

## Appendix III

### Alaska 837 Institutional Instructions

#### Revision History

Date	Location	Revision
6/17/03	Entire guide (through Appendix IV)	Initial release
10/3/03	Entire guide (through Appendix V)	Added Appendix V: Alaska 835 Payment/Advice Instructions; no changes made to this appendix
12/29/03	Footers	Modified page numbers
06/19/07	Entire Guide	Added COBA & NPI requirements
08/23/07	Billing provider REF01	Added reference to the tax id number

## Alaska Trading Partner Companion Guide

---

The following table identifies the information that will be contained in the mapping tables in the appendices for submitting EDI transactions to Alaska Medical Assistance. The columns used in all data tables are:

<b>I.G. Page</b>	Referenced Page in the HIPAA ANSI X12N Implementation Guide (including any approved addenda)	
<b>I.G. SegID</b>	Segment ID in the Implementation Guide.	
<b>I.G. RefDes</b>	Field ID in the Implementation Guide.	
<b>I.G. Use</b>	Usage in the Implementation Guide: R means Required, and S means Situational, as defined by the national standard in the Implementation Guide.	
<b>I.G. Element Name</b>	Name of the element as given in the Implementation Guide.	
<b>Alaska</b>	This field describes the use of the segment/field by Alaska Medical Assistance as discussed below:	
	*	There is a requirement specific to Alaska Medical Assistance. Instructions to complete this field have been provided which detail the specifications for Alaska Medical Assistance. The expected values are highlighted.
	X	This indicates segments and/or fields, that will be validated and stored but may not be used for the purpose of claims processing by Alaska Medical Assistance.
	IG	This indicates that the expected values are identical to those in the Implementation Guide.
<b>Usage Details and Expected Value</b>	This field describes the expected values. The values required by Alaska Medical Assistance are highlighted. An explanation of the field may be provided. If values are not highlighted, any value listed is acceptable. If there are five (5) or less values listed in the Implementation Guide, then all of the values are listed in the transaction table. If more than five (5) values are listed in the Implementation Guide, then <b>&lt;See IG List&gt;</b> will appear in this column.	
<b>Additional Instructions</b>	This column provides instructions for populating the field in question and may include specific instructions regarding Alaska Medical Assistance.	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>B.3</b>	<b>ISA</b>		<b>R</b>	<b>Interchange Control Header</b>			
		ISA01	R	Authorization Information Qualifier	*	“00” - No Authorization Information Present	Enter ‘00’ here.
		ISA02	R	Authorization Information	IG	10 blanks	
		ISA03	R	Security Information Qualifier	*	“00” - No Security Information Present	Enter ‘00’ here.
		ISA04	R	Security Information	IG	10 blanks	
		ISA05	R	Interchange ID Qualifier	*	“ZZ” - Mutually Defined	
		ISA06	R	Interchange Sender ID	IG	Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID Element	
		ISA07	R	Interchange ID Qualifier	*	“ZZ” - Mutually Defined	
		ISA08	R	Interchange Receiver ID	*	“AKMEDICAID FHSC”	This is the ID of Alaska Medical Assistance. Enter ‘AKMEDICAID FHSC’ here.
		ISA09	R	Interchange Date	IG	“YYMMDD” - Date of the Interchange	
		ISA10	R	Interchange Time	IG	“HHMM” - Time of the Interchange	
		ISA11	R	Interchange Control Standards Identifier	IG	“U” - U.S. EDI Community of ASC X12, TDCC and UCS	
		ISA12	R	Interchange Control Version Number	IG	“00401” - Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
		ISA13	R	Interchange Control Number	*	<b>Batch Number</b> (ISA13 must be identical to the associated Interchange Trailer IEA02)	
		ISA14	R	Acknowledgement Requested	*	“0” - No Acknowledgment Requested	Enter ‘0’ here.
		ISA15	R	Usage indicator	IG	“T” - Test Data “P” - Production Data	When testing enter ‘T’ or When in regular production enter ‘P’

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		ISA16	R	Component Element Separator	*	Component Element Separator - The component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator.	
<b>B.8 &amp; 48A</b>	<b>GS</b>		<b>R</b>	<b>Functional Group Header</b>			
		GS01	R	Functional Identifier Code	IG	“HC” – Health Care Claim (837)	
		GS02	R	Application Sender’s Code	IG	Code identifying party sending transmission; codes agreed to by trading partners	
		GS03	R	Application Receiver’s Code	*	“AKMEDICAID FHSC”	This is the ID of Alaska Medical Assistance. Enter ‘AKMEDICAID FHSC’ here.
		GS04	R	Date	IG	Functional Group Creation Date expressed as CCYYMMDD	
		GS05	R	Time	IG	Functional Group Creation Time	
		GS06	R	Group Control Number	IG	Sender’s Assigned Number (GS06 must be identical to the associated Functional Group Trailer GE02)	
		GS07	R	Responsible Agency Code	IG	“X” - Accredited Standards Committee X12	
		GS08	R	Version/Release/Industry Identifier Code	IG	“004010X096A1”	Enter ‘004010X096A1’ here.
<b>56</b>	<b>ST</b>		<b>R</b>	<b>Transaction Set Header</b>			
		ST01	R	Transaction Set Identifier Code	IG	“837” – Health Care Claim	
		ST02	R	Transaction Set Control Number	IG	Variable - Unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges. (The Transaction Set Control Numbers in ST02 and SE02 must be identical.)	
<b>57</b>	<b>BHT</b>		<b>R</b>	<b>Beginning of Hierarchical Transaction</b>			
		BHT01	R	Hierarchical Structure Code	IG	“0019” - Information Source, Subscriber, Dependent	

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		BHT02	R	Transaction Set Purpose Code	IG	“00” – Original “18” – Reissue	Enter value ‘00’ for an Original transaction and ‘18’ for a Reissue. The terms “original” and “reissue” refer to the electronic transmission status of the 837 batch, not the billing status. <i>“Original” - Original transmission are claims/encounters which have never been sent to the receiver. Generally, nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original.</i> <i>“Reissue” -In the case where a transmission was disrupted, the receiver can request that the batch be sent again. Use “Reissue” when resending transmission batches that have been previously sent.</i>
		BHT03	R	Reference Identification	IG	Originator Application Transaction Identifier	This is the inventory file number of the transmission assigned by the submitter’s system. This number operates as a batch control number. It may or may not be identical to the number carried in the ST02.
		BHT04	R	Date	IG	Transaction Set Creation Date	Use this date to identify the date on which the submitter created the file. Date expressed as CCYYMMDD. <b>(Billing Date)</b>
		BHT05	R	Time	IG	Transaction Set Creation Time	Use the time to identify the time of day that the submitter created the file. Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99).
		BHT06	R	Transaction Type Code	*	Claim or Encounter Information “CH” - Chargeable	Enter ‘CH’ here.

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>60 &amp; 11A</b>	<b>REF</b>		<b>R</b>	<b>Transmission Type Identification</b>			
		REF01	R	Reference Identification Qualifier	*	“087” - Functional Category	Enter ‘087’ here.
		REF02	R	Reference Identification	*	“004010X096DA1” for Testing “004010X096A1” for Production	Enter value ‘004010X096DA1’ for Testing or ‘004010X096A1’ for Production
			<b>R</b>	<b>LOOP 1000A - SUBMITTER NAME</b>			
<b>61</b>	<b>NM1</b>		<b>R</b>	<b>Submitter Name</b>			
		NM101	R	Entity Identifier Code	IG	“41” - Submitter	
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person Entity	Enter ‘1’ if submitter is a person, ‘2’ if non-person/organization
		NM103	R	Name Last or Organization Name	IG	Submitter Last or Organization Name	
		NM104	S	Name First	IG	Submitter First Name Required if NM102 = 1	
		NM105	S	Name Middle	IG	Submitter Middle Name Required if NM102 = 1 and is known	
		NM108	R	Identification Code Qualifier	IG	“46” - Electronic Submitter Identification Number(ETIN)	
		NM109	R	Identification Code	IG	Submitter Identifier	Enter your submitter ID here.
<b>64</b>	<b>PER</b>		<b>R</b>	<b>Submitter EDI Contact Information</b>			
		PER01	R	Contact Function Code	IG	“IC” - Information Contact	
		PER02	R	Name	IG	Submitter Contact Name	
		PER03	R	Communication Number Qualifier	IG	“ED” - Electronic Data Interchange Access Number “EM” - Electronic Mail “FX” - Facsimile “TE” - Telephone	
		PER04	R	Communication Number	IG	Complete communications number including country or area code when applicable	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		PER05	S	Communication Number Qualifier	IG	“ED” - Electronic Data Interchange Access Number “EM” - Electronic Mail “EX” - Telephone Extension “FX” - Facsimile “TE” - Telephone	
		PER06	S	Communication Number	IG	Complete communications number including country or area code when applicable	
		PER07	S	Communication Number Qualifier	IG	“ED” - Electronic Data Interchange Access Number “EM” - Electronic Mail “EX” - Telephone Extension “FX” - Facsimile “TE” - Telephone	
		PER08	S	Communication Number	IG	Complete communications number including country or area code when applicable	
				<b>R LOOP 1000B - RECEIVER NAME</b>			
<b>67</b>	<b>NM1</b>		<b>R</b>	<b>Receiver Name</b>			
		NM101	R	Entity Identifier Code	IG	“40” Receiver	
		NM102	R	Entity Type Qualifier	IG	“2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	*	“AKMEDICAID FHSC”	Enter ‘AKMEDICAID FHSC’ identifying receiver as Alaska Medical Assistance.
		NM108	R	Identification Code Qualifier	IG	“46” - Electronic Transmitter Identification Number (ETIN)	
		NM109	R	Identification Code	*	“AKMEDICAID FHSC”	Enter ‘AKMEDICAID FHSC’ identifying receiver as Alaska Medical Assistance.

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
			<b>R</b>	<b>LOOP 2000A - BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL</b>			<b>Alaska Medical Assistance System doesn't currently support the separate identification of both billing provider and pay-to provider information. These terms are interchangeable and synonymous. Complete only billing/pay-to provider information in Loop 2000A and 2010AA (not the pay-to information in Loop 2010AB)</b>
<b>69</b>	<b>HL</b>		<b>R</b>	<b>Billing/Pay-To Provider Hierarchical Level</b>			
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	
		HL03	R	Hierarchical Level Code	IG	"20" - Information Source	
		HL04	R	Hierarchical Child Code	IG	"1" - Additional Subordinate HL data segments in this Hierarchical Structure.	
<b>71 &amp; 12A</b>	<b>PRV</b>		<b>S</b>	<b>Billing/Pay-To Provider Specialty Information</b>			<b>Alaska Medical Assistance recommends inclusion of the billing provider's taxonomy code for claim adjudication.</b>
		PRV01	R	Provider Code	*	<b>"BI"</b> – Billing Provider <b>"PT"</b> – Pay To	Enter either "BI" or "PF" here.
		PRV02	R	Reference Identification Qualifier	IG	"ZZ" - Taxonomy Identifier	
		PRV03	R	Reference Identification	IG	Provider Taxonomy Code	
<b>73</b>	<b>CUR</b>		<b>S</b>	<b>Foreign Currency Information</b>			
		CUR01	R	Entity Identifier Code	IG	"85" - Billing Provider	
		CUR02	R	Currency Code	*	<b>"USD"</b> - US Dollars	Alaska Medical Assistance doesn't accept electronic claims from out-of-country providers. If this segment is used, the only valid value is "USD". Out-of-Country providers need to submit paper claims.
			<b>R</b>	<b>LOOP 2010AA - BILLING PROVIDER NAME</b>			

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>76</b>	<b>NM1</b>		<b>R</b>	<b>Billing Provider Name</b>			
		NM101	R	Entity Identifier Code	IG	“85” - Billing Provider	
		NM102	R	Entity Type Qualifier	IG	“2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	IG	Billing Provider Last or Organizational Name	
		NM108	R	Identification Code Qualifier	IG	“24” - Employer’s Identification Number “34” - Social Security Number “XX” - National Provider Identifier	Enter 'XX' for NPI.
		NM109	R	Identification Code	IG	Billing Provider Identifier NPI	Enter NPI.
<b>79</b>	<b>N3</b>		<b>R</b>	<b>Billing Provider Address</b>			
		N301	R	Address Information	IG	Billing Provider Address Line	
		N302	S	Address Information	IG	Billing Provider Address Line	
<b>80</b>	<b>N4</b>		<b>R</b>	<b>Billing Provider City/State/Zip Code</b>			
		N401	R	City Name	IG	Billing Provider City Name	
		N402	R	State or Province Code	IG	Billing Provider State or Province Code	
		N403	R	Postal Code	IG	Billing Provider ZIP Code	Include all 9 digits of the zip code.
		N404	S	Country Code	IG	Billing Provider Country Code Required when out of U.S.	
<b>82</b>	<b>REF</b>		<b>S</b>	<b>Billing Provider Secondary Identification</b>			
		REF01	R	Reference Identification Qualifier	*	‘EI’ or ‘SY’ – Provider’s Tax id number ‘1D’ – Medicaid Provider Number (Dual Use Only)	Alaska Medical Assistance will accept the TAX id number but not use it for processing. During Dual Use period the Medicaid provider number qualifier ‘1D’ should be provided in an additional occurrence of this segment
		REF02	R	Reference Identification	*	Billing Provider Additional Identifier. In the case of group practice or agency, the provider identifier of the group or agency is to be used. When reporting the Medicaid Number, it is the number assigned to the group or agency	Enter the Billing Provider’s Tax ID in one occurrence of this segment. During Dual Use, enter the billing provider’s Medicaid id in a second occurrence of the segment.
<b>85</b>	<b>REF</b>		<b>S</b>	<b>Credit/Debit Card Billing Information</b>			<b>The information carried under this segment must never be send to the payer. Do not send this information to Alaska Medical Assistance.</b>

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
87	PER		S	<b>Billing Provider Contact Information</b>			
		PER01	R	Contact Function Code	IG	“IC” - Information Contact	
		PER02	R	Name	IG	Billing Provider Contact Name	
		PER03	R	Communication Number Qualifier	IG	“EM” - Electronic Mail “FX” - Facsimile “TE” - Telephone	
		PER04	R	Communication Number	IG	Complete communications number including country or area code when applicable	
		PER05	S	Communication Number Qualifier	IG	“EM” - Electronic Mail “EX” - Telephone Extension “FX” - Facsimile “TE” - Telephone	
		PER06	S	Communication Number	IG	Complete communications number including country or area code when applicable	
		PER07	S	Communication Number Qualifier	IG	“EM” - Electronic Mail “EX” - Telephone Extension “FX” - Facsimile “TE” -Telephone	
		PER08	S	Communication Number	IG	Complete communications number including country or area code when applicable	
			S	<b>LOOP 2010AB - PAY-TO PROVIDER NAME</b>			<b>For Alaska Medical Assistance, the Pay-To Provider is same as Billing Provider. Do not send this information to Alaska Medical Assistance. (See note in loop 2000A).</b>
91	NM1		S	Pay-To Provider Name			
94	N3		R	Pay-To Provider Address			
95	N4		R	Pay-To Provider City/State/Zip Code			
97	REF		S	Pay-To-Provider Secondary Identification			

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
			<b>R</b>	<b>LOOP 2000B - SUBSCRIBER HIERARCHICAL LEVEL</b>			<p>For Alaska Medical Assistance, each recipient is assigned a unique ID number; therefore, the patient is considered as the subscriber for all HIPAA transactions.</p> <p><b>Complete LOOP 2000B related to Alaska Medical Assistance benefits only.</b></p> <p><b>Complete Loop 2320 and repeat as necessary to report all other available coverage.</b></p>
<b>99</b>	<b>HL</b>		<b>R</b>	<b>Hierarchical Level</b>			
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	
		HL02	R	Hierarchical Parent ID Number	IG	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	
		HL03	R	Hierarchical Level Code	IG	“22” - Subscriber	
		HL04	R	Hierarchical Child Code	*	“0” - No Subordinate HL Segment in this Hierarchical Structure.	Enter ‘0’ here (For Alaska Medical Assistance the patient is always the subscriber).
<b>101</b>	<b>SBR</b>		<b>R</b>	<b>Subscriber Information</b>			
		SBR01	R	Payer Responsibility Sequence Number Code	*	“T” - Tertiary/Payer of last resort	Enter ‘T’ here. (Alaska Medical Assistance is the payer of last resort)
		SBR02	S	Individual Relationship Code	*	“18” - Self	Enter ‘18’ here.
		SBR03	S	Reference Identification	IG	Insured Group or Policy Number	
		SBR04	S	Name	IG	Insured Group Name	
		SBR09	S	Claim Filing Indicator Code	*	“MC” - Medicaid	Enter ‘MC’ for all Alaska Medical Assistance claims.
			<b>R</b>	<b>LOOP 2010BA - SUBSCRIBER NAME</b>			
<b>108</b>	<b>NM1</b>		<b>R</b>	<b>Subscriber Name</b>			
		NM101	R	Entity Identifier Code	IG	“IL” - Insured or Subscriber	Enter ‘IL’ for Insured or Subscriber.

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		NM102	R	Entity Type Qualifier	*	“1” - Person	Since the Subscriber is always a person, enter ‘1’ here.
		NM103	R	Name Last or Organization Name	*	Subscriber Last Name	Enter the recipient’s last name here.
		NM104	S	Name First	*	Subscriber First Name	Enter the recipient’s first name.
		NM105	S	Name Middle	*	Subscriber Middle Name	Enter the recipient’s middle name.
		NM107	S	Name Suffix	IG	Subscriber Name Suffix Required if known	
		NM108	S	Identification Code Qualifier	*	“MI” - Member Identification Number	Enter ‘MI’ here as the patient/subscriber identification number is assigned by the payer.
		NM109	S	Identification Code	*	Subscriber Primary Identifier	Enter the recipient’s Medical Assistance Program ID number here as it appears on the eligibility coupon or card.
<b>112</b>	<b>N3</b>		<b>S</b>	<b>Subscriber Address</b>			<b>Required as Alaska Medical Assistance considers the patient as the subscriber.</b>
		N301	R	Address Information	*	Subscriber Address Line	Enter the recipient address here.
		N302	S	Address Information	IG	Subscriber Address Line	
<b>113</b>	<b>N4</b>		<b>S</b>	<b>Subscriber City/State/Zip Code</b>			<b>Required as Alaska Medical Assistance considers the patient as the subscriber.</b>
		N401	R	City Name	*	Subscriber City Name	Enter the recipient’s city name.
		N402	R	State or Province Code	*	Subscriber State Code	Enter the recipient’s state.
		N403	R	Postal Code	*	Subscriber Postal Zone or ZIP Code	Enter the recipient’s zip code.
		N404	S	Country Code	IG	Subscriber Country Code	
<b>115</b>	<b>DMG</b>		<b>S</b>	<b>Subscriber Demographic Information</b>			<b>Required as Alaska Medical Assistance considers the patient as the subscriber.</b>
		DMG01	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DMG02	R	Date Time Period	*	Subscriber Birth Date	Enter the recipient’s date of birth in CCYYMMDD format here.
		DMG03	R	Gender Code	*	Subscriber Gender Code “F” - Female “M” - Male “U” - Unknown	Enter the recipient’s gender here.
<b>117</b>	<b>REF</b>		<b>S</b>	<b>Subscriber Secondary Identification</b>			

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions	
		REF01	R	Reference Identification Qualifier	X	“1W” - Member Identification Number “23” - Client Number “IG” - Insurance Policy Number “SY” - Social Security Number		
		REF02	R	Reference Identification	X	Subscriber Supplemental Identifier		
<b>119</b>	<b>REF</b>		<b>S</b>	<b>Property and Casualty Claim Number</b>				
		REF01	R	Reference Identification Qualifier	IG	“Y4” - Agency Claim Number		
		REF02	R	Reference Identification	IG	Property Casualty Claim Number		
			<b>S</b>	<b>LOOP 2010BB - CREDIT/DEBIT CARD HOLDER NAME</b>				
<b>121</b>	<b>NM1</b>		<b>S</b>	<b>Credit/Debit Card Holder Name</b>			<b>The information carried under this segment must never be send to the payer. Do not send this information to Alaska Medical Assistance.</b>	
<b>124</b>	<b>REF</b>		<b>S</b>	<b>Credit/Debit Card Information</b>			<b>The information carried under this segment must never be send to the payer. Do not send this information to Alaska Medical Assistance.</b>	
			<b>R</b>	<b>LOOP 2010BC - PAYER NAME</b>				
<b>126</b>	<b>NM1</b>		<b>R</b>	<b>Payer Name</b>				
		NM101	R	Entity Identifier Code	IG	“PR” - Payer	Enter ‘PR’ here for the identifier code.	
		NM102	R	Entity Type Qualifier	IG	“2” - Non-Person Entity	Enter ‘2’ here as Alaska Medical Assistance is an organization.	
		NM103	R	Name Last or Organization Name	*	“AKMEDICAID FHSC”	Enter ‘AKMEDICAID FHSC’, identifying payer as Alaska Medical Assistance.	
		NM108	R	Identification Code Qualifier	*	“PI” - Payor Identification	Enter ‘PI’ here.	
		NM109	R	Identification Code	*	“AKMEDICAID FHSC”	Enter ‘AKMEDICAID FHSC’, identifying payer as Alaska Medical Assistance.	
<b>129</b>	<b>N3</b>		<b>S</b>	<b>Payer Address</b>			<b>Refer to provider billing manual for Post Office Box address based on claim type or provider type.</b>	
		N301	R	Address Information	X	Payer Address Line		
		N302	S	Address Information	X	Payer Address Line		

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>130</b>	<b>N4</b>		<b>S</b>	<b>Payer City/State/Zip Code</b>			
		N401	R	City Name	X	Payer City Name	
		N402	R	State or Province Code	X	Payer State Code	
		N403	R	Postal Code	X	Payer Postal Zone or ZIP code	
		N404	S	Country Code	X	Payer Country Code	
<b>132</b>	<b>REF</b>		<b>S</b>	<b>Payer Secondary Identification</b>			
		REF01	R	Reference Identification Qualifier	X	“2U” - Payer Identification Number “FY” - Claim Office Number “NF” - National Association of Insurance Commissioners (NAIC) Code “TJ” - Federal Taxpayer’s Identification Number	
		REF02	R	Reference Identification	X	Payer Additional Identifier	
			<b>S</b>	<b>LOOP 2010BD - RESPONSIBLE PARTY NAME</b>			
<b>134</b>	<b>NM1</b>		<b>S</b>	<b>Responsible Party Name</b>			
		NM101	R	Entity Identifier Code	X	“QD” - Responsible Party	
		NM102	R	Entity Type Qualifier	X	“1” - Person “2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	X	Responsible Party Last or Organization Name	
		NM104	S	Name First	X	Responsible Party First Name Required if NM102 = 1	
		NM105	S	Name Middle	X	Responsible Party Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	X	Responsible Party Suffix Name Required if known	
<b>136</b>	<b>N3</b>		<b>R</b>	<b>Responsible Party Address</b>			
		N301	R	Address Information	X	Responsible Party Address Line	
		N302	S	Address Information	X	Responsible Party Address Line	
<b>137</b>	<b>N4</b>		<b>R</b>	<b>Responsible Party City/state/Zip Code</b>			
		N401	R	City Name	X	Responsible Party City Name	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		N402	R	State or Province Code	X	Responsible Party State Code	
		N403	R	Postal Code	X	Responsible Party Postal Zone or ZIP Code	
		N404	S	Country Code	X	Responsible Party Country Code Required if the address is outside U.S.	
			S	<b>LOOP 2000C - PATIENT HIERARCHICAL LEVEL</b>			<b>Since Alaska Medical Assistance requires that all patients be identified in subscriber loop (2000B), this loop is not applicable to Alaska Medical Assistance.</b>
139	HL		S	Patient Hierarchical Level			
141 & 14A	PAT		R	Patient Information			
			R	<b>LOOP 2010CA - PATIENT NAME</b>			<b>Since Alaska Medical Assistance requires that all patients be identified in subscriber loop (2000BA), this loop is not applicable to Alaska Medical Assistance.</b>
145	NM1		R	Patient Name			
148	N3		R	Patient Address			
149	N4		R	Patient City/State/Zip Code			
151	DMG		R	Patient Demographic Information			
153	REF		S	Patient Secondary Identification Number			
155	REF		S	Property and Casualty Claim Number			
			R	<b>LOOP 2300 - CLAIM INFORMATION</b>			
157 & 16A	CLM		R	Claim Information			

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		CLM01	R	Claim Submitter's Identifier	IG	Patient Account Number	Enter patient account number here; it will be reported on Remittance Advice statement as follows: <ul style="list-style-type: none"> <li>Up to a maximum of 11 alphanumeric characters will be referenced on <b>paper</b> Remittance Advice.</li> <li>Up to a maximum of 20 alphanumeric characters will be referenced on <b>electronic</b> 835 Remittance Advice.</li> </ul>
		CLM02	R	Monetary Amount	IG	Total Claim Charge	
		CLM05	R	Health Care Service Location Information	IG		
		CLM05-1	R	Facility Code Value	IG	Facility Type Code (Refer Code Source 237 : Place of Service)	
		CLM05-2	R	Facility Code Qualifier	IG	Facility Code Qualifier	
		CLM05-3	R	Claim Frequency Type Code	*	Claim Submission Reason Code (Refer Code Source 235 : Claim Frequency Type Code)	Enter '1' here if the claim submitted is Original. Enter '7' here if the claim submitted is an adjustment to a previous paid claim. Enter '8' here if the claim paid previously is to be voided.
		CLM06	R	Yes/No Condition or Response Code	IG	Provider or Supplier Signature Indicator "Y" - Yes "N" - No	Refer to companion guide narrative language page 9.
		CLM07	S	Provider Accept Assignment Code	IG	"A" - Assigned "C" - Not Assigned	Refer to companion guide narrative language page 9.
		CLM08	R	Yes/No Condition or Response Code	IG	Benefits Assignment Certification Indicator "N" - No "Y" - Yes	
		CLM09	R	Release of Information Code	IG	<See IG List>	
		CLM18	R	Yes/No Condition or Response Code	IG	Explanation of Benefits Indicator "N" - No "Y" - Yes	
		CLM20	S	Delay Reason Code	IG	<See IG List>	
<b>165</b>	<b>DTP</b>		<b>S</b>	<b>Discharge Hour</b>			
		DTP01	R	Date/Time Qualifier	IG	"096" - Discharge	

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		DTP02	R	Date Time Period Format Qualifier	IG	“TM” - Time Expressed in Format HHMM	
		DTP03	R	Date Time Period	IG	Discharge Hour	
<b>167</b>	<b>DTP</b>		<b>R</b>	<b>Statement Dates</b>			
		DTP01	R	Date/Time Qualifier	IG	“434” - Statement Dates	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” – Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD	
		DTP03	R	Date Time Period	IG	Statement From or To Date	
<b>169</b>	<b>DTP</b>		<b>S</b>	<b>Admission Date/Hour</b>			
		DTP01	R	Date/Time Qualifier	IG	“435” - Admission Date	
		DTP02	R	Date Time Period Format Qualifier	IG	“DT” - Date Expressed in Format CCYYMMDDHHMM	
		DTP03	R	Date Time Period	IG	Admission Date and Hour	
<b>171</b>	<b>CL1</b>		<b>S</b>	<b>Institutional Claim Code</b>			
		CL101	S	Admission Type Code	IG	(Code Source 231 : Admission Type Code)	
		CL102	S	Admission Source Code	IG	(Code Source 230 : Admission Source Code)	
		CL103	S	Patient Status Code	IG	(Code Source 239 : Patient Status Code)	
<b>173</b>	<b>PWK</b>		<b>S</b>	<b>Claim Supplemental Information</b>			<b>Required when the provider will be faxing paper documentation. Currently, Alaska Medical Assistance will only accept claim supplemental information by fax.</b>
		PWK01	R	Report Type Code	IG	Attachment Report Type Code <See IG List>	Enter the appropriate attachment report type code. <i>Do not send Radiology films as attachments</i>
		PWK02	R	Report Transmission Code	*	“FX” – Fax	Enter ‘FX’ here. <i>Fax the attachments the same day that claims are transmitted.</i>
		PWK05	S	Identification Code Qualifier	*	“AC” - Attachment Control Number	Required if any attachment is sent by Fax.
		PWK06	S	Identification Code	*	Attachment Control Number	Generate a unique attachment control number and put it on the Fax sent to support this claim. This attachment number may be used by Alaska Medical Assistance to match the attachment to the electronic claim record.

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		PWK07	S	Description	X	Attachment Description	
176	CN1		S	<b>Contract Information</b>			<b>Alaska Medical Assistance providers are not currently required to provide contract information on claims submitted.</b>
		CN101	R	Contract Type Code	IG	<See IG List>	
		CN102	S	Monetary Amount	IG	Contract Amount	
		CN103	S	Percent	IG	Contract Percentage	
		CN104	S	Reference Identification	IG	Contract Code	
		CN105	S	Terms Discount Percent	IG	Terms Discount Percentage	
		CN106	S	Version Identifier	IG	Contract Version Identifier	
178	AMT		S	<b>Payer Estimated Amount Due</b>			
		AMT01	R	Amount Qualifier Code	IG	“C5” - Claim Amount Due - Estimated	
		AMT02	R	Monetary Amount	IG	Monetary Amount	
180	AMT		S	<b>Patient Estimated Amount Due</b>			
		AMT01	R	Amount Qualifier Code	X	“F3” - Patient Responsibility - Estimated	
		AMT02	R	Monetary Amount	X	Monetary Amount	
182	AMT		S	<b>Patient Paid Amount</b>			
		AMT01	R	Amount Qualifier Code	*	“F5” - Patient Amount Paid	
		AMT02	R	Monetary Amount	*	Patient Amount Paid	Enter the patient paid amount when : <ul style="list-style-type: none"> <li>• Patient paid any amount prior to their Medicaid eligibility determination.</li> <li>• Patient paid required “Cost of Care” as determined by Division of Public Assistance for Long Term Care recipients.</li> </ul> <i>Not required when patient only paid copayment amount (Alaska Medical Assistance will automatically deduct applicable copayment amount)</i>
184	AMT		S	<b>Credit/Debit Card Maximum Amount</b>			<b>The information carried under this segment must never be send to the payer. Do not send this information to Alaska Medical Assistance.</b>
185	REF		S	<b>Adjusted Repriced Claims Number</b>			

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		REF01	R	Reference Identification Qualifier	IG	“9C” - Adjusted Repriced Claim Reference Number	
		REF02	R	Reference Identification	IG	Adjusted Repriced Claim Reference Number	
<b>186</b>	<b>REF</b>		<b>S</b>	<b>Repriced Claims Number</b>			
		REF01	R	Reference Identification Qualifier	IG	“9A” - Repriced Claim Reference Number	
		REF02	R	Reference Identification	IG	Repriced Claim Reference Number	
<b>187</b>	<b>REF</b>		<b>S</b>	<b>Claim Identification Number for Clearinghouses and Other Transmission Intermediaries</b>			
		REF01	R	Reference Identification Qualifier	X	“D9” - Claim Number	
		REF02	R	Reference Identification	X	Clearinghouse Trace Number	If this number is sent, it will be returned on 835 Remittance Advice. It will not be returned on any other transaction.
<b>189</b>	<b>REF</b>		<b>S</b>	<b>Document Identification Code</b>			
		REF01	R	Reference Identification Qualifier	IG	“DD” - Document Identification Code	
		REF02	R	Reference Identification	IG	Document Control Identifier	
<b>191</b>	<b>REF</b>		<b>S</b>	<b>Original Reference Number (ICN/DCN)</b>			<b>Required when CLM05-3=“7” or “8”.</b>
		REF01	R	Reference Identification Qualifier	IG	“F8” - Original Reference Number	
		REF02	R	Reference Identification	IG	Claim Original Reference Number	Report the Claim control Number (CCN) assigned by the Alaska Medical Assistance to identify the original claim.
<b>193</b>	<b>REF</b>		<b>S</b>	<b>Investigational Device Exemption Number</b>			
		REF01	R	Reference Identification Qualifier	IG	“LX” - Qualified Products List	
		REF02	R	Reference Identification	IG	Investigational Device Exemption Identifier	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>195</b>	<b>REF</b>		<b>S</b>	<b>Service Authorization Exception Code</b>			<b>Not Required by Alaska State Law at this time.</b>
		REF01	R	Reference Identification Qualifier	IG	“4N” - Special Payment Reference Number	
		REF02	R	Reference Identification	IG	Service Authorization Exception Code <See IG List>	
<b>197</b>	<b>REF</b>		<b>S</b>	<b>Peer Review Organization (PRO) Approval Number</b>			
		REF01	R	Reference Identification Qualifier	IG	“G4” - Peer Review Organization (PRO) Approval Number	
		REF02	R	Reference Identification	IG	Peer Review Authorization Number	
<b>198</b>	<b>REF</b>		<b>S</b>	<b>Prior Authorization or Referral Number</b>			<b>Required if services on the claim require Prior Authorization.</b>
		REF01	R	Reference Identification Qualifier	*	“G1” - Prior Authorization Number	Enter ‘G1’ here.
		REF02	R	Reference Identification	*	Prior Authorization Number	Enter the Prior Authorization number here.
<b>200</b>	<b>REF</b>		<b>S</b>	<b>Medical Record Number</b>			
		REF01	R	Reference Identification Qualifier	IG	“EA” - Medical Record Identification Number	
		REF02	R	Reference Identifier	IG	Medical Record Number	
<b>202</b>	<b>REF</b>		<b>S</b>	<b>Demonstration Project Identifier</b>			
		REF01	R	Reference Identification Qualifier	IG	“P4” - Project Code	
		REF02	R	Reference Identification	IG	Demonstration Project Identifier	
<b>204</b>	<b>K3</b>		<b>S</b>	<b>File Information</b>			<b>Alaska Medical Assistance does not currently require submission of file information in this segment.</b>
		K301	R	Fixed Format Information	IG	Data Agreed on by Sender and Receiver	
<b>205</b>	<b>NTE</b>		<b>S</b>	<b>Claim Note</b>			
		NTE01	R	Note Reference Code	X	<See IG List>	
		NTE02	R	Description	X	Claim Note Text	
<b>208</b>	<b>NTE</b>		<b>S</b>	<b>Billing Note</b>			
		NTE01	R	Note Reference Code	X	“ADD” - Additional Information	
		NTE02	R	Description	X	Claim Note Text	

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
210 7 18A	CR6		S	<b>Home Health Care Information</b>			
		CR601	R	Prognosis Code	IG	<See IG List>	
		CR602	R	Date	IG	Service From Date	
		CR603	S	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD	
		CR604	S	Date time Period	IG	Home Health Certification Period	
		CR605	R	Date	IG	Diagnosis Date	
		CR606	R	Yes/No Condition or Response Code	IG	Skilled Nursing Facility Indicator “N” - No “U” - Unknown “Y” - Yes	
		CR607	R	Yes/No Condition or Response Code	IG	Medicare Coverage Indicator “N” - No “Y” - Yes	
		CR608	R	Certification Type Code	IG	“I” - Initial “R” - Renewal “S” - Revised	
		CR609	S	Date	IG	Date Surgery Performed	
		CR610	S	Product/Service ID Qualifier	IG	Product or Service ID Qualifier “HC” - HCPCS and CPT codes “ID” - ICD-9-CM codes	
		CR611	S	Medical Code Value	IG	Surgical Procedure Code Required when surgery was performed	
		CR612	S	Date	IG	Physician Order Date	
		CR613	S	Date	IG	Last Visit Date	
		CR614	S	Date	IG	Physician Contact Date	
		CR615	S	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD	
		CR616	S	Date time Period	IG	Last Admission Date	
		CR617	R	Patient Location Code	IG	Patient Discharge Facility Type Code <See IG List>	
		CR618	S	Date	IG	Diagnosis Date	
		CR619	S	Date	IG	Same as above	
		CR620	S	Date	IG	Same as above	
		CR621	S	Date	IG	Same as above	

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>218</b>	<b>CRC</b>		<b>S</b>	<b>Home Health Functional Limitations</b>			
		CRC01	R	Category Code	IG	“75” - Functional Limitations	
		CRC02	R	Yes/No Condition or Response Code	IG	Certification Condition Indicator “N” – No “Y” – Yes	
		CRC03	R	Condition Indicator	IG	Functional Limitation Code <See IG List>	
		CRC04	S	Condition Indicator	IG	Same as above	
		CRC05	S	Condition Indicator	IG	Same as above	
		CRC06	S	Condition Indicator	IG	Same as above	
		CRC07	S	Condition Indicator	IG	Same as above	
<b>221</b>	<b>CRC</b>		<b>S</b>	<b>Home Health Activities Permitted</b>			
		CRC01	R	Category Code	IG	“76” - Activities Permitted	
		CRC02	R	Yes/No Condition or Response Code	IG	Functional Limitation Code “N” - No “Y” - Yes	
		CRC03	R	Condition Indicator	IG	Activities Permitted Code <See IG List>	
		CRC04	S	Condition Indicator	IG	Same as above Required when more than one Activities Permitted Code is applicable to the patient	
		CRC05	S	Condition Indicator	IG	Same as above	
		CRC06	S	Condition Indicator	IG	Same as above	
		CRC07	S	Condition Indicator	IG	Same as above	
<b>224</b>	<b>CRC</b>		<b>S</b>	<b>Home Health Mental Status</b>			
		CRC01	R	Code Category	IG	“77” - Mental Status	
		CRC02	R	Yes/No Condition or Response Code	IG	Functional Limitation Code “N” - No “Y” – Yes	
		CRC03	R	Condition Indicator	IG	Mental Status Code <See IG List>	
		CRC04	S	Condition Indicator	IG	Same as above	
		CRC05	S	Condition Indicator	IG	Same as above	

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		CRC06	S	Condition Indicator	IG	Same as above	
		CRC07	S	Condition Indicator	IG	Same as above	
<b>227 &amp; 19A</b>	<b>HI</b>		<b>S</b>	<b>Principal, Admitting, E-code and Patient Reason for Visit Diagnosis Information</b>			
		HI01	R	Health Care Code Information			
		HI01-1	R	Code List Qualifier Code	IG	“BK” - Principal Diagnosis Code	
		HI01-2	R	Industry Code	IG	Diagnosis Code	
		HI02	S	Health Care Code Information	IG	Additional Diagnosis Code	
		HI02-1	R	Code List Qualifier Code	IG	“BJ” - Admitting Diagnosis “ZZ” - Mutually Defined	
		HI02-2	R	Industry Code	IG	Diagnosis Code	
		HI03	S	Health Care Code Information	IG	Additional Diagnosis Code	
		HI03-1	R	Code List Qualifier Code	X	“BN” - United States Department of Health and Human Services office of Vital Statistics E-Code	
		HI03-2	R	Industry Code	X	Diagnosis Code	
<b>230</b>	<b>HI</b>		<b>S</b>	<b>Diagnosis Related Group (DRG) Information</b>			<b>Alaska Medical Assistance does not currently reimburse DRG payment methodology.</b>
		HI01	R	Health Care Code Information			
		HI01-1	R	Code List Qualifier Code	IG	“DR” - Diagnosis Related Group (DRG)	
		HI01-2	R	Industry Code	IG	Diagnosis Related Group (DRG) Code	
<b>232</b>	<b>HI</b>		<b>S</b>	<b>Other Diagnosis Information</b>			
		HI01	R	Health Care Code Information			
		HI01-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI01-2	R	Industry Code	IG	Other Diagnosis	
		HI02	S	Health Care Code Information			
		HI02-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI02-2	R	Industry Code	IG	Other Diagnosis	
		HI03	S	Health Care Code Information			
		HI03-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI03-2	R	Industry Code	IG	Other Diagnosis	
		HI04	S	Health Care Code Information			
		HI04-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI04-2	R	Industry Code	IG	Other Diagnosis	
		HI05	S	Health Care Code Information			
		HI05-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI05-2	R	Industry Code	IG	Other Diagnosis	
		HI06	S	Health Care Code Information			
		HI06-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI06-2	R	Industry Code	IG	Other Diagnosis	
		HI07	S	Health Care Code Information			
		HI07-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI07-2	R	Industry Code	IG	Other Diagnosis	
		HI08	S	Health Care Code Information			
		HI08-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI08-2	R	Industry Code	IG	Other Diagnosis	
		HI09	S	Health Care Code Information			
		HI09-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI09-2	R	Industry Code	IG	Other Diagnosis	
		HI10	S	Health Care Code Information			
		HI10-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI10-2	R	Industry Code	IG	Other Diagnosis	
		HI11	S	Health Care Code Information			
		HI11-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI11-2	R	Industry Code	IG	Other Diagnosis	
		HI12	S	Health Care Code Information			
		HI12-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI12-2	R	Industry Code	IG	Other Diagnosis	
<b>242</b>	<b>HI</b>		<b>S</b>	<b>Principal Procedure Information</b>			
		HI01	R	Health Care Code Information			
		HI01-1	R	Code List Qualifier Code	*	“BR” - ICD-9-CM Principal Procedure	Enter ‘BR’ here.
		HI01-2	R	Industry Code	*	Principal Procedure Code	Enter the Surgical Procedure Code here.
		HI01-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI01-4	S	Date Time Period	IG	Principal Procedure Date	
<b>244</b>	<b>HI</b>		<b>S</b>	<b>Other Procedure Information</b>			
		HI01	R	Health Care Code Information			
		HI01-1	R	Code List Qualifier Code	*	“BQ” - ICD-9-CM Principal Procedure	Enter ‘BQ’ here.
		HI01-2	R	Industry Code	*	Other Procedure Code	Enter the Additional Surgical Procedure Code here.
		HI01-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI01-4	S	Date Time Period	IG	Procedure Date	
		HI02	S	Health Care Code Information			
		HI02-1	R	Code List Qualifier Code	*	“BQ” - ICD-9-CM Principal Procedure	Enter ‘BQ’ here.
		HI02-2	R	Industry Code	*	Other Procedure Code	Enter the Additional Surgical Procedure Code here.
		HI02-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI02-4	S	Date Time Period	IG	Procedure Date	
		HI03	S	Health Care Code Information			
		HI03-1	R	Code List Qualifier Code	*	“BQ” - ICD-9-CM Principal Procedure	Enter ‘BQ’ here.

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI03-2	R	Industry Code	*	Other Procedure Code	Enter the Additional Surgical Procedure Code here.
		HI03-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI04-4	S	Date Time Period	IG	Procedure Date	
		HI04	S	Health Care Code Information			
		HI04-1	R	Code List Qualifier Code	*	“BQ” - ICD-9-CM Principal Procedure	Enter ‘BQ’ here.
		HI04-2	R	Industry Code	*	Other Procedure Code	Enter the Additional Surgical Procedure Code here.
		HI04-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI04-4	S	Date Time Period	IG	Procedure Date	
		HI05	S	Health Care Code Information			
		HI05-1	R	Code List Qualifier Code	*	“BQ” - ICD-9-CM Principal Procedure	Enter ‘BQ’ here.
		HI05-2	R	Industry Code	*	Other Procedure Code	Enter the Additional Surgical Procedure Code here.
		HI05-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI05-4	S	Date Time Period	IG	Procedure Date	
		HI06	S	Health Care Code Information			
		HI06-1	R	Code List Qualifier Code	*	“BQ” - ICD-9-CM Principal Procedure	Enter ‘BQ’ here.
		HI06-2	R	Industry Code	*	Other Procedure Code	Enter the Additional Surgical Procedure Code here.
		HI06-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI06-4	S	Date Time Period	IG	Procedure Date	
		HI07	S	Health Care Code Information			
		HI07-1	R	Code List Qualifier Code	*	“BQ” - ICD-9-CM Principal Procedure	Enter ‘BQ’ here.
		HI07-2	R	Industry Code	*	Other Procedure Code	Enter the Additional Surgical Procedure Code here.
		HI07-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI07-4	S	Date Time Period	IG	Procedure Date	
		HI08	S	Health Care Code Information			
		HI08-1	R	Code List Qualifier Code	*	“BQ” - ICD-9-CM Principal Procedure	Enter ‘BQ’ here.
		HI08-2	R	Industry Code	*	Other Procedure Code	Enter the Additional Surgical Procedure Code here.
		HI08-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI08-4	S	Date Time Period	IG	Procedure Date	
		HI09	S	Health Care Code Information			
		HI09-1	R	Code List Qualifier Code	*	“BQ” - ICD-9-CM Principal Procedure	Enter ‘BQ’ here.
		HI09-2	R	Industry Code	*	Other Procedure Code	Enter the Additional Surgical Procedure Code here.
		HI09-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI09-4	S	Date Time Period	IG	Procedure Date	
		HI10	S	Health Care Code Information			
		HI10-1	R	Code List Qualifier Code	*	“BQ” - ICD-9-CM Principal Procedure	Enter ‘BQ’ here.
		HI10-2	R	Industry Code	*	Other Procedure Code	Enter the Additional Surgical Procedure Code here.
		HI10-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI19-4	S	Date Time Period	IG	Procedure Date	
		HI11	S	Health Care Code Information			
		HI11-1	R	Code List Qualifier Code	*	“BQ” - ICD-9-CM Principal Procedure	Enter ‘BQ’ here.
		HI11-2	R	Industry Code	*	Other Procedure Code	Enter the Additional Surgical Procedure Code here.
		HI11-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI11-4	S	Date Time Period	IG	Procedure Date	
		HI12	S	Health Care Code Information			
		HI12-1	R	Code List Qualifier Code	*	“BQ” - ICD-9-CM Principal Procedure	Enter ‘BQ’ here.

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI12-2	R	Industry Code	*	Other Procedure Code	Enter the Additional Surgical Procedure Code here.
		HI12-3	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI12-4	S	Date Time Period	IG	Procedure Date	
<b>256</b>	<b>HI</b>		<b>S</b>	<b>Occurrence Span Information</b>			
		HI01	R	Health Care Code Information			
		HI01-1	R	Code List Qualifier Code	IG	“BI” - Occurrence Span	
		HI01-2	R	Industry Code	IG	Occurrence Span Code	
		HI01-3	R	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD	
		HI01-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI02	S	Health Care Code Information			
		HI02-1	R	Code List Qualifier Code	IG	“BI” - Occurrence Span	
		HI02-2	R	Industry Code	IG	Occurrence Span Code	
		HI02-3	R	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD	
		HI02-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI03	S	Health Care Code Information			
		HI03-1	R	Code List Qualifier Code	IG	“BI” - Occurrence Span	
		HI03-2	R	Industry Code	IG	Occurrence Span Code	
		HI03-3	R	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD	
		HI03-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI04	S	Health Care Code Information			
		HI04-1	R	Code List Qualifier Code	IG	“BI” - Occurrence Span	
		HI04-2	R	Industry Code	IG	Occurrence Span Code	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI04-3	R	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD	
		HI04-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI05	S	Health Care Code Information			
		HI05-1	R	Code List Qualifier Code	IG	“BI” - Occurrence Span	
		HI05-2	R	Industry Code	IG	Occurrence Span Code	
		HI05-3	R	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD	
		HI05-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI06	S	Health Care Code Information			
		HI06-1	R	Code List Qualifier Code	IG	“BI” - Occurrence Span	
		HI06-2	R	Industry Code	IG	Occurrence Span Code	
		HI06-3	R	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD	
		HI06-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI07	S	Health Care Code Information			
		HI07-1	R	Code List Qualifier Code	IG	“BI” - Occurrence Span	
		HI07-2	R	Industry Code	IG	Occurrence Span Code	
		HI07-3	R	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD	
		HI07-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI08	S	Health Care Code Information			
		HI08-1	R	Code List Qualifier Code	IG	“BI” - Occurrence Span	
		HI08-2	R	Industry Code	IG	Occurrence Span Code	
		HI08-3	R	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD	
		HI08-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI09	S	Health Care Code Information			
		HI09-1	R	Code List Qualifier Code	IG	“BI” - Occurrence Span	
		HI09-2	R	Industry Code	IG	Occurrence Span Code	
		HI09-3	R	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD	
		HI09-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI10	S	Health Care Code Information			
		HI10-1	R	Code List Qualifier Code	IG	“BI” - Occurrence Span	
		HI10-2	R	Industry Code	IG	Occurrence Span Code	
		HI10-3	R	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD	
		HI10-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI11	S	Health Care Code Information			
		HI11-1	R	Code List Qualifier Code	IG	“BI” - Occurrence Span	
		HI11-2	R	Industry Code	IG	Occurrence Span Code	
		HI11-3	R	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD	
		HI11-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI12	S	Health Care Code Information			
		HI12-1	R	Code List Qualifier Code	IG	“BI” - Occurrence Span	
		HI12-2	R	Industry Code	IG	Occurrence Span Code	
		HI12-3	R	Date Time Period Format Qualifier	IG	“RD8” - Range of Dates Expressed in Format CCYYMMDD – CCYYMMDD	
		HI12-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
<b>267</b>	<b>HI</b>		<b>S</b>	<b>Occurrence Information</b>			
		HI01	R	Health Care Code Information			
		HI01-1	R	Code List Qualifier Code	IG	“BH” - Occurrence	

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI01-2	R	Industry Code	IG	Occurrence Code	
		HI01-3	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI01-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI02	S	Health Care Code Information			
		HI02-1	R	Code List Qualifier Code	IG	“BH” - Occurrence	
		HI02-2	R	Industry Code	IG	Occurrence Code	
		HI02-3	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI02-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI03	S	Health Care Code Information			
		HI03-1	R	Code List Qualifier Code	IG	“BH” - Occurrence	
		HI03-2	R	Industry Code	IG	Occurrence Code	
		HI03-3	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI03-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI04	S	Health Care Code Information			
		HI04-1	R	Code List Qualifier Code	IG	“BH” - Occurrence	
		HI04-2	R	Industry Code	IG	Occurrence Code	
		HI04-3	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI04-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI05	S	Health Care Code Information			
		HI05-1	R	Code List Qualifier Code	IG	“BH” - Occurrence	
		HI05-2	R	Industry Code	IG	Occurrence Code	
		HI05-3	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI05-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI06	S	Health Care Code Information			
		HI06-1	R	Code List Qualifier Code	IG	“BH” - Occurrence	
		HI06-2	R	Industry Code	IG	Occurrence Code	
		HI06-3	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI06-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI07	S	Health Care Code Information			
		HI07-1	R	Code List Qualifier Code	IG	“BH” - Occurrence	
		HI07-2	R	Industry Code	IG	Occurrence Code	
		HI07-3	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI07-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI08	S	Health Care Code Information			
		HI08-1	R	Code List Qualifier Code	IG	“BH” - Occurrence	
		HI08-2	R	Industry Code	IG	Occurrence Code	
		HI08-3	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI08-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI09	S	Health Care Code Information			
		HI09-1	R	Code List Qualifier Code	IG	“BH” - Occurrence	
		HI09-2	R	Industry Code	IG	Occurrence Code	
		HI09-3	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI09-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI10	S	Health Care Code Information			

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI10-1	R	Code List Qualifier Code	IG	“BH” - Occurrence	
		HI10-2	R	Industry Code	IG	Occurrence Code	
		HI10-3	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI10-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI11	S	Health Care Code Information			
		HI11-1	R	Code List Qualifier Code	IG	“BH” - Occurrence	
		HI11-2	R	Industry Code	IG	Occurrence Code	
		HI11-3	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI11-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
		HI12	S	Health Care Code Information			
		HI12-1	R	Code List Qualifier Code	IG	“BH” - Occurrence	
		HI12-2	R	Industry Code	IG	Occurrence Code	
		HI12-3	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		HI12-4	R	Date Time Period	IG	Occurrence or Occurrence Span Code Associated Date	
<b>280</b>	<b>HI</b>		<b>S</b>	<b>Value Information</b>			
		HI01	R	Health Care Code Information			
		HI01-1	R	Code List Qualifier Code	IG	“BE” – Value	
		HI01-2	R	Industry Code	IG	Value Code	
		HI01-5	R	Monetary Amount	IG	Value Code Associated Amount	
		HI02	S	Health Care Code Information			
		HI02-1	R	Code List Qualifier Code	IG	“BE” – Value	
		HI02-2	R	Industry Code	IG	Value Code	
		HI02-5	R	Monetary Amount	IG	Value Code Associated Amount	
		HI03	S	Health Care Code Information			
		HI03-1	R	Code List Qualifier Code	IG	“BE” – Value	

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI03-2	R	Industry Code	IG	Value Code	
		HI03-5	R	Monetary Amount	IG	Value Code Associated Amount	
		HI04	S	Health Care Code Information			
		HI04-1	R	Code List Qualifier Code	IG	“BE” – Value	
		HI04-2	R	Industry Code	IG	Value Code	
		HI04-5	R	Monetary Amount	IG	Value Code Associated Amount	
		HI05	S	Health Care Code Information			
		HI05-1	R	Code List Qualifier Code	IG	“BE” – Value	
		HI05-2	R	Industry Code	IG	Value Code	
		HI05-5	R	Monetary Amount	IG	Value Code Associated Amount	
		HI06	S	Health Care Code Information			
		HI06-1	R	Code List Qualifier Code	IG	“BE” – Value	
		HI06-2	R	Industry Code	IG	Value Code	
		HI06-5	R	Monetary Amount	IG	Value Code Associated Amount	
		HI07	S	Health Care Code Information			
		HI07-1	R	Code List Qualifier Code	IG	“BE” – Value	
		HI07-2	R	Industry Code	IG	Value Code	
		HI07-5	R	Monetary Amount	IG	Value Code Associated Amount	
		HI08	S	Health Care Code Information			
		HI08-1	R	Code List Qualifier Code	IG	“BE” – Value	
		HI08-2	R	Industry Code	IG	Value Code	
		HI08-5	R	Monetary Amount	IG	Value Code Associated Amount	
		HI09	S	Health Care Code Information			
		HI09-1	R	Code List Qualifier Code	IG	“BE” – Value	
		HI09-2	R	Industry Code	IG	Value Code	
		HI09-5	R	Monetary Amount	IG	Value Code Associated Amount	
		HI10	S	Health Care Code Information			
		HI10-1	R	Code List Qualifier Code	IG	“BE” – Value	
		HI10-2	R	Industry Code	IG	Value Code	

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI10-5	R	Monetary Amount	IG	Value Code Associated Amount	
		HI11	S	Health Care Code Information			
		HI11-1	R	Code List Qualifier Code	IG	“BE” – Value	
		HI11-2	R	Industry Code	IG	Value Code	
		HI11-5	R	Monetary Amount	IG	Value Code Associated Amount	
		HI12	S	Health Care Code Information			
		HI12-1	R	Code List Qualifier Code	IG	“BE” – Value	
		HI12-2	R	Industry Code	IG	Value Code	
		HI12-5	R	Monetary Amount	IG	Value Code Associated Amount	
<b>290</b>	<b>HI</b>		<b>S</b>	<b>Condition Information</b>			
		HI01	R	Health Care Code Information			
		HI01-1	R	Code List Qualifier Code	IG	“BG” - Condition	
		HI01-2	R	Industry Code	IG	Condition Code	
		HI02	S	Health Care Code Information			
		HI02-1	R	Code List Qualifier Code	IG	“BG” - Condition	
		HI02-2	R	Industry Code	IG	Condition Code	
		HI03	S	Health Care Code Information			
		HI03-1	R	Code List Qualifier Code	IG	“BG” - Condition	
		HI03-2	R	Industry Code	IG	Condition Code	
		HI04	S	Health Care Code Information			
		HI04-1	R	Code List Qualifier Code	IG	“BG” - Condition	
		HI04-2	R	Industry Code	IG	Condition Code	
		HI05	S	Health Care Code Information			
		HI05-1	R	Code List Qualifier Code	IG	“BG” - Condition	
		HI05-2	R	Industry Code	IG	Condition Code	
		HI06	S	Health Care Code Information			
		HI06-1	R	Code List Qualifier Code	IG	“BG” - Condition	
		HI06-2	R	Industry Code	IG	Condition Code	

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI07	S	Health Care Code Information			
		HI07-1	R	Code List Qualifier Code	IG	“BG” - Condition	
		HI07-2	R	Industry Code	IG	Condition Code	
		HI08	S	Health Care Code Information			
		HI08-1	R	Code List Qualifier Code	IG	“BG” - Condition	
		HI08-2	R	Industry Code	IG	Condition Code	
		HI09	S	Health Care Code Information			
		HI09-1	R	Code List Qualifier Code	IG	“BG” - Condition	
		HI09-2	R	Industry Code	IG	Condition Code	
		HI10	S	Health Care Code Information			
		HI10-1	R	Code List Qualifier Code	IG	“BG” - Condition	
		HI10-2	R	Industry Code	IG	Condition Code	
		HI11	S	Health Care Code Information			
		HI11-1	R	Code List Qualifier Code	IG	“BG” - Condition	
		HI11-2	R	Industry Code	IG	Condition Code	
		HI12	S	Health Care Code Information			
		HI12-1	R	Code List Qualifier Code	IG	“BG” - Condition	
		HI12-2	R	Industry Code	IG	Condition Code	
<b>299</b>	<b>HI</b>		<b>S</b>	<b>Treatment Code Information</b>			
		HI01	R	Health Care Code Information			
		HI01-1	R	Code List Qualifier Code	IG	“TC” - Treatment Codes	
		HI01-2	R	Industry Code	IG	Treatment Code	
		HI02	S	Health Care Code Information			
		HI02-1	R	Code List Qualifier Code	IG	“TC” - Treatment Codes	
		HI02-2	R	Industry Code	IG	Treatment Code	
		HI03	S	Health Care Code Information			

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI03-1	R	Code List Qualifier Code	IG	“TC” - Treatment Codes	
		HI03-2	R	Industry Code	IG	Treatment Code	
		HI04	S	Health Care Code Information			
		HI04-1	R	Code List Qualifier Code	IG	“TC” - Treatment Codes	
		HI04-2	R	Industry Code	IG	Treatment Code	
		HI05	S	Health Care Code Information			
		HI05-1	R	Code List Qualifier Code	IG	“TC” - Treatment Codes	
		HI05-2	R	Industry Code	IG	Treatment Code	
		HI06	S	Health Care Code Information			
		HI06-1	R	Code List Qualifier Code	IG	“TC” - Treatment Codes	
		HI06-2	R	Industry Code	IG	Treatment Code	
		HI07	S	Health Care Code Information			
		HI07-1	R	Code List Qualifier Code	IG	“TC” - Treatment Codes	
		HI07-2	R	Industry Code	IG	Treatment Code	
		HI08	S	Health Care Code Information			
		HI08-1	R	Code List Qualifier Code	IG	“TC” - Treatment Codes	
		HI08-2	R	Industry Code	IG	Treatment Code	
		HI09	S	Health Care Code Information			
		HI09-1	R	Code List Qualifier Code	IG	“TC” - Treatment Codes	
		HI09-2	R	Industry Code	IG	Treatment Code	
		HI10	S	Health Care Code Information			
		HI10-1	R	Code List Qualifier Code	IG	“TC” - Treatment Codes	
		HI10-2	R	Industry Code	IG	Treatment Code	
		HI11	S	Health Care Code Information			
		HI11-1	R	Code List Qualifier Code	IG	“TC” - Treatment Codes	
		HI11-2	R	Industry Code	IG	Treatment Code	
		HI12	S	Health Care Code Information			

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HI12-1	R	Code List Qualifier Code	IG	“TC” - Treatment Codes	
		HI12-2	R	Industry Code	IG	Treatment Code	
<b>306</b>	<b>QTY</b>		<b>S</b>	<b>Claim Quantity</b>			
		QTY01	R	Quantity Qualifier	IG	“CA” - Covered Days “CD” - Coinsurance Days “LA” - Lifetime Reserve Days “NA” - Non-Covered Days	
		QTY02	R	Quantity	IG	Claim Days Count	
		QTY03	R	Composite Unit of Measure	IG	To identify a composite unit of measure	
		QTY03-1	R	Unit or Basis of Measurement Code	IG	“DA” - Days	
<b>308</b>	<b>HCP</b>		<b>S</b>	<b>Claim Pricing/Repricing Information</b>			
		HCP01	R	Pricing Methodology	IG	Code specifying pricing methodology at which the claim or line item has been priced or repriced <See IG List>	
		HCP02	R	Monetary Amount	IG	Repriced Allowed Amount	
		HCP03	S	Monetary Amount	IG	Repriced Saving Amount	
		HCP04	S	Reference Identification	IG	Repricing Organization Identifier	
		HCP05	S	Rate	IG	Repricing Per Diem or Flat Rate Amount	
		HCP06	S	Reference Identification	IG	Repriced Approved DRG Code	
		HCP07	S	Monetary Amount	IG	Repriced Approved Amount	
		HCP08	S	Product/Service Id	IG	Repriced Approved Revenue Code	
		HCP09	S	Product/Service Id Qualifier	IG	Product or Service Id Qualifier “HC” - HealthCare Financing Administration Common Procedural Coding System(HCPCS) Codes	
		HCP10	S	Product/Service Id	IG	Repriced Approved HCPCS Code	
		HCP11	S	Unit or Basis for Measurement Code	IG	“DA” - Days “UN” - Units	
		HCP12	S	Quantity	IG	Repriced Approved Service Unit Count	
		HCP13	S	Reject Reason Code	IG	Rejection Message <See IG List>	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions	
		HCP14	S	Policy Compliance	IG	Code specifying policy compliance “1” - Procedure Followed (Compliance) “2” - Not Followed - Call Not Made (Non-Compliance Call Not Made) “3” - Not Medically Necessary (Non-Compliance Non-Medically Necessary) “4” - Not Followed Other (Non-Compliance Other) “5” - Emergency Admit to Non-Network Hospital		
		HCP15	S	Exception Code	IG	Code specifying the exception reason for consideration of out-of-network health care services <See IG List>		
			<b>S</b>	<b>LOOP 2305 - HOME HEALTH CARE PLAN INFORMATION</b>				
<b>314</b>	<b>CR7</b>		<b>S</b>	<b>Home Health Care Plan Information</b>				
		CR701	R	Discipline Type Code	IG	Code indicating disciplines ordered by a physician <See IG List>		
		CR702	R	Number	IG	Visits Prior Recertification Date Count		
		CR703	R	Number	IG	Total Visit Projected This Certification Count		
<b>316</b>	<b>HSD</b>		<b>S</b>	<b>Health Care Services Delivery</b>				
		HSD01	S	Quantity Qualifier	IG	“VS” - Visits		
		HSD02	S	Quantity	IG	Number of Visits		
		HSD03	S	Unit or Basis for Measurement Code	IG	Frequency Period <See IG List>		
		HSD04	S	Sample Selection Modulus	IG	Frequency Count		
		HSD05	S	Time Period Qualifier	IG	Duration of Visits Units “7” - Day “35” - Week		
		HSD06	S	Number of Periods	IG	Ship, Delivery or Calendar Pattern Code		
		HSD07	S	Ship/Delivery or Calendar Pattern Code	IG	<See IG List>		

Refer to <http://alaska.fhsc.com> for current version  
 Appendix III—Alaska 837 Institutional Instructions

Version 5  
 08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HSD08	S	Ship/Delivery Pattern Time Code	IG	Delivery of Pattern Time Code “D” - A.M. “E” - P.M. “F” - As Directed	
			<b>S</b>	<b>LOOP 2310A - ATTENDING PHYSICIAN NAME</b>			
<b>321 &amp; 20A</b>	<b>NM1</b>		<b>S</b>	<b>Attending Physician Name</b>			
		NM101	R	Entity Identifier Code	IG	“71” - Attending Physician	
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	IG	Attending Physician Last Name	
		NM104	R	Name First	IG	Attending Physician First Name Required if NM102 = 1	
		NM105	S	Name Middle	IG	Attending Physician Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	IG	Attending Physician Name Suffix Required if known	
		NM108	R	Identification Code Qualifier	IG	“24” - Employer’s Identification Number “34” - Social Security Number “XX” - National Provider Identifier	Enter 'XX' for NPI.
		NM109	R	Identification Code	IG	Attending Physician Primary Identifier NPI	Enter NPI.
<b>324 &amp; 21A</b>	<b>PRV</b>		<b>S</b>	<b>Attending Physician Specialty Information</b>			<b>Alaska Medical Assistance recommends inclusion of the attending physician taxonomy code.</b>
		PRV01	R	Provider Code	IG	“AT” - Attending Physician “SU” - Supervising Physician	
		PRV02	R	Reference Identification Qualifier	IG	“ZZ” – Taxonomy Identifier	
		PRV03	R	Reference Identification	IG	Provider Taxonomy Code	
<b>326</b>	<b>REF</b>		<b>S</b>	<b>Attending Physician Secondary Identification</b>			

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		REF01	R	Reference Identification Qualifier	*	“1D” - Medicaid Provider Number (Dual Use Only)	Alaska Medical Assistance will accept only Medicaid Provider ID Number, enter ‘ID’ here. Enter attending Physicians Medical Provider ID number here, if known (Dual Use Only).
		REF02	R	Reference Identification	*	Attending Physician Secondary Identifier (Dual Use Only)	Enter Attending Physician’s Medicaid Provider ID Number here (Dual Use Only).
<b>S LOOP 2310B - OPERATING PHYSICIAN NAME</b>							
<b>328 &amp; 22A</b>	<b>NM1</b>		<b>S</b>	<b>Operating Physician Name</b>			
		NM101	R	Entity Identifier Code	IG	“72” – Operating Physician	
		NM102	R	Entity Type Qualifier	IG	“1” - Person	
		NM103	R	Name Last or Organization Name	IG	Operating Physician Last Name	
		NM104	R	Name First	IG	Operating Physician First Name	
		NM105	S	Name Middle	IG	Operating Physician Middle Name	
		NM107	S	Name Suffix	IG	Operating Physician Name Suffix	
		NM108	R	Identification Code Qualifier	IG	“24” - Employer’s Identification Number “34” - Social Security Number “XX” - National Provider Identifier	Enter “XX” for NPI.
		NM109	R	Identification Code	IG	Operating Physician Primary Identifier	Enter NPI.
<b>333</b>	<b>REF</b>		<b>S</b>	<b>Operating Physician Secondary Identification</b>			
		REF01	R	Reference Identification Qualifier	X	“1D” Medicaid Provider Number (Dual Use Only)	Alaska Medical Assistance will accept only Medicaid provider number, enter ‘1D’ here
		REF02	R	Reference Identification	X		Enter operating physician’s Medicaid Provider ID number here, if known (Dual Use Only).
<b>S LOOP 2310C - OTHER PROVIDER NAME</b>							
<b>335 &amp; 23A</b>	<b>NM1</b>		<b>S</b>	<b>Other Provider Name</b>			
		NM101	R	Entity Identifier Code	IG	“73” - Other Physician	
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	IG	Other Physician Last Name	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		NM104	S	Name First	IG	Other Physician First Name Required if NM102 = 1	
		NM105	S	Name Middle	IG	Other Provider Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	IG	Other Provider Name Suffix Required if known	
		NM108	S	Identification Code Qualifier	IG	“24” - Employer’s Identification Number “34” - Social Security Number “XX” - National Provider Identifier	Enter 'XX' for NPI.
		NM109	S	Identification Code	IG	Other Physician Identifier NPI	Enter NPI.
<b>340</b>	<b>REF</b>		<b>S</b>	<b>Other Physician Secondary Identification</b>			
		REF01	R	Reference Identification Qualifier	X	“1D” Medicaid Provider Number (Dual Use Only)	Alaska Medical Assistance will accept only Medicaid Provider Number. Enter “1D” here (Dual Use Only).
		REF02	R	Reference Identification	X	Other Physician Secondary Identification (Dual Use Only)	Enter Other Physician's Medicaid Provider ID Number here, if known. (Dual Use Only)
			<b>S</b>	<b>LOOP 2310E - SERVICE FACILITY NAME</b>			
<b>349</b>	<b>NM1</b>		<b>S</b>	<b>Service Facility Name</b>			
		NM101	R	Entity Identifier Code	IG	“FA” - Facility	
		NM102	R	Entity type Qualifier	IG	“2” - Non-Person Entity	
		NM103	S	Name Last or Organization Name	IG	Laboratory or Facility Name	
		NM108	S	Identification Code Qualifier	IG	“24” - Employer’s Identification Number “34” - Social Security Number “XX” - National Provider Identifier	Enter 'XX' for NPI.
		NM109	S	Identification Code	IG	Laboratory or Facility Primary Identifier	Enter NPI.
<b>354</b>	<b>N3</b>		<b>R</b>	<b>Service Facility Address</b>			
		N301	R	Address Information	IG	Laboratory or Facility Address Line	
		N302	S	Address Information	IG	Laboratory or Facility Address Line	
<b>355</b>	<b>N4</b>		<b>R</b>	<b>Service Facility City/State/Zip Code</b>			
		N401	R	City Name	IG	Laboratory or Facility City Name	
		N402	R	State or Province Code	IG	Laboratory or Facility State or Province Code	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		N403	R	Postal Code	IG	Laboratory or Facility Postal Zone or ZIP Code	Enter the 9-digit Zip Code.
		N404	S	Country Code	IG	Laboratory/Facility Country Code	
<b>357</b>	<b>REF</b>		<b>S</b>	<b>Service Facility Secondary Identification</b>			
		REF01	R	Reference Identification Qualifier	X	<b>“1D” Medicaid Provider Number</b>	Alaska Medical Assistance will accept only Medicaid Provider Number. Enter “1D” here (Dual Use Only).
		REF02	R	Reference Identification	X	Service Facility Secondary Identification (Dual Use Only)	Enter Service Facility’s Medicaid Provider ID Number here, if known(Dual Use Only)..
			<b>S</b>	<b>LOOP 2320 - OTHER SUBSCRIBER INFORMATION</b>			
<b>359</b>	<b>SBR</b>		<b>S</b>	<b>Other Subscriber Information</b>			
		SBR01	R	Payer Responsibility Sequence Number Code	IG	“P” - Primary “S” - Secondary “T” - Tertiary	
		SBR02	R	Individual Relationship Code	IG	<See IG List>	
		SBR03	S	Reference Identification	IG	Insured Group or Policy Number	
		SBR04	S	Name	IG	Other Insured Group Name	
		SBR09	S	Claim Filing Indicator Code	IG	<See IG List>	
<b>365</b>	<b>CAS</b>		<b>S</b>	<b>Claim Level Adjustment</b>			
		CAS01	R	Claim Adjustment Group Code	IG	“CO” - Contractual Obligation “CR” - Correction and Reversal “OA” - Other Adjustment “PI” - Payer Initiated Reductions “PR” - Patient Responsibility	
		CAS02	R	Claim Adjustment Reason Code	*	(Code Source139 : Claim Adjustment Reason Code)	
		CAS03	R	Monetary Amount	IG	Adjustment Amount If CAS01 ='PR' and CAS02 = '1', If CAS01 ='PR' and CAS02 = '2' or '122'	
		CAS04	S	Quantity	IG	Adjustment Quantity	
		CAS05	S	Claim Adjustment Reason Code	*	(Code Source139 : Claim Adjustment Reason Code)	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		CAS06	S	Monetary Amount	IG	Adjustment Amount If CAS01 = 'PR' and If CAS05 = '1' If CAS01 = 'PR' and CAS05 = '2' or '122'	
		CAS07	S	Quantity	IG	Adjustment Quantity	
		CAS08	S	Claim Adjustment Reason Code	*	(Code Source139 : Claim Adjustment Reason Code)	
		CAS09	S	Monetary Amount	IG	Adjustment Amount If CAS01 = 'PR' and CAS08 = '1' If CAS01 = 'PR' and CAS08 = '2'	
		CAS10	S	Quantity	IG	Adjustment Quantity	
		CAS11	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS12	S	Monetary Amount	IG	Adjustment Quantity If CAS01 = 'PR' and CAS11 = '1' If CAS01 = 'PR' and CAS11 = '2'	
		CAS13	S	Quantity	IG	Adjustment Quantity	
		CAS14	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS15	S	Monetary Amount	IG	Adjustment Amount If CAS01 = 'PR' and CAS14 = '1' If CAS01 = 'PR' and CAS14 = '2'	
		CAS16	S	Quantity	IG	Adjustment Quantity	
		CAS17	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS18	S	Monetary Amount	IG	Adjustment Amount If CAS01 = 'PR' and CAS17 = '1' If CAS01 = 'PR' and CAS17 = '2'	
		CAS19	S	Quantity	IG	Adjustment Quantity	
<b>371</b>	<b>AMT</b>		<b>S</b>	<b>Payer Prior Payment</b>			
		AMT01	R	Amount Qualifier Code	IG	"C4" - Prior Payment - Actual	
		AMT02	R	Monetary Amount	IG	Other Payer Patient Paid Amount	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
372	AMT		S	<b>Coordination of Benefits (COB) Total Allowed Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“B6” - Allowed-Actual	
		AMT02	R	Monetary Amount	IG	Allowed Amount	
373	AMT		S	<b>Coordination of Benefits (COB) Total Submitted Charges</b>			
		AMT01	R	Amount Qualifier Code	IG	“T3” - Total Submitted Charges	
		AMT02	R	Monetary Amount	IG	COB Total Submitted Charge Amount	
374	AMT		S	<b>Diagnostic Related Group (DRG) Outlier Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“ZZ” – Mutually Defined	
		AMT02	R	Monetary Amount	IG	Claim DRG Outlier Amount	
376	AMT		S	<b>Coordination of Benefits (COB) Total Medicare Paid Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“N1” - Net Worth	
		AMT02	R	Monetary Amount	IG	Total Medicare Paid Amount	
378	AMT		S	<b>Medicare Paid Amount 100%</b>			
		AMT01	R	Amount Qualifier Code	IG	“KF” - Net Paid Amount	
		AMT02	R	Monetary Amount	IG	Medicare Paid at 100% Amount	
380	AMT		S	<b>Medicare Paid Amount 80%</b>			
		AMT01	R	Amount Qualifier Code	IG	“PG” - Payoff	
		AMT02	R	Monetary Amount	IG	Medicare Paid at 80% Amount	
382	AMT		S	<b>Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“AA” - Allocated	
		AMT02	R	Monetary Amount	IG	Paid from Part A Medicare Trust Fund Amount	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
384	AMT		S	<b>Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“B1” - Benefit Amount	
		AMT02	R	Monetary Amount	IG	Paid from Part B Medicare Trust Fund Amount	
386	AMT		S	<b>Coordination of Benefits (COB) Total Non-Covered Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“A8” – Non-Covered Charges - Actual	
		AMT02	R	Monetary Amount	IG	Non-Covered Charge Amount	
387	AMT		S	<b>Coordination of Benefits (COB) Total Denied Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“YT” - Denied	
		AMT02	R	Monetary Amount	IG	Claim Total Denied Charge Amount	
388	DMG		S	<b>Other Subscriber Demographic Information</b>			
		DMG01	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DMG02	R	Date Time Period	IG	Other Insured Birth Date	
		DMG03	R	Gender Code	IG	Other Insured Gender Code “F” - Female “M” - Male “U” - Unknown	
390	OI		R	<b>Other Insurance Coverage Information</b>			
		OI03	R	Yes/No Condition or Response Code	IG	Benefits Assignment Certification Indicator “N” - No “Y” - Yes	
		OI06	R	Release of Information Code	*	<See IG List>	
392	MIA		S	<b>Medicare Inpatient Adjudication Information</b>			
		MIA01	R	Quantity	IG	Covered Days or Visits Count	

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		MAI02	S	Quantity	IG	Lifetime Reserve Days Count	
		MIA03	S	Quantity	IG	Lifetime Psychiatric Days Count	
		MIA04	S	Monetary Amount	IG	Claim DRG Amount	
		MIA05	S	Reference Identification	IG	Remark Code	
		MIA06	S	Monetary Amount	IG	Claims Disproportionate Share Amount	
		MIA07	S	Monetary Amount	IG	Claim MSP Pass-through Amount	
		MIA08	S	Monetary Amount	IG	Claim PPS Capital Amount	
		MIA09	S	Monetary Amount	IG	PPS-Capital FSP DRG Amount	
		MIA10	S	Monetary Amount	IG	PPS-Capital HSP DRG Amount	
		MIA11	S	Monetary Amount	IG	PPS-Capital DSH DRG Amount	
		MIA12	S	Monetary Amount	IG	Old Capital Amount	
		MIA13	S	Monetary Amount	IG	PPS-Capital IME Amount	
		MIA14	S	Monetary Amount	IG	PPS-Operating Hospital Specific DRG Amount	
		MIA15	S	Quantity	IG	Cost Report Day Count	
		MIA16	S	Monetary Amount	IG	PPS-Operating Federal Specific DRG Amount	
		MIA17	S	Monetary Amount	IG	Claim PPS Capital Outlier Amount	
		MIA18	S	Monetary Amount	IG	Claim Indirect Teaching Amount	
		MIA19	S	Monetary Amount	IG	Non-payable Professional Component Amount	
		MIA20	S	Reference Identification	IG	Remark Code	
		MIA21	S	Reference Identification	IG	Remark Code	
		MIA22	S	Reference Identification	IG	Remark Code	
		MIA23	S	Reference Identification	IG	Remark Code	
		MIA24	S	Monetary Amount	IG	PPS-Capital Exception Amount	
<b>397</b>	<b>MOA</b>		<b>S</b>	<b>Medicare Outpatient Adjudication Information</b>			
		MOA01	S	Percent	IG	Reimbursement Rate	
		MOA02	S	Monetary Amount	IG	Claim HCPCS Payable Amount	
		MOA03	S	Reference Identification	IG	Remark Code	
		MOA04	S	Reference Identification	IG	Remark Code	
		MOA05	S	Reference Identification	IG	Remark Code	
		MOA06	S	Reference Identification	IG	Remark Code	
		MOA07	S	Reference Identification	IG	Remark Code	
		MOA08	S	Monetary Amount	IG	Claim ESRD Payment Amount	
		MOA09	S	Monetary Amount	IG	Nonpayable Professional Component Amount	

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
			<b>R</b>	<b>LOOP 2330A - OTHER SUBSCRIBER NAME</b>			
<b>400</b>	<b>NM1</b>		<b>R</b>	<b>Other Subscriber Name</b>			
		NM101	R	Entity Identifier Code	IG	“IL” – Insured or Subscriber	
		NM102	R	Entity Type Qualifier	IG	“1” – Person “2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	IG	Other Insured Last Name	
		NM104	S	Name First	IG	Other Insured First Name Required if NM102 = 1	
		NM105	S	Name Middle	IG	Other Insured Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	IG	Other Insured Name Suffix Required if known	
		NM108	R	Identification Code Qualifier	IG	“MI” - Member Identification Number “ZZ” - Mutually Defined	
		NM109	R	Identification Code	IG	Other Insured Identifier	
<b>404</b>	<b>N3</b>		<b>S</b>	<b>Other Subscriber Address</b>			
		N301	R	Address Information	IG	Other Insured Address Line	
		N302	S	Address Information	IG	Other Insured Address Line	
<b>406</b>	<b>N4</b>		<b>S</b>	<b>Other Subscriber City/State/Zip Code</b>			
		N401	R	City Name	IG	Other Insured City Name	
		N402	R	State or Province Code	IG	Other Insured State Code	
		N403	R	Postal Code	IG	Other Insured Postal Zone or ZIP Code	
		N404	S	Country Code	IG	Other Insured Country Code	
<b>408</b>	<b>REF</b>		<b>S</b>	<b>Other Subscriber Secondary Identification</b>			
		REF01	R	Reference Identification Qualifier	IG	“1W” - Member Identification Number “23” - Client Number “IG” - Insurance Policy Number “SY” - Social Security Number	
		REF02	R	Reference Identification	IG	Other Insured Additional Identifier	
			<b>R</b>	<b>LOOP 2330B - OTHER PAYER NAME</b>			
<b>410</b>	<b>NM1</b>		<b>R</b>	<b>Other Payer Name</b>			

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		NM101	R	Entity Identifier Code	IG	“PR” – Payer	
		NM102	R	Entity Type Qualifier	IG	“2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	IG	Other Payer Organization Name	
		NM108	R	Identification Code Qualifier	IG	“PI” - Payer Identification “XV” - Health Care Administration National PlanID	
		NM109	R	Identification Code	IG	Other Payer Primary Identifier	
<b>412</b>	<b>N3</b>		<b>S</b>	<b>Other Payer Address</b>			
		N301	R	Address Information	IG	Other Payer Address Line	
		N302	S	Address Information	IG	Other Payer Address Line	
<b>413</b>	<b>N4</b>		<b>S</b>	<b>Other Payer City/State/Zip Code</b>			
		N401	R	City Name	IG	Other Payer City Name	
		N402	R	State or Province Code	IG	Other Payer State Code	
		N403	R	Postal Code	IG	Other Payer Postal Zone or Zip code	
		N404	S	Country Code	IG	Other Payer Country Code	
<b>415</b>	<b>DTP</b>		<b>S</b>	<b>Claim Adjudication Date</b>			
		DTP01	R	Date/Time Qualifier	IG	“573” - Date Claim Paid	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Adjudication or Payment Date	
<b>416</b>	<b>REF</b>		<b>S</b>	<b>Other Payer Secondary Identifier and Reference Number</b>			
		REF01	R	Reference Identification Qualifier	IG	“2U” - Payer Identification Number “F8” - Original Reference Number “FY” - Claim Office Number “NF” - National Association of Insurance Commissioners (NAIC) Code “TJ” - Federal Taxpayer’s Identification Number	
		REF02	R	Reference Identification	IG	Other Payers Secondary Identifier	
<b>418</b>	<b>REF</b>		<b>S</b>	<b>Other Payer Prior Authorization or Referral Number</b>			

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions	
		REF01	R	Reference Identification Qualifier	IG	“9F” - Referral Number “G1” - Prior Authorization Number		
		REF02	R	Reference Identification	IG	Other Payer Prior Authorization or Referral Number		
			<b>S</b>	<b>LOOP 2330C - OTHER PAYER PATIENT INFORMATION</b>				
<b>420</b>	<b>NM1</b>		<b>S</b>	<b>Other Payer Patient Information</b>				
		NM101	R	Entity Identifier Code	IG	“QC” - Patient		
		NM102	R	Entity Type Qualifier	IG	“1” – Person		
		NM108	R	Identification Code Qualifier	IG	“EI” - Employee ID Number “MI” - Member Identification Number		
		NM109	R	Identification Code	IG	Other Payer Patient Primary Identifier		
<b>422</b>	<b>REF</b>		<b>S</b>	<b>Other Payer Patient Identification Number</b>				
		REF01	R	Reference Identification Qualifier	IG	“1W” - Member Identification Number “23” - Client Number “IG” - Insurance Policy Number “SY” - Social Security Number		
		REF02	R	Reference Identification	IG	Other Payer Patient Secondary Identifier		
			<b>S</b>	<b>LOOP 2330D - OTHER PAYER ATTENDING PROVIDER</b>				
<b>424</b>	<b>NM1</b>		<b>S</b>	<b>Other Payer Attending Provider</b>		<See IG List>		
		NM101	R	Entity Identifier Code	X	“71” - Attending Physician		
		NM102	R	Entity Type Qualifier	X	“1” – Person “2” - Non-Person Entity		
<b>426</b>	<b>REF</b>		<b>R</b>	<b>Other Payer Attending Provider Identification</b>				
		REF01	R	Reference Identification Qualifier	X	<See IG List>		
		REF02	R	Reference Identification	X			
			<b>S</b>	<b>LOOP 2330E - OTHER PAYER OPERATING PROVIDER</b>				
<b>428</b>	<b>NM1</b>		<b>S</b>	<b>Other Payer Operating Provider</b>				
		NM101	R	Entity Identifier Code	IG	“72” - Operating Provider		

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		NM102	R	Entity Type Qualifier	IG	“1” – Person	
<b>430</b>	<b>REF</b>		<b>R</b>	<b>Other Payer Rendering Provider Secondary Information</b>			
		REF01	R	Reference Identification Qualifier	X	<See IG List>	
		REF02	R	Reference Identification	X	Other Payer Operating Provider Identifier	
			<b>S</b>	<b>LOOP 2330F - OTHER PAYER OTHER PROVIDER</b>			
<b>432</b>	<b>NM1</b>		<b>S</b>	<b>Other Payer Other Provider</b>			
		NM101	R	Entity Identifier Code	IG	“73” - Other Physician	
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person Entity	
<b>434</b>	<b>REF</b>		<b>R</b>	<b>Other Payer Other Provider Identification</b>			
		REF01	R	Reference Identification Qualifier	X	<See IG List>	
		REF02	R	Reference Identification	X	Other Payer Other Provider Identifier	
			<b>S</b>	<b>LOOP 2330H - OTHER PAYER SERVICE FACILITY PROVIDER</b>			
<b>440</b>	<b>NM1</b>		<b>S</b>	<b>Other Payer Service Facility Provider</b>			
		NM101	R	Entity Identifier Code	IG	“FA” - Facility	
		NM102	R	Entity Type Qualifier	IG	“2” - Non-Person Entity	
<b>442</b>	<b>REF</b>		<b>R</b>	<b>Other Payer Service Facility Provider Identification</b>			
		REF01	R	Reference Identification Qualifier	IG	<See IG List>	
		REF02	R	Reference Identification	IG	Other Payer Service Facility Provider Identifier	
			<b>R</b>	<b>LOOP 2400 - SERVICE LINE NUMBER</b>			
<b>444</b>	<b>LX</b>		<b>R</b>	<b>Service Line Number</b>			
		LX01	R	Line Counter	IG	The service line Counter is incremented by 1 for each service line	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>445 &amp; 24A</b>	<b>SV2</b>		<b>R</b>	<b>Institutional Service Line</b>			
		SV201	R	Product/Service ID	IG	Service Line Revenue Code	Enter the revenue code for this service line of the claim here.
		SV202	S	Composite Medical Procedure Identifier	IG		
		SV202-1	R	Product/Service ID Qualifier	IG	“HC” - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes “IV” - Home Infusion EDI Coalition (HEIC) Product/Service Code “ZZ” - Mutually Defined	
		SV202-2	R	Product/Service ID	IG	Procedure Code	Enter the Procedure code for this service line here as required for laboratory, home health and ambulatory surgery center services.
		SV202-3	S	Procedure Modifier	IG	Procedure Modifier 1	
		SV202-4	S	Procedure Modifier	IG	Procedure Modifier 2	
		SV202-5	S	Procedure Modifier	IG	Procedure Modifier 3	
		SV202-6	S	Procedure Modifier	IG	Procedure Modifier 4	
		SV203	R	Monetary Amount	IG	Line Item Charge Amount	Enter the charged amount for the service line here.
		SV204	R	Unit or Basis for Measurement Code	IG	“DA” - Days “F2” - International Unit “UN” - Unit	
		SV205	R	Quantity	IG	Service Unit Count	Enter the number of service units here for this line item.
		SV206	S	Unit Rate	IG	Service Line Rate	
		SV207	S	Monetary Amount	IG	Line Item Denied Charge or Non-Covered Charge Amount	
<b>452 &amp; 26A</b>	<b>PWK</b>		<b>S</b>	<b>Line Supplemental Information</b>			<b>Required when the provider will be faxing paper documentation. Currently, Alaska Medical Assistance will only accept claim supplemental information by fax.</b>
		PWK01	R	Report Type Code	IG	Attachment Report Type Code <See IG List>	Enter the report type code of the attachment to the claim here. <i>Do not send Radiology films as attachments</i>

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		PWK02	R	Report Transmission Code	*	“FX” – Fax	Enter ‘FX’ here. <i>Fax the attachments the same day that claims are transmitted.</i>
		PWK05	S	Identification Code Qualifier	*	“AC” - Attachment Control Number	Required for any attachment sent by Fax.
		PWK06	S	Identification Code	*	Attachment Control Number	Generate a unique attachment control number and put it on the Fax sent to support this claim. This attachment number may be used by Alaska Medical Assistance to match the attachment to the electronic claim record.
<b>456 &amp; 28A</b>	<b>DTP</b>		<b>S</b>	<b>Service Line Date</b>			
		DTP01	R	Date Time Qualifier	IG	“472” - Service	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		DTP03	R	Date Time Period	IG	Service Date	
<b>458</b>	<b>DTP</b>		<b>S</b>	<b>Assessment Date</b>			
		DTP01	R	Date/Time Qualifier	IG	“866” - Certification Revision	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Assessment Date	
<b>460</b>	<b>AMT</b>		<b>S</b>	<b>Service Tax Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“GT” - Goods and Services Tax	
		AMT02	R	Monetary Amount	IG	Service Tax Amount	Specify Sales Tax amount here. Don’t add Sales Tax to line item charges. Alaska Medical Assistance doesn’t cover taxes.
<b>461</b>	<b>AMT</b>		<b>S</b>	<b>Facility Tax Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“N8” - Miscellaneous Taxes	
		AMT02	R	Monetary Amount	IG	Facility Tax Amount	Specify Sales Tax amount here. Don’t add Sales Tax to line item charges. Alaska Medical Assistance doesn’t cover taxes.
<b>29A</b>	<b>HCP</b>		<b>S</b>	<b>Line Pricing/Repricing Information</b>			

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		HCP01	R	Pricing Methodology	IG	Code specifying pricing methodology at which the claim or line item has been priced or repriced <See IG List>	
		HCP02	R	Monetary Amount	IG	Repriced Allowed Amount	
		HCP03	S	Monetary Amount	IG	Repriced Saving Amount	
		HCP04	S	Reference Identification	IG	Repricing Organization Identifier	
		HCP05	S	Rate	IG	Repricing Per Diem or Flat Rate Amount	
		HCP06	S	Reference Identification	IG	Repriced Approved DRG Code	
		HCP07	S	Monetary Amount	IG	Repriced Approved Amount	
		HCP08	S	Product/Service Id	IG	Repriced Approved Revenue Code	
		HCP09	S	Product/Service Id Qualifier	IG	“HC” - HCPCS Code	
		HCP10	S	Product/Service Id	IG	Procedure Code	
		HCP11	S	Unit or Basis for Measurement Code	IG	“DA” - Days “UN” - Unit	
		HCP12	S	Quantity	IG	Repricing Approved Service Unit Count	
		HCP13	S	Reject Reason Code	IG	Code assigned by issuer to identify reason for rejection <See IG List>	
		HCP14	S	Policy Compliance	IG	Code specifying policy compliance “1” - Procedure Followed (Compliance) “2” - Not Followed - Call Not Made (Non-Compliance Call Not Made) “3” - Not Medically Necessary (Non-Compliance Non-Medically Necessary) “4” - Not Followed Other (Non-Compliance Other) “5” - Emergency Admit to Non-Network Hospital	
		HCP15	S	Exception Code	IG	Code specifying the exception reason for consideration of out-of-network health care services <See IG List>	
<b>S LOOP 2410 - DRUG IDENTIFICATION</b>							

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>35A</b>	<b>LIN</b>		<b>S</b>	<b>Drug Identification</b>			
		LIN02	R	Product/Service ID Qualifier	IG	“N4” - National Drug Code in 5-4-2 Format	
		LIN03	R	Product/Service ID	IG	National Drug Code	
<b>38A</b>	<b>CTP</b>		<b>S</b>	<b>Drug Pricing</b>			
		CTP03	R	Unit Price	IG	Drug Unit Price	
		CTP04	R	Quantity	IG	National Drug Unit Count	
		CTP05	R	Composite Unit of Measure		Unit or Basis of Measurement	
		CTP05-1	R	Unit or Basis for Measurement Code	IG	“F2” - International Unit “GR” - Gram “ML” - Milliliter “UN” - Unit	
<b>40A</b>	<b>REF</b>		<b>S</b>	<b>Prescription Number</b>			
		REF01	R	Reference Identification Qualifier	IG	“XZ” - Pharmacy Prescription Number	
		REF02	R	Reference Identification	IG	Prescription Number	
			<b>S</b>	<b>LOOP 2420A - ATTENDING PHYSICIAN NAME</b>			
<b>462</b>	<b>NM1</b>		<b>S</b>	<b>Attending Physician Name</b>			
		NM101	R	Entity Identifier Code	IG	“71” - Attending Physician	
		NM102	R	Entity type Qualifier	IG	“1” - Person “2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	IG	Attending Physician Last Name	
		NM104	S	Name First	IG	Attending Physician First Name Required if NM102 = 1	
		NM105	S	Name Middle	IG	Attending Physician Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	IG	Attending Physician Name Suffix Required if known	
		NM108	R	Identification Code Qualifier	IG	“24” - Employer’s Identification Number “34” - Social Security Number “XX” - National Provider Identifier	Enter 'XX' for NPI.
		NM109	R	Identification Code	IG	Attending Physician Primary Identifier	Enter NPI.

Refer to <http://alaska.fhsc.com> for current version  
Appendix III—Alaska 837 Institutional Instructions

Version 5  
08/24/07

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
<b>467</b>	<b>REF</b>		<b>S</b>	<b>Attending Physician Secondary Identification</b>			
		REF01	R	Reference Identification Qualifier	IG	<b>“1D” - Medicaid Provider Number (Dual Use Only).</b>	Alaska Medical Assistance will accept only Medicaid Provider ID Number, enter ‘1D’ here (Dual Use Only).
		REF02	R	Reference Identification	IG	Attending Physician Secondary Identifier (Dual Use Only).	Enter Attending Physician’s Medicaid Provider ID Number here, if known (Dual Use Only).
			<b>S</b>	<b>LOOP 2420B - OPERATING PHYSICIAN NAME</b>			
<b>469</b>	<b>NM1</b>		<b>S</b>	<b>Operating Physician Name</b>			
		NM101	R	Entity Identifier Code	IG	“72” - Operating Physician	
		NM102	R	Entity Type Qualifier	IG	“1” - Person	
		NM103	R	Name Last Or Organization Name	IG	Operating Physician Last Name	
		NM104	R	Name First	IG	Operating Physician First Name	
		NM105	S	Name Middle	IG	Operating Physician Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	IG	Operating Physician Name Suffix Required if known	
		NM108	R	Identification Code Qualifier	IG	“24” - Employer’s Identification Number “34” - Social Security Number “XX” - National Provider Identifier	Enter ‘XX’ for NPI.
		NM109	R	Identification Code	IG	Operating Physician Primary Identifier	Enter NPI.
<b>474</b>	<b>REF</b>		<b>S</b>	<b>Operating Physician Secondary Identification</b>			
		REF01	R	Reference Identification Qualifier	X	“1D” = Medicaid Provider ID (Dual Use Only).	Alaska Medical Assistance will accept only Medicaid provider number, enter ‘1D’ here (Dual Use Only).
		REF02	R	Reference Identification	X	Operating Physician Secondary Identifier (Dual Use Only).	Enter operating physician’s Medicaid Provider ID number here, if known (Dual Use Only).
			<b>S</b>	<b>LOOP 2420C - OTHER PROVIDER NAME</b>			
<b>476</b>	<b>NM1</b>		<b>S</b>	<b>Other Provider Name</b>			
		NM101	R	Entity Identifier Code	IG	“73” - Other Physician	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		NM102	R	Entity type Qualifier	IG	“1” - Person “2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	IG	Other Physician Last Name	
		NM104	S	Name First	IG	Other Physician First Name Required if NM102 = 1	
		NM105	S	Name Middle	IG	Other Physician Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	IG	Other Provider Name Suffix Required if known	
		NM108	R	Identification Code Qualifier	IG	“24” - Employer’s Identification Number “34” - Social Security Number “XX” - National Provider Identifier	Enter 'XX' for NPI.
		NM109	R	Identification Code	IG	Other Provider Identifier	Enter NPI.
<b>481</b>	<b>REF</b>		<b>S</b>	<b>Other Provider Secondary Identification</b>			
		REF01	R	Reference Identification Qualifier	X	“ID” Medicaid Provider Number (Dual Use Only).	Alaska Medical Assistance will accept only Medicaid provider number, enter ‘ID’ here (Dual Use Only).
		REF02	R	Reference Identification	X	Other Provider Secondary Identifier (Dual Use Only).	Enter other provider secondary identification here, if known (Dual Use Only).
			<b>S</b>	<b>LOOP 2430 - SERVICE LINE ADJUDICATION INFORMATION</b>			
<b>490</b>	<b>SVD</b>		<b>S</b>	<b>Service Line Adjudication Information</b>			
		SVD01	R	Identification Code	IG	Payer Identifier	
		SVD02	R	Monetary Amount	IG	Service Line Paid Amount	
		SVD03	R	Composite Medical Procedure Identifier			
		SVD03-1	R	Product/Service ID Qualifier	IG	“HC” - HCFA Common Procedural Coding System (HCPCS)	
		SVD03-2	R	Product/Service ID	IG	Procedure Code	
		SVD03-3	S	Procedure Modifier	IG	Procedure Modifier 1	
		SVD03-4	S	Procedure Modifier	IG	Procedure Modifier 2	
		SVD03-5	S	Procedure Modifier	IG	Procedure Modifier 3	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		SVD03-6	S	Procedure Modifier	IG	Procedure Modifier 4	
		SVD03-7	S	Description	IG	Procedure Code Description	
		SVD04	R	Product/Service Id	IG	Service Line Revenue Code	
		SVD05	R	Quantity	IG	Adjustment Quantity/ Paid Units of Service	
		SVD06	S	Assigned Number	IG	Bundled or Unbundled Line Number	
<b>494</b>	<b>CAS</b>		<b>S</b>	<b>Service Line Adjustment</b>			
		CAS01	R	Claim Adjustment Group Code	IG	“CO” - Contractual Obligation “CR” - Correction and Reversal “OA” - Other Adjustment “PI” - Payer Initiated Reductions “PR” - Patient Responsibility	
		CAS02	R	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS03	R	Monetary Amount	IG	Adjusted Amount If CAS01 ='PR' and CAS02 = '1', If CAS01 ='PR' and CAS02 = '2' or '122'	
		CAS04	S	Quantity	IG	Adjustment Quantity	
		CAS05	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS06	S	Monetary Amount	IG	Adjustment Amount If CAS01 ='PR' and If CAS05 = '1' If CAS01 ='PR' and CAS05 = '2' or '122'	
		CAS07	S	Quantity	IG	Adjustment Quantity	
		CAS08	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS09	S	Monetary Amount	IG	Adjustment Amount If CAS01 ='PR' and CAS08 = '1' If CAS01 ='PR' and CAS08 = '2'	
		CAS10	S	Quantity	IG	Adjustment Quantity	
		CAS11	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		CAS12	S	Monetary Amount	IG	Adjustment Amount If CAS01 = 'PR' and CAS11 = '1' If CAS01 = 'PR' and CAS11 = '2'	
		CAS13	S	Quantity	IG	Adjustment Quantity	
		CAS14	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS15	S	Monetary Amount	IG	Adjustment Amount If CAS01 = 'PR' and CAS14 = '1' If CAS01 = 'PR' and CAS14 = '2'	
		CAS16	S	Quantity	IG	Adjustment Quantity	
		CAS17	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS18	S	Monetary Amount	IG	Adjustment Amount If CAS01 = 'PR' and CAS17 = '1' If CAS01 = 'PR' and CAS17 = '2'	
		CAS19	S	Quantity	IG	Adjustment Quantity	
<b>502</b>	<b>DTP</b>		<b>S</b>	<b>Service Adjudication Date</b>			
		DTP01	R	Date/Time Qualifier	IG	“573” - Date Claim Paid	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Service Adjudication or Payment Date	
<b>503</b>	<b>SE</b>		<b>R</b>	<b>Transaction Set Trailer</b>			
		SE01	R	Number of Included Segments	IG	Number of Segments in Transaction Set	
		SE02	R	Transaction Set Control Number	IG	Transaction Set Control Number (Transaction Set Control Number in ST02 and SE02 must be identical)	
<b>B.10</b>	<b>GE</b>		<b>R</b>	<b>Functional Group Trailer</b>			
		GE01	R	Number of Transactions set included	IG	Number of Transaction Sets Included	

## Alaska Trading Partner Companion Guide

I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		GE02	R	Group Control Number	IG	Sender's Assigned Number (GE02 must be identical to the associated Functional Group Header GS06)	
<b>B.7</b>	<b>IEA</b>		<b>R</b>	<b>Interchange Control Trailer</b>			
		IEA01	R	Number of Included Functional Groups	IG	Number of Functional Groups Included	
		IEA02	R	Interchange Control Number	*	<b>Batch Number</b> (IEA02 must be identical to the associated Interchange Header ISA13)	