

Rite Aid Corporation

837 – Health Care Claim

Segment ID	Description	Rite Aid Attributes	Location
ISA	Interchange Control Header	M	Header
GS	Functional Group Header	M	Header
ST	Transaction Set Header	M	Header
BHT	Beginning Segment Hierarchical transaction	M	Header
REF	Transmission Type Identification	M	Header
	LOOP ID-1000A Submitter Name		
NM1	Submitter Name	M	Header
PER	Submitter EDI Contact Information	M	Header
	LOOP ID-1000B Receiver Name		
NM1	Receiver Name	M	Header
	LOOP ID-2000A Billing/Pay to Provider Hierarchical Level		
HL	Billing/Pay-to Provider Hierarchical level	M	Detail
PRV	Billing/Pay-to Provider Specialty information	S	Detail
	LOOP ID-2010AA Billing Provider Name		
NM1	Billing Provider Name	M	Detail
N3	Billing provider Address	M	Detail
N4	Billing provider City/State/Zip	M	Detail
	LOOP ID-2010AB Pay-to Provider Name		
NM1	Pay-to Provider Name	S	Detail
N3	Pay-to Provider Address	M	Detail
N4	Pay-to Provider City/State/Zip	M	Detail
	LOOP ID-2000B Subscriber Hierarchical Level		
HL	Subscriber Hierarchical Level	M	Detail
SBR	Subscriber Information	M	Detail
PAT	Patient Information	S	Detail
	LOOP ID-2010BA Subscriber Name		
NM1	Subscriber Name	M	Detail
	LOOP ID-2010BB Payer Name		
NM1	Payer Name	M	Detail
	LOOP ID-2010BC Responsible Party Name		
NM1	Responsible Party Name	S	Detail
N3	Responsible Party Address	M	Detail
N4	Responsible Party City/State/Zip Code	M	Detail
	LOOP ID-2010BD Credit/debit Card Holder Name		
	LOOP ID-2000C Patient Hierarchical Level		
HL	Patient Hierarchical Level	S	Detail
PAT	Patient Information	M	Detail
	LOOP ID-2010CA Patient Name		
NM1	Patient Name	M	Detail
N3	Patient Address	M	Detail
N4	Patient City/State/Zip Code	M	Detail
DMG	Patient Demographic Information	M	Detail
	LOOP ID-2300 Claim Information		
CLM	Claim Information	M	Detail
DTP	Date-Order date	S	Detail
AMT	Patient Amount Paid	S	Detail
AMT	Total Purchase Service Amount	S	Detail
REF	Service Authorization Exception Number	S	Detail
REF	Prior Authorization Or referral	S	Detail
REF	Original Reference Number (ICN/DCN)	S	Detail

REF	Claim ID # for Clearing House & Other Transmission Intermediary	S	Detail
HI	Health Care Diagnosis	S	Detail
DTP	Date Accident	S	Detail
	LOOP ID-2305 Home Health Care Plan Information		
	LOOP ID-2310A Referring Provider Name		
	LOOP ID-2310B Rendering Provider Name		
	LOOP ID-2310C Purchase Service Provider		
	LOOP ID-2310D Service Facility Location		
NM1	Service Facility Location	S	Detail
N3	Service Facility Location Address	M	Detail
N4	Service Facility Location City/State/Zip Code	M	Detail
REF	Service Facility Location Secondary Identification	S	Detail
	LOOP ID-2310E Supervising Provider Name		
	LOOP ID-2320 Other Subscriber Information		
SBR	Other Subscriber Information	S	Detail
CAS	Claim Level Adjustments	S	Detail
OI	Other Insurance Coverage Information	M	Detail
	LOOP ID-2330A Other Subscriber Name		
NM1	Other Subscriber Name	M	Detail
N3	Other Subscriber Address	S	Detail
N4	Other Subscriber City/State/Zip Code	S	Detail
REF	Other Subscriber Secondary Identification	S	Detail
	LOOP ID-2330B Other Payer Name		
NM1	Other Payer Name	M	Detail
DTP	Claim Adjudication Date	S	Detail
REF	Other Payer Prior Authorization or Referral Number	S	Detail
	LOOP ID-2330C Other Payer Patient Information		
NM1	Other Payer Patient Information	S	Detail
REF	Other Payer Patient Identification	M	Detail
	LOOP ID-2330D Other Payer referring Provider		
NM1	Other Payer Referring Provider	S	Detail
REF	Other Payer Referring Provider Identification	M	Detail
	LOOP ID-2330E Other Payer Rendering Provider		
NM1	Other Payer Rendering Provider	S	Detail
REF	Other Payer Rendering Provider Secondary Identification	M	Detail
	LOOP ID-2330F Other Payer Purchased Service Provider		
NM1	Other Payer Purchased Service Provider	S	Detail
REF	Other Payer Purchased Service Provider Identification	M	Detail
	LOOP ID-2330G Other Payer Service Facility Location		
NM1	Other Payer Service Facility Location	S	Detail
REF	Other Payer Service Facility Location Identification	M	Detail
	LOOP ID-2330H Other Payer Supervising Provider		
NM1	Other Payer Supervising Provider	S	Detail
REF	Other Payer Supervising Provider Identification	M	Detail
	LOOP ID-2400 Service Line		
LX	Service Line	M	Detail
SV1	Professional Service	M	Detail
SV4	Prescription Number	S	Detail
PWK	DMERC CMN Indicator	S	Detail
DTP	Date- Service Date	M	Detail
REF	Universal Product Number (UPN)	S	Detail
AMT	Sales Tax Amount	S	Detail
	LOOP ID-2410 Drug Identification		
LIN	Drug Identification	S	Detail
CTP	Drug Pricing	S	Detail
REF	Prescription Number	S	Detail
	LOOP ID-2420A Rendering Provider Name		

NM1	Rendering Provider Name	S	Detail
PRV	Rendering Provider Specialty	M	Detail
	LOOP ID-2420B Purchase Service Provider		
NM1	Purchased Service Provider Name	S	Detail
REF	Purchased Service Provider Secondary Identification	S	Detail
	LOOP ID-2420C Service Facility location		
NM1	Service Facility Location	S	Detail
N3	Service Facility Location address	M	Detail
N4	Service Facility location City/State/Zip Code	M	Detail
REF	Service Facility Location Secondary Identification	S	Detail
	LOOP ID-2420D Supervising Provider name		
NM1	Supervising Provider Name		
	LOOP ID-2420E Ordering Provider Name		
	LOOP ID-2420F referring Provider name		
	LOOP ID-2420G Other Payer Prior Authorization or referral #		
NM1	Other Payer Prior Authorization or referral number	S	Detail
REF	Other Payer Prior Authorization	M	Detail
	LOOP ID-2430 Line Adjudication Information		
SVD	Line Adjustment Information	S	Detail
CAS	Line Adjustment	S	Detail
DTP	Line Adjudication Date	M	Detail
	LOOP ID-2440 Form Identification Code		
LQ	Form Identification Code	S	Detail
FRM	Supporting Document	M	Detail
SE	Transaction Trailer	M	Summary

- *The Health Care Financing Administration is developing the Plan ID which will be proposed as the Standard Unique Identifier for each health plan under HIPAA.*

Mapping is subject to revisions based on Business needs. Proper notification will be given prior to any changes.

ISA Interchange Control Header

Element	Ref. No.	Description	Code or Qualifier	Rite Aid Attributes			Comments
ISA01	I01	Authorization Information Qualifier	00	M	ID	2/2	
ISA02	I02	Authorization Information		M	AN	10/10	Spaces
ISA03	I03	Security Information Qualifier	00	M	ID	2/2	
ISA04	I04	Security Information		M	AN	10/10	Spaces
ISA05	I05	Interchange ID Qualifier		M	AN	2/2	Assigned by partner
ISA06	I06	Interchange Sender ID		M	AN	15/15	Assigned by partner
ISA07	I07	Interchange ID Qualifier	01	M	ID	2/2	DUNS
ISA08	I08	Interchange Receiver ID	014578892	M	AN	15/15	Rite Aid's DUNS Number
ISA09	I09	Interchange Date	YYMMDD	M	DT	6/6	Current Date
ISA10	I10	Interchange Time	HHMM	M	TM	4/4	Current Time
ISA11	I11	Interchange Standards ID	U	M	ID	1/1	

ISA12	I12	Interchange Version ID	00300	M	ID	5/5	00400 and 00401 Also Accepted
ISA13	I13	Interchange Control Number		M	NO	9/9	Sequential number
ISA14	I14	Acknowledgment Requested	0	M	ID	1/1	
ISA15	I15	Test Indicator	P	M	ID	1/1	
ISA 16		Sub Element Separator	>				EBCDIC Hex 6E or ASCII Hex 3E
			*				EBCDIC Hex 5C or ASCII Hex 2A
			~				EBCDIC Hex A1 or ASCII Hex 7E

GS Functional Group Header

Element	Ref. No.	Description	Code or Qualifier	Rite Aid Attributes			Comments
GS01	479	Functional ID Code	HC	M	ID	2/2	Healthcare Payment
GS02	142	Application Sender's Code	014578892	M	AN	2/15	Rite Aid's DUNS Number
GS03	124	Application Receiver's Code		M	AN	2/15	Assigned by Partner
GS04	373	Group Date	CCYYMMDD	M	DT	8/8	Current Date
GS05	337	Group Time	HHMM	M	TM	4/8	Current Time
GS06	28	Group Control Number		M	NO	1/9	Sequential Number
GS07	455	Responsible Agency Code		M	ID	1/2	
GS08	480	Version/Release Industry ID Code	014578892	M	AN	1/12	Rite Aid's DUNS Number

ST Transaction Set Header

Element	Ref. No.	Description	Code or Qualifier	Rite Aid Attributes			Comments
ST01	143	Transaction Set ID Code	837	M	ID	3/3	Payment advice/remittance
ST02	329	Transaction Set Control Number		M	AN	4/9	Sequential Number

Financial Information

Element	Ref. No.	Description	Code or Qualifier	Rite Aid Attributes			Comments
BHT01	1005	Hierarchical Structure code	0019	M	ID	4/4	Information Source, Subscriber, Dependent
BHT02	353	Transaction Set Purpose Code	0018	M	ID	2/2	Original Reissue
BHT03	127	Reference Identification		O	AN	1/30	Originator Application Transaction Identifier
BHT04	373	Date		O	DT	8/8	➤ Transaction Set Creation date
BHT05	337	Time		O	TM	4/8	➤ Transaction Set Creation Time
BHT06	640	Transaction Type Code	CHRP	O	ID	2/2	Chargeable Reporting

Transmission Type Identification

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comments
REF	128	Reference Identification Qualifier	87	M	ID	2/3	Functional Category
REF	127	Reference Identification		X	AN	1/30	Transmission Type Code

LOOP ID-1000A Submitter Name

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity Identifier Code	41	M	ID	2/3	Submitter
NM102	1065	Entity Type Qualifier	1 2	M	ID	1/1	Person Non-Person Entity
NM103	1035	Last Name Or Organization Name		O	AN	1/35	Submitter Last or Organization Name
NM104	1036	Name First		O	AN	1/25	Submitter First Name
NM105	1037	Name Middle		O	AN	1/25	Submitter Middle Name
NM108	66	Identification Code Qualifier	46	X	ID	1/2	Electronic Transmitter Identification Number (ETIN)
NM109	67	Identification Code		X	AN	1/80	Submitter Identifier, Established by Trading Partner Agreement

Submitter EDI Contact Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
PER01	366	Information Contact Code	IC	M	ID	2/2	Information Contact
PER02	93	Name		O	AN	1/60	Submitter Contact Name (Free Form)
PER03	365	Communication Number Qualifier	ED EM FX TE	X	ID	2/2	Electronic Data Interchange Access Number Electronic Mail Facsimile Telephone
PER04	364	Communication Number		X	AN	1/80	Communication Number
PER05	365	Communication Number Qualifier	ED EM FX TE	X	ID	2/2	Electronic Data Interchange Access Number Electronic Mail Facsimile Telephone
PER06	364	Communication Number		X	AN	1/80	Communication Number

PER07	365	Communication Number Qualifier	ED EM FX TE	X	ID	2/2	Electronic Data Interchange Access Number Electronic Mail Facsimile Telephone
PER08	364	Communication Number		X	AN	1/80	Communication Number

LOOP ID-1000B Receiver Name

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity Identifier Code	40	M	ID	2/3	receiver
NM102	1065	Entity Type Qualifier	2	M	ID	1/1	Non-Person Entity
NM103	1035	Name last or Organization Name		O	An	1/35	Individual Last Name or Organization Name
NM108	66	Identification Code Qualifier	46	X	ID	1/2	Electronic Transmitter Identification Number (ETIN)
NM109	67	Identification Code		X	AN	2/80	Receiver Primary Identifier

LOOP ID-2000A Billing/Pay to Provider Hierarchical Level

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
HL01	628	Hierarchical ID Number	1	M	AN	1/12	HL01 must begin with '1' and be incremented by 1 each time an HL is used in the transaction set.
HL03	735	Hierarchical Level Code	20	M	ID	1/2	Information Source
HL04	736	Hierarchical Child Code	1	O	ID	1/1	Additional subordinate HL Data segment in this Hierarchical Structure.

LOOP ID-2000A Billing/Provider Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
PRV01	1221	Provider Code	BI PT	M	ID	1/3	Billing Pay-To
PRV02	128	Reference Identification Qualifier	ZZ	M	ID	2/3	Mutually Defined Health Care Provider Taxonomy Code List
PRV03	127	Reference Identification		M	AN	/30	Provider Taxonomy/ Specialty Code

LOOP ID-2010AA Billing / Provider Name

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
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NM101	98	Entity Identifier Code	85	M	ID	2/3	Billing Provider
NM102	1065	Entity Type Qualifier	1 2	M	ID	1/1	Person Non-Person Entity
NM103	1035	Name Last Or Organization Name		O	AN	1/35	Billing Provider Last or Organizational Name
NM104	1036	Name First		O	AN	1/25	Billing Provider First Name
NM105	1037	Name Middle		O	AN	1/25	Billing Provider Middle Name
NM107	1039	Name Suffix		O	AN	1/10	Billing Provider Name Suffix/ Required if known
NM108	66	Identification Code Qualifier	24 34 XX	X	ID	1/ 2	Employer's Identification Number Social Security Number Health Care Financing Administration National Provider ID
NM109	67	Identification Code		X	AN	2/80	Billing Provider Identifier

LOOP ID-2010AA Provider Address

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
N301	166	Address Information		M	AN	1/55	Billing Provider

LOOP ID-2010AA Provider City, State, Zip Code

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
N401	19	City Name		O	AN	2/30	Billing Provider City Name
N402	156	State or Province Code		O	ID	2/2	Billing Provider State or Province Code
N403	116	Postal Code		O	ID	3/15	Billing Provider Postal Zone or Zip Code
N404	26	Country Code		O	ID	2/3	Provider Country Code

LOOP ID-2010AA Billing Provider Secondary Identification

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	1W 23 IG SY	M	ID	2/3	
REF02	127	Reference Identification		X	AN	1/30	

LOOP ID-2010AB Pay-To Provider Name

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity Identifier Code	87	M	ID	2/3	Pay-To Provider
NM102	1065	Entity Type Qualifier	1 2	M	ID	1/1	Person Non-Person Entity
NM103	1035	Name Last Or Organization Name		O	AN	1/35	Pay-To Provider Last or Organization Name
NM104	1036	Name First		O	AN	1/25	Pay-To Provider First Name

NM105	1037	Name Middle		O	AN	1/25	Pay-To Provider Middle Name
NM107	1039	Name Suffix		O	AN	1/10	Pay-To Provider Name Suffix
NM108	65	Identification Code Qualifier	24 34 XX	X	ID	1/2	Employer's Identification Number Social Security Number Health Care Financing Administration National Provider Identifier
NM109	67	Identification Code		X	AN	2/80	Pay-To Provider Identifier

LOOP ID-2010AB Pay-To Provider Address

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
N3	166	Address Information		M	AN	1/55	Pay-To Provider Address Line

LOOP ID-2010AB Pay-To Provider City/State/Zip Code

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
N401	19	City Name		O	AN	2/30	Pay-To Provider City Name
N402	156	State or Province Code		O	ID	2/2	Pay-To Provider State Code
N403	116	Postal Code		O	ID	3/15	Pay-To provider Postal Zone or Zip Code
N404	26	Country Code		O	ID	2/3	Pay-To Provider Country Code

2000B Subscriber Hierarchical Level

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
HL01	628	Hierarchical ID Number		M	AN	1/12	Unique Number assigned by the sender to identify a particular data segment in the a hierarchical structure
HL02	734	Hierarchical Parent ID Number		O	AN	1/12	Identification Number of the next higher hierarchical data segment that the data segment being described is subordinate to
HL03	735	Hierarchical Level Code		M	ID	1/ 2	Code defining the characteristics of a level in a hierarchical structure
HL04	736	Hierarchical Child Code	0 1	O	ID	1/1	* No Subordinate HL Segment in this H.S. *Additional Subordinate HL Data segment in this Hierarchical Structure (H.S.) Indicating if there are hierarchical child data segments subordinate to the level being described

LOOP ID-2000B Subscriber Information

Element	Ref No.	Description	Code or	Rite Aid	Comment
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			Qualifier	Attributes			
SBR01	1138	Payer responsibility sequence Number code	P S T	M	ID	1/1	Primary Secondary Tertiary Use to indicate 'payer last resort'. Payer responsibility sequence Number code
SBR02	1069	Individual relationship code	18	O	ID	2/2	Self
SBR03	127	Reference Identification		O	AN	1/30	Insured Group or Policy Number
SBR04	93	Name		O	AN	1/60	Insured Group Name
SBR05	1336	Insurance Code Type	See Table 1 Page111	O	ID	1/3	Insurance type Code
SBR09	1032	Claim Filing Indicator Code	See Table 2 page112	O	ID	1/ 2	Claim Filing Indicator code. Required prior to mandated used of PlanID. Not used After PlanID is Mandated.

LOOP ID-2000B Patient Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
PAT05	1250	Date Time Period Format Qualifier	D8	X	ID	2/3	Required if Patient is known to be deceased
PAT06	1251	Date Time period		X	AN	1/35	Insured individual death Date
PAT07	355	Unit or Basis for Measurement Code	GR	X	ID	2/2	Gram. This data element is used when patient's age is less than 29 days old.
PAT08	81	Weight		X	R	1/10	Patient weight
PAT09	1073	Yes/No Condition or Response code	Y N	S	ID	1/1	Yes No For pregnancy status... depending on state law.

LOOP ID-2010BA Subscriber Name

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity ID Code	IL	M	ID	2/3	Insured or Subscriber
NM102	1065	Entity Type Qualifier	1 2	O	ID	1/1	Person Non-person Entity
NM103	1035	Name Last or Organization Name		O	AN	1/35	Subscriber Last Name
NM104	1036	Name First		O	AN	1/25	Subscriber First Name
NM105	1037	Name Middle		O	AN	1/25	Subscriber Middle Name
NM107	1039	Name Suffix		O	AN	1/10	Subscriber Name Suffix
NM108	66	Identification Code Qualifier	MI ZZ	X	ID	1/ 2	Member Identification Number Mutually Defined
NM109	67	Identification Code		X	AN	1/80	Subscriber Primary Identifier

LOOP ID-2010BB Payer Name

Element	Ref	Description	Code or	Rite Aid		Comment
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	No.		Qualifier	Attributes			
NM101	98	Entity ID	PR	M	ID	2/3	Payer
NM102	1065	Entity Type Qualifier	2	M	ID	1/1	Non Person
NM103	1035	Name Last or Organization Name		O	AN	1/35	Payer name
NM108	66	Identification Code Qualifier	PI XV	X	ID	1/ 2	Payer Identification Health Care Financing Administration National PlanID (NPI#)
NM109	67	Identification Code		X	AN	2/80	Payer Primary Identifier

LOOP ID-2000C Patient Hierarchical Level

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
HL01	628	Hierarchical ID Number		M	AN	1/12	Unique Number assigned by the sender to identify a particular data segment in the a hierarchical structure
HL02	734	Hierarchical Parent ID Number		O	AN	1/12	Identification Number of the next higher hierarchical data segment that the data segment being described is subordinate to
HL03	735	Hierarchical Level Code	23	M	ID	1/ 2	Dependent. The Code dependent is meant to convey that the information in this HL applies to the patient when the subscriber and the patient are not the same person.
HL04	736	Hierarchical Child Code	1	O	ID	1/1	No Subordinate HL Segment in this Hierarchical Structure

LOOP ID-2000C Patient Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
PAT01	1069	Individual Relationship Code	See Table 3 Page155	O	ID	2/2	Patient Relationship to Insured
PAT05	1250	Date Time Period Format Qualifier	D8	X	ID	2/3	Required if Patient is known to be deceased
PAT06	1251	Date Time period		X	AN	1/35	Patient death Date
PAT07	355	Unit or Basis for Measurement Code	GR	X	ID	2/2	Gram. This data element is used when patient's age is less than 29 days old.
PAT08	81	Weight		X	R	1/10	Patient weight
PAT09	1073	Yes/No Condition or Response code	Y N	O	ID	1/1	Yes No For pregnancy status... depending on state law.

LOOP ID-2010CA Patient Name

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity Identifier Code	QC	M	ID	2/3	Patient
NM102	1065	Entity Type Qualifier	1	M	ID	1/1	Person
NM103	1035	Name Last Or Organization Name		O	AN	1/35	Patient Last Name
NM104	1036	Name First		O	AN	1/25	Patient First Name
NM105	1037	Name Middle		O	AN	1/25	Patient Middle Name
NM107	1039	Name Suffix		O	AN	1/10	Patient Name Suffix
NM108	65	Identification Code Qualifier	MI ZZ	X	ID	1/2	Member Identification Number Mutually Defined
NM109	67	Identification Code		X	AN	2/80	Patient Primary Identifier

LOOP ID-2010CA Patient Address

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
N3	166	Address Information		M	AN	1/55	Patient Address Line

LOOP ID-2010CA Patient City/State/Zip Code

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
N401	19	City Name		O	AN	2/30	Patient City Name
N402	156	State or Province Code		O	ID	2/2	Patient State Code
N403	116	Postal Code		O	ID	3/15	Patient Postal Zone or Zip Code
N404	26	Country Code		O	ID	2/3	Patient Country Code

LOOP ID-2010CA Patient Demographic Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
DMG01	1250	Date/Time Period Format Qualifier	D8	X	ID	2/3	Indicate the Date Format, Time Format, or Date and Time Format
DMG02	1251	Date Time Period		X	AN	1/3 5	Patient Birth Date
DMG03	1068	Gender Code	F M U	O	ID	1/1	Female Male Unknown

LOOP ID-2300 Claim Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
CLM01	1028	Claim Submitter Identifier	D8	M	AN	1/38	Patient Account Number
CLM02	782	Monetary Amount		O	R	1/18	Total Claim Charge Amount
CLM05	C023	Health Care Service Location Information		O	ID	1/ 2	CLM05 Applies to all service lines unless it is over written at the line level
CLM05-1	1331	Facility Code Value	See Table 4	M	AN	1/ 2	Facility type Code
CLM05-3	1325	Claim Frequency Type Code	1 6 7 8	O	ID	1/1	Original (Admit thru Discharge Claim) Corrected (Adjustment of Prior Claim) Replacement (Replacement of Prior Claim) Void (Void/Cancel of Prior Claim).
CLM06	1073	Yes/No Condition or Response Code	Y N	O	ID	1/1	Yes No Provider or Supplier signature Indicator
CLM07	1359	Provider Accept Assignment Code	A B C P	O	ID	1/1	Assigned Assignment Accepted on Clinical Lab Service Not Assigned Patient Refuses to Assigned Benefit
CLM08	1073	Yes/No Condition or Response Code	Y N	O	ID	1/1	Yes No Assignment of Benefits Indicator
CLM09	1363	Release Of Information Code	See Table 5	O	ID	1/1	Release of Information Code
CLM10	1351	Patient Signature Source Code	See Table 6	M	ID	2/3	Patient Signature Source Code
CLM11	C024	Related Causes Information		O			Identify One or More related causes and associated state or country Information
CLM11-1	1362	Related Causes Code	AA AB AP EM OA	M	ID	2/3	Auto Accident Abuse Another Party Responsible Employment Other Accident
CLM11-2	1362	Related Causes Code	AA AB AP EM OA	M	ID	2/3	Auto Accident Abuse Another Party Responsible Employment Other Accident
CLM11-3	1362	Related Causes Code	AA AB AP EM OA	M	ID	2/3	Auto Accident Abuse Another Party Responsible Employment Other Accident
CLM11-4	156	State or province Code		O	ID	2/2	Auto Accident State or Province Code
CLM11-5	26	Country Code		O	ID	2/3	Code Identifying the Country

CLM12	1366	Special Program Code	01 02 03 05 07 08 09	O	ID	2/3	Early & periodic Screening...EPSDT & CHAP Physically Handicapped Children's program Special Federal Funding Disability Induced Abortion – Danger to Life Induced Abortion – Rape or Incest Second Opinion or Surgery
CLM16	1360	Provider Agreement Code	P	O	ID	1/1	Participation Agreement
CLM20	1514	Delay Reason Code	1 2 3 4 5 6 7 8 9 10 11	O	ID	1/2	Proof of Eligibility Unknown or unavailable Litigation Authorization delays Delay in Certifying Provider Delay in Supplying Billing Forms Delay in delivery of custom-made appliance Third party Processing Delay Delay in Eligibility Determination Original Claim rejected or Denied... Administration Delay in the Prior Approval... Other

LOOP ID-2300 Date Order

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
DTP01	374	Date/Time Qualifier	938	M	ID	3/3	Order
DTP02	1250	Date Time Period Format Qualifier	D8	M	ID	2/3	Date expressed in format YYYYMMDD
DTP03	1251	Date Time Period		M	AN	1/35	Order Date

LOOP ID-2300 Patient Amount Paid

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
AMT01	522	Amount Qualifier	F5	M	ID	1/3	Patient Amount Paid Qualifier
AMT02	782	Monetary Amount		M	R	1/18	Patient Amount Paid

LOOP ID-2300 Total Purchased Service Amount

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
AMT01	522	Amount Qualifier Code	NE	M	ID	1/3	Net Billed
AMT02	782	Monetary Amount		M	R	1/18	Total purchased Service Amount

LOOP ID-2300 Prior Authorization or Referral Number

Element	Ref	Description	Code or	Rite Aid			Comment
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	No.		Qualifier	Attributes			
REF01	128	Reference Identification Qualifier	9F G1	M	ID	2/3	Referral Number Prior Authorization Number
REF02	127	Reference Identification		M	AN	1/30	Prior Authorization or referral Number

LOOP ID-2300 Original Reference Number (ICN/DCN)

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	F8	M	ID	2/3	Original Reference Number
REF02	127	Reference Identification		M	AN	1/30	Claim Original reference Number (ICN/DCN)

LOOP ID-2300 Health Care Diagnosis Code

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
HI01	C022	Health Care ode information		M			The diagnosis listed in this element is assumed to be the principal diagnosis.
HI01-1	1270	Diagnosis type Code	BK	M	ID	1/3	Principal Diagnosis (ICD-9 Codes)
HI01-2	1271	Industry Code		M	AN	1/30	Diagnosis code
HI02	C022	Health Care Code Information		S			Required if needed to report additional diagnoses and if the preceding HI data elements have been used to report other diagnoses
HI02-1	1270	Code list Qualifier Code	BF	M	ID	1/3	Diagnosis; Diagnosis type Code.
HI02-2	1271	Industry Code		M	AN	1/30	Diagnosis Code
HI03	C022	Health Care Code Information		S			Required if needed to report additional diagnoses and if the preceding HI data elements have been used to report other diagnoses
HI03-1	1270	Code list Qualifier Code	BF	M	ID	1/3	Diagnosis; Diagnosis type Code.
HI03-2	1271	Industry Code		M	AN	1/30	Diagnosis Code
HI04	C022	Health Care Code Information		S			Required if needed to report additional diagnoses and if the preceding HI data elements have been used to report other diagnoses
HI04-1	1270	Code list Qualifier Code	BF	M	ID	1/3	Diagnosis; Diagnosis type Code.
HI04-2	1271	Industry Code		M	AN	1/30	Diagnosis Code
HI05	C022	Health Care Code Information		S			Required if needed to report additional diagnoses and if the preceding HI data elements have been used to report other diagnoses
HI05-1	1270	Code list Qualifier Code	BF	M	ID	1/3	Diagnosis; Diagnosis type Code.
HI05-2	1271	Industry Code		M	AN	1/30	Diagnosis Code

HI06	C022	Health Care Code Information		S			Required if needed to report additional diagnoses and if the preceding HI data elements have been used to report other diagnoses
HI06-1	1270	Code list Qualifier Code	BF	M	ID	1/3	Diagnosis; Diagnosis type Code.
HI06-2	1271	Industry Code		M	AN	1/30	Diagnosis Code
HI07	C022	Health Care Code Information		S			Required if needed to report additional diagnoses and if the preceding HI data elements have been used to report other diagnoses
HI07-1	1270	Code list Qualifier Code	BF	M	ID	1/3	Diagnosis; Diagnosis type Code.
HI07-2	1271	Industry Code		M	AN	1/30	Diagnosis Code
HI08	C022	Health Care Code Information		S			Required if needed to report additional diagnoses and if the preceding HI data elements have been used to report other diagnoses
HI08-1	1270	Code list Qualifier Code	BF	M	ID	1/3	Diagnosis; Diagnosis type Code.
HI08-2	1271	Industry Code		M	AN	1/30	Diagnosis Code

LOOP ID-2300 Date Accident

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
DTP01	374	Date/Time Qualifier	439	M	ID	3/3	Accident
DTP02	1250	Date Time Period Format Qualifier	D8 DT	M	ID	2/3	Date Expressed in Format YYYYMMDD Date and Time expressed in Format YYYYMMDDHHMM required if accident hour is known
DTP03	1251	Date Time Period		M	An	1/35	Accident date

LOOP ID-2310A Referring Provider Secondary Identification

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	1W 23 IG SY	M	ID	2/3	
REF02	127	Reference Identification		X	AN	1/30	

LOOP ID-2310D Service Facility Location

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity Identifier Code	77 FA LI TL	M	ID	2/3	Service Location Facility Independent lab Testing laboratory
NM102	1065	Entity Type Qualifier	2	M	ID	1/1	Non-Person Entity

NM103	1035	Name Last Or Organization Name		O	AN	1/35	Laboratory or Facility Name
NM108	65	Identification Code Qualifier	24 34 XX	X	ID	1/ 2	Employer's Identification Number Social Security Number Health Care Financing Administration National Provider Identifier
NM109	67	Identification Code		X	AN	2/80	Laboratory/ Facility Primary Identifier

LOOP ID-2310D Service Facility Address

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
N3	166	Address Information		M	AN	1/55	Laboratory or Facility Address Line

LOOP ID-2310D Service Facility Location City/State/Zip Code

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
N401	19	City Name		O	AN	2/30	Laboratory or facility City Name
N402	156	State or Province Code		O	ID	2/2	Laboratory or Facility State Code
N403	116	Postal Code		O	ID	3/15	Laboratory or facility Postal Zone or Zip Code
N404	26	Country Code		O	ID	2/3	Laboratory or Facility Country Code

LOOP ID-2300D Service Facility Location Secondary Identification

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	0B 1A 1B 1C 1D 1G 1H G2 LU N5 TJ X4 X5	M	ID	2/3	State License number Blue Cross Provider Number Blue Shield Provider Number Medicare Provider Number Medicaid Provider Number Provider UPIN Number CHAMPUS Identification Number Provider Commercial Number Location Number Provider Plan network Identification NBR Federal taxpayer's identification Number Clinical Lab Improvement Amendment NBR State Industrial Accident Provider Number
REF02	127	Reference Identification		X	AN	1/30	Laboratory or facility Secondary identifier

LOOP ID-2320 Other Subscriber Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
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SBR01	1138	Payer responsibility sequence Number code	P S T	M	ID	1/1	Primary Secondary Tertiary Use to indicate 'payer last resort'. Payer responsibility sequence Number code
SBR02	1069	Individual relationship code	01 04 05 07 10 15 17 18 19 20 21 22 23 24 29 32 33 36 39 40 41 43 53 G8	O	ID	2/2	Spouse GrandFather or GrandMother Grandson or Granddaughter Nephew or Niece Foster Child Ward Stepson Self Child Employee Unknown Handicapped Dependent Sponsored Dependent Dependent of a minor dependent Significant other Mother Father Emancipated Minor Organ Donor Cadaver Donor Injured plaintiff Child Where Insured has no financial resp Life partner Other Relationship
SBR03	127	Reference Identification		O	AN	1/30	Insured Group or Policy Number
SBR04	93	Name		O	AN	1/60	Other Insured Group Name
SBR05	1336	Insurance Code Type	AP C1 CP GP HM IP LD LT MB MC MI MP OT PP SP	O	ID	1/3	Auto Insurance Policy Commercial Medicare Conditionally Primary Group Policy Health maintenance Organization (HMO) Individual Policy Long term policy Litigation Medicare Part B Medicaid Medicaid* part B Medicare Primary Other Personal payment (Cash No Insurance) Supplemental Policy

SBR09	1032	Claim Filing Indicator Code	09 10 11 12 13 14 15 16 AM BL CH CI DS HM LI LM MB MC OF TV VA WC ZZ	O	ID	1/ 2	Self Pay Central Certification Other Non-Federal Programs Preferred Provider Organization (PPO) Point of Service (POS) Exclusive Provider Organization (EPO) Indemnity Insurance HMO Medicare risk Automobile Medical Blue Cross/ Blue Shield CHAMPUS Commercial Insurance Co. Disability HMO Liability Liability medical Medicare Part B Medicaid Other Federal Program Title V Veteran Administration Plan Workers' Compensation Health Claim Mutually Defined
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LOOP ID-2320 Other Subscriber Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
AMT01	522	Amount Qualifier	F5	M	ID	1/3	
AMT02	782	Monetary Amount		M	R	1/18	

LOOP ID-2320 Claim Adjustment

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
CAS01	1033	Claim Adjustment Group Code	CO CR OA PI PR	M	ID	1/ 2	Contractual Obligations Correction and Reversals Other Adjustments Payer initiated reductions Patient responsibility
CAS02	1034	Claim Adjustment reason Code	Code Source 139	M	ID	1/5	Adjustment Reason Code – Claim level
CAS03	782	Monetary Amount		M	R	1/18	Adjustment Amount Claim Level
CAS04	380	Quantity		O	R	1/15	Adjusted units – Claim Level
CAS05	1034	Claim Adjustment Reason Code	Code Source 139	X	ID	1/3	Adjustment Reason Code – Claim level
CAS06	782	Monetary Amount		X	R	1/18	Adjustment Amount - Claim Level
CAS07	380	Quantity		X	R	1/15	Adjusted units – Claim Level

CAS08	1034	Claim Adjustment Reason Code	Code Source 139	X	ID	1/3	Adjustment Reason Code – Claim level
CAS09	782	Monetary Amount		X	R	1/18	Adjustment Amount - Claim Level
CAS10	380	Quantity		X	R	1/15	Adjusted units – Claim Level
CAS11	1034	Claim Adjustment Reason Code	Code Source 139	X	ID	1/3	Adjustment Reason Code – Claim level
CAS12	782	Monetary Amount		X	R	1/18	Adjustment Amount - Claim Level
CAS13	380	Quantity		X	R	1/15	Adjusted units – Claim Level
CAS14	1034	Claim Adjustment Reason Code	Code Source 139	X	ID	1/3	Adjustment Reason Code – Claim level
CAS15	782	Monetary Amount		X	R	1/18	Adjustment Amount - Claim Level
CAS16	380	Quantity		X	R	1/15	Adjusted units – Claim Level
CAS17	1034	Claim Adjustment Reason Code	Code Source 139	X	ID	1/3	Adjustment Reason Code – Claim level
CAS18	782	Monetary Amount		X	R	1/18	Adjustment Amount - Claim Level
CAS19	380	Quantity		X	R	1/15	Adjusted units – Claim Level

LOOP ID-2320 Other Insurance Coverage Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
OI03	1073	Yes/No Condition or response Code	Y N	O	ID	1/1	Yes No Assignment of Benefits Indicator
OI04	1351	Patient Signature Code	B C M P S	O	ID	1/1	B: Signed Signature authorization form or forms for both HCFA-1500 Claim form block 12 and 13 are on file C: Signed HCFA-1500 Claim form on File M: Signed Signature authorization form for HCFA-1500 Claim for block 12 on file P: Signature Generated by provider because the patient was not physically present for services S: Signed Signature authorization form for HCFA-1500 Claim Form Block12 on File
OI06	1363	Release of Information Code	A I M N O Y	O	ID	1/1	Release of Info Code See table 5****

LOOP ID-2330A Other Subscriber Name

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity Identifier Code	IL	M	ID	2/3	Insured or Subscriber

NM102	1065	Entity Type Qualifier	1 2	M	ID	1/1	Person Non-Person Entity
NM103	1035	Name Last Or Organization Name		O	AN	1/35	Subscriber Last Name
NM104	1036	Name First		O	AN	1/25	Subscriber First Name
NM105	1037	Name Middle		O	AN	1/25	Subscriber Middle Name
NM107	1039	Name Suffix		O	AN	1/10	Subscriber Name Suffix
NM108	66	Identification Code Qualifier	MI ZZ	X	ID	1/ 2	Member Identification Number Mutually Defined
NM109	67	Identification Code		X	AN	2/80	Other Subscriber Primary Identifier

Review : N/A = not to be sent or sent but sent as blanks/ zeroes?

LOOP ID-2330A Other Subscriber Address Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
N3	166	Address Information		M	AN	1/55	Subscriber Address Line

LOOP ID-2330A Other Subscriber City/State/Zip Code

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
N401	19	City Name		O	AN	2/30	Subscriber City Name
N402	156	State or Province Code		O	ID	2/2	Subscriber State Code
N403	116	Postal Code		O	ID	3/15	Subscriber Postal Zone or Zip Code
N404	26	Country Code		O	ID	2/3	Subscriber Country Code

LOOP ID-2330A Other Subscriber Secondary Identification

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	1W 23 IG SY	M	ID	2/3	Member Identification Number CLEannt Number Insurance Policy Number Social Security Number
REF02	127	Reference Identification		X	AN	1/30	Other Subscriber Secondary identification

LOOP ID-2330B Other Payer Name

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity Identifier Code	PR	M	ID	2/3	Payer
NM102	1065	Entity Type Qualifier	2	M	ID	1/1	Non-Person Entity
NM103	1035	Name Last Or Organization Name		O	AN	1/35	Laboratory or Facility Name

NM108	65	Identification Code Qualifier	PI XV	X	ID	1/ 2	Payer Identification Health Care Financial
NM109	67	Identification Code		X	AN	2/80	Other Payer Primary Identifier

LOOP ID-2330B Claim Adjudication Date

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
DTP01	374	Date/Time Qualifier	573	M	ID	3/3	Date Claim Paid
DTP02	1250	Date Time Period Format Qualifier	D8	M	ID	2/3	Date expressed in format YYYYMMDD
DTP03	1251	Date Time Period		M	AN	1/35	Order Date

LOOP ID-2330B Other Payer Prior Authorization or Referral Number

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	9F G1	M	ID	2/3	Referral Number Prior Authorization Number
REF02	127	Reference Identification		M	AN	1/30	Prior Authorization or referral Number

LOOP ID-2330C Other Payer Patient Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity Identifier Code	QC	M	ID	2/3	Patient
NM102	1065	Entity Type Qualifier	1	M	ID	1/1	Person
NM103	1035	Name Last Or Organization Name		O	AN	1/35	Patient Last Name
NM108	65	Identification Code Qualifier	MI	X	ID	1/ 2	Member Identification Number
NM109	67	Identification Code		X	AN	2/80	Other Payer Patient Primary Identifier

LOOP ID-2330C Other Payer Patient Identification

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	1W 23 IG SY	M	ID	2/3	Member Identification Number Client Number Insurance Policy Number Social Security Number
REF02	127	Reference Identification		X	AN	1/30	Patient's Other Secondary identification

LOOP ID-2330D Other Payer Referring Provider

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity Identifier Code	DN P3	M	ID	2/3	Referring Provider Primary Care
NM102	1065	Entity Type Qualifier	1 2	M	ID	1/1	Person Non-Person Entity
NM103	1035	Name Last Or Organization Name		O	AN	1/35	Referring Provider Last Name

LOOP ID-2330D Other Payer Referring Provider Identification

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	1B 1C 1D EI G2 LU N5	M	ID	2/3	Blue Shield Provider Number Medicare Provider Number Medicaid Provider Number Employer's Identification Number Provider Commercial Number Location Number Provider Plan network Identification NBR
REF02	127	Reference Identification		X	AN	1/30	Other Payer Referring Provider identification

LOOP ID-2330E Other Payer Rendering Provider

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity Identifier Code	82	M	ID	2/3	Rendering Provider
NM102	1065	Entity Type Qualifier	1 2	M	ID	1/1	Person Non-Person Entity
NM103	1035	Name Last Or Organization Name		O	AN	1/35	Rendering Provider Last or Organization Name

LOOP ID-2330E Other Payer Rendering Provider Secondary Identification

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	1B 1C 1D EI G2 LU N5	M	ID	2/3	Blue Shield Provider Number Medicare Provider Number Medicaid Provider Number Employer's Identification Number Provider Commercial Number Location Number Provider Plan network Identification NBR
REF02	127	Reference Identification		X	AN	1/30	Other Payer Rendering Provider secondary identification

LOOP ID-2330F Other Payer Purchased Service Provider

Element	Ref	Description	Code or	Rite Aid	Comment
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	No.		Qualifier	Attributes			
NM101	98	Entity Identifier Code	QB	M	ID	2/3	Purchase Service Provider
NM102	1065	Entity Type Qualifier	1 2	M	ID	1/1	Person Non-Person Entity
NM103	1035	Name Last Or Organization Name		O	AN	1/35	Purchased Service Provider Name

LOOP ID-2400 Service Line

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
LX	554	Assigned Number		M	NO	1/6	Line Counter

LOOP ID-2400 Professional Service

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
SV101	C003	Composite Medical Procedure *This code is a composite data structure		M			To identify a medical procedure by its standardized codes and applicable modifiers
C00301	235	Product Service ID Qualifier	HC IV N1 N2 N3 N4 ZZ	M	AN	2/2	Health Care Financing Admin Common Pr Home Infusion EDI Coalition Nation Drug Code in 4-4-2 Format National Drug Code in 5-3-2 Format National Drug Code in 5-4-1 Format National Drug Code in 5-4-2 Format Mutually defined
C00302	234	Product/Service ID		M	R	1/11	Procedure Code
C00303	1339	Procedure Modifier		O	AN	2/2	Procedure Modifier 1
C00304	1339	Procedure Modifier		O	AN	2/2	Procedure Modifier 2
C00305	1339	Procedure Modifier		O	AN	2/2	Procedure Modifier 3
C00306	1339	Procedure Modifier		O	AN	2/2	Procedure Modifier 4
SV102	782	Monetary Amount		M	R	1/11	❖ Line Item Charge Amount
SV103	355	Unit of Measure for Measurement Code	F2 MJ UN	X	ID	2/2	International Unit Minutes Unit
SV104	380	Quantity		X	R	1/15	Service Unit Count
SV105	1331	Facility Code Value	See Table 4	O	An	1/ 2	Place Of service Code
SV107	C004						
C00401	1328	Diagnostic Code Pointer		M	NO	1/ 2	A Pointer to the Claim Diagnosis Code in the order of Importance to this Service
C00402	1328						
C00403	1328						
C00404							
SV109	1073	Yes/No Condition or Response	Y N	O	ID	1/1	Yes No
SV111	1073						
SV112	1073						
SV115	1327	Copay Status code	0	O	ID	1/1	Copay Exempt

LOOP ID-2400 Prescription Number

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
SV401	127	Reference Identification		M	AN	1/30	Prescription Number

LOOP ID-2400 DMERC CMN Indicator

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
PWK01	755	Report Type Code	CT	M	ID	2/2	Certification; Attachment report type code
PWK02	756	Report Transmission Code	AB AD AF AG NS	M	ID	1/ 2	Previously Submitted to Payer Certification Included in this Claim Narrative Segment included in this Claim No documentation is required Not Specified

LOOP ID -2400 Service Date

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
DTP01	374	Date Time Qualifier	472	M	ID	3/3	Service Date
DTP02	1250	Date Time Period Format Qualifier	D8 RD8	M	ID	8/8	Date expressed in format YYYYMMDD Range of Dates expressed in format YYYYMMDD-YYYYMMDD
DTP03	1251	Date Time Period		M	AN	8/8	Service Date

LOOP ID-2400 Universal Product Number

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	OZ VP	M	ID	2/3	Product Number (Code Source 41) Vendor Product Number (Code Source 522)
REF02	127	Reference Identification		M	AN	1/30	Universal product number

LOOP ID-2400 Sales tax Amount

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
AMT01	522	Amount Qualifier Code	T	M	ID	1/3	Tax
AMT02	782	Monetary Amount		M	R	1/18	Sales Tax Amount

LOOP ID-2410 Drug Identification

Element	Ref	Description	Code or	Rite Aid	Comment
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	No.		Qualifier	Attributes			
LIN02	235	Product/Service ID Qualifier	N4	M	ID	2/2	National Drug Code in 5-4-2 Format
LIN03	1065	Product Service ID		M	AN	1/48	National Drug Code

LOOP ID-2410 Drug Pricing

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
CTP03	212	Unit Price		X	R	1/17	Drug Unit Price
CTP04	380	Quantity		X	R	1/15	National Drug Unit Count
CTP05	C001	Composite Unit of Measure		X			
CTP05-1	355	Unit or Basis for measurement Code	F2 GR ML UN	M	ID	2/2	International Unit Gram Milliliter Unit Code Qualifier

LOOP ID-2410 Prescription Number

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	XZ	M	ID	2/3	Pharmacy Prescription Number
REF02	127	Reference Identification		X	AN	1/30	Prescription Number

LOOP ID-2420 Rendering Provider Name

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity Identifier Code	82	M	ID	2/3	Rendering Provider
NM102	1065	Entity Type Qualifier	1 2	M	ID	1/1	Person Non-Person Entity
NM103	1035	Name Last Or Organization Name		O	AN	1/35	Rendering Provider Last Name
NM104	1036	Name First		O	AN	1/25	Rendering Provider First Name
NM105	1037	Name Middle		O	AN	1/25	Rendering Provider Middle Name
NM107	1039	Name Suffix		O	AN	1/10	Rendering Provider Name Suffix
NM108	66	Identification Code Qualifier	24 34 XX	X	ID	1/ 2	Employer's Identification Number Social Security Number Health Care Financing Administration National Provider Identifier
NM109	67	Identification Code		X	AN	2/80	Other Subscriber Primary Identifier

LOOP ID-2420 Rendering Provider Specialty Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
PRV01	1221	Provider Code	PE	M	ID	1/3	Performing

PRV02	128	Reference Identification Qualifier	ZZ	M	ID	2/3	Mutually Defined
PRV03	127	Reference Identification		M	AN	1/30	Provider Taxonomy Code

PLEASE INCLUDE LOOP ID-2420E Ordering Provider Name

LOOP ID-2420G Other Payer Prior Authorization or referral Number

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
NM101	98	Entity Identifier Code	PR	M	ID	2/3	Payer
NM102	1065	Entity Type Qualifier	2	M	ID	1/1	Non-Person Entity
NM103	1035	Name Last Or Organization Name		O	AN	1/35	Payer Name
NM108	66	Identification Code Qualifier	PI XV	X	ID	1/ 2	Payer Identification Health Care Financing Adm National PlanID
NM109	67	Identification Code		X	AN	2/80	Other Payer Identification Number

LOOP ID-2420G Other Payer Prior Authorization or Referral Number

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
REF01	128	Reference Identification Qualifier	9F G1	M	ID	2/3	Referral Number Prior Authorization Number
REF02	127	Reference Identification		M	AN	1/30	Prior Authorization or referral Number

LOOP ID-2430 Line Adjudication Information

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
SVD01	67	Identification Code		M	AN	2/80	Other Payer Primary Identifier
SVD02	782	Monetary Amount		M	R	1/18	Service Line Paid Amount
SVD03	C003	Composite Medical Procedure Identifier		O			
SVD03-1	235	Product/Service ID Qualifier	HC IV N1 N2 N3 N4 ZZ	M	AN	2/2	HCFA Common Procedural Coding System Home Infusion EDI Coalition HIEC National Drug Code in 4-4-2 Format National Drug Code in 5-3-2 Format National Drug Code in 5-4-1 Format National Drug Code in 5-4-2 Format Mutually defined
SVD03-2	234	Product/Service ID		M	AN	1/48	Procedure Code
SVD03-3	1339	Procedure Modifier		O	AN	2/2	Procedure Modifier 1
SVD03-4	1339	Procedure Identifier		O	AN	2/2	Procedure Modifier 2

SDV03-5	1339	Procedure Modifier		O	AN	2/2	Procedure Modifier 3
SDV03-6	1339	Procedure Modifier		O	AN	2/2	Procedure Modifier 4
SDV03	352	Description		O	AN	1/80	Procedure Code description
SDV05	380	Quantity		O	R	1/15	Paid Service Unit Count
SDV06	554	Assigned Number		O	NO	1/6	Bundled or Unbundled Line Number

LOOP ID-2430 Line Adjustment

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
CAS01	020	Claim Adjustment Code	CO CR OA PI PR	M	ID	1/2	Contractual Obligations Correction And Reversals Other Adjustments Payer Initiated Reductions Patient Responsibility
CAS02	1033	Claim Adj Reason Code		M	ID	1/5	Adjustment reason Code
CAS03	782	Monetary Amount		M	R	1/11	Adjustment amount
CAS04	380	Quantity		O	R	1/15	Adjustment Quantity
CAS05	1034	Claim Adjudication Reason Code		S	ID	1/5	Adjustment reason Code
CAS06	782	Monetary Amount		S	R	1/18	Adjustment Amount
CAS07	380	Quantities		S	R	1/15	Adjustment Quantity

LOOP ID-2430 Line Adjudication Date

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
DTP01	374	Date Time Qualifier	573	M	ID	3/3	Date Claim Paid
DTP02	1250	Date Time Period Format Qualifier	D8	M	ID	8/8	Date expressed in format YYYYMMDD
DTP03	1251	Date Time Period		M	AN	8/8	Adjudication or Payment Date

LOOP ID-2440 Health Care Remark Code

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
LQ01	1270	Code List Qualifier Code	AS UT	O	ID	1/3	Form Type Code HCFA DME regional Carrier Certificate...
LQ02	1271	Industry Code		X	AN	1/30	Remark Code – For a complete list of codes refer to www.ncdpd.org

LOOP ID-2440 Health Care Remark Code

Element	Ref No.	Description	Code or Qualifier	Rite Aid Attributes			Comment
FRM01	350	Assigned Number		M	AN	1/20	Question Number/Letter
FRM02	1073	Yes/No Condition or Response	N W Y	X	ID	1/1	No Not Applicable Yes Question Response
FRM03	127	Reference Identification		X	AN	1/30	Question Response
FRM04	373	Date		X	DT	8/8	Date Expressed as YYYYMMDD

FRM05	332	Percent		X	R	1/6	Percent expressed as percent
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SE Transaction Set Trailer

Element	Ref No.	Description	Code or Qualifier	Comment
SE01	96	Number of included Segments		
SE02	329	Transaction Set Control Number		

GE Functional Group Trailer

Element	Ref No.	Description	Code or Qualifier	Comment
GE01	97	Number of Included Sets		
GE02	28	Group Control Number		

IEA Interchange Control Trailer

Element	Ref No.	Description	Code or Qualifier	Comment
IEA01	I16	Number of Included Groups		
IEA02	I12	Interchange Control Number		

Table DE reference # 1336

<i>Code</i>	<i>Description</i>
12	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health plan
13	Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month Coordination period with an Employer's group Health Plan
14	Medicare Secondary, No-Fault Insurance Including Auto Is Primary
15	Medicare Secondary Worker's Compensation
16	Medicare Secondary Public Health Service (PHS) or Other Federal Agency
41	Medicare Secondary Black Lung
42	Medicare Secondary Veteran's Administration
43	Medicare Secondary Disabled Beneficiary Under age 65 with large Group Health Plan
47	Medicare Secondary, Other Liability Insurance is Primary

Table 2 DE Reference # 1032

<i>Code</i>	<i>Description</i>
09	Self-Pay
11	Central Certification
12	Other Non-Federal Programs
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance

16	HMO Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	CHAMPUS
CI	Commercial Insurance Co.
DS	Disability
HM	Health Maintenance Organization (HMO)
LI	Liability
LM	Liability Medical
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veteran Administration Plan / Refers to Veteran's affairs Plan
WC	Worker's Compensation Health Plan
ZZ	Mutually Defined / Unknown

Table 3 DE Reference # 1069

Code	Description
01	Spouse
04	Granfather or Grandmother
05	Grandson or GrandDaughter
07	Nephew or Niece
09	Adopted Child
10	Foster Child
15	Ward
17	Stepson or Stepdaughter
19	Child
20	Employee
21	Unknown
22	Handicapped Dependent
23	Sponsored Dependent
24	Dependent of a Minor Dependent
29	Significant Other
32	Mother
33	Father
34	Other Adult
36	Emancipated Minor
39	Organ Donor
40	Cadaver Donor
41	Injured Plaintiff
43	Child Where Insured has no Financial responsibility
53	Life Partner
G8	Other relationship

Table 4 DE Reference # 1331

CODE	DISCRIPTION
11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room – Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military treatment Center
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance – Land
42	Ambulance – Air or Water

51	Inpatient Psychiatric facility
52	Psychiatric facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/ Mentally Retarded
55	Residential Substance Abuse treatment facility
56	Psychiatric Residential treatment Center
50	Federally Qualified Health Center
60	Mass Immunization Center
61	Comprehensive Inpatient rehabilitation facility
62	Comprehensive outpatient rehabilitation facility
65	End Stage renal Disease Treatment facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other unlisted Facility

Table 5 DE reference # 1363

CODE	DEFINITION
A	Appropriate Release Of Information On File at Health Care Service Provider or at Utilization Review Organization
I	Informed Consent to release Medical Information For Conditions or Diagnoses regulated by federal Statutes
M	The Provider has limited or restricted ability to Release data Related to a Claim
N	No, provider is not Allowed to release data
O	On File at Payer or at plan Sponsor
Y	Yes, Provider has a signed statement permitting release of Medical Billing Data Related to a Claim

Table 6 DE Reference # 1351

Code	Description
B	Signed Signature Authorization form or Forms for both HCFA-1500 Claim and Form Block 12 and Block 113 are on File
C	Signed HCFA-1500 Claim Form on File
M	Signed Signature Authorization form or Forms for both HCFA-1500 Claim and Form Block 13 on File
P	Signature generated by Provider Because the patient was not Physically Present for service
S	Signed Signature Authorization form or Forms for both HCFA-1500 Claim and Form Block 12 on file

