Record Type/Field #	1500 Connect		837 Connect when Subscriber = Patient					HSNO Required	Notes	837 Connect when Subscriber ≠ Patient					Notes
			Loop	*Reference Designator*	*Composite*	*X12 DE #*	*Qualifier*	*Yes / No / Cond*		*Loop*	*Reference Designator*	*Composite*	*X12 Data#*	*Qualifier*	
n/a	Item 1	Insurance Check Boxes	2000B	SBR09	/	1032	09 or ZZ	Yes	Use 09 when SBR04 = BD, CA or MH. Use ZZ when SBR04 = Prime, Second or Partial	2000B	SBR09	/	1032	09 or ZZ	
n/a	Item 1a	Insured's ID Number	2010BA	NM109	/	67	NM108 = MI	Yes	May be used to report MassHealth RID Numbers for Eligibility	2010CA	NM109	/	67		
RT J / F 6	Item 2	Patient's Last Name	2010BA	NM103	/	1035		Yes		2010CA	NM103	/	1035		
RT J / F 7		Patient's First Name	2010BA	NM104	/	1036		Yes		2010CA	NM104	/	1036		
RT J / F 8		Patient's Middle Initial	2010BA	NM105	/	1037		Cond		2010CA	NM105	/	1037		
RT J / F 21	Item 3	Patient's Birthdate	2010BA	DMG02	/	1251		Yes	CCYYMMDD	2010CA	DMG02	/	1251		Patients Birthdate
RT J / F 20		Patient's Sex	2010BA	DMG03	/	1068	F, M or U	Yes		2010CA	DMG03	/	1068	F, M, or U	
RT J / F 6	Item 4	Insured's Last Name	2010BA	NM103	/	1035		Cond	Do not report when Loop 2000B, SBR02 = 18	2010BA	NM103	/	1035		
RT J / F 7		Insured's First Name	2010BA	NM104	/	1036		Cond	Do not report when Loop 2000B, SBR02 = 18	2010BA	NM104	/	1036		
RT J / F 8		Insured's Middle Initial	2010BA	NM105	/	1037		Cond	Do not report when Loop 2000B, SBR02 = 18	2010BA	NM105	/	1037		
n/a	Item 5	Patient's Address Line 1	2010BA	N301	/	166		Cond	Do not report when Loop 2000B, SBR02 = 18	2010CA	N301	/	166		
n/a		Patients Address Line 2	2010BA	N302	/	166		Cond	Do not report when Loop 2000B, SBR02 = 18	2010CA	N302	/	166		
n/a		Patient's City	2010BA	N401	/	19		Yes		2010CA	N401	/	19		
n/a		Patient's State	2010BA	N402	/	156	Must be MA when SBR04 = Prime, Partial, Second, CA or MH	Yes		2010CA	N402	/	156		
RT K / F 17		Patient's Zip Code	2010BA	N403	/	116	Must be a valid US Zip Code	Cond		2010CA	N403	/	116		
n/a	*	Patient's Country Code	2010BA	N404	/	26	Must be a valid Country Code	Cond		2010CA	N404	/	26		
RT J / F 9	n/a	Patient's SSN	2010BA	REF02	/	127	9 digit SSN without hyphens or dummy number of 000000001	Yes	REF01 = SY	2010CA	REF02	/	127		
n/a	Item 6	Patient Relationship to Insured	2000B	SBR02	/	1069	18 or Blank	Cond	Use 18 when Subscriber is the same person as the Patient. If Subscriber is not the Patient do not use.			/	1069		
n/a	Item 7	Insured's Address Line 1	2010BA	N301	/	166		Cond		2010BA	N301	/	166		
n/a		Insured's Address Line 2	2010BA	N302	/	166		Cond		2010BA	N302	/	166		
n/a		Insured's City	2010BA	N401	/	19		Cond		2010BA	N401	/	19		
n/a		Insured's State	2010BA	N402	/	156	Must be MA when SBR04 = Prime, Partial, Second, CA or MH	Cond		2010BA	N402	/	156		
RT K / F 17		Insured's Zip Code	2010BA	N403	/	116	Must be a valid US Zip Code	Cond		2010BA	N403	/	116		
n/a	*	Insured's County Code	2010BA	N404	/	26	Must be a valid Country Code	Cond		2010BA	N404	/	26		
n/a	Item 8	Patient Status (Relationship and Work)	n/a	n/a	n/a	n/a	n/a	n/a							
n/a	Item 9	Other Insured's Last Name	2330A	NM103	/	1035		Cond							
n/a		Other Insured's First Name	2330A	NM104	/	1036		Cond							
n/a		Other Insured's Middle Initial	2330A	NM105	/	1037		Cond							
n/a	Item 9a	Other Insured's Policy or Group Number	2320	SBR03	/	127		Cond							
n/a	Item 9b	Other Insured's Date of Birth	2320	DMG02	/	1251		Cond							
n/a		Other Insured's Sex	2320	DMG03	/	1068		Cond							
n/a	Item 9c	Other Insured's Employer's Name or School Name	2330B	NM103	/	1035		Cond	NM101 = PR and NM102 = 2						
RT J / F 16	Item 9d	Other Payer Primary Identifier	2330B	REF02	/	128	REF01 = 2U	Cond	Use DHCFP Payer Code List						
n/a		Other Insured's Insurance Plan or Program Name	2330B	NM103	/	1035	NM102 = PR	Cond							
RT J / F 13 & 22	Item 10a	Patient Condition Relation to Employment	2300	CLM11-1	C024	1362	EM	Cond							
RT J / F 13 & 22	Item 10b	Patient Condition Relation to Auto Accident	2300	CLM11-1	C024	1362	AA	Cond							
n/a		Place of Accident (State)	2300	CLM11-4	C024	156	Must be a valid State	Cond							
RT J / F 22 & 22	Item 10c	Patient Condition Relation to Other Accident	2300	CLM11-1	C024	1362	OA	Cond							
n/a	Item 11	Insured's Policy Group or FECA Number	2000B	SBR03	/	127		No							
RT J / F 21	Item 11a	Insured's Date of Birth	2010BA	DMG02	/	1251		Yes	Express as CCYYMMDD	2010BA	DMG02	/	1251		Insureds Birthdate
RT J / F 20		Insured's Gender	2010BA	DMG03	/	1068	F, M or U	Yes		2010BA	DMG03	/	1068	F, M or U	
n/a	Item 11b	Insured's Employer's Name or School Name	n/a	n/a	n/a	n/a	n/a	n/a							
n/a	Item 11c	Insured's Insurance Plan or Program Name	2000B	SBR04	/	1336	Prime, Second, Partial, BD, CA or MH	Yes							
n/a	Item 11d	Insured's Other Health Benefit	n/a	n/a	n/a	n/a	n/a	n/a							
n/a	Item 12	Release of Information Code	2300	CLM09	/	1363	A, I, M, N, O, or Y	Yes							
n/a		Patient Signature Source Code	2300	CLM10	/	1351	B, C, M, P, or S	Yes							
n/a		Patient Signature Source Code	2320	OI04	/	1351	B, C, M, P, or S	Cond							
n/a		Release of Information Code	2320	OI06	/	1363	A, I, M, N, O, or Y	Cond							
n/a	Item 13	Assignment of Benefit Signature	2300	CLM08	/	1073	Y	Yes							
RT J / F 23	Item 14	Accident Date	2300	DTP01	/	374	439	Cond	DTP02 = D8; date expressed as CCYYMMDD in DTP03						
n/a		Onset of Current Illness or Injury Date	2300	DTP01	/	374	431	Cond	DTP02 = D8; date expressed as CCYYMMDD in DTP03						
n/a		Initial Treatment	2300	DTP01	/	374	454	Cond	DTP02 = D8; date expressed as CCYYMMDD in DTP03						
n/a	Item 15	First Date of Same or Similar Illness	2300	DTP01	/	374	438	Cond	DTP02 = D8; date expressed as CCYYMMDD in DTP03						
n/a	Item 16	Date Span of Inability to Work - START	2300	DTP01	/	374	360	Cond	DTP02 = D8; date expressed as CCYYMMDD in DTP03						
n/a		Date Span of Inability to Work - END	2300	DTP01	/	374	361	Cond	DTP02 = D8; date expressed as CCYYMMDD in DTP03						
n/a	Item 17	Referring Provider or Other Identifier	2310A	NM101	/	98	DN = Referring; P3 = Primary Care; DK = Ordering	No							
n/a		Referring Provider or Other Last Name	2310A	NM103	/	1035		No							
n/a		Referring Provider or Other First Name	2310A	NM104	/	1036		No							
n/a		Referring Provider or Other Middle Name	2310A	NM105	/	1037		No							
n/a	Item 17a	Identification Code	2310A	NM108	/	66	24	No							
n/a		Identifcation Number	2310A	NM109	/	67		No							
n/a	Item 17b	Identifcation Code for NPI	2310A	NM108	/	66	XX	No							
n/a		NPI	2310A	NM109	/	67		No							
n/a	Item 18	Date of Hospitalization Due to Current Illness START	2300	DTP01	/	374	435	Cond	DTP02 = D8; date expressed as CCYYMMDD in DTP03						
RT J / F 25		Date of Hospitalization Due to Current Illness END	2300	DTP01	/	374	96	Cond	DTP02 = D8; date expressed as CCYYMMDD in DTP03						
n/a	Item 19	Reserved	n/a	n/a	n/a	n/a	n/a	n/a							
n/a	Item 20	Outside Lab Use and Amount	n/a	n/a	n/a	n/a	n/a	n/a							

RT J / F 17	Item 21.1	Diagnosis or Nature of Illness	2300	HI01-02	C022	1270	BK	Yes	Principal Diagnosis Code						
RT J / F 18	Item 21.2	Diagnosis or Nature of Illness	2300	HI02-02	C022	1270	BF	Cond							
RT J / F 18	Item 21.3	Diagnosis or Nature of Illness	2300	HI03-02	C022	1270	BF	Cond							
RT J / F 18	Item 21.4	Diagnosis or Nature of Illness	2300	HI04-02	C022	1270	BF	Cond							
n/a	Item 22	Medicaid Resubmission Code and Orig. Ref. No.	n/a	n/a	n/a	n/a	n/a	n/a							
RT J / F 2; RT J / F 15	Item 23	Prior Authorization Number	2300	REF02	/	127	G1 = Prior Authorization; 9F = Referral	Cond							
RT K / F 2, 3, 4	Item 24a1-6	Date of Service	2400	DTP01	/	374	472	Yes	DTP02 = D8; date expressed as CCYYMMDD in DTP03						
RT K / F 2	Item 24b1-6	Place of Service	2300	CLM05	C023	/		Yes							
RT J / F 12	*	Facility Code Value	2300	CLM05-1	*	1331	01,03,11,20,21,22,23,24 or 53	Yes							
n/a		Facility Code Qualifier	2300	CLM05-2	*	1332	Do not use	No	Do Not Use						
RT J / F 29		Claim Frequency Type Code	2300	CLM05-3	*	1325	1, 7 or 8	Yes							
RT K / F 2, 9	Item 24c1-6	EMG	2400	SV109	/	1073	Y or N	Cond							
RT K / F 2, 6	Item 24d1-6	Procedure	2400	SV101-2	C003	234		Yes							
RT K / F 7		Modifier	2400	SV101-3	C003	1339		Cond							
n/a		Modifier	2400	SV101-4	C003	1339		Cond							
n/a		Modifier	2400	SV101-5	C003	1339		Cond							
n/a		Modifier	2400	SV101-5	C003	1339		Cond							
RT K / F 2, 8	Item 24e1-6	Diagnosis Pointer	2400	SV107-1	C004	1328		Yes							
RT K / F 8		Diagnosis Pointer	2400	SV107-2	C004	1328		Cond							
n/a		Diagnosis Pointer	2400	SV107-3	C004	1328		Cond							
n/a		Diagnosis Pointer	2400	SV107-4	C004	1328		Cond							
RT K / F 2, 13	Item 24f1-6	Charges	2400	SV102	/	782	Line Item Charge Amount	Yes							
RT K / 2, 11	Item 24g1-6	Days or Units	2400	SV104	/	380		Yes	SV103 can = MJ for Minutes or UN for Units						
RT J / F 14; RT K / F 2, 10	Item 24h1-6	EPSDT Family Plan	2400	SV111	/	1073	Y or N	Cond							
n/a	Item 24i1-6	ID Qualifier (for NPI)	2400	NM108	/	66	XX	Yes							
n/a		ID Qualifier (for BORIM)	2400	REF01	/	128	0B	Yes							
n/a	Item 24j1-6	Rendering Provider ID (for NPI)	2400	NM109	/	67	NPI	Yes							
RT J / F 5; RT K / F 2		Rendering Provider ID (for BORIM)	2400	REF02	/	127	Mass License Number	Yes							
n/a	Item 25	Federal Tax ID Number and Type	2010AB	NM109	/	66	Format 00-0000000 (NM108 = 24)	No	Not a requirement to report, however if reporting it must have the hyphen between the second and third digits.						
RT J / F 11	Item 26	Patient's Account Number	2300	CLM01	/	1028		Yes							
n/a	Item 27	Accept Assignment	2300	CLM07	/	1359	A	Yes	Assigned						
RT J / F 19	Item 28	Total Charge	2300	CLM02	/	782		Yes	No negative amounts. When cents equal zero do not report. Do not use a decimal when cents equal zero.						
RT K / F 14	Item 29	Amount Paid	2300	AMT02	/	522	F5	Cond	Patient Paid Amount						
n/a	Item 30	Balance Due	2300	AMT02	/	522	C5	Yes	Amount Due from HSNO reported in AMT03						
RT H / F 8	Item 31	Physician Signature and Date	2300	CLM06	/	1073	Y	Yes							
RT H / F 3	Item 32	Service Facility Name	2310D	NM103	/	1035		Yes	Must match to name on file DHCFP						
RT H / F 4		Service Facility Location Address 1	2310D	N301	/	166		No							
RT H / F 4		Service Facility Location Address 2	2310D	N302	/	166		No							
RT H / F 5		Service Facility Location City	2310D	N401	/	19		No							
RT H / F 6		Service Faciltiy Location State	2310D	N402	/	156	MA	No	If reporting, must be MA						
RT H / F 7		Service Facility Location Zip Code	2310D	N403	/	116		No	Must be a valid Massachusetts Zip Code						
n/a	Item 32a	NPI	2310D	NM109	/	67	REF01 = XX	No	Provide the NPI number						
RT H / F 2; RT J / F 4	Item 32b	Other Identifier	2310D	REF02	/	127	REF01 = LU	Yes	Must be the ORG ID of the Service Facility						
RT G / F 5	Item 33	Billing Provider Name	2010AA	NM103	/	1035		Yes	Must match to name on file DHCFP						
RT G / F 6		Billing Provider Location Address 1	2010AA	N301	/	166		No							
RT G / F 6		Billing Provider Location Address 2	2010AA	N302	/	166		No							
RT G / F 7		Billing Provider Location City	2010AA	N401	/	19		No							
RT G / F 8		Billing Provider Location State	2010AA	N402	/	156	MA	No	If reporting, must be MA						
RT G / F 9		Billing Provider Location Zip Code	2010AA	N403	/	116		No	Must be a valid Massachusetts Zip Code						
RT G / F 10		Billing Provider Location Telephone Number	2010AA	PER04	/	364		Yes							
n/a	Item 33a	NPI	2010AA	NM109	/	67	REF01 = XX	No	Provide the NPI number						
RT G / F 3	Item 33b	Other Identifier	2010AA	REF02	/	127	REF01 = LU	Yes	May be the ORG ID of the Service Facility or Parent ORG ID.						