MQD	
								2400	SV202-8	Product/Service ID	AN	1-48	N/U				New Element	NOT USED
2400	SV203	Line Item Charge Amount	R	1-18	R			2400	SV203	Line Item Charge Amount	R	1-18	R				Expect Line Item Charge Amount	
2400	SV204	Unit or Basis for Measurement Code	ID	2-2	R		DA, F2, UN	2400	SV204	Unit or Basis for Measurement Code	ID	2-2	R		DA, UN	Code Deleted	Expect DA or UN	
2400	SV205	Service Unit Count	R	1-15	R			2400	SV205	Service Units/Days	R	1-15	R			Name Change	Expect Units or Days	
2400	SV206	Unit Rate	ID	1-10	S			2400	SV206	Unit Rate	ID	1-10	N/U			Usage change to Not Used	NOT USED	
2400	SV207	Monetary Amount	R	1-18	S			2400	SV207	Monetary Amount	R	1-18	S				Expect Line Non-covered charges	
								2400	SV208	Yes/No Condition or Response Code	ID	1-1	N/U				NOT USED	
								2400	SV209	Nursing Home Residential Status Code	ID	1-1	N/U				NOT USED	
								2400	SV210	Level of Care Code	ID	1-1	N/U				NOT USED	

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2400	PWK	LINE SUPPLEMENTAL INFORMATION		5	S			2400	PWK	LINE SUPPLEMENTAL INFORMATION		10	S			# Repeats change to 10	SEGMENT NOT USED BY MQD
2400	PWK01	Attachment Report Type Code	ID	2-2	R		AS, B2, B3, B4, CT, D2, DA, DG, DS, EB, MT, NN, OB, OZ, PN, PO, PZ, RB, RR, RT	2400	PWK01	Attachment Report Type Code	ID	2-2	R		03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, AS, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, OX, OZ, P4, P5, PE, PN, PO, PQ, PY, PZ, RB, RR, RT, RX, SG, V5, XP	Code Added	NOT USED BY MQD
2400	PWK02	Attachment Transmission Code	ID	1-2	R		AA, AB, AD, AF, AG, BM, EL, EM, FX	2400	PWK02	Attachment Transmission Code	ID	1-2	R		AA, BM, EL, EM, FT, FX	Code Change	NOT USED BY MQD
2400	PWK03	Report Copies Needed	NO	1-2	N/U			2400	PWK03	Report Copies Needed	NO	1-2	N/U				NOT USED
2400	PWK04	Entity Identifier Code	ID	2-3	N/U			2400	PWK04	Entity Identifier Code	ID	2-3	N/U				NOT USED
2400	PWK05	Identification Code Qualifier	ID	1-2	S		AC	2400	PWK05	Identification Code Qualifier	ID	1-2	S		AC		NOT USED BY MQD
2400	PWK06	Identification Code	AN	2-80	S			2400	PWK06	Attachment Control Number	AN	2-80	S				NOT USED BY MQD
								2400	PWK07	Description	AN	1-80	N/U				NOT USED
								2400	PWK08	ACTIONS INDICATED			N/U				NOT USED
								2400	PWK09	Request Category Code	ID	1-2	N/U				NOT USED
2400	DTP	SERVICE LINE DATE		1	R			2400	DTP	DATE - SERVICE DATE		1	R			Name Change Usage change to Required	Required on outpatient service lines where a drug is not being billed and the Statement Covers Period is greater than one day. OR Required on service lines where a drug is being billed and the payer's adjudication is known to be impacted by the drug duration or the date the prescription was written.
2400	DTP01	Date Time Qualifier	ID	3-3	R		472	2400	DTP01	Date Time Qualifier	ID	3-3	R		472		Expect '472'
2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8, RD8	2400	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8, RD8		Expect 'D8' or 'RD8'
2400	DTP03	Service Date	AN	1-35	R		CCYYMMDD, CCYYMMDD-CCYYMMDD	2400	DTP03	Service Date	AN	1-35	R		CCYYMMDD, CCYYMMDD-CCYYMMDD		Expect CCYYMMDD if D8, Expect CCYYMMDD-CCYYMMDD if RD8
2400	DTP	ASSESSMENT DATE		1	S											SEGMENT DELETED	DELETED
								2400	REF	LINE ITEM CONTROL NUMBER		1	S			New Segment	Expect if submitter needs a line item control number for subsequent communications to or from payer
								2400	REF01	Reference Identification Qualifier	ID	2-3	R		6R		Expect '6R'
								2400	REF02	Line Item Control Number	AN	1-50	R				Expect Line Item Control Number
								2400	REF03	Description	AN	1-80	N/U				NOT USED
								2400	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
								2400	REF	REPRICED LINE ITEM REFERENCE NUMBER		1	S			New Segment	SEGMENT NOT USED BY MQD
								2400	REF01	Reference Identification Qualifier	ID	2-3	R		9B		NOT USED BY MQD
								2400	REF02	Repriced Line Item Reference Number	AN	1-50	R				NOT USED BY MQD
								2400	REF03	Description	AN	1-80	N/U				NOT USED
								2400	REF04	REFERENCE IDENTIFIER			N/U				NOT USED

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2400	REF	ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER		1	S			New Segment	SEGMENT NOT USED BY MQD
								2400	REF01	Reference Identification Qualifier	ID	2-3	R		9D		NOT USED BY MQD
								2400	REF02	Adjusted Repriced Line Item Reference Number	AN	1-50	R				NOT USED BY MQD
								2400	REF03	Description	AN	1-80	N/U				NOT USED
								2400	REF04	REFERENCE IDENTIFIER			N/U				NOT USED
2400	AMT	SERVICE TAX AMOUNT		1	S			2400	AMT	SERVICE TAX AMOUNT		1	S				SEGMENT NOT USED BY MQD
2400	AMT01	Amount Qualifier Code	ID	1-3	R		GT	2400	AMT01	Amount Qualifier Code	ID	1-3	R		GT		NOT USED BY MQD
2400	AMT02	Service Tax Amount	R	1-18	R			2400	AMT02	Tax Amount	R	1-18	R			Name Change	NOT USED BY MQD
								2400	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
2400	AMT	FACILITY TAX AMOUNT		1	S			2400	AMT	FACILITY TAX AMOUNT		1	S				SEGMENT NOT USED BY MQD
2400	AMT01	Amount Qualifier Code	ID	1-3	R		N8	2400	AMT01	Amount Qualifier Code	ID	1-3	R		N8		NOT USED BY MQD
2400	AMT02	Facility Tax Amount	R	1-18	R			2400	AMT02	Facility Tax Amount	R	1-18	R				NOT USED BY MQD
								2400	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
								2400	NTE	THIRD PARTY ORGANIZATION NOTES		1	S			Segment Added	SEGMENT NOT USED BY MQD
								2400	NTE01	Note Reference Code	ID	3-3	R		TPO		NOT USED BY MQD
								2400	NTE02	Claim Note Text	AN	1-80	R				NOT USED BY MQD
2400	HCP	LINE PRICING/REPRICING INFORMATION		1	S			2400	HCP	LINE PRICING/REPRICING INFORMATION		1	S				SEGMENT NOT USED BY MQD
2400	HCP01	Pricing Methodology	ID	2-2	R		00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14	2400	HCP01	Pricing Methodology	ID	2-2	R		00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14		NOT USED BY MQD
2400	HCP02	Repriced Allowed Amount	R	1-18	R			2400	HCP02	Repriced Allowed Amount	R	1-18	R				NOT USED BY MQD
2400	HCP03	Repriced Saving Amount	R	1-18	S			2400	HCP03	Repriced Saving Amount	R	1-18	S				NOT USED BY MQD
2400	HCP04	Repricing Organization Identifier	AN	1-30	S			2400	HCP04	Repricing Organization Identifier	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD
2400	HCP05	Repricing Per Diem or Flat Rate Amount	R	1-9	S			2400	HCP05	Repricing Per Diem or Flat Rate Amount	R	1-9	S				NOT USED BY MQD
2400	HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-30	S			2400	HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-50	S			Increase from 30 - 50	NOT USED BY MQD
2400	HCP07	Repriced Approved Ambulatory Patient Group Amount	R	1-18	S			2400	HCP07	Repriced Approved Ambulatory Patient Group Amount	R	1-18	S				NOT USED BY MQD
2400	HCP08	Product/Service ID	AN	1-48	S			2400	HCP08	Product/Service ID	AN	1-48	N/U			Usage change to Not Used	NOT USED
2400	HCP09	Product or Service ID Qualifier	ID	2-2	S		HC	2400	HCP09	Product or Service ID Qualifier	ID	2-2	S		ER, HC, HP, IV, WK	Code Added	NOT USED BY MQD
2400	HCP10	Procedure Code	AN	1-48	S			2400	HCP10	Procedure Code	AN	1-48	S				NOT USED BY MQD
2400	HCP11	Unit or Basis for Measurement Code	ID	2-2	S		DA, UN	2400	HCP11	Unit or Basis for Measurement Code	ID	2-2	S		DA, UN		NOT USED BY MQD
2400	HCP12	Repriced Approved Service Unit Count "DA" "UN"	R	1-15	S			2400	HCP12	Repriced Approved Service Unit Count "DA" "UN"	R	1-15	S				NOT USED BY MQD
2400	HCP13	Reject Reason Code	ID	2-2	S		T1, T2, T3, T4, T5, T6	2400	HCP13	Reject Reason Code	ID	2-2	S		T1, T2, T3, T4, T5, T6		NOT USED BY MQD
2400	HCP14	Policy Compliance Code	ID	1-2	S		1, 2, 3, 4, 5	2400	HCP14	Policy Compliance Code	ID	1-2	S		1, 2, 3, 4, 5		NOT USED BY MQD
2400	HCP15	Exception Code	ID	1-2	S		1, 2, 3, 4, 5, 6	2400	HCP15	Exception Code	ID	1-2	S		1, 2, 3, 4, 5, 6		NOT USED BY MQD
2410	LIN	DRUG IDENTIFICATION		1	S	25		2410	LIN	DRUG IDENTIFICATION		1	S	1		# Loop Repeats change to 1	
2410	LIN01	Assigned Identification	AN	1-20	N/U			2410	LIN01	Assigned Identification	AN	1-20	N/U				NOT USED
2410	LIN02	Product or Service ID Qualifier	ID	2-2	R		N4	2410	LIN02	Product or Service ID Qualifier	ID	2-2	R		N4		Expect 'N4'
2410	LIN03	National Drug Code	AN	1-48	R			2410	LIN03	National Drug Code	AN	1-48	R				Expect NDC code
								2410	LIN04	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
								2410	LIN05	Product/Service ID	AN	1-48	N/U				NOT USED
								2410	LIN06	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
								2410	LIN07	Product/Service ID	AN	1-48	N/U				NOT USED
								2410	LIN08	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
								2410	LIN09	Product/Service ID	AN	1-48	N/U				NOT USED
								2410	LIN10	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
								2410	LIN11	Product/Service ID	AN	1-48	N/U				NOT USED
								2410	LIN12	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
								2410	LIN13	Product/Service ID	AN	1-48	N/U				NOT USED
								2410	LIN14	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
								2410	LIN15	Product/Service ID	AN	1-48	N/U				NOT USED

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
								2410	LIN16	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
								2410	LIN17	Product/Service ID	AN	1-48	N/U				NOT USED
								2410	LIN18	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
								2410	LIN19	Product/Service ID	AN	1-48	N/U				NOT USED
								2410	LIN20	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
								2410	LIN21	Product/Service ID	AN	1-48	N/U				NOT USED
								2410	LIN22	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
								2410	LIN23	Product/Service ID	AN	1-48	N/U				NOT USED
								2410	LIN24	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
								2410	LIN25	Product/Service ID	AN	1-48	N/U				NOT USED
								2410	LIN26	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
								2410	LIN27	Product/Service ID	AN	1-48	N/U				NOT USED
								2410	LIN28	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
								2410	LIN29	Product/Service ID	AN	1-48	N/U				NOT USED
								2410	LIN30	Product/Service ID Qualifier	ID	2-2	N/U				NOT USED
								2410	LIN31	Product/Service ID	AN	1-48	N/U				NOT USED
2410	CTP	DRUG QUANTITY		1	S			2410	CTP	DRUG QUANTITY		1	R			Usage Change to Required	
2410	CTP01	Class of Trade Code	ID	2-2	N/U			2410	CTP01	Class of Trade Code	ID	2-2	N/U				NOT USED
2410	CTP02	Price Identifier Code	ID	3-3	N/U			2410	CTP02	Price Identifier Code	ID	3-3	N/U				NOT USED
2410	CTP03	Unit Price	R	1-17	R			2410	CTP03	Unit Price	R	1-17	N/U			Usage change to Not Used	NOT USED
2410	CTP04	National Drug Unit Count	R	1-15	R			2410	CTP04	National Drug Unit Count	R	1-15	R				Expect National Drug Unit Count
2410	CTP05	COMPOSITE UNIT OF MEASURE			R			2410	CTP05	COMPOSITE UNIT OF MEASURE			R				
2410	CTP05-1	Unit or Basis For Measurement Code	ID	2-2	R		F2, GR, ML, UN	2410	CTP05-1	Unit or Basis For Measurement Code	ID	2-2	R		F2, GR, ME, ML, UN	Code Added	Expect applicable Unit or Basis for Measurement Code
								2410	CTP05-2	Exponent	R	1-15	N/U				NOT USED
								2410	CTP05-3	Multiplier	R	1-10	N/U				NOT USED
								2410	CTP05-4	Unit or Basis For Measurement Code	ID	2-2	N/U				NOT USED
								2410	CTP05-5	Exponent	R	1-15	N/U				NOT USED
								2410	CTP05-6	Multiplier	R	1-10	N/U				NOT USED
								2410	CTP05-7	Unit or Basis For Measurement Code	ID	2-2	N/U				NOT USED
								2410	CTP05-8	Exponent	R	1-15	N/U				NOT USED
								2410	CTP05-9	Multiplier	R	1-10	N/U				NOT USED
								2410	CTP05-10	Unit or Basis For Measurement Code	ID	2-2	N/U				NOT USED
								2410	CTP05-11	Exponent	R	1-15	N/U				NOT USED
								2410	CTP05-12	Multiplier	R	1-10	N/U				NOT USED
								2410	CTP05-13	Unit or Basis For Measurement Code	ID	2-2	N/U				NOT USED
								2410	CTP05-14	Exponent	R	1-15	N/U				NOT USED
								2410	CTP05-15	Multiplier	R	1-10	N/U				NOT USED
								2410	CTP06	Price Multiplier Qualifier	ID	3-3	N/U				NOT USED
								2410	CTP07	Multiplier	R	1-10	N/U				NOT USED
								2410	CTP08	Monetary Amount	R	1-18	N/U				NOT USED
								2410	CTP09	Basis of Unit Price Code	ID	2-2	N/U				NOT USED
								2410	CTP10	Condition Value	AN	1-10	N/U				NOT USED
								2410	CTP11	Multiple Price Quantity	NO	1-2	N/U				NOT USED
2410	REF	PRESCRIPTION NUMBER		1	S			2410	REF	PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER		1	S			Expect if dispensing of drug is done with an assigned prescription number or when provided medication involves the compounding of two or more drugs and there is no prescription number	SEGMENT NOT USED BY MQD
2410	REF01	Reference Identification Qualifier	ID	2-3	R		XZ	2410	REF01	Reference Identification Qualifier	ID	2-3	R		VY, XZ	Code Added VY Link Sequence Number XZ Pharmacy Prescription Number	NOT USED BY MQD
2410	REF02	Prescription Number	AN	1-30	R			2410	REF02	Prescription Number	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
								2410	REF03	Description	AN	1-80	N/U				NOT USED
								2410	REF04	REFERENCE IDENTIFIER			N/U				NOT USED

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2420A	NM1	ATTENDING PHYSICIAN NAME		1	S	1										SEGMENT DELETED	DELETED
2420A	REF	ATTENDING PHYSICIAN SECONDARY IDENTIFICATION		1	S											SEGMENT DELETED	DELETED
2420B	NM1	OPERATING PHYSICIAN NAME		1	S	1		2420A	NM1	OPERATING PHYSICIAN NAME		1	S	1			SEGMENT NOT USED BY MQD
2420B	NM101	Entity Identifier Code	ID	2-3	R		72	2420A	NM101	Entity Identifier Code	ID	2-3	R		72		NOT USED BY MQD
2420B	NM102	Entity Type Qualifier	ID	1-1	R		1	2420A	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY MQD
2420B	NM103	Last Name	AN	1-35	R			2420A	NM103	Last Name	AN	1-60	R			Increase from 35 - 60	NOT USED BY MQD
2420B	NM104	First Name	AN	1-25	S			2420A	NM104	First Name	AN	1-35	S			Increase from 25 - 35	NOT USED BY MQD
2420B	NM105	Middle Name	AN	1-25	S			2420A	NM105	Middle Name	AN	1-25	S				NOT USED BY MQD
2420B	NM106	Name Prefix	AN	1-10	N/U			2420A	NM106	Name Prefix	AN	1-10	N/U				NOT USED
2420B	NM107	Name Suffix	AN	1-10	S			2420A	NM107	Name Suffix	AN	1-10	S				NOT USED BY MQD
2420B	NM108	Identification Code Qualifier	ID	1-2	S		24, 34, XX	2420A	NM108	Identification Code Qualifier	ID	1-2	S		XX	Code Deleted	NOT USED BY MQD
2420B	NM109	Identifier	AN	2-80	S			2420A	NM109	Identifier	AN	2-80	S				NOT USED BY MQD
2420A	NM110	Entity Relationship Code	ID	2-2	N/U			2420A	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
2420A	NM111	Entity Identifier Code	ID	2-3	N/U			2420A	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
2420A	NM112	Name Last or Organization Name	AN	1-60	N/U			2420A	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
2420B	REF	OPERATING PHYSICIAN SECONDARY IDENTIFICATION		1	S			2420A	REF	OPERATING PHYSICIAN SECONDARY IDENTIFICATION		20	S			# Repeats change to 20	SEGMENT NOT USED BY MQD
2420B	REF01	Reference Identification Qualifier	ID	2-3	R		OB, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	2420A	REF01	Reference Identification Qualifier	ID	2-3	R		OB, 1G, G2, LU	Code Change	NOT USED BY MQD
2420B	REF02	Secondary Identifier	AN	1-30	R			2420A	REF02	Secondary Identifier	AN	1-50	R			Increase from 30 - 50	NOT USED BY MQD
2420B	REF03	Description	AN	1-80	N/U			2420A	REF03	Description	AN	1-80	N/U				NOT USED
2420B	REF04	REFERENCE IDENTIFIER			N/U			2420A	REF04	REFERENCE IDENTIFIER			S			Usage change to Situational	NOT USED BY MQD
								2420B	NM1	OTHER OPERATING PHYSICIAN NAME		1	S	1		New Segment	SEGMENT NOT USED BY MQD
								2420B	NM101	Entity Identifier Code	ID	2-3	R		ZZ		NOT USED BY MQD
								2420B	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY MQD
								2420B	NM103	Last Name	AN	1-60	R				NOT USED BY MQD
								2420B	NM104	First Name	AN	1-35	S				NOT USED BY MQD
								2420B	NM105	Middle Name	AN	1-25	S				NOT USED BY MQD
								2420B	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2420B	NM107	Name Suffix	AN	1-10	S				NOT USED BY MQD
								2420B	NM108	Identification Code Qualifier	ID	1-2	S		XX		NOT USED BY MQD
								2420B	NM109	Identifier	AN	2-80	S				NOT USED BY MQD
								2420B	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2420B	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2420B	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2420B	REF	OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION		20	S			New Segment	SEGMENT NOT USED BY MQD
								2420B	REF01	Reference Identification Qualifier	ID	2-3	R		OB, 1G, G2, LU		NOT USED BY MQD
								2420B	REF02	Secondary Identifier	AN	1-50	R				NOT USED BY MQD
								2420B	REF03	Description	AN	1-80	N/U				NOT USED
								2420B	REF04	REFERENCE IDENTIFIER			S				NOT USED BY MQD
2420C	NM1	OTHER PROVIDER NAME		1	S	1										SEGMENT DELETED	DELETED
2420B	REF	OTHER PROVIDER SECONDARY IDENTIFICATION		1	S											SEGMENT DELETED	DELETED
								2420C	NM1	RENDERING PROVIDER NAME		1	S	1		New Segment	SEGMENT NOT USED BY MQD
								2420C	NM101	Entity Identifier Code	ID	2-3	R		82		NOT USED BY MQD
								2420C	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY MQD
								2420C	NM103	Rendering Provider Last or Organization Name	AN	1-60	R				NOT USED BY MQD
								2420C	NM104	Rendering Provider First Name	AN	1-35	S				NOT USED BY MQD
								2420C	NM105	Rendering Provider Middle Name	AN	1-25	S				NOT USED BY MQD

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								2420C	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2420C	NM107	Rendering Provider Name Suffix	AN	1-10	S				NOT USED BY MQD
								2420C	NM108	Identification Code Qualifier	ID	1-2	S		XX		NOT USED BY MQD
								2420C	NM109	Rendering Provider Identifier	AN	2-80	S				NOT USED BY MQD
								2420C	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2420C	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2420C	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2420C	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION		20	S			New Segment	SEGMENT NOT USED BY MQD
								2420C	REF01	Reference Identification Qualifier	ID	2-3	R		OB, 1G, G2, LU		
								2420C	REF02	Rendering Provider Secondary Identifier	AN	1-50	R				NOT USED BY MQD
								2420C	REF03	Description	AN	1-80	N/U				NOT USED
								2420C	REF04	REFERENCE IDENTIFIER			S				NOT USED BY MQD
								2420C	REF04-1	Reference Identifier Qualifier	ID	2-3	R		2U		NOT USED BY MQD
								2420C	REF04-2	Other Payer Primary Identifier	AN	1-50	R				NOT USED BY MQD
								2420C	REF04-3	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2420C	REF04-4	Reference Identification	AN	1-50	N/U				NOT USED
								2420C	REF04-5	Reference Identification Qualifier	ID	2-3	N/U				NOT USED
								2420C	REF04-6	Reference Identification	AN	1-50	N/U				NOT USED
								2420D	NM1	REFERRING PROVIDER NAME		1	S	1		New Segment	SEGMENT NOT USED BY MQD
								2420D	NM101	Entity Identifier Code	ID	2-3	R		DN		NOT USED BY MQD
								2420D	NM102	Entity Type Qualifier	ID	1-1	R		1		NOT USED BY MQD
								2420D	NM103	Referring Provider Last Name	AN	1-60	R				NOT USED BY MQD
								2420D	NM104	Referring Provider First Name	AN	1-35	S				NOT USED BY MQD
								2420D	NM105	Referring Provider Middle Name or Initial	AN	1-25	S				NOT USED BY MQD
								2420D	NM106	Name Prefix	AN	1-10	N/U				NOT USED
								2420D	NM107	Referring Provider Name Suffix	AN	1-10	S				NOT USED BY MQD
								2420D	NM108	Identification Code Qualifier	ID	1-2	S		XX		NOT USED BY MQD
								2420D	NM109	Other Payer Primary Identifier	AN	2-80	S				NOT USED BY MQD
								2420D	NM110	Entity Relationship Code	ID	2-2	N/U				NOT USED
								2420D	NM111	Entity Identifier Code	ID	2-3	N/U				NOT USED
								2420D	NM112	Name Last or Organization Name	AN	1-60	N/U				NOT USED
								2420D	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		20	S			New Segment	SEGMENT NOT USED BY MQD
								2420D	REF01	Reference Identification Qualifier	ID	2-3	R		OB, 1G, G2		NOT USED BY MQD
								2420D	REF02	Referring Provider Secondary Identifier	AN	1-50	R				NOT USED BY MQD
								2420D	REF03	Description	AN	1-80	N/U				NOT USED
								2420D	REF04	REFERENCE IDENTIFIER			S				NOT USED BY MQD
2430	SVD	LINE ADJUDICATION INFORMATION		1	S	25		2430	SVD	LINE ADJUDICATION INFORMATION		1	S	15		Expect when claim was previously adjudicated by payer identified in loop 2330B and this service line has payments/adjustments applied.	SEGMENT NOT USED BY MQD
2430	SVD01	Payer Identifier	AN	2-80	R			2430	SVD01	Other Payer Primary Identifier	AN	2-80	R			Name Change	NOT USED BY MQD
2430	SVD02	Service Line Paid Amount	R	1-18	R			2430	SVD02	Service Line Paid Amount	R	1-18	R				NOT USED BY MQD
2430	SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R			2430	SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R				NOT USED BY MQD
2430	SVD03-1	Product or Service ID Qualifier	ID	2-2	R		HC, IV, ZZ	2430	SVD03-1	Product or Service ID Qualifier	ID	2-2	R		ER, HC, HP, IV, WK	Code Change	NOT USED BY MQD
2430	SVD03-2	Procedure Code	AN	1-48	R			2430	SVD03-2	Procedure Code	AN	1-48	R				NOT USED BY MQD
2430	SVD03-3	Procedure Modifier	AN	2-2	S			2430	SVD03-3	Procedure Modifier	AN	2-2	S				NOT USED BY MQD
2430	SVD03-4	Procedure Modifier	AN	2-2	S			2430	SVD03-4	Procedure Modifier	AN	2-2	S				NOT USED BY MQD
2430	SVD03-5	Procedure Modifier	AN	2-2	S			2430	SVD03-5	Procedure Modifier	AN	2-2	S				NOT USED BY MQD
2430	SVD03-6	Procedure Modifier	AN	2-2	S			2430	SVD03-6	Procedure Modifier	AN	2-2	S				NOT USED BY MQD
2430	SVD03-7	Procedure Code Description	AN	1-80	S			2430	SVD03-7	Procedure Code Description	AN	1-80	S				NOT USED BY MQD
2430	SVD04	Product or Service ID	AN	1-48	R			2430	SVD03-8	Product/Service ID	AN	1-48	N/U			New Element	NOT USED
								2430	SVD04	Service Line Revenue Code	AN	1-48	R			Errata A2-Usage changed from Not used to Required, Industry name added	NOT USED BY MQD

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Loop	Element	Description 837-I 4010 A1 FFS	ID	Min. Max.	USE	Loop Rep	Values	Loop	Element	Description 837-I 5010 A2 FFS	ID	Min. Max.	USE	Loop Rep	Values	Note	MQD Usage/Expected Value - as copied from AZ
2430	SVD05	Paid Service Unit Count	R	1-15	R			2430	SVD05	Paid Service Unit Count	R	1-15	R				NOT USED BY MQD
2430	SVD06	Bundled or Unbundled Line Number	N0	1-6	S			2430	SVD06	Bundled or Unbundled Line Number	N0	1-6	S				NOT USED BY MQD
2430	CAS	LINE ADJUSTMENT		99	S			2430	CAS	LINE ADJUSTMENT		5	S				Expect when claim was previously adjudicated by payer identified in loop 2330B and this service line has payments/adjustments applied.
2430	CAS01	Claim Adjustment Group Code	ID	1-2	R		CO, CR, OA, PI, PR	2430	CAS01	Claim Adjustment Group Code	ID	1-2	R		CO, CR, OA, PI, PR		Expect CO, CR, OA, PI, PR
2430	CAS02	Adjustment Reason Code	ID	1-5	R			2430	CAS02	Adjustment Reason Code	ID	1-5	R				Expect Adjustment Reason Code
2430	CAS03	Adjustment Amount	R	1-18	R			2430	CAS03	Adjustment Amount	R	1-18	R				Expect Adjustment Amount
2430	CAS04	Adjustment Quantity	R	1-15	S			2430	CAS04	Adjustment Quantity	R	1-15	S				Expect when number of service units was adjusted.
2430	CAS05	Adjustment Reason Code	ID	1-5	S			2430	CAS05	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
2430	CAS06	Adjustment Amount	R	1-18	S			2430	CAS06	Adjustment Amount	R	1-18	S				Expect Adjustment Amount
2430	CAS07	Adjustment Quantity	R	1-15	S			2430	CAS07	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2430	CAS08	Adjustment Reason Code	ID	1-5	S			2430	CAS08	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
2430	CAS09	Adjustment Amount	R	1-18	S			2430	CAS09	Adjustment Amount	R	1-18	S				Expect Adjustment Amount
2430	CAS10	Adjustment Quantity	R	1-15	S			2430	CAS10	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2430	CAS11	Adjustment Reason Code	ID	1-5	S			2430	CAS11	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
2430	CAS12	Adjustment Amount	R	1-18	S			2430	CAS12	Adjustment Amount	R	1-18	S				Expect Adjustment Amount
2430	CAS13	Adjustment Quantity	R	1-15	S			2430	CAS13	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2430	CAS14	Adjustment Reason Code	ID	1-5	S			2430	CAS14	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
2430	CAS15	Adjustment Amount	R	1-18	S			2430	CAS15	Adjustment Amount	R	1-18	S				Expect Adjustment Amount
2430	CAS16	Adjustment Quantity	R	1-15	S			2430	CAS16	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2430	CAS17	Adjustment Reason Code	ID	1-5	S			2430	CAS17	Adjustment Reason Code	ID	1-5	S				Expect Adjustment Reason Code
2430	CAS18	Adjustment Amount	R	1-18	S			2430	CAS18	Adjustment Amount	R	1-18	S				Expect Adjustment Amount
2430	CAS19	Adjustment Quantity	R	1-15	S			2430	CAS19	Adjustment Quantity	R	1-15	S				Expect Adjustment Qty
2430	DTP	SERVICE ADJUDICATION DATE		1	S			2430	DTP	LINE CHECK OR REMITTANCE DATE		1	R			Name Change Usage change to Required	
2430	DTP01	Date Time Qualifier	ID	3-3	R		573	2430	DTP01	Date Time Qualifier	ID	3-3	R		573		Expect '573'
2430	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8	2430	DTP02	Date Time Period Format Qualifier	ID	2-3	R		D8		Expect 'D8'
2430	DTP03	Adjudication or Payment Date	AN	1-35	R		CCYYMMDD	2430	DTP03	Adjudication or Payment Date	AN	1-35	R		CCYYMMDD		Expect Payer Adjudication or Payment Date
								2430	AMT	REMAINING PATIENT LIABILITY		1	S			New Segment	SEGMENT NOT USED BY MQD
								2430	AMT01	Amount Qualifier Code	ID	1-3	R		EAF		NOT USED BY MQD
								2430	AMT02	Remaining Patient Liability Amount	R	1-18	R				NOT USED BY MQD
								2430	AMT03	Credit/Debit Flag Code	ID	1-1	N/U				NOT USED
	SE	TRANSACTION SET TRAILER		1	R		>1		SE	TRANSACTION SET TRAILER		1	R		>1		
	SE01	Transaction Segment Count	N0	1-10	R				SE01	Transaction Segment Count	N0	1-10	R				
	SE02	Transaction Set Control Number	AN	4-9	R				SE02	Transaction Set Control Number	AN	4-9	R				
	GE	FUNCTION GROUP TRAILER		1	R		1		GE	FUNCTION GROUP TRAILER		1	R		1		
	GE01	Number of Transaction Sets Included	N0	1-6	R				GE01	Number of Transaction Sets Included	N0	1-6	R				
	GE02	Group Control Number	N0	1-9	R				GE02	Group Control Number	N0	1-9	R				
	IEA	INTERCHANGE CONTROL TRAILER		1	R		1		IEA	INTERCHANGE CONTROL TRAILER		1	R		1		
	IEA01	Number of Included Functional Groups	N0	1-5	R				IEA01	Number of Included Functional Groups	N0	1-5	R				
	IEA02	Interchange Control Number	N0	9-9	R				IEA02	Interchange Control Number	N0	9-9	R				

4.1.3 837 Dental Transaction Notes - Claims

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ID	Element	Description 837-D 5010 A2 FFS	Usage Reg.	Values / Note	MQD Usage/Expected Value - as copied from AZ
					Glossary: NOT USED BY MQD - MQD does not use the segment or element for processing or updating of the adjudication system. The field may still be required by a Validator. - Follow TR3 guidelines.
					Blue = Header segments
					Light Blue = Billing Provider & Pay To Segments
					Green = Subscriber / Payer/ Patient Segments
					Yellow = Claim Level Segments
					Orange = Line Level Segments
	ISA	Interchange Control Header	R		
	ISA01	Authorization Information Qualifier	R		Expect 00
	ISA02	Authorization Information	R		10 spaces
	ISA03	Security Information Qualifier	R		Expect 00
	ISA04	Security Information	R		10 spaces
	ISA05	Interchange ID Qualifier	R		Expect ZZ
	ISA06	Interchange Sender ID	R		Five byte MQD sender ID
	ISA07	Interchange ID Qualifier	R		Expect ZZ
	ISA08	Interchange Receiver ID	R		Expect MQD996001089
	ISA09	Interchange Date	R		Expect Date
	ISA10	Interchange Time	R		Expect Time
	ISA11	Interchange Control Standards ID	R		Expect ^
	ISA12	Interchange Control Version Number	R		00501
	ISA13	Interchange Control Number	R		Expect Interchange Control Number
	ISA14	Acknowledgement Requested	R		Expect 1
	ISA15	Usage Indicator	R		Expect P or T
	ISA16	Component Element Separator	R		Expect Pipe
	GS	Functional Group Header	R		
	GS01	Functional Identifier Code	R		Expect HC
	GS02	Application Sender Code	R		Five byte MQD sender ID
	GS03	Application Receiver Code	R		Expect MQD996001089
	GS04	Date	R		Expect Date
	GS05	Time	R		Expect Time HHMMSSDD
	GS06	Group Control Number	R		Assigned by submitter; Same as GE02
	GS07	Responsible Agency Code	R		Expect X
	GS08	Version Identifier Code	R		005010X224A2
	ST	Transaction Set Header	R		
	ST01	Transaction Set Identifier Code	R		Expect '837'
	ST02	Transaction Set Control Number	R		Assigned by submitter; Same as SE02
	ST03	Implementation Convention Reference	R		005010X224A2

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ID	Element	Description 837-D 5010 A2 FFS	Usage Reg.	Values / Note	MQD Usage/Expected Value - as copied from AZ
	BHT	Beginning of Hierarchical Transaction	R		
	BHT01	Hierarchical Structure Code	R		Expect '837'
	BHT02	Transaction Set Purpose Code	R		Assigned by submitter; Same as SE02
	BHT03	Originator Application Transaction ID	R		005010X224A2
	BHT04	Transaction Set Creation Date	R		Expect Date
	BHT05	Transaction Set Creation Time	R		Expect Time
	BHT06	Claim or Encounter ID	R		Expect CH
		Transmission Type Identification			SEGMENT DELETED
1000A	NM1	Submitter Name	R		
1000A	NM101	Entity Identifier Code	R	41	Expect '41' Submitter
1000A	NM102	Entity Identifier Qualifier	R	1, 2	Expect '2' Non-Person Entity
1000A	NM103	Submitter Last or Organization Name	R		Expect Organization Name
1000A	NM104	Submitter First Name	S		NOT USED BY MQD
1000A	NM105	Submitter Middle Name or Initial	S		NOT USED BY MQD
1000A	NM106	Name Prefix	N/U		NOT USED
1000A	NM107	Name Suffix	N/U		NOT USED
1000A	NM108	Identification Code Qualifier	R	46	Expect '46' Electronic Transmitter Identification Number (ETIN)
1000A	NM109	Submitter Identifier	R		Five byte MQD sender ID
1000A	NM110	Entity Relationship Code	N/U		NOT USED
1000A	NM111	Entity Identifier Code	N/U		NOT USED
1000A	NM112	Name Last or Organization Name	N/U		NOT USED
1000A	PER	Submitter EDI Contact Information	R		
1000A	PER01	Contact Function Code	R	IC	Expect IC
1000A	PER02	Submitter Contact Name	S		Expect Submitter Contact Name
1000A	PER03	Communication Number Qualifier	R	EM, FX, TE Code 'ED' EDI Number - Deleted	Expect one Communication Number Qualifier. Submitter should submit the preferred method of contact.
1000A	PER04	Communication Number	R		Expect Communication Number
1000A	PER05	Communication Number Qualifier	S	EM, EX, FX, TE	
1000A	PER06	Communication Number	S		
1000A	PER07	Communication Number Qualifier	S	EM, EX, FX, TE	
1000A	PER08	Communication Number	S		
1000A	PER09	Contact Inquiry Reference	N/U		NOT USED
1000B	NM1	Receiver Name	R		
1000B	NM101	Entity Identifier Code	R	40	Expect '40' Receiver
1000B	NM102	Entity Type Qualifier	R	2	Expect '2' Non-person Entity
1000B	NM103	Receiver Name	R		Expect 'MED-QUEST'
1000B	NM104	Name First	N/U		NOT USED
1000B	NM105	Name Middle	N/U		NOT USED
1000B	NM106	Name Prefix	N/U		NOT USED
1000B	NM107	Name Suffix	N/U		NOT USED

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ID	Element	Description 837-D 5010 A2 FFS	Usage Reg.	Values / Note	MQD Usage/Expected Value - as copied from AZ
1000B	NM108	Identification Code Qualifier	R	46	Expect '46' Electronic Transmitter Identification Number (ETIN)
1000B	NM109	Receiver Primary Identifier	R		Expect '996001089'
1000B	NM110	Entity Relationship Code	N/U		NOT USED
1000B	NM111	Entity Identifier Code	N/U		NOT USED
1000B	NM112	Name Last or Organization Name	N/U		NOT USED
2000A	HL	Billing Provider Hierarchical Level	R		
2000A	HL01	Hierarchical ID Number	R		Expect '1'
2000A	HL02		N/U		NOT USED
2000A	HL03	Hierarchical Level Code	R	20	Expect '20' Information Source
2000A	HL04	Hierarchical Child Code	R	1	Expect 1
2000A	PRV	Billing Provider Specialty Information	S		
2000A	PRV01	Provider Code	R	BI	Expect 'BI' Billing
2000A	PRV02	Reference Identification Qualifier	R	PXC	Expect 'PXC' Health Care Provider Taxonomy Code
2000A	PRV03	Provider Taxonomy Code	R		Expect Billing Provider Taxonomy code
2000A	PRV04	State or Province Code	N/U		NOT USED
2000A	PRV05	Provider Specialty Information	N/U		NOT USED
2000A	PRV06	Provider Organization Code	N/U		NOT USED
2000A	CUR	Foreign Currency Information	S		SEGMENT NOT USED BY MQD
2000A	CUR01	Entity Identifier Code	R	85	NOT USED BY MQD
2000A	CUR02	Currency Code	R		NOT USED BY MQD
2000A	CUR03	Exchange Rate	N/U		NOT USED
2000A	CUR04	Entity Identifier Code	N/U		NOT USED
2000A	CUR05	Currency Code	N/U		NOT USED
2000A	CUR06	Currency Market/Exchange Code	N/U		NOT USED
2000A	CUR07	Date/Time Qualifier	N/U		NOT USED
2000A	CUR08	Date	N/U		NOT USED
2000A	CUR09	Time	N/U		NOT USED
2000A	CUR10	Date/Time Qualifier	N/U		NOT USED
2000A	CUR11	Date	N/U		NOT USED
2000A	CUR12	Time	N/U		NOT USED
2000A	CUR13	Date/Time Qualifier	N/U		NOT USED
2000A	CUR14	Date	N/U		NOT USED
2000A	CUR15	Time	N/U		NOT USED
2000A	CUR16	Date/Time Qualifier	N/U		NOT USED
2000A	CUR17	Date	N/U		NOT USED
2000A	CUR18	Time	N/U		NOT USED
2000A	CUR19	Date/Time Qualifier	N/U		NOT USED
2000A	CUR20	Date	N/U		NOT USED
2000A	CUR21	Time	N/U		NOT USED
2010AA	NM1	Billing Provider Name	R		
2010AA	NM101	Entity Identifier Code	R	85 - Billing Provider	Expect '85'

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2010AA	NM102	Entity Type Qualifier	R	1, 2	Expect '1' Person or '2' Non-person Entity
2010AA	NM103	Billing Provider Last or Organizational Name	R		Expect Last or Organizational Name
2010AA	NM104	Billing Provider First Name	S		Expect First Name
2010AA	NM105	Billing Provider Middle Name or Initial	S		Expect Middle Initial
2010AA	NM106	Name Prefix	N/U		NOT USED
2010AA	NM107	Billing Provider Name Suffix	S		NOT USED BY MQD
2010AA	NM108	Identification Code Qualifier	S	XX	Expect 'XX' - National Provider Identifier
2010AA	NM109	Billing Provider Identifier	S		Expect NPI
2010AA	NM110	Entity Relationship Code	N/U		NOT USED
2010AA	NM111	Entity Identifier Code	N/U		NOT USED
2010AA	NM112	Name Last or Organization Name	N/U		NOT USED
2010AA	N3	Billing Provider Address	R		
2010AA	N301	Billing Provider Address Line	R		Expect Billing Address 1
2010AA	N302	Billing Provider Address Line	S		Expect Billing Address 2
2010AA	N4	Billing Provider City/State/Zip Code	R		
2010AA	N401	Billing Provider City Name	R		Expect Billing City
2010AA	N402	Billing Provider State or Province Code	S		Expect Billing State
2010AA	N403	Billing Provider Postal Zone or ZIP Code	S		Expect Billing Zip
2010AA	N404	Country Code	S		NOT USED BY MQD
2010AA	N405	Location Qualifier	N/U		NOT USED
2010AA	N406	Location Identifier	N/U		NOT USED
2010AA	N407	Country Subdivision Code	S		NOT USED BY MQD
2010AA	REF	Billing Provider Tax Identification	R		
2010AA	REF01	Reference Identification Qualifier	R	EI, SY	Expect 'EI' Employer's Identification Number
2010AA	REF02	Billing Provider Tax Identification Number	R		Expect Billing Tax ID
2010AA	REF03		N/U		NOT USED
2010AA	REF04		N/U		NOT USED
2010AA	REF	Credit/Debit Card Billing Information			SEGMENT DELETED
2010AA	REF	Billing Provider UPIN/License Information	S		SEGMENT NOT USED BY MQD
2010AA	REF01	Reference Identification Qualifier	R	0B, 1G	NOT USED BY MQD
2010AA	REF02	Billing Provider License and/or UPIN Information	S		NOT USED BY MQD
2010AA	REF03	Description	N/U		NOT USED
2010AA	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2010AA	PER	Billing Provider Contact Information	S		Expect only if different than 1000A PER segment
2010AA	PER01	Contact Function Code	R	IC	Expect IC
2010AA	PER02	Billing Provider Contact Name	S		Expect Billing Provider Contact Name
2010AA	PER03	Communication Number Qualifier	R	EM, FX, TE	Expect one Communication Number Qualifier. Should submit the preferred method of contact.

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2010AA	PER04	Communication Number	R		Expect Communication Number
2010AA	PER05	Communication Number Qualifier	S	EM, EX, FX, TE	
2010AA	PER06	Communication Number	S		
2010AA	PER07	Communication Number Qualifier	S	EM, EX, FX, TE	
2010AA	PER08	Communication Number	S		
2010AA	PER09	Contact Inquiry Reference	N/U		NOT USED
2010AB	NM1	Pay-To Address Name	S		LOOP NOT USED BY MQD Providers need to ensure MQD has the correct pay-to address within the MQD provider system.
2010AB	NM101	Entity Identifier Code	R	87	NOT USED BY MQD
2010AB	NM102	Entity Type Qualifier	R	1, 2	NOT USED BY MQD
2010AB	NM103	Pay-to Provider Last or Organization Name	N/U		NOT USED
2010AB	NM104	Pay-to Provider First Name	N/U		NOT USED
2010AB	NM105	Pay-to Provider Middle Name	N/U		NOT USED
2010AB	NM106	Name Prefix	N/U		NOT USED
2010AB	NM107	Pay-to Provider Name Suffix	N/U		NOT USED
2010AB	NM108	Identification Code Qualifier	N/U		NOT USED
2010AB	NM109	Pay-to Provider Identifier	N/U		NOT USED
2010AB	NM110	Entity Relationship Code	N/U		NOT USED
2010AB	NM111	Entity Identifier Code	N/U		NOT USED
2010AB	NM112	Name Last or Organization Name	N/U		NOT USED
2010AB	N3	Pay-to Address	R		SEGMENT NOT USED BY MQD
2010AB	N301	Pay-to Provider Address Line	R		NOT USED BY MQD
2010AB	N302	Pay-to Provider Address Line	S		NOT USED BY MQD
2010AB	N4	Pay-To Provider City/State/Zip Code	R		SEGMENT NOT USED BY MQD
2010AB	N401	Pay-to Provider City Name	R		NOT USED BY MQD
2010AB	N402	Pay-to Provider State Code	S		NOT USED BY MQD
2010AB	N403	Pay-to Provider Postal Zone or ZIP Code	S		NOT USED BY MQD
2010AB	N404	Pay-to Provider Country Code	S		NOT USED BY MQD
2010AB	N405	Location Qualifier	N/U		NOT USED
2010AB	N406	Location Identifier	N/U		NOT USED
2010AB	N407	Country Subdivision Code	S		NOT USED BY MQD
2010AC	NM1	Pay to Plan Name	S		LOOP NOT USED BY MQD
2010AC	NM101	Entity Identifier Code	R	PE	NOT USED BY MQD
2010AC	NM102	Entity Type Qualifier	R	2	NOT USED BY MQD
2010AC	NM103	Pay to Plan Organizational Name	R		NOT USED BY MQD
2010AC	NM104	Name First	N/U		NOT USED
2010AC	NM105	Name Middle	N/U		NOT USED
2010AC	NM106	Name Prefix	N/U		NOT USED
2010AC	NM107	Name Suffix	N/U		NOT USED
2010AC	NM108	Identification Code Qualifier	R	PI, XV	NOT USED BY MQD

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2010AC	NM109	Identification Code	R		NOT USED BY MQD
2010AC	NM110	Entity Relationship Code	N/U		NOT USED
2010AC	NM111	Entity Identifier Code	N/U		NOT USED
2010AC	NM112	Name Last or Organization Name	N/U		NOT USED
2010AC	N3	Pay-To Plan Address	R		SEGMENT NOT USED BY MQD
2010AC	N301	Pay-to Plan Address Line	R		NOT USED BY MQD
2010AC	N302	Pay-to Plan Address Line	S		NOT USED BY MQD
2010AC	N4	Pay-To Plan City/State/Zip Code	R		SEGMENT NOT USED BY MQD
2010AC	N401	Pay-to Plan City Name	R		NOT USED BY MQD
2010AC	N402	Pay-to Plan State Code	S		NOT USED BY MQD
2010AC	N403	Pay-to Plan Postal Zone or ZIP Code	S		NOT USED BY MQD
2010AC	N404	Pay-to Plan Country Code	S		NOT USED BY MQD
2010AC	N405	Location Qualifier	N/U		NOT USED
2010AC	N406	Location Identifier	N/U		NOT USED
2010AC	N407	Country Subdivision Code	S		NOT USED BY MQD
2010AC	REF	Pay-To Plan Secondary Identification	S		SEGMENT NOT USED BY MQD
2010AC	REF01	Reference Identification Qualifier	R	2U, FY, NF	NOT USED BY MQD
2010AC	REF02	Reference Identification	R		NOT USED BY MQD
2010AC	REF03	Description	N/U		NOT USED
2010AC	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2010AC	REF	Pay-To Plan Tax Identification	R		SEGMENT NOT USED BY MQD
2010AC	REF01	Reference Identification Qualifier	R	EI	NOT USED BY MQD
2010AC	REF02	Reference Identification	R		NOT USED BY MQD
2010AC	REF03	Description	N/U		NOT USED
2010AC	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2000B	HL	Subscriber Hierarchical Level	R		
2000B	HL01	Hierarchical ID Number	R		Expect Incremented number from 2000A/HL Billing Provider Hierarchical Level
2000B	HL02	Hierarchical Parent ID Number	R		Expect Hierarchical Parent ID Number from 2000A/HL Billing Provider
2000B	HL03	Hierarchical Level Code	R	22	Expect '22' Subscriber
2000B	HL04	Hierarchical Child Code	R	0, 1	Expect '0'
2000B	SBR	Subscriber Information	R		
2000B	SBR01	Payer Responsibility Sequence Number Code	R	A, B, C, D, E, F, G, H, P, S, T, U	Expect applicable Payer Responsible Sequence Number Code identified for MQD
2000B	SBR02	Individual Relationship Code	S	18	Expect '18' Self
2000B	SBR03	Insured Group or Policy Number	S		NOT USED BY MQD
2000B	SBR04	Insured Group Name	S		NOT USED BY MQD
2000B	SBR05	Insurance Type Code	S	12, 13, 14, 15, 16, 41, 42, 43, 47	NOT USED BY MQD
2000B	SBR06	Coordination of Benefits Code	N/U		NOT USED

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2000B	SBR07	Yes/No Condition or Response Code	N/U		NOT USED
2000B	SBR08	Employment Status Code	N/U		NOT USED
2000B	SBR09	Claim Filing Indicator Code	S	11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	Expect 'MC' Medicaid
2010BA	NM1	Subscriber Name	R		
2010BA	NM101	Entity Identifier Code	R	IL	Expect 'IL' Insured or Subscriber
2010BA	NM102	Entity Type Qualifier	R	1, 2	Expect '1' Person
2010BA	NM103	Subscriber Last Name	R		Expect Member Last Name
2010BA	NM104	Subscriber First Name	S		Expect Member First Name
2010BA	NM105	Subscriber Middle Name	S		Expect Member MI
2010BA	NM106	Name Prefix	N/U		NOT USED
2010BA	NM107	Subscriber Name Suffix	S		NOT USED BY MQD
2010BA	NM108	Identification Code Qualifier	R	II, MI	Expect 'MI' Member Identification Number
2010BA	NM109	Subscriber Primary Identifier	R		Expect 9 byte HAWI ID
2010BA	NM110	Entity Relationship Code	N/U		NOT USED
2010BA	NM111	Entity Identifier Code	N/U		NOT USED
2010BA	NM112	Name Last or Organization Name	N/U		NOT USED
2010BA	N3	Subscriber Address	S		
2010BA	N301	Subscriber Address Line	R		Expect Member Address 1
2010BA	N302	Subscriber Address Line	S		Expect Member Address 2
2010BA	N4	Subscriber City/State/Zip Code	R		
2010BA	N401	Subscriber City Name	R		Expect Member City
2010BA	N402	Subscriber State Code	S		Expect Member State
2010BA	N403	Subscriber Postal Zone or ZIP Code	S		Expect Member Zip
2010BA	N404	Subscriber Country Code	S		NOT USED BY MQD
2010BA	N405	Location Qualifier	N/U		NOT USED
2010BA	N406	Location Identifier	N/U		NOT USED
2010BA	N407	Country Subdivision Code	S		NOT USED BY MQD
2010BA	DMG	Subscriber Demographic Information	S		
2010BA	DMG01	Date Time Period Format Qualifier	R	D8	Expect 'D8' CCYYMMDD
2010BA	DMG02	Subscriber Birth Date	R	CCYYMMDD	Expect Member DOB
2010BA	DMG03	Subscriber Gender Code	R	F, M, U	Expect Gender
2010BA	DMG04	Marital Status Code	N/U		NOT USED
2010BA	DMG05	Race or Ethnicity Code	N/U		NOT USED
2010BA	DMG06	Citizenship Status Code	N/U		NOT USED
2010BA	DMG07	Country Code	N/U		NOT USED
2010BA	DMG08	Basis of Verification Code	N/U		NOT USED
2010BA	DMG09	Quantity	N/U		NOT USED
2010BA	DMG10	Code List Qualifier Code	N/U		NOT USED
2010BA	DMG11	Industry Code	N/U		NOT USED

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2010BA	REF	Subscriber Secondary Identification	S		SEGMENT NOT USED BY MQD
2010BA	REF01	Reference Identification Qualifier	R		NOT USED BY MQD
2010BA	REF02	Subscriber Supplemental Identifier	R		NOT USED BY MQD
2010BA	REF03	Description	N/U		NOT USED
2010BA	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2010BA	REF	Property and Casualty Claim Number	S		SEGMENT NOT USED BY MQD
2010BA	REF01	Reference Identification Qualifier	R		NOT USED BY MQD
2010BA	REF02	Property Casualty Claim Number	R		NOT USED BY MQD
2010BA	REF03	Description	N/U		NOT USED
2010BA	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2010BB	NM1	Payer Name	R		
2010BB	NM101	Entity Identifier Code	R		Expect "PR"
2010BB	NM102	Entity Type Qualifier	R		Expect "2"
2010BB	NM103	Payer Name	R		Expect Med-QUEST
2010BB	NM104	Name First	N/U		NOT USED
2010BB	NM105	Name Middle	N/U		NOT USED
2010BB	NM106	Name Prefix	N/U		NOT USED
2010BB	NM107	Name Suffix	N/U		NOT USED
2010BB	NM108	Identification Code Qualifier	R		Expect PI
2010BB	NM109	Payer Identifier	R		Expect 996001089
2010BB	NM110	Entity Relationship Code	N/U		NOT USED
2010BB	NM111	Entity Identifier Code	N/U		NOT USED
2010BB	NM112	Name Last or Organization Name	N/U		NOT USED
2010BB	N3	Payer Address	S		SEGMENT NOT USED BY MQD
2010BB	N301	Payer Address Line	R		NOT USED BY MQD
2010BB	N302	Payer Address Line	S		NOT USED BY MQD
2010BB	N4	Payer City/State/Zip Code	R		SEGMENT NOT USED BY MQD
2010BB	N401	Payer City Name	R		NOT USED BY MQD
2010BB	N402	Payer State Code	S		NOT USED BY MQD
2010BB	N403	Payer Postal Zone or ZIP Code	S		NOT USED BY MQD
2010BB	N404	Payer Country Code	S		NOT USED BY MQD
2010BB	N405	Location Qualifier	N/U		NOT USED
2010BB	N406	Location Identifier	N/U		NOT USED
2010BB	N407	Country Subdivision Code	S		NOT USED BY MQD
2010BB	REF	Payer Secondary Identification	S		SEGMENT NOT USED BY MQD
2010BB	REF01	Reference Identification Qualifier	R		NOT USED BY MQD
2010BB	REF02	Payer Additional Identifier	R		NOT USED BY MQD
2010BB	REF03	Description	N/U		NOT USED
2010BB	REF04	REFERENCE IDENTIFIER	N/U		NOT USED

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2010BB	REF	Billing Provider Secondary Identification	S		Atypical Provider
2010BB	REF01	Reference Identification Qualifier	R		Expect G2 only if 2010AA NM109 not used (for atypical providers)
2010BB	REF02	Payer Additional Identifier	R		format 00aaaaaall - two leading zeros - aaaaaa = MQD Provider Reg ID - ll = pay to location code
2010BB	REF03	Description	N/U		NOT USED
2010BB	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2010BC		LOOP DELETED			LOOP DELETED
2000C				MQD members are uniquely identified, so 2000C is not used.	LOOP NOT USED BY MQD
2000C	HL	Patient Hierarchical Level	S		SEGMENT NOT USED BY MQD
2000C	HL01	Hierarchical ID Number	R		NOT USED BY MQD
2000C	HL02	Hierarchical Parent ID Number	R		NOT USED BY MQD
2000C	HL03	Hierarchical Level Code	R	Code value note: '23' Dependent is when the Patient and the Subscriber are not the same person	NOT USED BY MQD
2000C	HL04	Hierarchical Child Code	R		NOT USED BY MQD
2000C	PAT	Patient Information	R		SEGMENT NOT USED BY MQD
2000C	PAT01	Individual Relationship Code	R		NOT USED BY MQD
2000C	PAT02	Patient Location Code	N/U		NOT USED
2000C	PAT03	Employment Status Code	N/U		NOT USED
2000C	PAT04	Student Status Code	N/U		NOT USED
2000C	PAT05	Date Time Period Format Qualifier	N/U		NOT USED
2000C	PAT06	Patient Death Date	N/U		NOT USED
2000C	PAT07	Unit or Basis for Measurement Code	N/U		NOT USED
2000C	PAT08	Patient Weight 9(6)V99	N/U		NOT USED
2000C	PAT09	Pregnancy Indicator	N/U		NOT USED
2010CA					LOOP NOT USED BY MQD
2010CA	NM1	Patient Name	R		SEGMENT NOT USED BY MQD
2010CA	NM101	Entity Identifier Code	R		NOT USED BY MQD
2010CA	NM102	Entity Type Qualifier	R		NOT USED BY MQD
2010CA	NM103	Patient Last Name	R		NOT USED BY MQD
2010CA	NM104	Patient First Name	S		NOT USED BY MQD
2010CA	NM105	Patient Middle Name	S		NOT USED BY MQD
2010CA	NM106	Name Prefix	N/U		NOT USED
2010CA	NM107	Patient Name Suffix	S		NOT USED BY MQD
2010CA	NM108	Identification Code Qualifier	N/U		NOT USED
2010CA	NM109	Patient Primary Identifier	N/U		NOT USED
2010CA	NM110	Entity Relationship Code	N/U		NOT USED
2010CA	NM111	Entity Identifier Code	N/U		NOT USED
2010CA	NM112	Name Last or Organization Name	N/U		NOT USED

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2010CA	N3	Patient Address	R		SEGMENT NOT USED BY MQD
2010CA	N301	Patient Address Line	R		NOT USED BY MQD
2010CA	N302	Patient Address Line	S		NOT USED BY MQD
2010CA	N4	Patient City/State/Zip Code\	R		SEGMENT NOT USED BY MQD
2010CA	N401	Patient City Name	R		NOT USED BY MQD
2010CA	N402	Patient State Code	S		NOT USED BY MQD
2010CA	N403	Patient Postal Zone or ZIP Code	S		NOT USED BY MQD
2010CA	N404	Patient Country Code	S		NOT USED BY MQD
2010CA	N405	Location Qualifier	N/U		NOT USED
2010CA	N406	Location Identifier	N/U		NOT USED
2010CA	N407	Country Subdivision Code	S		NOT USED BY MQD
2010CA	DMG	Patient Demographic Information	R		SEGMENT NOT USED BY MQD
2010CA	DMG01	Date Time Period Format Qualifier	R		NOT USED BY MQD
2010CA	DMG02	Patient Birth Date	R		NOT USED BY MQD
2010CA	DMG03	Patient Gender Code	R		NOT USED BY MQD
2010CA	DMG04	Marital Status Code	N/U		NOT USED
2010CA	DMG05	Race or Ethnicity Code	N/U		NOT USED
2010CA	DMG06	Citizenship Status Code	N/U		NOT USED
2010CA	DMG07	Country Code	N/U		NOT USED
2010CA	DMG08	Basis of Verification Code	N/U		NOT USED
2010CA	DMG09	Quantity	N/U		NOT USED
2010CA	DMG10	Code List Qualifier Code	N/U		NOT USED
2010CA	DMG11	Industry Code	N/U		NOT USED
2010CA	REF	Patient Secondary Identification			SEGMENT DELETED
2010CA	REF	Property and Casualty Claim Number	S		SEGMENT NOT USED BY MQD
2010CA	REF01	Reference Identification Qualifier	R	1W-Member Identification Number SY-Social Security Number	NOT USED BY MQD
2010CA	REF02	Property Casualty Claim Number	R	Increase from 30 - 50	NOT USED BY MQD
2010CA	REF03	Description	N/U		NOT USED
2010CA	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2300	CLM	Claim Information	R		
2300	CLM01	Patient Control Number	R		Expect Patient Control number
2300	CLM02	Total Claim Charge Amount	R		Expect Total Claim Charge
2300	CLM03	Claim Filing Indicator Code	N/U		NOT USED
2300	CLM04	Non-Institutional Claim Type Code	N/U		NOT USED
2300	CLM05	Health Care Service Location Information	R		
2300	CLM05-1	Place of Service Code	R		Expect Place of Service Code
2300	CLM05-2	Facility Code Qualifier	R		Expect 'B' Place of Service Codes for Professional or Dental Services

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2300	CLM05-3	Claim Frequency Code	R		Expect Claim Frequency Code 1=Original 7=Replacement (MQD: to be used for Adjustment and Resubmission) 8=Void
2300	CLM06	Provider or Supplier Signature Indicator	R		Expect 'Y/N'
2300	CLM07	Provider Accept Assignment Code	R		Expect A or C
2300	CLM08	Benefits Assignment Certification Indicator	R		Expect N, W or Y
2300	CLM09	Release of Information Code	R		Expect I or Y
2300	CLM10	Patient Signature Source Code	N/U		NOT USED
2300	CLM11	Related Causes Information	S		
2300	CLM11-1	Related Causes Code	R	AA=Auto Accident EM=Employment OA=Other Accident	Expect Related Causes Code
2300	CLM11-2	Related Causes Code	S	AA=Auto Accident EM=Employment OA=Other Accident	Expect Related Causes Code
2300	CLM11-3	Related-Causes Code	N/U		NOT USED
2300	CLM11-4	Auto Accident State or Province Code	S		Expect State when CLM11-1 or CLM11-2 is AA
2300	CLM11-5	Country Code	S		NOT USED BY MQD
2300	CLM12	Special Program Indicator	S	01=Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP) 02=Physically Handicapped Children's Program - This code is used for Medicaid claims only. 03=Special Federal Funding - This code is used for Medicaid claims only. 05=Disability - This code is used for Medicaid claims only.	Expect Special Program Indicator
2300	CLM13	Yes/No Condition or Response Code	N/U		NOT USED
2300	CLM14	Level of Service Code	N/U		NOT USED
2300	CLM15	Yes/No Condition or Response Code	N/U		NOT USED
2300	CLM16	Participation Agreement	N/U		NOT USED
2300	CLM17	Claim Status Code	N/U		NOT USED
2300	CLM18	Yes/No Condition or Response Code	N/U		NOT USED
2300	CLM19	Predetermination of Benefits Code	S	PB	NOT USED BY MQD
2300	CLM20	Delay Reason Code	S		NOT USED BY MQD
2300	DTP	Date - Admission			SEGMENT DELETED
2300	DTP	Date - Discharge			SEGMENT DELETED
2300	DTP	Date - Referral			SEGMENT DELETED

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2300	DTP	Date - Accident	S		Required when CLM11-1 or CLM11-2 has a value of 'AA' or 'OA'. OR Required when CLM11-1 or CLM11-2 has a value of 'EM' and this claim is the result of an accident.
2300	DTP01	Date Time Qualifier	R	439	Expect '439'
2300	DTP02	Date Time Period Format Qualifier	R	D8	Expect 'D8'
2300	DTP03	Accident Date	R		Accident Date CCYYMMDD
2300	DTP	Date-Appliance Placement	S	Expect when reporting the date orthodontic appliances were placed.	SEGMENT NOT USED BY MQD
2300	DTP01	Date Time Qualifier	R	452	NOT USED BY MQD
2300	DTP02	Date Time Period Format Qualifier	R	D8	NOT USED BY MQD
2300	DTP03	Orthodontic Banding Date	R		NOT USED BY MQD
2300	DTP	Date-Service Date	S		SEGMENT NOT USED BY MQD
2300	DTP01	Date Time Qualifier	R	472	NOT USED BY MQD
2300	DTP02	Date Time Period Format Qualifier	R	D8, RD8	NOT USED BY MQD
2300	DTP03	Service Date	R		NOT USED BY MQD
2300	DTP	Date - Repricer Received Date	S	Required when a repricer is passing the claim onto the payer.	SEGMENT NOT USED BY MQD
2300	DTP01	Date Time Qualifier	R	050	NOT USED BY MQD
2300	DTP02	Date Time Period Format Qualifier	R		NOT USED BY MQD
2300	DTP03	Repricer Received Date	R		NOT USED BY MQD
2300	DN1	Orthodontic Total Months of Treatment	S		SEGMENT NOT USED BY MQD
2300	DN101	Orthodontic Treatment Months Count	S		NOT USED BY MQD
2300	DN102	Orthodontic Treatment Months Remaining Count	S		NOT USED BY MQD
2300	DN103	Yes/No Condition or Response Code	N/U		NOT USED
2300	DN104	Orthodontic Treatment Indicator	S		NOT USED BY MQD
2300	DN2	Tooth Status	S	Expect when reporting a missing tooth or a tooth to be extracted in the future.	SEGMENT NOT USED BY MQD
2300	DN201	Tooth Number	R		NOT USED BY MQD
2300	DN202	Tooth Status Code	R		NOT USED BY MQD
2300	DN203	Quantity	N/U		NOT USED
2300	DN204	Date Time Period Format Qualifier	N/U		NOT USED
2300	DN205	Date Time Period	N/U		NOT USED
2300	DN206	Code List Qualifier Code	N/U		NOT USED
2300	PWK	Claim Supplemental Information	S		Expected when there is a paper attachment to follow, or when attachments are sent electronically but transmitted in another functional group (275), or when provider deems necessary to identify additional information being held at provider's office and is available upon request by payer
2300	PWK01	Attachment Report Type Code	R	Code Added	Expect Applicable Attachment Report Type Code

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2300	PWK02	Attachment Transmission Code	R	AA=Available on Request at Provider Site BM=By Mail EL=Electronically Only EM=E-Mail FT=File Transfer FX=By Fax	Expect Applicable Transmission Code
2300	PWK03	Report Copies Needed	N/U		NOT USED
2300	PWK04	Entity Identifier Code	N/U		NOT USED
2300	PWK05	Identification Code Qualifier	S	AC=Attachment Control Number Required when PWK02 = "BM", "EL", "EM", "FX" or "FT".	Expect AC when PWK02 = MB, EL, EM, FX or FT
2300	PWK06	Attachment Control Number	S		Expect Attachment Control Number
2300	PWK07	Description	N/U		NOT USED
2300	PWK08	ACTIONS INDICATED	N/U		NOT USED
2300	PWK09	Request Category Code	N/U		NOT USED
2300	CN1	Contract Information	S	Required when the submitter is contractually obligated to supply this information on post-adjudicated claims.	SEGMENT NOT USED BY MQD
2300	CN101	Contract Type Code	R		NOT USED BY MQD
2300	CN102	Contract Amount	S		NOT USED BY MQD
2300	CN103	Contract Percentage	S		NOT USED BY MQD
2300	CN104	Contract Code	S	Increase from 30 - 50	NOT USED BY MQD
2300	CN105	Terms Discount Percent	S		NOT USED BY MQD
2300	CN106	Contract Version Identifier	S		NOT USED BY MQD
2300	AMT	Patient Amount Paid	S	Required when patient has made payment specifically toward this claim.	SEGMENT NOT USED BY MQD
2300	AMT01	Amount Qualifier Code	R	F5=Patient Amount Paid	NOT USED BY MQD
2300	AMT02	Patient Amount Paid	R		NOT USED BY MQD
2300	AMT03	Credit/Debit Flag Code	N/U		NOT USED
2300	AMT	Credit/Debit Card - Maximum Amount			SEGMENT DELETED
2300	REF	Predetermination Identification	S		SEGMENT NOT USED BY MQD
2300	REF01	Reference Identification Qualifier	R	G3	NOT USED BY MQD
2300	REF02	Predetermination of Benefits Identifier	R		NOT USED BY MQD
2300	REF03	Description	N/U		NOT USED
2300	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2300	REF	Service Authorization Exception Code	S		SEGMENT NOT USED BY MQD
2300	REF01	Reference Identification Qualifier	R	4N	NOT USED BY MQD
2300	REF02	Service Authorization Exception Code	R		NOT USED BY MQD
2300	REF03	Description	N/U		NOT USED
2300	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2300	REF	Original Reference Number (ICN/DCN)			SEGMENT DELETED

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2300	REF	Prior Authorization or Referral Number			SEGMENT DELETED
2300	REF	Payer Claim Control Number	S		Expect when CLM05-3 indicates claim is a replacement or void to a previously adjudicated claim
2300	REF01	Reference Identification Qualifier	R	F8	Expect 'F8'
2300	REF02	Payer Claim Control Number	R		Expect Payer Claim Control Number, MQD CRN
2300	REF03	Description	N/U		NOT USED
2300	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2300	REF	Referral Number	S		SEGMENT NOT USED BY MQD
2300	REF01	Reference Identification Qualifier	R	9F	NOT USED BY MQD
2300	REF02	Referral Number	R		NOT USED BY MQD
2300	REF03	Description	N/U		NOT USED
2300	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2300	REF	Prior Authorization	S		Expect when an authorization number is assigned by MQD and the services were preauthorized
2300	REF01	Reference Identification Qualifier	R	G1	Expect G1
2300	REF02	Prior Authorization Number	R		Expect Prior Authorization Number
2300	REF03	Description	N/U		NOT USED
2300	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2300	REF	Repriced Claim Number	S		SEGMENT NOT USED BY MQD
2300	REF01	Reference Identification Qualifier	R	9A	NOT USED BY MQD
2300	REF02	Repriced Claim Reference Number	R		NOT USED BY MQD
2300	REF03	Description	N/U		NOT USED
2300	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2300	REF	Adjusted Repriced Claim Number	S		SEGMENT NOT USED BY MQD
2300	REF01	Reference Identification Qualifier	R	9C	NOT USED BY MQD
2300	REF02	Adjusted Repriced Claim Reference Number	R		NOT USED BY MQD
2300	REF03	Description	N/U		NOT USED
2300	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2300	REF	Claim Identifier for Transmission Intermediaries	S		SEGMENT NOT USED BY MQD
2300	REF01	Reference Identification Qualifier	R	D9	NOT USED BY MQD
2300	REF02	Value Added Network Trace Number	R		NOT USED BY MQD
2300	REF03	Description	N/U		NOT USED BY MQD
2300	REF04	REFERENCE IDENTIFIER	N/U		NOT USED BY MQD
2300	K3	File Information	S		SEGMENT NOT USED BY MQD
2300	K301	Fixed Format Information	R		NOT USED BY MQD
2300	K302	Record Format Code	N/U		NOT USED

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2300	K303	COMPOSITE UNIT OF MEASURE	N/U		NOT USED
2300	NTE	Claim Note	S		Expect if in the judgment of provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set
2300	NTE01	Note Reference Code	R		Expect ADD, CER, DCP, DGN or TPO
2300	NTE02	Claim Note Text	R		Expect Claim Note Text
2300	HI	Health Care Diagnosis Code	S		Required when the specific diagnosis may have an impact on the adjudication of the claim in cases where specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions.
2300	HI01	Health Care Code Information	R		
2300	HI01-1	Code List Qualifier Code	R		Expect ABK for ICD10 or Bk for ICD9
2300	HI01-2	Principal Diagnosis Code	R		Expect Principal Diagnosis Code
2300	HI01-3	Date Time Period Format Qualifier	N/U		NOT USED
2300	HI01-4	Date Time Period	N/U		NOT USED
2300	HI01-5	Monetary Amount	N/U		NOT USED
2300	HI01-6	Quantity	N/U		NOT USED
2300	HI01-7	Version Identifier	N/U		NOT USED
2300	HI01-8	Industry code	N/U		NOT USED
2300	HI01-9	Yes/No Condition or response Code	N/U		NOT USED
2300	HI02	Health Care Code Information	S		
2300	HI02-1	Code List Qualifier Code	R		Expect ABK for ICD10 or Bk for ICD9
2300	HI02-2	Principal Diagnosis Code	R		Expect Additional Diagnosis Code not already reported (if needed)
2300	HI02-3	Date Time Period Format Qualifier	N/U		NOT USED
2300	HI02-4	Date Time Period	N/U		NOT USED
2300	HI02-5	Monetary Amount	N/U		NOT USED
2300	HI02-6	Quantity	N/U		NOT USED
2300	HI02-7	Version Identifier	N/U		NOT USED
2300	HI02-8	Industry code	N/U		NOT USED
2300	HI02-9	Yes/No Condition or response Code	N/U		NOT USED
2300	HI03	Health Care Code Information	S		
2300	HI03-1	Code List Qualifier Code	R		Expect ABK for ICD10 or Bk for ICD9
2300	HI03-2	Principal Diagnosis Code	R		Expect Additional Diagnosis Code not already reported (if needed)
2300	HI03-3	Date Time Period Format Qualifier	N/U		NOT USED
2300	HI03-4	Date Time Period	N/U		NOT USED
2300	HI03-5	Monetary Amount	N/U		NOT USED
2300	HI03-6	Quantity	N/U		NOT USED
2300	HI03-7	Version Identifier	N/U		NOT USED
2300	HI03-8	Industry code	N/U		NOT USED
2300	HI03-9	Yes/No Condition or response Code	N/U		NOT USED
2300	HI04	Health Care Code Information	S		
2300	HI04-1	Code List Qualifier Code	R		Expect ABK for ICD10 or Bk for ICD9
2300	HI04-2	Principal Diagnosis Code	R		Expect Additional Diagnosis Code not already reported (if needed)

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2300	HI04-3	Date Time Period Format Qualifier	N/U		NOT USED
2300	HI04-4	Date Time Period	N/U		NOT USED
2300	HI04-5	Monetary Amount	N/U		NOT USED
2300	HI04-6	Quantity	N/U		NOT USED
2300	HI04-7	Version Identifier	N/U		NOT USED
2300	HI04-8	Industry code	N/U		NOT USED
2300	HI04-9	Yes/No Condition or response Code	N/U		NOT USED
2300	HI05	HEALTH CARE CODE INFORMATION	N/U		NOT USED
2300	HI06	HEALTH CARE CODE INFORMATION	N/U		NOT USED
2300	HI07	HEALTH CARE CODE INFORMATION	N/U		NOT USED
2300	HI08	HEALTH CARE CODE INFORMATION	N/U		NOT USED
2300	HI09	HEALTH CARE CODE INFORMATION	N/U		NOT USED
2300	HI10	HEALTH CARE CODE INFORMATION	N/U		NOT USED
2300	HI11	HEALTH CARE CODE INFORMATION	N/U		NOT USED
2300	HI12	HEALTH CARE CODE INFORMATION	N/U		NOT USED
2300	HCP	Claim Pricing/Repricing Information	S		SEGMENT NOT USED BY MQD
2300	HCP01	Pricing Methodology	R		NOT USED BY MQD
2300	HCP02	Repriced Allowed Amount	R		NOT USED BY MQD
2300	HCP03	Repriced Saving Amount	S		NOT USED BY MQD
2300	HCP04	Repricing Organization Identifier	S		NOT USED BY MQD
2300	HCP05	Repricing Per Diem or Flat Rate Amount	S		NOT USED BY MQD
2300	HCP06	Repriced Approved Ambulatory Patient Group	S		NOT USED BY MQD
2300	HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99	N/U		NOT USED
2300	HCP08	Product/Service ID	N/U		NOT USED
2300	HCP09	Product/Service ID Qualifier	N/U		NOT USED
2300	HCP10	Product/Service ID	N/U		NOT USED
2300	HCP11	Unit or Basis for Measurement Code	N/U		NOT USED
2300	HCP12	Quantity 9(3)V9	N/U		NOT USED
2300	HCP13	Reject Reason Code	S		NOT USED BY MQD
2300	HCP14	Policy Compliance Code	S		NOT USED BY MQD
2300	HCP15	Exception Code	S		NOT USED BY MQD
2310A	NM1	Referring Provider Name	S		Expect when claim involves a referral.
2310A	NM101	Entity Identifier Code	R		Expect 'DN'
2310A	NM102	Entity Type Qualifier	R		Expect '1'
2310A	NM103	Referring Provider Last Name	R		Expect Referring Provider Last Name
2310A	NM104	Referring Provider First Name	S		Expect Referring Provider First Name
2310A	NM105	Referring Provider Middle Name or Initial	S		Expect Referring Provider MI
2310A	NM106	Name Prefix	N/U		NOT USED
2310A	NM107	Referring Provider Name Suffix	S		NOT USED BY MQD
2310A	NM108	Identification Code Qualifier	S		Expect 'XX'
2310A	NM109	Referring Provider Identifier	S		Expect NPI
2310A	NM110	Entity Relationship Code	N/U		NOT USED

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ID	Element	Description 837-D 5010 A2 FFS	Usage Reg.	Values / Note	MQD Usage/Expected Value - as copied from AZ
2310A	NM111	Entity Identifier Code	N/U		NOT USED
2310A	NM112	Name Last or Organization Name	N/U		NOT USED
2310A	PRV	Referring Provider Specialty Information	S		
2310A	PRV01	Provider Code	R	RF	Expect RF
2310A	PRV02	Reference Identification Qualifier	R	PXC	Expect PXC
2310A	PRV03	Provider Taxonomy Code	R		Expect Provider Taxonomy Code
2310A	REF	Referring Provider Secondary Identification	S		Atypical Provider
2310A	REF01	Reference Identification Qualifier	R	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number	Expect 'G2'
2310A	REF02	Referring Provider Secondary Identifier	R		format 00aaaaaall - two leading zeros - aaaaaa = MQD Provider Reg ID - ll = pay to location code
2310A	REF03	Description	N/U		NOT USED
2310A	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2310B	NM1	Rendering Provider Name	S		Expect when rendering provider is different than billing provider and the assistant surgeon loop 2310D is not used.
2310B	NM101	Entity Identifier Code	R	82=Rendering Provider	Expect '82'
2310B	NM102	Entity Type Qualifier	R	1=Person 2=Non-Person Entity	Expect 1 or 2
2310B	NM103	Rendering Provider Last or Organization Name	R		Expect Rendering Provider Last Name or Organization name
2310B	NM104	Rendering Provider First Name	S		Expect Rendering Provider First Name
2310B	NM105	Rendering Provider Middle Name or Initial	S		Expect Rendering Provider MI
	NM106	Name Prefix	N/U		NOT USED
2310B	NM107	Rendering Provider Name Suffix	S		NOT USED BY MQD
2310B	NM108	Identification Code Qualifier	S		Expect 'XX'
2310B	NM109	Rendering Provider Identifier	S		Expect Rendering Provider NPI
2310B	NM110	Entity Relationship Code	N/U		NOT USED
2310B	NM111	Entity Identifier Code	N/U		NOT USED
2310B	NM112	Name Last or Organization Name	N/U		NOT USED
2310B	PRV	Rendering Provider Specialty Information	R		
2310B	PRV01	Provider Code	R	PE	Expect 'PE'
2310B	PRV02	Reference Identification Qualifier	R	PXC	Expect 'PXC'
2310B	PRV03	Provider Taxonomy Code	R		Expect Rendering Provider Taxonomy Code
2310B	PRV04	State or Province Code	N/U		NOT USED
2310B	PRV05	Provider Specialty Information	N/U		NOT USED
2310B	PRV06	Provider Organization Code	N/U		NOT USED

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ID	Element	Description 837-D 5010 A2 FFS	Usage Reg.	Values / Note	MQD Usage/Expected Value - as copied from AZ
2310B	REF	Rendering Provider Secondary Identification	S		Atypical Provider
2310B	REF01	Reference Identification Qualifier	R	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number	Expect 'G2'
2310B	REF02	Rendering Provider Secondary Identifier	R		format 00aaaaaall - two leading zeros - aaaaaa = MQD Provider Reg ID - ll = pay to location code
2310B	REF03	Description	N/U		NOT USED
2310B	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2310C	NM1	Service Facility Location Name	S		Expect when location of service is different than billing provider
2310C	NM101	Entity Identifier Code	R		Expect 77
2310C	NM102	Entity Type Qualifier	R	77=Service Location Code Deleted - FA, LI, TL	Expect 2
2310C	NM103	Laboratory or Facility Name	R	2=Non-person entity	Expect Laboratory or Facility Name
2310C	NM104	Name First	N/U		NOT USED
2310C	NM105	Name Middle	N/U		NOT USED
2310C	NM106	Name Prefix	N/U		NOT USED
2310C	NM107	Name Suffix	N/U		NOT USED
2310C	NM108	Identification Code Qualifier	S		Expect XX is service location has an NPI and is not a component or subpart of billing provider entity
2310C	NM109	Laboratory or Facility Primary Identifier	S		Expect NPI
2310C	NM110	Entity Relationship Code	N/U		NOT USED
2310C	NM111	Entity Identifier Code	N/U		NOT USED
2310C	NM112	Name Last or Organization Name	N/U		NOT USED
2310C	N3	Service Facility Location Address	R		SEGMENT NOT USED BY MQD
2310C	N301	Laboratory or Facility Address Line	R		NOT USED BY MQD
2310C	N302	Laboratory or Facility Address Line	S		NOT USED BY MQD
2310C	N4	Service Facility Location City/State/ Zip Code	R		SEGMENT NOT USED BY MQD
2310C	N401	Laboratory or Facility City Name	R		NOT USED BY MQD
2310C	N402	Laboratory or Facility State or Province Code	S		NOT USED BY MQD
2310C	N403	Laboratory or Facility Postal Zone Zip Code	S		NOT USED BY MQD
2310C	N404	Country Code	S		NOT USED BY MQD
2310C	N405	Location Qualifier	N/U		NOT USED
2310C	N406	Location Identifier	N/U		NOT USED
2310C	N407	Country Subdivision Code	S		
2310C	REF	Service Facility Location Secondary Identification	S		SEGMENT NOT USED BY MQD
2310C	REF01	Reference Identification Qualifier	R	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number	NOT USED BY MQD

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2310C	REF02	Laboratory or Facility Secondary Identifier	R		NOT USED BY MQD
2310C	REF03	Description	N/U		NOT USED
2310C	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2310D	NM1	Assistant Surgeon Name	S		SEGMENT NOT USED BY MQD
2310D	NM101	Entity Identifier Code	R	DD	NOT USED BY MQD
2310D	NM102	Entity Type Qualifier	R		NOT USED BY MQD
2310D	NM103	Assistant Surgeon Last Name	R		NOT USED BY MQD
2310D	NM104	Assistant Surgeon First Name	S		NOT USED BY MQD
2310D	NM105	Assistant Surgeon Middle Name or Initial	S		NOT USED BY MQD
2310D	NM106	Name Prefix	N/U		NOT USED
2310D	NM107	Assistant Surgeon Name Suffix	S		NOT USED BY MQD
2310D	NM108	Identification Code Qualifier	S		NOT USED BY MQD
2310D	NM109	Assistant Surgeon Primary Identifier	S		NOT USED BY MQD
2310D	NM110	Entity Relationship Code	N/U		NOT USED
2310D	NM111	Entity Identifier Code	N/U		NOT USED
2310D	NM112	Name Last or Organization Name	N/U		NOT USED
2310D	PRV	Assistant Surgeon Specialty Information	R		SEGMENT NOT USED BY MQD
2310D	PRV01	Provider Code	R	AS	NOT USED BY MQD
2310D	PRV02	Reference Identification Qualifier	R	PXC	NOT USED BY MQD
2310D	PRV03	Provider Taxonomy Code	R		NOT USED BY MQD
2310D	PRV04	State or Province Code	N/U		NOT USED
2310D	PRV05	Provider Specialty Information	N/U		NOT USED
2310D	PRV06	Provider Organization Code	N/U		NOT USED
2310D	REF	Assistant Surgeon Secondary Identification	S		SEGMENT NOT USED BY MQD
2310D	REF01	Reference Identification Qualifier	R	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number	NOT USED BY MQD
2310D	REF02	Assistant Surgeon Secondary Identifier	R		NOT USED BY MQD
2310D	REF03	Description	N/U		NOT USED
2310D	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2310E	NM1	Supervising Provider Name	S		SEGMENT NOT USED BY MQD
2310E	NM101	Entity Identifier Code	R	DQ	NOT USED BY MQD
2310E	NM102	Entity Type Qualifier	R		NOT USED BY MQD
2310E	NM103	Supervising Provider Last Name	R		NOT USED BY MQD
2310E	NM104	Supervising Provider Last Name	S		NOT USED BY MQD
2310E	NM105	Supervising Provider Middle Name or Initial	S		NOT USED BY MQD
2310E	NM106	Name Prefix	N/U		NOT USED
2310E	NM107	Supervising Provider Name Suffix	S		NOT USED BY MQD
2310E	NM108	Identification Code Qualifier	S		NOT USED BY MQD
2310E	NM109	Supervising Provider Identifier	S		NOT USED BY MQD
2310E	NM110	Entity Relationship Code	N/U		NOT USED

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2310E	NM111	Entity Identifier Code	N/U		NOT USED
2310E	NM112	Name Last or Organization Name	N/U		NOT USED
2310E	REF	Supervising Provider Secondary Identification	S		SEGMENT NOT USED BY MQD
2310E	REF01	Reference Identification Qualifier	R	0B=State License Number 1G=Provider UPIN Number G2=Provider Commercial Number	NOT USED BY MQD
2310E	REF02	Supervising Provider Secondary Identifier	R		NOT USED BY MQD
2310E	REF03	Description	N/U		NOT USED
2310E	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2320	SBR	Other Subscriber Information	S		Expect when other payers are known to potentially be involved in paying claim
2320	SBR01	Payer Responsibility Sequence Number Code	R	A, B, C, D, E, F, G, H, P, S, T, U	Expect any applicable Payer Responsible Sequence Number Code identified for applicable payer
2320	SBR02	Individual Relationship Code	R	01=Spouse 18=Self 19=Child 20=Employee 21=Unknown 39=Organ Donor 40=Cadaver Donor 53=Life Partner G8=Other Relationship Code Deleted	Expect Individual relationship code
2320	SBR03	Insured Group or Policy Number	S	Applies to a Group number assigned to the Subscriber for the Payer Increase from 30 - 50	Expect when subscriber's ID card for non-destination payer has group number
2320	SBR04	Other Insured Group Name	S	Required when SBR03 is not used and the group name is available	Expect when SBR03 not used and group name is available
2320	SBR05	Insurance Type Code	S	12, 13, 14, 15, 16, 41, 42, 43, 47	NOT USED BY MQD
2320	SBR06	Coordination of Benefits Code	N/U		NOT USED
2320	SBR07	Yes/No Condition or Response Code	N/U		NOT USED
2320	SBR08	Employment Status Code	N/U		NOT USED
2320	SBR09	Claim Filing Indicator Code	S		Expect 'CI', 'MA', 'MB', or 'MC'
2320	CAS	Claim Level Adjustments	S		Expect when claim previously adjudicated by payer identified in this loop and where amount paid differs from charge amount. Adjustment Trios (6 trios of CARC, Amount & Quantity) may be sent
2320	CAS01	Claim Adjustment Group Code	R		Expect CO, CR, OA, PI, PR
2320	CAS02	Adjustment Reason Code	R		Expect Adjustment Reason Code
2320	CAS03	Adjustment Amount	R		Expect Adjustment Amount
2320	CAS04	Adjustment Quantity	S		Expect Adjustment Qty

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2320	CAS05	Adjustment Reason Code	S		Expect Adjustment Reason Code
2320	CAS06	Adjustment Amount	S		Expect Adjustment Amount
2320	CAS07	Adjustment Quantity	S		Expect Adjustment Qty
2320	CAS08	Adjustment Reason Code	S		Expect Adjustment Reason Code
2320	CAS09	Adjustment Amount	S		Expect Adjustment Amount
2320	CAS10	Adjustment Quantity	S		Expect Adjustment Qty
2320	CAS11	Adjustment Reason Code	S		Expect Adjustment Reason Code
2320	CAS12	Adjustment Amount	S		Expect Adjustment Amount
2320	CAS13	Adjustment Quantity	S		Expect Adjustment Qty
2320	CAS14	Adjustment Reason Code	S		Expect Adjustment Reason Code
2320	CAS15	Adjustment Amount	S		Expect Adjustment Amount
2320	CAS16	Adjustment Quantity	S		Expect Adjustment Qty
2320	CAS17	Adjustment Reason Code	S		Expect Adjustment Reason Code
2320	CAS18	Adjustment Amount	S		Expect Adjustment Amount
2320	CAS19	Adjustment Quantity	S		Expect Adjustment Qty
2320	AMT	COB Payer Paid Amount	S		Expect when claim has been adjudicated by payer identified in loop 2330B of this loop.
2320	AMT01	Amount Qualifier Code - D	R	D	Expect 'D'
2320	AMT02	Payer Paid Amount	R		Expect COB Payer Paid Amount
2320	AMT03	Credit/Debit Flag Code	N/U		NOT USED
2320	AMT	Remaining Patient Liability	S		SEGMENT NOT USED BY MQD
2320	AMT01	Amount Qualifier Code	R	EAF	NOT USED BY MQD
2320	AMT02	Remaining Patient Liability Amount	R		NOT USED BY MQD
2320	AMT03	Credit/Debit Flag Code	N/U		NOT USED
2320	AMT	COB Total Non-Covered Amount	S		SEGMENT NOT USED BY MQD
2320	AMT01	Amount Qualifier Code	R	A8	NOT USED BY MQD
2320	AMT02	Non-Coverage Charge Amount	R		NOT USED BY MQD
2320	AMT03	Credit/Debit Flag Code	N/U		NOT USED
2320	OI	Other Insurance Coverage Information	R		SEGMENT NOT USED BY MQD
2320	OI01	Claim Filing Indicator Code	N/U		NOT USED
2320	OI02	Claim Submission Reason Code	N/U		NOT USED
2320	OI03	Benefits Assignment Certification Indicator	R		NOT USED BY MQD
2320	OI04	Patient Signature Source Code	N/U		NOT USED
2320	OI05	Provider Agreement Code	N/U		NOT USED
2320	OI06	Release of Information Code	R		NOT USED BY MQD
2320	MOA	Outpatient Adjudication Information	S		SEGMENT NOT USED BY MQD
2320	MOA01	Reimbursement Rate	S		NOT USED BY MQD
2320	MOA02	HCPCS Payable Amount	S		NOT USED BY MQD
2320	MOA03	Claim Payment Remark Code	S		NOT USED BY MQD
2320	MOA04	Claim Payment Remark Code	S		NOT USED BY MQD

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2320	MOA05	Claim Payment Remark Code	S		NOT USED BY MQD
2320	MOA06	Claim Payment Remark Code	S		NOT USED BY MQD
2320	MOA07	Claim Payment Remark Code	S		NOT USED BY MQD
2320	MOA08	End Stage Renal Disease Payment Amount S9(7)V99	N/U		NOT USED
2320	MOA09	Non-Payable Professional Component Billed Amount	S		NOT USED BY MQD
2330A	NM1	Other Subscriber Name	R		SEGMENT NOT USED BY MQD
2330A	NM101	Entity Identifier Code	R		NOT USED BY MQD
2330A	NM102	Entity Type Qualifier	R		NOT USED BY MQD
2330A	NM103	Other Insured Last Name	R		NOT USED BY MQD
2330A	NM104	Other Insured First Name	S		NOT USED BY MQD
2330A	NM105	Other Insured Middle Name	S		NOT USED BY MQD
2330A	NM106	Name Prefix	N/U		NOT USED
2330A	NM107	Other Insured Name Suffix	S		NOT USED BY MQD
2330A	NM108	Identification Code Qualifier	R		NOT USED BY MQD
2330A	NM109	Other Insured Identifier	R		NOT USED BY MQD
2330A	NM110	Entity Relationship Code	N/U		NOT USED
2330A	NM111	Entity Identifier Code	N/U		NOT USED
2330A	NM112	Name Last or Organization Name	N/U		NOT USED
2330A	N3	Other Subscriber Address	S		SEGMENT NOT USED BY MQD
2330A	N301	Other Insured Address Line	R		NOT USED BY MQD
2330A	N302	Other Insured Address Line	S		NOT USED BY MQD
2330A	N4	Other Subscriber City/State/Zip Code	R		SEGMENT NOT USED BY MQD
2330A	N401	Other Insured City Name	R		NOT USED BY MQD
2330A	N402	Other Insured State Code	S		NOT USED BY MQD
2330A	N403	Other Insured Postal Zone or ZIP Code	S		NOT USED BY MQD
2330A	N404	Subscriber Country Code	S		NOT USED BY MQD
2330A	N405	Location Qualifier	N/U		NOT USED
2330A	N406	Location Identifier	N/U		NOT USED
2330A	N407	Country Subdivision Code	S		
2330A	REF	Other Subscriber Secondary Identification	S		SEGMENT NOT USED BY MQD
2330A	REF01	Reference Identification Qualifier	R		NOT USED BY MQD
2330A	REF02	Other Insured Additional Identifier	R		NOT USED BY MQD
2330A	REF03	Description	N/U		NOT USED
2330A	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2330B	NM1	Other Payer Name	R		
2330B	NM101	Entity Identifier Code	R		Expect 'PR'
2330B	NM102	Entity Type Qualifier	R		Expect '2'
2330B	NM103	Other Payer Last or Organization Name	R		Expect Other Payer Organization Name

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2330B	NM104	Name First	N/U		NOT USED
2330B	NM105	Name Middle	N/U		NOT USED
2330B	NM106	Name Prefix	N/U		NOT USED
2330B	NM107	Name Suffix	N/U		NOT USED
2330B	NM108	Identification Code Qualifier	R		Expect 'PI'
2330B	NM109	Other Payer Primary Identifier	R		Expect Other Payer Primary Identifier
2330B	NM110	Entity Relationship Code	N/U		NOT USED
2330B	NM111	Entity Identifier Code	N/U		NOT USED
2330B	NM112	Name Last or Organization Name	N/U		NOT USED
2330B	N3	Other Payer Address	S		SEGMENT NOT USED BY MQD
2330B	N301	Other Payer Address Line	R		NOT USED BY MQD
2330B	N302	Other Payer Address Line	S		NOT USED BY MQD
2330B	N4	Other Payer City/State/zip Code	R		SEGMENT NOT USED BY MQD
2330B	N401	Other Payer City Name	R		NOT USED BY MQD
2330B	N402	Other Payer State Code	S		NOT USED BY MQD
2330B	N403	Other Payer Postal Zone or ZIP Code	S		NOT USED BY MQD
2330B	N404	Other Payer Country Code	S		NOT USED BY MQD
2330B	N405	Location Qualifier	N/U		NOT USED
2330B	N406	Location Identifier	N/U		NOT USED
2330B	N407	Country Subdivision Code	S		NOT USED BY MQD
2330B	DTP	Claim Check or Remittance Date	S		Expect if payer previously adjudicated claim and Line (2430) Check or Remittance Date not used
2330B	DTP01	Date Time Qualifier	R	573	Expect 573
2330B	DTP02	Date Time Period Format Qualifier	R		Expect D8
2330B	DTP03	Adjudication or Payment Date	R		Expect Adjudication or Payment Date
2330B	REF	Other Payer Secondary Identifier	S		SEGMENT NOT USED BY MQD
2330B	REF01	Reference Identification Qualifier	R	2U, EI, FY, NF	NOT USED BY MQD
2330B	REF02	Other Payer Secondary Identifier	R		NOT USED BY MQD
2330B	REF03	Description	N/U		NOT USED
2330B	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2330B	REF	Other Payer Prior Authorization Number	S		SEGMENT NOT USED BY MQD
2330B	REF01	Reference Identification Qualifier	R	G1	NOT USED BY MQD
2330B	REF02	Other Payer Prior Authorization Number	R		NOT USED BY MQD
2330B	REF03	Description	N/U		NOT USED
2330B	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2330B	REF	Other Payer Referral Number	S		SEGMENT NOT USED BY MQD
2330B	REF01	Reference Identification Qualifier	R	9F	NOT USED BY MQD
2330B	REF02	Other Payer Referral Number	R		NOT USED BY MQD
2330B	REF03	Description	N/U		NOT USED

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2330B	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2330B	REF	Other Payer Claim Adjustment Indicator	S		SEGMENT NOT USED BY MQD
2330B	REF01	Reference Identification Qualifier	R	T4	NOT USED BY MQD
2330B	REF02	Other Payer Claim Adjustment Indicator	R		NOT USED BY MQD
2330B	REF03	Description	N/U		NOT USED
2330B	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2330B	REF	Other Payer Predetermination Identification	S		SEGMENT NOT USED BY MQD
2330B	REF01	Reference Identification Qualifier	R	G3	NOT USED BY MQD
2330B	REF02	Other Payer Predetermination of Benefits Identifier	R		NOT USED BY MQD
2330B	REF03	Description	N/U		NOT USED
2330B	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2330B	REF	Other Payer Claim Control Number	S		SEGMENT NOT USED BY MQD
2330B	REF01	Reference Identification Qualifier	R	F8	NOT USED BY MQD
2330B	REF02	Other Payer Claim Control Number	R		NOT USED BY MQD
2330B	REF03	Description	N/U		NOT USED
2330B	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2330C	NM1	Other Payer Referring Provider	S		SEGMENT NOT USED BY MQD
2330C	NM101	Entity Identifier Code	R	DN, P3	NOT USED BY MQD
2330C	NM102	Entity Type Qualifier	R		NOT USED BY MQD
2330C	NM103	Name Last or Organization Name	N/U		NOT USED
2330C	NM104	Name First	N/U		NOT USED
2330C	NM105	Name Middle	N/U		NOT USED
2330C	NM106	Name Prefix	N/U		NOT USED
2330C	NM107	Name Suffix	N/U		NOT USED
2330C	NM108	Identification Code Qualifier	N/U		NOT USED
2330C	NM109	Identification Code	N/U		NOT USED
2330C	NM110	Entity Relationship Code	N/U		NOT USED
2330C	NM111	Entity Identifier Code	N/U		NOT USED
2330C	NM112	Name Last or Organization Name	N/U		NOT USED
2330C	REF	Other Payer Referring Provider Secondary Identifier	R		SEGMENT NOT USED BY MQD
2330C	REF01	Reference Identification Qualifier	R	0B, 1G, G2	NOT USED BY MQD
2330C	REF02	Other Payer Referring Provider Secondary Identifier	R		NOT USED BY MQD
2330C	REF03	Description	N/U		NOT USED
2330C	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2330D	NM1	Other Payer Rendering Provider	S		SEGMENT NOT USED BY MQD
2330D	NM101	Entity Identifier Code	R	82	NOT USED BY MQD
2330D	NM102	Entity Type Qualifier	R		NOT USED BY MQD
2330D	NM103	Name Last or Organization Name	N/U		NOT USED

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2330D	NM104	Name First	N/U		NOT USED
2330D	NM105	Name Middle	N/U		NOT USED
2330D	NM106	Name Prefix	N/U		NOT USED
2330D	NM107	Name Suffix	N/U		NOT USED
2330D	NM108	Identification Code Qualifier	N/U		NOT USED
2330D	NM109	Identification Code	N/U		NOT USED
2330D	NM110	Entity Relationship Code	N/U		NOT USED
2330D	NM111	Entity Identifier Code	N/U		NOT USED
2330D	NM112	Name Last or Organization Name	N/U		NOT USED
2330D	REF	Other Payer Rendering Provider Secondary Identifier	R		SEGMENT NOT USED BY MQD
2330D	REF01	Reference Identification Qualifier	R	0B, 1G, G2, LU	NOT USED BY MQD
2330D	REF02	Other Payer Rendering Provider Secondary Identifier	R		NOT USED BY MQD
2330D	REF03	Description	N/U		NOT USED
2330D	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2330E	NM1	Other Payer Supervising Provider	S		SEGMENT NOT USED BY MQD
2330E	NM101	Entity Identifier Code	R	DQ	NOT USED BY MQD
2330E	NM102	Entity Type Qualifier	R		NOT USED BY MQD
2330E	NM103	Name Last or Organization Name	N/U		NOT USED
2330E	NM104	Name First	N/U		NOT USED
2330E	NM105	Name Middle	N/U		NOT USED
2330E	NM106	Name Prefix	N/U		NOT USED
2330E	NM107	Name Suffix	N/U		NOT USED
2330E	NM108	Identification Code Qualifier	N/U		NOT USED
2330E	NM109	Identification Code	N/U		NOT USED
2330E	NM110	Entity Relationship Code	N/U		NOT USED
2330E	NM111	Entity Identifier Code	N/U		NOT USED
2330E	NM112	Name Last or Organization Name	N/U		NOT USED
2330E	REF	Other Payer Supervising Provider Secondary Identifier	R		SEGMENT NOT USED BY MQD
2330E	REF01	Reference Identification Qualifier	R	0B, 1G, G2, LU	NOT USED BY MQD
2330E	REF02	Other Payer Supervising Provider Secondary Identifier	R		NOT USED BY MQD
2330E	REF03	Description	N/U		NOT USED
2330E	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2330F	NM1	Other Payer Billing Provider	S		SEGMENT NOT USED BY MQD
2330F	NM101	Entity Identifier Code	R	85	NOT USED BY MQD
2330F	NM102	Entity Type Qualifier	R		NOT USED BY MQD
2330F	NM103	Name Last or Organization Name	N/U		NOT USED
2330F	NM104	Name First	N/U		NOT USED

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2330F	NM105	Name Middle	N/U		NOT USED
2330F	NM106	Name Prefix	N/U		NOT USED
2330F	NM107	Name Suffix	N/U		NOT USED
2330F	NM108	Identification Code Qualifier	N/U		NOT USED
2330F	NM109	Identification Code	N/U		NOT USED
2330F	NM110	Entity Relationship Code	N/U		NOT USED
2330F	NM111	Entity Identifier Code	N/U		NOT USED
2330F	NM112	Name Last or Organization Name	N/U		NOT USED
2330F	REF	Other Payer Billing Provider Secondary Identification	R		SEGMENT NOT USED BY MQD
2330F	REF01	Reference Identification Qualifier	R	G2, LU	NOT USED BY MQD
2330F	REF02	Other Payer Billing Provider Secondary Identifier	R		NOT USED BY MQD
2330F	REF03	Description	N/U		NOT USED
2330F	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2330G	NM1	Other Payer Service Facility Location	S		SEGMENT NOT USED BY MQD
2330G	NM101	Entity Identifier Code	R	77	NOT USED BY MQD
2330G	NM102	Entity Type Qualifier	R		NOT USED BY MQD
2330G	NM103	Name Last or Organization Name	N/U		NOT USED
2330G	NM104	Name First	N/U		NOT USED
2330G	NM105	Name Middle	N/U		NOT USED
2330G	NM106	Name Prefix	N/U		NOT USED
2330G	NM107	Name Suffix	N/U		NOT USED
2330G	NM108	Identification Code Qualifier	N/U		NOT USED
2330G	NM109	Identification Code	N/U		NOT USED
2330G	NM110	Entity Relationship Code	N/U		NOT USED
2330G	NM111	Entity Identifier Code	N/U		NOT USED
2330G	NM112	Name Last or Organization Name	N/U		NOT USED
2330G	REF	Other Payer Service Facility Location Secondary Identification	R		SEGMENT NOT USED BY MQD
2330G	REF01	Reference Identification Qualifier	R	DQ	NOT USED BY MQD
2330G	REF02	Other Payer Service Facility Location Identifier	R		NOT USED BY MQD
2330G	REF03	Description	N/U		NOT USED
2330G	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2330H	NM1	Other Payer Assistant Surgeon	S		SEGMENT NOT USED BY MQD
2330H	NM101	Entity Identifier Code	R	DD	NOT USED BY MQD
2330H	NM102	Entity Type Qualifier	R		NOT USED BY MQD
2330H	NM103	Name Last or Organization Name	N/U		NOT USED
2330H	NM104	Name First	N/U		NOT USED
2330H	NM105	Name Middle	N/U		NOT USED
2330H	NM106	Name Prefix	N/U		NOT USED
2330H	NM107	Name Suffix	N/U		NOT USED

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2330H	NM108	Identification Code Qualifier	N/U		NOT USED
2330H	NM109	Identification Code	N/U		NOT USED
2330H	NM110	Entity Relationship Code	N/U		NOT USED
2330H	NM111	Entity Identifier Code	N/U		NOT USED
2330H	NM112	Name Last or Organization Name	N/U		NOT USED
2330H	REF	Other Payer Assistant Surgeon Secondary Identifier	R		SEGMENT NOT USED BY MQD
2330H	REF01	Reference Identification Qualifier	R	0B, 1G, G2, LU	NOT USED BY MQD
2330H	REF02	Other Payer Assistant Surgeon Secondary Identifier	R		NOT USED BY MQD
2330H	REF03	Description	N/U		NOT USED
2330H	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2400	LX	Service Line Number	R		
2400	LX01	Assigned Number	R		Expect assigned line number
2400	SV3	Dental Service	R		
2400	SV301	Composite Medical Procedure Identifier	R		
2400	SV301-1	Product or Service ID Qualifier	R	AD American Dental Association Codes CDT = Current Dental Terminology	Expect 'AD'
2400	SV301-2	Procedure Code	R		Expect Procedure code
2400	SV301-3	Procedure Modifier	S		Expect Procedure Modifier
2400	SV301-4	Procedure Modifier	S		Expect Procedure Modifier
2400	SV301-5	Procedure Modifier	S		Expect Procedure Modifier
2400	SV301-6	Procedure Modifier	S		Expect Procedure Modifier
2400	SV301-7	Procedure Code Description	S		NOT USED BY MQD
2400	SV301-8	Product/Service ID	N/U		NOT USED
2400	SV302	Line Item Charge Amount	R		Expect Line Item charge amount
2400	SV303	Place of Service Code	S		Expect Place of Service Code
2400	SV304	Oral Cavity Designation	S		Expect when the nomenclature associated with the procedure in SV301-2 refers to quadrant or arch and the area of oral cavity is not uniquely defined by the procedure description.
2400	SV304-1	Oral Cavity Designation Code	R		Expect Oral Cavity Designation Code
2400	SV304-2	Oral Cavity Designation Code	S		Expect Oral Cavity Designation Code
2400	SV304-3	Oral Cavity Designation Code	S		Expect Oral Cavity Designation Code
2400	SV304-4	Oral Cavity Designation Code	S		Expect Oral Cavity Designation Code
2400	SV304-5	Oral Cavity Designation Code	S		Expect Oral Cavity Designation Code
2400	SV305	Prosthesis, Crown, or Inlay Code	S		Expect I or R
2400	SV306	Procedure Count	S		Expect Procedure count
2400	SV307	Description	N/U		NOT USED
2400	SV308	Copay Status Code	N/U		NOT USED
2400	SV309	Provider Agreement Code	N/U		NOT USED
2400	SV310	Yes/No Condition or Response Code	N/U		NOT USED

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2400	SV311	Composite Diagnosis Code Pointer	S	Expect when service relates to that specific diagnosis and is needed to substantiate the medical treatment. The first pointer designates the primary diagnosis for service line.	
2400	SV311-1	Diagnosis Code Pointer	R		Expect Diagnosis Code Pointer
2400	SV311-2	Diagnosis Code Pointer	S		NOT USED BY MQD
2400	SV311-3	Diagnosis Code Pointer	S		NOT USED BY MQD
2400	SV311-4	Diagnosis Code Pointer	S		NOT USED BY MQD
2400	TOO	Tooth Information	S		Expect when reporting tooth information related to service line.
2400	TOO01	Code List Qualifier Code	R	JP Universal National Tooth Designation System	Expect 'JP'
2400	TOO02	Tooth Code	R		Expect Tooth code
2400	TOO03	Tooth Surface	S		Expect when procedure code requires tooth surface codes.
2400	TOO03-1	Tooth Surface Code	R	B Buccal D Distal F Facial I Incisal L Lingual M Mesial O Occlusal	Expect Tooth Surface Code
2400	TOO03-2	Tooth Surface Code	S		Expect when necessary to report an additional tooth surface code. Code Values same as TOO03-1
2400	TOO03-3	Tooth Surface Code	S		Expect when necessary to report an additional tooth surface code. Code Values same as TOO03-1
2400	TOO03-4	Tooth Surface Code	S		Expect when necessary to report an additional tooth surface code. Code Values same as TOO03-1
2400	TOO03-5	Tooth Surface Code	S		Expect when necessary to report an additional tooth surface code. Code Values same as TOO03-1
2400	DTP	Date- Service Date	S		Expect when service was performed and the service date is different than the service date in 2300 loop.
2400	DTP01	Date Time Qualifier	R	472	Expect '472'
2400	DTP02	Date Time Period Format Qualifier	R		Expect 'D8'
2400	DTP03	Service Date	R		Expect Service date
2400	DTP	Date - Prior Replacement	R	Required when the value of SV305 for this iteration of the 2400 loop is R - Replacement.	SEGMENT NOT USED BY MQD
2400	DTP01	Date Time Qualifier	R	139 Estimated 441 Prior Placement	NOT USED BY MQD
2400	DTP02	Date Time Period Format Qualifier	R	D8	NOT USED BY MQD
2400	DTP03	Prior Placement Date	R		NOT USED BY MQD
2400	DTP	Date - Appliance Placement	S	Required when the orthodontic appliance placement date is different than the orthodontic appliance placement date in the DTP segment in the loop ID-2300 loop.	SEGMENT NOT USED BY MQD
2400	DTP01	Date Time Qualifier	R	452	NOT USED BY MQD

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2400	DTP02	Date Time Period Format Qualifier	R	D8	NOT USED BY MQD
2400	DTP03	Orthodontic Banding Date	R		NOT USED BY MQD
2400	DTP	Date - Replacement	S	Required when reporting the date that an orthodontic appliance was replaced.	SEGMENT NOT USED BY MQD
2400	DTP01	Date Time Qualifier	R	446	NOT USED BY MQD
2400	DTP02	Date Time Period Format Qualifier	R	D8	NOT USED BY MQD
2400	DTP03	Replacement Date	R		NOT USED BY MQD
2400	DTP	Date - Treatment Start	S		Required when reporting initial impression or preparation for a crown or denture. OR Required when reporting initial endodontic treatment. OR Required when reporting the implant fixture placement.
2400	DTP01	Date Time Qualifier	R	196	Expect '196'
2400	DTP02	Date Time Period Format Qualifier	R	D8	Expect 'D8'
2400	DTP03	Treatment Start Date	R	CCYYMMDD	Expect Treatment Start Date
2400	DTP	Date - Treatment Completion	S		Required when reporting the date that a course of treatment was completed.
2400	DTP01	Date Time Qualifier	R	198	Expect '198'
2400	DTP02	Date Time Period Format Qualifier	R	D8	Expect 'D8'
2400	DTP03	Treatment Completion Date	R	CCYYMMDD	Expect Treatment Completion Date
		Anesthesia Quantity Identifier			SEGMENT DELETED
2400	CN1	Contract Information	S	Required when the submitter is contractually obligated to supply this information on post-adjudicated claims.	Include in Instruction Table UNDER REVIEW
2400	CN101	Contract Type Code	R	02 Per Diem 03 Variable Per Diem 04 Flat 05 Capitated 06 Percent 09 Other	Expect '09'
2400	CN102	Contract Amount	S		Expect Amount
2400	CN103	Contract Percentage	S		NOT USED BY MQD
2400	CN104	Contract Code	S		Expect Date Paid UNDER REVIEW
2400	CN105	Terms Discount Percent	S		NOT USED BY MQD
2400	CN106	Contract Version Identifier	S		NOT USED BY MQD

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2400	REF	Service Predetermination Identification	S	Required when sending the Predetermination of Benefits Identification Number for the line item that has been previously predetermined and is now being submitted for payment.	SEGMENT NOT USED BY MQD
2400	REF01	Reference Identification Qualifier	R	G3 Predetermination of Benefits Identification Number	NOT USED BY MQD
2400	REF02	Predetermination of Benefits Identifier	R		NOT USED BY MQD
2400	REF03	Description	N/U		NOT USED
2400	REF04	Reference Identifier	S		NOT USED BY MQD
2400	REF	Prior Authorization	S		Expect when service line involved a prior authorization number that is different than that reported at claim 2300.
2400	REF01	Reference Identification Qualifier	R	G1	Expect G1
2400	REF02	Prior Authorization or Referral Number	R		Expect Prior Authorization Number
2400	REF03	Description	N/U		NOT USED
2400	REF04	Reference Identifier	S		NOT USED BY MQD
2400	REF	Line Item Control Number	S		Expect if submitter needs a line item control number for subsequent communications to or from payer
2400	REF01	Reference Identification Qualifier	R	6R	Expect 6R
2400	REF02	Line Item Control Number	R	The maximum number of characters to be supported for this field is '30'.	
2400	REF03	Description	N/U		NOT USED
2400	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2400	REF	Repriced Claim Number	S		SEGMENT NOT USED BY MQD
2400	REF01	Reference Identification Qualifier	R	9A	NOT USED BY MQD
2400	REF02	Repriced Claim Reference Number	R		NOT USED BY MQD
2400	REF03	Description	N/U		NOT USED
2400	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2400	REF	Adjusted Repriced Claim Number	S		SEGMENT NOT USED BY MQD
2400	REF01	Reference Identification Qualifier	R	9C	NOT USED BY MQD
2400	REF02	Adjusted Repriced Claim Reference Number	R		NOT USED BY MQD
2400	REF03	Description	N/U		NOT USED
2400	REF04	REFERENCE IDENTIFIER	N/U		NOT USED
2400	REF	Referral Number	S		SEGMENT NOT USED BY MQD
2400	REF01	Reference Identification Qualifier	R	9F	NOT USED BY MQD
2400	REF02	Referral Number	R		NOT USED BY MQD
2400	REF03	Description	N/U		NOT USED
2400	REF04	Reference Identifier	R		NOT USED BY MQD
2400	AMT	Sales Tax Amount	S		SEGMENT NOT USED BY MQD
2400	AMT01	Amount Qualifier Code	R	T	NOT USED BY MQD
2400	AMT02	Sales Tax Amount	R		NOT USED BY MQD
2400	AMT03	Credit/Debit Flag Code	N/U		NOT USED

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2400	K3	File Information	S		SEGMENT NOT USED BY MQD
2400	K301	Fixed Format Information	R		NOT USED BY MQD
2400	K302	Record Format Code	N/U		NOT USED
2400	K303	COMPOSITE UNIT OF MEASURE	N/U		NOT USED
2400	HCP	Line Pricing/ Repricing information	S		SEGMENT NOT USED BY MQD
2400	HCP01	Pricing Methodology	R	00-14	NOT USED BY MQD
2400	HCP02	Repriced Allowed Amount	R		NOT USED BY MQD
2400	HCP03	Repriced Saving Amount	S		NOT USED BY MQD
2400	HCP04	Repricing Organization Identifier	S		NOT USED BY MQD
2400	HCP05	Repricing Per Diem or Flat Rate Amount	S		NOT USED BY MQD
2400	HCP06	Reference Identification	N/U		NOT USED
2400	HCP07	Monetary Amount	N/U		NOT USED
2400	HCP08	Product/Service ID	N/U		NOT USED
2400	HCP09	Product or Service ID Qualifier	S		NOT USED BY MQD
2400	HCP10	Repriced Approved HCPCS Code	S		NOT USED BY MQD
2400	HCP11	Unit or Basis for Measurement Code	S		NOT USED BY MQD
2400	HCP12	Repriced Approved Service Unit Count	S		NOT USED BY MQD
2400	HCP13	Reject Reason Code	S		NOT USED BY MQD
2400	HCP14	Policy Compliance Code	S		NOT USED BY MQD
2400	HCP15	Exception Code	S		NOT USED BY MQD
2420A	NM1	Rendering Provider Name	S		SEGMENT NOT USED BY MQD Business Rule - MQD doesn't recognize multiple rendering providers or Assistant Surgeons on one claim.
2420A	NM101	Entity Identifier Code	R	82	NOT USED BY MQD
2420A	NM102	Entity Type Qualifier	R	1 Person 2 Non-Person Entity	NOT USED BY MQD
2420A	NM103	Rendering Provider Last or Organization Name	R		NOT USED BY MQD
2420A	NM104	Rendering Provider First Name	S		NOT USED BY MQD
2420A	NM105	Rendering Provider Middle Name or Initial	S		NOT USED BY MQD
2420A	NM106	Name Prefix	N/U		NOT USED
2420A	NM107	Rendering Provider Name Suffix	S		NOT USED BY MQD
2420A	NM108	Identification Code Qualifier	S		NOT USED BY MQD
2420A	NM109	Rendering Provider Identifier	S		NOT USED BY MQD
2420A	NM110	Entity Relationship Code	N/U		NOT USED
2420A	NM111	Entity Identifier Code	N/U		NOT USED
2420A	NM112	Name Last or Organization Name	N/U		NOT USED
2420A	PRV	Rendering Provider Specialty Information	R		SEGMENT NOT USED BY MQD
2420A	PRV01	Provider Code	R	PE Performing	NOT USED BY MQD
2420A	PRV02	Reference Identification Qualifier	R	PXC	NOT USED BY MQD
2420A	PRV03	Provider Taxonomy Code	R		NOT USED BY MQD

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2420A	PRV04	State or Province Code	N/U		NOT USED
2420A	PRV05	Provider Specialty Information	N/U		NOT USED
2420A	PRV06	Provider Organization Code	N/U		NOT USED
2420A	REF	Rendering Provider Secondary Identification	S		SEGMENT NOT USED BY MQD
2420A	REF01	Reference Identification Qualifier	R	0B, 1G, G2, LU	NOT USED BY MQD
2420A	REF02	Rendering Provider Secondary Identifier	R		NOT USED BY MQD
2420A	REF03	Description	N/U		NOT USED
2420A	REF04	Reference Identifier	S		NOT USED BY MQD
2420B	NM1	Assistant Surgeon Name	S		SEGMENT NOT USED BY MQD Business Rule - MQD doesn't recognize multiple rendering providers or Assistant Surgeons on one claim.
2420B	NM101	Entity Identifier Code	R	DD	NOT USED BY MQD
2420B	NM102	Entity Type Qualifier	R		NOT USED BY MQD
2420B	NM103	Assistant Surgeon Last or Organization Name	R		NOT USED BY MQD
2420B	NM104	Assistant Surgeon First Name	S		NOT USED BY MQD
2420B	NM105	Assistant Surgeon Middle Name or Initial	S		NOT USED BY MQD
2420B	NM106	Name Prefix	N/U		NOT USED
2420B	NM107	Assistant Surgeon Name Suffix	S		NOT USED BY MQD
2420B	NM108	Identification Code Qualifier	S		NOT USED BY MQD
2420B	NM109	Assistant Surgeon Primary Identifier	S		NOT USED BY MQD
2420B	NM110	Entity Relationship Code	N/U		NOT USED
2420B	NM111	Entity Identifier Code	N/U		NOT USED
2420B	NM112	Name Last or Organization Name	N/U		NOT USED
2420B	PRV	Assistant Surgeon Specialty Information	S		SEGMENT NOT USED BY MQD
2420B	PRV01	Provider Code	R	AS	NOT USED BY MQD
2420B	PRV02	Reference Identification Qualifier	R		NOT USED BY MQD
2420B	PRV03	Provider Taxonomy Code	R		NOT USED BY MQD
2420B	PRV04	State or Province Code	N/U		NOT USED
2420B	PRV05	Provider Specialty Information	N/U		NOT USED
2420B	PRV06	Provider Organization Code	N/U		NOT USED
2420B	REF	Assistant Surgeon Secondary Identification	S		SEGMENT NOT USED BY MQD
2420B	REF01	Reference Identification Qualifier	R	0B, 1G, G2, LU	NOT USED BY MQD
2420B	REF02	Assistant Surgeon Secondary Identifier	R		NOT USED BY MQD
2420B	REF03	Description	N/U		NOT USED
2420B	REF04	Reference Identifier	S		NOT USED BY MQD
2420C	NM1	Supervising Provider Name	S		SEGMENT NOT USED BY MQD
2420C	NM101	Entity Identifier Code	R	DQ	NOT USED BY MQD
2420C	NM102	Entity Type Qualifier	R		NOT USED BY MQD
2420C	NM103	Supervising Provider Last Name	R		NOT USED BY MQD
2420C	NM104	Supervising Provider First Name	S		NOT USED BY MQD

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2420C	NM105	Supervising Provider Middle Name or Initial	S		NOT USED BY MQD
2420C	NM106	Name Prefix	N/U		NOT USED
2420C	NM107	Supervising Provider Name Suffix	S		NOT USED BY MQD
2420C	NM108	Identification Code Qualifier	S		NOT USED BY MQD
2420C	NM109	Supervising Provider Identifier	S		NOT USED BY MQD
2420C	NM110	Entity Relationship Code	N/U		NOT USED
2420C	NM111	Entity Identifier Code	N/U		NOT USED
2420C	NM112	Name Last or Organization Name	N/U		NOT USED
2420C	PRV	Assistant Surgeon Specialty Information			SEGMENT DELETED
2420C	REF	Supervising Provider Secondary Identification	S		SEGMENT NOT USED BY MQD
2420C	REF01	Reference Identification Qualifier	R	0B, 1G, G2, LU	NOT USED BY MQD
2420C	REF02	Supervising Provider Secondary Identifier	R		NOT USED BY MQD
2420C	REF03	Description	N/U		NOT USED
2420C	REF04	Reference Identifier	S		NOT USED BY MQD
2420D	NM1	Service Facility Location Name	S	New Loop	SEGMENT NOT USED BY MQD
2420D	NM101	Entity Identifier Code	R	77	NOT USED BY MQD
2420D	NM102	Entity Type Qualifier	R		NOT USED BY MQD
2420D	NM103	Laboratory or Facility Name	R		NOT USED BY MQD
2420D	NM104	Name First	N/U		NOT USED
2420D	NM105	Name Middle	N/U		NOT USED
2420D	NM106	Name Prefix	N/U		NOT USED
2420D	NM107	Name Suffix	N/U		NOT USED
2420D	NM108	Identification Code Qualifier	S		NOT USED BY MQD
2420D	NM109	Laboratory or Facility Primary Identifier	S		NOT USED BY MQD
2420D	NM110	Entity Relationship Code	N/U		NOT USED
2420D	NM111	Entity Identifier Code	N/U		NOT USED
2420D	NM112	Name Last or Organization Name	N/U		NOT USED
2420D	N3	Service Facility Location Address	R		SEGMENT NOT USED BY MQD
2420D	N301	Laboratory or Facility Address Line	R		NOT USED BY MQD
2420D	N302	Laboratory or Facility Address Line	S		NOT USED BY MQD
2420D	N4	Service Facility Location City, State, Zip Code	R		SEGMENT NOT USED BY MQD
2420D	N401	Laboratory or Facility City Name	R		NOT USED BY MQD
2420D	N402	Laboratory or Facility City State or Province Code	S		NOT USED BY MQD
2420D	N403	Laboratory or Facility Postal Zone or Zip Code	S		NOT USED BY MQD
2420D	N404	Country Code	S		NOT USED BY MQD
2420D	N405	Location Qualifier	N/U		NOT USED
2420D	N406	Location Identifier	N/U		NOT USED
2420D	N407	Country Subdivision Code	S		NOT USED BY MQD

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2420D	REF	Service Facility Location Secondary Identification	S		SEGMENT NOT USED BY MQD
2420D	REF01	Reference Identification Qualifier	R	IG, G2, LU	NOT USED BY MQD
2420D	REF02	Service Facility Location Secondary Identifier	R		NOT USED BY MQD
2420D	REF03	Description	N/U		NOT USED
2420D	REF04	Reference Identifier	S		NOT USED BY MQD
2430	SVD	Line Adjudication Information	S		Expect when claim was previously adjudicated by payer identified in loop 2330B and this service line has payments/adjustments applied.
2430	SVD01	Other Payer Primary Identifier	R	Where 2430/SVD01 = 1000A/NM109 Must match with 2330B/NM109	Expect Other Payer Primary Identifier
2430	SVD02	Service Line Paid Amount	R		Expect Service Line Paid Amount
2430	SVD03	Composite Medical Procedure Identifier	R		
2430	SVD03-1	Product or Service ID Qualifier	R	AD American Dental Association Codes ER Jurisdiction Specific Procedure and Supply Codes	Expect applicable code
2430	SVD03-2	Procedure Code	R		Expect Procedure Code
2430	SVD03-3	Procedure Modifier	S		Expect Procedure Modifier
2430	SVD03-4	Procedure Modifier	S		Expect Procedure Modifier
2430	SVD03-5	Procedure Modifier	S		Expect Procedure Modifier
2430	SVD03-6	Procedure Modifier	S		Expect Procedure Modifier
2430	SVD03-7	Procedure Code Description	S		NOT USED BY MQD
2430	SVD04	Product/Service ID	N/U		NOT USED
2430	SVD05	Paid Service Unit Count	R		Expect the number of paid units from the remittance advice. When not present on remittance, expect original billed units.
2430	SVD06	Bundled or Unbundled Line Number	S		NOT USED BY MQD
2430	CAS	Line Adjustment	S		Expect when claim was previously adjudicated by payer identified in loop 2330B and this service line has payments/adjustments applied. Adjustment Trios (6 trios of CARC, Amount & Quantity) may be sent
2430	CAS01	Claim Adjustment Group Code	R	CO=Contractual Obligations CR=Correction and Reversals OA=Other adjustments PI=Payor Initiated Reductions PR=Patient Responsibility	Expect CO, CR, OA, PI, PR
2430	CAS02	Adjustment Reason Code	R		Expect Adjustment Reason Code
2430	CAS03	Adjustment Amount	R		Expect Adjustment Amount
2430	CAS04	Adjustment Quantity	S		Expect Adjustment Qty
2430	CAS05	Adjustment Reason Code	S		Expect Adjustment Reason Code
2430	CAS06	Adjustment Amount	S		Expect Adjustment Amount
2430	CAS07	Adjustment Quantity	S		Expect Adjustment Qty
2430	CAS08	Adjustment Reason Code	S		Expect Adjustment Reason Code
2430	CAS09	Adjustment Amount	S		Expect Adjustment Amount
2430	CAS10	Adjustment Quantity	S		Expect Adjustment Qty

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ID	Element	Description 837-D 5010 A2 FFS	Usage Reg.	Values / Note	MQD Usage/Expected Value - as copied from AZ
2430	CAS11	Adjustment Reason Code	S		Expect Adjustment Reason Code
2430	CAS12	Adjustment Amount	S		Expect Adjustment Amount
2430	CAS13	Adjustment Quantity	S		Expect Adjustment Qty
2430	CAS14	Adjustment Reason Code	S		Expect Adjustment Reason Code
2430	CAS15	Adjustment Amount	S		Expect Adjustment Amount
2430	CAS16	Adjustment Quantity	S		Expect Adjustment Qty
2430	CAS17	Adjustment Reason Code	S		Expect Adjustment Reason Code
2430	CAS18	Adjustment Amount	S		Expect Adjustment Amount
2430	CAS19	Adjustment Quantity	S		Expect Adjustment Qty
2430	DTP	Line Check or Remittance Date	R		
2430	DTP01	Date Time Qualifier	R	573	Expect '573'
2430	DTP02	Date Time Period Format Qualifier	R		Expect 'D8'
2430	DTP03	Adjudication or Payment Date	R	CCYYMMDD	Expect Adjudication or Payment Date
2430	AMT	Remaining Patient Liability	S		SEGMENT NOT USED BY MQD
2430	AMT01	Amount Qualifier Code	R	EAF=Amount Owed	NOT USED BY MQD
2430	AMT02	Remaining Patient Liability	R		NOT USED BY MQD
2430	AMT03	Credit/Debit Flag Code	N/U		NOT USED
	SE	Transaction Set Trailer	R		
	SE01	Transaction Set Control Number	R		
	SE02	Transaction Set Control Number	R		
	GE	Function Group Trailer	R		
	GE01	Number of Transaction Sets Included	R		
	GE02	Group Control Number	R		
	IEA	Interchange Control Trailer	R		
	IEA01	Number of Included Functional Groups	R		
	IEA02	Interchange Control Number	R		

4.2 Payer Specific Business Rules and Limitations

4.3 Frequently Asked Questions

None available at this time.

4.4 Other Resources

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5. TI Change Summary

#	Location & Section	Revision
0.1		<ul style="list-style-type: none">• 1st Draft
		<ul style="list-style-type: none">•

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