

Row Type	Loop Identifier	Segment / Element	Value	Description	IAIABC Usage	Texas Usage	DN	Comments
Segment		ISA		Interchange Control Header				
Data Element		ISA05	ZZ	Interchange ID Qualifier	Mandatory	Mandatory		
Data Element		ISA06		Interchange Sender ID	Mandatory	Mandatory		Nine digit Trading Partner FEIN plus spaces
Data Element		ISA07	ZZ	Interchange ID Qualifier	Mandatory	Mandatory		
Data Element		ISA08		Interchange Receiver ID	Mandatory	Mandatory		746000119 plus spaces
Data Element		ISA11	U	Interchange Control Standards Identifier	Mandatory	Mandatory		
Data Element		ISA12	00401	Interchange Control Version Number	Mandatory	Mandatory		
Data Element		ISA14	0	Acknowledgment Requested	Mandatory	Mandatory		
Data Element		ISA16	:	Component Element Separator	Mandatory	Mandatory		
Segment		GS		Functional Group Header				
Data Element		GS01	HC	Functional Identifier Code	Mandatory	Mandatory		
Data Element		GS02		Application Sender's Code	Mandatory	Mandatory		Nine digit Trading Partner FEIN
Data Element		GS03		Application Receiver's Code	Mandatory	Mandatory		746000119
Data Element		GS07	X	Responsible Agency Code	Mandatory	Mandatory		
Data Element		GS08	004010	Version / Release / Industry Identifier Code	Mandatory	Mandatory		
Segment		BHT		Beginning of Hierarchical Transaction	Required	Required		
Data Element		BHT03		Originator Transaction Identifier	Situational	Required	532	
Data Element		BHT04		Transaction Set Creation Date	Situational	Required	100	
Data Element		BHT05		Transaction Set Creation Time	Situational	Required	101	
Loop	1000B			Receiver Information				
Segment	1000B	NM1		Receiver Name	Required	Required		
Data Element		NM109	746000119	Identification Code	Required	Required	99	
Segment	1000B	N4		City State Zip	Required	Required		
Data Element		N403	787441609	Postal Code	Required	Required	99	
Loop	2000A			Source of Hierarchical Level Information (Repeat >1)				
Segment	2000A	HL		Insurer Hierarchical Level	Required	Required		
Data Element		HL04	1	Hierarchical Child Code	Situational	Required		

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Segment	2000A	DTP		Date or Time Period (Reporting Period)	Situational	Required		
Loop	2010AA			Insurer/Self-Insured				
Segment	2010AA	NM1		Individual or Organization Name	Situational	Required		
Data Element		NM103		Last Name or Organization Name (DN7 Insurer Name)	Situational	Required	7	
Data Element		NM108	FI	Identification Code Qualifier (FEIN)	Situational	Required		
Data Element		NM109		Insurer FEIN	Situational	Required	6	
Segment	2010AA	N4		City State Zip	Situational	Required		
Loop	2010AA			Claim Administrator				
Segment	2010AA	NM1		Individual or Organization Name	Situational	Required		
Data Element		NM103		Last Name or Organization Name (DN188 Claim Administrator Name)	Situational	Required	188	
Data Element		NM108	FI	Identification Code Qualifier (FEIN)	Situational	Required		
Data Element		NM109		Claim Administrator FEIN	Situational	Required	187	
Segment	2010AA	N4		City State Zip	Situational	Required		
Loop	2000B			Employer Hierarchical Information (Repeat > 1)				
Segment	2000B	HL		Subscriber (Employer) Hierarchical Level	Required	Required		
Data Element		HL04	1	Hierarchical Child Code	Situational	Required		
Loop	2010BA			Employer Named Insured Information (Insured)				
Segment	2010BA	NM1		Employer Name Information	Required	Required		
Data Element		NM103		Organization Name (Employer Name)	Situational	Required	18	
Data Element		NM109		Identification Code	Situational	Optional	16	
Segment	2010BA	N3		Employer's Address	Situational	Optional		
Segment	2010BA	N4		Employer's City State Zip	Situational	Optional		
Data Element		N401		City	Situational	Optional	21	
Data Element		N402		State	Situational	Optional	22	
Data Element		N403		Postal Code	Required	Optional	23	
Data Element		N404	USA	Country Code	Situational	Optional	164	
Loop	2010BA			Reference Information				
Segment	2010BA	REF		Employer's Insurance Policy Number	Situational	Optional		
Loop	2010BA			Administrative Communication Contact				

Row Type	Loop Identifier	Segment / Element	Value	Description	IAIABC Usage	Texas Usage	DN	Comments
Segment	2010BA	PER		Employer's Telephone Number	Situational	Optional		
Loop	2000C			Claimant Hierarchical Level (Repeat >1)				
Segment	2000C	HL		Claimant Hierarchical Level	Required	Required		
Data Element		HL04	0	Hierarchical Child Code (No subordinate HL segment)	Situational	Required		
Loop	2010CA			Claimant Information				
Segment	2010CA	NM1		Claimant Name	Situational	Required		
Data Element		NM104		First Name	Situational	Required	44	
Data Element		NM105		Middle Name	Situational	Optional	45	
Data Element		NM107		Name Suffix	Situational	Optional	255	
Data Element		NM108	34	Identification Code Qualifier	Required	Required		For Texas EDI reporting purposes, a Social Security Number will always be reported.
Segment	2010CA	N3		Claimant's Address	Situational	Required		
Data Element		N302		Employee Mailing Secondary Address	Situational	Optional	47	
Segment	2010CA	N4		Claimant's City State Zip	Situational	Required		
Data Element		N404	USA	Country Code	Situational	Required	155	
Segment	2010CA	DMG		Claimant's Demographic Information	Situational	Required		
Data Element		DMG01	D8	Date Time Period Format Qualifier	Situational	Required		
Data Element		DMG02		Birth Date	Situational	Required	52	
Data Element		DMG03	F,M,U	Employee Gender Code	Situational	Required	53	
Data Element		DMG04		Marital Status Code (I/K/M/S/U)	Situational	Optional	54	
Segment	2010CA	REF		Claimant Claim Number	Situational	Required		For Texas EDI Reporting purposes, DN15 Claim Administrator Claim Number is required, which makes one iteration of this REF segment required.
Segment	2010CA	PER		Claimant's Telephone Number	Situational	Optional		
Loop	2300			Claim Information (Repeat 100)				
Segment	2300	CLM		Claim Information	Required	Required		
Data Element		CLM02		Monetary Amount (Total Charge Per Bill)	Situational	Required	501	
Data Element		CLM05		Health Care Service Location	Situational	Required		
Data Element		CLM06	Y/N	Provider Signature on File	Situational	Optional	506	
Data Element		CLM09		Release of Information Code	Situational	Optional	526	

Row Type	Loop Identifier	Segment / Element	Value	Description	IAIABC Usage	Texas Usage	DN	Comments
Data Element		CLM16		Provider Agreement Code (DN507)	Situational	Required	507	For Texas EDI Reporting purposes, the following definitions apply: H = Services performed within a Certified Workers' Compensation Health Care Network. P = Services performed under a contractual fee arrangement, excluding services performed within a certified network. N = No contractual fee arrangement for services performed. Y is not an acceptable value.
Data Element		CLM19		Claim Submission Reason Code	Situational	Required	508	
Segment	2300	DTP		Date Insurer Received Bill	Situational	Required		
Segment	2300	DTP		Date and Time of Discharge	Situational	Optional		
Segment	2300	DTP		Date of Bill	Situational	Required		
Segment	2300	DTP		Date Insurer Paid Bill	Situational	Required		
Segment	2300	CN1		Contract Information	Situational	Situational		
Data Element		CN101	01	Contract Type Code	Required	Required	515	
Data Element		CN104		Reference Identification	Situational	Required	518	
Segment	2300	AMT		Initial Amount Paid	Situational	Not Used		
Segment	2300	AMT		Total Amount Paid Per Bill	Situational	Required		
Segment	2300	REF		Bill Tracking Number	Situational	Required		
Data Element		REF02		Unique Bill ID Number	Required	Required	500	For Texas EDI Reporting purposes, a unique bill ID number must be assigned to each payment event associated to a medical bill. This number may not be used on subsequent transactions, except for replacements or cancellations.
Segment	2300	REF		Patient Account Number	Situational	Optional		
Segment	2300	REF		Transaction Tracking Number	Situational	Required		
Segment	2300	HI		Diagnosis Information Codes	Situational	Situational		
Data Element		HI01-2		Principal Diagnosis Code or ICD-9 CM Diagnosis Code	Required	Required	521 or 522	This data element will be populated with the ICD-9 or ICD-10-CM code contained on the medical bill. Decimal point is required.

Row Type	Loop Identifier	Segment / Element	Value	Description	IAIABC Usage	Texas Usage	DN	Comments
Data Element		HI02-2		ICD-9 CM Diagnosis Code or Admitting Diagnosis Code	Required	Required	522 or 535	This data element will be populated with the ICD-9 or ICD-10-CM code contained on the medical bill. Decimal point is required.
Data Element		HI03-2		ICD-9 CM Diagnosis Code	Required	Required	522	This data element will be populated with the ICD-9 or ICD-10-CM code contained on the medical bill. Decimal point is required.
Data Element		HI04-2		ICD-9 CM Diagnosis Code	Required	Required	522	This data element will be populated with the ICD-9 or ICD-10-CM code contained on the medical bill. Decimal point is required.
Data Element		HI05-2		ICD-9 CM Diagnosis Code	Required	Required	522	This data element will be populated with the ICD-9 or ICD-10-CM code contained on the medical bill. Decimal point is required.
Data Element		HI06		Health Care Service Information	Situational	Not Used		
Data Element		HI07		Health Care Service Information	Situational	Not Used		
Data Element		HI08		Health Care Service Information	Situational	Not Used		
Data Element		HI09		Health Care Service Information	Situational	Not Used		
Data Element		HI10		Health Care Service Information	Situational	Not Used		
Segment	2300	HI		Institutional Procedure Codes	Situational	Situational		For Texas EDI Reporting purposes, HCPCS codes are not reported in this segment.
Data Element		HI01-1	BR	Code List Qualifier Code	Required	Required		
Data Element		HI01-2		ICD-9 CM Principal Procedure Code	Required	Required	525	This data element will be populated with the ICD-9 or ICD-10-PCS code contained on the medical bill.
Data Element		HI01-3	D8	Date Time Period Format Qualifier	Situational	Required		
Data Element		HI01-4		Principal Procedure Date	Situational	Required	550	
Data Element		HI02-1	BQ	Code List Qualifier Code	Required	Required		
Data Element		HI02-2		ICD-9 CM Procedure Code	Required	Required	736	This data element will be populated with the ICD-9 or ICD-10-PCS code contained on the medical bill.
Data Element		HI02-3	D8	Date Time Period Format Qualifier	Situational	Required		
Data Element		HI02-4		Procedure Date (DN524)	Situational	Required	524	
Data Element		HI03-1	BQ	Code List Qualifier Code	Required	Required		
Data Element		HI03-2		ICD-9 CM Procedure Code	Required	Required	736	This data element will be populated with the ICD-9 or ICD-10-PCS code contained on the medical bill.
Data Element		HI03-3	D8	Date Time Period Format Qualifier	Situational	Required		

Row Type	Loop Identifier	Segment / Element	Value	Description	IAIABC Usage	Texas Usage	DN	Comments
Data Element		HI03-4		Procedure Date (DN524)	Situational	Required	524	
Data Element		HI04-1	BQ	Code List Qualifier Code	Required	Required		
Data Element		HI04-2		ICD-9 CM Procedure Code	Required	Required	736	This data element will be populated with the ICD-9 or ICD-10-PCS code contained on the medical bill.
Data Element		HI04-3	D8	Date Time Period Format Qualifier	Situational	Required		
Data Element		HI04-4		Procedure Date (DN524)	Situational	Required	524	
Data Element		HI05-1	BQ	Code List Qualifier Code	Required	Required		
Data Element		HI05-2		ICD-9 CM Procedure Code	Required	Required	736	This data element will be populated with the ICD-9 or ICD-10-PCS code contained on the medical bill.
Data Element		HI05-3	D8	Date Time Period Format Qualifier	Situational	Required		
Data Element		HI05-4		Procedure Date (DN524)	Situational	Required	524	
Data Element		HI06		Health Care Service Information	Situational	Not Used		
Loop	2310A			Billing Provider Information				
Segment	2310A	NM1		Billing Provider Name	Situational	Required		
Data Element		NM103		Last Name or Organization Name	Situational	Required	528	
Data Element		NM105		Middle Name	Situational	Optional	530	
Data Element		NM107		Suffix	Situational	Optional	531	
Data Element		NM108	FI	Identification Code Qualifier	Situational	Required		
Data Element		NM109		Billing Provider FEIN	Situational	Required	629	
Data Element		NM110	34	Entity Relationship Code	Situational	Optional		
Data Element		NM111	GP	Gatekeeper Indicator	Situational	Optional	534	
Segment	2310A	PRV		Billing Provider Specialty Information	Situational	Optional		
Segment	2310A	N3		Billing Provider Address	Situational	Required		
Data Element		N302		Billing Provider Secondary Address	Situational	Optional	539	
Segment	2310A	N4		Billing Provider City State Zip	Situational	Required		
Data Element		N401		City	Situational	Required	540	
Data Element		N402		State	Situational	Required	541	
Data Element		N403		Postal Code	Situational	Required	542	
Data Element		N404	USA	Country Code	Situational	Required	569	
Segment	2310A	REF		Billing Provider State License Number	Situational	Situational		
Data Element		REF02		Reference Identification Code	Required	Required	630	If submitted, must adhere to the format requirements contained in the billing rules.

Row Type	Loop Identifier	Segment / Element	Value	Description	IAIABC Usage	Texas Usage	DN	Comments
Segment	2310A	REF		Billing Provider NPI	Situational	Optional		
Loop	2310B			Rendering Bill Provider				
Segment	2310B	NM1		Rendering Bill Provider Name	Situational	Situational		
Data Element		NM102	1 or 2	Entity Type Qualifier	Required	Required		For Texas EDI Reporting purposes, the qualifier of '2' can be used.
Data Element		NM103		Last Name or Organization Name	Situational	Required	638	
Data Element		NM105		Middle Name	Situational	Optional	640	
Data Element		NM107		Name Suffix	Situational	Optional	641	
Data Element		NM109		Identification Code	Situational	Optional	642	
Data Element		NM110	34	Entity Relationship Code	Situational	Optional		
Data Element		NM111	GP	Gateway Provider	Situational	Optional	534	
Segment	2310B	PRV		Rendering Bill Provider Specialty	Situational	Optional		
Segment	2310B	N3		Rendering Bill Provider Address	Situational	Optional		
Segment	2310B	N4		Rendering Bill Provider City State Zip	Situational	Optional		
Data Element		N404	USA	Country Code	Situational	Required	657	
Segment	2310B	REF		Rendering Bill Provider State License Number	Situational	Situational		
Data Element		REF02		Reference Identification Code	Required	Required	643	If submitted, must adhere to the format requirements contained in the billing rules.
Segment	2310B	REF		Rendering Bill Provider NPI	Situational	Situational		
Data Element		REF02		Reference Identification Code	Required	Required	647	For Texas EDI Reporting purposes, pharmacy transactions may include the NCPDP number in this data element instead of the NPI Number.
Loop	2310C			Supervising Provider				
Segment	2310C	NM1		Supervising Provider Name	Situational	Optional		
Data Element		NM110	34	Entity Relationship Code	Situational	Optional		
Data Element		NM111	GP	Gateway Provider	Situational	Optional	534	
Segment	2310C	PRV		Supervising Provider Specialty	Situational	Optional		
Segment	2310C	N3		Supervising Provider Address	Situational	Optional		
Segment	2310C	N4		Supervising Provider City State Zip	Situational	Optional		
Data Element		N404	USA	Country Code	Situational	Optional	677	
Segment	2310C	REF		Supervising Provider State License Number	Situational	Optional		

Row Type	Loop Identifier	Segment / Element	Value	Description	IAIABC Usage	Texas Usage	DN	Comments
Data Element		REF02		Reference Identification Code	Required	Required	663	If submitted, must adhere to the format requirements contained in the billing rules.
Segment	2310C	REF		Supervising Provider Medicare Number	Situational	Not Used	665	
Segment	2310C	REF		Supervising Provider Anesthesia Number	Situational	Not Used	666	
Segment	2310C	REF		Supervising Provider NPI	Situational	Not Used	667	
Segment	2310C	REF		Supervising Provider Specialty License Number	Situational	Not Used	669	
Loop	2310D			Facility				
Segment	2310D	NM1		Facility Name	Situational	Situational		
Data Element		NM109		Identification Code	Situational	Optional	679	
Segment	2310D	N3		Facility Address	Situational	Situational		
Data Element		N302		Facility Secondary Address	Situational	Optional	685	
Segment	2310D	N4		Facility City State Zip	Situational	Situational		
Data Element		N402		State	Situational	Required	687	
Data Element		N403		Zip	Situational	Required	688	
Data Element		N404	USA	Country Code	Situational	Required	689	
Segment	2310D	REF		Facility Secondary Identification Number	Situational	Optional		
Loop	2310E			Referring Provider's Information				
Segment	2310E	NM1		Referring Provider Name	Situational	Situational		
Data Element		NM103		Last Name	Situational	Required	690	TDI-DWC implementation requires the last name when this segment is used.
Data Element		NM104		First Name	Situational	Required	691	TDI-DWC implementation requires the first name when this segment is used.
Data Element		NM105		Middle Name	Situational	Optional	692	
Data Element		NM107		Name Suffix	Situational	Optional	693	
Data Element		NM108	34	Identification Code Qualifier	Situational	Optional		
Data Element		NM109	FI	Identification Code	Situational	Optional	694	
Data Element		NM110	34	Entity Relationship Code	Situational	Optional		
Data Element		NM111	GP	Gateway Provider	Situational	Optional	534	
Segment	2310E	REF		Referring Provider State License Number	Situational	Situational		

Row Type	Loop Identifier	Segment / Element	Value	Description	IAIABC Usage	Texas Usage	DN	Comments
Data Element		REF02		Reference Identification Code	Required	Required	695	If submitted, must adhere to the format requirements contained in the billing rules.
Segment	2310E	REF		Referring Provider NPI	Situational	Situational		
Data Element		REF02		Reference Identification	Required	Required	699	For Texas EDI Reporting purposes, pharmacy transactions may include the DEA number in this data element instead of the NPI Number.
Segment	2310E	REF		Referring Provider Medicare Number	Situational	Optional	697	
Segment	2310E	REF		Referring Provider Anesthesia Number	Situational	Not Used	698	
Segment	2310E	REF		Referring Provider Specialty License Number	Situational	Optional	701	
Loop	2310F			Managed Care Organization Information				
Segment	2310F	NM1		MCO Name	Situational	Situational		
Data Element		NM109		Identification Code	Situational	Optional	704	
Data Element		NM110	34	Entity Relationship Code	Situational	Optional		
Data Element		NM111	GP	Gateway Provider	Situational	Optional	534	
Segment	2310F	N3		MCO Address	Situational	Optional		
Segment	2310F	N4		MCO City State Zip	Situational	Optional		
Data Element		N404	USA	Country Code	Situational	Required	713	
Segment	2310F	REF		MCO State License Number	Situational	Situational		
Data Element		REF02		Reference Identification	Required	Required	208	For Texas EDI Reporting purposes, the certification number issued by TDI must be reported in this data element.
Loop	2320			Subscriber Insurance				
Segment	2320	CAS		Bill Level Adjustments	Situational	Not Used		
Loop	2400			Service Lines (Repeat >1)				
Segment	2400	LX		Service Line	Situational	Required		
Data Element		LX01		Line Number	Required	Required	547	
Segment	2400	SV1		Professional Services	Situational	Situational		For Texas Reporting purposes, DME services are also reported using the SV1 segment.
Data Element		SV101-1	HC	Product or Service ID Qualifer (HCPCS Code)	Required	Required		For Texas Reporting purposes, the code qualifiers of 'ER' and 'ND' are not allowed.

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Data Element		SV101-2		HCPCS Code	Required	Required	714	For Texas Reporting purposes, ADA codes are not allowed in the SV1 segment.
Data Element		SV101-3		Modifier 1	Situational	Situational	717	For Texas Reporting purposes, any valid HCPCS modifier or a modifier contained in the Fee Guidelines will be accepted.
Data Element		SV101-4		Modifier 2	Situational	Situational	717	For Texas Reporting purposes, any valid HCPCS modifier or a modifier contained in the Fee Guidelines will be accepted.
Data Element		SV101-7		Procedure Description	Situational	Optional	551	
Data Element		SV102		Total Charge Per Line	Situational	Required	552	
Data Element		SV103		Unit or Basis for Measurement Code	Situational	Required	553	
Data Element		SV104		Quantity	Situational	Required	554	
Data Element		SV105		Facility or Place of Service Code	Situational	Required	600	
Data Element		SV121		Provider Agreement Line Code (DN742)	Situational	Situational	742	For Texas Reporting purposes, use the Texas definitions contained in DN507 Provider Agreement Code.
Segment	2400	SV2		Institutional Services	Situational	Situational		
Data Element		SV201		Revenue Billed Code (DN559)	Situational	Required	559	For Texas Reporting purposes, any Revenue code valid for Medicare billing will be accepted.
Data Element		SV202-1	HC	Product or Service ID Qualifier	Required	Required		For Texas Reporting purposes, the code qualifier of 'ER' is not allowed.
Data Element		SV202-7		Procedure Description	Situational	Optional	551	
Data Element		SV203		Total Charge Amount Per Line	Situational	Required	552	
Data Element		SV206		Unit Rate	Situational	Optional	560	
Segment	2400	SV3		Dental Services	Situational	Situational		
Data Element		SV301-1	AD	Product or Service ID Qualifier	Required	Required		For Texas Reporting purposes, the code qualifier of 'HC' is not allowed.
Data Element		SV301-2		ADA Procedure Code	Required	Required	719	For Texas Reporting purposes, non-ADA codes are not allowed in the SV3 segment.
Data Element		SV302		Total Charge Per Line	Situational	Required	552	
Data Element		SV309		Provider Agreement Line Code (DN742)	Situational	Situational	742	For Texas Reporting purposes, use the Texas definitions contained in DN507 Provider Agreement Code.
Segment	2400	SV4		Pharmacy Services	Situational	Situational		

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Data Element		SV402		Composite Medical Procedure Identifier	Situational	Required		
Data Element		SV405		Dispense as Written Code	Situational	Required	562	
Data Element		SV408		Drug Name	Situational	Required	563	
Data Element		SV412		Basis of Cost Determination Code	Situational	Optional	564	
Segment		SV5		Durable Medical Equipment (DME) Services	Situational	Not Used		For Texas Reporting purposes, the SV5 segment is not used.
Segment	2400	CN1		Contract Information	Situational	Optional		
Segment	2400	REF		Preauthorization Number	Situational	Optional		
Segment	2400	AMT		Dispensing Fee Amount	Situational	Optional		
Loop	2420			Rendering Line Provider				
Segment	2420	NM1		Rendering Line Provider Name	Situational	Situational		
Data Element		NM103		Last Name or Organization Name	Situational	Optional	589	
Data Element		NM104		First Name	Situational	Optional	587	
Data Element		NM105		Middle Name or Initial	Situational	Optional	591	
Data Element		NM107		Suffix	Situational	Optional	588	
Data Element		NM109		Identification Code	Situational	Optional	586	
Data Element		NM110	34	Entity Relationship Code	Situational	Optional		
Data Element		NM111	GP	Gateway Provider	Situational	Optional	534	
Segment	2420	PRV		Rendering Line Provider Specialty	Situational	Optional		
Segment	2420	N3		Rendering Line Provider Address	Situational	Optional		
Data Element		N302		Rendering Line Provider Secondary Address	Situational	Optional	596	
Segment	2420	N4		Rendering Line Provider City State Zip	Situational	Optional		
Data Element		N404	USA	Country Code	Situational	Optional	585	
Segment	2420	REF		Rendering Line Provider State License Number	Situational	Situational		
Data Element		REF02		Reference Identification Code	Required	Required	599	If submitted, must adhere to the format requirements contained in the billing rules.
Segment	2420	REF		Rendering Line Provider NPI	Situational	Situational		
Loop	2430			Service Line Adjudication (Repeat >1)				
Segment	2430	SVD		Service Line Adjudication	Situational	Required		
Data Element		SVD03-1		Product/Service ID Qualifier	Required	Required		For Texas Reporting purposes, the qualifier 'ER' should not be used.

Row Type	Loop Identifier	Segment / Element	Value	Description	IAIABC Usage	Texas Usage	DN	Comments
Data Element		SVD03-3	HC	Procedure Modifier	Situational	Situational	727	For Texas Reporting purposes, any valid HCPCS modifier or a modifier contained in the Fee Guidelines will be accepted.
Data Element		SVD03-4	HC	Procedure Modifier	Situational	Situational	727	For Texas Reporting purposes, any valid HCPCS modifier or a modifier contained in the Fee Guidelines will be accepted.
Data Element		SVD04		Revenue Paid Code	Situational	Situational	576	For Texas Reporting purposes, any Revenue code valid for Medicare billing will be accepted.
Segment	2430	CAS		Claims Adjustment	Situational	Situational		
Data Element		CAS02		Service Adjustment Reason Code	Required	Required	732	For Texas Reporting purposes, any valid CARC and a Texas specific code may be used when reporting actions related to a request for reconsideration or appeal.
Data Element		CAS05		Service Adjustment Reason Code	Situational	Situational	732	For Texas Reporting purposes, any valid CARC and a Texas specific code may be used when reporting actions related to a request for reconsideration or appeal.
Data Element		CAS08		Service Adjustment Reason Code	Situational	Situational	732	For Texas Reporting purposes, any valid CARC and a Texas specific code may be used when reporting actions related to a request for reconsideration or appeal.
Data Element		CAS11		Service Adjustment Reason Code	Situational	Situational	732	For Texas Reporting purposes, any valid CARC and a Texas specific code may be used when reporting actions related to a request for reconsideration or appeal.
Data Element		CAS14		Service Adjustment Reason Code	Situational	Situational	732	For Texas Reporting purposes, any valid CARC and a Texas specific code may be used when reporting actions related to a request for reconsideration or appeal.