

Data Elements for Electronic Transactions - Professional Health Claim

The Transactoin standard established for the professional (non-institutional) health claim or equivalent encounter information is ASC X12N 837--Health Care Claim: Professional (004010X098). The standard identifies roughly 500 separate data elements comprising each professional health claim. For example, basic patient information is comprised of 28 separate date elements:

Patient Account Number
Patient Additional Name
Patient Age
Patient Amount Paid
Patient Birth Date
Patient City Name
Patient Death Date
Patient Facility Additional Name Text
Patient Facility City Name
Patient Facility First Address Line
Patient Facility Name
Patient Facility Second Address Line
Patient Facility State Code
Patient Facility Zip Code
Patient First Address Line
Patient First Name
Patient Gender Code
Patient Height
Patient Last Name
Patient Marital Status Code
Patient Middle Name
Patient Name Suffix
Patient Primary Identifier
Patient Second Address Line
Patient Secondary Identifier
Patient Signature Source Code
Patient State Code
Patient ZIP Code

Imbedded in these 500 data elements are dozens of code sets for both medical and nonmedical data, including the following:

Adjustment Reason Code
Agency Qualifier Code
Amount Qualifier Code
Approved Ambulatory Patient Group Code
Attachment Report Type Code
Attachment Transmission Code
Claim Adjustment Group Code
Claim Filing Indicator Code
Claim Frequency Code
Claim Payment Remark Code
Claim Submission Reason Code
Code List Qualifier Code
Condition Codes
Contact Function Code
Contract Code
Contract Type Code
Credit/Debit Flag Code
Currency Code
Diagnosis Code
Disability Type Code
Discipline Type Code
Employment Status Code
Entity Identifier Code
Exception Code
Facility Type Code
Functional Status Code
Hierarchical Child Code
Hierarchical Level Code
Hierarchical Structure Code
Immunization Status Code
Immunization Type Code
Individual Relationship Code
Information Release Code
Insurance Type Code
Measurement Reference Identification Code
Medicare Assignment Code
National Drug Code
Nature of Condition Code
Non-Visit Code

Note Reference Code
Nutrient Administration Method Code
Nutrient Administration Technique Code
Place of Service Code
Policy Compliance Code
Product/Service Procedure Code
Prognosis Code
Provider Code
Provider Organization Code
Provider Specialty Certification Code
Provider Specialty Code
Record Format Code
Reject Reason Code
Related-Causes Code
Service Type Code
Ship/Delivery or Calendar Pattern Code
Ship/Delivery Pattern Time Code
Student Status Code
Supporting Document Response Code
Surgical Procedure Code
Transaction Set Identifier Code
Transaction Set Purpose Code
Unit or Basis Measurement Code
Version Identification Code
X-Ray Availability Indicator Code

For example, the "diagnosis code" requires an assignment from the approximately 10,000 numerical codes that constitute the International Classification of Diseases, Ninth Revision, Clinical Revision, an international classification system developed by the World Health Organization.

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