

Texas EDI Medical Data Element Requirement Table

DN	Data Element Name	Original (00)	Cancellation (01)	Replace (05)	Mandatory Trigger
DN 05	Jurisdiction Claim Number	C	C	C	Required when the insurance carrier has received the division claim number.
DN 06	Insurer FEIN	M	M	M	
DN 07	Insurer Name	M	M	M	
DN 14	Claim Administrator Postal Code	M	M	M	
DN 15	Claim Administrator Claim Number	M	M	M	
DN 16	Employer FEIN	O	O	O	
DN 18	Employer Name	M	M	M	
DN 19	Employer Physical Primary Address	O	O	O	
DN 20	Employer Physical Secondary Address	O	O	O	
DN 21	Employer Physical City	O	O	O	
DN 22	Employer Physical State Code	O	O	O	
DN 23	Employer Physical Postal Code	O	O	O	
DN 28	Policy Number	O	O	O	
DN 31	Date of Injury	M	M	M	
DN 42	Employee Social Security Number	M	M	M	
DN 43	Employee Last Name	M	M	M	
DN 44	Employee First Name	M	M	M	
DN 45	Employee Middle Name/Initial	O	O	O	
DN 46	Employee Mailing Primary Address	M	M	M	
DN 47	Employee Mailing Secondary Address	O	O	O	
DN 48	Employee Mailing City	M	M	M	
DN 49	Employee Mailing State Code	M	M	M	
DN 50	Employee Mailing Postal Code	M	M	M	
DN 51	Employee Phone	O	O	O	
DN 52	Employee Date of Birth	M	M	M	
DN 53	Employee Gender Code	M	M	M	
DN 54	Employee Marital Status Code	O	O	O	
DN 98	Sender ID	M	M	M	
DN 99	Receiver ID	M	M	M	
DN 100	Date Transmission Sent	M	M	M	
DN 101	Time Transmission Sent	M	M	M	

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DN	Data Element Name	Original (00)	Cancellation (01)	Replace (05)	Mandatory Trigger
DN 152	Employee Employment Visa	N/A	N/A	N/A	
DN 153	Employee Green Card	N/A	N/A	N/A	
DN 154	Employee ID Assigned by Jurisdiction	N/A	N/A	N/A	
DN 155	Employee Mailing Country Code	M	M	M	
DN 156	Employee Passport Number	N/A	N/A	N/A	
DN 159	Employer Contact Business Phone Number	O	O	O	
DN 164	Employer Physical Country Code	O	O	O	
DN 187	Claim Administrator FEIN	M	M	M	
DN 188	Claim Administrator Name	M	M	M	
DN 208	Managed Care Organization ID	C	C	C	Required when DN507 Provider Agreement Code contains 'H' network services.
DN 209	Managed Care Organization Name	C	C	C	Required when DN507 Provider Agreement Code contains 'H' network services.
DN 255	Employee Last Name Suffix	O	O	O	
DN 266	Transaction Tracking Number	M	M	M	
DN 500	Unique Bill ID Number	M	M	M	
DN 501	Total Charge Per Bill	M	M	M	
DN 502	Billing Type Code	C	C	C	Required when pharmacy services are reported.
DN 503	Billing Format Code	M	M	M	
DN 504	Facility Code	C	C	C	Required when institutional services are reported.
DN 505	Bill Frequency Type Code	C	C	C	Required when institutional services are reported.
DN 506	Provider Signature on File Indicator	O	O	O	
DN 507	Provider Agreement Code	M	M	M	
DN 508	Bill Submission Reason Code	M	M	M	
DN 509	Service Bill Date(s) Range	C	C	C	Required when institutional services are reported.
DN 510	Date of Bill	M	M	M	
DN 511	Date Insurer Received Bill	M	M	M	
DN 512	Date Insurer Paid Bill	M	M	M	

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DN	Data Element Name	Original (00)	Cancellation (01)	Replace (05)	Mandatory Trigger
DN 513	Admission Date	C	C	C	Required when institutional services are reported.
DN 514	Discharge Date	O	O	O	
DN 515	Contract Type Code	C	C	C	Required when an insurance carrier calculated a reimbursement amount by applying the most recently adopted and effective Medicare Inpatient Prospective Payment System (IPPS) as required in §134.404 (relating to Hospital Facility Fee Guideline—Inpatient).
DN 516	Total Amount Paid Per Bill	M	O	M	
DN 517	Patient Account Number	O	O	O	
DN 518	DRG Code	C	C	C	Required when DN515 is equal to Diagnosis Related Group (DRG).
DN 521	Principal Diagnosis Code	C	C	C	Required when institutional services are reported.
DN 522	ICD-9 Diagnosis Code	C	C	C	Required when professional services are reported.
DN 523	Billing Provider Unique Bill Identification	M	M	M	
DN 524	Procedure Date	C	C	C	Required when institutional services are reported and the transaction contains DN736 ICD-9 CM Procedure Code.
DN 525	ICD-9 CM Principal Procedure Code	C	C	C	Required when institutional services are reported for an inpatient admission during which a procedure was performed.
DN 526	Release of Information Code	O	O	O	
DN 527	Prescription Bill Date	N/A	N/A	N/A	
DN 528	Billing Provider Last/Group Name	M	M	M	
DN 529	Billing Provider First Name	C	C	C	Required when the billing provider is a person.
DN 530	Billing Provider Middle Name/Initial	O	O	O	
DN 531	Billing Provider Last Name Suffix	O	O	O	
DN 532	Batch Control Number	M	M	M	
DN 534	Gatekeeper Indicator	O	O	O	
DN 535	Admitting Diagnosis Code	C	C	C	Required when institutional services are reported for an inpatient admission.

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DN	Data Element Name	Original (00)	Cancellation (01)	Replace (05)	Mandatory Trigger
DN 537	Billing Provider Primary Specialty Code	O	O	O	
DN 538	Billing Provider Primary Address	M	M	M	
DN 539	Billing Provider Secondary Address	O	O	O	
DN 540	Billing Provider City	M	M	M	
DN 541	Billing Provider State Code	M	M	M	
DN 542	Billing Provider Postal Code	M	M	M	
DN 543	Bill Adjustment Group Code	N/A	N/A	N/A	
DN 544	Bill Adjustment Reason Code	N/A	N/A	N/A	
DN 545	Bill Adjustment Amount	N/A	N/A	N/A	
DN 546	Bill Adjustment Units	N/A	N/A	N/A	
DN 547	Line Number	C	C	C	Required in Loop 2400.
DN 550	Principal Procedure Date	C	C	C	Required when institutional services are reported and the transaction contains DN525 ICD-9 CM Principal Procedure Code.
DN 551	Procedure Description	O	O	O	
DN 552	Total Charge Per Line	M	M	M	
DN 553	Day(s) Unit(s) Code	C	C	C	Required when institutional services are reported or when professional services are reported and contain DN714 HCPCS Line Procedure Billed Code.
DN 554	Day(s) Unit(s) Billed	C	C	C	Required when institutional services are reported or when professional services are reported and contain DN714 HCPCS Line Procedure Billed Code.
DN 555	Place of Service Bill Code	C	C	C	Required when professional, dental or pharmacy services are reported.
DN 557	Diagnosis Pointer	C	C	C	Required when professional services are reported.
DN 559	Revenue Billed Code	C	C	C	Required when institutional services are reported.
DN 560	Revenue Unit Rate	O	O	O	
DN 561	Prescription Line Number	C	C	C	Required when pharmacy services are reported.
DN 562	Dispense as Written Code	C	C	C	Required when pharmacy services are reported.
DN 563	Drug Name	C	C	C	Required when pharmacy services are reported.
DN 564	Basis of Cost Determination Code	O	O	O	

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DN	Data Element Name	Original (00)	Cancellation (01)	Replace (05)	Mandatory Trigger
DN 565	Total Charge Per Line - Rental	N/A	N/A	N/A	
DN 566	Total Charge Per Line - Purchase	N/A	N/A	N/A	
DN 567	DME Billing Frequency Code	N/A	N/A	N/A	
DN 568	CRNA Supervision Indicator	O	O	O	
DN 569	Billing Provider Country Code	M	M	M	
DN 570	Drugs/Supplies Quantity Dispensed	C	C	C	Required when pharmacy services are reported.
DN 571	Drugs/Supplies Number of Days	C	C	C	Required when pharmacy services are reported.
DN 572	Drugs/Supplies Billed Amount	C	C	C	Required when pharmacy services are reported.
DN 574	Total Amount Paid Per Line	M	M	M	
DN 576	Revenue Paid Code	C	C	C	Required when different than DN559 Revenue Billed Code.
DN 577	Admission Type Code	C	C	C	Required when institutional services are reported.
DN 579	Drugs/Supplies Dispensing Fee	O	O	O	
DN 580	Day(s)/Unit(s) Paid	C	C	C	Required when different than DN554 Day(s)/Unit(s).
DN 581	Treatment Authorization Number	O	O	O	
DN 583	Rendering Line Provider Anesthesia Lic Number	N/A	N/A	N/A	
DN 584	Rendering Line Provider City	O	O	O	
DN 585	Rendering Line Provider Country Code	O	O	O	
DN 586	Rendering Line Provider FEIN	O	O	O	
DN 587	Rendering Line Provider First Name	O	O	O	
DN 588	Rendering Line Provider Last Name Suffix	O	O	O	
DN 589	Rendering Line Provider Last/Group Name	O	O	O	
DN 590	Rendering Line Provider Medicare Number	N/A	N/A	N/A	
DN 591	Rendering Line Provider Middle Name/Initial	O	O	O	
DN 592	Rendering Line Provider National Provider ID	C	O	C	Required when professional services are reported and the Rendering Line Provider NPI was included on the medical bill.
DN 593	Rendering Line Provider Postal Code	O	O	O	

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DN	Data Element Name	Original (00)	Cancellation (01)	Replace (05)	Mandatory Trigger
DN 594	Rendering Line Provider Primary Address	O	O	O	
DN 595	Rendering Line Provider Primary Specialty Code	O	O	O	
DN 596	Rendering Line Provider Secondary Address	O	O	O	
DN 597	Rendering Line Provider Specialty License Number	N/A	N/A	N/A	
DN 598	Rendering Line Provider State Code	O	O	O	
DN 599	Rendering Line Provider State License Number	C	O	C	Required when professional services are reported and the Rendering Line Provider State License Number was included on the medical bill.
DN 600	Place of Service Line Code	C	C	C	Required when professional services are reported.
DN 604	Prescription Line Date	C	C	C	Required when pharmacy services are reported.
DN 605	Service Line Date(s) Range	C	C	C	Required when professional, institutional or dental services are reported.
DN 615	Reporting Period	M	M	M	
DN 616	Insurer Postal Code	M	M	M	
DN 622	Admission Hour	C	C	C	Required when institutional services are reported for an inpatient admission.
DN 623	Discharge Hour	O	O	O	
DN 624	Initial Amount Paid	N/A	N/A	N/A	
DN 626	HCPCS Principle Procedure Billed Code	N/A	N/A	N/A	
DN 629	Billing Provider FEIN	M	M	M	
DN 630	Billing Provider State License Number	C	C	C	Required when professional services are reported and DN555 Place of Service does not equal '99'.
DN 632	Billing Provider Medicare Number	O	O	O	
DN 633	Billing Provider Anesthesia License Number	N/A	N/A	N/A	
DN 634	Billing Provider National Provider ID	O	O	O	
DN 636	Billing Provider Specialty License Number	N/A	N/A	N/A	

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DN	Data Element Name	Original (00)	Cancellation (01)	Replace (05)	Mandatory Trigger
DN 638	Rendering Bill Provider Last/Group Name	C	C	C	Required when different than DN528 Billing Provider Name.
DN 639	Rendering Bill Provider First Name	C	C	C	Required when DN638 Rendering Bill Provider Last/Group Name is present and the Rendering Bill Provider is a person.
DN 640	Rendering Bill Provider Middle Name/Initial	O	O	O	
DN 641	Rendering Bill Provider Last Name Suffix	O	O	O	
DN 642	Rendering Bill Provider FEIN	O	O	O	
DN 643	Rendering Bill Provider State License Number	C	C	C	Required when DN639 Rendering Bill Provider First Name is reported.
DN 645	Rendering Bill Provider Medicare Number	N/A	N/A	N/A	
DN 646	Rendering Bill Provider Anesthesia License Number	N/A	N/A	N/A	
DN 647	Rendering Bill Provider National Provider ID	C	C	C	Required when included on the medical bill.
DN 649	Rendering Bill Provider Specialty License Number	N/A	N/A	N/A	
DN 651	Rendering Bill Provider Primary Specialty Code	O	O	O	
DN 652	Rendering Bill Provider Primary Address	O	O	O	
DN 653	Rendering Bill Provider Secondary Address	O	O	O	
DN 654	Rendering Bill Provider City	O	O	O	
DN 655	Rendering Bill Provider State Code	O	O	O	
DN 656	Rendering Bill Provider Postal Code	O	O	O	
DN 657	Rendering Bill Provider Country Code	O	O	O	
DN 658	Supervising Provider Last/Group Name	O	O	O	
DN 659	Supervising Provider First Name	O	O	O	
DN 660	Supervising Provider Middle Name/Initial	O	O	O	
DN 661	Supervising Provider Last Name Suffix	O	O	O	
DN 662	Supervising Provider FEIN	O	O	O	
DN 663	Supervising Provider State License Number	O	O	O	

Texas EDI Medical Data Element Requirement Table

DN	Data Element Name	Original (00)	Cancellation (01)	Replace (05)	Mandatory Trigger
DN 665	Supervising Provider Medicare Number	N/A	N/A	N/A	
DN 666	Supervising Provider Anesthesia License Number	N/A	N/A	N/A	
DN 667	Supervising Provider National Provider ID	N/A	N/A	N/A	
DN 669	Supervising Provider Specialty License Number	N/A	N/A	N/A	
DN 671	Supervising Provider Primary Specialty Code	N/A	N/A	N/A	
DN 672	Supervising Provider Primary Address	N/A	N/A	N/A	
DN 673	Supervising Provider Secondary Address	N/A	N/A	N/A	
DN 674	Supervising Provider City	N/A	N/A	N/A	
DN 675	Supervising Provider State Code	N/A	N/A	N/A	
DN 676	Supervising Provider Postal Code	N/A	N/A	N/A	
DN 677	Supervising Provider Country Code	N/A	N/A	N/A	
DN 678	Facility Name	C	C	C	Required when professional services are reported.
DN 679	Facility FEIN	O	O	O	
DN 680	Facility State License Number	O	O	O	
DN 681	Facility Medicare Number	O	O	O	
DN 682	Facility National Provider ID	O	O	O	
DN 684	Facility Primary Address	C	C	C	Required when DN678 Facility Name is reported.
DN 685	Facility Secondary Address	O	O	O	
DN 686	Facility City	C	C	C	Required when DN678 Facility Name is reported.
DN 687	Facility State Code	C	C	C	Required when DN678 Facility Name is reported.
DN 688	Facility Postal Code	C	C	C	Required when DN678 Facility Name is reported.
DN 689	Facility Country Code	C	C	C	Required when DN678 Facility Name is reported.
DN 690	Referring Provider Last/Group Name	C	C	C	Required when institutional services are reported, pharmacy services are reported, or when included on the medical bill.
DN 691	Referring Provider First Name	C	C	C	Required when institutional services are reported, pharmacy services are reported, or when included on the medical bill.

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DN	Data Element Name	Original (00)	Cancellation (01)	Replace (05)	Mandatory Trigger
DN 692	Referring Provider Middle Name/Initial	O	O	O	
DN 693	Referring Provider Last Name Suffix	O	O	O	
DN 694	Referring Provider FEIN	O	O	O	
DN 695	Referring Provider State License Number	C	C	C	Required when DN690 Referring Provider Last/Group Name is reported for professional or institutional services and the referring provider's state license number is different than the rendering or billing provider's state license number.
DN 697	Referring Provider Medicare Number	O	O	O	
DN 698	Referring Provider Anesthesia License Number	N/A	N/A	N/A	
DN 699	Referring Provider National Provider ID	C	C	C	Required when reporting pharmacy services. May contain the DEA number of the prescribing doctor.
DN 701	Referring Provider Specialty License Number	O	O	O	
DN 704	Managed Care Organization FEIN	O	O	O	
DN 708	Managed Care Organization Primary Address	O	O	O	
DN 709	Managed Care Organization Secondary Address	O	O	O	
DN 710	Managed Care Organization City	O	O	O	
DN 711	Managed Care Organization State Code	O	O	O	
DN 712	Managed Care Organization Postal Code	O	O	O	
DN 713	Managed Care Organization Country Code	O	O	O	
DN 714	HCPCS Line Procedure Billed Code	C	C	C	Required when reporting professional or institutional services and a HCPCS code was included on the medical bill.
DN 715	Jurisdiction Procedure Billed Code	N/A	N/A	N/A	
DN 717	HCPCS Modifier Billed Code	C	C	C	Required when reporting professional services and a HCPCS modifier was included on the medical bill.
DN 718	Jurisdiction Modifier Billed Code	N/A	N/A	N/A	

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DN	Data Element Name	Original (00)	Cancellation (01)	Replace (05)	Mandatory Trigger
DN 719	ADA Procedure Billed Code	C	C	C	Required when dental services are reported.
DN 721	NDC Billed Code	C	C	C	Required when pharmacy services are reported.
DN 722	ADA Procedure Paid Code	C	C	C	Required when different than DN719 ADA Procedure Billed Code.
DN 726	HCPCS Line Procedure Paid Code	C	C	C	Required when different than DN714 HCPCS Procedure Billed Code.
DN 727	HCPCS Modifier Paid Code	C	C	C	Required when DN726 HCPCS Line Paid Code is reported and a modifier was either contained on the medical bill or used by the insurance carrier in processing payment.
DN 728	NDC Paid Code	C	C	C	Required when different than DN721 NDC Billed Code.
DN 729	Jurisdiction Procedure Paid Code	N/A	N/A	N/A	
DN 730	Jurisdiction Modifier Paid Code	N/A	N/A	N/A	
DN 731	Service Adjustment Group Code	C	C	C	Required when: <ul style="list-style-type: none"> <li>the DN552 Total Charge Per Line does not equal the DN574 Total Paid Per Line;</li> <li>reporting actions related to a request for reconsideration or appeal; or</li> <li>both the DN552 Total Charge Per Line does not equal the DN574 Total Paid Per Line and reporting actions related to a request for reconsideration or appeal.</li> </ul>
DN 732	Service Adjustment Reason Code	C	C	C	Required when DN731 is reported.
DN 733	Service Adjustment Amount	C	C	C	Required when DN731 is reported.
DN 734	Service Adjustment Units	C	C	C	Required when DN731 is reported.
DN 736	ICD-9 CM Procedure Code	O	O	O	
DN 737	HCPCS Bill Procedure Code	N/A	N/A	N/A	

Texas EDI Medical Data Element Requirement Table

DN	Data Element Name	Original (00)	Cancellation (01)	Replace (05)	Mandatory Trigger
DN 738	Treatment Line Authorization Number	O	O	O	
DN 741	Contract Line Type Code	O	O	O	
DN 742	Provider Agreement Line Code	C	C	C	Required when different than DN507 Provider Agreement Code.

USAGE CODES	
Code	Definition
M	Mandatory
C	Conditional (Required when mandatory trigger condition is met)
O	Optional (May be sent, but must meet any format requirements)
N/A	Not Applicable (Do not send)