

Appendix II

Alaska 837 Professional 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
06/18/07	Entire Guide	Added COBA & NPI Requirements
08/23/07	Billing and servicing provider REF01s	Added reference to the tax id number

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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:

I.G. Page	Referenced Page in the <i>HIPAA ANSI X12N Implementation Guide</i> (including any approved addenda)	
I.G. SegID	Segment ID in the Implementation Guide.	
I.G. RefDes	Field ID in the Implementation Guide.	
I.G. Use	Usage in the Implementation Guide: R means Required, and S means Situational, as defined by the national standard in the Implementation Guide.	
I.G. Element Name	Name of the element as given in the Implementation Guide.	
Alaska	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.
Usage Details and Expected Value	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 <See IG List > will appear in this column.	
Additional Instructions	This column provides instructions for populating the field in question and may include specific instructions regarding Alaska Medical Assistance.	

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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.3	ISA		R	Interchange Control Header			
		ISA01	R	Authorization Information Qualifier	*	“00” - No Authorization Information Present	Enter a ‘00’ here.
		ISA02	R	Authorization Information	IG	10 blanks	
		ISA03	R	Security Information Qualifier	*	“00” - No Security Information Present	Enter a ‘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	*	Batch Number (ISA13 must be identical to the associated Interchange Trailer IEA02)	
		ISA14	R	Acknowledgement Requested	*	“0” - No Acknowledgment Requested	Enter a ‘0’ here.
		ISA15	R	Usage indicator	IG	“T” - Test Data “P” - Production Data	When testing enter ‘T’ When approved for production, enter ‘P’

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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.8 & 85A	GS		R	Functional Group Header			
		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	“004010X098A1”	Enter ‘004010X098A1’ here.
62	ST		R	Transaction Set Header			
		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.)	
63	BHT		R	Beginning of Hierarchical Transaction			
		BHT01	R	Hierarchical Structure Code	IG	“0019” - Information Source, Subscriber, Dependent	

Refer to <http://alaska.fhsc.com> for current version
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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 or ‘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 ID	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. (Billing Date)
		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	IG	Claim or Encounter Information “CH” - Chargeable	Enter ‘CH’ here.
66 &13A	REF		R	Transmission Type Identification			

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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	*	“087” - Functional Category	Enter ‘087’ here
		REF02	R	Reference Identification	*	“004010X098DA1” for Testing “004010X098A1” for Production	Enter value ‘004010X098DA1’ for Testing or ‘004010X098A1’ for Production
			R	LOOP 1000A - SUBMITTER NAME			
67	NM1		R	Submitter Name			
		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.
71	PER		R	Submitter EDI Contact Information			
		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	
		PER05	S	Communication Number Qualifier	IG	“ED” - Electronic Data Interchange Access Number “EM” - Electronic Mail “EX” - Telephone Extension “FX” - Facsimile “TE” - Telephone	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		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	
			R	LOOP 1000B - RECEIVER NAME			
74	NM1		R	Receiver Name			
		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.
			R	LOOP 2000A - BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL			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).
77	HL		R	Billing/Pay-To Provider Hierarchical Level			
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		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.	
79 & 14A	PRV		S	Billing/Pay-To Provider Specialty Information			Alaska Medical Assistance recommends inclusion of the billing provider's taxonomy code.
		PRV01	R	Provider Code	*	“BP” - Billing “PT” – Pay-To Provider	
		PRV02	R	Reference Identification Qualifier	IG	“ZZ” – Taxonomy Identifier	
		PRV03	R	Reference Identification	IG	Provider Taxonomy Code	
81	CUR		S	Foreign Currency Information			
		CUR01	R	Entity Identifier Code	IG	“85” - Billing Provider	
		CUR02	R	Currency Code	*	“USD” - US Dollars	Alaska Medical Assistance doesn’t accept electronic claims from out-of-country providers. If this segment is used, then the only valid value is “USD”. Out-of-Country providers need to submit paper claims.
	R		R	LOOP 2010AA - BILLING PROVIDER NAME			
84	NM1		R	Billing Provider Name			
		NM101	R	Entity Identifier Code	IG	“85” - Billing Provider	
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	IG	Billing Provider Last or Organizational Name	
		NM104	S	Name First	IG	Billing Provider First Name Required if NM102 = 1	
		NM105	S	Name Middle	IG	Billing Provider Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	IG	Billing 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.

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		NM109	R	Identification Code	IG	National Provider Identifier	Enter NPI.
88	N3		R	Billing Provider Address			
		N301	R	Address Information	IG	Billing Provider Address Line	
		N302	S	Address Information	IG	Billing Provider Address Line	
89	N4		R	Billing Provider City/State/Zip Code			
		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	The complete 9-digit Zip Code is required.
		N404	S	Country Code	IG	Billing Provider Country Code Required when out of U.S.	
91	REF		S	Billing Provider Secondary Identification			
		REF01	R	Reference Identification Qualifier	*	'EI' or 'SY' – Provider's Tax id number 'ID' – 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 'ID' 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.
94	REF		S	Credit/Debit Card Billing Information			The information carried under this segment must never be sent to the payer. Do not send this information to Alaska Medical Assistance.
96	PER		S	Billing Provider Contact Information			
		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	

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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	“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	LOOP 2010AB - PAY-TO PROVIDER NAME			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).
99	NM1		S	Pay-To Provider Name			
103	N3		R	Pay-To Provider Address			
103	N4		R	Pay-To Provider City/State/Zip Code			
106	REF		S	Pay-To-provider Secondary Identification			
			R	LOOP 2000B - SUBSCRIBER HIERARCHICAL LEVEL			For Alaska Medical Assistance, each recipient is assigned a unique ID number; therefore, the patient is considered as the subscriber for all HIPAA transactions. Complete LOOP 2000B related to Alaska Medical Assistance benefits only. Complete Loop 2320 and repeat as necessary to report all other available coverage.
108	HL		R	Subscriber Hierarchical Level			

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		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.)
110	SBR		R	Subscriber Information			
		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	
		SBR05	S	Insurance Type Code	IG	<See IG List>	
		SBR09	S	Claim Filing Indicator Code	*	“MC” - Medicaid	Enter ‘MC’ for all Alaska Medical Assistance Claims.
114 & 15A	PAT		S	Patient Information			Required for Alaska Medical Assistance as subscriber is same as patient.
		PAT05	S	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		PAT06	S	Date Time Period	IG	Insured Individual Death Date	If patient has died and date of death is known, enter patient’s date of death here.
		PAT07	S	Unit or Basis for Measurement Code	IG	“01” - Actual Pounds	
		PAT08	S	Weight	IG	Patient Weight	
		PAT09	S	Yes/No Condition or Response Code	IG	“Y” - Yes	
			R	LOOP 2010BA - SUBSCRIBER NAME			
117	NM1		R	Subscriber Name			
		NM101	R	Entity Identifier Code	IG	“IL” - Insured or Subscriber	Enter ‘IL’ for Insured or Subscriber.

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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 Identification	Enter the recipient’s Medical Assistance Program ID number here as it appears on the eligibility coupon or card.
121	N3		S	Subscriber Address			Required as Alaska Medical Assistance considers the patient as the subscriber.
		N301	R	Address Information	*	Subscriber Address Line	Enter the recipient address here.
		N302	S	Address Information	IG	Subscriber Address Line	
122	N4		S	Subscriber City/State/Zip Code			Required as Alaska Medical Assistance considers the patient as the subscriber.
		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	
124	DMG		S	Subscriber Demographic Information			Required as Alaska Medical Assistance considers the patient as the subscriber.
		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.
126	REF		S	Subscriber Secondary Identification			

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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	
128	REF		S	Property and Casualty Claim Number			
		REF01	R	Reference Identification Qualifier	IG	“Y4” - Agency Claim Number	
		REF02	R	Reference Identification	IG	Property Casualty Claim Number	
			R	LOOP 2010BB - PAYER NAME			
130	NM1		R	Payer Name			
		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” - Payer Identification	Enter ‘PI’ here.
		NM109	R	Identification Code	*	“AKMEDICAID FHSC”	Enter ‘AKMEDICAID FHSC’, identifying payer as Alaska Medical Assistance.
134	N3		S	Payer Address			Refer to provider billing manual for Post Office Box address based on claim type or provider type.
		N301	R	Address Information	X	Payer Address Line	
		N302	S	Address Information	X	Payer Address Line	
135	N4		S	Payer City/State/Zip Code			
		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	
137	REF		S	Payer Secondary Identification			

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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	“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	
S LOOP 2010BC - RESPONSIBLE PARTY NAME							
139	NM1		S	Responsible Party Name			
		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	
142	N3		R	Responsible Party Address			
		N301	R	Address Information	X	Responsible Party Address Line	
		N302	S	Address Information	X	Responsible Party Address Line	
143	N4		R	Responsible Party City/state/Zip Code			
		N401	R	City Name	X	Responsible Party City Name	
		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 the U.S.	
S LOOP 2010BD - CREDIT/DEBIT CARD HOLDER NAME							

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
146	NM1		S	Credit/Debit Card Holder Name			The information carried under this segment must never be send to the payer. Do not send this information to Alaska Medical Assistance.
150	REF		S	Credit/Debit Card Information			The information carried under this segment must never be send to the payer. Do not send this information to Alaska Medical Assistance.
			S	LOOP 2000C - PATIENT HIERARCHICAL LEVEL			Since Alaska Medical Assistance requires that all patients be identified in subscriber loop (2000B), this loop is not applicable to Alaska Medical Assistance.
152	HL		S	Patient Hierarchical Level			
154 & 20A	PAT		R	Patient Information			
			R	LOOP 2010CA - PATIENT NAME			Since Alaska Medical Assistance requires that all patients be identified in subscriber loop (2000BA), this loop is not applicable to Alaska Medical Assistance.
157	NM1		R	Patient Name			
161	N3		R	Patient Address			
162	N4		R	Patient City/State/Zip Code			
164	DMG		R	Patient Demographic Information			
166	REF		S	Patient Secondary Identification			
168	REF		S	Property & Casualty Claim Number			
			R	LOOP 2300 - CLAIM INFORMATION			
170 & 22A , 23A	CLM		R	Claim information			

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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"> Up to a maximum of 11 alphanumeric characters will be referenced on paper Remittance Advice. Up to a maximum of 20 alphanumeric characters will be referenced on electronic 835 Remittance Advice.
		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)	
		CLM05-3	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 CG Narrative page 11.
		CLM07	R	Provider Accept Assignment Code	X	"A" - Assigned "B" - Assignment Accepted on Clinical Lab Services Only "C" - Not Assigned "P" - Patient Refuses to Assign Benefits	Refer to CG Narrative page 11.
		CLM08	R	Yes/No Condition or Response Code	X	Benefits Assignment Certification Indicator "N" - No "Y" - Yes	Refer to CG Narrative page 11.
		CLM09	R	Release of Information Code	IG	<See IG List>	Refer to CG Narrative page 11.

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		CLM10	S	Patient Signature Source Code	IG	<p>“B” - Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file</p> <p>“C” - Signed HCFA-1500 Claim Form on file</p> <p>“M” - Signed signature authorization form for HCFA-1500 Claim Form block 13 on file</p> <p>“P” - Signed signature authorization form for HCFA-1500 Claim Form block 13 on file</p> <p>“S” - Signed signature authorization form for HCFA-1500 Claim Form block 12 on file</p>	Refer to CG Narrative page 11.
		CLM11	S	Related Causes Information	IG		
		CLM11-1	R	Related Causes Code	IG	<p>Related Causes Code.</p> <p>“AA” - Auto Accident</p> <p>“AP” - Another Party Responsible</p> <p>“EM” - Employment</p> <p>“OA” - Other</p>	If services are the result of an accident, enter the appropriate related cause code here.
		CLM11-2	S	Related Causes Code	IG	<p>Additional Related Causes Code.</p> <p>“AA” - Auto Accident</p> <p>“AP” - Another Party Responsible</p> <p>“EM” - Employment</p> <p>“OA” - Other</p>	
		CLM11-3	S	Related Causes Code	IG	<p>Additional Related Causes Code.</p> <p>“AA” - Auto Accident</p> <p>“AP” - Another Party Responsible</p> <p>“EM” - Employment</p> <p>“OA” - Other</p>	
		CLM11-4	S	State or Province Code	IG	Auto Accident State or Province Code	
		CLM11-5	S	Country Code	IG	Code identifying the country	

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		CLM12	S	Special Program Code	IG	Special Program Indicator “01” - Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP) “02” - Physically Handicapped Children’s Program “03” - Special Federal Funding “05” - Disability “07” - Induced Abortion - Danger to Life “08” - Induced Abortion - Rape or Incest “09” - Second Opinion or Surgery	
		CLM16	S	Provider Agreement Code	X	Code indicating the type of agreement under which the provider is submitting this Claim - Participation Agreement “P” - Participation Agreement	
		CLM20	S	Delay Reason Code	IG	<See IG List>	
182	DTP		S	Date - Initial Treatment			
		DTP01	R	Date/Time Qualifier	IG	“454” - Initial Treatment	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Initial Treatment Date	
186	DTP		S	Date - Date Last Seen			
		DTP01	R	Date/Time Qualifier	IG	“304” - Latest Visit or Consultation	
		DTR02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Last Seen Date	
188	DTP		S	Date - Onset of Current Illness/Symptom			
		DTP01	R	Date/Time Qualifier	IG	“431” - Onset of Current Symptoms or Illness	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Onset of Current Illness or Injury Date	
190	DTP		S	Date - Acute Manifestation			
		DTP01	R	Date/Time Qualifier	IG	“453” - Acute Manifestation of a Chronic Condition	

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		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Acute Manifestation Date	
192	DTP		S	Date - Similar Illness/Symptom Onset			
		DTP01	R	Date/Time Qualifier	IG	“438” - Onset of Similar Symptoms or Illness	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Similar Illness or Symptom Date	
194	DTP		S	Date - Accident			
		DTP01	R	Date/Time Qualifier	IG	“439” - Accident	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD “DT” - Date and Time Expressed in Format CCYYMMDDHHMM	
		DTP03	R	Date Time Period	IG	Accident Date	
196	DTP		S	Date - Last Menstrual Period			
		DTP01	R	Date/Time Qualifier	IG	“484” - Last Menstrual Period	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Last Menstrual Period Date	
197	DTP		S	Date - Last X-ray			
		DTP01	R	Date/Time Qualifier	IG	“455” - Last X-ray	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Last X-ray Date	
200	DTP		S	Date - Hearing and Vision Prescription Date			
		DTP01	R	Date/Time Qualifier	IG	“471” - Prescription	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Prescription Date	
201	DTP		S	Date - Disability Begin			
		DTP01	R	Date/Time Qualifier	IG	“360” - Disability Begin	

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		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Disability From Date	
203	DTP		S	Date - Disability End			
		DTP01	R	Date/Time Qualifier	IG	“361” - Disability End	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Disability to Date	
205	DTP		S	Date - Last Worked			
		DTP01	R	Date/Time Qualifier	IG	“297” - Date Last Worked	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Last Worked Date	
206	DTP		S	Date - Authorized Return to Work			
		DTP01	R	Date/Time Qualifier	IG	“296” - Return to Work	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Work Return Date	
208	DTP		S	Date - Admission			
		DTP01	R	Date/Time Qualifier	IG	“435” - Admission	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Related Hospitalization Admission Date	
210	DTP		S	Date - Discharge			
		DTP01	R	Date/Time Qualifier	IG	“096” - Discharge	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Related Hospitalization Discharge Date	
212	DTP		S	Date - Assumed and Relinquished Care Dates			
		DTP01	R	Date/Time Qualifier	IG	“090” - Report Start (Assumed Care Date) “091” - Report End (Relinquished Care Date)	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Assumed or Relinquished Care Date	

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214	PWK		S	Claim Supplemental Information			Required when the provider will be faxing paper documentation. Currently, Alaska Medical Assistance will only accept claim supplemental information by fax.
		PWK01	R	Report Type Code	IG	Attachment Report Type Code <See IG List>	Enter the appropriate attachment report type code here. <i>Do not send the Radiology films as attachment</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.
217	CN1		S	Contract Information			Alaska Medical Assistance providers are not currently required to provide contract information on claims submitted.
		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	
219	AMT		S	Credit/Debit Card Maximum Amount			The information carried under this segment must never be send to the payer. Do not send this information to Alaska Medical Assistance.
220	AMT		S	Patient Amount Paid			
		AMT01	R	Amount Qualifier Code	*	“F5” - Patient Amount Paid	

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		AMT02	R	Monetary Amount	*	Patient Amount Paid	Enter Patient Paid amount when : <ul style="list-style-type: none"> • Patient paid any amount prior to their Medicaid eligibility determination. • Patient paid required “Cost of Care” as determined by the Division of Public Assistance for Home & Community Based Waiver. <i>Not required when patient only paid copayment amount (Alaska Medical Assistance will automatically deduct applicable copayment amount)</i>
221	AMT		S	Total Purchased service Amount			
		AMT01	R	Amount Qualifier Code	IG	“NE” - Net Billed	
		AMT02	R	Monetary Amount	IG	Total Purchased Service Amount	
222	REF		S	Service Authorization Exception Code			Not Required by Alaska State Law at this time.
		REF01	R	Reference Identification Qualifier	X	“4N” - Special Payment Reference Number	
		REF02	R	Reference Identification	X	Service Authorization Exception Code <See IG List>	
224	REF		S	Mandatory Medicare (Section 4081) Crossover Indicator			This segment is only to be completed by Medicare for COB crossover claims. Providers do not use this segment.
		REF01	R	Reference Identification Qualifier	IG	“F5” - Medicare Version Code	
		REF02	R	Reference Identification	IG	Medicare Section 4081 Indicator “Y” - 4081 (NSF Value 1) “N” - Regular crossover (NSF Value 2)	
226	REF		S	Mammography Certification Number			
		REF01	R	Reference Identification Qualifier	IG	“EW” - Mammography Certification Number	
		REF02	R	Reference Identification	IG	Mammography Certification Number	
227	REF		S	Prior Authorization or Referral Number			Required when services on this claim require Prior Authorization.

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		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.
229	REF		S	Original Reference Number(ICN/CCN)			Required when CLM05-3=“7”or “8”.
		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.
231	REF		S	Clinical Laboratory Improvement Amendment (CLIA) Number			Required on claims for any laboratory performing tests covered by the CLIA Act. Providers performing these lab services are required to submit CLIA certification documentation at the time of enrollment with Alaska Medical Assistance. Any changes or updates to CLIA certification must be communicated with FHSC Provider Enrollment.
		REF01	R	Reference Identification Qualifier	IG	“X4” - Clinical Laboratory Improvement Amendment Number	
		REF02	R	Reference Identification	IG	Clinical Laboratory Improvement Amendment Number	
233	REF		S	Repriced Claim Number			
		REF01	R	Reference Identification Qualifier	IG	“9A” - Repriced Claim Reference Number	
		REF02	R	Reference Identification	IG	Repriced Claim Reference Number	
235	REF		S	Adjusted Repriced Claim Number			
		REF01	R	Reference Identification Qualifier	IG	“9C” - Adjusted Repriced Claim Reference Number	
		REF02	R	Reference Identification	IG	Adjusted Repriced Claim Reference Number	
236	REF		S	Investigational Device Exemption Number			
		REF01	R	Reference Identification Qualifier	IG	“LX” - Qualified Products List	

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		REF02	R	Reference Identification	IG	Investigational Device Exemption Identifier	
238	REF		S	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries			
		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.
240	REF		S	Ambulatory Patient Group (APG)			
		REF01	R	Reference Identification Qualifier	IG	“1S” - Ambulatory Patient Group Number	
		REF02	R	Reference Identification	IG	Ambulatory Patient Group Number	
241	REF		S	Medical Record Number			
		REF01	R	Reference Identification Qualifier	IG	“EA” - Medical Record Identification Number	
		REF02	R	Reference Identifier	IG	Medical Record Number	
242	REF		S	Demonstration Project Identifier			
		REF01	R	Reference Identification Qualifier	IG	“P4” - Project Code	
		REF02	R	Reference Identification	IG	Demonstration Project Identifier	
244	K3		S	File Information			
		K301	R	Fixed Format Information	IG	Data Agreed on by Sender and Receiver	
246	NTE		S	Claim Note			
		NTE01	R	Note Reference Code	X	<See IG List>	
		NTE02	R	Description	X	Claim Note Text	
248	CR1		S	Ambulance Transport Information			
		CR101	S	Unit or Basis for Measurement Code	IG	“LB” - Pound	
		CR102	S	Weight	IG	Patient Weight	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		CR103	R	Ambulance Transport Code	IG	“I” - Initial Trip “R” - Return Trip “T” - Transfer Trip “X” - Round Trip	
		CR104	R	Ambulance Transport Reason Code	IG	“A” - Patient was transported to nearest facility for care “B” - Patient was transported for the benefit of a preferred physician “C” - Patient was transported for the nearness of family members “D” - Patient was transported for the care of a specialist or for availability of specialized equipment “E” - Patient transferred to rehabilitation facility	
		CR105	R	Unit or Basis for Measurement Code	IG	“DH” - Miles	
		CR106	R	Quantity	IG	Transport Distance	
		CR109	S	Description	IG	Round Trip Purpose Description	
		CR110	S	Description	IG	Stretcher Purpose Description	
251 & 33A	CR2		S	Spinal Manipulation Service Information			
		CR208	R	Nature of Condition Code	IG	Patient Condition Code <See IG List>	
		CR210	S	Description	IG	Patient Condition Description	
		CR211	S	Description	IG	Patient Condition Description	
		CR212	S	Yes/No Condition or Response Code	IG	X-ray Availability Indicator “Y” – Yes “N” - No	
257	CRC		S	Ambulance Certification			
		CRC01	R	Code Category	IG	“07” - Ambulance Certification	
		CRC02	R	Yes/No Condition or Response Code	IG	Certification Condition Indicator “Y” – Yes “N” - No	
		CRC03	R	Condition Indicator	IG	Condition Code <See IG List>	

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		CRC04	S	Condition Indicator	IG	Additional Condition Code	
		CRC05	S	Condition Indicator	IG	Additional Condition Code	
		CRC06	S	Condition Indicator	IG	Additional Condition Code	
		CRC07	S	Condition Indicator	IG	Additional Condition Code	
260	CRC		S	Patient Condition Information: Vision			
		CRC01	R	Code Category	IG	“E1” - Spectacle Lenses “E2” - Contact Lenses “E3” - Spectacle Frames	
		CRC02	R	Yes/No Condition or Response Code	IG	Certification Condition Indicator “Y” - Yes “N” - No	
		CRC03	R	Condition Indicator	IG	Condition Code <See IG List>	
		CRC04	S	Condition Indicator	IG	Additional Condition Code	
		CRC05	S	Condition Indicator	IG	Additional Condition Code	
		CRC06	S	Condition Indicator	IG	Additional Condition Code	
		CRC07	S	Condition Indicator	IG	Additional Condition Code	
263	CRC		S	Homebound Indicator			
		CRC01	R	Code Category	IG	“75” - Functional Limitations	
		CRC02	R	Yes/No Condition or Response Code	IG	Certification Condition Indicator	
		CRC03	R	Condition Indicator	IG	“IH” - Independent at Home	
37A	CRC		S	EPSDT Referral			
		CRC01	R	Code Category	IG	“ZZ” - Mutually Defined EPSDT Screening Referral Information	
		CRC02	R	Yes/No Condition or Response Code	IG	Certification Condition Indicator “N” - No “Y” - Yes	
		CRC03	R	Condition Indicator	IG	Condition Code “AV” - Available - Not Used “NU” - Not Used (This must be used when CRC02=“N”) “S2” - Under Treatment “ST” - New Service Requested	
		CRC04	S	Condition Indicator	IG	Additional Condition Codes	

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		CRC05	S	Condition Indicator	IG	Additional Condition Codes	
265	HI		S	Health Care Diagnosis Code			
		HI01	R	Health Care Code Information	IG		
		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	“BF” - Diagnosis	
		HI02-2	R	Industry Code		Diagnosis Code	
		HI03	S	Health Care Code Information	IG	Additional Diagnosis Code	
		HI03-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI03-2	R	Industry Code	IG	Diagnosis Code	
		HI04	S	Health Care Code Information	IG	Additional Diagnosis Code	
		HI04-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI04-2	R	Industry Code	IG	Diagnosis Code	
		HI05	S	Health Care Code Information	IG	Additional Diagnosis Code	
		HI05-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI05-2	R	Industry Code	IG	Diagnosis Code	
		HI06	S	Health Care Code Information	IG	Additional Diagnosis Code	
		HI06-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI06-2	R	Industry Code	IG	Diagnosis Code	
		HI07	S	Health Care Code Information	IG	Additional Diagnosis Code	
		HI07-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI07-2	R	Industry Code	IG	Diagnosis Code	
		HI08	S	Health Care Code Information	IG	Additional Diagnosis Code	
		HI08-1	R	Code List Qualifier Code	IG	“BF” - Diagnosis	
		HI08-2	R	Industry Code	IG	Diagnosis Code	

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271	HCP		S	Claim Pricing/Repricing Information			
		HCP01	R	Pricing Methodology	X	<See IG List>	
		HCP02	R	Monetary Amount	X	Repriced Allowed Amount	
		HCP03	S	Monetary Amount	X	Repriced Saving Amount	
		HCP04	S	Reference Identification	X	Repricing Organization Identifier	
		HCP05	S	Rate	X	Repricing Per Diem or Flat Rate Amount	
		HCP06	S	Reference Identification	X	Repriced Approved Ambulatory Patient Group Code	
		HCP07	S	Monetary Amount	X	Repriced Approved Ambulatory Patient Group Amount	
		HCP13	S	Reject Reason Code	X	<See IG List>	
		HCP14	S	Policy Compliance Code	X	<See IG List>	
		HCP15	S	Exception Code	X	<See IG List>	
			S	LOOP 2305 - HOME HEALTH CARE PLAN INFORMATION			
276	CR7		S	Home Health Care Plan information			
		CR701	R	Discipline Type Code	IG	<See IG List>	
		CR702	R	Number	IG	Total Visits Rendered Count	
		CR703	R	Number	IG	Certification Period Projected Visit Count	
278	HSD		S	Health Care Services Delivery			
		HSD01	S	Quantity Qualifier	X	“VS” - Visits	
		HSD02	S	Quantity	X	Number of Visits	
		HSD03	S	Unit or Basis for Measurement Code	X	Frequency Period <See IG List>	
		HSD04	S	Sample Selection Modulus	X	Frequency Count	
		HSD05	S	Time Period Qualifier	X	Duration of Visits Units <See IG List>	
		HSD06	S	Number of Periods	X	Duration of Visits, Number of Units	
		HSD07	S	Ship/Delivery or Calendar Pattern Code	X	<See IG List>	
		HSD08	S	Ship/Delivery Pattern Time Code	X	Delivery of Pattern Time Code <See IG List>	

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			S	LOOP 2310A - REFERRING PROVIDER NAME			
282	NM1		S	Referring Provider Name			
		NM101	R	Entity Identifier Code	*	“DN” - Referring Provider “P3” - Primary Care Provider	Enter ‘P3’ for primary care lock-in clients, when referral from primary care provider has been obtained. Enter ‘DN’ to identify referring provider as applicable.
		NM102	R	Entity type Qualifier	*	“1” - Person “2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	*	Referring Provider Last Name	
		NM104	S	Name First	X	Referring Provider First Name Required if NM102 = 1	
		NM105	S	Name Middle	X	Referring Provider Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	X	Referring Provider Name Suffix Required if known	
		NM108	S	Identification Code Qualifier	X	“24” - Employer’s Identification Number “34” - Social Security Number “XX” - National Provider Identifier	Enter ‘XX’ for NPI.
		NM109	S	Identification Code	X	Referring Provider Identifier	Enter NPI.
285	PRV		S	Referring Provider Specialty Information			Alaska Medical Assistance recommends inclusion of the referring provider's taxonomy for claim adjudication.
		PRV01	R	Provider Code	X	“RF” - Referring	
		PRV02	R	Reference Identification Qualifier	X	“ZZ” - Mutually Defined	
		PRV03	R	Reference Identification	X	Provider Taxonomy Code	
288	REF		S	Referring Provider Secondary Identification			
		REF01	R	Reference Identification Qualifier	X	“1D” - Medicaid Provider Number (Dual Use Only).	Alaska Medical Assistance will accept only Medicaid Provider ID Number; enter ‘1D’ here (Dual Use Only).
		REF02	R	Reference Identification	X	Referring Provider Secondary Identifier (Dual Use Only).	Enter Referring Provider’s Medicaid Provider ID Number here (Dual Use Only).

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			S	LOOP 2310B - RENDERING PROVIDER NAME			
290	NM1		S	Rendering Provider Name			
		NM101	R	Entity Identifier Code	IG	“82” - Rendering Provider	
		NM102	R	Entity type Qualifier	IG	“1” - Person “2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	IG	Rendering Provider Last or Organization Name	
		NM104	S	Name First	IG	Rendering Provider First Name Required if NM102 = 1	
		NM105	S	Name Middle	IG	Rendering Provider Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	IG	Rendering 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	Rendering Provider Identifier NPI	Enter NPI.
293 & 41A	PRV		S	Rendering Provider Specialty Information			Alaska Medical Assistance recommends inclusion of the referring provider's taxonomy for claim adjudication.
		PRV01	R	Provider Code	IG	“PE” - Performing	
		PRV02	R	Reference Identification Qualifier	IG	“ZZ” – Taxonomy Identifier	
		PRV03	R	Reference Identification	IG	Provider Taxonomy Code	
296	REF		S	Rendering Provider Secondary Identification			
		REF01	R	Reference Identification Qualifier	*	‘EI’ or ‘SY’ – Provider’s Tax id number ‘ID’ – 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 ‘ID’ should be provided in an additional occurrence of this segment

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		REF02	R	Reference Identification	*	Rendering Provider Additional Identifier.	Enter the rendering 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.
			S	LOOP 2310C - PURCHASED SERVICE PROVIDER NAME			
298 & 42A	NM1		S	Purchased Service Provider Name			In accordance with Alaska Medical Assistance program rules, each provider may bill only for services rendered by the provider, or as applicable, by the provider's employees, contract employees, physician collaborators, and other persons the provider supervises.
		NM101	R	Entity Identifier Code	IG	"QB" - Purchase Service Provider	
		NM102	R	Entity type Qualifier	IG	"1" - Person "2" - Non-Person Entity	
		NM103	R	Name Last or Organization Name	IG	Purchased Service Provider Last or Organization Name	
		NM104	S	Name First	IG	Purchased Service Provider First Name Required if NM102 = 1	
		NM105	S	Name Middle	IG	Purchased Service Provider Middle Name Required if NM102 = 1 and is known	
		NM108	S	Identification	IG	"24" - Employer's Identification Number "34" - Social Security Number "XX" - National Provider Identifier	Enter "XX" for NPI.
		NM109	S	Identification Code	IG	Purchased Service Provider Identifier	Enter NPI.
301	REF		S	Purchase Service Provider Secondary Identification			
		REF01	R	Reference Identification Qualifier	*	"1D" - Medicaid Provider Number (Dual Use Only).	Alaska Medical Assistance will accept only the Medicaid Provider ID Number; enter '1D' here. (Dual Use Only)
		REF02	R	Reference Identification	*	Purchased Service Provider Secondary Identifier (Dual Use Only).	Enter purchased service provider's Medicaid ID number here, if known. (Dual Use Only)
			S	LOOP 2310D - SERVICE FACILITY LOCATION			
303	NM1		S	Service Facility Location			

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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	“77” - Service Location “FA” - Facility “LI” - Independent Lab “TL” - Testing Laboratory	
		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.
307	N3		R	Service Facility Location Address			
		N301	R	Address Information	IG	Laboratory or Facility Address Line	
		N302	S	Address Information	IG	Laboratory or Facility Address Line	
308	N4		R	Service Facility Location City/State/Zip			
		N401	R	City Name	IG	Laboratory or Facility City Name	
		N402	R	State or Province Code	IG	Laboratory or Facility State or Province Code	
		N403	R	Postal Code	IG	Laboratory or Facility ZIP Code	Enter the 9-digit Zip Code.
		N404	S	Country Code	IG	Laboratory/Facility Country Code	
310	REF		S	Service Facility Location Secondary Identification			
		REF01	R	Reference Identification Qualifier	*	“1D” - Medicaid Provider Number (Dual Use Only).	Alaska Medical Assistance will accept only Medicaid Provider ID Number; enter ‘1D’ here (Dual Use Only).
		REF02	R	Reference Identification	*	Laboratory or Facility Secondary Identifier (Dual Use Only).	Enter Laboratory or Facility’s Medicaid Provider ID Number here, if known (Dual Use Only).
			S	LOOP 2310E - SUPERVISING PROVIDER NAME			Required when the rendering provider is supervised by a physician (i.e.: physician collaborators, community health aides/practitioners, etc).
312	NM1		S	Supervising Provider Name			
		NM101	R	Entity Identifier Code	IG	“DQ” - Supervising Physician	

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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 Code	IG	“1” - Person	
		NM103	R	Name Last or Organization Name	IG	Supervising Provider Last Name	
		NM104	R	Name First	IG	Supervising Provider First Name	
		NM105	S	Name Middle	IG	Supervising Provider Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	IG	Supervising 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	Supervising Provider Identifier	Enter NPI.
316	REF		S	Supervising Provider Secondary Identification			
		REF01	R	Reference Identification Qualifier	*	“1D” - Medicaid Provider Number (Dual Use Only).	Alaska Medical Assistance will accept only the Medicaid Provider ID Number; enter '1D' here. (Dual Use Only)
		REF02	R	Reference Identification	*	Supervising Provider Secondary Identifier (Dual Use Only).	Enter Supervising Provider ID number here. (Dual Use Only)
			S	LOOP 2320 - OTHER SUBSCRIBER INFORMATION			
318	SBR		S	Other Subscriber Information			
		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	
		SBR05	R	Insurance Type Code	IG	<See IG List>	
		SBR09	S	Claim Filing Indicator Code	IG	<See IG List>	
323	CAS		S	Claim Level Adjustment			

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		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	*	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS03	R	Monetary Amount	IG	Adjustment Amount	
		CAS04	S	Quantity	IG	Adjustment Quantity	
		CAS05	S	Claim Adjustment Reason Code	*	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS06	S	Monetary Amount	IG	Adjustment Amount	
		CAS07	S	Quantity	IG	Adjustment Quantity	
		CAS08	S	Claim Adjustment Reason Code	*	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS09	S	Monetary Amount	IG	Adjustment Amount	
		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 Amount	
		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	
		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	
		CAS19	S	Quantity	IG	Adjustment Quantity	

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332	AMT		S	Coordination of Benefits (COB) Payer Paid Amount			
		AMT01	R	Amount Qualifier Code	IG	“D” - Payer Amount Paid	
		AMT02	R	Monetary Amount	IG	Payer Paid Amount	Total TPL paid amount goes here on crossover claims.
333	AMT		S	Coordination of Benefits (COB) Approved Amount			
		AMT01	R	Amount Qualifier Code	IG	“AAE” - Approved Amount	
		AMT02	R	Monetary Amount	IG	Approved Amount	
334	AMT		S	Coordination of Benefits (COB) Allowed Amount			
		AMT01	R	Amount Qualifier Code	IG	“B6” - Allowed-Actual	
		AMT02	R	Monetary Amount	IG	Allowed Amount	
335	AMT		S	Coordination of Benefits (COB) Patient Responsibility Amount			
		AMT01	R	Amount Qualifier Code	IG	“F2” - Patient Responsibility-Actual	
		AMT02	R	Monetary Amount	IG	Other Payer Patient Responsibility Amount	
336	AMT		S	Coordination of Benefits (COB) Covered Amount			
		AMT01	R	Amount Qualifier Code	IG	“AU” - Coverage Amount	
		AMT02	R	Monetary Amount	IG	Other Payer Covered Amount	
337	AMT		S	Coordination of Benefits (COB) Discount Amount			
		AMT01	R	Amount Qualifier Code	IG	“D8” - Discount Amount	
		AMT02	R	Monetary Amount	IG	Other Payer Discount Amount	
338	AMT		S	Coordination of Benefits (COB) Per Day Limit Amount			
		AMT01	R	Amount Qualifier Code	IG	“DY” - Per Day Limit	
		AMT02	R	Monetary Amount	IG	Other Payer Per Day Limit Amount	
339	AMT		S	Coordination of Benefits (COB) Patient Paid Amount			

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		AMT01	R	Amount Qualifier Code	IG	“F5” - Patient Paid Amount	
		AMT02	R	Adjustment Amount	IG	Other Payer Patient Paid Amount	
340	AMT		S	Coordination of Benefits (COB) Tax Amount			
		AMT01	R	Amount Qualifier Code	IG	“T” - Tax	
		AMT02	R	Monetary Amount	IG	Other Payer Tax Amount	
341	AMT		S	Coordination of Benefits (COB) Total Claim Before Taxes Amount			
		AMT01	R	Amount Qualifier Code	IG	“T2” - Total Claim Before Taxes	
		AMT02	R	Monetary Amount	IG	Other Payer Pre-Tax Claim Total Amount	
342	DMG		S	Subscriber Demographic Information			
		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	
344	OI		R	Other Insurance Coverage Information			
		OI03	R	Yes/No Condition or Response Code	IG	Benefits Assignment Certification Indicator “N” - No “Y” - Yes	
		OI04	S	Patient Signature Source Code	IG	<See IG List>	
		OI06	R	Release of Information Code	*	<See IG List>	
347	MOA		S	Medicare Outpatient Adjudication Information			
		MOA01	S	Percent	IG	Reimbursement Rate	
		MOA02	S	Monetary Amount	IG	HCPCS Payable Amount	
		MOA03	S	Reference Identification	IG	Remark Code	
		MOA04	S	Reference Identification	IG	Remark Code	

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		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	End Stage Renal Disease Payment Amount	
		MOA09	S	Monetary Amount	IG	Non-Payable Professional Component Billed Amount	
				R LOOP 2330A - OTHER SUBSCRIBER NAME			
350	NM1		R	Other Subscriber Name			
		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	
354	N3		S	Other Subscriber Address			
		N301	R	Address Information	IG	Other Insured Address Line	
		N302	S	Address Information	IG	Other Insured Address Line	
355	N4		S	Other Subscriber City/State/Zip Code			
		N401	S	City Name	IG	Other Insured City Name	
		N402	S	State or Province Code	IG	Other Insured State Code	
		N403	S	Postal Code	IG	Other Insured Postal Zone or ZIP Code	
		N404	S	Country Code	IG	Other Insured Country Code	
357	REF		S	Other Subscriber Secondary Identification			

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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	“1W” - Member Identification Number “23” - Client Number “IG” - Insurance Policy Number “SY” - Social Security Number		
		REF02	R	Reference Identification	IG	Other Insured Additional Identifier		
			R	LOOP 2330B - OTHER PAYER NAME				
359	NM1		R	Other Payer Name				
		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		
363	PER		S	Other Payer Contact Information			Required in payer-to-payer COB situations where a payer has adjudicated a claim and passes it to the next payer.	
		PER01	R	Contact Function Code	IG	“IC” - Information Contact		
		PER02	R	Name	IG	Other Payer 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		
		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		

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		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	
366	DTP		S	Claim Adjudication Date			
		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	
368	REF		S	Other Payer Secondary Identifier			
		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	
370	REF		S	Other Payer Prior Authorization or Referral Number			
		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	
372	REF		S	Other Payer Claim Adjustment Indicator			
		REF01	R	Reference Identification Qualifier	IG	“T4” - Signal Code	
		REF02	R	Reference Identification	IG	Other Payer Claim Adjustment Indicator	
			S	LOOP 2330C - OTHER PAYER PATIENT INFORMATION			

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374 & 44A	NM1		S	Other Payer Patient Information				
		NM101	R	Entity Identifier Code	IG	“QC” - Patient		
		NM102	R	Entity Type Qualifier	IG	“1” - Person		
		NM108	R	Identification Code Qualifier	IG	“MI” - Member Identification Number		
		NM109	R	Identification Code	IG	Other Payer Patient Primary Identifier		
376	REF		S	Other Payer Patient Identification				
		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		
			S	LOOP 2330D - OTHER PAYER REFERRING PROVIDER				
378	NM1		S	Other Payer Referring Provider				
		NM101	R	Entity Identifier Code	X	“DN” - Referring Provider “P3” - Primary Care Provider		
		NM102	R	Entity Type Qualifier	X	“1” - Person “2” - Non-Person Entity		
380	REF		R	Other Payer Referring Provider Identification				
		REF01	R	Reference Identification Qualifier	X	<See IG List>		
		REF02	R	Reference Identification	X			
			S	LOOP 2330E - OTHER PAYER RENDERING PROVIDER				
382 & 48A	NM1		S	Other Payer Rendering Provider				
		NM101	R	Entity Identifier Code	X	“82” - Rendering Provider		
		NM102	R	Entity Type Qualifier	X	“1” - Person “2” - Non-Person Entity		
384	REF		R	Other Payer Rendering Provider Secondary Information				

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		REF01	R	Reference Identification Qualifier	X	<See IG List>	
		REF02	R	Reference Identification	X		
			S	LOOP 2330F - OTHER PAYER PURCHASED SERVICE PROVIDER			
386 & 50A	NM1		S	Other Payer Purchased Service Provider			
		NM101	R	Entity Identifier Code	IG	“QB” - Purchase Service Provider	
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person Entity	
388	REF		R	Other Payer Purchased Service Provider Identification			
		REF01	R	Reference Identification Qualifier	X	<See IG List>	
		REF02	R	Reference Identification	X		
			S	LOOP 2330G - OTHER PAYER SERVICE FACILITY LOCATION			
390 & 52A	NM1		S	Other Payer Service Facility Location			
		NM101	R	Entity Identifier Code	IG	“77” - Service Location “FA” - Facility “LI” - Independent Lab “TL” - Testing Laboratory	
		NM102	R	Entity Type Qualifier	IG	“2” - Non-Person Entity	
392	REF		R	Other Payer Service Facility Location Identification			
		REF01	R	Reference Identification Qualifier	X	<See IG List>	
		REF02	R	Reference Identification	X		
			S	LOOP 2330H - OTHER PAYER SUPERVISING PROVIDER			
394 & 54A	NM1		S	Other Payer Supervising Provider			
		NM101	R	Entity Identifier Code	IG	“DQ” - Supervising Physician	
		NM102	R	Entity Type Qualifier	IG	“1” - Person	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
396	REF		R	Other Payer Supervising Provider Identification			
		REF01	R	Reference Identification Qualifier	X	See <IG List>	
		REF02	R	Reference Identification	X		
			R	LOOP 2400 - SERVICE LINE			
398	LX		R	Service Line			
		LX01	R	Line Counter	IG	The service line counter is incremented by 1 for each service line	Enter '1' for the first service line segment and increment by one for each additional service line of a claim. The maximum value allowed is '50'.
400 & 57A	SV1		R	Professional Service			
		SV101	R	Composite Medical Procedure Identifier			
		SV101-1	R	Product/Service ID Qualifier	IG	Procedure or Service ID Qualifier <See IG List>	
		SV101-2	R	Product/Service ID	IG	Procedure Code	
		SV101-3	S	Procedure Modifier	IG	Procedure Modifier 1	
		SV101-4	S	Procedure Modifier	IG	Procedure Modifier 2	
		SV101-5	S	Procedure Modifier	IG	Procedure Modifier 3	
		SV101-6	S	Procedure Modifier	IG	Procedure Modifier 4	
		SV102	R	Monetary Amount	IG	Line Item Charge Amount	
		SV103	R	Unit or Basis for Measurement Code	IG	"F2" - International Unit "MJ" - MJ Minutes "UN" - UN Unit	
		SV104	R	Quantity	IG	Service Unit Count	
		SV105	S	Facility Code Value	IG	Facility Type Code (Refer Code Source 237 : Place of Service)	
		SV107	S	Composite Diagnosis Code Pointer			
		SV107-1	R	Diagnosis Code Pointer	IG	First Diagnosis Code Pointer	
		SV107-2	S	Diagnosis Code Pointer	IG	Second Diagnosis Code Pointer	
		SV107-3	S	Diagnosis Code Pointer	IG	Third Diagnosis Code Pointer	
		SV107-4	S	Diagnosis Code Pointer	IG	Fourth Diagnosis Code Pointer	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		SV109	S	Yes/No Condition or Response Code	IG	Emergency Indicator “Y” - Yes	
		SV111	S	Yes/No Condition or Response Code	IG	EPSDT Indicator “Y” - Yes	Required if Medicaid services are the result of an EPSDT screening referral.
		SV112	S	Yes/No Condition or Response Code	IG	Family Planning Indicator “Y” - Yes	
		SV115	S	Copay Status Code	IG	Co-Pay Status Code “0” – Copay Exempt	
58A	SV5		S	Durable Medical Equipment Service			
		SV501	R	Composite Medical Procedure Identifier			
		SV501-1	R	Product / Service ID Qualifier	IG	“HC” - HCPCS Codes	
		SV501-2	R	Product / Service ID	IG	This value must be same as that reported in SV101-2	
		SV502	R	Unit or Basis for Measurement Code	IG	“DA” - Days	
		SV503	R	Quantity	IG	Length of Medical Necessity	
		SV504	S	Monetary Amount	IG	DME Rental Price	
		SV505	S	Monetary Amount	IG	DME Purchase Price	
		SV506	S	Frequency Code	IG	Rental Unit Price Indicator “1” - Weekly “4” - Monthly “6” – Daily	
410	PWK		S	DMERC CMN Indicator			
		PWK01	R	Report Type Code	IG	“CT” - Certification	
		PWK02	R	Report Transmission Code	IG	Attachment Transmission Code <See IG List>	
412	CR1		S	Ambulance Transport Information			
		CR101	S	Unit or Basis for Measurement Code	IG	“LB” - Pound	
		CR102	S	Weight	IG	Patient Weight	

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		CR103	R	Ambulance Transport Code	IG	“I” - Initial Trip “R” - Return Trip “T” - Transfer Trip “X” - Round Trip	
		CR104	R	Ambulance Transport Reason Code	IG	<See IG List>	
		CR105	R	Unit or Basis for Measurement Code	IG	“DH” - Miles	
		CR106	R	Quantity	IG	Transport Distance	
		CR109	S	Description	IG	Round Trip Purpose Description	
		CR110	S	Description	IG	Stretcher Purpose Description	
415 & 61A	CR2		S	Spinal Manipulation Service Information			
		CR208	R	Nature of Condition Code	IG	Patient Condition Code <See IG List>	
		CR210	S	Description	IG	Patient Condition Description	
		CR211	S	Description	IG	Patient Condition Description	
		CR212	S	Yes/No Condition or Response Code	IG	Patient Condition Response Code “Y” – Yes “N” - No	
421	CR3		S	Durable Medical Equipment Certification			
		CR301	R	Certification Type Code	IG	“I” - Initial “R” - Renewal “S” - Revised	
		CR302	R	Unit or Basis for Measurement Code	IG	“MO” - Months	
		CR303	R	Quantity	IG	Durable Medical Equipment Duration	
423	CR5		S	Home Oxygen Therapy Information			
		CR501	R	Certification Type Code	IG	“I” - Initial “R” - Renewal “S” - Revised	
		CR502	R	Quantity	IG	Treatment Period Count	
		CR510	S	Quantity	IG	Arterial Blood Gas Quantity	
		CR511	S	Quantity	IG	Oxygen Saturation Quantity	

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		CR512	R	Oxygen Test Condition Code	IG	“E” - Exercising “R” - At rest on room air “S” - Sleeping	
		CR513	S	Oxygen Test Findings Code	IG	“1” - Dependent edema suggesting congestive heart failure	
		CR514	S	Oxygen Test Findings Code	IG	“2” - “P” Pulmonale on Electrocardiogram (EKG)	
		CR515	S	Oxygen Test Findings Code	IG	“3” - Erythrocythemia with a hematocrit greater than 56 percent	
427	CRC		S	Ambulance Certification			
		CRC01	R	Code Category	IG	“07” - Ambulance Certification	
		CRC02	R	Yes/No Condition or Response Code	IG	Certification Condition Indicator “Y” - Yes “N” - No	
		CRC03	R	Condition Indicator	IG	Condition 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	
430	CRC		S	Hospice Employee Indicator			
		CRC01	R	Code Category	IG	“70” - Hospice	
		CRC02	R	Yes/No Condition or Response Code	IG	Hospice Employed Provider Indicator “Y” - Yes “N” - No	
		CRC03	R	Condition Indicator	IG	“65” - Open	
432	CRC		S	DMERC Condition Indicator			
		CRC01	R	Code Category	IG	“09” - Durable Medical Equipment Certification “11” - Oxygen Therapy Certification	
		CRC02	R	Yes/No Condition or Response Code	IG	Certification Condition Indicator “Y” - Yes “N” - No	
		CRC03	R	Condition Indicator	IG	<See IG List>	

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		CRC04	S	Condition Indicator	IG	<See IG List> Required if additional condition codes are needed	
		CRC05	S	Condition Indicator	IG	Same as above	
		CRC06	S	Condition Indicator	IG	Same as above	
		CRC07	S	Condition Indicator	IG	Same as above	
435	DTP		R	Date - Service Date			
		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	
437	DTP		S	Date - Certification Revision Date			
		DTP01	R	Date/Time Qualifier	IG	“607” - Certification Revision	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Certification Revision Date	
440	DTP		S	Date - Begin Therapy Date			
		DTP01	R	Date/Time Qualifier	IG	“463” - Begin Therapy	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Begin Therapy Date	
442	DTP		S	Date - Last Certification Date			
		DTP01	R	Date/Time Qualifier	IG	“461” - Last Certification	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Last Certification Date	
445	DTP		S	Date - Date last Seen			
		DTP01	R	Date/Time Qualifier	IG	“304” - Latest Visit or Consultation	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Last Seen Date	

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447	DTP		S	Date - Test			
		DTP01	R	Date/Time Qualifier	IG	“738” - Most Recent Hemoglobin or Hematocrit or Both “739” - Most Recent Serum Creatine	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Test Performed Date	
449	DTP		S	Date - Oxygen Saturation/Arterial Blood Gas Test			
		DTP01	R	Date/Time Qualifier	IG	“119” - Test Performed “480” - Arterial Blood Gas Test “481” - Oxygen Saturation Test	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Oxygen Saturation Test Date	
451	DTP		S	Date - Shipped			
		DTP01	R	Date/Time Qualifier	IG	“011” - Shipped	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Shipped Date	
452	DTP		S	Date- Onset of Current Symptom/Illness			
		DTP01	R	Date/Time Qualifier	IG	“431” - Onset of Current Symptoms or Illness	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Onset Date	
454	DTP		S	Date - Last X-RAY			
		DTP01	R	Date/Time Qualifier	IG	“455” - Last X-Ray	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Last X-Ray Date	
456	DTP		S	Date - Acute Manifestation			
		DTP01	R	Date/Time Qualifier	IG	“453” - Acute Manifestation of a Chronic Condition	

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		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Acute Manifestation Date	
458	DTP		S	Date - Initial Treatment			
		DTP01	R	Date/Time Qualifier	IG	“454” - Initial Treatment	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Initial Treatment Date	
460	DTP		S	Date - Similar Illness/Symptom Onset			
		DTP01	R	Date/Time Qualifier	IG	“438” - Onset of Similar Symptoms or Illness	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Similar Illness or Symptom Date	
464 & 68A	MEA		S	Test Result			
		MEA01	R	Measurement Reference ID Code	IG	Measurement Reference Identification Code <See IG List>	
		MEA02	R	Measurement Qualifier	IG	<See IG List>	
		MEA03	R	Measurement Value	IG	Test Results	
466	CN1		S	Contact Information			
		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	
468	REF		S	Repriced Line Item Reference Number			
		REF01	R	Reference Identification Qualifier	IG	“9B” - Repriced Line Item Reference Number	
		REF02	R	Reference Identification	IG	Repriced Line Item Reference Number	
469	REF		S	Adjusted Repriced Line Item Reference Number			
		REF01	R	Reference Identification Qualifier	IG	“9D” - Adjusted Repriced Line Item Reference Number	

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		REF02	R	Reference Identification	IG	Adjusted Repriced Line Item Reference Number	
470	REF		S	Prior Authorization or Referral Number			Required if service line involved a prior authorization number or referral number that is different than the number reported at the claim level (Loop-ID 2300).
		REF01	R	Reference Identification Qualifier	IG	“9F” - Referral Number “G1” - Prior Authorization Number	
		REF02	R	Reference Identification	IG	Prior Authorization or Referral Number	
472	REF		S	Line Item Control Number			
		REF01	R	Reference Identification Qualifier	IG	“6R” - Provider Control Number	
		REF02	R	Reference Identification	IG	Line Item Control Number	
474	REF		S	Mammography Certification Number			
		REF01	R	Reference Identification Qualifier	IG	“EW” - Mammography Certification Number	
		REF02	R	Reference Identification	IG	Mammography Certification Number	
475	REF		S	Clinical Laboratory Improvement Amendment (CLIA) Identification			Required on claims for any laboratory performing tests covered by the CLIA Act. Providers performing these lab services are required to submit CLIA certification documentation at the time of enrollment with Alaska medical Assistance. Any changes or updates to CLIA certification must be communicated with FHSC Provider Enrollment.
		REF01	R	Reference Identification Qualifier	IG	“X4” - Clinical Laboratory Improvement Amendment Number	
		REF02	R	Reference Identification	IG	Clinical Laboratory Improvement Amendment Number	

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477	REF		S	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification			
		REF01	R	Reference Identification Qualifier	IG	“F4” - Facility Certification Number	
		REF02	R	Reference Identification	IG	Referring CLIA Number	
478	REF		S	Immunization Batch Number			
		REF01	R	Reference Identification Qualifier	IG	“BT” - Batch Number	
		REF02	R	Reference Identification	IG	Immunization Batch Number	
479	REF		S	Ambulatory Patient Group			
		REF01	R	Reference Identification Qualifier	IG	“IS” - Ambulatory Patient Group (APG) Number	
		REF02	R	Reference Identification	IG	Ambulatory Patient Group Number	
480	REF		S	Oxygen Flow Rate			
		REF01	R	Reference Identification Qualifier	IG	“TP” - Test Specification Number Oxygen Flow Rate	
		REF02	R	Reference Identification	IG	Oxygen Flow Rate	
482	AMT		S	Universal Product Number (UPN)			
		REF01	R	Reference Identification Qualifier	IG	<See IG List>	
		REF02	R	Reference Identification	IG	Universal Product Number	
484	AMT		S	Sales Tax Amount			
		AMT01	R	Amount Qualifier Code	IG	“T” – Tax	
		AMT02	R	Monetary Amount	*	Sales Tax Amount	Specify Sales Tax amount here. Don’t add Sales Tax to line item charges. Alaska Medical Assistance doesn’t cover taxes.
485	AMT		S	Approved Amount			
		AMT01	R	Amount Qualifier Code	IG	“AAE” - Approved Amount	
		AMT02	R	Monetary Amount	IG	Approved Amount	

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486	AMT		S	Postage Claimed Amount			
		AMT01	R	Amount Qualifier Code	IG	“F4” - Postage Claimed	
		AMT02	R	Monetary Amount	IG	Postage Claimed Amount	
487	K3		S	File information			
		K301	R	Fixed Format Information	IG	Data in fixed format agreed upon by sender and receiver	
488	NTE		S	Line Note			
		NTE01	R	Note Reference Code	IG	<See IG List>	
		NTE02	R	Description	IG	Line Note Text	
489	PS1		S	Purchased Service Information			
		PS101	R	Reference Identification	IG	Purchased Service Provider Identifier	
		PS102	R	Monetary Amount	IG	Purchased Service Charge Amount	
491	HSD		S	Health Care Services Delivery			
		HSD01	S	Quantity Qualifier	IG	“VS” – Visits	
		HSD02	S	Quantity	IG	Number of Visits	
		HSD03	S	Unit or Basis for Measurement Code	IG	<See IG List>	
		HSD04	S	Sample Selection Modulus	IG	Frequency Count	
		HSD05	S	Time Period Qualifier	IG	<See IG List>	
		HSD06	S	Number of Periods	IG	Duration of Visits, Number of Units	
		HSD07	S	Ship/Delivery or Calendar Pattern Code	IG	<See IG List>	
		HSD08	S	Ship/Delivery Pattern Time Code	IG	<See IG List>	
495	HCP		S	Line Pricing/Repricing Information			
		HCP01	R	Pricing Methodology	IG	<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	

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		HCP06	S	Reference Identification	IG	Repriced Approved Ambulatory Patient Group Code		
		HCP07	S	Monetary Amount	IG	Repriced Approved Ambulatory Patient Group Amount		
		HCP09	S	Product/Service ID Qualifier	IG	Product or Service ID Qualifier <See IG List>		
		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	Repriced Approved Service Unit Count		
		HCP13	S	Reject Reason Code	IG	<See IG List>		
		HCP14	S	Policy Compliance Code	IG	<See IG List>		
		HCP15	S	Exception Code	IG	<See IG List>		
			S	LOOP 2410 - DRUG IDENTIFICATION				
71A	LIN		S	Drug Identification				
		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		
74A	CTP		S	Drug Pricing				
		CTP03	R	Unit price	IG	Drug Unit price		
		CTP04	R	Quantity	IG	National Drug Unit Count		
		CTP05	R	Composite unit of measure	IG	Unit or Basis of Measurement		
		CTP05-1	R	Unit or Basis for Measurement Code	IG	“F2” - International Unit “GR” - Gram “ML” - Milliliter “UN” - Unit		
77A	REF		S	Prescription Number				
		REF01	R	Reference Identification Qualifier	IG	“XZ” - Pharmacy Prescription Number		
		REF02	R	Reference Identification	IG	Prescription Number		
			S	LOOP 2420A - RENDERING PROVIDER NAME				
501	NM1		S	Rendering Provider Name				
		NM101	R	Entity Identifier Code	IG	“82” - Rendering Provider		

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		NM102	R	Entity type Qualifier	IG	“1” - Person “2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	IG	Rendering Provider Last or Organization Name	
		NM104	S	Name First	IG	Rendering Provider First Name Required if NM102 = 1	
		NM105	S	Name Middle	IG	Rendering Provider Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	IG	Rendering 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	Rendering Provider Identifier NPI	Enter NPI.
504 & 79A	PRV		S	Rendering Provider Specialty Information			Alaska Medical Assistance recommends inclusion of the rendering provider's taxonomy code for claim adjudication.
		PRV01	R	Provider Code	IG	“PE” - Performing	
		PRV02	R	Reference Identification Qualifier	IG	“ZZ” – Taxonomy Identifier	
		PRV03	R	Reference Identification	IG	Provider Taxonomy Code	
507	REF		S	Rendering Provider Secondary Identification			
		REF01	R	Reference Identification Qualifier	X	"ID" - Medicaid Provider ID (Dual Use Only)	Alaska Medical Assistance will accept only the Medicaid Provider ID here. (Dual Use Only)
		REF02	R	Reference Identification	X	Rendering Provider Secondary Identifier (Dual Use Only)	Enter rendering provider's Medicaid ID here. (Dual Use Only)
			S	LOOP 2420B - PURCHASED SERVICE PROVIDER NAME			
509	REF		S	Purchased Service Provider Name			In accordance with Alaska Medical Assistance program rules, each provider may bill only for services rendered by the provider, or as applicable, by the provider’s employees, contract employees, physician collaborators, and other persons the provider supervises.
		NM101	R	Entity Identifier Code	IG	“QB” - Purchase Service Provider	

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		NM102	R	Entity type Qualifier	IG	“1” - Person “2” - Non-Person Entity	
		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	Purchased Service Provider Identifier	Enter NPI.
512	REF		S	Purchase Service Provider Secondary Identification			
		REF01	R	Reference Identification Qualifier	X	1D - Alaska Medicaid Provider ID Number (Dual Use Only)	Alaska Medical Assistance will accept only the Medicaid Provider ID here. (Dual Use Only)
		REF02	R	Reference Identification	X	Purchase Service Provider Secondary Identifier (Dual Use Only)	Enter purchased service provider's Medicaid ID here, if known. (Dual Use Only)
			S	LOOP 2420C - SERVICE FACILITY LOCATION			
514	NM1		S	Service Facility Location			
		NM101	R	Entity Identifier Code	IG	“77” - Service Location “FA” - Facility “LI” - Independent Lab “TL” - Testing Laboratory	
		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.
518	N3		R	Service Facility Location Address			
		N301	R	Address Information	IG	Laboratory or Facility Address Line	
		N302	S	Address Information	IG	Laboratory or Facility Address Line	
519	N4		R	Service Facility Location City/State/Zip			
		N401	R	City Name	IG	Laboratory or Facility City Name	
		N402	R	State of Province Code	IG	Laboratory or Facility State or Province Code	
		N403	R	Postal Code	IG	Laboratory or Facility ZIP Code	

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		N404	S	Country Code	IG	Service Facility Location Country Code	
521	REF		S	Service Facility Location Secondary Identification			
		REF01	R	Reference Identification Qualifier	X	"ID" - Medicaid Provider ID Number (Dual Use Only)	Alaska Medical Assistance will accept only the Medicaid Provider ID here. (Dual Use Only)
		REF02	R	Reference Identification	X	Service Facility Location Secondary Identifier (Dual Use Only)	Enter service facility location provider's Medicaid ID here, if known. (Dual Use Only)
			S	LOOP 2420D - SUPERVISING PROVIDER NAME			
523	NM1		S	Supervising Provider Name			
		NM101	R	Entity Identifier Code	IG	"DQ" - Supervising Physician	
		NM102	R	Entity type Qualifier	IG	"1" – Person	
		NM103	R	Name Last or Organization Name	IG	Supervising Provider Last Name	
		NM104	R	Name First	IG	Supervising Provider First Name	
		NM105	S	Name Middle	IG	Supervising Provider Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	IG	Supervising Provider Name Suffix Required if known	
		NM108	S	Identification Code Qualifier	IG	"24" - Employer's Identification Number "34" - Social Security Number "XX" - HCFA National Provider Identifier	Enter 'XX' for NPI.
		NM109	S	Identification Code	IG	Supervising Provider Identifier	Enter NPI.
527	REF		S	Supervising Provider Secondary Identification			
		REF01	R	Reference Identification Qualifier	X	"ID" - Medicaid Provider ID Number (Dual Use Only)	Alaska Medical Assistance will accept only the Medicaid Provider ID here. (Dual Use Only)
		REF02	R	Reference Identification	X	Supervising Provider Secondary ID	Enter supervising provider's Medicaid ID number here. (Dual Use Only)
			S	LOOP 2420E - ORDERING PROVIDER NAME			
529	NM1		S	Ordering Provider Name			
		NM101	R	Entity Identifier Code	IG	"DK" - Ordering Physician	
		NM102	R	Entity type Qualifier	IG	"1" - Person	

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		NM103	R	Name Last or Organization Name	IG	Ordering Provider Last Name	
		NM104	R	Name First	IG	Ordering Provider First Name	
		NM105	S	Name Middle	IG	Ordering Provider Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	IG	Ordering 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	Ordering Provider Identifier	Enter NPI.
533	N3		S	Ordering Provider Address			
		N301	R	Address Information	IG	Ordering Provider Address Line	
		N302	S	Address Information	IG	Ordering Provider Address Line	
534	N4		S	Ordering Provider City/State/Zip Code			
		N401	R	City Name	IG	Ordering Provider City Name	
		N402	R	State of Province Code	IG	Ordering Provider State Code	
		N403	R	Postal Code	IG	Ordering Provider Postal Zone or ZIP Code	
		N404	S	Country Code	IG	Ordering Provider Country Code	
536	REF		S	Ordering Provider Secondary Identification			
		REF01	R	Reference Identification Qualifier	X	"1D" - Alaska Medicaid ID Number (Dual Use Only)	Alaska Medical Assistance will accept only the Medicaid Provider ID here. (Dual Use Only)
		REF02	R	Reference Identification	X	Ordering Provider Secondary Identifier (Dual Use Only)	Enter Ordering Provider's Medicaid ID Number here. (Dual Use Only)
538	PER		S	Ordering Provider Contact Information			
		PER01	R	Contact Function Code	IG	“IC” - Information Contact	
		PER02	R	Name	IG	Ordering 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	

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		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	LOOP 2420F - REFERRING PROVIDER NAME				
541	NM1		S	Referring Provider Name			Enter ‘P3’ for primary care lock-in clients, when referral from primary care provider has been obtained. Enter ‘DN’ to identify referring provider as applicable.	
		NM101	R	Entity Identifier Code	IG	“DN” - Referring Provider “P3” - Primary Care Provider		
		NM102	R	Entity type Qualifier	IG	“1” – Person		
		NM103	R	Name Last or Organization Name	IG	Referring Provider Last Name		
		NM104	R	Name First	IG	Referring Provider First Name		
		NM105	S	Name Middle	IG	Referring Provider Middle Name Required if NM102 = 1 and is known		
		NM107	S	Name Suffix	IG	Referring 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	Referring Provider Identifier NPI	Enter NPI.	
544	PRV		S	Referring Provider Specialty Information			Alaska Medical Assistance recommends inclusion of the referring provider's taxonomy code for claim adjudication.	
		PRV01	R	Provider Code	IG	“RF” - Referring		

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		PRV02	R	Reference Identification Qualifier	IG	“ZZ” – Taxonomy Identifier	
		PRV03	R	Reference Identification	IG	Provider Taxonomy Code	
547	REF		S	Referring Provider Secondary Identification			
		REF01	R	Reference Identification Qualifier	*	“1D” - Medicaid Provider Number (Dual Use Only)	Alaska Medical Assistance will accept only Medicaid Provider ID Number; enter ‘1D’ here (Dual Use Only).
		REF02	R	Reference Identification	*	Referring Provider Secondary Identifier (Dual Use Only)	Enter Referring Provider’s Medicaid Provider ID Number here, if known (Dual Use Only).
			S	LOOP 2420G - OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER			
549	NM1		S	Other Payer Prior Authorization or Referral Number			
		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	Payer Name	
		NM108	R	Identification Code Qualifier	IG	“PI” - Payer Identification “XV” - Health Care Financing Administration PlanID	
		NM109	R	Identification Code	IG	Other Payer Identification Number	
552	REF		R	Other Payer Prior Authorization or Referral Number			
		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	
			S	LOOP 2430 - LINE ADJUDICATION INFORMATION			
554 & 81A	SVD		S	Line Adjudication Information			
		SVD01	R	Identification Code	IG	Other Payer Primary Identifier	
		SVD02	R	Monetary Amount	IG	Service Line Paid Amount	

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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	R	Composite Medical Procedure Identifier	IG		
		SVD03-1	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	
		SVD03-2	R	Product/Service ID	IG	Procedure Code	
		SVD03-3	S	Procedure Modifier	IG	Procedure Code Modifier 1	
		SVD03-4	S	Procedure Modifier	IG	Procedure Code Modifier 2	
		SVD03-5	S	Procedure Modifier	IG	Procedure Code Modifier 3	
		SVD03-6	S	Procedure Modifier	IG	Procedure Code Modifier 4	
		SVD03-7	S	Description	IG	Procedure Code Description	
		SVD05	R	Quantity	IG	Paid Service Unit Count	
		SVD06	S	Assigned Number	IG	Bundled Line Number	
558	CAS		S	Line Adjustment			
		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	*	Adjustment Reason Code (Refer 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	*	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	

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

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		CAS08	S	Claim Adjustment Reason Code	*	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)		
		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		
566	DTP		R	Line Adjudication Date				
		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		
			S	LOOP 2440 - FORM IDENTIFICATION CODE				

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
567	LQ		S	Form Identification Code			
		LQ01	R	Code List Qualifier Code	IG	Form Identification Code “AS” - Form Type Code “UT” - Health Care Financing Administration (HCFA) DMERC CMN Forms	
		LQ02	R	Industry Code	IG	Form Identifier	
569	FRM		R	Supporting Documentation			
		FRM01	R	Assigned Identification	IG	Question Number/Letter	
		FRM02	S	Yes/No Condition or Response Code	IG	Question Response “N” - No “W” - Not Applicable “Y” - Yes	
		FRM03	S	Reference Identification	IG	Question Response	
		FRM04	S	Date	IG	Question Response	
		FRM05	S	Percent	IG	Question Response	
572	SE		R	Transaction Set Trailer			
		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.10	GE		R	Functional Group Trailer			
		GE01	R	Number of Transaction Set Included	IG	Number of Transaction Sets Included	
		GE02	R	Group Control Number	IG	Sender’s Assigned Number (GE02 must be identical to the associated Functional Group Header GS06)	
B.7	IEA		R	Interchange Control Trailer			
		IEA01	R	Number of Included Functional Groups	IG	Number of Functional Groups Included	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Value	Additional Instructions
		IEA02	R	Interchange Control Number	*	Batch Number (IEA02 must be identical to the associated Interchange Header ISA13)	