## ASC X12N/005010X222

Based on Version 5, Release 1

ASC X12 Standards for Electronic Data Interchange Technical Report Type 3

# Health Care Claim: Professional (837)

MAY 2006

Contact Washington Publishing Company for more Information.

### www.wpc-edi.com

#### WPC © 2006

**Copyright for the members of ASC X12N by Washington Publishing Company.** Permission is hereby granted to any organization to copy and distribute this material internally as long as this copyright statement is included, the contents are not changed, and the copies are not sold.

# **Table of Contents**

		_
1	Purpose and Business Information	1
1.1	Implementation Purpose and Scope	1
1.2	Version Information	1
1.3	Implementation Limitations	2
	1.3.1 Batch and Real-time Usage	
	1.3.2 Other Usage Limitations	
1.4		
	<b>1.4.1 Coordination of Benefits</b> 1.4.1.1 Coordination of Benefits Data Models — Detail	-
	1.4.1.2 Crosswalking COB Data Elements	
	1.4.1.3 Coordination of Benefits Claims from Paper or	
	Proprietary Remittance Advices	18
	1.4.1.4 Coordination of Benefits – Service Line	
	Procedure Code Bundling and Unbundling	
	1.4.1.5 Coordination of Benefits - Medicaid Subrogation <b>1.4.2 Property and Casualty</b>	
	1.4.3 Data Overview	27
	1.4.3.1 Loop Labeling, Sequence, and Use	27
	1.4.3.2 Data Use by Business Use	28
	1.4.3.2.1 Table 1 — Transaction Control Information	20
	1.4.3.2.2 Table 2 — Detail Information	
	1.4.4 Balancing	
	1.4.4.1 Claim Level	
	1.4.4.2 Service Line	
	1.4.5 Allowed/Approved Amount Calculation	
1.5		
1.6	Transaction Acknowledgments	
	1.6.1 997 Functional Acknowledgment 1.6.2 999 Implementation Acknowledgment	
	1.6.3 824 Application Advice	
	1.6.4 277 Health Care Claim Acknowledgment	
1.7	Related Transactions	40
	1.7.1 Health Care Claim Payment/Advice (835)	40
1.8	Trading Partner Agreements	41
1.9	HIPAA Role in Implementation Guides	41
1.10	National Provider Identifier Usage within the HIPAA 8	37
	Transaction	
	1.10.1 Providers who are Not Eligible for Enumeration	
	1.10.2 Implementation Migration Strategy	42
	1.10.3 Organization Health Care Provider Subpart Representation	42
	1.10.4 Subparts and the 2010 AA - Billing Provider Name	72
	Loop	43

1.11	1.11.1 Single	ugs in the 837 Claim Drug Billing	44
	-	und Drug Billing	
1.12		structions and Considerations	
	1.12.1 Individ	uals with one Legal Name	44
		ng Claims Based on the Inclusion of	
		onal Data	
		e REF Segments with the same Qualifier	
		er Tax IDs and Line Redundant Information	
		nt and Outpatient Designation	
		Partner Acknowledgments	
		,	
2	Transaction	) Set	49
2.1	Presentation	Examples	49
2.2	Implementati	on Usage	54
		y Usage	
	2.2.1.1	Transaction Compliance Related to Industry	
		Usage	
	2.2.2 Loops		55
2.3	Transaction S	Set Listing	57
	-	entation	
	2.3.2 X12 Sta	andard	64
2.4	837 Segment	Detail	69
		Transaction Set Header	
		Beginning of Hierarchical Transaction	
		Submitter Name	
		Submitter EDI Contact Information	
		Receiver Name	
		Billing Provider Hierarchical Level	
		Billing Provider Specialty Information Foreign Currency Information	
		Billing Provider Name	
		Billing Provider Address	
		Billing Provider City, State, ZIP Code	
		Billing Provider Tax Identification	
		Billing Provider UPIN/License Information	
		Billing Provider Contact Information	
		Pay-to Address Name	
		Pay-to Address - ADDRESS	
		Pay-To Address City, State, ZIP Code Pay-To Plan Name	
		Pay-to Plan Address	
		Pay-To Plan City, State, ZIP Code	
		Pay-to Plan Secondary Identification	
		Pay-To Plan Tax Identification Number	
		Subscriber Hierarchical Level	
		Subscriber Information	
		Patient Information	
	NM1	Subscriber Name	. 121

	HEALTH CARE CLAIM: PROFESSIONAL
N3	Subscriber Address
	Subscriber City, State, ZIP Code
	Subscriber Demographic Information
	Subscriber Secondary Identification
	Property and Casualty Claim Number
	Property and Casualty Subscriber Contact
	Information
NM1	Payer Name
	Payer Address
	Payer City, State, ZIP Code
	Payer Secondary Identification
	Billing Provider Secondary Identification
	Patient Hierarchical Level
	Patient Information
NM1	
	Patient Address
	Patient City, State, ZIP Code
	Patient Demographic Information
	Property and Casualty Claim Number
	Property and Casualty Patient Contact Information 155
CLM	
DTP	Date - Last Menstrual Period 169
DTP	Date - Last X-ray Date 170
DTP	Date - Hearing and Vision Prescription Date
DTP	Date - Disability Dates 172
DTP	Date - Last Worked 174
DTP	Date - Authorized Return to Work 175
DTP	Date - Admission 176
DTP	Date - Discharge 177
DTP	-
DTP	Date - Property and Casualty Date of First Contact. 180
	Date - Repricer Received Date
	Claim Supplemental Information
	Contract Information
	Patient Amount Paid
	Service Authorization Exception Code
REF	
	Indicator
REE	Mammography Certification Number
	Referral Number
	Prior Authorization
	Payer Claim Control Number
KEF	Clinical Laboratory Improvement Amendment
рсс	(CLIA) Number
	Repriced Claim Number
	Adjusted Repriced Claim Number
	Investigational Device Exemption Number
KEF	Claim Identifier For Transmission Intermediaries 202

	Medical Record Number
REF	Demonstration Project Identifier
REF	Care Plan Oversight
K3	File Information
NTE	Claim Note
CR1	Ambulance Transport Information
	Spinal Manipulation Service Information
	Ambulance Certification
CRC	Patient Condition Information: Vision
CRC	Homebound Indicator
CRC	EPSDT Referral
HI	Health Care Diagnosis Code
	Anesthesia Related Procedure
HI	Condition Information
HCP	Claim Pricing/Repricing Information252
	Referring Provider Name
	Referring Provider Secondary Identification
	Rendering Provider Name
	Rendering Provider Specialty Information
	Rendering Provider Secondary Identification
	Service Facility Location Name
N3	Service Facility Location Address
	Service Facility Location City, State, ZIP Code
REF	Service Facility Location Secondary Identification 275
PER	Service Facility Contact Information
	Supervising Provider Name
REF	Supervising Provider Secondary Identification
NM1	Ambulance Pick-up Location
N3	Ambulance Pick-up Location Address
N4	Ambulance Pick-up Location City, State, ZIP Code 288
NM1	Ambulance Drop-off Location
N3	Ambulance Drop-off Location Address
N4	Ambulance Drop-off Location City, State, ZIP
	Code
SBR	Other Subscriber Information
CAS	Claim Level Adjustments
AMT	Coordination of Benefits (COB) Payer Paid
	Amount
AMT	Coordination of Benefits (COB) Total
	Non-Covered Amount
	Remaining Patient Liability
	Other Insurance Coverage Information
	Outpatient Adjudication Information
	Other Subscriber Name
	Other Subscriber Address
	Other Subscriber City, State, ZIP Code
	Other Subscriber Secondary Identification
	Other Payer Name
	Other Payer Address
	Other Payer City, State, ZIP Code
	Claim Check or Remittance Date
	Other Payer Secondary Identifier
REF	Other Payer Prior Authorization Number

	HEALTH CARE CLAIM: PROFESSIONAL
REF	Other Payer Referral Number
	Other Payer Claim Adjustment Indicator
	Other Payer Claim Control Number
	Other Payer Referring Provider
	Other Payer Referring Provider Secondary
	Identification
NM1	Other Payer Rendering Provider
	Other Payer Rendering Provider Secondary
	Identification
NM1	Other Payer Service Facility Location
	Other Payer Service Facility Location Secondary
	Identification
NM1	Other Payer Supervising Provider
	Other Payer Supervising Provider Secondary
	Identification
NM1	
	Other Payer Billing Provider Secondary
	Identification
IX	Service Line Number
	Professional Service
	Durable Medical Equipment Service
	Line Supplemental Information
	Durable Medical Equipment Certificate of Medical
	Necessity Indicator
CR1	Ambulance Transport Information
	Durable Medical Equipment Certification
	Ambulance Certification
	Hospice Employee Indicator
	Condition Indicator/Durable Medical Equipment 378
	Date - Service Date
	Date - Prescription Date
	DATE - Certification Revision/Recertification Date 383
	Date - Begin Therapy Date
	Date - Last Certification Date
	Date - Last Seen Date
	Date - Test Date
	Date - Shipped Date
	Date - Last X-ray Date
	Date - Initial Treatment Date
	Ambulance Patient Count
	Obstetric Anesthesia Additional Units
	Test Result
	Contract Information
	Repriced Line Item Reference Number
	Adjusted Repriced Line Item Reference Number 398
	Prior Authorization
	Line Item Control Number
	Mammography Certification Number
	Clinical Laboratory Improvement Amendment
	(CLIA) Number
REE	Referring Clinical Laboratory Improvement
	Amendment (CLIA) Facility Identification
RFF	Immunization Batch Number

REF	Referral Number
AMT	Sales Tax Amount 409
AMT	Postage Claimed Amount
K3	File Information 411
NTE	Line Note
NTE	Third Party Organization Notes
PS1	Purchased Service Information
HCP	Line Pricing/Repricing Information
LIN	Drug Identification
CTP	Drug Quantity
REF	Prescription or Compound Drug Association
	Number
NM1	Rendering Provider Name 430
PRV	Rendering Provider Specialty Information
REF	Rendering Provider Secondary Identification
NM1	Purchased Service Provider Name
REF	Purchased Service Provider Secondary
	Identification 439
NM1	Service Facility Location Name
N3	
N4	Service Facility Location City, State, ZIP Code 445
REF	Service Facility Location Secondary Identification 447
NM1	
REF	
NM1	Ordering Provider Name 454
N3	
N4	
REF	
PER	
NM1	Referring Provider Name 465
REF	······································
	Ambulance Pick-up Location 470
	Ambulance Pick-up Location Address 472
	Ambulance Pick-up Location City, State, ZIP Code 473
	Ambulance Drop-off Location 475
	Ambulance Drop-off Location Address 477
N4	Ambulance Drop-off Location City, State, ZIP
	Code 478
	Line Adjudication Information 480
CAS	Line Adjustment 484
	Line Check or Remittance Date 490
	Remaining Patient Liability
	Form Identification Code 492
	Supporting Documentation
SE	Transaction Set Trailer 496

3	Exam	ples	497
3.1	Profes	sional	497
	3.1.1	Example 1- Commercial Health Insurance	497
	3.1.2	Example 2 - Encounter	502
	3.1.3	Example 3 - Coordination of benefits (COB)	508
	3.1.4	Example 4 - Medicare Secondary Payer Example	
		(COB)	
		Example 5 - Ambulance	
		Example 6 - Chiropractic Example	
		Example 7 - Oxygen	
		Example 8 - Wheelchair	
		Example 9 - Anesthesia	
		Example 10 - Drug examples	
		Example 11 - PPO Repriced Claim	
		Example 12 - Out of Network Repriced Claim	
3.2	Proper	ty and Casulty	591
	3.2.1	Example 1 - Automobile Accident	592
Α		nal Code Sources	
	5	Countries, Currencies and Funds	A.1
	22	States and Provinces	A.2
		ZIP Code	
		Healthcare Common Procedural Coding System	A.3
	131	International Classification of Diseases, 9th Revision,	
		Clinical Modification (ICD-9-CM)	
		National Uniform Billing Committee (NUBC) Codes	
		Claim Adjustment Reason Code	
		Claim Frequency Type Code	
		Place of Service Codes for Professional Claims	
		National Drug Code by Format National Association of Insurance Commissioners	A.0
	243	(NAIC) Code	٨.6
	/11	Remittance Advice Remark Codes	
		Home Infusion EDI Coalition (HIEC) Product/Service	
	010	Code List	Α7
	537	Centers for Medicare and Medicaid Services National	
		Provider Identifier	A.8
	540	Centers for Medicare and Medicaid Services PlanID	
	576	Workers Compensation Specific Procedure and	
		Supply Codes	A.9
	582	Centers for Medicare and Medicaid Services (CMS)	
		Durable Medical Equipment Regional Carrier	
		(DMERC) Certificate of Medical Necessity (CMN)	
		Forms	A.9
		Form Type Codes	
		Health Care Provider Taxonomy	
		Advanced Billing Concepts (ABC) Codes	. A.11
	897	International Classification of Diseases, 10th	
		Revision, Clinical Modification (ICD-10-CM)	
	932	Universal Postal Codes	.A.12

В	Nomenclature	B.1
B.1	<ul> <li>ASC X12 Nomenclature</li> <li>B.1.1 Interchange and Application Control Structures</li> <li>B.1.1.1 Interchange Control Structure</li> <li>B.1.1.2 Application Control Structure Definitions and Concepts</li> <li>B.1.1.3 Business Transaction Structure Definitions and Concepts</li> <li>B.1.1.4 Envelopes and Control Structures</li> <li>B.1.1.5 Acknowledgments</li> </ul>	B.1 B.1 B.2 B.6 B.19
B.2	Object Descriptors	B.23
-		
С	EDI Control Directory	C.1
С С.1		
_	Control Segments ISA Interchange Control Header	C.1 C.3
_	Control Segments ISA Interchange Control Header GS Functional Group Header	C.1 C.3 C.7
_	Control Segments ISA Interchange Control Header	C.1 C.3 C.7 C.9
_	Control Segments ISA Interchange Control Header GS Functional Group Header GE Functional Group Trailer IEA Interchange Control Trailer	C.1 C.3 C.7 C.9 C.10
C.1 D	Control Segments ISA Interchange Control Header GS Functional Group Header GE Functional Group Trailer IEA Interchange Control Trailer	C.1 C.3 C.7 C.9 C.10

# **1 Purpose and Business Information**

# **1.1 Implementation Purpose and Scope**

For the health care industry to achieve the potential administrative cost savings with Electronic Data Interchange (EDI), standards have been developed and need to be implemented consistently by all organizations. To facilitate a smooth transition into the EDI environment, uniform implementation is critical.

This is the technical report document for the ANSI ASC X12N 837 Health Care Claims (837) transaction for professional claims and/or encounters. This document provides a definitive statement of what trading partners must be able to support in this version of the 837. This document is intended to be compliant with the data standards set out by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its associated rules.

# **1.2 Version Information**

This implementation guide is based on the October 2003 ASC X12 standards, referred to as Version 5, Release 1, Sub-release 0 (005010).

The unique Version/Release/Industry Identifier Code for transaction sets that are defined by this implementation guide is 005010**X222**.

The two-character Functional Identifier Code for the transaction set included in this implementation guide:

### • HC Health Care Claim (837)

The Version/Release/Industry Identifier Code and the applicable Functional Identifier Code must be transmitted in the Functional Group Header (GS segment) that begins a functional group of these transaction sets. For more information, see the descriptions of GS01 and GS08 in Appendix C, EDI Control Directory.

# **1.3 Implementation Limitations**

## 1.3.1 Batch and Real-time Usage

There are multiple methods available for sending and receiving business transactions electronically. Two common modes for EDI transactions are batch and real-time.

**Batch** - In a batch mode the sender does not remain connected while the receiver processes the transactions. Processing is usually completed according to a set schedule. If there is an associated business response transaction (such as a 271 Response to a 270 Request for Eligibility), the receiver creates the response transaction and stores it for future delivery. The sender of the original transmission reconnects at a later time and picks up the response transaction. This implementation guide does not set specific response time parameters for these activities.

**Real Time** - In real-time mode the sender remains connected while the receiver processes the transactions and returns a response transaction to the sender. This implementation guide does not set specific response time parameters for implementers.

This implementation guide is intended to support use in batch mode. This implementation guide is not intended to support use in real-time mode. A statement that the transaction is not intended to support a specific mode does not preclude its use in that mode between willing trading partners.

## **1.3.2 Other Usage Limitations**

Receiving trading partners may have system limitations which control the size of the transmission they can receive. Some submitters may have the capability and the desire to transmit large 837 transactions with thousands of claims contained in them. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. Willing trading partners can agree to higher limits. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA.

# 1.4 Business Usage

This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billing services and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment

responsibilities where coordination of benefits (COB) is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment.

For purposes of this standard, providers of health care products or services may include entities such as physicians, dentists, hospitals, pharmacies, other medical facilities or suppliers, and entities providing medical information to meet regulatory requirements. The payer is a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, TRICARE, etc.) or an entity such as a third party administrator (TPA), repricer, or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific segment of the health care/insurance industry.

The transaction defined by this implementation guide is intended to originate with the health care provider or the health care provider's designated agent. In some instances, a health care payer may originate an 837 to report a health care encounter to another payer or sponsoring organization. The 837 Transaction provides all necessary information to allow the destination payer to at least begin to adjudicate the claim. The 837 coordinates with a variety of other transactions including, but not limited to, the following: Health Care Information Status Notification (277), Health Care Claim Payment/Advice (835) and the Functional Acknowledgment (997). See Section 1.6 - <u>Transaction Acknowledgments</u>, and Section 1.7 - <u>Related Transactions</u>, for a summary description of these interactions.

## **1.4.1 Coordination of Benefits**

A primary enhancement for this version is upgrading COB functionality to minimize manual intervention and/or the necessity for paper supporting document. Electronic COB is predicated upon using two transactions – the 837 and the 835 Health Care Claim Payment/Advice. See Section 1.4.1.1 - <u>Coordination of Benefits Data Models -- Detail</u> for details about the two models for using these transactions to achieve a totally electronic interchange of COB information. Section 3, EDI Transmission Examples for Different Business Uses, contains detailed examples of how these transactions are completed for several business situations. Section 1.4.1.3 - <u>Coordination of Benefits Claims from</u> <u>Paper or Proprietary Remittance Advices</u> provides guidance on creating electronic COB claims when the payer's remittance was a paper or proprietary remittance advice.

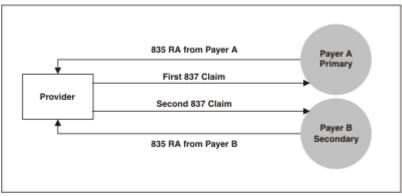
## 1.4.1.1 Coordination of Benefits Data Models -- Detail

The 837 Transaction handles two different models of benefit coordination. Both models are discussed in this section. Section 3, Examples, contains detailed examples of these models. Each COB related data element contains notes within this implementation guide specifying when it is used. The HIPAA final rules contain additional information on COB.

#### Model 1 -- Provider-to-Payer-to-Provider

**Step 1.** In model 1, the provider originates the transaction and sends the claim information to Payer A, the primary payer. See Figure 1.1 - *Provider-to-Payer-to-Provider COB Model*. The Subscriber loop (Loop ID-2000B) contains information about the person who holds the policy with Payer A. Loop ID-2320 contains information about Payer B and the subscriber who holds the policy with Payer B. In this model, the primary payer adjudicates the claim and sends an electronic remittance advice (RA) transaction (835) back to the provider. The 835 contains any claim adjustment reason codes that apply to that specific claim. The claim adjustment reason codes detail what was adjusted and why.





**Step 2.** Upon receipt of the 835, the provider sends a second health care claim transaction (837) to Payer B, the secondary payer. The Subscriber loop (Loop ID-2000B) now contains information about the subscriber who holds the policy with Payer B. The Other Subscriber Information loop (Loop ID-2320) now contains information about the subscriber for Payer A. Any total amounts paid at the claim level go in the AMT segment in Loop ID-2320. Any claim level adjustment codes are retrieved from the 835 from Payer A and put in the CAS (Claims Adjustment) segment in Loop ID-2320. Line Level adjustment reason codes are retrieved similarly from the 835 and go in the CAS segment in the 2430 loop. Payer B adjudicates the claim and sends the provider an electronic remittance advice.

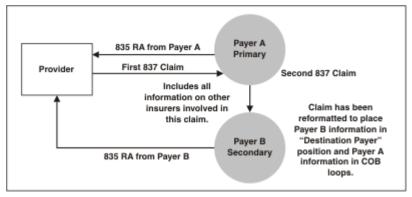
Step 3. If there are additional payers (not shown in Figure 1.1 - *Provider-to-Payer-to-Provider COB Model*), step 2 is repeated with the

Subscriber loop (Loop ID-2000B) having information about the subscriber who holds the policy with Payer C, the tertiary payer. COB information specific to Payer A continues to be included as written in step 2 with an occurrence of Loop ID-2320 and specifying the payer as primary. If necessary, Loop ID-2430 is included for any line level adjudications. COB information specific to Payer B is included by repeating the Loop ID-2320 again and specifying the payer as secondary. If necessary, Loop ID-2430 is included for Payer B line level adjudications.

#### Model 2 -- Provider-to-Payer-to-Payer

**Step 1.** In model 2, the provider originates the transaction and sends claim information to Payer A, the primary payer. See Figure 1.2 - *Provider-to-Payer-to-Payer COB Model*. The Subscriber loop (Loop ID-2000B) contains information about the person who holds the policy with Payer A. Subscriber/payer information about secondary coverage is included in Loop ID-2320 or is on file at Payer A as a result of an eligibility file sent by Payer B (as in Medicare crossover arrangements). In this model, the primary payer adjudicates the claim and sends an 835 back to the provider.





**Step 2.** Payer A reformats the 837 and sends it to the secondary payer. In reformatting the claim, Payer A takes the information about their subscriber and places it in Loop ID-2320. Payer A also takes the information about Payer B, the secondary payer/subscriber, and places it in the appropriate fields in the Subscriber Loop ID-2000B. Then Payer A sends the claim to Payer B. All COB information from Payer A is placed in the appropriate Loop ID-2320 and/or Loop ID-2430.

**Step 3.** Payer B receives the claim from Payer A and adjudicates the claim. Payer B sends an 835 to the provider. If there is a tertiary payer, Payer B performs step 2 in either Model 1 or Model 2.

### 1.4.1.1.1 Coordination of Benefits -- Claim Level

The destination payer's information is located in Loop ID-2010BB. In addition, any destination payer-specific claim information (for example, referral number) is located in the 2300 loop. All provider identifiers in the 2310 loops are specific to the destination payer. Loop ID-2320 occurs once for each payer responsible for the claim, except for the payer receiving the 837 transaction set (destination payer). Provider identifiers in the 2330 loops are specific to the corresponding non-destination payer.

Loop ID-2320 contains the following:

- claim level adjustments
- other subscriber demographics
- various amounts
- other payer information
- assignment of benefits indicator
- patient signature indicator

Inside Loop ID-2320, Loop ID-2330 contains the information for the payer and the subscriber. As the claim moves from payer to payer, the destination payer's information in Loop ID-2000B and Loop ID-2010BB must be exchanged with the next payer's information from Loop ID-2320/2330.

### 1.4.1.1.2 Coordination of Benefits -- Service Line Level

Loop ID-2430 is a situational loop that can occur up to 15 times for each service line. As each payer adjudicates the service lines, occurrences may be added to this loop to explain how the payer adjudicated the service line.

Loop ID-2430 contains the following:

- · ID of the payer who adjudicated the service line
- amount paid for the service line
- procedure code upon which adjudication of the service line was based. This code may be different than the submitted procedure code. (This procedure code also can be used for unbundling or bundling service lines.)
- paid units of service
- service line level adjustments
- adjudication date

To enable accurate matching of billed service lines with paid service lines, the payer must return the original billed procedure code(s) and/or modifiers in the SVC06 and SVC07 data element of the 835 if they are different from those used to pay the line. In

addition, if a provider includes a line item control number at the 2400 level (REF01 = 6R), then payers are required to return this in any corresponding 835 regardless of whether bundling or unbundling has occurred.

## 1.4.1.2 Crosswalking COB Data Elements

This section provides additional guidance for automation of the COB process. The purpose of the discussion below is to clarify how multiple payer and related COB data is structured and interrelated to facilitate an automated COB process. These strategies apply to both payer and provider submitted COB claims.

For the purposes of this discussion, there are two types of payers in the 837; (1) the destination payer, the payer receiving the claim and defined in the 2010BB loop, and (2) any 'other' payers, those defined in the 2330B loop(s). The destination payer or the 'other' payers may be the primary, secondary or another position payer in terms of their sequence of paying on the claim. The payment position is not particularly important in discussing how to manage COB data elements in the 837. For this discussion, it is only important to distinguish between the destination payer and any other payer contained in the claim. In a COB situation each payer in the claim takes a turn at being the destination payer. As the destination payer changes, payer information must change position along with the payer to stay associated with that payer. The same is true of all the 'other' payers, who will each, in turn, become the destination payer as the claim is forwarded to them. It is the purpose of the example detailed below to demonstrate exactly how payer specific information stays associated with the correct payer as the destination payer rotates through the various COB payers.

### **Business Model:**

The destination payer is defined as the payer that is described in the 2010BB loop. All of the information contained in the 2300 and 2310 loops is specific to the destination payer. Information specific to other payers is contained in the 2320, 2330, and 2430 loops. Referral, predetermination, and prior authorization numbers in the 2400 loop; and provider numbers in the 2420 loop are associated with either the destination or a non-destination payer.

#### Professional Claim 837 X222

(In this crosswalk, the Subscriber is NOT the Patient, and the Original Claim is NOT a resubmission)

Primary Subscriber is JOHN DOE who has coverage with ABC INS; Secondary Subscriber is JANE DOE who has coverage with XYZ INS GROUP; Patient is daughter SALLY DOE.

#### COLOR KEY

D -- Destination Payer Loops and Data - Once the primary payer has adjudicated the claim, whoever submits the claim to the secondary payer needs to place the information specific to the secondary payer (columns 4 and 5) into the "destination payer" location (column 1) in the secondary claim.

N -- Other (non-destination) Payer Loops and Data - Once the primary payer has adjudicated the claim, whoever submits the claim to the secondary payer needs to place the information specific to the primary payer (columns 4 and 5) into the other (non-destination) payer location (column 1) in the secondary claim.

M -- Medicare COB - This information is entered by Medicare on the secondary (crossover) claim in Payer-to-Payer COB elements (column 4).

P -- Provider Submitted COB Data – This information is entered by the provider into the secondary claim elements (column 4) prior to forwarding to the next payer.

E -- Prior Payer 835 Data – This information is cross-walked from the 835 Remittance Advice (column 3) to elements in the secondary claim (column 4).

	1 Primary Payer 837 Claim	2 Primary Payer Claim Example	3 835 ERA	4 Crosswalk Secondary 837 Claim From Primary <sup>1</sup>	5 Secondary Payer Claim Example
D	2000B   SBR Subscriber Information	FOR JOHN DOE		2320   SBR (except SBR02)	FOR JANE DOE
D	2010BA   NM1   REF Subscriber Name Secondary Identification	JOHN DOE JD03398777 033987777		2330A   NM1   REF	JANE DOE JA7654321 765432111
D	Not Used <sup>2</sup> Subscriber Address	Not Used <sup>2</sup>		Not Used	Not Used <sup>2</sup>
D	2010BB Payer Information	ABC INS		2330B	XYZ INS GROUP
D	2010BB   REF (G2) Billing Provider Secondary ID	FOR ABC INS 12345678		2330I   REF (2U with G2)	FOR XYZ INS GROUP (G2) XYZ3434343
D	2010BB   REF (LU) Billing Provider Location Code	FOR ABC INS 678		2330I   REF (2U with LU)	FOR XYZ INS GROUP (LU) 455
D	2000C   PAT01 Patient Information	SALLY'S RELATIONSHIP TO JOHN – 19 CHILD		2320   SBR02	SALLY'S RELATIONSHIP TO JANE – 19 CHILD
D	2010CA   NM1 Patient Name Information	SALLY DOE		2010CA   NM1	SALLY DOE
D	2300   CLM07 Accept Assignment Indicator	FOR JOHN DOE		2320   Ol05	FOR JANE DOE

	1 Primary Payer 837 Claim	2 Primary Payer Claim Example	3 835 ERA	4 Crosswalk Secondary 837 Claim From Primary <sup>1</sup>	5 Secondary Payer Claim Example
D	2300   CLM08 Assignment of Benefits Indicator	FOR JOHN DOE		2320   0103	FOR JANE DOE
D	2300   CLM09 Release of Information	FOR JOHN DOE		2320   0106	FOR JANE DOE
D	2300   CLM10 Patient's Signature Source Code	FOR JOHN DOE		2320   0104	FOR JANE DOE
М	N/A Medicare (Section 4081) Crossover Indicator	Not Used		2300   REF01/02	Set by Medicare in Crossover Claims
D	2300   REF (G1) Prior Authorization	FOR ABC INS (G1) ABC456		2330B   REF (G1)	FOR XYZ INS GROUP (G1) XYZ345200
D	2300   REF (9F) Referral Number	FOR ABC INS (9F) ABC670000		2330B   REF (9F)	FOR XYZ INS GROUP (9F) XYZ6798777
D	2310A   REF (G2) Referring Provider Secondary ID	FOR ABC INS (G2) ABC670001		2330C   REF (G2)	FOR XYZ INS GROUP (G2) XYZ6798666
D	2310A   REF (LU) Referring Provider Secondary ID	FOR ABC INS (LU) 671		2330C   REF (LU)	FOR XYZ INS GROUP (LU) 986
D	2310B   REF (G2) Rendering Provider Secondary ID	FOR ABC INS (G2) ABC670002		2330D   REF (G2)	FOR XYZ INS GROUP (G2) XYZ6798444
D	2310B   REF (LU) Rendering Provider Secondary ID	FOR ABC INS (LU) 672		2330D   REF (LU)	FOR XYZ INS GROUP (LU) 984
D	2310C   REF (G2) Service Facility Location Secondary ID	FOR ABC INS (G2) ABC670004		2330E   REF (G2)	FOR XYZ INS GROUP (G2) XYZ6798222
D	2310C   REF (LU) Service Facility Location Secondary ID	FOR ABC INS (LU) 674		2330E   REF (LU)	FOR XYZ INS GROUP (LU) 982
D	2310D   REF (G2) Supervising Provider ID	FOR ABC INS (G2) ABC670005		2330F   REF (G2)	FOR XYZ INS GROUP (G2) XYZ6798111
D	2310D   REF (LU) Supervising Provider ID	FOR ABC INS (LU) 675		2330F   REF (LU)	FOR XYZ INS GROUP (LU) 981
N	2320   SBR (except SBR02) Subscriber Information	FOR JANE DOE		2000B   SBR (except SBR02)	FOR JOHN DOE

	1 Primary Payer 837 Claim	2 Primary Payer Claim Example	3 835 ERA	4 Crosswalk Secondary 837 Claim From Primary <sup>1</sup>	5 Secondary Payer Claim Example
1	2320   SBR02 Subscriber Relationship to Patient	SALLY'S RELATIONSHIP TO JANE – 17 STEPCHILD		2000C   PAT01	SALLY'S RELATIONSHIP TO JOHN – 19 CHILD
Ξ	Claim Adjustment Group Code	Not Used	2100   CAS	2320   CAS	FROM ABC INS
E	Payer Paid Amount	Not Used	2100   CLP04	2320   AMT01/02 (D)	FROM ABC INS
E	Total Non-Covered Amount	Not Used	2100   AMT (A8)	2320   AMT01/02 (A8)	FROM ABC INS
Ρ	Remaining Patient Liability	Not Used		2320   AMT01 (EAF)	Calculated by Provider
N	2320   DMG Subscriber Demographic Information	FOR JANE DOE		Not Used	Not Used
N	2320   OI05 Accept Assignment Indicator	FOR JANE DOE		2300   CLM07	FOR JOHN DOE
N	2320   OI03 Assignment of Benefit Indicator	FOR JANE DOE		2300   CLM08	FOR JOHN DOE
N	2320   OI06 Release of Information	FOR JANE DOE		2300   CLM09	FOR JOHN DOE
N	2320   OI04 Patient's Signature Source Code	FOR JANE DOE		2300   CLM10	FOR JOHN DOE
Ξ	Medicare Outpatient Adjudication Information	Not Used	2100   MOA	2320   MOA	FROM ABC INS
N	2330A   NM1   REF Subscriber Name Secondary ID	JANE DOE JA7654321 765432111		2010BA   NM1   REF	JOHN DOE JD03398777 033987777
N	2330A   N3/N4 Subscriber Address	FOR JANE DOE		2010BA   N3/N4	FOR JOHN DOE
۷	2330B Payer Information	FOR XYZ INS GROUP		2010BB	FOR JOHN DOE
N	2330B   PER Payer Contact Information	FOR XYZ INS GROUP		Not Used	FOR ABC INS
E	Claim Adjudication Date	Not Used	Table 1   BPR16	2330B   DTP (573)	FROM ABC INS

	1 Primary Payer 837 Claim	2 Primary Payer Claim Example	3 835 ERA	4 Crosswalk Secondary 837 Claim From Primary <sup>1</sup>	5 Secondary Payer Claim Example
N	Payer Claim Control Secondary Number	Not Used	2100   CLP07 <sup>3</sup>	2330B   REF (F8)	FROM ABC INS XYZCLM0005
N	2330B   REF (G1) Prior Authorization	FOR XYZ INS GROUP XYZ345200		2300   REF (G1)	FOR ABC INS ABC456
N	2330B   REF (9F) Referral Number	FOR XYZ INS GROUP XYZ6798777		2300   REF (9F)	FOR ABC INS ABC670000
N	2330C   REF (G2) Referring Provider Secondary ID	FOR XYZ INS GROUP (G2) XYZ6798666		2310A   REF (G2)	FOR ABC INS (G2) ABC670001
N	2330C   REF (LU) Referring Provider Secondary ID	FOR XYZ INS GROUP (LU) 986		2310A   REF (LU)	FOR ABC INS (LU) 671
N	2330D   REF (G2) Rendering Provider Secondary ID	FOR XYZ INS GROUP (G2) XYZ6798444		2310B   REF (G2)	FOR ABC INS (G2) ABC670002
N	2330D   REF (LU) Rendering Provider Secondary ID	FOR XYZ INS GROUP (LU) 984		2310B   REF (LU)	FOR ABC INS (LU) 672
N	2330E   REF (G2) Service Facility Location Secondary ID	FOR XYZ INS GROUP (G2) XYZ6798222		2310C   REF (G2)	FOR ABC INS (G2) ABC670004
N	2330E   REF (LU) Service Facility Location Secondary ID	FOR XYZ INS GROUP (LU) 982		2310C   REF (LU)	FOR ABC INS (LU) 674
N	2330F   REF (G2) Supervising Provider ID	FOR XYZ INS GROUP (G2) XYZ6798111		2310D   REF (G2)	FOR ABC INS (G2) ABC670005
N	2330F   REF (LU) Supervising Provider ID	FOR XYZ INS GROUP (LU) 981		2310D   REF (LU)	FOR ABC INS (LU) 675
N	2330G   REF (G2) Billing Provider ID	FOR XYZ INS GROUP (G2) XYZ3434343		2010BB   REF (G2)	FOR ABC INS (G2) 12345678
N	2330G   REF (LU) Billing Provider ID	FOR XYZ INS GROUP (LU) 455		2010BB   REF (LU)	FOR ABC INS (LU) 678
D	2400   REF (G1) Prior Authorization Number	FOR ABC INS (G1) ABC222222		2400   REF (G1/2U)	FOR XYZ INS GROUP (G1) XYZ888888
N	2400   REF (G1/2U) Prior Authorization Number	FOR XYZ INS GROUP (G1) XYZ888888 (2U) 54698		2400   REF (G1)	FOR ABC INS (G1) ABC222222 (2U) 12345

	1 Primary Payer 837 Claim	2 Primary Payer Claim Example	3 835 ERA	4 Crosswalk Secondary 837 Claim From Primary <sup>1</sup>	5 Secondary Payer Claim Example
D	2400   REF (9F) Referral Number	FOR ABC INS (9F) ABC111111		2400   REF (9F/2U)	FOR XYZ INS GROUP (9F) XYZ777777
N	2400   REF (9F/2U) Referral Number	FOR XYZ INS GROUP (9F) XYZ777777 (2U) 54698		2400   REF (9F)	FOR ABC INS (9F) ABC111111 (2U) 12345
D	2420A   REF (G2) <sup>4</sup> Rendering Provider Secondary ID	FOR ABC INS (G2) ABC888888		2420A   REF (G2/2U) <sup>4</sup>	FOR XYZ INS GROUP (G2) XYZ111111
D	2420A   REF (LU) <sup>4</sup> Rendering Provider Secondary ID	FOR ABC INS (LU) C333		2420A   REF (LU/2U) <sup>4</sup>	FOR XYZ INS GROUP (LU) Z666
N	2420A   REF (G2/2U) <sup>4</sup> Rendering Provider Secondary ID	FOR XYZ INS GROUP (G2) XYZ666666 (2U)54698		2420A   REF (G2) <sup>4</sup>	FOR ABC INS (G2) ABC333333 (2U) 12345
N	2420A   REF (LU/2U) <sup>4</sup> Rendering Provider Secondary ID	FOR XYZ INS GROUP (LU) Z666 (2U) 54698		2420A   REF (LU) <sup>4</sup>	FOR ABC INS (LU) C333 (2U) 12345
D	2420B   REF (G2) <sup>4</sup> Purchased Service Secondary ID	FOR ABC INS (G2) ABC444444		2420B   REF (G2/2U) <sup>4</sup>	FOR XYZ INS GROUP (G2) XYZ555555
D	2420B   REF (LU) <sup>4</sup> Purchased Service Secondary ID	FOR ABC INS (LU) C444		2420B   REF (LU/2U) <sup>4</sup>	FOR XYZ INS GROUP (LU) Z555
N	2420B   REF (G2/2U) <sup>4</sup> Purchased Service Secondary ID	FOR XYZ INS GROUP (G2) XYZ555555 (2U) 54698		2420B   REF (G2) <sup>4</sup>	FOR ABC INS (G2) ABC444444 (2U) 12345
N	2420B   REF (LU/2U) <sup>4</sup> Purchased Service Secondary ID	FOR XYZ INS GROUP (LU) Z555 (2U) 54698		2420B   REF (LU) <sup>4</sup>	FOR ABC INS (LU) C444 (2U) 12345
D	2420C   REF (G2) <sup>4</sup> Service Facility Location Secondary ID	FOR ABC INS (G2) ABC555555		2420C   REF (G2/2U) <sup>4</sup>	FOR XYZ INS GROUP (G2) XYZ444444
D	2420C   REF (LU) <sup>4</sup> Service Facility Location Secondary ID	FOR ABC INS (LU) C555		2420C   REF (LU/2U) <sup>4</sup>	FOR XYZ INS GROUP (LU) Z444
N	2420C   REF (G2/2U) <sup>4</sup> Service Facility Location Secondary ID	FOR XYZ INS GROUP (G2) XYZ444444 (2U) 54698		2420C   REF (G2) <sup>4</sup>	FOR ABC INS (G2) ABC555555 (2U) 12345
N	2420C   REF (LU/2U) <sup>4</sup> Service Facility Location Secondary ID	FOR XYZ INS GROUP (LU) Z444 (2U) 54698		2420C   REF (LU) <sup>4</sup>	FOR ABC INS (LU) C555 (2U) 12345

	1 Primary Payer 837 Claim	2 Primary Payer Claim Example	3 835 ERA	4 Crosswalk Secondary 837 Claim From Primary <sup>1</sup>	5 Secondary Payer Claim Example
D	2420D   REF (G2) <sup>4</sup> Supervising Provider Secondary ID	FOR ABC INS (G2) ABC6666666		2420D   REF (G2/2U) <sup>4</sup>	FOR XYZ INS GROUP (G2) XYZ333333
D	2420D   REF (LU) <sup>4</sup> Supervising Provider Secondary ID	FOR ABC INS (LU) C666		2420D   REF (LU/2U) <sup>4</sup>	FOR XYZ INS GROUP (LU) Z333
N	2420D   REF (G2/2U) <sup>4</sup> Supervising Provider Secondary ID	FOR XYZ INS GROUP (G2) XYZ333333 (2U) 54698		2420D   REF (G2) <sup>4</sup>	FOR ABC INS (G2) ABC6666666 (2U) 12345
N	2420D   REF (LU/2U) <sup>4</sup> Supervising Provider Secondary ID	FOR XYZ INS GROUP (LU) Z333 (2U) 54698		2420D   REF (LU) <sup>4</sup>	FOR ABC INS (LU) C666 (2U) 12345
D	2420E   REF (G2) <sup>4</sup> Ordering Provider Secondary ID	FOR ABC INS (G2) ABC777777		2420E   REF (G2/2U) <sup>4</sup>	FOR XYZ INS GROUP (G2) XYZ222222
D	2420E   REF (LU) <sup>4</sup> Ordering Provider Secondary ID	FOR ABC INS (LU) C777		2420E   REF (LU/2U) <sup>4</sup>	FOR XYZ INS GROUP (LU) Z222
N	2420E   REF (G2/2U) <sup>4</sup> Ordering Provider Secondary ID	FOR XYZ INS GROUP (G2) XYZ222222 (2U) 54698		2420E   REF (G2) <sup>4</sup>	FOR ABC INS (G2) ABC777777 (2U) 12345
N	2420E   REF (LU/2U) <sup>4</sup> Ordering Provider Secondary ID	FOR XYZ INS GROUP (LU) Z222 (2U) 54698		2420E   REF (LU) <sup>4</sup>	FOR ABC INS (LU) C777 (2U) 12345
D	2420F   REF (G2) <sup>4</sup> Referring Provider Secondary ID	FOR ABC INS (G2) ABC888888		2420F   REF (G2/2U) <sup>4</sup>	FOR XYZ INS GROUP (G2) XYZ111111
D	2420F   REF (LU) <sup>4</sup> Referring Provider Secondary ID	FOR ABC INS (LU) C888		2420F   REF (LU/2U) <sup>4</sup>	FOR XYZ INS GROUP (LU) Z111
N	2420F   REF (G2/2U) <sup>4</sup> Referring Provider Secondary ID	FOR XYZ INS GROUP (G2) XYZ111111 (2U) 54698		2420F   REF (G2) <sup>4</sup>	FOR ABC INS (G2) ABC8888888 (2U) 12345
N	2420F   REF (LU/2U) <sup>4</sup> Referring Provider Secondary ID	FOR XYZ INS GROUP (LU) Z111 (2U) 54698		2420F   REF (LU) <sup>4</sup>	FOR ABC INS (LU) C888 (2U) 12345
E	Service Line Paid Amount	Not Used	2200   SVD	2430   SVD	FROM ABC INS
E	Claim Adjustment Information	Not Used	2200   CAS	2430   CAS	FROM ABC INS
E	Line Adjudication Date	Not Used	Table 1   BPR16	2430   DTP (573)	FROM ABC INS

	1 Primary Payer 837 Claim	2 Primary Payer Claim Example	3 835 ERA	4 Crosswalk Secondary 837 Claim From Primary <sup>1</sup>	5 Secondary Payer Claim Example
Ρ	Remaining Patient Liability Amount	Not Used		2430   AMT01 (EAF)	Calculated by Provider

<sup>1</sup> The secondary claim information shows where the original claim information would be mapped to when creating the secondary claim. This information must be in the correct order of the implementation guide and not in the order shown above.

<sup>2</sup> The Subscriber Address in the 2010BB Loop is only used when the Patient is the Subscriber.

#### <sup>3</sup> 2300REF Original Payer Claim Number

The Original Payer Claim Number is used to submit the Claim Number returned on the 835 whenever a claim is resubmitted to the same payer. When submitting a secondary claim that was resubmitted to the first payer, this number is carried in the 2330B REF. It is important to keep a Payer Original Claim Number in the loop associated with that payer. In the example below, the number returned by the first payer is used in the destination claim loop when resubmitting to that payer. Then when the secondary claim is created, the first payer's Original Claim Number is moved down into the Loop ID-2330B REF for the first payer.

	Original Claim	Remittance Advice	Resubmitted Claim	Secondary Claim
2300 REF (F8)	Not Used	2100   CLP07	2300   REF (F8)	Not Used
2330B REF (F8)	Not Used	Not Used	2300 REF (F8)	

#### <sup>4</sup> 2420A-F Provider Secondary Identifiers

The G2 and LU Qualifiers and the Secondary Identifiers in these Loops are for both the Destination Payer and the Non-Destination Payer. The 2U Qualifier is specific to the Non-Destination Payer. When creating the secondary claim, the numbers are swapped as follows:

			Original Claim	Secondary Claim
2010BB	NM108/09	Payer ID	12345	54698
2330B	NM108-09	Payer ID	54698	12345
2420A	REF01	Rendering Provider ID FOR Payer	G2	G2
2420A	REF02		ABC333333	XYZ666666
2420A	REF01	Rendering Provider Location Code	LU	LU
2420A	REF02		C333	Z666
2420A	REF01	Rendering Provider Secondary ID	G2	G2
2420A	REF02	(For Non-destination Payer identified below)	XYZ666666	ABC333333
2420A	REF03	Not Used		

			Original Claim	Secondary Claim
2420A	REF04-1	Other Payer ID (linked to 2330B Payer)	2U	2U
2420A	REF04-2		54698	12345
2420A	REF01	Rendering Provider Location Code	LU	LU
2420A	REF02	(For Non-destination Payer identified below)	Z666	C333
2420A	REF03	Not Used		
2420A	REF04-1	Other Payer ID (linked to 2330B Payer)	2U	2U
2420A	REF04-2		54698	12345

#### Example

In the following example, the first column is a claim as submitted to the primary payer. The second column is the corresponding claim with the same business data as it would be submitted to the secondary payer. For the COB claim to the secondary payer, this example shows information related to the primary payer being placed in the other (non-destination) payer locations, and it also shows information related to the secondary payer being placed in the destination payer locations. Segments in red, italicized text are related to the secondary payer.

HEADER	HEADER
ST*837*0002*005010X222~	ST*837*0002*005010X222~
BHT*0019*00*0123*20050730*1023*CH~	BHT*0019*00*0123*20050730*1023*CH~
<b>1000A SUBMITTER</b>	<b>1000A SUBMITTER</b>
NM1*41*2*GET WELL CLINIC*****46*567890~	NM1*41*2*GET WELL CLINIC*****46*567890~
PER*IC*MARY*TE*6155552222~	PER*IC*MARY*TE*6155552222~
<b>1000B RECEIVER</b>	<b>1000B RECEIVER</b>
NM1*40*2*MY CLEARINGHOUSE****46*988888888~	NM1*40*2*MY CLEARINGHOUSE*****46*9888888888
2000A BILLING/PAY-TO PROVIDER HL LOOP	2000A BILLING/PAY-TO PROVIDER HL LOOP
HL*1**20*1~	HL*1**20*1~
2010AA BILLING PROVIDER	2010AA BILLING PROVIDER
NM1*85*2*GET WELL CLINIC*****XX*5876543216~	NM1*85*2*GET WELL CLINIC*****XX*5876543216~
N3*1234 MAIN ST~	N3*1234 MAIN ST~
N4*ANYWHERE*TN*37214~	N4*ANYWHERE*TN*37214~
REF*EI*111222333~	REF*EI*111222333~
2000B SUBSCRIBER HL LOOP	2000B SUBSCRIBER HL LOOP
HL*2*1*22*1~	HL*2*1*22*1~
SBR*P*******BL~	SBR*S*******CI~

2010BA SUBSCRIBER	2010BA SUBSCRIBER
NM1*IL*1*DOE*JOHN****MI*JD03398777~	NM1*IL*1*DOE*JANE****MI*JA7654321~
REF*SY*033987777~	REF*SY*765432111~
2010BB PAYER	2010BB PAYER
NM1*PR*2*ABC INS*****PI*12345~	NM1*PR*2*XYZ INS GROUP*****PI*54698~
REF*G2*12345678~	REF*G2*XYZ3434343~
REF*LU*678~	REF*LU*455~
<b>2000C PATIENT HL LOOP</b>	2000C PATIENT HL LOOP
HL*3*2*23*0~	HL*3*2*23*0~
PAT*19~	PAT*19~
<b>2010CA PATIENT</b>	<b>2010CA PATIENT</b>
NM1*QC*1*DOE*SALLY~	NM1*QC*1*DOE*SALLY~
N3*234 SOUTH ST~	N3*234 SOUTH ST~
N4*ANYWHERE*TN*37214~	N4*ANYWHERE*TN*37214~
DMG*D8*19930501*F~	DMG*D8*19930501*F~
<b>2300 CLAIM</b>	2300 CLAIM
CLM*26407789*115***11:B:1*Y*A*Y*Y*B~	CLM*26407789*115***11:B:1*Y*A*N*Y*B~
REF*G1*ABC456~	REF*G1*XYZ345200~
REF*9F*ABC670000~	REF*9F*XYZ6798777~
HI*BK:4779*BF:2724*BF:2780*BF:53081~	HI*BK:4779*BF:2724*BF:2780*BF:53081~
2310A REFERRING PROVIDER	2310A REFERRING PROVIDER
NM1*DN*1*KILDARE*RICHARD****XX*9999977777~	NM1*DN*1*KILDARE*RICHARD****XX*9999977777~
REF*G2*ABC670001~	REF*G2*XYZ6798666~
REF*LU*671~	REF*LU*986~
2310B RENDERING PROVIDER	2310B RENDERING PROVIDER
NM1*82*1*CASEY*BEN****XX*99999666666~	NM1*82*1*CASEY*BEN****XX*99999666666~
REF*G2*ABC670002~	REF*G2*XYZ6798444~
REF*LU*672~	REF*LU*984~
2310C SERVICE FACILITY LOCATION	2310C SERVICE FACILITY LOCATION
NM1*77*2*ANYWHERE CLINIC*****XX*9999955555~	NM1*77*2*ANYWHERE CLINIC*****XX*9999955555~
N3*2345 STATE ST~	N3*2345 STATE ST~
N4*NASHVILLE*TN*37212~	N4*NASHVILLE*TN*37212~
REF*G2*ABC670004~	REF*G2*XYZ6798222~
REF*LU*674~	REF*LU*982~
2320 OTHER SUBSCRIBER INFORMATION SBR*S*19******CI~ DMG*D8*19500501*F~ OI***N*B**Y~	2320 OTHER SUBSCRIBER INFORMATION SBR*P*19******BL~ AMT*D*65~ DMG*D8*19481013*M~ OI***Y*B*Y~
2330A OTHER SUBSCRIBER NAME	2330A OTHER SUBSCRIBER NAME
NM1*IL*1*DOE*JANE****MI*JA7654321~	NM1*IL*1*DOE*JOHN****MI*JD03398777~
N3*234 SOUTH ST~	N3*234 SOUTH ST~
N4*ANYWHERE*TN*37214~	N4*ANYWHERE*TN*37214~
REF*SY*765432111~	REF*SY*033987777~

2330B OTHER PAYER NM1*PR*2*XYZ INS GROUP*****PI*54698~	<b>2330B OTHER PAYER</b> NM1*PR*2*ABC INS*****PI*12345~
	REF*F8*ABCCLM0005~
REF*G1*XYZ345200~	REF*G1*ABC456~
REF*9F*XYZ6798777~	REF*9F*ABC670000~
2330C OTHER PAYER REFERRING PROVIDER	2330C OTHER PAYER REFERRING PROVIDER
NM1*DN*1~	NM1*DN*1~
<i>REF*G2*XYZ6798666~</i>	REF*G2*ABC670001~
REF*LU*986~	REF*LU*671~
2330D OTHER PAYER RENDERING PROVIDER	2330D OTHER PAYER RENDERING PROVIDER
NM1*82*1~	NM1*82*1~
REF*G2*XYZ6798444~	REF*G2*ABC670002~
REF*LU*984~	REF*LU*672~
2330E OTHER PAYER SERVICE FACILITY LOCATION NM1*77*2~	2330E OTHER PAYER SERVICE FACILITY LOCATION
NM1^//^2~ REF*G2*XYZ6798222~	NM1^//^2~ REF*G2*ABC670004~
REF*G2*A120790222~ REF*LU*982~	REF*LU*674~
KEF " LU " 302~	KEF "10"074~
2400 SERVICE LINE	SERVICE LINE
LX*1~	LX*1~
 SV1*HC:99213*100*UN*1***1:2~	SV1*HC:99213*100*UN*1***1:2~
DTP*472*D8*20050705~	DTP*472*D8*20050705~
REF*G1*ABC222222~	REF*G1*XYZ888888~
REF*G1*XYZ8888888**2U:54698~	REF*G1*ABC222222**2U:12345~
REF*9F*ABC111111~	REF*9F*XYZ777777~
REF*9F*XYZ777777**2U:54698~	REF*9F*ABC111111**2U:12345~
2420A RENDERING PROVIDER	2420A RENDERING PROVIDER
NM1*82*1*WELBY*MARCUS****XX*1545454541~	NM1*82*1*WELBY*MARCUS****XX*1545454541~
REF*G2*ABC333333~	REF*G2*XYZ666666~
REF*LU*C333~	LU*Z666~
<i>REF*G2*XYZ666666**2U:54698~</i>	REF*G2*ABC333333**2U:12345~
REF*LU*Z666**2U:54698~	REF*LU*C333**2U:12345~
2420F REFERRING PROVIDER	2420F REFERRING PROVIDER
NM1*DN*1*BROWN*JOE****XX*1323232321~	NM1*DN*1*BROWN*JOE****XX*1323232321~
REF*G2*ABC888888~	REF*G2*XYZ111111~
REF*LU*C888~	REF*LU*Z111~
REF*G2*XYZ111111**2U:54698~	REF*G2*ABC88888888**2U:12345~
REF*LU*Z111**2U:54698~	REF*LU*C888**2U:12345~
	2430 LINE ADJUDICATION INFORMATION
	SVD*12345*50*HC:99213**1~
	CAS*PR*1*50~
	DTP*573*D8*20050726~
	AMT*EAF*50~

<b>2400 SERVICE LINE</b>	2400 SERVICE LINE
LX*2~	LX*2~
SV1*HC:90782*15*UN*1***3:4~	SV1*HC:90782*15*UN*1***3:4~
DTP*472*D8*20050705~	DTP*472*D8*20050705~
	2430 LINE ADJUDICATION INFORMATION SVD*12345*15*HC:90782**1~ CAS*PR*92*0~ DTP*573*D8*20050726~
TRANSACTION SET TRAILER	TRANSACTION SET TRAILER
SE*78*0002~	SE*88*0002~

## **1.4.1.3 Coordination of Benefits Claims from Paper or Proprietary Remittance Advices**

Claim submitters may at times need or choose to create electronic secondary/tertiary coordination of benefit (COB) claims to subsequent payers due to regulatory or business relationships when the prior payer's remittance was a paper or proprietary remittance advice. This situation may occur when the prior payer(s) is not a regular trading partner of the claim submitter or the prior payer(s) produces electronic remittances but has not converted to the standard transaction.

Provider information systems that have the functionality to generate electronic claim transactions to health plans have the majority of the information necessary to create a COB claim. Ideally, payers have adopted usage of the standard codes sets for paper remittance advices or have provided crosswalks for their paper or non-standard electronic remittances to accommodate creation of COB claims. However, this will not always occur.

When standard codes are not available from a prior payer(s) paper/proprietary remittance advice(s), the COB claim submitter must translate the proprietary adjustment/denial edit messages to standard codes.

Generally, a subsequent COB payer(s) determines payment on a combination of "Group Code" and "Claim Adjustment Reason Code" provided in the CAS segment at either the claim or service line. The primary considerations of Group Code of subsequent COB payers are:

Description	837 Standard Value
Patient Responsibility	PR

Description	837 Standard Value
Contractual Obligation	СО
Payer Initiated	PI
Other Adjustments	OA

The Claim Adjustment Reason Code is equally important in subsequent payers' determination of payment responsibility. In most instances paper or proprietary monetary adjustments may easily be cross-walked to the standard Claim Adjustment Reason Codes as follows:

Description	837 Standard Value
Patient Responsibility	
Deductible Amount	1
Coinsurance Amount	2
Co-payment Amount	3
Blood Deductible	66
Psychiatric Reduction	122
Contractual Obligations	
Charges exceed our fee schedule or maximum allowable amount	42
Charges exceed your contracted / legislated fee arrangement	45
Non-covered charges	96

Payment adjustments by the prior payer(s) that are not readily defined by the above cross-walk values may be reported using default Claim Adjustment Reason Code 192 (Non-standard adjustment code from paper remittance advice) or with other codes the claim submitter determines to be appropriate. Submitters must not use default code 192 when a more specific code is available.

## 1.4.1.4 Coordination of Benefits - Service Line Procedure Code Bundling and Unbundling

This explanation of bundling and unbundling is applicable to secondary claims that must contain the results of the primary payer's processing. It is not applicable to initial claims sent to the primary payer.

Procedure code bundling or unbundling occurs when a payer's business policy requires that the services reported for payment in a claim be either combined or split apart and represented by a different group of procedure codes. Bundling occurs when two or more reported procedure codes are paid under only one procedure code. Unbundling occurs when one submitted procedure code is paid and reported back as two or more procedure codes.

See the latest version of the 835 Remittance Advice transaction implementation guide for an explanation on how bundling and unbundling are handled in that transaction.

#### **Bundling:**

In a COB situation, it may be necessary to show payment on bundled lines. When showing bundled service lines, the health care claim must report all of the originally submitted service lines. The first bundled procedure includes the new bundled procedure code in the SVD (Service Line Adjudication) segment (SVD03). The other procedure or procedures that are bundled into the same line are reported as originally submitted with the following:

- An SVD segment with zero payment (SVD02),
- A pointer to the new bundled procedure code (SVD06, data element 554 (Assigned Number) is the bundled service line number that refers to the LX assigned number of the service line into which this service line was bundled),
- A CAS segment with a claim adjustment reason code of 97 (payment is included in the allowance for the basic service), and
- An adjustment amount equal to the submitted charge.
- The Adjustment Group in the CAS01 will be either CO (Contractual Obligation) or PI (Payer Initiated), depending upon the provider/payer relationship.

#### **Bundling with COB Example**

The following example shows how to report bundled lines on a subsequent COB claim. Dr. Smith submits procedure code A and B for \$100.00 each to his PPO as primary coverage. Each procedure was performed on the same date of service. The original 837 submitted by Dr. Smith contains this information. Only segments specific to bundling are included in the example.

#### Original 837

LX\*1~ (Loop 2400)

1 = Service line 1

#### SV1\*HC:A\*100\*UN\*1\*\*\*1~

- HC = HCPCS qualifier
- A = HCPCS code
- 100 = Submitted charge
- UN = Units code
- 1 = Units billed
- 1 = Diagnosis code pointer

LX\*2~ (Loop 2400)

2 = Service line 2

#### SV1\*HC:B\*100\*UN\*1\*\*\*1~

- HC = HCPCS qualifier
- в = HCPCS code
- 100 = Submitted charge
- UN = Units code
- 1 = Units billed
- 1 = Diagnosis code pointer

The PPO's adjudication system screens the submitted procedures and notes that procedure C covers the services rendered by Dr. Smith on that single date of service. The PPO's maximum allowed amount for procedure C is \$120.00. The patient's co-insurance amount for procedure C is \$20.00. The patient has not met the \$50.00 deductible. The PPO's total payment on this claim was \$50.00. The following example includes only segments specific to bundling. The key number to automate tracking of bundled lines is the service line number assigned to each service line in LX01.

#### COB 837

#### **Claim Level**

CAS\*PR\*1\*50~ (Loop ID-2320)

- **PR** = Patient's Responsibility
- 1 = Adjustment reason Deductible amount
- 50 = Amount of adjustment

#### AMT\*D\*50~

D = Payer amount paid qualifier

50 = Amount paid on this claim by this payer

#### Service Line Level

- LX\*1~ (Loop ID-2400)
- 1 = Service line 1

#### SV1\*HC:A\*100\*UN\*1\*\*\*1~ (Loop ID-2400)

- HC = HCPCS qualifier
- A = HCPCS code
- **100** = Submitted charge
- UN = Units code
- 1 = Units billed
- 1 = Diagnosis code pointer

SVD\*PAYER ID\*100\*HC:C\*\*1~ (Loop ID-2430)

#### Payer ID

- = ID of the payer who adjudicated this service line
- **100** = Payer amount approved for payment for the line
- HC = HCPCS qualifier
- c = HCPCS code for bundled procedure
- 1 = Service Units

#### CAS\*PR\*2\*20~

- **PR** = Patient Responsibility
- 2 = Adjustment reason -- Co-insurance amount
- 20 = Amount of adjustment

LX\*2~ (Loop 2400)

2 = Service line 2

#### SV1\*HC:B\*100\*UN\*1\*\*\*1~

- HC = HCPCS qualifier
- в = HCPCS code
- 100 = Submitted charge
- UN = Units code
- 1 = Units billed
- 1 = Diagnosis code pointer

#### SVD\*PAYER ID\*0\*HC:C\*\*1\*1~ (Loop ID-2430)

#### Payer ID

= ID of the payer who adjudicated this service line

- 0 = Payer amount paid
- **HC** = HCPCS qualifier
- c = HCPCS code for bundled procedure
- 1 = Service Units
- 1 = Service line number into which this service line was bundled

#### CAS\*CO\*97\*100~

- co = Contractual obligations qualifier
- 97 = Adjustment reason Payment is included in the allowance for the basic

service/procedure

**100** = Amount of adjustment

#### Bundling with COB -- More Than 2 Payers Example

Bundling with more than two payers in a COB situation where there is both bundling and line level adjustments. The COB related loops would appear as follows:

#### Claim Level 2320 and 2330 Loops

**2320 Loop** (for payer A) SBR\* identifies the other subscriber for payer A identified in 2330B

#### 2330A Loop

NM1\* identifies other subscriber for payer A

2330B Loop NM1\* identifies payer A

**2320 Loop** (for payer B) SBR\* identifies the other subscriber for payer B identified in 2330B loop

2330A Loop

NM1\* identifies other subscriber for payer B

2330B Loop NM1\* identifies payer B

**2320 Loop** (for payer C) SBR\* identifies the other subscriber for payer C identified in 2330B loop

#### 2330A Loop

NM1\* identifies other subscriber for payer C

#### 2330B Loop

NM1\* identifies payer C

Repeat as necessary up to a maximum of ten times. Any one claim can carry up to a total of 11 payers (ten carried in Loop ID-2320, and one carried in Loop ID-2010BB). Once all the claim level payers have been identified, use the 2400 loop once for each original billed service line. Use 2430 loops to show line level adjustment by each payer.

#### Service Line

#### 2400 Loop

LX\*1~ SV1\* original data from provider for line 1

#### 2430 Loop (for payer A)

SVD\*A\* their data for this line (the procedure code A paid on) CAS\* payer A's data for this line (repeat CAS as necessary) DTP\* payer A's adjudication date for this line

#### **2430 Loop** (for payer B)

SVD\*B\* their data for this line (the procedure code B paid on) CAS\* payer B's data for this line (repeat CAS as necessary) DTP\* payer B's adjudication date for this line

**2430 Loop** (for payer C, only used if 837 is being sent to payer D) SVD\*C\* their data for this line (the procedure code C paid on) CAS\* payer C's data for this line (repeat CAS as necessary) DTP\* payer C's adjudication date for this line

#### 2400 Loop

LX\*2~

SV1\* original data from provider for line 2

#### 2430 Loop (for payer A)

SVD\*A\* their data for this line (the procedure code A paid on) CAS\* payer A's data for this line (repeat CAS as necessary) DTP\* payer A's adjudication date for this line

#### 2430 Loop (for payer B)

SVD\*B\* their data for this line (the procedure code B paid on) CAS\* payer B's data for this line (repeat CAS as necessary) DTP\* payer B's adjudication date for this line

**2430 Loop** (for payer C, only used if 837 is being sent to payer D) SVD\*C\* their data for this line (the procedure code C paid on) CAS\* payer C's data for this line (repeat CAS as necessary) DTP\* payer C's adjudication date for this line

etc.

### **Unbundling with COB**

When unbundling, the original service line detail will be followed by one or more occurrences of the Line Adjudication Information (Loop ID-2430) loop. This loop is repeated once for each unbundled procedure code.

#### **Unbundling Example**

The same provider submits a claim for one service line. The billed service procedure code is A, with a submitted charge of \$200.00. The payer unbundled this into two services -- B and C -- each with an allowed amount of \$60.00. There is no deductible or co-insurance amount. Only segments specific to unbundling are included in the following example.

LX\*1~ (Loop-2400)

1 = Service line 1

#### SV1\*HC:A\*200\*UN\*1\*\*\*1~

- HC = HCPCS qualifier
- A = HCPCS code
- **200** = Submitted charge
- **UN** = Units code
- 1 = Units billed
- 1 = Diagnosis code pointer

SVD\*PAYER ID\*60\*HC:B\*\*1~ (Loop ID-2430)

#### Payer ID

- = ID of the payer who adjudicated this service line
- 60 = Payer amount paid
- HC = HCPCS qualifier
- **B** = Unbundled HCPCS code
- 1 = Service Units

CAS\*CO\*45\*35~

- co = Contractual obligations qualifier
- 45 = Adjustment reason -- Charges exceed your contracted/legislated fee arrangement
- 35 = Amount of adjustment

#### SVD\*PAYER ID\*60\*HC:C\*\*1~

Payer ID

- = ID of the payer who adjudicated this service line
- 60 = Payer amount paid
- HC = HCPCS qualifier
- c = Unbundled HCPCS code
- 1 = Service Units

#### CAS\*CO\*45\*45~

- co = Contractual obligations qualifier
- 45 = Adjustment reason -- Charges exceed your contracted/legislated fee arrangement
- 45 = Amount of adjustment

### **1.4.1.5 Coordination of Benefits - Medicaid Subrogation**

Federal law requires Medicaid agencies to pursue recovery of medical expenditures made on behalf of Medicaid recipients when third party liability is determined to exist. Since Medicaid recipients are required to assign any rights of third party liability to the Medicaid agency, this Implementation Guide provides the ability for willing trading partners to allow direct billing by a Medicaid agency to other health plans. These pay-to-plan claims are identified by the inclusion of Loop ID-2010AC Pay-to Plan Name Loop. Medicaid subrogation claims include the Medicaid agency's own payer claim control number in Loop ID-2300 data element CLM01 rather than the provider's patient control number. The Medicaid paid amount, indicated in Loop ID-2320 data element AMT01, represents the maximum amount of liability the Medicaid agency is requesting to recover by submitting the claim.

The Medicaid agency is identified in Loop ID-2330B (Other Payer Name). Loop ID-2320 and Loop ID-2430 include all required segments to indicate the Medicaid agency's adjudication of the original claim submitted to that agency. Receiving payers are to direct information requests about the claim to the Medicaid agency rather than to the original service provider.

At the time of publication, Medicaid subrogation is not a HIPAA mandated business usage of the ASC X12 837 Health Care Claim, but willing trading partners may use this Implementation Guide for that purpose.

# **1.4.2 Property and Casualty**

To ensure timely processing, specific information needs to be included when submitting bills to Property and Casualty payers (for example, Automobile, Homeowner's, or Workers' Compensation insurers and related entities). Section 3.2 of this Implementation Guide explains these requirements and presents a number of examples.

# 1.4.3 Data Overview

The data overview introduces the 837 transaction set structure and describes the positioning of business data within the structure. For a review of ASC X12 nomenclature, segments, data elements, hierarchical levels, and looping structure, see Appendix B, *Nomenclature*, and Appendix C, *EDI Control Directory*.

### 1.4.3.1 Loop Labeling, Sequence, and Use

The 837 transaction uses two naming conventions for loops. Loops are labeled with a descriptive name as well as with a shorthand label. Loop ID-2000A BILLING PROVIDER contains information about the billing provider, pay-to address and pay-to plan. The descriptive name -- BILLING PROVIDER -- informs the user of the overall focus of the loop. The Loop ID is a short-hand name, for example 2000A, that gives, at a glance, the position of the loop within the overall transaction. Loop ID-2010AA BILLING PROVIDER NAME, Loop ID-2010AB PAY-TO ADDRESS NAME, and Loop ID-2010AC PAY-TO PLAN NAME are subloops of Loop ID-2000A. When a loop is used more than once, a letter is appended to its numeric portion to allow the user to distinguish the various iterations of that loop when using the shorthand name of the loop. For example, loop 2000 has three possible iterations: Billing Provider Hierarchical Level (HL), Subscriber HL and Patient HL. These loops are labeled 2000A, 2000B and 2000C respectively. As the 2000 level loops define the hierarchical structure, they are required to be used in the order shown in the implementation guide.

The order of multiple subloops that do not involve hierarchical structure and that do have the same numeric position within the transaction is less important. Such subloops do not need to be sent in the same order in which they appear in this implementation guide. For such subloops in this transaction, the numeric portion of the loop ID does not end in 00. For example, Loop ID-2010 has two possibilities within Loop ID-2000B (Loop ID-2010BA Subscriber Name and Loop ID-2010BB Payer Name). Each of these 2010 loops is at the same numeric position in the transaction. Since they do not specify an HL, it is not necessary to use them in any particular order. However, it is not acceptable to send subloop 2330 before loop 2310 because these are not equivalent subloops. In a similar manner, if a single loop has multiple iterations (repetitions) of a particular segment, the sequence of those segments within a transaction is not important and is not required to follow the same order in which they appear in this implementation guide. For example, there are many DTP segments in the 2300 loop. It is not required that Initial Treatment Date be sent before Last Seen Date. However, it is required that the DTP segment in the 2300 loop come after the CLM segment because it is carried in a different position within the 2300 loop.

### 1.4.3.2 Data Use by Business Use

The 837 is divided into two tables. Table 1 contains transaction control information and is described in Section 1.4.3.2.1 - <u>Table 1 -- Transaction Control Information</u>. Table 2 contains the detail information for the transaction's business function and is described in Section 1.4.3.2.2 - <u>Table 2 -- Detail Information</u>.

### 1.4.3.2.1 Table 1 -- Transaction Control Information

Table 1 is named the Header level (see Figure 1.3 - <u>Header Level</u>). Table 1 identifies the start of a transaction, the specific transaction set, the transaction's business purpose, and the submitter/receiver identification numbers.

Figure 1.3 - Header Level

POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
0050	ST	Transaction Set Header	R	1	
0100	BHT	Beginning of Hierarchical Transaction	R	1	

### 1.4.3.2.1.1 Transaction Set Header (ST) Segment

The Transaction Set Header (ST) segment identifies the transaction set by using 837 as the data value for the transaction set identifier code data element, ST01. The transaction set originator assigns the unique transaction set control number ST02.

Because the 837 is multi-functional, it is important for the receiver to know which business purpose is served. ST03 contains a reference to the specific implementation guide used to create this 837 transaction. This data element differentiates among the Health Care Claim: Professional (005010X222), the Health Care Claim: Institutional (005010X223), the Health Care Claim: Dental (005010X224), and the health Care Service: Data Reporting (005010X225).

### 1.4.3.2.1.2 Beginning of Hierarchical Transaction (BHT) Segment

The BHT segment indicates that the transaction uses a hierarchical data structure. The data elements within the BHT are used in the following way:

- BHT01 The Hierarchical Structure Code designates the type of business data within each hierarchical level. The 0019 value used in the claim BHT01 specifies the order of subsequent hierarchical levels to be:
  - Information source (Billing Provider)
  - Subscriber (can be the patient when the patient is the subscriber or is considered to be the subscriber)
  - Dependent (Patient, when the patient is not considered to be the subscriber)
- BHT02 The transaction purpose code indicates "original" by using data value 00 or "reissue" by using data value 18.
- BHT03 originator's reference number; generated by the business application system of the entity building the original transaction.
- BHT04 date of transaction creation; generated by the business application system of the entity building the original transaction.
- BHT05 time of transaction creation; generated by the business application system of the entity building the original transaction.
- BHT06 designates transaction as Subrogation, fee-for-service, or capitated services.

### 1.4.3.2.2 Table 2 -- Detail Information

Table 2 uses the hierarchical level structure. Each hierarchical level is comprised of a series of loops. Numbers identify the loops. The hierarchical level in Loop ID-2000 identifies the participants and the relationship to other participants. The individual or entity information is contained in Loop ID-2010.

### 1.4.3.2.2.1 Hierarchical Level (HL) Segments

Section B.1.1.4.3 in Appendix B contains a general description of HL structures. The following describes the HL structure within the claim transaction.

The Billing Provider or Subscriber HLs may contain multiple "child" HLs. A child HL indicates an HL that is nested within (subordinate to) the previous HL. Hierarchical levels may also have a parent HL. A parent HL is the HL that is one level out in the nesting structure. An example follows.

Billing provider HL	Parent HL to the Subscriber HL
Subscriber HL	Parent HL to the Patient HL; Child HL to the Billing Provider HL

Patient HL Child HL to the Subscriber HL

For the Subscriber HL, the Billing Provider HL is the parent. The Patient HL is the child. The Subscriber HL is contained within the Billing Provider HL. The Patient HL is contained within the Subscriber HL.

### 1.4.3.2.2.2 Subscriber / Patient Hierarchical Level (HL) Segments

The following information illustrates claim submissions when the patient is the subscriber and when the patient is not the subscriber.

### NOTE

Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this, the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the patient. In other words, the claim information is placed at the subscriber hierarchical level when the patient is the subscriber or considered to be the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber and cannot be uniquely identified on their own.

Claim submission when the **patient is the subscriber or is considered to be the subscriber:** 

Billing provider (HL03=20) Subscriber (HL03=22) Claim level information Line level information, as needed

Claim/encounter submission when the **patient is not the subscriber:** Billing provider (HL03=20) Subscriber (HL03=22) Patient (HL03=23) Claim level information Line level information, as needed

### 1.4.3.2.2.3 Hierarchical Level (HL) Structural Example

If the billing provider is submitting claims for more than one subscriber, each of whom may or may not have dependents, the HL structure between the transaction set header and trailer (ST-SE) could look like the following:

BILLING PROVIDER SUBSCRIBER #1 (Patient #1) Claim level information

Line level information, as needed SUBSCRIBER #2 PATIENT #P2.1 (for example, subscriber #2 spouse) Claim level information Line level information, as needed PATIENT #P2.2 (for example, subscriber #2 first child) Claim level information Line level information, as needed PATIENT #P2.3 (for example, subscriber #2 second child) Claim level information Line level information, as needed SUBSCRIBER #3 (Patient #3) Claim level information Line level information, as needed SUBSCRIBER #4 (Patient #4) Claim level information Line level information, as needed SUBSCRIBER #4 (repeated) PATIENT #P4.1 (for example, #4 subscriber's first child) Claim level information Line level information, as needed

Based on the previous example, the HL structure will be as follows:

### HL\*1\*\*20\*1~ (BILLING PROVIDER)

- 1 = HL sequence number
- \*\*(blank)
  - = there is no parent HL (characteristic of the billing provider HL)
- 20 = information source
- 1 = there is at least one child HL to this HL

### HL\*2\*1\*22\*0~ (SUBSCRIBER #1)

- 2 = HL sequence number
- 1 = parent HL
- 22 = subscriber

no subordinate HLs to this HL (there is no child HL to this HL - claim level data follows)

HL\*3\*1\*22\*1~ (SUBSCRIBER #2)

3 = HL sequence number

- 1 = parent HL
- 22 = subscriber
- 1 = there is at least one child HL to this HL

#### HL\*4\*3\*23\*0~ (PATIENT #P2.1)

- 4 = HL sequence number
- 3 = parent HL
- 23 = dependent
- 0 = no subordinate HLs in this HL (there is no child HL to this HL data follows)

### HL\*5\*3\*23\*0~ (PATIENT #P2.2)

- 5 = HL sequence number
- 3 = parent HL
- 23 = dependent

0 = no subordinate HLs in this HL (there is no child HL to this HL - claim level data follows)

### HL\*6\*3\*23\*0~ (PATIENT #P2.3)

- 6 = HL sequence number
- 3 = parent HL
- 23 = dependent

0 = no subordinate HLs in this HL (there is no child HL to this HL - claim level data follows)

### HL\*7\*1\*22\*0~ (SUBSCRIBER AND PATIENT #3)

- 7 = HL sequence number
- 1 = parent HL
- 22 = subscriber

0 = no subordinate HLs in this HL (there is no child HL to this HL - claim level data follows)

### HL\*8\*1\*22\*0~ (SUBSCRIBER AND PATIENT #4)

- 8 = HL sequence number
- 1 = parent HL
- 22 = subscriber
- 0 = no subordinate HLs

HL\*9\*1\*22\*1~ (SUBSCRIBER #4)

- 9 = HL sequence number
- 1 = parent HL

- 22 = subscriber
- 1 = there is at least one child HL to this HL

HL\*10\*9\*23\*0~ (PATIENT #P4.1)

- 10 = HL sequence number
- 9 = parent HL
- 23 = dependent
- 0 = no subordinate HLs

If another billing provider is listed in the same ST-SE functional group, it could be listed as follows: HL\*100\*\*20\*1~. The HL sequence number of 100 indicates that there are 99 previous HL segments and it is the billing provider level HL (HL03 = 20).

### 1.4.3.2.2.4 Hierarchical Level (HL) Structural Summary

The following information summarizes coding and structure of the HL segment:

- HL segments are numbered sequentially within a transaction (ST to SE), beginning with 1. The sequential number is found in HL01, which is the first data element in the HL segment. Sequence number must be numeric.
- The second element, HL02, indicates the sequential number of the parent hierarchical level. The billing provider/information source is the highest hierarchical level and therefore has no parent.
- The data value in data element HL03 describes the hierarchical level entity. For example, when HL03 equals 20, the hierarchical level is the billing provider; when HL03 equals 23, the hierarchical level is the dependent (patient).
- Data element HL04 indicates whether or not subordinate hierarchical levels exist. A value of "1" indicates subsequent hierarchical levels. A value of "0" indicates no subordinate hierarchical levels exist for this HL.

### 1.4.3.2.2.5 Claim Structure

After the HL structure is defined and the Subscriber and/or Patient information is listed, the specific claim information follows:

- Loop ID-2300 contains claim level information.
- Loop ID-2310 identifies various claim specific providers who may have been involved in the health care services being reported in the transaction.
- Loop ID-2320 identifies claim level adjudication information associated with non-destination, other payer information for the purpose of coordination of benefits.
- Loop ID-2330 identifies the subscriber, payer, and provider identifiers associated with the non-destination, other payer.
- Loop ID-2400 is required for all claims and identifies service line information.

- Loop ID-2410 identifies drug and biologics information.
- Loop ID-2420 identifies any service line providers who are different than claim level providers.
- Loop ID-2430 identifies any service line adjudication information from another payer.

### 1.4.3.2.2.6 Provider Taxonomy Code Reporting

Provider Taxonomy Codes describe provider type, classification, and area of specialization and are maintained by the National Uniform Claims Committee. For use in an 837 claim, the provider determines the code value from the code set (external Code Source 682) that most accurately describes the type and specialty classification under which the provider performed the services reported on the claim. The payer may not dictate the code value to be reported.

### 1.4.4 Balancing

In order to ensure internal claim integrity, amounts reported in the 837 **MUST** balance at two different levels -- the claim and the service line.

### 1.4.4.1 Claim Level

There are two different ways the claim information must balance. They are as follows.

### 1) Claim Charge Amounts

The total claim charge amount reported in Loop ID-2300 CLM02 must balance to the sum of all service line charge amounts reported in Loop ID-2400 SV102.

### 2) Claim Payment Amounts

Balancing of claim payment information is done payer by payer. For a given payer, the sum of all line level payment amounts (Loop ID-2430 SVD02) less any claim level adjustment amounts (Loop ID-2320 CAS adjustments) must balance to the claim level payment amount (Loop ID-2320 AMT02).

Expressed as a calculation for given payer: {Loop ID-2320 AMT02 payer payment} = {sum of Loop ID-2430 SVD02 payment amounts} minus {sum of Loop ID-2320 CAS adjustment amounts}.

### **Line Level Payment Amounts**

Line level payment information is reported in Loop ID-2430 SVD02. In order to perform the balancing function, the receiver must know which payer the line payment belongs to. This is accomplished using the identifier reported in Loop ID-2430 SVD01. This identifier must match the identifier of the corresponding payer identifier reported in Loop ID-2330B NM109.

### **Adjustment Calculations**

Adjustments are reported in the CAS segments of Loop ID-2320 (claim level) and Loop ID-2430 (line level). In this context, Adjustment Amounts are the sum of CAS03, CAS06, CAS09, CAS12, CAS15, and CAS18. Adjustment amounts within the CAS segment **DECREASE** the payment amount when the adjustment amount is **POSITIVE**, and **INCREASE** the payment amount when the adjustment amount is **NEGATIVE**.

### **Claim Level Payment Amount**

At the claim level, the payer's total claim payment is reported within the Loop ID-2320 Coordination of Benefits (COB) Payer Paid Amount AMT segment with a D qualifier in AMT01. The associated payer is defined within the Loop ID-2330B child loop.

### Example:

Claim Charge - 100.00 Claim Payment - 80.00 Claim Adjustment - 5.00

Line 1 Charge - 80.00 Line 1 Payment - 70.00 Line 1 Adjustment - 10.00

Line 2 Charge - 20.00 Line 2 Payment - 15.00 Line 2 Adjustment - 5.00 Claim Payment = (Line 1 Payment + Line 2 Payment) – Claim Adjustment

80.00 = (70.00 + 15.00) - 5.00

### 1.4.4.2 Service Line

Line Adjudication Information (Loop ID-2430) is reported when the payer identified in Loop ID-2330B has adjudicated the claim and service line payments and/or adjustments have been applied.

Line level balancing occurs independently for each individual Line Adjudication Information loop. In order to balance, the sum of the line level adjustment amounts and line level payments in each Line Adjudication Information loop must balance to the provider's charge for that line (Loop ID-2400 SV102). The Line Adjudication Information loop can repeat up to 25 times for each line item.

The calculation for each 2430 loop is as follows: {sum of Loop ID-2430 CAS Service Line Adjustments} plus {Loop ID-2430 SVD02 Service Line Paid Amount} = {Loop ID-2400 SV102 Line Item Charge Amount}

### Example:

Line 1 Charge - 80.00 Line 1 Payment - 70.00 Line 1 Adjustment - 10.00

Line 2 Charge - 20.00 Line 2 Payment - 15.00 Line 2 Adjustment - 5.00 (Line 1 Adjustments) + (Line 1 Payment) = Line Item 1 Charge 10.00 + 70.00 = 80.00(Line 2 Adjustments) + (Line 2 Payment) = Line Item 2 Charge 5.00 + 15.00 = 20.00

## **1.4.5 Allowed/Approved Amount Calculation**

During the development cycle of this version, one of the guiding principles was to remove all amount fields that can be calculated with other information already present in the claim. This resulted in the elimination of several AMT segments. Included in these, are the Approved and Allowed Amount segments. The workgroup has found these amounts vary in definition depending upon perspective. Although rare, there are times the provider's determination of what the allowed amount is different from the payers. This occurs for many various reasons. However, there has never been a way to recognize when these differences occur. As a result, the authors offer the following guidance as to how these amounts are calculated.

The Allowed amount as determined by the payer is calculated using the prior payer's payment information coupled with adjustment information in the CAS segments. The prior payer payment + the sum total of all patient responsible adjustment amounts = the Allowed amount. The Patient Responsible adjustments are identified by use of the Category Code PR in CAS01.

The Allowed amount as determined by the provider is calculated using the prior payer's payment information coupled with the Remaining Patient Liability AMT segments. The prior payer payment + the Remaining Patient Liability AMT amount = the Allowed amount.

# **1.5 Business Terminology**

This section defines terms used in this implementation guide that are not included in the Data Dictionary Appendix. See the Data Dictionary Appendix for additional terms and definitions.

### Bundling

Bundling occurs when a provider submits two or more reported procedure codes and the payer believes that the actual services performed and reported must be paid under only one (possibly different) procedure code.

### Claim

For the purposes of this implementation guide, claim is intended to be an all inclusive term to represent both reimbursable claims and encounter reporting.

### Dependent

In the hierarchical loop coding, the dependent code 23 indicates the use of the Patient Hierarchical loop (Loop ID-2000C).

### **Destination Payer**

The destination payer is the payer who is specified in the Subscriber/Payer loop (Loop ID-2010BB).

### Encounter

Non-reimbursable claim for which the health care encounter information is gathered for reporting. Also thought of as the reporting of a face-to-face encounter between a patient and a provider for which no reimbursement will be made. Often seen in pre-paid capitated financial arrangements in which the provider of services is paid in advance for the patient's health care needs. In some areas called a capitated or zero pay claim.

### Inpatient

The determination of what constitutes an Inpatient Claim is defined by the National Uniform Billing Committee code set and documentation. See Section 1.12.6 - <u>Inpatient</u> <u>and Outpatient Designation</u> for more information about Inpatient and Outpatient designation.

### Outpatient

The determination of what constitutes an Outpatient Claim is defined by the National Uniform Billing Committee code set and documentation. See Section 1.12.6 - <u>Inpatient</u> <u>and Outpatient Designation</u> for more information about Inpatient and Outpatient designation.

### Pay-To Plan Claims

Pay-to plan claims are payment requests billed by one health plan directly to other health plans. These claims were originally submitted to and paid by the first health plan. An example of a pay-to plan claim is a payment request from a Medicaid agency direct to another health plan that may have liability for the member and services on the claim originally paid by the Medicaid agency.

### Patient

The term patient is used in this implementation guide when the Patient loop (Loop ID-2000C) is used. In Loop ID-2000C, the patient is not the same person as the subscriber, and the patient is a person (for example, spouse, children, others) who is covered by the subscriber's insurance plan and does not have a unique member identification number. The person receiving services (in clinical terms, the patient) can be the same person as the subscriber. In that case, all information about that person is carried in the Subscriber loop (Loop ID-2000B).

See Section 1.4.3.2.2.2 - <u>Subscriber / Patient Hierarchical Level (HL) Segments</u>, and the notes for the SBR and PAT segments for further details. Every effort has been made to ensure that the meaning of the word patient is clear in its specific context.

### Provider

A provider is either a person or organizational entity who has either provided or participated in some aspect of the service(s) described in the transaction. Specific types of providers are identified in this implementation guide (for example billing provider, referring provider). Beginning with the 5010 version, the Billing Provider must be a health care or atypical provider (as described in Section 1.10.1 - *Providers who are Not Eligible for Enumeration*).

### Secondary Payer

The term secondary payer indicates any payer who is not the primary payer. The secondary payer may be the secondary, tertiary, or even quaternary payer.

### Subscriber

The subscriber is the person whose name is listed in the health insurance policy, or who has a unique member identification number. Other synonymous terms include member and/or insured. In some cases the subscriber is the person receiving services. See the definition of patient, and see Section 1.4.3.2.2.2 - <u>Subscriber / Patient Hierarchical Level (HL) Segments</u>, and the notes for the SBR and PAT segments for further details.

### **Transmission Intermediary**

A transmission intermediary is any entity that handles the transaction between the provider (originator of the claim transmission) and the destination payer. The term intermediary is not used to convey a specific Medicare contractor type.

### Unbundling

Unbundling occurs when a provider is billing multiple procedure codes for a group of procedures that are covered by a single comprehensive code. In other words, the provider submits one reported procedure code and the payer believes that the actual services performed and reported must be paid under two or more separate (possibly different) procedure codes. Unbundling also occurs when the units of service reported on one service line are broken out to two or more service lines for different reimbursement rates.

# **1.6 Transaction Acknowledgments**

There are several acknowledgment implementation transactions available for use. The IG developers have noted acknowledgment requirements in this section. Other recommendations of acknowledgment transactions may be used at the discretion of the trading partners. A statement that the acknowledgment is not required does not preclude its use between willing trading partners.

### 1.6.1 997 Functional Acknowledgment

The 997 informs the submitter that the functional group arrived at the destination. It may include information about the syntactical quality of the functional group.

The Functional Acknowledgment (997) transaction is not required as a response to receipt of a batch transaction compliant with this implementation guide.

The Functional Acknowledgment (997) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

A 997 Implementation Guide is being developed for use by the insurance industry and is expected to be available for use with this version of this Implementation Guide.

### **1.6.2 999 Implementation Acknowledgment**

The 999 informs the submitter that the functional group arrived at the destination. It may include information about the syntactical quality of the functional group and the implementation guide compliance.

The Implementation Acknowledgment (999) transaction is not required as a response to receipt of a batch transaction compliant with this implementation guide.

The Implementation Acknowledgment (999) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

A 999 Implementation Guide is being developed for use by the insurance industry and is expected to be available for use with this version of this Implementation Guide.

# 1.6.3 824 Application Advice

The 824 informs the submitter of the results of the receiving application system's data content edits of transaction sets.

The Application Advice (824) transaction is not required as a response to receipt of a batch transaction compliant with this implementation guide.

The Application Advice (824) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

An 824 Implementation Guide is being developed for use by the insurance industry and is expected to be available for use with this version of this Implementation Guide.

# 1.6.4 277 Health Care Claim Acknowledgment

The 277 provides an application level acknowledgment of electronic claims. It may include information about the business validity and acceptability of the claims.

The Health Care Claim Acknowledgment (277) transaction is not required as a response to receipt of a batch transaction compliant with this implementation guide.

The Health Care Claim Acknowledgment (277) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

# **1.7 Related Transactions**

There are one or more transactions related to the transactions described in this implementation guide.

# 1.7.1 Health Care Claim Payment/Advice (835)

Information in the Health Care Claim Payment/Advice (835) transaction is generated by the payer's adjudication system. However, in a coordination of benefits (COB) situation

where the provider is sending an 837 to a secondary payer, information from the 835 may be included in the secondary 837. As shown in Section 1.4.1.2 - <u>Crosswalking COB</u> <u>Data Elements</u>, data from specific segments/elements in the 835 are crosswalked directly into the subsequent 837.

# **1.8 Trading Partner Agreements**

Trading partner agreements are used to establish and document the relationship between trading partners. A trading partner agreement must not override the specifications in this implementation guide if a transmission is reported in GS08 to be a product of this implementation guide.

# **1.9 HIPAA Role in Implementation Guides**

Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (PL 104-191 - known as HIPAA) direct the Secretary of Health and Human Services to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

This implementation guide has been developed for use as an insurance industry implementation guide. At the time of publication it has not been adopted as a HIPAA standard. Should the Secretary adopt this implementation guide as a standard, the Secretary will establish compliance dates for its use by HIPAA covered entities.

# 1.10 National Provider Identifier Usage within the HIPAA 837 Transaction

Implementation and use of the National Provider Identifier (NPI) has a direct impact on the generation of 837 transaction sets. Previous versions contained placeholder codes and elements in anticipation of the official Rule. With publication of the final rule and industry input on implementation direction, the authors have identified the following areas for clarification and direction for use within the implementation guide.

- Providers who are not eligible for enumeration
- Implementation migration strategy
- Organization health care provider subpart representation
- · Subparts and the billing provider

## 1.10.1 Providers who are Not Eligible for Enumeration

Atypical providers are service providers that do not meet the definition of health care provider. Examples include taxi drivers, carpenters, personal care providers, etc. Although, they are not eligible to receive an NPI, these providers perform services that are reimbursed by some health plans. As a result, this implementation guide has been enhanced to accommodate both the NPI (to identify health care providers) and proprietary identifiers (to identify atypical/non-health care providers).

# **1.10.2 Implementation Migration Strategy**

The ANSI ASC X12N Health Care Claims workgroup (TG2WG2) anticipates that during the transition period (i.e., the period from May 23, 2005 until the NPI compliance dates), the need to use both the NPI and proprietary identifiers to identify health care providers in the same standard claims transaction will be necessary. The implementation guides for the 837 transaction set have been modified to meet this need.

# **1.10.3 Organization Health Care Provider Subpart** Representation

Historically, there has been no standard representation of organization health care providers. How the health care provider entity has been identified has varied by trading partner. The NPI subpart concept provides an organization health care provider the ability to represent itself in a manner consistent to all trading partners. In the health care claim, there are three possible locations for organization health care provider entities to be reported. They are Billing Provider, Rendering Provider, and Service Location.

**Billing Provider.** In many instances the Billing Provider is an organization; therefore, the Billing Provider NPI reported would belong to an organization health care provider. The Billing Provider may be an individual only when the services were performed by, and will be paid to, an independent, non-incorporated individual. When an organization health care provider has determined that it has subparts requiring enumeration, that organization health care provider will report the NPI of the subpart as the Billing Provider. The subpart reported as the Billing Provider MUST always represent the most detailed level of enumeration as determined by the organization health care provider and MUST be the same identifier sent to any trading partner.

### NOTE

In published versions prior to 5010, the Billing Provider may have been a variety of entities, including billing services and healthcare clearinghouses. Beginning with

version 5010, the Billing Provider must be a health care or atypical service provider (as described in the section entitled Providers who are Not Eligible for Enumeration).

**Rendering Provider or Service Location.** An organization health care provider's NPI used to identify the Rendering Provider or the Service Location must be external to the entity identified as the Billing Provider (for example; reference lab). It is not permissible to report an organization health care provider's NPI as the Rendering Provider or the Service Location if the Rendering Provider or Service Location is a subpart of the Billing Provider.

# 1.10.4 Subparts and the 2010 AA - Billing Provider Name Loop

Beginning on the NPI compliance date(s): When the Billing Provider is an organization health care provider, the NPI of the organization health care provider or its subpart is reported in NM109. When an organization health care provider has determined a need to enumerate subparts, it is required that a subpart's NPI be reported as the Billing Provider. The subpart reported as the Billing Provider MUST always represent the most detailed level of enumeration and MUST be the same identifier sent to any trading partner. For additional explanation, see Section 1.10.3 - <u>Organization Health Care Provider Subpart Representation</u>.

The Billing Provider may be an individual only when the health care provider performing services is an independent, unincorporated entity. In these cases, the Billing Provider is the individual whose Tax Identification Number (TIN) is used for IRS Form 1099 purposes. That individual's NPI is reported in NM109, and the individual's TIN must be reported in the REF segment of Loop ID-2010AA. The individual's NPI must be reported when the individual provider is eligible for an NPI.

Prior to the NPI compliance date, proprietary identifiers necessary for the receiver to identify the Billing Provider entity are to be reported in the REF segment of Loop ID-2010BB Payer Name. The TIN of the Billing Provider, used for IRS Form 1099 purposes, must be reported in the REF segment of Loop ID-2010AA Billing Provider.

When the Billing Provider is an atypical provider, the Billing Provider should be the legal entity. However, willing trading partners may agree upon varying definitions. Proprietary or legacy identifiers necessary for the trading partner to identify the entity are to be reported in the REF segment of Loop ID-2010BB Payer Name. The TIN, used for IRS Form 1099 purposes, must be reported in the REF segment of Loop ID-2010AA Billing Provider.

# 1.11 Coding of Drugs in the 837 Claim

This section provides guidance on the coding of drug claims under HIPAA as accomplished in the 2400 and 2410 loops. For home infusion therapy care claims that include the drugs, biologics, and nutrition components of the total home infusion therapy encounters, refer to the 837 Health Care Claim: Professional implementation guide.

Regarding format, although National Drug Code (NDC) numbers may have different formats, all may be mapped to the 5-4-2 format used in this implementation guide, for example 12345-6789-01. NDC numbers are to be reported as an 11 character data stream with no separators. In other words, the hyphens are to be suppressed. HCPCS codes are always five characters in length.

# 1.11.1 Single Drug Billing

An 837 for a single drug will have one 2400 loop with the HCPCS code in SV101-2 and the associated units in SV104. When required by situational rules, the 2410 loop is sent with the NDC number in LIN03 and the associated quantity in CTP04. Loop ID-2410 REF02 contains a prescription number when the drug is provided under prescription.

# 1.11.2 Compound Drug Billing

An 837 for a multiple ingredient compound will have one 2400 loop for each ingredient with the HCPCS code in SV101-2, the provider's charge for that ingredient in SV102, and the associated units in SV104. When required by situational rules, the 2410 loop is sent with the NDC number in LIN03 with the associated quantity in CTP04. Loop ID-2410 REF02 must have the same prescription number, or the same linkage number if provided without a prescription, for each ingredient of the compound to enable the payer to differentiate and link the ingredients to a single compound.

# 1.12 Additional Instructions and Considerations

# 1.12.1 Individuals with one Legal Name

In those situations where an individual has only one legal name, report that name in the last name data element of the NM1 segment, specifically the NM103. The first and middle name data elements for that NM1 segment are then not used. This guideline is true for all loops containing an NM1 segment that may identify an individual.

# 1.12.2 Rejecting Claims Based on the Inclusion of Situational Data

This implementation guide contains a number of Situational Rules which state the element or segment is required when a payer's adjudication is known to be impacted by that information. These rules must not be construed as allowing the current payer to reject a claim or transaction if the information is submitted but not used by that payer. The condition in these situational rules is based on a known impact to any potential payer's adjudication.

The purpose is to enable proper adjudication for any potential downstream payers as well as allow affected providers to collect and report information consistently for all trading partners when desired. As a result, the submitter is not restricted from sending the information to other payers in addition to the specific payer that has a known adjudication impact.

# 1.12.3 Multiple REF Segments with the same Qualifier

A repeat of a REF segment within the same loop is not allowed when the qualifier in the REF01 data element is the same. However, there is one important exception to this rule. Within the 837, there are data elements reported in Loop ID-2400 and the various 2420 loops which are payer specific (for example: Referral Number, Prior Authorization Number, Provider Identifiers...). When these pieces of information are reported, the composite data element in REF04 is used to identify the associated payer. In all cases, the reported data belongs to the destination payer when REF04 is not used. When REF04 is used, the value reported in the first component (REF04-1) equals 2U. This qualifier indicates the value reported in the following component (REF04-2) is a payer identifier. This payer identifier "links" to one of the payer identifiers found in Loop ID-2330B NM109.

# 1.12.4 Provider Tax IDs

For purposes of this implementation, the Billing Provider is the provider or provider organization to which payment is intended to be made. This payment is included in the provider's 1099 reporting. The Employer Identification Number (EIN) or Social Security Number (SSN) for the billing provider is only reported in the Billing Provider Tax Identification REF segment in Loop ID-2010AA Billing Provider. The EIN and SSN qualifiers are not valid in any provider REF segments other than the 2010AA Billing Provider Ioop. Other reference qualifiers must be used in the REF segments in those loops to provide identifying information, such as "G2" for Provider's Commercial Number.

# 1.12.5 Claim and Line Redundant Information

This implementation guide supports the reporting of some information at the claim and the service levels to enable the reporting of individual line specific information. The line level usage notes for these pieces of information state "Required when different than that reported at the claim level. If not required by this implementation guide, do not send." This wording results in the potential for misinterpretation resulting in unintended rigidity. These usage notes, as written with the "do not send" statement, should be applied as establishing the conditions when a submitter must send, and when a submitter is not required to send, the line level information. This "do not send" statement does not establish situations where a receiver is allowed, or is required, to reject a claim. That would be placing an unnecessary burden on the sender. The appropriate action by a receiver is to "ignore, but don't reject" this redundant claim/line information. If redundant data segments or elements are reported but are not necessary for the receiver within their application, the receiver ignores the information that is not needed. The presence of the unneeded information must not cause the transaction to be rejected.

These usage notes do not permit a receiver to request or require the redundant line level data. Sending the redundant data is strictly at the submitter's discretion.

An example of this would be Rendering Provider information that is supported in the 2310 and 2420 loops of the Institutional, Professional, and Dental implementation guides. The same Rendering Provider information might be reported at both the claim and line levels. This situation would not alter the payment of that claim nor complicate the adjudication algorithms. Consequently, rejecting any claims because of the presence of this redundant data would unnecessarily burden the provider community and further complicate the claim process.

Other examples exist in the claim implementation guides where the business cases open up the possibility for redundant data to be reported. For all such situations, the principle is to "ignore, but don't reject".

# **1.12.6 Inpatient and Outpatient Designation**

The determination of what constitutes an Inpatient or Outpatient claim is defined in the external code set developed by the National Uniform Billing Committee in its Data Specifications Manual (UB Manual) beginning with UB-04. General guidelines are contained in the Type of Bill section of the UB Manual. Inpatient and Outpatient claims are distinguished by Type of Bill and other factors. Certain bill types are designated for inpatient use while others are designated for outpatient reporting. Exceptions to the general rules are documented with reference to the specific data elements affected.

# **1.12.7 Trading Partner Acknowledgments**

The authors of this implementation guide strongly encourage submitters of this transaction to expect and require standard electronic acknowledgments from receivers. The authors encourage receivers to expect and require submitters to have an operational capability to accept and take action on standard electronic acknowledgments.

# 2

# **Transaction Set**

### NOTE

See Appendix B, Nomenclature, to review the transaction set structure, including descriptions of segments, data elements, levels, and loops.

### 2.1

Presentation Examples

The ASC X12 standards are generic. For example, multiple trading communities use the same PER segment to specify administrative communication contacts. Each community decides which elements to use and which code values in those elements are applicable.

This implementation guide uses a format that depicts both the generalized standard and the insurance industry-specific implementation. In this implementation guide, **IMPLEMENTATION** specifies the requirements for this implementation. **X12 STANDARD** is included as a reference only.

The transaction set presentation is comprised of two main sections with subsections within the main sections:

### 2.3 Transaction Set Listing

There are two sub-sections under this general title. The first sub-section concerns this implementation of a generic X12 transaction set. The second sub-section concerns the generic X12 standard itself.

### IMPLEMENTATION

This section lists the levels, loops, and segments contained in this implementation. It also serves as an index to the segment detail.

### STANDARD

This section is included as a reference.

### 2.4 Segment Detail

There are three sub-sections under this general title. This section repeats once for each segment used in this implementation providing segment specific detail and X12 standard detail.

### SEGMENT DETAIL

This section is included as a reference.

### DIAGRAM

This section is included as a reference. It provides a pictorial view of the standard and shows which elements are used in this implementation.

### ELEMENT DETAIL

This section specifies the implementation details of each data element.

These illustrations (Figures 2.1 through 2.5) are examples and are not extracted from the Section 2 detail in this implementation guide. Annotated illustrations, presented below in the same order they appear in this implementation guide, describe the format of the transaction set that follows.

Г

Indicat this se the imp	es tha ction i plemer	s ntation standard	BXX Insurance	e Transa	ction Set			
PAGE #	POS. #	SEG. ID	NAME			USAGE	REPEAT	LOOP REPE/
53	0100		Transaction Set Header		ant is assigned an	R	1	
54	0200		Financial Information	•	ent is assigned an ecific name. Not	R	1	Segment
60	0400	TRN	Reassociation Key		ents do not appear	R	1 🕶	<ul> <li>repeats and loop repeats</li> </ul>
62	0500	CUR	Non-US Dollars Currency			S	1	reflect actual
65	0600	REF	Receiver ID	Each loop i	s assigned an	S	1	
66	0600	REF	Version Number	industry sp	ecific name	S	1	uougo
68	0700	DTM	Production Date			S	1	
			PAYER NAME					
70	0800	N1	Payer Name			R	1	
72	1000	N3	Payer Address		R=Required	S	1	
75	1100		Payer City, State, Zip		S=Situational	S	1	
76	1200	REF	Additional Payer Reference	e Number		S	1	
78	1300	PER	Payer Contact			S	1	-
			PAYEE NAME					1
79	0800	N1	Payee Name			R	1	
81	1000	N3	Payee Address			S	1	/
82	1100	N4	Payee City, State, Zip			S	1	/
84	1200	REF	Payee Additional Reference	e Number		S	>1	
Positic	on Nun	nbers ar	nd Segment IDs retain their	r X12 values	Individual se	gments a	/ Ind entire loc	pps are repeated

Figure 2.1. Transaction Set Key — Implementation

STANDARD	Insurance Transaction Set
this section is identical to the ASC X12 standard	Functional Group ID: XX
See Appendix B.1, ASC X12 Nomenclature for a complete description of the standard Table 1 - Hea	This Draft Standard for Trial Use contains the format and establishes the data contents of the Insurance Transaction Set (8XX) within the context of the Electronic Data Interchange (EDI) environment.
POS. # SEG. ID NAME	REQ. DES. MAX USE LOOP REPEAT
0100 ST Transac	tion Set Header M 1
0200 BPR Beginnir	ng Segment M 1
0300 NTE Note/Sp	ecial Instruction O >1
0400 TRN Trace	0 1

Figure 2.2. Transaction Set Key — Standard

SEGMENT DETAIL	
Industry assigned Segment Name	NM1 - PATIENT NAME
•	Individual or Organizational Name See section B.1.1.3.8 for
X12 Purpose:	To supply the full name of an individual or organizational entity a description of these
X12 Syntax:	1. P0809 values values values
Industry assigned	2. C1110 If NM111 is present, then NM110 is required.
Loop ID and Loop Name	<b>3. C1203</b> If NM112 is present, then NM103 is required. Industry Loop Repeat
Industry Segment Loop:	2100B — PATIENT NAME Loop Repeat: 1
Segment Repeat:	1
Industry usage Usage:	SITUATIONAL
Situational	Required when the patient is different from the insured. If not required by this implementation guide, do not send.
Rule TR3 Notes:	1. Any necessary identification number must be provided in NM109.
Industry TR3 Example:	NM1*QC*1*Shepard*Sam*A***34*452114586~
Example	

Figure 2.3. Segment Key — Implementation

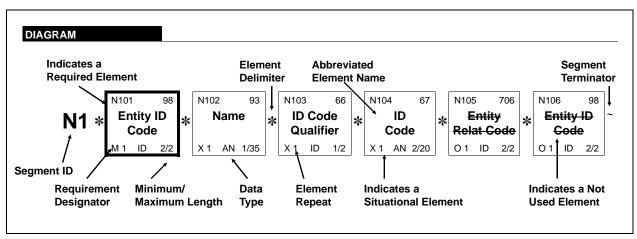


Figure 2.4. Segment Key — Diagram

USAGE	REF. DES.	DATA ELEMENT	NAME		EI	ement Repeat		ATTRIBL	JTES
REQUIRED	SVC01	C003	IDENT	IFIER	DICAL PROCEDU		M 1	es and	
Reference Designa	ator Com Num	nposite	applica	able modifier	S				
	Null	ibei	Use th	e Primary I	Payer's adjudicate	ed Medical P	roce	dure C	ode.
REQUIRED Industry Usage:	SVC01 -	1	235	Code ident	ervice ID Qualifient ifying the type/sound duct/Service ID (2	rce of the des	<b>M</b> criptiv	ID ve num	<b>2/2</b> nber
See the following page for complete				IMPLEMENTAT	ON NAME: Product o	or Service ID	Qual	ifier	
descriptions	Industry	Note -	The value in SVC01-1 qualifies the values in SVC01-2, SVC01-3, SVC01-4, SVC01-5, and SVC01-6.						
			CODE	DEFI	NITION				
Selected Code Values			AD	Am	erican Dental As	sociation Co	des		
-				COD	e source 135: Amer	ican Dental As	ssoci	ation	
ex	e Appendix A f ternal code so ference		HP		alth Insurance Pro PPS) Skilled Nurs				tem
				Pay	E SOURCE <b>716</b> : Health ment System (HIF sing Facilities				d
REQUIRED	SVC01 -	2	234	Product/Se Identifying	ervice ID number for a produ	uct or service	М	AN	1/48
NOT USED	SVC01 -	3	1339	Procedure	-		0	AN	2/2
NOT USED	SVC01 -	4	1339	Procedure	Modifier		0	AN	2/2
NOT USED	SVC01 -	5	1339	Procedure	Modifier		0	AN	2/2
NOT USED	SVC01 -	6	1339	Procedure	Modifier		0	AN	2/2
NOT USED	SVC01 -	7	352	Descriptio	n		0	AN	1/80
REQUIRED	SVC02	782		ary Amoun	t		M 1	R	1/18
Da	/			ary amount					
	ta Element				ne submitted service	charge.			
					ot be negative.				
NOT USED	SVC03	782		ary Amoun			01	R	1/18
SITUATIONAL	SVC04	234		<b>ct/Service I</b> /ing number	D for a product or se	ervice	01	AN	1/48
X12 Sema	ntic Note		→ SEMANTIC: SVC04 is the National Uniform Billing Committee Revenue Code.						
Situationa Implemen See Appe	→ <	consi alread	dered durin ly identified	quired when an N g adjudication in l in SVC01. If not l uuide, do not send	addition to a required by t	proc			
definition				ENTATION NAME:	National Uniform	n Billing Com	mitte	e Rev	enue

Figure 2.5. Segment Key — Element Summary

# 2.2 Implementation Usage

### 2.2.1 Industry Usage

Industry Usage describes when loops, segments, and elements are to be sent when complying with this implementation guide. The three choices for Usage are required, not used, and situational. To avoid confusion, these are named differently than the X12 standard Condition Designators (mandatory, optional, and relational).

tional).	
Required	This loop/segment/element must always be sent.
	Required segments in Situational loops only occur when the loop is used.
	Required elements in Situational segments only occur when the segment is used.
	Required component elements in Situational composite ele- ments only occur when the composite element is used.
Not Used	This element must never be sent.
Situational	Use of this loop/segment/element varies, depending on data con- tent and business context as described in the defining rule. The defining rule is documented in a Situational Rule attached to the item.
	There are two forms of Situational Rules.
	The first form is "Required when <explicit condition="" statement="">. If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver." The data qualified by such a situational rule cannot be required or requested by the receiver, transmission of this data is solely at the sender's discretion.</explicit>
	The alternative form is "Required when <explicit condition="" state-<br="">ment&gt;. If not required by this implementation guide, do not send." The data qualified by such a situational rule cannot be sent except as described in the explicit condition statement.</explicit>

### 2.2.1.1

### Transaction Compliance Related to Industry Usage

A transmitted transaction complies with an implementation guide when it satisfies the requirements as defined within the implementation guide. The presence or absence of an item (loop, segment, or element) complies with the industry usage specified by this implementation guide according to the following table.

Industry Usage	Business Condition is	Item is	Transaction Complies with Implementation Guide?
Required	N1/A	Sent	Yes
-	N/A	Not Sent	No
Not Used	N1/A	Sent	No
	N/A	Not Sent	Yes
Situational (Required when <explicit< td=""><td><b>T</b></td><td>Sent</td><td>Yes</td></explicit<>	<b>T</b>	Sent	Yes
condition statement>. If not required by this implementation guide, may be	True	Not Sent	No
provided at the sender's discretion, but	Not True	Sent	Yes
cannot be required by the receiver.)	Not the	Not Sent	Yes
Situational (Required when <explicit< td=""><td><b>T</b></td><td>Sent</td><td>Yes</td></explicit<>	<b>T</b>	Sent	Yes
condition statement>. If not required by	True	Not Sent	No
this implementation guide, do not send.)		Sent	No
	Not True	Not Sent	Yes

This table specifies how an entity is to evaluate a transmitted transaction for compliance with industry usage. It is not intended to require or imply that the receiver must reject non-compliant transactions. The receiver will handle non-compliant transactions based on its business process and any applicable regulations.

### 2.2.2 Loops

Loop requirements depend on the context or location of the loop within the transaction. See Appendix B for more information on loops.

- A nested loop can be used only when the associated higher level loop is used.
- The usage of a loop is the same as the usage of its beginning segment.
  - If a loop's beginning segment is Required, the loop is Required and must occur at least once unless it is nested in a loop that is not being used.
  - If a loop's beginning segment is Situational, the loop is Situational.
- Subsequent segments within a loop can be sent only when the beginning segment is used.
- Required segments in Situational loops occur only when the loop is used.

# 2.3 Transaction Set Listing

### 2.3.1 Implementation

This section lists the levels, loops, and segments contained in this implementation. It also serves as an index to the segment detail. Refer to section 2.1 Presentation Examples for detailed information on the components of the Implementation section.

#### IMPLEMENTATION

# 837 Health Care Claim: Professional

### Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
70	0050	ST	Transaction Set Header	R	1	
71	0100	BHT	Beginning of Hierarchical Transaction	R	1	
			LOOP ID - 1000A SUBMITTER NAME			1
74	0200	NM1	Submitter Name	R	1	
76	0450	PER	Submitter EDI Contact Information	R	2	
			LOOP ID - 1000B RECEIVER NAME			1
79	0200	NM1	Receiver Name	R	1	

### Table 2 - Billing Provider Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A BILLING PROVIDER HIERARCHICAL LEVEL			>1
81	0010	HL	Billing Provider Hierarchical Level	R	1	
83	0030	PRV	Billing Provider Specialty Information	S	1	
84	0100	CUR	Foreign Currency Information	S	1	
			LOOP ID - 2010AA BILLING PROVIDER NAME			1
87	0150	NM1	Billing Provider Name	R	1	
91	0250	N3	Billing Provider Address	R	1	
92	0300	N4	Billing Provider City, State, ZIP Code	R	1	
94	0350	REF	Billing Provider Tax Identification	R	1	
96	0350	REF	Billing Provider UPIN/License Information	S	2	
98	0400	PER	Billing Provider Contact Information	S	2	
			LOOP ID - 2010AB PAY-TO ADDRESS NAME			1
101	0150	NM1	Pay-to Address Name	S	1	
103	0250	N3	Pay-to Address - ADDRESS	R	1	
104	0300	N4	Pay-To Address City, State, ZIP Code	R	1	
			LOOP ID - 2010AC PAY-TO PLAN NAME			1
106	0150	NM1	Pay-To Plan Name	S	1	
108	0250	N3	Pay-to Plan Address	R	1	
109	0300	N4	Pay-To Plan City, State, ZIP Code	R	1	
111	0350	REF	Pay-to Plan Secondary Identification	S	1	
113	0350	REF	Pay-To Plan Tax Identification Number	R	1	

### Table 2 - Subscriber Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B SUBSCRIBER HIERARCHICAL LEVEL			>1
114	0010	HL	Subscriber Hierarchical Level	R	1	
116	0050	SBR	Subscriber Information	R	1	
119	0070	PAT	Patient Information	S	1	
			LOOP ID - 2010BA SUBSCRIBER NAME			1
121	0150	NM1	Subscriber Name	R	1	
124	0250	N3	Subscriber Address	S	1	
125	0300	N4	Subscriber City, State, ZIP Code	R	1	
127	0320	DMG	Subscriber Demographic Information	S	1	
129	0350	REF	Subscriber Secondary Identification	S	1	
130	0350	REF	Property and Casualty Claim Number	S	1	
131	0400	PER	Property and Casualty Subscriber Contact Information	S	1	
			LOOP ID - 2010BB PAYER NAME			1
133	0150	NM1	Payer Name	R	1	
135	0250	N3	Payer Address	S	1	
136	0300	N4	Payer City, State, ZIP Code	R	1	
138	0350	REF	Payer Secondary Identification	S	3	
140	0350	REF	Billing Provider Secondary Identification	S	2	

### **Table 2 - Patient Detail**

For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BB in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 1.4.3.2.2.1, HL Segment, for details.

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000C PATIENT HIERARCHICAL LEVEL			>1
142	0010	HL	Patient Hierarchical Level	S	1	
144	0070	PAT	Patient Information	R	1	
			LOOP ID - 2010CA PATIENT NAME			1
147	0150	NM1	Patient Name	R	1	
149	0250	N3	Patient Address	R	1	
150	0300	N4	Patient City, State, ZIP Code	R	1	
152	0320	DMG	Patient Demographic Information	R	1	
154	0350	REF	Property and Casualty Claim Number	S	1	
155	0400	PER	Property and Casualty Patient Contact Information	S	1	
			LOOP ID - 2300 CLAIM INFORMATION			100
157	1300	CLM	Claim Information	R	1	
164	1350	DTP	Date - Onset of Current Illness or Symptom	S	1	
165	1350	DTP	Date - Initial Treatment Date	S	1	
166	1350	DTP	Date - Last Seen Date	S	1	
167	1350	DTP	Date - Acute Manifestation	S	1	
168	1350	DTP	Date - Accident	S	1	
169	1350	DTP	Date - Last Menstrual Period	S	1	

170	1350	DTP	Date - Last X-ray Date	S	1	
171	1350		Date - Hearing and Vision Prescription Date	S	1	
172	1350		Date - Disability Dates	S	1	
174	1350	DTP	Date - Last Worked	S	1	
175	1350		Date - Authorized Return to Work	S	1	
176	1350		Date - Admission	S	1	
177	1350		Date - Discharge	S	1	
178	1350		Date - Assumed and Relinquished Care Dates	S	2	
180	1350		Date - Property and Casualty Date of First Contact	S	1	
181	1350		Date - Repricer Received Date	S	1	
182		PWK	Claim Supplemental Information	S	10	
186	1600		Contract Information	S	1	
188		AMT	Patient Amount Paid	S	1	
189	1800 1800		Service Authorization Exception Code	S	1	
191 192	1800		Mandatory Medicare (Section 4081) Crossover Indicator Mammography Certification Number	S S	1 1	
192	1800		Referral Number	S	1	
193	1800		Prior Authorization	S	1	
194	1800		Payer Claim Control Number	S	1	
197	1800		Clinical Laboratory Improvement Amendment (CLIA)	S	1	
			Number	•	•	
199	1800	REF	Repriced Claim Number	S	1	
200	1800	REF	Adjusted Repriced Claim Number	S	1	
201	1800	REF	Investigational Device Exemption Number	S	1	
202	1800	REF	Claim Identifier For Transmission Intermediaries	S	1	
204	1800		Medical Record Number	S	1	
205	1800		Demonstration Project Identifier	S	1	
206		REF	Care Plan Oversight	S	1	
207	1850		File Information	S	10	
209	1900		Claim Note	S	1	
211 214	1950 2000		Ambulance Transport Information	S S	1 1	
214	2000		Spinal Manipulation Service Information Ambulance Certification	S	3	
210	2200		Patient Condition Information: Vision	S	3	
221		CRC	Homebound Indicator	S	1	
223		CRC	EPSDT Referral	S	1	
226	2310		Health Care Diagnosis Code	R	1	
239	2310		Anesthesia Related Procedure	S	1	
242	2310	HI	Condition Information	S	2	
252	2410	HCP	Claim Pricing/Repricing Information	S	1	
			LOOP ID - 2310A REFERRING PROVIDER NAME			2
257	2500	NM1	Referring Provider Name	S	1	
260	2710	REF	Referring Provider Secondary Identification	S	3	
			LOOP ID - 2310B RENDERING PROVIDER NAME			1
262	2500		Rendering Provider Name	S	1	
265	2550		Rendering Provider Specialty Information	S	1	
267	2710	REF	Rendering Provider Secondary Identification	S	4	
			LOOP ID - 2310C SERVICE FACILITY LOCATION NAME			1
269	2500	NM1	Service Facility Location Name	S	1	
272	2650	N3	Service Facility Location Address	R	1	
273	2700	N4	Service Facility Location City, State, ZIP Code	R	1	
275	2710	REF	Service Facility Location Secondary Identification	S	3	
277	2750	PER	Service Facility Contact Information	S	1	

			LOOP ID - 2310D SUPERVISING PROVIDER NAME			1
280	2500	NM1	Supervising Provider Name	S	1	
283	2710	REF	Supervising Provider Secondary Identification	S	4	
			LOOP ID - 2310E AMBULANCE PICK-UP LOCATION			1
285	2500	NM1	Ambulance Pick-up Location	S	1	
287	2650	N3	Ambulance Pick-up Location Address	R	1	
288	2700	N4	Ambulance Pick-up Location City, State, ZIP Code	R	1	
			LOOP ID - 2310F AMBULANCE DROP-OFF LOCATION			1
290	2500	NM1	Ambulance Drop-off Location	S	1	
292	2650	N3	Ambulance Drop-off Location Address	R	1	
293	2700	N4	Ambulance Drop-off Location City, State, ZIP Code	R	1	
			LOOP ID - 2320 OTHER SUBSCRIBER INFORMATION			10
295	2900	SBR	Other Subscriber Information	S	1	
299	2950	CAS	Claim Level Adjustments	S	5	
305	3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	S	1	
306	3000	AMT	Coordination of Benefits (COB) Total Non-Covered	S	1	
			Amount			
307		AMT	Remaining Patient Liability	S	1	
308		OI	Other Insurance Coverage Information	R	1	
310	3200	MOA	Outpatient Adjudication Information	S	1	
			LOOP ID - 2330A OTHER SUBSCRIBER NAME			1
313	3250	NM1	Other Subscriber Name	R	1	
316	3320	N3	Other Subscriber Address	S	1	
317		N4	Other Subscriber City, State, ZIP Code	R	1	
319	3550	REF	Other Subscriber Secondary Identification	S	1	
			LOOP ID - 2330B OTHER PAYER NAME			1
320		NM1	Other Payer Name	R	1	
322		N3	Other Payer Address	S	1	
323	3400		Other Payer City, State, ZIP Code	R	1	
325		DTP	Claim Check or Remittance Date	S	1	
326		REF	Other Payer Secondary Identifier	S	2	
328		REF	Other Payer Prior Authorization Number	S	1	
329		REF	Other Payer Referral Number	S	1	
330		REF	Other Payer Claim Adjustment Indicator	S	1	
331	3550	REF	Other Payer Claim Control Number	S	1	
			LOOP ID - 2330C OTHER PAYER REFERRING PROVIDER			2
332	3250	NM1	Other Payer Referring Provider	S	1	
334	3550		Other Payer Referring Provider Secondary Identification	R	3	
554	5550		LOOP ID - 2330D OTHER PAYER RENDERING	<u> </u>	5	1
			PROVIDER			
336	3250	NM1	Other Payer Rendering Provider	S	1	
338	3550		Other Payer Rendering Provider Secondary Identification	R	3	
			LOOP ID - 2330E OTHER PAYER SERVICE FACILITY			1
			LOCATION	-		
340	3250		Other Payer Service Facility Location	S	1	
342	3550	REF	Other Payer Service Facility Location Secondary Identification	R	3	
			LOOP ID - 2330F OTHER PAYER SUPERVISING			1
			PROVIDER	•		
343	3250		Other Payer Supervising Provider	S	1	
345	3550	REF	Other Payer Supervising Provider Secondary Identification	R	3	
o 1 <del></del>			LOOP ID - 2330G OTHER PAYER BILLING PROVIDER	-		1
347	3250		Other Payer Billing Provider	S	1	
349	3550	KEF	Other Payer Billing Provider Secondary Identification	R	2	

			LOOP ID - 2400 SERVICE LINE NUMBER			50
350	3650	LX	Service Line Number	R	1	
351	3700	SV1	Professional Service	R	1	
359	4000	SV5	Durable Medical Equipment Service	S	1	
362	4200	PWK	Line Supplemental Information	S	10	
366	4200	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator	S	1	
368	4250	CR1	Ambulance Transport Information	S	1	
371	4350	CR3	Durable Medical Equipment Certification	S	1	
373	4500	CRC	Ambulance Certification	S	3	
376	4500	CRC	Hospice Employee Indicator	S	1	
378	4500	CRC	Condition Indicator/Durable Medical Equipment	S	1	
380	4550	DTP	Date - Service Date	R	1	
382	4550	DTP	Date - Prescription Date	S	1	
383	4550	DTP	DATE - Certification Revision/Recertification Date	S	1	
384	4550	DTP	Date - Begin Therapy Date	S	1	
385	4550	DTP	Date - Last Certification Date	S	1	
386	4550	DTP	Date - Last Seen Date	S	1	
387	4550		Date - Test Date	S	2	
388	4550		Date - Shipped Date	S	1	
389	4550		Date - Last X-ray Date	S	1	
390	4550		Date - Initial Treatment Date	S	1	
391	4600	QTY	Ambulance Patient Count	S	1	
392	4600		Obstetric Anesthesia Additional Units	S	1	
393		MEA	Test Result	S	5	
395	4650		Contract Information	S	1	
397	4700		Repriced Line Item Reference Number	S	1	
398	4700		Adjusted Repriced Line Item Reference Number	S	1	
399	4700		Prior Authorization	S	5	
401	4700		Line Item Control Number	S	1	
403	4700		Mammography Certification Number	S	1	
404	4700		Clinical Laboratory Improvement Amendment (CLIA) Number	S	1	
405	4700	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	S	1	
406	4700		Immunization Batch Number	S	1	
407	4700		Referral Number	S	5	
409		AMT	Sales Tax Amount	S	1	
410		AMT	Postage Claimed Amount	S	1	
411	4800		File Information	S	10	
413	4850		Line Note	S	1	
414	4850		Third Party Organization Notes	S	1	
415	4880	PS1	Purchased Service Information	S	1	
416	4920	HCP	Line Pricing/Repricing Information	S	1	
			LOOP ID - 2410 DRUG IDENTIFICATION			1
423	4930		Drug Identification	S	1	
426	4940		Drug Quantity	R	1	
428	4950	REF	Prescription or Compound Drug Association Number	S	1	
			LOOP ID - 2420A RENDERING PROVIDER NAME			1
430	5000		Rendering Provider Name	S	1	
433	5050	PRV	Rendering Provider Specialty Information	S	1	
434	5250	REF	Rendering Provider Secondary Identification	S	20	
			LOOP ID - 2420B PURCHASED SERVICE PROVIDER NAME			1
436	5000	NM1	Purchased Service Provider Name	S	1	
439	5250	REF	Purchased Service Provider Secondary Identification	S	20	

			LOOP ID - 2420C SERVICE FACILITY LOCATION NAME			1
441	5000 N	M1	Service Facility Location Name	S	1	
444	5140 N	3	Service Facility Location Address	R	1	
445	5200 N	4	Service Facility Location City, State, ZIP Code	R	1	
447	5250 R	EF	Service Facility Location Secondary Identification	S	3	
			LOOP ID - 2420D SUPERVISING PROVIDER NAME			1
449	5000 N	M1	Supervising Provider Name	S	1	
452	5250 R	EF	Supervising Provider Secondary Identification	S	20	
			LOOP ID - 2420E ORDERING PROVIDER NAME			1
454	5000 N	M1	Ordering Provider Name	S	1	
457	5140 N	3	Ordering Provider Address	S	1	
458	5200 N	4	Ordering Provider City, State, ZIP Code	R	1	
460	5250 R	EF	Ordering Provider Secondary Identification	S	20	
462	5300 PI	ER	Ordering Provider Contact Information	S	1	
			LOOP ID - 2420F REFERRING PROVIDER NAME			2
465	5000 N	M1	Referring Provider Name	S	1	
468	5250 R	EF	Referring Provider Secondary Identification	S	20	
			LOOP ID - 2420G AMBULANCE PICK-UP LOCATION			1
470	5000 N	M1	Ambulance Pick-up Location	S	1	
472	5140 N	3	Ambulance Pick-up Location Address	R	1	
473	5200 N	4	Ambulance Pick-up Location City, State, ZIP Code	R	1	
			LOOP ID - 2420H AMBULANCE DROP-OFF LOCATIO	N		1
475	5000 N	M1	Ambulance Drop-off Location	S	1	
477	5140 N	3	Ambulance Drop-off Location Address	R	1	
478	5200 N	4	Ambulance Drop-off Location City, State, ZIP Code	R	1	
			LOOP ID - 2430 LINE ADJUDICATION INFORMATION			15
480	5400 SV	VD	Line Adjudication Information	S	1	
484	5450 C	AS	Line Adjustment	S	5	
490	5500 D	ТР	Line Check or Remittance Date	R	1	
491	5505 A	мт	Remaining Patient Liability	S	1	
			LOOP ID - 2440 FORM IDENTIFICATION CODE			>1
492	5510 LO	ຊ	Form Identification Code	S	1	
494	5520 FI	RM	Supporting Documentation	R	99	
496	5550 SI	E	Transaction Set Trailer	R	1	

## 2.3.2

## X12 Standard

This section is included as a reference. The implementation guide reference clarifies actual usage. Refer to section 2.1 Presentation Examples for detailed information on the components of the X12 Standard section.

#### STANDARD

# 837 Health Care Claim

#### Functional Group ID: HC

This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment.

For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

### Table 1 - Header

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
0050	ST	Transaction Set Header	м	1	
0100	BHT	Beginning of Hierarchical Transaction	м	1	
0150	REF	Reference Information	0	3	
		LOOP ID - 1000			10
0200	NM1	Individual or Organizational Name	0	1	
0250	N2	Additional Name Information	0	2	
0300	N3	Party Location	0	2	
0350	N4	Geographic Location	0	1	
0400	REF	Reference Information	0	2	
0450	PER	Administrative Communications Contact	0	2	

### Table 2 - Detail

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
		LOOP ID - 2000			>1
0010	HL	Hierarchical Level	М	1	
0030	PRV	Provider Information	0	1	
0050	SBR	Subscriber Information	0	1	
0070	PAT	Patient Information	0	1	
0090	DTP	Date or Time or Period	0	5	
0100	CUR	Currency	0	1	
		LOOP ID - 2010			10
0150	NM1	Individual or Organizational Name	0	1	
0200	N2	Additional Name Information	0	2	

#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

2 • 057			TECHNICAL	
0250 N	Party Location	ο	2	
0300 N4	-	0	1	
0320 DI	5 1	0	1	
0350 RI	5 1	0	20	
0400 PE		0	2	
	LOOP ID - 2300			10
1300 CI	M Health Claim	0	1	
1350 D	P Date or Time or Period	0	150	
400 CI	1 Claim Codes	0	1	
1450 DI	I1 Orthodontic Information	0	1	
500 DI	I2 Tooth Summary	0	35	
1550 P\		0	10	
600 CI	-	0	1	
650 D	B Disability Information	0	1	
1700 UI		0	1	
750 AI		0	40	
800 RI		0	30	
850 K		0	10	
900 N		0	20	
1950 CI		0	1	
2000 CI		0	1	
2050 CI		0	1	
2100 CI		0	3	
2150 CI		0	1	
2160 CI		0	1	
190 CI		0	9	
200 CI		0	100	
2310 HI	Health Care Information Codes	0	25	
2400 Q		0	10	
2410 H		0	1	
.410 11	LOOP ID - 2305	•		6
2420 CI		0	1	6
420 CI 430 H		0	12	
430 П.		0	12	0
500 NI	LOOP ID - 2310 Individual or Organizational Name	0	1	9
550 N		0	1	
600 N2		0	2	
650 N		•	•	
2700 N4		0	2	
700 N		0 0	20	
750 PE		0	20	
	LOOP ID - 2320	0	£	10
900 SI		0	1	10
900 SI		0	99	
3000 AI		0	99 15	
000 A		0	15	
100 OI	Other Health Insurance Information	0	1	
150 M		0	1	
200 M		0	1	
200 111		U	1	
050 1	LOOP ID - 2330	-		10
250 NI	•	0	1	
300 N2		0	2	
320 N		0	2	
	Coographic Logotion	0	1	
3400 N4 3450 PI	5 1	0	2	

#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

3500 D	TP Date or Time or Period	0	9	
3550 R	EF Reference Information	0	>1	
	LOOP ID - 2400			>1
3650 L	X Transaction Set Line Number	0	1	
3700 S	V1 Professional Service	0	1	
3750 S	V2 Institutional Service	ο	1	
3800 S	V3 Dental Service	0	1	
3820 T	OO Tooth Identification	0	32	
3850 S	V4 Drug Service	0	1	
4000 S	V5 Durable Medical Equipment Service	0	1	
4050 S	V6 Anesthesia Service	0	1	
100 S	V7 Drug Adjudication	0	1	
4150 H	Health Care Information Codes	0	25	
1200 P	WK Paperwork	0	10	
250 C	R1 Ambulance Certification	0	1	
1300 C	R2 Chiropractic Certification	0	5	
1350 C	R3 Durable Medical Equipment Certification	0	1	
400 C	R4 Enteral or Parenteral Therapy Certification	0	3	
450 C		0	1	
500 C		0	3	
550 D	TP Date or Time or Period	О	15	
600 Q	TY Quantity Information	0	5	
620 N	EA Measurements	0	20	
650 C	N1 Contract Information	0	1	
700 R	EF Reference Information	0	30	
750 A	MT Monetary Amount Information	0	15	
800 K	3 File Information	0	10	
850 N	TE Note/Special Instruction	0	10	
880 P	S1 Purchase Service	0	1	
900 IN	IM Immunization Status	0	>1	
910 H	SD Health Care Services Delivery	0	1	
920 H		0	1	
	LOOP ID - 2410			>1
930 L		0	1	
940 C		0	1	
950 R		0	1	
	LOOP ID - 2420	-	-	10
000 N		0	1	10
050 P		0	1	
100 N		0	2	
140 N		0	2	
200 N		0	1	
250 R		0	20	
300 P		0	20	
500 F				. 4
400 0	LOOP ID - 2430	0	4	>1
400 S		0	1	
450 C		0	99	
500 D		0	9	
505 A		0	20	
	LOOP ID - 2440			>1
5510 L		О М	1 99	

NOTES:	
1/0200	Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then
	they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of
	the loop.
2/0150	Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.
2/1950	The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.
2/2500	Loop 2310 contains information about the rendering, referring, or attending provider.
2/2900	Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber, Subscriber of the Other Insurance Carriers, School or Employer Information for that Subscriber.
2/3250	Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.
2/3650	Loop 2400 contains Service Line information.
2/4250	The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.
2/4930	Loop 2410 contains compound drug components, quantities and prices.
2/5000	Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These seg- ments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.
2/5400	SVD01 identifies the payer which adjudicated the corresponding service line and must match DE 67 in the NM109 position 325 for the payer.
2/5510	Loop 2440 provides certificate of medical necessity information for the procedure identified in SV101 in position 2/3700.
2/5520	FRM segment provides question numbers and responses for the questions on the medical necessity information form identified in LQ position 551.

## 2.4

## 837 Segment Detail

This section specifies the segments, data elements, and codes for this implementation. Refer to section 2.1 Presentation Examples for detailed information on the components of the Segment Detail section.

	ST	- TR	ANSACTION SET HEADER				
X12 Segment N	Name: Trar	saction S	Set Header				
X12 Pur	pose: To in	ndicate th	e start of a transaction set and to assign a contro	ol nun	nber		
Segment Re	epeat: 1						
Usage: REQUIRED							
TR3 Exa	mple: ST*	837*987	654*005010X222~				
DIAGRAM							
ST *	TS ID Code	ST02 TS Contr Numbe M 1 AN	· · · · · · · · · · · · · · · · · · ·				
ELEMENT DETAIL							
USAGE	REF. DES.	DATA ELEMENT	_ <u>NAME</u>		ATTRIBL	JTES	
REQUIRED	ST01	143	Transaction Set Identifier Code Code uniquely identifying a Transaction Set	M 1	ID	3/3	
			<b>SEMANTIC:</b> The transaction set identifier (ST01) is used by the of the interchange partners to select the appropriate transa (e.g., 810 selects the Invoice Transaction Set). <b>CODE DEFINITION</b>				
			837 Health Care Claim				
REQUIRED	ST02	329	Transaction Set Control Number Identifying control number that must be unique within the tr functional group assigned by the originator for a transaction		AN ion set	4/9	
			The Transaction Set Control Number in ST02 and identical. The number must be unique within a sp (ISA-IEA), but can repeat in other interchanges.				
REQUIRED	ST03	1705	Implementation Convention Reference Reference assigned to identify Implementation Convention	01	AN	1/35	
			<b>SEMANTIC:</b> The implementation convention reference (ST03) translation routines of the interchange partners to select the implementation convention to match the transaction set de this implementation convention reference takes precedence implementation reference specified in the GS08.	e appro finition.	opriate When		
			IMPLEMENTATION NAME: Implementation Guide Version	Name	)		
			This element must be populated with the guide id Section 1.2.	lentifi	er nar	ned in	
			This field contains the same value as GS08. Som products strip off the ISA and GS segments prior SE) processing. Providing the information from t level will ensure that the appropriate application translation time.	to ap he GS	oplicat 508 at	ion (ST- this	

\_\_\_\_\_

SEGMENT DETAIL				
	BHT - B TRANS	-	G OF HIERARCHIC	4L
X12 Segment Name:	Beginning of I	Hierarchical Tra	ansaction	
X12 Purpose:			rchical structure of the transaction pose and reference data, i.e., num	•
Segment Repeat:	1			
Usage:	REQUIRED			
TR3 Notes:		ond example d ains ENCOUN	lenotes the case where the entir TERS.	e transaction
TR3 Example:	BHT*0019*0	0*0123*2004	0618*0932*CH~	
TR3 Example:	BHT*0019*0	0*44445*200	40213*0345*RP~	
DIAGRAM				
BHT * Hierarch Struct Com M 1 ID	X.	2/2 Referen Ident 0 1 AN	*	Transaction       Type Code       0       0
USAGE E	REF. DATA DES. ELEMENT	NAME		ATTRIBUTES
REQUIRED BHT	01 1005		tructure Code he hierarchical application structure of a tra gment to define the structure of the transa <u>DEFINITION</u>	
		0019	Information Source, Subscriber, D	ependent
REQUIRED BHT	02 353	<b>•</b> • • • • • • • •	et Purpose Code purpose of transaction set	M 1 ID 2/2
		the 837 batch "original" and	nded to convey the electronic transi contained in this ST-SE envelope. T "reissue" refer to the electronic tra ch, not the billing status.	The terms
		CODE	DEFINITION	
		00	Original	
			Original transmissions are transm have never been sent to the receive	
		18	Reissue	
			If a transmission was disrupted an requests a retransmission, the ser "Reissue" to indicate the transmis	nder uses

previously sent.

005010X222 • 837 • I BEGINNING OF HIER		<b>TRANSAC</b>	TION	ASC X12N • INSURANCE SUBCOMMITTE TECHNICAL REPORT • TYPE				
REQUIRED	BHT03	127		ntification O 1 AN 1/50 nation as defined for a particular Transaction Set or as specified e Identification Qualifier				
				3 is the number assigned by the originator to identify the n the originator's business application system.				
			IMPLEMENTATION N	IAME: Originator Application Transaction Identifier				
			-	file number of the transmission assigned by the ystem. This number operates as a batch control				
			This field is lin	mited to 30 characters.				
REQUIRED	BHT04	373	<b>Date</b> Date expressed a calendar year	O 1 DT 8/8 as CCYYMMDD where CC represents the first two digits of the				
			SEMANTIC: BHT04 application syste	is the date the transaction was created within the business m.				
			IMPLEMENTATION N	IAME: Transaction Set Creation Date				
				te that the original submitter created the claim file siness application system.				
REQUIRED	BHT05	337	HHMMSSD, or H integer seconds	<b>O 1 TM 4/8</b> in 24-hour clock time as follows: HHMM, or HHMMSS, or HMMSSDD, where H = hours (00-23), M = minutes (00-59), S = (00-59) and DD = decimal seconds; decimal seconds are lows: D = tenths (0-9) and DD = hundredths (00-99)				
			SEMANTIC: BHT05 application syste	5 is the time the transaction was created within the business m.				
			IMPLEMENTATION N	IAME: Transaction Set Creation Time				
				ne that the original submitter created the claim file siness application system.				
REQUIRED	BHT06	640	Transaction T Code specifying	ype CodeO 1ID2/2the type of transaction				
			IMPLEMENTATION NAME: Claim or Encounter Identifier					
			CODE	DEFINITION				
			31	Subrogation Demand				
				The subrogation demand code is only for use by state Medicaid agencies performing post payment recovery claiming with willing trading partners. <i>NOTE:</i> At the time of this writing, Subrogation Demand is not a HIPAA mandated use of the 837 transaction.				
			СН	Chargeable				
				Use CH when the transaction contains only fee for service claims or claims with at least one chargeable line item. If it is not clear whether a transaction contains claims or capitated encounters, or if the transaction contains a mix of claims and capitated encounters, use CH.				

RP Reporting Use RP when the entire ST-SE envelope contains only capitated encounters. Use RP when the transaction is being sent to an entity (usually not a payer or a normal provider payer transmission intermediary) for purposes other than adjudication of a claim. Such an entity could be a state health data agency which is using the 837 for health data reporting purposes.

X40.0 (N	NM1 - SUBMITTER NAME	
-	Individual or Organizational Name	
X12 Purpose:	To supply the full name of an individual or organizational entity	
X12 Set Notes:	<ol> <li>Loop 1000 contains submitter and receiver information. If an receivers change or add data in any way, then they add an the loop as a form of identification. The added loop occurrent last occurrence of the loop.</li> </ol>	occurrence to
X12 Syntax:	<b>1. P0809</b> If either NM108 or NM109 is present, then the other is requi	ired.
	<b>2. C1110</b> If NM111 is present, then NM110 is required.	
	<b>3. C1203</b> If NM112 is present, then NM103 is required.	
Loop:	1000A — SUBMITTER NAME Loop Repeat: 1	
Segment Repeat:	1	
Usage:	REQUIRED	
TR3 Notes:	1. The submitter is the entity responsible for the creation of this transaction.	and formatting
TR3 Example:	NM1*41*2*ABC SUBMITTER****46*999999999~	
DIAGRAM		
NM101 Entity ID Code M 1 ID NM107 10 NM107 10 Name Suffix	* ID Code Qualifier * ID * <del>Entity</del> Code * <del>Entity Code</del> * <del>Entity ID</del> <del>Code</del>	NM106         1038           Name Prefix         O           O         1         AN         1/10           NM112         1035         Name Last/ Org Name         ~
01 AN 1	0 X1 ID 1/2 X1 AN 2/80 X1 ID 2/2 O1 ID 2/3	O 1 AN 1/60
ELEMENT DETAIL		
USAGE D	F. DATA S. <u>Element</u> Name	ATTRIBUTES
REQUIRED NM10	1 98 Entity Identifier Code Code identifying an organizational entity, a physical location, individual	<b>II ID 2/3</b> property or an
	CODE DEFINITION	
	41 Submitter	

ASC X12N • INSURA TECHNICAL REPOR		MMITTEE	005010X222 • 837 • 1000A • NM SUBMITTER NAM						
REQUIRED	NM102 1065		Entity Type C Code qualifying	Qualifier the type of entity	M 1	ID	1/1		
			SEMANTIC: NM10	02 qualifies NM103.					
			CODE	DEFINITION					
			1	Person					
			2	Non-Person Entity					
REQUIRED	NM103	1035		r Organization Name ame or organizational name	X 1	AN	1/60		
			syntax: C1203						
			IMPLEMENTATION	NAME: Submitter Last or Org	ganization Nam	е			
SITUATIONAL	NM104	1036	Name First Individual first n	ame	01	AN	1/35		
				E: Required when NM102 = me. If not required by this					
			IMPLEMENTATION	NAME: Submitter First Name	•				
SITUATIONAL	NM105 1037		Name Middle Individual middl	e name or initial	O 1	AN	1/25		
			name or initia	E: Required when NM102 = al of the person is needed by this implementation gu	to identify the i	ndivia			
			IMPLEMENTATION	NAME: Submitter Middle Nar	ne or Initial				
NOT USED	NM106	1038	Name Prefix		01	AN	1/10		
NOT USED	NM107	1039	Name Suffix		O 1	AN	1/10		
REQUIRED	NM108	66		Code Qualifier	X 1 tructure used for I				
			syntax: P0809						
			CODE	DEFINITION					
			46	Electronic Transmitter le	dentification Nu	ımber	(ETIN)		
			Established by trading partner agreement						
REQUIRED	NM109	67	Identification Code identifying	<b>Code</b> g a party or other code	X 1	AN	2/80		
			<b>SYNTAX:</b> P0809						
			IMPLEMENTATION	NAME: Submitter Identifier					
		706	Entity Relationship Code		X 1	ID	2/2		
NOT USED	NM110	100	Entity Identifier Code		<b>X</b> 1		212		
NOT USED NOT USED	NM110 NM111	98	-	-	01	ID	2/2		

## PER - SUBMITTER EDI CONTACT INFORMATION

X12 Segment Name:	Administrative Communications Contact	
-------------------	---------------------------------------	--

X12 Purpose: To identify a person or office to whom administrative communications should be directed

- X12 Syntax: 1. P0304
  - If either PER03 or PER04 is present, then the other is required.

2. P0506 If either PER05 or PER06 is present, then the other is required.

- **3. P0708** If either PER07 or PER08 is present, then the other is required.
- Loop: 1000A SUBMITTER NAME

Segment Repeat: 2

#### Usage: REQUIRED

- TR3 Notes: 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-".
  - 2. The contact information in this segment identifies the person in the submitter organization who deals with data transmission issues. If data transmission problems arise, this is the person to contact in the submitter organization.
  - 3. There are 2 repetitions of the PER segment to allow for six possible combinations of communication numbers including extensions.

TR3 Example: PER\*IC\*JOHN SMITH\*TE\*5555551234\*EX\*123~

#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

PER *	ER01 366 Contact Funct Code 11 ID 2/2	O 1 AN		PER04 364 Comm Number X 1 AN 1/256 PER05 Comm Number X 1 ID	n Qual *	PER06 Con Num X 1 At	
* N	Comm Iumber Qual	PER08 Comm Numbe X 1 AN 1					
ELEMENT DETAIL							
USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIB	UTES
REQUIRED	PER01	366	Contact Function Cod Code identifying the major	<b>e</b> duty or responsibility of the p	M 1 erson or g	<b>ID</b> group n	<b>2/2</b> amed
			CODE DEFINITIO	N			
			IC Inform	ation Contact			
SITUATIONAL	PER02	93	Name Free-form name		01	AN	1/60
			AND				
REQUIRED	PER03	365	(PER) segment.				on 2/2
REQUIRED	PER03	365	(PER) segment. If not required by this implementation name: Sub	<i>implementation guide, d</i> mitter Contact Name per Qualifier	o not se	end.	
₹EQUIRED	PER03	365	(PER) segment. If not required by this IMPLEMENTATION NAME: Sub Communication Numb Code identifying the type of SYNTAX: P0304	<i>implementation guide, d</i> mitter Contact Name Der Qualifier of communication number	o not se	end.	
EQUIRED	PER03	365	(PER) segment.         If not required by this         IMPLEMENTATION NAME: Sub         Communication Numb         Code identifying the type of         SYNTAX: P0304         CODE       DEFINITION	implementation guide, d mitter Contact Name Der Qualifier of communication number	o not se	end.	
EQUIRED	PER03	365	(PER) segment.         If not required by this         IMPLEMENTATION NAME: Sub         Communication Numb         Code identifying the type of         SYNTAX: P0304         CODE       DEFINITION         EM       Electropertor	implementation guide, d mitter Contact Name Der Qualifier of communication number	o not se	end.	
REQUIRED	PER03	365	(PER) segment.         If not required by this         IMPLEMENTATION NAME: Sub         Communication Numb         Code identifying the type of         SYNTAX: P0304         CODE       DEFINITION         EM       Electro         FX       Facsim	implementation guide, d mitter Contact Name oer Qualifier of communication number	o not se	end.	
	PER03 PER04	365 364	(PER) segment. If not required by this IMPLEMENTATION NAME: Sub Communication Numb Code identifying the type of SYNTAX: P0304 CODE DEFINITION EM Electron FX Facsim TE Teleph Communication Numb	implementation guide, d mitter Contact Name oer Qualifier of communication number onic Mail nile one	X 1	ID	2/2
REQUIRED			(PER) segment.         If not required by this         IMPLEMENTATION NAME: Sub         Communication Numb         Code identifying the type of         SYNTAX: P0304         CODE       DEFINITION         EM       Electro         FX       Facsim         TE       Teleph         Communication Numb       Communication Station	implementation guide, d mitter Contact Name of communication number onic Mail nile one oer	X 1	ID	2/2
EQUIRED			(PER) segment. If not required by this IMPLEMENTATION NAME: Sub Communication Numb Code identifying the type of SYNTAX: P0304 CODE DEFINITION EM Electron FX Facsim TE Teleph Communication Numb Complete communications applicable SYNTAX: P0304 Communication Numb Code identifying the type of	implementation guide, d mitter Contact Name of communication number onic Mail nile one oer a number including country or	X 1	ID	2/2
EQUIRED	PER04	364	(PER) segment.         If not required by this         IMPLEMENTATION NAME: Sub         Communication Numb         Code identifying the type of syntax: P0304	implementation guide, d mitter Contact Name of communication number onic Mail nile one oer a number including country or	X 1	ID	2/2
REQUIRED	PER04	364	(PER) segment.         If not required by this         IMPLEMENTATION NAME: Sub-         Communication Number         Code identifying the type of syntax: P0304	implementation guide, d mitter Contact Name of communication number onic Mail nile one oer a number including country or	X 1 X 1 area code X 1 <i>is deem</i>	AN Be when ID	2/2 1/256 2/2
REQUIRED	PER04	364	(PER) segment. If not required by this IMPLEMENTATION NAME: Sub Communication Numb Code identifying the type of SYNTAX: P0304 EM Electro FX Facsim TE Teleph Communication Numb Complete communications applicable SYNTAX: P0304 Communication Numb Code identifying the type of SYNTAX: P0506 SITUATIONAL RULE: Required by the submitter. If no	implementation guide, d mitter Contact Name of communication number onic Mail nile one oer a number including country or oper Qualifier of communication number ed when this information of required by this implen	X 1 X 1 area code X 1 <i>is deem</i>	AN Be when ID	2/2 1/256 2/2

			EX	Telephone Extension			
			FX	Facsimile			
			TE	Telephone			
SITUATIONAL	PER06	364	Communication Complete comm applicable	on Number unications number including country or are	X 1 ea code		1/256
		<b>SYNTAX:</b> P0506					
			Required when this information is tter. If not required by this implement			-	
SITUATIONAL	PER07	365		on Number Qualifier the type of communication number	X 1	ID	2/2
			SYNTAX: P0708	<i></i>			
				Required when this information is ter. If not required by this implement			-
			CODE	DEFINITION			
			EM	Electronic Mail			
			EX	Telephone Extension			
			FX	Facsimile			
			TE	Telephone			
SITUATIONAL	PER08	364	Communication Complete comm applicable	on Number unications number including country or are	X 1 ea code	AN when	1/256
			<b>SYNTAX:</b> P0708				
			SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.				
NOT USED	PER09	443	Contact Inqui	ry Reference	01	AN	1/20

SEGMENT DETAIL									
	NM1 - R	ECEIVER	R NAME						
X12 Segment Name:	Individual or (	Organizational	Name						
X12 Purpose:	To supply the	full name of a	n individual or organ	izational entity					
X12 Set Notes:	receivers the loop a	1. Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.							
X12 Syntax:	<b>1. P0809</b> If either N	M108 or NM1	09 is present, then t	he other is requ	iired.				
	<b>2. C1110</b> If NM111	<b>2. C1110</b> If NM111 is present, then NM110 is required.							
	<b>3. C1203</b> If NM112	is present, the	n NM103 is require	d.					
Loop:	1000B — RE	CEIVER NAMI	E Loop Repeat:	1					
Segment Repeat:	1								
Usage:	REQUIRED								
TR3 Example:	NM1*40*2*	XYZ RECEIVE	R*****46*11122	2333~					
DIAGRAM									
	2/3 * Entity Ty Qualifie M 1 ID NM108 ID Cod Qualifie	Per     *     Name Ling       1/1     *     Org Name Ling       1/1     X 1     AN       66     *     Index       66     *     Index       67     *     Code	me 1/60 O 1 AN 1/35 67 NM110 706 Entity	NM105         1037           Name         Middle           O 1         AN         1/25           NM111         98         Entity ID           Code         O 1         ID         2/3	NM106         1038         Name         Prefix         O         N				
ELEMENT DETAIL									
USAGE D	EF. DATA ES. ELEMENT	NAME			ATTRIBUTES				
REQUIRED NM10	01 98	Entity Identifie Code identifying individual	er Code an organizational entity,		M 1 ID 2/3 property or an				
		CODE	DEFINITION						
REQUIRED NM10	02 1065	40 Entity Type Qu Code qualifying t		I	M 1 ID 1/1				
			2 qualifies NM103.						
		CODE	DEFINITION						
		2	Non-Person Entity						

005010X222 • 837 • RECEIVER NAME	1000B • NM1			ASC X12N • IN TE	ISURANCE S CHNICAL R						
REQUIRED	NM103	1035		Name Last or Organization Name Individual last name or organizational name			1/60				
			syntax: C1203	i de la construcción de la constru							
			IMPLEMENTATION	NAME: Receiver Name							
NOT USED	NM104	1036	Name First		01	AN	1/35				
NOT USED	NM105	1037	Name Middle	e	01	AN	1/25				
NOT USED	NM106	1038	Name Prefix		01	AN	1/10				
NOT USED	NM107	1039	Name Suffix		01	AN	1/10				
REQUIRED	NM108	66		Identification Code Qualifier Code designating the system/method of code structu Code (67)			X 1 ID 1/2 ure used for Identification				
			syntax: P0809								
			CODE	DEFINITION							
			46	Electronic Transmitter Identi	fication Nu	ımber	(ETIN)				
REQUIRED	NM109	67	Identification Code identifyin	n <b>Code</b> Ig a party or other code	X 1	AN	2/80				
			syntax: P0809								
			IMPLEMENTATION	NAME: Receiver Primary Identifie	er						
NOT USED	NM110	706	Entity Relati	onship Code	X 1	ID	2/2				
NOT USED	NM111	98	Entity Identi	fier Code	01	ID	2/3				
NOT USED	NM112	1035	Name Last or Organization Name O 1 AN				1/60				

SEGMENT DETAIL **HL - BILLING PROVIDER HIERARCHICAL** LEVEL X12 Segment Name: Hierarchical Level **X12 Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments X12 Comments: 1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data. 2. The HL segment defines a top-down/left-right ordered structure. Loop: 2000A — BILLING PROVIDER HIERARCHICAL LEVEL Loop Repeat: >1 Segment Repeat: 1 Usage: REQUIRED TR3 Example: HL\*1\*\*20\*1~ DIAGRAM HL01 628 HL02 734 HL03 HL04 735 736 Hierarch Hierarch Hierarch Hierarch ΗL \* \* \* **ID Number** Parent ID Level Code Child Code AN 1/12 ID ID 01 AN 1/12 01 M 1 M 1 1/21/1 ELEMENT DETAIL REF. DATA USAGE NAME ATTRIBUTES REQUIRED **HL01** 628 **Hierarchical ID Number** M 1 AN 1/12 A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction. The first HL01 within each ST-SE envelope must begin with "1", and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01. NOT USED HL02 734 **Hierarchical Parent ID Number** 1/12 01 AN REQUIRED **HL03** 735 **Hierarchical Level Code** M 1 ID 1/2 Code defining the characteristic of a level in a hierarchical structure COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or itemlevel information. CODE DEFINITION **Information Source** 20

REQUIRED	HL04	736		al Child Code O 1 ID 1/1 ng if there are hierarchical child data segments subordinate to the escribed				
			<b>соммент</b> : HL04 segments relat	inate (o	r child) H	ΗL		
		CODE	DEFINITION					
			1	Additional Subordinate HL Data Hierarchical Structure.	Segme	nt in T	'his	

SEGMENT DETAIL **PRV - BILLING PROVIDER SPECIALTY** INFORMATION X12 Segment Name: Provider Information **X12 Purpose:** To specify the identifying characteristics of a provider X12 Syntax: 1. P0203 If either PRV02 or PRV03 is present, then the other is required. Loop: 2000A — BILLING PROVIDER HIERARCHICAL LEVEL Segment Repeat: 1 **Usage: SITUATIONAL** Situational Rule: Required when the payer's adjudication is known to be impacted by the provider taxonomy code. If not required by this implementation guide, do not send. TR3 Example: PRV\*BI\*PXC\*207Q00000X~ DIAGRAM PRV01 1221 PRV02 128 PRV03 127 PRV04 156 PRV05 C035 PRV06 1223 Provider Reference Reference State or Provider Provider PRV \* \* \* \* Code Ident Qual Prov Code Spec. Inf. Org Code Ident ID ID 2/2 ID 3/3 1/3ID 2/3AN 1/50 01 O 1 M 1 1 1 01 ELEMENT DETAIL REF. DATA ELEMENT USAGI NAME ATTRIBUTES REQUIRED **PRV01** 1221 **Provider Code** ID 1/3 M 1 Code identifying the type of provider CODE DEFINITION BI Billing REQUIRED PRV02 128 **Reference Identification Qualifier** X 1 ID 2/3 Code qualifying the Reference Identification **SYNTAX:** P0203 CODE DEFINITION PXC Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy REQUIRED PRV03 127 **Reference Identification** X1 AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **SYNTAX:** P0203 IMPLEMENTATION NAME: Provider Taxonomy Code NOT USED PRV04 156 State or Province Code 01 ID 2/2 NOT USED PRV05 C035 **PROVIDER SPECIALTY INFORMATION** 01 NOT USED **PRV06** 1223 **Provider Organization Code** ID 3/3 01

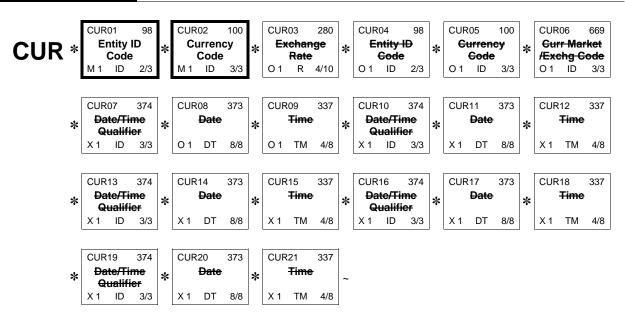
	CUR - FOREIGN CURRENCY INFORMATION
X12 Segment Name:	Currency
X12 Purpose:	To specify the currency (dollars, pounds, francs, etc.) used in a transaction
X12 Syntax:	1. C0807 If CUR08 is present, then CUR07 is required.
	2. C0907 If CUR09 is present, then CUR07 is required.
	<ol> <li>L101112 If CUR10 is present, then at least one of CUR11 or CUR12 are required.</li> </ol>
	<b>4. C1110</b> If CUR11 is present, then CUR10 is required.
	<b>5. C1210</b> If CUR12 is present, then CUR10 is required.
	6. L131415 If CUR13 is present, then at least one of CUR14 or CUR15 are required.
	<b>7. C1413</b> If CUR14 is present, then CUR13 is required.
	8. C1513 If CUR15 is present, then CUR13 is required.
	9. L161718 If CUR16 is present, then at least one of CUR17 or CUR18 are required.
	<b>10. C1716</b> If CUR17 is present, then CUR16 is required.
	<b>11. C1816</b> If CUR18 is present, then CUR16 is required.
	<b>12. L192021</b> If CUR19 is present, then at least one of CUR20 or CUR21 are required.
	<b>13. C2019</b> If CUR20 is present, then CUR19 is required.
	<b>14. C2119</b> If CUR21 is present, then CUR19 is required.
X12 Comments:	1. See Figures Appendix for examples detailing the use of the CUR segment.
Loop:	2000A — BILLING PROVIDER HIERARCHICAL LEVEL
Segment Repeat:	1
Usage:	SITUATIONAL

Situational Rule: Required when the amounts represented in this transaction are currencies other than the United States dollar. If not required by this implementation guide, do not send.

TR3 Notes: 1. It is REQUIRED that all amounts reported within the transaction are of the currency named in this segment. If this segment is not used, then it is required that all amounts in this transaction be expressed in US dollars.

TR3 Example: CUR\*85\*CAD~





#### ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES	
REQUIRED	CUR01	98	Entity Identifier Code Code identifying an organizational entity, a physical location, individual			ID erty or	<b>2/3</b> an	
			CODE	DEFINITION				
			85	Billing Provider				
REQUIRED	CUR02	100	Currency Co Code (Standard	<b>de</b> d ISO) for country in whose currency th	M 1 ne charges a	ID re spec	<b>3/3</b> tified	
			CODE SOURCE 5: Countries, Currencies and Funds					
			for this elem	er must use the Currency Code, ent. For example the Currency C d be valid, while CA = Canada w	Code CAD	= Can		
NOT USED	CUR03	280	Exchange Ra	ate	01	R	4/10	
NOT USED	CUR04	98	Entity Identif	ier Code	01	ID	2/3	
NOT USED	CUR05	100	Currency Co	de	01	ID	3/3	
NOT USED	CUR06	669	Currency Ma	rket/Exchange Code	01	ID	3/3	
NOT USED	CUR07	374	Date/Time Q	ualifier	X 1	ID	3/3	
NOT USED	CUR08	373	Date		01	DT	8/8	

#### 005010X222 • 837 • 2000A • CUR FOREIGN CURRENCY INFORMATION

NOT USED	CUR09	337	Time	01	тм	4/8
NOT USED	CUR10	374	Date/Time Qualifier	X 1	ID	3/3
NOT USED	CUR11	373	Date	X 1	DT	8/8
NOT USED	CUR12	337	Time	X 1	ТМ	4/8
NOT USED	CUR13	374	Date/Time Qualifier	X 1	ID	3/3
NOT USED	CUR14	373	Date	X 1	DT	8/8
NOT USED	CUR15	337	Time	X 1	тм	4/8
NOT USED	CUR16	374	Date/Time Qualifier	X 1	ID	3/3
NOT USED	CUR17	373	Date	X 1	DT	8/8
NOT USED	CUR18	337	Time	X 1	тм	4/8
NOT USED	CUR19	374	Date/Time Qualifier	X 1	ID	3/3
NOT USED	CUR20	373	Date	X 1	DT	8/8
NOT USED	CUR21	337	Time	X 1	тм	4/8

## **NM1 - BILLING PROVIDER NAME**

X12 Segment Name: Individual or Organizational Name

**X12 Purpose:** To supply the full name of an individual or organizational entity

- X12 Set Notes:1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.
  - X12 Syntax: 1. P0809 If either NM108 or NM109 is present, then the other is required.
    - 2. C1110
      If NM111 is present, then NM110 is required.

      3. C1203
      If NM112 is present, then NM122 is presented.

If NM112 is present, then NM103 is required.

#### Loop: 2010AA — BILLING PROVIDER NAME Loop Repeat: 1

#### Segment Repeat: 1

#### Usage: REQUIRED

- TR3 Notes: 1. Beginning on the NPI compliance date: When the Billing Provider is an organization health care provider, the organization health care provider's NPI or its subpart's NPI is reported in NM109. When a health care provider organization has determined that it needs to enumerate its subparts, it will report the NPI of a subpart as the Billing Provider. The subpart reported as the Billing Provider MUST always represent the most detailed level of enumeration as determined by the organization health care provider and MUST be the same identifier sent to any trading partner. For additional explanation, see section 1.10.3 Organization Health Care Provider Subpart Presentation.
  - 2. Prior to the NPI compliance date, proprietary identifiers necessary for the receiver to identify the Billing Provider entity are to be reported in the REF segment of Loop ID-2010BB.
  - 3. The Taxpayer Identifying Number (TIN) of the Billing Provider to be used for 1099 purposes must be reported in the REF segment of this loop.
  - 4. The Billing Provider may be an individual only when the health care provider performing services is an independent, unincorporated entity. In these cases, the Billing Provider is the individual whose social security number is used for 1099 purposes. That individual's NPI is reported in NM109, and the individual's Tax Identification Number must be reported in the REF segment of this loop. The individual's NPI must be reported when the individual provider is eligible for an NPI. See section 1.10.1 (Providers who are Not Eligible for Enumeration).

5. When the individual or the organization is not a health care provider and, thus, not eligible to receive an NPI (For example, personal care services, carpenters, etc), the Billing Provider should be the legal entity. However, willing trading partners may agree upon varying definitions. Proprietary identifiers necessary for the receiver to identify the entity are to be reported in the Loop ID-2010BB REF, Billing Provider Secondary Identification segment. The TIN to be used for 1099 purposes must be reported in the REF (Tax Identification Number) segment of this loop.

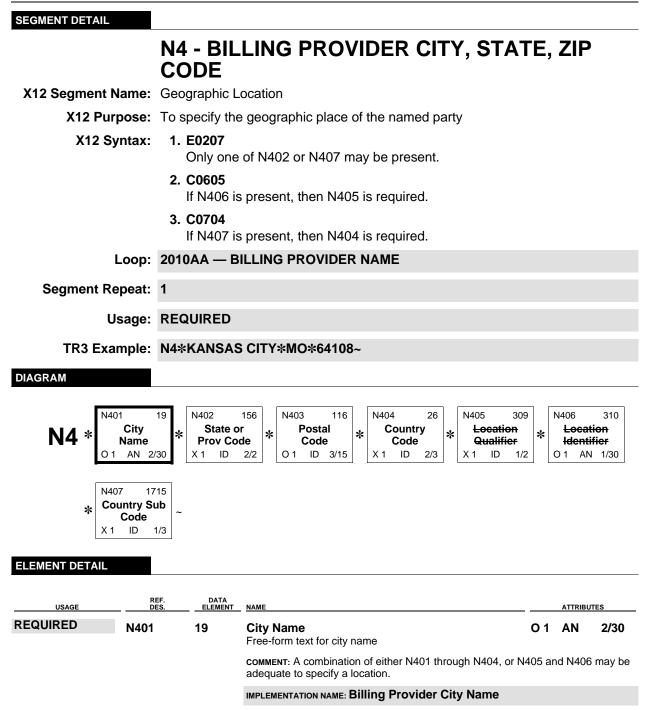
TR3 Exa	mple: NM <sup>2</sup>	1*85*2*	ABC Group Practice****XX*1234567890	~	
DIAGRAM	_				
	101 98 Entity ID Code ID 2/3	NM102 1 Entity Ty Qualifie M 1 ID	pe <sub>*</sub> Name Last/ <sub>*</sub> Name <sub>*</sub> Name		NM106 1038 <del>Name Prefix</del> O 1 AN 1/10
₩ ₩ 0 1	107 1039 Name Suffix AN 1/10	NM108 ID Code Qualifie X 1 ID		98 • * 2/3	NM112 1035 Name Last/ Org Name O 1 AN 1/60
ELEMENT DETAIL					
USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical locat individual	<b>M 1</b> tion, prop	ID 2/3 perty or an
			85 Billing Provider		
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity	M 1	ID 1/1
			SEMANTIC: NM102 qualifies NM103.		
			CODE DEFINITION		
			1 Person		
REQUIRED	NIM402	1035	2 Non-Person Entity	V 1	AN 1/60
	NM103	1035	Name Last or Organization Name Individual last name or organizational name	X 1	AN 1/60
			syntax: C1203		
			IMPLEMENTATION NAME: Billing Provider Last or Orga	nizatio	nal Name
SITUATIONAL	NM104	1036	Name First Individual first name	01	AN 1/35
			SITUATIONAL RULE: <b>Required when NM102 = 1 (perso</b> has a first name. If not required by this implem not send.		
			IMPLEMENTATION NAME: Billing Provider First Name		

ASC X12N • INSUR TECHNICAL REPOI		MMITTEE	005010X222 • 837 • 2010AA • NM1 BILLING PROVIDER NAME							
SITUATIONAL	NM105	NM105 1037	Name Middle Individual midd	<b>e</b> le name or initial	01	AN	1/25			
			name or init	E: Required when NM102 = ial of the person is needed t by this implementation guid	o identify the i	ndivid				
			IMPLEMENTATION NAME: Billing Provider Middle Name or Initial							
NOT USED	NM106	1038	Name Prefix		01	AN	1/10			
SITUATIONAL	NM107	1039	Name Suffix Suffix to individ		01	AN	1/10			
		SITUATIONAL RULE: Required when NM102 = 1 (person) and the name suffix of the person is needed to identify the individual. If not required by this implementation guide, do not send.								
			IMPLEMENTATION	INAME: Billing Provider Name	Suffix					
SITUATIONAL NM108	NM108	08 66		n Code Qualifier ing the system/method of code sti	X 1 ructure used for le	<b>ID</b> dentifica	<b>1/2</b> ation			
			syntax: P0809							
			territories of Identifier (N receive an I OR Required for or after the I implementat OR Required for date when th the capabilit	providers not in the United nandated HIPAA National Pl ion date when the provider providers prior to the manu- ne provider has received an	AA National Pl en the provide States or its to rovider Identifi has received a dated NPI impl NPI and the su	rovide r is eli erritor er (NP n NPI. ement ıbmitte	r gible to ies on 'I) ation			
			CODE	DEFINITION						
			XX	Centers for Medicare and National Provider Identifi		vices				
				CODE SOURCE 537: Centers for	Medicare and Me	dicaid	Services			

CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier

SITUATIONAL NM109 67	67	Identification Code Code identifying a party or other code syntax: P0809	X 1	AN	2/80	
	SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.					
			IMPLEMENTATION NAME: Billing Provider Identifier			
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	01	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	01	AN	1/60

SEGMENT DETAIL									
	N3	N3 - BILLING PROVIDER ADDRESS							
X12 Segment Nar	me: Party	Party Location							
X12 Purpo	<b>se:</b> To sp	ecify the	location of the named party						
Lo	op: 2010	AA — BI	LLING PROVIDER NAME						
Segment Repe	eat: 1								
Usa	ge: REQ	UIRED							
TR3 Not	E	Box or Lo	ng Provider Address must be a street address ock Box addresses are to be sent in the Pay- 2010AB), if necessary.						
TR3 Examp	ple: N3*1	23 MAIN	STREET~						
DIAGRAM									
N301 166 Address Information M 1 AN 1/55 K N302 166 Address Information O 1 AN 1/55 C 1 AN 1/55									
	REF.	ΠΑΤΑ							
USAGE	DES.	DATA ELEMENT	NAME		ATTRIBU	TES			
REQUIRED	N301	166	Address Information Address information	M 1	AN	1/55			
			IMPLEMENTATION NAME: Billing Provider Address Line						
SITUATIONAL	N302	166	Address Information Address information	01	AN	1/55			
			SITUATIONAL RULE: <b>Required when there is a second a</b> required by this implementation guide, do not se		ss line.	If not			
			IMPLEMENTATION NAME: Billing Provider Address Line						



#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate	X1 govern	ID Iment a	<b>2/2</b> gency			
			syntax: E0207						
			COMMENT: N402 is required only if city name (N401) is in th	e U.S. (	or Cana	ıda.			
		SITUATIONAL RULE: <b>Required when the address is in t</b> America, including its territories, or Canada. If n implementation guide, do not send.							
			IMPLEMENTATION NAME: Billing Provider State or Provi	nce Co	ode				
			CODE SOURCE 22: States and Provinces						
SITUATIONAL	ATIONAL N403	116	<b>Postal Code</b> Code defining international postal zone code excluding pu (zip code for United States)	O 1 nctuatio	ID on and b	<b>3/15</b> blanks			
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.							
		IMPLEMENTATION NAME: Billing Provider Postal Zone or ZIP Code							
		code source 51: ZIP Code code source 932: Universal Postal Codes							
		When reporting the ZIP code for U.S. addresses, ZIP code must be provided.	the fu	Ill nine	digit				
SITUATIONAL	N404	26	Country Code Code identifying the country	X 1	ID	2/3			
			syntax: C0704						
			SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.						
			CODE SOURCE 5: Countries, Currencies and Funds						
			Use the alpha-2 country codes from Part 1 of ISC	<b>)</b> 3166					
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2			
NOT USED	N405 N406		Location Identifier						
SITUATIONAL		310		01 X1		1/30			
	N407	1715	Country Subdivision Code Code identifying the country subdivision	<b>X</b> I	ID	1/3			
			syntax: E0207, C0704						
			SITUATIONAL RULE: Required when the address is not States of America, including its territories, or Ca country in N404 has administrative subdivisions limited to states, provinces, cantons, etc. If not r implementation guide, do not send.	inada, s such	and th as but	ne t not			
			CODE SOURCE 5: Countries, Currencies and Funds						
			Use the country subdivision codes from Part 2 of	f ISO :	3166.				

# **REF - BILLING PROVIDER TAX IDENTIFICATION**

X12 Segment Name: Reference Information

**X12 Purpose:** To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2010AA — BILLING PROVIDER NAME

### Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. This is the tax identification number (TIN) of the entity to be paid for the submitted services.

TR3 Example: REF\*EI\*123456789~



	REFC	)1 128	1	REF	02	127		REF	03	352	]	REF04	C040	]
<b>REF</b> *		ference nt Qual	*	Reference Ident		*	De	scrip	tion	*	Refer Ident	ifior	~	
	M 1	ID 2/3		X 1	AN	1/50		X 1	AN	1/80		01		

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	REF01	128		ntification Qualifier the Reference Identification	M 1	ID	2/3
			CODE	DEFINITION			
			EI	Employer's Identification Number			
					nust b separa		
				For example, "001122333" would sending "001-12-2333" or "00-112 invalid.			
			SY	Social Security Number			
				The Social Security Number must exactly nine numbers with no sep example, sending "111002222" we sending "111-00-2222" would be i	arato	rs. For e valic	
REQUIRED	REF02	127		ntification nation as defined for a particular Transaction e Identification Qualifier	X1 on Set	AN or as sp	1/50 becified
			syntax: R0203				
			IMPLEMENTATION N	IAME: Billing Provider Tax Identification	ion Nι	ımber	

ASC X12N • INSURANCE SUBCOMMITTEE
TECHNICAL REPORT • TYPE 3

NOT USED	REF03	352	Description	X1 AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01	

# **REF - BILLING PROVIDER UPIN/LICENSE INFORMATION**

X12 Segment Name:	Reference Information
X12 Purpose:	To specify identifying information
X12 Syntax:	1. R0203 At least one of REF02 or REF03 is required.
Loop:	2010AA — BILLING PROVIDER NAME
Segment Repeat:	2
Usage:	SITUATIONAL
Situational Rule:	Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when a UPIN and/or license number is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI implementation date when NM109 of this loop is not used and a UPIN or license number is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.
TR3 Notes:	1. Payer specific secondary identifiers are reported in the Loop ID- 2010BB REF, Billing Provider Secondary Identification.
TR3 Example:	REF*0B*654321~
DIAGRAM	

	REF0	1 128	1	REF	02	127	l	REF	03	352	]	REF04	C040	]
<b>REF</b> *	Reference		*	Reference Ident		*	Des	scrip	tion	*	Refer Ident		~	
	M 1	ID 2/3		X 1	AN	1/50		X 1	AN	1/80		O 1		

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTR	IBUTES
REQUIRED	REF01	128		entification Qualifier M 1 ID the Reference Identification	2/3
			CODE	DEFINITION	
			0B	State License Number	
			1G	Provider UPIN Number	
				UPINs must be formatted as either X99999 o XXX999.	or

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3			005010X222 • 837 • 2010AA • REF BILLING PROVIDER UPIN/LICENSE INFORMATION						
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Trar by the Reference Identification Qualifier <b>SYNTAX:</b> R0203		AN or as s	<b>1/50</b> pecified			
			IMPLEMENTATION NAME: Billing Provider License and/or UPIN Information						
NOT USED	REF03	352	Description	X 1	AN	1/80			
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01					

# PER - BILLING PROVIDER CONTACT INFORMATION

X12 Segment Name:	Administrative Communications Contact
X12 Purpose:	To identify a person or office to whom administrative communications should be directed
X12 Syntax:	<ol> <li>P0304         If either PER03 or PER04 is present, then the other is required.     </li> </ol>
	2. P0506 If either PER05 or PER06 is present, then the other is required.
	<b>3. P0708</b> If either PER07 or PER08 is present, then the other is required.
Loop:	2010AA — BILLING PROVIDER NAME
Segment Repeat:	2
Usage:	SITUATIONAL
Situational Rule:	Required when this information is different than that contained in the Loop ID-1000A - Submitter PER segment. If not required by this implementation guide, do not send.
TR3 Notes:	1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 5555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-".
	2. There are 2 repetitions of the PER segment to allow for six possible combinations of communication numbers including extensions.
TR3 Example:	PER*IC*JOHN SMITH*TE*5555551234*EX*123~

## ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

DIAGRAM							
	`	O 1 AN	1/60 Number X 1 ID	Qual <sup>*</sup> Number <sup>*</sup> Number C 2/2 X 1 AN 1/256 <sup>*</sup> X 1 ID	ual *	PER06 Com Num X 1 AN	
*	R07 365 Comm mber Qual ID 2/2	PER08 Comm Numbe X 1 AN 1	er <sup>*</sup> <del>Refere</del>	•			
ELEMENT DETAIL							
USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	PER01	366	Contact Func	tion Code the major duty or responsibility of the po	M 1	ID aroup na	<b>2/2</b>
			CODE	DEFINITION			
			IC	Information Contact			
SITUATIONAL	PER02	93	<b>Name</b> Free-form name		01	AN	1/60
			Contact Inform	Required in the first iteration of mation segment. If not required b on guide, do not send.		ing Pro	vider
				NAME: Billing Provider Contact Nam	ne		
REQUIRED	PER03	365		on Number Qualifier the type of communication number	X 1	ID	2/2
			syntax: P0304				
			CODE	DEFINITION			
			EM FX	Electronic Mail Facsimile			
			TE	Telephone			
REQUIRED	PER04	364	<b>Communicati</b> Complete comm applicable	•		AN e when	1/256
			<b>SYNTAX:</b> P0304				
SITUATIONAL	PER05	365		on Number Qualifier the type of communication number	X 1	ID	2/2
			syntax: P0506				
				e: Required when this information tter. If not required by this implen			
			CODE	DEFINITION			
			EM	Electronic Mail			
			EX	Telephone Extension			
			FX	Facsimile			
			TE	Telephone			

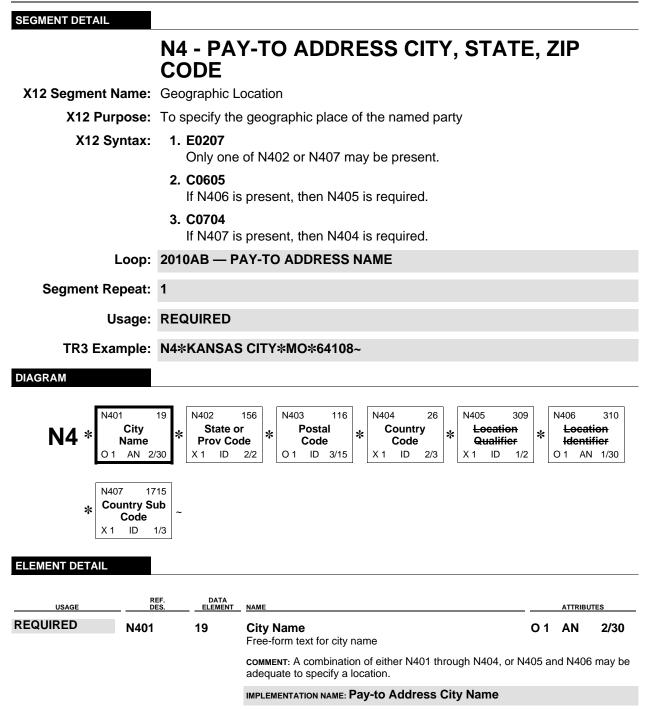
SITUATIONAL	PER06 364		<b>Communica</b> Complete com applicable	tion Number X 1 AN 1/256 munications number including country or area code when					
			syntax: P0506						
				LE: Required when this information is deemed necessary itter. If not required by this implementation guide, do					
SITUATIONAL	PER07	365		tion Number Qualifier X 1 ID 2/2 g the type of communication number					
				syntax: P0708					
				E: Required when this information is deemed necessary itter. If not required by this implementation guide, do					
			CODE	DEFINITION					
			CODE EM	DEFINITION Electronic Mail					
			EM	Electronic Mail					
			EM EX	Electronic Mail Telephone Extension					
SITUATIONAL	PER08	364	EM EX FX TE Communicat	Electronic Mail Telephone Extension Facsimile Telephone					
SITUATIONAL	PER08	364	EM EX FX TE Communicat Complete com	Electronic Mail Telephone Extension Facsimile Telephone tion Number X 1 AN 1/256					
SITUATIONAL	PER08	364	EM EX FX TE Complete com applicable SYNTAX: P0708 SITUATIONAL RUI	Electronic Mail Telephone Extension Facsimile Telephone tion Number X 1 AN 1/256					

SEGMENT DETAIL					
	NM1 - P	ΑΥ-ΤΟ Α	DDRESS	NAME	
X12 Segment Name:	Individual or C	Organizational I	Name		
X12 Purpose:	To supply the	full name of ar	n individual or c	organizational entity	
X12 Set Notes:	2300. Fo	or example, the	se entities may	entities that apply to r include billing prov r, contract holder, or	ider, pay-to
X12 Syntax:	1. P0809 If either N	IM108 or NM10	)9 is present, tl	hen the other is requ	uired.
	2. C1110 If NM111	is present, the	n NM110 is rec	quired.	
	<b>3. C1203</b> If NM112	is present, the	n NM103 is rec	quired.	
Loop:	2010AB — P	AY-TO ADDRE	ESS NAME L	oop Repeat: 1	
Segment Repeat:	1				
Usage:	SITUATIONA	L			
Situational Rule:	-			is different than th ntation guide, do i	
TR3 Notes:	Loop ID- from the	2010AB only o	contains addre er Address. T	changed from pre ess information wh here are no applic	nen different
TR3 Example:	NM1*87*2~				
DIAGRAM					
NM101 Entity ID Code M 1 ID	98 * NM102 1 Entity Ty Qualifie M 1 ID	pe * Name La	ne * Firs	*	* Name Prefix
* Name Suffix	39 * NM108 <b>ID Code</b> Qualifie	+ <sup>*</sup> Code		ode <sup>*</sup> Code	* Name Last/ Org Name ~
O 1 AN 1/	10 X 1 ID	1/2 X 1 AN	2/80 X 1 ID	2/2 O 1 ID 2/3	O 1 AN 1/60
ELEMENT DETAIL					
USAGE D	EF. DATA ES. ELEMENT	NAME			ATTRIBUTES
REQUIRED NM10	98	Entity Identifie Code identifying a individual		entity, a physical location	M 1 ID 2/3 , property or an
		CODE	DEFINITION		
		87	Pay-to Provide	er	

005010X222 • 837 • 2010AB • NM1 PAY-TO ADDRESS NAME

REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity		<b>M</b> 1	ID	1/1
			semantic: NM1	02 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
NOT USED	NM103	1035	Name Last o	or Organization Name	X 1	AN	1/60
NOT USED	NM104	1036	Name First		01	AN	1/35
NOT USED	NM105	1037	Name Middle	9	01	AN	1/25
NOT USED	NM106	1038	Name Prefix		01	AN	1/10
NOT USED	NM107	1039	Name Suffix		01	AN	1/10
NOT USED	NM108	66	Identification	n Code Qualifier	X 1	ID	1/2
NOT USED	NM109	67	Identification	n Code	X 1	AN	2/80
NOT USED	NM110	706	Entity Relati	onship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identi	fier Code	01	ID	2/3
NOT USED	NM112	1035	Name Last o	or Organization Name	O 1	AN	1/60

SEGMENT DETAIL					
	N3 - PA	Y-TO ADDRESS - ADDRESS			
X12 Segment Name	: Party Location	n			
X12 Purpose	: To specify the	e location of the named party			
Loop	: 2010AB — P	AY-TO ADDRESS NAME			
Segment Repeat	: 1				
Usage	REQUIRED				
TR3 Example	: N3*123 MAI	N STREET~			
DIAGRAM					
N301 Addres Informat M 1 AN	ion * Informati	on ~			
USAGE	REF. DATA DES. ELEMENT	NAME		ATTRIBU	TES
REQUIRED N30	1 166	Address Information Address information	M 1	AN	1/55
		IMPLEMENTATION NAME: Pay-To Address Line			
SITUATIONAL N30	2 166	Address Information Address information	01	AN	1/55
		SITUATIONAL RULE: <b>Required when there is a second a</b> required by this implementation guide, do not set		ss line.	lf not
		IMPLEMENTATION NAME: Pay-To Address Line			



## ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate	X1 govern	ID Iment ag	<b>2/2</b> gency			
			syntax: E0207						
			COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.						
			SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.						
			IMPLEMENTATION NAME: Pay-to Address State Code						
			CODE SOURCE 22: States and Provinces						
SITUATIONAL	N403	116	Postal Code Code defining international postal zone code excluding pur (zip code for United States)	O 1 nctuatio	<b>ID</b> on and b	<b>3/15</b> lanks			
			SITUATIONAL RULE: Required when the address is in the America, including its territories, or Canada, or we exists for the country in N404. If not required by implementation guide, do not send.	when a					
			IMPLEMENTATION NAME: Pay-to Address Postal Zone or ZIP Code						
			CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes						
SITUATIONAL	N404	26	Country Code Code identifying the country	X 1	ID	2/3			
			syntax: C0704						
			SITUATIONAL RULE: <b>Required when the address is out</b> States of America. If not required by this implem not send.						
			CODE SOURCE 5: Countries, Currencies and Funds						
			Use the alpha-2 country codes from Part 1 of ISC	) 3166	-				
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2			
NOT USED	N406	310	Location Identifier	01	AN	1/30			
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision	X 1	ID	1/3			
			syntax: E0207, C0704						
			SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.						
			CODE SOURCE 5: Countries, Currencies and Funds						
			Use the country subdivision codes from Part 2 o		2166				

Use the country subdivision codes from Part 2 of ISO 3166.

SEGMENT DETAIL			
	NM1 - P	ΑΥ-ΤΟ Ρ	PLAN NAME
X12 Segment Name:	Individual or (	Organizational	l Name
X12 Purpose:	To supply the	full name of a	an individual or organizational entity
X12 Set Notes:	2300. Fo	or example, the	formation about entities that apply to all claims in loop lese entities may include billing provider, pay-to ary administrator, contract holder, or claimant.
X12 Syntax:	1. P0809 If either N	NM108 or NM1	109 is present, then the other is required.
	<b>2. C1110</b> If NM111	is present, the	en NM110 is required.
	<b>3. C1203</b> If NM112	is present, the	en NM103 is required.
Loop:	2010AC — P	AY-TO PLAN	INAME Loop Repeat: 1
Segment Repeat:	1		
Usage:	SITUATIONA	۱L	
Situational Rule:	-	-	ading partners agree to use this implementation ment requests.
TR3 Notes:	1. This loo	p may only be	e used when BHT06 = 31.
TR3 Example:	NM1*PF*2*	ΔΝΥ STATE Ι	MEDICAID*****PI*12345~
DIAGRAM			
DIAGNAM			
NM101 Entity ID Code M 1 ID		er * Org Na	
NM107 10 * <del>Name Suffix</del> O 1 AN 1/	1039 * ID Cod Qualifie X 1 ID	er <sup>*</sup> Cod	
ELEMENT DETAIL			
	EF. DATA ES. ELEMENT	NAME	ATTRIBUTES
REQUIRED NM10	01 98	Entity Identifier Code identifying individual	<b>ier Code M 1 ID 2/3</b> g an organizational entity, a physical location, property or an
		CODE	DEFINITION
		PE	Payee
			PE is used to indicate the subrogated payee.

NCE SUBCON • TYPE 3	MITTEE		00501			
NM102	1065			M 1	ID	1/1
		SEMANTIC: NM10	02 qualifies NM103.			
		CODE	DEFINITION			
		2	Non-Person Entity			
NM103	1035			X 1	AN	1/60
		syntax: C1203				
		IMPLEMENTATION	NAME: Pay-To Plan Organization	al Name		
NM104	1036	Name First		01	AN	1/35
-				-		1/25
						1/10
						1/10
NM108	66			X 1	ID	1/2
		<b>SYNTAX:</b> P0809				
		in period iden If a phase-in 1. Both the se 2. The receive 3. The sende If all of the at the Payer Ide	ntified by Federal regulation, P period is designated, PI must b ender and receiver agree to use er has a National Plan ID, and r has the capability to send the pove conditions are true, XV me entification Number that would	I must be s be sent unk e the Nation National P ust be sent have been	ent. ess: nal Pla Plan ID :. In thi sent u	an ID, is case ising
		CODE	DEFINITION			
		PI	Payor Identification			
		XV	-	edicaid Ser	vices	PlanID
				licare and Me	edicaid	Services
NM109	67		Code	X 1	AN	2/80
		<b>SYNTAX:</b> P0809				
		IMPLEMENTATION	NAME: Pay-To Plan Primary Iden	tifier		
NM110	706			tifier X 1	ID	2/2
NM110 NM111	706 98	IMPLEMENTATION Entity Relation Entity Identif	onship Code		ID ID	2/2 2/3
	• TYPE 3 NM102 NM103 NM104 NM105 NM106 NM107 NM108	NM102 1065 NM103 1035 NM104 1036 NM105 1037 NM106 1038 NM107 1039 NM108 66	<ul> <li>TYPE 3</li> <li>NM102</li> <li>1065</li> <li>Entity Type G Code qualifying SEMANTIC: NM10 </li></ul>	<ul> <li>TYPE 3</li> <li>NM102</li> <li>1065</li> <li>Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.</li> <li><u>CODE</u> DEFINITION</li> <li>2 Non-Person Entity</li> <li>NM103</li> <li>1035</li> <li>Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203</li> <li>IMPLEMENTATION NAME: Pay-To Plan Organization</li> <li>NM104</li> <li>1036</li> <li>Name First</li> <li>NM105</li> <li>1037</li> <li>Name Middle</li> <li>NM106</li> <li>1038</li> <li>Name Prefix</li> <li>NM106</li> <li>1039</li> <li>Name Suffix</li> <li>NM108</li> <li>66</li> <li>Identification Code Qualifier Code designating the system/method of code structu Code (67) SYNTAX: P0809</li> <li>On or after the mandated implementation date in period identified by Federal regulation, P</li> <li>If a phase-in period is designated, PI must the 1. Both the sender and receiver agree to us 2. The receiver has a National Plan ID, and 3. The sender has the capability to send the If all of the above conditions are true, XV m the Payer Identification Number that would qualifier PI can be sent in the corresponding qualifier 2U.</li> <li><u>CODE</u> DEFINITION PI Payor Identification XV Centers for Medicare and Medicare and Medicare and Medicare and Medicare for Medicare for Medicare for Medicare for Medicare for Medicare for Medicare and Medicare for Medicare and Medicare for Medicare and Medicare for Medicare for Medicare and Medicare for Medic</li></ul>	• TYPE 3 PAY NM102 1065 Entity Type Qualifier M 1 Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE DEFINITION 2 Non-Person Entity NM103 1035 Name Last or Organization Name X 1 Individual last name or organization name SYNTAX: C1203 MPLEMENTATION NAME: Pay-To Plan Organizational Name NM104 1036 Name First 01 NM105 1037 Name Middle 01 NM106 1038 Name Prefix 01 NM107 1039 Name Suffix 01 NM108 66 Identification Code Qualifier X 1 Code designating the system/method of code structure used for th Code (67) SYNTAX: P0809 On or after the mandated implementation date for the I National Plan Identified by Federal regulation, PI must be set If a phase-in period is designated, PI must be set unla 1. Both the sender and receiver agree to use the National F If all of the above conditions are true, XV must be been qualifier PI can be sent in the corresponding REF segr Qualifier 2U. CODE DEFINITION PI Payor Identification XV Centers for Medicare and Medicaid Ser Code identifying a party or other code NM109 67 Identificity a party or other code	• TYPE 3 PAY-TO PL           NM102         1065         Entity Type Qualifier Code qualifying the type of entity semantic: NM102 qualifies NM103.         M 1         ID           CODE         DEFINITION         2         Non-Person Entity           NM103         1035         Name Last or Organization Name At 1         AN           Individual last name or organizational name syntrax: C1203         MPLEMENTATION NAME: Pay-To Plan Organizational Name           NM104         1036         Name First         0.1         AN           NM105         1037         Name Middle         0.1         AN           NM106         1038         Name Prefix         0.1         AN           NM107         1039         Name Suffix         0.1         AN           NM108         66         Identification Code Qualifier         X.1         ID           Code (67)         SYNTAX: P0809         On or after the mandated implementation date for the HIPAA National Plan Identified (National Plan ID), XV must be sent.         Prior to the mandated implementation date and prior to any 1 in period identified by Federal regulation, Pl must be sent unless:         1. Both the sender and receiver agree to use the National Plan ID           1         a phase-in period is designated, Pl must be sent. In thi the Payer Identification Number that would have been sent u qualifier PL can be sent in the corresponding REF segment u qualifier PL can be sent in the correspondi

# SEGMENT DETAIL N3 - PAY-TO PLAN ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2010AC — PAY-TO PLAN NAME

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: N3\*123 MAIN STREET~

DIAGRAM

N3 *	N301		166		N302	2	166	]
	Address Information			*		ddre: orma		~
	M 1	AN	1/55		01	AN	1/55	

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES	
REQUIRED	N301	Addr	Address Information Address information	M 1	AN	1/55	
		IMPLEMENTATION NAME: Pay-To Plan Address Line	MPLEMENTATION NAME: Pay-To Plan Address Line				
SITUATIONAL	N302	166	Address Information Address information	01	AN	1/55	
		SITUATIONAL RULE: <b>Required when there is a second</b> required by this implementation guide, do not se		ss line.	. If not		
			IMPLEMENTATION NAME: Pay-To Plan Address Line				

SEGMENT DETAIL								
	N4 - PA	Y-TO PLAN CITY, STATE, ZII	P CODE					
X12 Segment Name:								
-	• •	s specify the geographic place of the named party						
X12 Syntax:	<b>1. E0207</b> Only one	e of N402 or N407 may be present.						
	2. C0605							
	If N406 i	s present, then N405 is required.						
	<b>3. C0704</b> If N407 is	s present, then N404 is required.						
Loop:	2010AC — P	PAY-TO PLAN NAME						
Segment Repeat:	1							
Usage:	REQUIRED							
TR3 Example:	N4*KANSAS	S CITY*MO*64108~						
DIAGRAM								
N401 N4 * City Name	19 N402 * State of Prov Co		9 N406 310 * Location Identifier					
O 1 AN 2		2/2         O 1         ID         3/15         X 1         ID         2/3         X 1         ID         1/2						
ELEMENT DETAIL	ub 	_ <u>NAME</u>	ATTRIBUTES					
REQUIRED N401	19	City Name	O 1 AN 2/30					
		Free-form text for city name <b>COMMENT</b> : A combination of either N401 through N404, or N adequate to specify a location.	405 and N406 may be					
		IMPLEMENTATION NAME: Pay-To Plan City Name						
SITUATIONAL N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate	X 1 ID 2/2 government agency					
		syntax: E0207						
		COMMENT: N402 is required only if city name (N401) is in the	U.S. or Canada.					
		SITUATIONAL RULE: Required when the address is in the America, including its territories, or Canada. If no implementation guide, do not send.						
		IMPLEMENTATION NAME: Pay-To Plan State or Province	Code					
		CODE SOURCE 22: States and Provinces						

SITUATIONAL		<b>Postal Code</b> Code defining international postal zone code excluding po (zip code for United States)	<b>O 1</b> unctuation	ID on and b	<b>3/15</b> blanks	
			SITUATIONAL RULE: Required when the address is in America, including its territories, or Canada, or exists for the country in N404. If not required by implementation guide, do not send.	when a		
			IMPLEMENTATION NAME: Pay-To Plan Postal Zone or Z	P Cod	е	
			CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes			
SITUATIONAL	N404	26	Country Code Code identifying the country	X 1	ID	2/3
			syntax: C0704			
			SITUATIONAL RULE: <i>Required when the address is ou States of America. If not required by this implet not send.</i>			
			CODE SOURCE 5: Countries, Currencies and Funds			
			Use the alpha-2 country codes from Part 1 of IS	O 3166	ò.	
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2
NOT USED	N406	310	Location Identifier	01	AN	1/30
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision	X 1	ID	1/3
			syntax: E0207, C0704			
			SITUATIONAL RULE: Required when the address is no States of America, including its territories, or Ca country in N404 has administrative subdivision. limited to states, provinces, cantons, etc. If not implementation guide, do not send.	anada, s such	and th as but	ne t not
			CODE SOURCE 5: Countries, Currencies and Funds			
			Use the country subdivision codes from Part 2		2166	

Use the country subdivision codes from Part 2 of ISO 3166.

SEGMENT DETAIL		
		PAY-TO PLAN SECONDARY FICATION
X12 Segment Name	Reference Ir	nformation
X12 Purpose	To specify id	dentifying information
X12 Syntax		one of REF02 or REF03 is required.
Loon		PAY-TO PLAN NAME
Segment Repeat	1	
Usage	SITUATION	AL
Situational Rule	National Pla provided in	rior to the mandated implementation date for the HIPAA an Identifier when an additional identification number to that the NM109 of this loop is necessary for the claim processor to entity. If not required by this implementation guide, do not
TR3 Example	REF*2U*98	8765~
•		
REF * REF01 Reference Ident Qu M 1 ID	ial <sup>**</sup> Iden	· · ·
REF * REF01 Reference Ident Qu M 1 ID	ce * Referen lal lden 2/3 X 1 AN	nce * <del>Description</del> * <del>Reference</del> Identifier
REF * REF01 Reference Ident Qu M 1 ID	ce * Referen lal lden 2/3 X 1 AN	nce * Description * Reference t 1/50 X 1 AN 1/80 O 1
REF * REF01 Reference Ident Qu M 1 ID	ce * Referen lal lden 2/3 X 1 AN	nce * Description * Reference t 1/50 X 1 AN 1/80 O 1
REF * REF01 Reference Ident Qu M 1 ID	ce * Referen lal lden 2/3 X 1 AN	nce It       Description       Reference Identifier       Attributes         1/50       X 1       AN       1/80       0
REF * REF01 Reference Ident Qu M 1 ID	ce * Referen lal lden 2/3 X 1 AN	nce It       Poscription       Reference Identifier       Attributes         1/50       X 1       AN 1/80       0 1         MME       0 1       0 1       Attributes         Reference Identification Qualifier Code qualifying the Reference Identification       M 1       ID       2/3
REF * REF01 Reference Ident Qu M 1 ID	ce * Referen lal lden 2/3 X 1 AN	nce it       *       Description Identifier       *       Reference Identifier       ~         1/50       X 1       AN       1/80       0 1       ~         MME       0 1       0 1       ATTRIBUTES         Reference Identification Qualifier Code qualifying the Reference Identification       M 1       ID       2/3         CODE       DEFINITION       DEFINITION       DEFINITION       DEFINITION
REF * REF01 Reference Ident Qu M 1 ID	ce * Referen lal lden 2/3 X 1 AN	nce it       *       Description Identifier       *       Reference Identifier         1/50       X 1       AN 1/80       0 1         r       NAME       ATTRIBUTES         Reference Identification Qualifier Code qualifying the Reference Identification       M 1       ID       2/3         CODE       DEFINITION       2U       Payer Identification Number         This code is only allowed when the National Plan
REF * REF01 Reference Ident Qu M 1 ID	ce * Referen lal lden 2/3 X 1 AN	Ince it       *       Description Identifier       *       Reference Identifier       ~         1/50       X 1       AN       1/80       0       -       -         T       NAME       X 1       AN       1/80       -       -         T       NAME       ATTRIBUTES       ATTRIBUTES       M 1       ID       2/3         Reference Identification Qualifier Code qualifying the Reference Identification       M 1       ID       2/3         CODE       DEFINITION       -       -       -         2U       Payer Identification Number       -       -         This code is only allowed when the National Plan Identifier is reported in NM109 of this loop.       -
REF * REF01 Reference ident Qu M 1 ID	ce * Referen lden 2/3 × 1 AN REF. DATA ELEMENT 01 128	Ince       Image: Text of the second se
REF * REF01 Reference Ident Qu M 1 ID REF REQUIRED REF	ce * Referen lden 2/3 × 1 AN REF. DATA ELEMENT 01 128	Ince       Image: Second problem       Reference       Reference       Identifier       ~         1/50       X 1       AN       1/80       0       1       ~         Image: Tree interval and the inte
REF * REF01 Reference ident Qu M 1 ID ELEMENT DETAIL USAGE REQUIRED REF	ce * Referen lden 2/3 × 1 AN REF. DATA ELEMENT 01 128	Ince       Image: Secret period       Reference       Reference       Item iffer       Attributes         1/50       X 1       AN       1/80       Image: Secret period       Attributes         r       NAME       Attributes       Attributes       Attributes         Reference Identification Qualifier       M 1       ID       2/3         Code       DEFINITION       M 1       ID       2/3         2U       Payer Identification Number       This code is only allowed when the National Plan Identifier is reported in NM109 of this loop.         FY       Claim Office Number       F         NF       National Association of Insurance Commissioners (NAIC) Code         Code source 245: National Association of Insurance Commissioners (NAIC) Code       X 1         Reference Identification       X 1       AN       1/50         Reference Identification       X 1       AN       1/50

NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1
----------	-------	------	----------------------	-----

SEGMENT DETAIL **REF - PAY-TO PLAN TAX IDENTIFICATION** NUMBER X12 Segment Name: Reference Information X12 Purpose: To specify identifying information X12 Syntax: 1. R0203 At least one of REF02 or REF03 is required. Loop: 2010AC - PAY-TO PLAN NAME Segment Repeat: 1 **Usage: REQUIRED** TR3 Example: REF\*EI\*123456789~ DIAGRAM REF01 C040 128 RFF02 127 RFF03 352 RFF04 Reference Reference **Description** Reference REF \* \* \* Ident Qual Ident **Identifier** M 1 ID 2/3 AN 1/50 AN 1/80 01 X 1 ELEMENT DETAIL DATA ELEMENT REF. USAGE NAME ATTRIBUTES REQUIRED REF01 128 **Reference Identification Qualifier** M 1 ID 2/3 Code qualifying the Reference Identification CODE DEFINITION EI **Employer's Identification Number** The Employer's Identification Number must be a string of exactly nine numbers with no separators. For example, "001122333" would be valid, while sending "001-12-2333" or "00-1122333" would be invalid. REQUIRED REF02 127 **Reference Identification** X1 AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Pay-To Plan Tax Identification Number NOT USED REF03 352 Description X1 AN 1/80 NOT USED REF04 C040 **REFERENCE IDENTIFIER** 01

SEGMENT DETAIL			
	HL - SU	BSCRIBER HIERARCHICAL	LEVEL
X12 Segment Name:	Hierarchical L	evel	
X12 Purpose:	To identify de groups of data	pendencies among and the content of hierarchic a segments	ally related
X12 Comments:	hierarchio	egment is used to identify levels of detail informa cal structure, such as relating line-item data to sh g data to line-item data.	
	<b>2.</b> The HL s	egment defines a top-down/left-right ordered stru	ucture.
Loop:	2000B — SU	BSCRIBER HIERARCHICAL LEVEL Loop Re	epeat: >1
Segment Repeat:	1		
Usage:	REQUIRED		
TR3 Notes:	ID-2010E is the su	nt can be uniquely identified to the destination B by a unique Member Identification Number bscriber or is considered to be the subscribe d at this level, and the patient HL in Loop ID-2	r, then the patient r and is
	destinati not knov	ient is not the subscriber and cannot be iden on payer by a unique Member Identification N wn to the sender if the Member Identification r both this HL and the patient HL in Loop ID- 20	Number or it is number is
TR3 Example:	HL*2*1*22*	<1~	
DIAGRAM			
HL * HL01 6 HL * Hierarch ID Numbe M 1 AN 1/ ELEMENT DETAIL	er * Parent I	D * Level Code * Child Code $\sim$	
USAGE D	EF. DATA ES. ELEMENT	NAME	ATTRIBUTES
REQUIRED HL01	628	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a partial a hierarchical structure	M 1 AN 1/12 cular data segment in
		<b>COMMENT:</b> HL01 shall contain a unique alphanumeric number of the HL segment in the transaction set. For example, HL0 indicate the number of occurrences of the HL segment, in v HL01 would be "1" for the initial HL segment and would be each subsequent HL segment within the transaction.	01 could be used to which case the value of
		The first HL01 within each ST-SE envelope must and be incremented by one each time an HL is us transaction. Only numeric values are allowed in	sed in the

ASC X12N • INSURA TECHNICAL REPOR		OMMITTEE		005010X222 • 837 • 2000B • H SUBSCRIBER HIERARCHICAL LEVE			
REQUIRED	HL02	734	Identification nu	Parent ID Number         O 1         AN         1/12           mber of the next higher hierarchical data segment that the data described is subordinate to         data segment that the data			
				identifies the hierarchical ID number of the HL segment to which segment is subordinate.			
REQUIRED	HL03	735	Hierarchical I Code defining th	Level Code M 1 ID 1/2 ne characteristic of a level in a hierarchical structure			
			current HL segn transaction. For	indicates the context of the series of segments following the nent up to the next occurrence of an HL segment in the example, HL03 is used to indicate that subsequent segments in n a logical grouping of data referring to shipment, order, or item- n.			
			CODE	DEFINITION			
			22	Subscriber			
REQUIRED	HL04	736	Hierarchical ( Code indicating level being desc	if there are hierarchical child data segments subordinate to the			
			<b>COMMENT</b> : HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.				
				oop ID-2300) can be used when HL04 has no evels (HL04 = 0) or when HL04 has subordinate levels .04 = 1).			
			In the first ca are no depen	se (HL04 = 0), the subscriber is the patient and there dent claims.			
			dependents of provider HL ( same provide is at least one (spouse) wou spouse. The p	case (HL04 = 1) happens when claims for one or more of the subscriber are being sent under the same billing for example, a spouse and son are both treated by the er). In that case, the subscriber HL04 = 1 because there e dependent to this subscriber. The dependent HL and then be sent followed by the Loop ID-2300 for the next HL would be the dependent HL for the son he Loop ID-2300 for the son.			
			dependents, (Self), would Subscriber's followed by o the proper Re	and claims for the subscriber and one or more the Subscriber HL, with Relationship Code SBR02=18 be followed by the Subscriber's Loop ID-2300 for the claims. Then the Subscriber HL would be repeated, one or more Patient HL loops for the dependents, with elationship Code in PAT01, each followed by their pop ID-2300 for each dependent's claims.			
			CODE	DEFINITION			
			0	No Subordinate HL Segment in This Hierarchical Structure.			
			1	Additional Subordinate HL Data Segment in This Hierarchical Structure.			

SEGMENT DETAIL		
	SBR - S	SUBSCRIBER INFORMATION
X12 Segment Name	e: Subscriber Ir	nformation
X12 Purpos	e: To record infe for that insure	formation specific to the primary insured and the insurance carrier ed
Loo	p: 2000B — SU	JBSCRIBER HIERARCHICAL LEVEL
Segment Repea	nt· 1	
Usag		
-		
TR3 Example	e: SBR*P**G	RP01020102*****CI~
DIAGRAM		
SBR * SBR01 Payer F Seq No M 1 ID	Resp 👷 Individu	
SBR07 * ¥ <del>S/No Resp C</del> 0 1 ID		
ELEMENT DETAIL		
USAGE	REF. DATA DES. ELEMENT	NAMEATTRIBUTES
REQUIRED SB	IR01 1138	Payer Responsibility Sequence Number Code M 1 ID 1/1 Code identifying the insurance carrier's level of responsibility for a payment of a claim
		Within a given claim, the various values for the Payer Responsibility Sequence Number Code (other than value "U") may occur no more than once.
		CODE DEFINITION
		A Payer Responsibility Four
		B Payer Responsibility Five
		C Payer Responsibility Six
		D Payer Responsibility Seven
		E Payer Responsibility Eight
		F Payer Responsibility Nine
		G Payer Responsibility Ten
		H Payer Responsibility Eleven
		P Primary
		S Secondary T Tertiary

				COBCORDER IN ORMANO
			U	Unknown
				This code may only be used in payer to payer COB claims when the original payer determined the presence of this coverage from eligibility files received from this payer or when the original claim did not provide the responsibility sequence for this payer.
SITUATIONAL	SBR02	1069		Iationship Code         O 1         ID         2/2           the relationship between two individuals or entities         2/2         2/2         2/2
			SEMANTIC: SBR0	2 specifies the relationship to the person insured.
			considered to	e: Required when the patient is the subscriber or is to be the subscriber. If not required by this on guide, do not send.
			CODE	DEFINITION
			18	Self
SITUATIONAL	SBR03	127		entificationO 1AN1/50mation as defined for a particular Transaction Set or as specified be Identification Qualifier
			SEMANTIC: SBR0	3 is policy or group number.
			for the destin	E: Required when the subscriber's identification card nation payer (Loop ID-2010BB) shows a group number d by this implementation guide, do not send.
				NAME: Subscriber Group or Policy Number
				e number uniquely identifying the subscriber. The criber number is submitted in Loop ID-2010BA-NM109.
SITUATIONAL	SBR04	93	<b>Name</b> Free-form name	O 1 AN 1/60
			semantic: SBR0	4 is plan name.
				E: Required when SBR03 is not used and the group able. If not required by this implementation guide, do
				NAME: Subscriber Group Name
SITUATIONAL	SBR05	1336	Insurance Ty Code identifying	pe Code O 1 ID 1/3 the type of insurance policy within a specific insurance program
			2010BB) is M	E: Required when the destination payer (Loop ID- ledicare and Medicare is not the primary payer (SBR01 al "P"). If not required by this implementation guide,
			CODE	DEFINITION
			12	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
			13	Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated 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

NOT USED

NOT USED

NOT USED

SITUATIONAL

		16	Medicare Secondary Public Hea Other Federal Agency	Ith Serv	/ice (Pl	HS)or
		41	Medicare Secondary Black Lung	I		
		42	Medicare Secondary Veteran's A	dminis	stratior	1
		43	Medicare Secondary Disabled B Age 65 with Large Group Health		-	der
		47	Medicare Secondary, Other Liab Primary	ility Ins	surance	e is
SBR06	1143	Coordination	of Benefits Code	01	ID	1/1
SBR07	1073	Yes/No Cond	lition or Response Code	01	ID	1/1
SBR08	584	Employment	Status Code	01	ID	2/2
SBR09	1032	Claim Filing I Code identifying	Indicator Code g type of claim	01	ID	1/2

SITUATIONAL RULE: Required prior to mandated use of the HIPAA National Plan ID. If not required by this implementation guide, do not send.

CODE	DEFINITION
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
17	Dental Maintenance Organization
AM	Automobile Medical
BL	Blue Cross/Blue Shield
СН	Champus
CI	Commercial Insurance Co.
DS	Disability
FI	Federal Employees Program
НМ	Health Maintenance Organization
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
МС	Medicaid
OF	Other Federal Program
	Use code OF when submitting Medicare Part D claims.
тν	Title V
VA	Veterans Affairs Plan
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined
	Use Code ZZ when Type of Insurance is not known.

#### SEGMENT DETAIL **PAT - PATIENT INFORMATION** X12 Segment Name: Patient Information X12 Purpose: To supply patient information X12 Syntax: 1. P0506 If either PAT05 or PAT06 is present, then the other is required. 2. P0708 If either PAT07 or PAT08 is present, then the other is required. Loop: 2000B — SUBSCRIBER HIERARCHICAL LEVEL Segment Repeat: 1 **Usage: SITUATIONAL** Situational Rule: Required when the patient is the subscriber or considered to be the subscriber and at least one of the element requirements are met. If not required by this implementation guide, do not send. TR3 Example: PAT\*\*\*\*D8\*19970314~ PAT\*\*\*\*\*\*\*01\*146~ DIAGRAM PAT01 PAT02 PAT03 PAT04 PAT06 1069 1384 584 1220 PAT05 1250 1251 Individual Patient Loc **Date Time** Employment Student Date Time **PAT**\* \* \* \* \* \* Relat Code Status Code Status Code Format Qual Period Code ID 2/2 1/1 ID AN 1/35 01 01 ID O 1 2/2 01 ID 1/1 X 1 ID 2/3 X 1 PAT07 355 PAT08 81 **PAT09** 1073 **Unit/Basis** Yes/No Cond Weight \* \* \* Meas Code **Resp Code** R 1/10 X 1 ID 2/2 X 1 01 ID 1/1 ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
NOT USED	PAT01	1069	Individual Re	lationship Code	01	ID	2/2
NOT USED	PAT02	1384	Patient Locat	Patient Location Code			1/1
NOT USED	PAT03	584	Employment	Employment Status Code			2/2
NOT USED	PAT04	1220	Student Statu	Student Status Code			1/1
SITUATIONAL	PAT05	1250		Date Time Period Format Qualifier Code indicating the date format, time format, or date and time			2/3
			<b>SYNTAX:</b> P0506				
			SITUATIONAL RULE: Required when patient is known to be deceased and the date of death is available to the provider billing system. If not required by this implementation guide, do not send.				
			CODE	DEFINITION			
			D8 Date Expressed in Format CCYYMMDD				

005010X222 • 837 • 2000B • PAT	
PATIENT INFORMATION	

SITUATIONAL	PAT06	1251	Date Time Per Expression of a c	<b>iod</b> date, a time, or range of dates, times or da	X1 AN ates and tim		
			<b>SYNTAX:</b> P0506				
			SEMANTIC: PAT06	is the date of death.			
			the date of dea	Required when patient is known to ath is available to the provider billi is implementation guide, do not se	ng systen		
			IMPLEMENTATION N	AME: Patient Death Date			
SITUATIONAL	PAT07	355	Code specifying a measurement h	for Measurement Code the units in which a value is being express has been taken	X 1 ID sed, or man	<b>2/2</b> ner in which	
			syntax: P0708				
			SITUATIONAL RULE: Medical Equip Necessity (DN If not required	of Medica AC 10.03.			
			CODE	DEFINITION			
			01	Actual Pounds			
SITUATIONAL	PAT08	81	<b>Weight</b> Numeric value of	weight	X1 R	1/10	
			<b>SYNTAX:</b> P0708				
			SEMANTIC: PAT08	is the patient's weight.			
			Medical Equip Necessity (DN	Required when claims involve Me oment Regional Carriers Certificate IERC CMN) 02.03, 10.02, or DME M I by this implementation guide, do	of Medica AC 10.03.		
			IMPLEMENTATION N	AME: Patient Weight			
SITUATIONAL	PAT09	1073		tion or Response Code a Yes or No condition or response	O1 ID	1/1	
				indicates whether the patient is pregnant patient is pregnant; code "N" indicates the			
			of pregnancy The "Y" code used, it means pregnancy inc	Required when mandated by law. shall be completed in compliance indicates that the patient is pregna s that the patient is not pregnant of licator is not mandated by law. I by this implementation guide, do	with appli ant. If PAT r that the	cable law.	
			IMPLEMENTATION NAME: Pregnancy Indicator For this implementation, the listed value takes precedence over th semantic note.				
			CODE	DEFINITION			
			Y	Yes			

SEGMENT DETAIL									
	NN	11 - S	UBSCRI	3ER I	NAME				
X12 Segment Na	ame: Indiv	idual or C	Organizational	Name					
X12 Purp	ose: To s	upply the	full name of a	n individu	ial or organ	izational entity	у		
X12 Set No		<ol> <li>Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.</li> </ol>							
Х12 Syı		<b>P0809</b> If either N	IM108 or NM1	09 is prea	sent, then tl	ne other is rec	quired.		
		<b>C1110</b> If NM111	is present, the	n NM11(	) is required	J.			
		<b>C1203</b> If NM112	is present, the	n NM103	3 is required	1.			
L	oop: 2010	)BA — SI	UBSCRIBER N		_oop Repe	at: 1			
Segment Rep	peat: 1								
Us	age: REG	UIRED							
TR3 Exan		"subscri However	•	non-pe y state.	rson entity	(for example	alty claims, the e, the employer).		
	ntity ID * Code ID 2/3	NM102 1 Entity Ty Qualifie M 1 ID NM108	pe r * Name L Org Na	ast/ * me 1/60 C	IM104 1036 Name First 0.1 AN 1/35 IM110 706	NM105 103 Name Middle O 1 AN 1/2 NM111 9	* <del>Name</del> <del>Prefix</del>		
*	Name Suffix AN 1/10	ID Code Qualifie X 1 ID	er <sup>ar</sup> Code		Entity Relat Code	* Entity ID Code O 1 ID 2/	/3 Name Last/ Org Name O 1 AN 1/60		
ELEMENT DETAIL									
USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBUTES		
REQUIRED	NM101	98	Entity Identifie Code identifying individual		ational entity, a	a physical locatio	M 1 ID 2/3 on, property or an		
			CODE	DEFINITION					
			IL	Insured	or Subscrib	er			

	NM402	1065	Entity Type Quelifier	TECHNICAL R	ID					
	NM102	1065	Entity Type Qualifier Code qualifying the type of entity		D	1/1				
			SEMANTIC: NM102 qualifies NM103.							
			CODE DEFINITION							
			1 Person							
			2 Non-Person Entity							
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational na		AN	1/60				
			syntax: C1203							
			IMPLEMENTATION NAME: Subscriber Las	st Name						
SITUATIONAL	NM104	1036	Name First Individual first name	0 1	AN	1/35				
			SITUATIONAL RULE: <i>Required when NN has a first name. If not required b</i> not send.							
			IMPLEMENTATION NAME: Subscriber First	st Name						
SITUATIONAL	TUATIONAL NM105 1037	1037	Name Middle Individual middle name or initial	01	AN	1/25				
			SITUATIONAL RULE: Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send.							
			IMPLEMENTATION NAME: Subscriber Mic	Idle Name or Initial						
NOT USED	NM106	1038	Name Prefix	01	AN	1/10				
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	01	AN	1/10				
			SITUATIONAL RULE: Required when NM102 = 1 (person) and the name suffix of the person is needed to identify the individual. If not required by this implementation guide, do not send.							
			IMPLEMENTATION NAME: Subscriber Name Suffix							
			Examples: I, II, III, IV, Jr, Sr This data element is used only to	indicate generation	or patr	onymic				
REQUIRED	NM108	66	Identification Code Qualifier Code designating the system/method of Code (67)	X 1	<b>ID</b> dentifica	<b>1/2</b> ation				
			syntax: P0809							
			CODE DEFINITION							
			II Standard Unique in the United State	Health Identifier for ea	ach Ind	dividual				
			Required if the HI	PAA Individual Patien not required, use valu		tifier is				

			МІ	Member Identification Number			
				The code MI is intended to be the identification number as assigned example, Insured's ID, Subscriber Insurance Claim Number (HIC), et	d by th r's ID,	ne paye	er. (For
				MI is also intended to be used in a the Indian Health Service/Contract (IHS/CHS) Fiscal Intermediary for reporting the Tribe Residency Co State). In the event that a Social S (SSN) is also available on an IHS/ SSN in REF02. When sending the Social Security Member ID, it must be a string of numbers with no separators. For "111002222" would be valid, while 2222" would be invalid.	t Heal the p de (Tr Securit CHS c / Num exactl exactl	th Servirpose ibe Co by Num claim, p ber as y nine ple, ser	vices of unty ber out the the nding
REQUIRED	NM109	67	Identification Code identifying	Code a party or other code	X 1	AN	2/80
			syntax: P0809				
				AAME: Subscriber Primary Identifier			
NOT USED	NM110	706	Entity Relation	nship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifie	er Code	01	ID	2/3
NOT USED	NM112	1035	Name Last or	Organization Name	01	AN	1/60

SEGMENT DETAIL N3 - SUBSCRIBER ADDRESS X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2010BA — SUBSCRIBER NAME

Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when the patient is the subscriber or considered to be the subscriber. If not required by this implementation guide, do not send.

TR3 Example: N3\*123 MAIN STREET~

# DIAGRAM

N3 *	N30 <sup>2</sup>	1	166		N302	2	166	
		ddre orma		*		ddre orma		~
	M 1	AN	1/55		01	AN	1/55	

# ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	ITES			
REQUIRED	N301	166	Address Information Address information	M 1	AN	1/55			
			IMPLEMENTATION NAME: Subscriber Address Line						
SITUATIONAL	N302		Address Information Address information	01	AN	1/55			
			SITUATIONAL RULE: <b>Required when there is a second address line. If not</b> required by this implementation guide, do not send.						
			IMPLEMENTATION NAME: Subscriber Address Line						

SEGMENT DETAIL									
	N4	- SUI	BSCRIBER CITY, STATE, ZIF	, CODE					
X12 Segment N	ame: Geog	graphic L	ocation						
X12 Purp	<b>bose:</b> To sp	pecify the	e geographic place of the named party						
X12 Sy		<b>E0207</b> Only one	of N402 or N407 may be present.						
		<b>C0605</b> f N406 is	s present, then N405 is required.						
		<b>C0704</b> f N407 is	s present, then N404 is required.						
L	.oop: 2010	BA — S	UBSCRIBER NAME						
Segment Re	peat: 1								
Us	sage: REQ	QUIRED							
TR3 Exar	mple: N4*	KANSAS	S CITY*MO*64108~						
DIAGRAM									
0 1 N40 <b>Col</b>	City Name AN 2/30	N402 State o Prov Coo X 1 ID		* Location Identifier					
	REF	DATA							
	REF. DES.	ELEMENT							
	N401	19	City Name Free-form text for city name	O 1 AN 2/30					
			<b>соммент</b> : A combination of either N401 through N404, or N adequate to specify a location.	405 and N406 may be					
			IMPLEMENTATION NAME: Subscriber City Name						
SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate	X 1 ID 2/2 government agency					
			syntax: E0207						
			COMMENT: N402 is required only if city name (N401) is in the	U.S. or Canada.					
			SITUATIONAL RULE: Required when the address is in the America, including its territories, or Canada. If no implementation guide, do not send.						
			IMPLEMENTATION NAME: Subscriber State Code						
			CODE SOURCE 22: States and Provinces						

SITUATIONAL	ATIONAL N403 116		<b>Postal Code</b> Code defining international postal zone code excluding p (zip code for United States)	O1 unctuatio	ID on and b	<b>3/15</b> blanks				
			SITUATIONAL RULE: Required when the address is in America, including its territories, or Canada, or exists for the country in N404. If not required by implementation guide, do not send.	when a						
			IMPLEMENTATION NAME: Subscriber Postal Zone or ZI	P Code						
			CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes							
SITUATIONAL	ATIONAL N404 26	26	Country Code Code identifying the country	X 1	ID	2/3				
			syntax: C0704							
		SITUATIONAL RULE: Required when the address is ou States of America. If not required by this implement not send.								
			code source 5: Countries, Currencies and Funds							
			Use the alpha-2 country codes from Part 1 of ISO 3166.							
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2				
NOT USED	N406	310	Location Identifier	01	AN	1/30				
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision	X 1	ID	1/3				
			syntax: E0207, C0704							
	SITUATIONAL RULE: Required when the address is not in the U. States of America, including its territories, or Canada, an country in N404 has administrative subdivisions such as limited to states, provinces, cantons, etc. If not required implementation guide, do not send.									
			CODE SOURCE 5: Countries, Currencies and Funds							
			Line the encoder and division as dee from Devi O	(100						

Use the country subdivision codes from Part 2 of ISO 3166.

SEGMENT DETAIL **DMG - SUBSCRIBER DEMOGRAPHIC INFORMATION** X12 Segment Name: Demographic Information X12 Purpose: To supply demographic information 1. P0102 X12 Syntax: If either DMG01 or DMG02 is present, then the other is required. 2. P1011 If either DMG10 or DMG11 is present, then the other is required. 3. C1105 If DMG11 is present, then DMG05 is required. Loop: 2010BA - SUBSCRIBER NAME Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required when the patient is the subscriber or considered to be the subscriber. If not required by this implementation guide, do not send. TR3 Example: DMG\*D8\*19690815\*M~ DIAGRAM DMG03 DMG06 DMG01 1250 DMG02 1251 1068 DMG04 1067 DMG05 C056 1066 Date Time Date Time Gender Marital Comp Race **Citizenship** DMG \* \* \* \* \* Format Qual Period Status Code or Ethn Inf Status Code Code ID 2/3 AN 1/35 01 ID O 1 ID 1/1 O 1 ID X 1 1/1 X 10 1/2 X 1 DMG07 26 DMG08 659 DMG09 380 DMG10 1270 DMG11 1271 Country Basis of **Quantity** Code List Industry \* \* \* \* \* Verif Code Qual Code Code Code O 1 ID 2/3 O 1 ID 1/2 O 1 R 1/15 ID 1/3 Χ1 AN 1/30 Χ1 ELEMENT DETAIL REF. DATA ELEMENT USAGE NAME ATTRIBUTES REQUIRED DMG01 1250 **Date Time Period Format Qualifier** X 1 ID 2/3 Code indicating the date format, time format, or date and time format **SYNTAX:** P0102 CODE DEFINITION D8 Date Expressed in Format CCYYMMDD REQUIRED **DMG02** 1251 **Date Time Period** 1/35 X1 AN Expression of a date, a time, or range of dates, times or dates and times **SYNTAX:** P0102 SEMANTIC: DMG02 is the date of birth. IMPLEMENTATION NAME: Subscriber Birth Date

## 005010X222 • 837 • 2010BA • DMG SUBSCRIBER DEMOGRAPHIC INFORMATION

REQUIRED	DMG03	1068	Gender Code Code indicating	• the sex of the individual	01	ID	1/1
			IMPLEMENTATION	NAME: Subscriber Gender Code			
			CODE	DEFINITION			
			F	Female			
			М	Male			
			U	Unknown			
NOT USED	DMG04	1067	Marital Statu	s Code	01	ID	1/1
NOT USED	DMG05	C056	COMPOSITE INFORMATIC	RACE OR ETHNICITY	X 10		
NOT USED	DMG06	1066	Citizenship S	Status Code	01	ID	1/2
NOT USED	DMG07	26	Country Cod	e	01	ID	2/3
NOT USED	DMG08	659	Basis of Veri	fication Code	01	ID	1/2
NOT USED	DMG09	380	Quantity		01	R	1/15
NOT USED	DMG10	1270	Code List Qu	alifier Code	X 1	ID	1/3
NOT USED	DMG11	1271	Industry Cod	e	X 1	AN	1/30

SEGMENT DETAIL **REF - SUBSCRIBER SECONDARY IDENTIFICATION** X12 Segment Name: Reference Information X12 Purpose: To specify identifying information X12 Syntax: 1. R0203 At least one of REF02 or REF03 is required. Loop: 2010BA — SUBSCRIBER NAME Segment Repeat: 1 **Usage: SITUATIONAL** Situational Rule: Required when an additional identification number to that provided in NM109 of this loop is necessary for the claim processor to identify the entity. If not required by this implementation guide, do not send. TR3 Example: REF\*SY\*123456789~ DIAGRAM REF01 128 REF02 127 REF03 352 REF04 C040 Reference Reference **Description** Reference **REF**\* \* \* **Ident Qual** Ident **Identifier** ID 2/3 AN 1/50 AN 1/80 M 1 X 1 01 ELEMENT DETAIL REF. DATA ELEMENT USAGI NAME ATTRIBUTES REQUIRED REF01 128 **Reference Identification Qualifier** ID 2/3 M 1 Code qualifying the Reference Identification CODE DEFINITION SY **Social Security Number** The Social Security Number must be a string of exactly nine numbers with no separators. For example, sending "111002222" would be valid, while sending "111-00-2222" would be invalid. REQUIRED REF02 127 **Reference Identification** X1 AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Subscriber Supplemental Identifier NOT USED REF03 352 1/80 Description X1 AN NOT USED REF04 **REFERENCE IDENTIFIER** C040 01

SEGMENT DETAIL

# **REF - PROPERTY AND CASUALTY CLAIM** NUMBER

X12 Segment Name:	Reference Information
X12 Purpose:	To specify identifying information
X12 Syntax:	1. R0203 At least one of REF02 or REF03 is required.
Loop:	2010BA — SUBSCRIBER NAME
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required when the services included in this claim are to be considered as part of a property and casualty claim. If not required by this implementation guide, do not send.
TR3 Notes:	1. This is a property and casualty payer-assigned claim number. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer. See Section 1.4.2, Property and Casualty, for additional information about property and casualty claims.
	2. This segment is not a HIPAA requirement as of this writing.
TR3 Example:	REF*Y4*4445555~

## DIAGRAM

REF *	REFO	)1 <sup>~</sup>	128		REF	02	127		REF	03	352	] [	REF04	C040	]
		ferenc nt Qua		e		Reference Ident		*	<b>Description</b>		*	Reference Identifier		~	
	M 1	ID	2/3		X 1	AN	1/50		X 1	AN	1/80		01		

# ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES		
REQUIRED	REF01	128		ntification Qualifier the Reference Identification	M 1	ID	2/3		
			CODE	DEFINITION					
			Y4	Agency Claim Number					
REQUIRED	REF02	127	Reference inform	Reference Identification X Reference information as defined for a particular Transaction S by the Reference Identification Qualifier					
			syntax: R0203						
				ber					
NOT USED	REF03	352	Description		X 1	AN	1/80		
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	01				

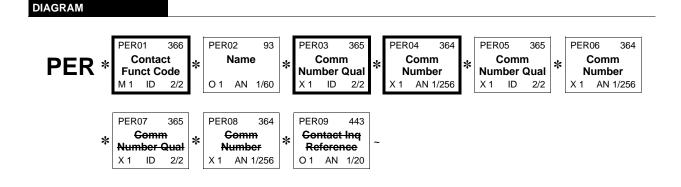
SEGMENT DETAIL

	SUBSCRIBER CONTACT INFORMATION
X12 Segment Name:	Administrative Communications Contact
X12 Purpose:	To identify a person or office to whom administrative communications should be directed
X12 Syntax:	<ol> <li>P0304         If either PER03 or PER04 is present, then the other is required.     </li> </ol>
	2. P0506 If either PER05 or PER06 is present, then the other is required.
	<b>3. P0708</b> If either PER07 or PER08 is present, then the other is required.
Loop:	2010BA — SUBSCRIBER NAME
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required for Property and Casualty claims when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.
TR3 Notes:	1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number

DER - DRODERTV AND CASHALTV

3 Notes: 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-".

TR3 Example: PER\*IC\*JOHN SMITH\*TE\*5555551234\*EX\*123~



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES
REQUIRED	PER01	366	Contact Funct Code identifying	tion Code the major duty or responsibility of the pe	M 1 rson or g	<b>ID</b> group na	<b>2/2</b> amed
			CODE	DEFINITION			
			IC	Information Contact			
SITUATIONAL	PER02	93	<b>Name</b> Free-form name		01	AN	1/60
			other than the	Required when the Subscriber co person identified in the Subscrib not required by this implementat	er Nan	ne NM	l (Loop
REQUIRED	PER03	365		on Number Qualifier	X 1	ID	2/2
				the type of communication number			
			syntax: P0304 code	DEFINITION			
			TE	Telephone			
REQUIRED	PER04	364	<b>Communicatio</b> Complete comm applicable	on Number unications number including country or a	X 1 irea code	AN when	1/256
			syntax: P0304				
SITUATIONAL	PER05	365		on Number Qualifier the type of communication number	X 1	ID	2/2
			syntax: P0506				
				Required when this information i ter. If not required by this implem			-
			CODE	DEFINITION			
			EX	Telephone Extension			
SITUATIONAL	PER06	364	Communication Complete comm applicable	on Number unications number including country or a	X 1 rea code	AN when	1/256
			syntax: P0506				
				Required when this information i ter. If not required by this implem			-
NOT USED	PER07	365	Communicatio	on Number Qualifier	X 1	ID	2/2
NOT USED	PER08	364	Communicatio	on Number	X 1	AN	1/256
NOT USED	PER09	443	Contact Inqui	ry Reference	01	AN	1/20

SEGMENT DETAIL **NM1 - PAYER NAME** X12 Segment Name: Individual or Organizational Name **X12 Purpose:** To supply the full name of an individual or organizational entity X12 Set Notes: 1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant. X12 Syntax: 1. P0809 If either NM108 or NM109 is present, then the other is required. 2. C1110 If NM111 is present, then NM110 is required. 3. C1203 If NM112 is present, then NM103 is required. Loop: 2010BB — PAYER NAME Loop Repeat: 1 Segment Repeat: 1 **Usage: REQUIRED** TR3 Notes: 1. This is the destination payer. 2. For the purposes of this implementation the term payer is synonymous with several other terms, such as, repricer and third party administrator. TR3 Example: NM1\*PR\*2\*ABC INSURANCE CO\*\*\*\*\*PI\*11122333~ DIAGRAM NM103 NM104 NM101 98 NM102 1065 1035 1036 NM105 1037 NM106 1038 Entity ID Entity Type Name Last/ Name Name Name NM1 \* \* \* \* Qualifier Middle Profix Code Org Name First ID 2/3 ID 1/1 AN 1/60 01 AN 1/35 O 1 AN 1/25 O 1 AN 1/10 M 1 X 1 M 1 NM108 NM107 1039 66 NM109 67 NM110 706 NM111 98 NM112 1035 ID Code ID Entity ID Name Entity Name Last/ \* \* \* \* \* Suffix Qualifier Code Relat Code Code Org Name AN 2/80 ID O 1 ID O 1 AN 1/60 01 AN 1/10 1/2X 1 ID 2/2 2/3 ELEMENT DETAIL DATA ELEMENT NAME REF. DES. USAGE ATTRIBUTES REQUIRED NM101 98 **Entity Identifier Code** 2/3 M 1 ID Code identifying an organizational entity, a physical location, property or an

individual <u>code</u> <u>DEFINITION</u>

MAY 2006

005010X222 • 837 • 2010BB • NM1 PAYER NAME

DEOLIDED					
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity	M 1 ID	1/1
			SEMANTIC: NM102 qualifies NM103.		
			CODE DEFINITION		
			2 Non-Person Entity		
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name	X 1 AN	1/60
			syntax: C1203		
			IMPLEMENTATION NAME: Payer Name		
NOT USED	NM104	1036	Name First	O1 AN	1/35
NOT USED	NM105	1037	Name Middle	O1 AN	1/25
NOT USED	NM106	1038	Name Prefix	O1 AN	1/10
NOT USED	NM107	1039	Name Suffix	O1 AN	1/10
REQUIRED	NM108	66	Identification Code Qualifier         X 1         ID         1/2           Code designating the system/method of code structure used for Identification         Code (67)         Code (67)		
			syntax: P0809		
			in period identified by Federal regulation		y phase-
			in period identified by Federal regulation If a phase-in period is designated, PI m 1. Both the sender and receiver agree to 2. The receiver has a National Plan ID, 3. The sender has the capability to sen If all of the above conditions are true, A the Payer Identification Number that we qualifier PI can be sent in the correspo	on, PI must be sent. ust be sent unless: o use the National F and d the National Plan CV must be sent. In t ould have been sent	Plan ID, ID. his case using
			in period identified by Federal regulation If a phase-in period is designated, PI m 1. Both the sender and receiver agree t 2. The receiver has a National Plan ID, 3. The sender has the capability to sen If all of the above conditions are true, X the Payer Identification Number that we qualifier PI can be sent in the correspon qualifier 2U.	on, PI must be sent. ust be sent unless: o use the National F and d the National Plan CV must be sent. In t ould have been sent	Plan ID, ID. his case using
			in period identified by Federal regulation If a phase-in period is designated, PI m 1. Both the sender and receiver agree t 2. The receiver has a National Plan ID, a 3. The sender has the capability to sen If all of the above conditions are true, X the Payer Identification Number that we qualifier PI can be sent in the correspond qualifier 2U. <u>CODE</u> <u>DEFINITION</u>	on, PI must be sent. ust be sent unless: o use the National F and d the National Plan CV must be sent. In t ould have been sent	Plan ID, ID. his case using
			in period identified by Federal regulation If a phase-in period is designated, PI m 1. Both the sender and receiver agree to 2. The receiver has a National Plan ID, a 3. The sender has the capability to sen If all of the above conditions are true, A the Payer Identification Number that we qualifier PI can be sent in the corresponding Qualifier 2U. <u>CODE</u> <u>DEFINITION</u> PI Payor Identification	on, PI must be sent. ust be sent unless: o use the National F and d the National Plan CV must be sent. In t buld have been sent nding REF segment	Plan ID, ID. his case using using
			in period identified by Federal regulationIf a phase-in period is designated, PI m1. Both the sender and receiver agree t2. The receiver has a National Plan ID, a3. The sender has the capability to senIf all of the above conditions are true, Xthe Payer Identification Number that we qualifier PI can be sent in the correspondualifier 2U.CODEDEFINITIONPIPayor IdentificationXVCenters for Medicare and period	on, PI must be sent. ust be sent unless: o use the National F and d the National Plan XV must be sent. In to ould have been sent nding REF segment	Plan ID, ID. his case using using s PlanID
REQUIRED	NM109	67	in period identified by Federal regulation If a phase-in period is designated, PI m 1. Both the sender and receiver agree to 2. The receiver has a National Plan ID, a 3. The sender has the capability to sen If all of the above conditions are true, A the Payer Identification Number that we qualifier PI can be sent in the corresponding Qualifier 2U. <u>CODE</u> <u>DEFINITION</u> PI Payor Identification	on, PI must be sent. ust be sent unless: o use the National F and d the National Plan XV must be sent. In to ould have been sent nding REF segment	Plan ID, ID. his case using using s PlanID d Services
REQUIRED	NM109	67	in period identified by Federal regulation If a phase-in period is designated, PI m 1. Both the sender and receiver agree to 2. The receiver has a National Plan ID, a 3. The sender has the capability to send If all of the above conditions are true, X the Payer Identification Number that we qualifier PI can be sent in the correspond qualifier 2U. <u>CODE</u> <u>DEFINITION</u> PI Payor Identification XV Centers for Medicare and CODE SOURCE 540: Centers for PlanID Identification Code	on, PI must be sent. ust be sent unless: o use the National F and d the National Plan CV must be sent. In t ould have been sent nding REF segment d Medicaid Services r Medicare and Medicai	Plan ID, ID. his case using using s PlanID d Services
REQUIRED	NM109	67	in period identified by Federal regulation If a phase-in period is designated, PI m 1. Both the sender and receiver agree to 2. The receiver has a National Plan ID, a 3. The sender has the capability to sen If all of the above conditions are true, A the Payer Identification Number that we qualifier PI can be sent in the correspon- qualifier 2U. <u>CODE</u> <u>DEFINITION</u> PI Payor Identification XV <u>Centers for Medicare and code source 540: Centers for PlanID Identification Code Code identifying a party or other code</u>	on, PI must be sent. ust be sent unless: o use the National F and d the National Plan CV must be sent. In t ould have been sent nding REF segment d Medicaid Services r Medicare and Medicai	Plan ID, ID. his case using using s PlanID d Services
REQUIRED	NM109	67	in period identified by Federal regulation If a phase-in period is designated, PI m 1. Both the sender and receiver agree to 2. The receiver has a National Plan ID, a 3. The sender has the capability to send If all of the above conditions are true, X the Payer Identification Number that we qualifier PI can be sent in the correspond qualifier 2U. <u>CODE</u> <u>DEFINITION</u> PI <u>Payor Identification</u> XV <u>Centers for Medicare and CODE SOURCE 540: Centers for PlanID Identification Code Code identifying a party or other code SYNTAX: P0809</u>	on, PI must be sent. ust be sent unless: o use the National F and d the National Plan CV must be sent. In t ould have been sent nding REF segment d Medicaid Services r Medicare and Medicai	Plan ID, ID. his case using using s PlanID d Services
			in period identified by Federal regulation If a phase-in period is designated, PI m 1. Both the sender and receiver agree to 2. The receiver has a National Plan ID, a 3. The sender has the capability to send If all of the above conditions are true, A the Payer Identification Number that we qualifier PI can be sent in the correspond qualifier 2U. <u>CODE</u> <u>DEFINITION</u> PI <u>Payor Identification</u> XV <u>Centers for Medicare and code source 540: Centers for PlanID Identification Code Code identifying a party or other code SYNTAX: P0809 IMPLEMENTATION NAME: Payer Identifier</u>	on, PI must be sent. ust be sent unless: o use the National F and d the National Plan CV must be sent. In to build have been sent nding REF segment d Medicaid Services r Medicare and Medicai X 1 AN	Plan ID, ID. his case using using s PlanID d Services 2/80

clearinghouse). If not required by this implementation guide, do not set TR3 Example: N3*123 MAIN STREET~ DIAGRAM N3 * N301 166 Address Information M1 AN 1/55 * N302 166 Address Information O1 AN 1/55 ~ ELEMENT DETAIL	OEGMENT DETAIL									
X12 Purpose:       To specify the location of the named party         Loop:       2010BB – PAYER NAME         Segment Repeat:       1         Usage:       SITUATIONAL         Situational Rule:       Required when the payer address is available and the submitter intend for the claim to be printed on paper at the next EDI location (for example clearinghouse). If not required by this implementation guide, do not set         TR3 Example:       N3*123 MAIN STREET~         DAGRAM       N301 166 Address Information M 1 AN 1/55         LEMENT DETAIL       Lan 1/55		N3 - PA	YER ADDRESS							
Loop: 2010BB – PAYER NAME Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required when the payer address is available and the submitter intend for the claim to be printed on paper at the next EDI location (for example clearinghouse). If not required by this implementation guide, do not set TR3 Example: N3*123 MAIN STREET~ DIAGRAM M 301 166 Address Information M 1 AN 1/55 LELEMENT DETAIL USAGE REF. DATA M 401 1/55 LELEMENT DETAIL M 502 166 Address Information M 1 AN 1/55 M 502 166 Address M 502 166 Address M 502 166 M 502 166	X12 Segment Name:	Party Location	arty Location							
Segment Repeat:       1         Usage:       SITUATIONAL         Situational Rule:       Required when the payer address is available and the submitter intend for the claim to be printed on paper at the next EDI location (for example clearinghouse). If not required by this implementation guide, do not set in the set intended of the claim to be printed on paper at the next EDI location (for example clearinghouse). If not required by this implementation guide, do not set intended of the claim to be printed on paper at the next EDI location (for example clearinghouse). If not required by this implementation guide, do not set intended of the claim to be printed on paper at the next EDI location (for example clearinghouse). If not required by this implementation guide, do not set intended of the claim to be printed on paper at the next EDI location (for example clearinghouse). If not required by this implementation guide, do not set intended of the claim to be printed on paper at the next EDI location (for example clearinghouse). If not required by this implementation guide, do not set intended of the claim to be printed on paper at the next EDI location (for example clearinghouse). If not required by this implementation guide, do not set intended of the claim to be printed on the next EDI location (for example clearinghouse). If not required by this implementation guide, do not set intended of the claim to be printed of the claim	X12 Purpose:	To specify the	e location of the named party							
Usage:       SITUATIONAL         Situational Rule:       Required when the payer address is available and the submitter interaction for the claim to be printed on paper at the next EDI location (for example clearinghouse). If not required by this implementation guide, do not set         TR3 Example:       N3*123 MAIN STREET~         DIAGRAM $M301   166   Address   Information   0   1   AN   1/55   10   10   10   10   10   10   10   $	Loop:	2010BB — P/	)10BB — PAYER NAME							
Situational Rule:       Required when the payer address is available and the submitter intend for the claim to be printed on paper at the next EDI location (for example clearinghouse). If not required by this implementation guide, do not set         TR3 Example:       N3*123 MAIN STREET~         DIAGRAM $M_{301}^{106}$ M3 $M_{301}^{106}$ M4 $M_{302}^{106}$ M4 $M_{30}^{106}$	Segment Repeat:	1								
for the claim to be printed on paper at the next EDI location (for example clearinghouse). If not required by this implementation guide, do not set TR3 Example: N3*123 MAIN STREET~ DIAGRAM $M_{M}^{N_{301}} + 166 \\ M_{Address} \\ M_{1} \\ M_{1} \\ M_{1} \\ M_{1} \\ M_{1} \\ M_{2} \\ M_{1} \\ M_{2} \\ $	Usage:	SITUATIONA	L							
DIAGRAM N301 166 Address Information M1 AN 1/55 K ELEMENT DETAIL USAGE REF. DATA MAME ATTRIBUTES	Situational Rule:	for the claim	Required when the payer address is available and the submitter intends or the claim to be printed on paper at the next EDI location (for example, a clearinghouse). If not required by this implementation guide, do not send.							
N301 166 Address Information M1 AN 1/55 * N302 166 Address Information O1 AN 1/55 ~ ELEMENT DETAIL	TR3 Example:	N3*123 MAIN	N STREET~							
N3 * Address Information M 1 AN 1/55 * Address Information O 1 AN 1/55 ~ ELEMENT DETAIL USAGE REF. DATA ELEMENT NAME ATTRIBUTES	DIAGRAM									
USAGE DES. ELEMENT NAME ATTRIBUTES	N3 * Address Informatic M1 AN 1	n * Address	s on ~							
REQUIRED NOOA 400 Address Information M4 AN	USAGE R	EF. DATA ES. ELEMENT	NAME		ATTRIBU	TES				
Address information M1 AN Address information	REQUIRED N301	166	Address Information Address information	M 1	AN	1/55				
IMPLEMENTATION NAME: Payer Address Line			IMPLEMENTATION NAME: Payer Address Line							
SITUATIONAL N302 166 Address Information O 1 AN Address information	SITUATIONAL N302	166		01	AN	1/55				
SITUATIONAL RULE: Required when there is a second address line. If required by this implementation guide, do not send.					ss line.	lf not				
IMPLEMENTATION NAME: Payer Address Line			IMPLEMENTATION NAME: Payer Address Line							

SEGMENT DETAIL			
	N4 - PA	YER CITY, STATE, ZIP CODE	E
X12 Segment Name:	Geographic L	ocation	
X12 Purpose:	To specify the	e geographic place of the named party	
X12 Syntax:	<ol> <li>E0207</li> <li>Only one</li> <li>C0605</li> </ol>	of N402 or N407 may be present.	
	If N406 is	s present, then N405 is required.	
	<b>3. C0704</b> If N407 is	s present, then N404 is required.	
Loop:	2010BB — P.	AYER NAME	
Segment Repeat:	1		
Usage:	REQUIRED		
TR3 Example:	N4*KANSAS	S CITY*MO*64108~	
DIAGRAM			
* Country S Code	715		* Location Identifier
	REF. DATA		
	DES. ELEMENT	NAME	
REQUIRED N401	19	City Name Free-form text for city name	O 1 AN 2/30
		<b>COMMENT:</b> A combination of either N401 through N404, or N adequate to specify a location.	l405 and N406 may be
		IMPLEMENTATION NAME: Payer City Name	
SITUATIONAL N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate	X 1 ID 2/2 government agency
		SYNTAX: E0207	
		COMMENT: N402 is required only if city name (N401) is in the SITUATIONAL RULE: <i>Required when the address is in th</i>	
		America, including its territories, or Canada. If no implementation guide, do not send.	
		IMPLEMENTATION NAME: Payer State or Province Code	
		CODE SOURCE 22: States and Provinces	

SITUATIONAL N403 116	116	<b>Postal Code</b> Code defining international postal zone code excluding pu (zip code for United States)	O 1 Inctuation	ID on and b	<b>3/15</b> blanks				
		SITUATIONAL RULE: Required when the address is in a America, including its territories, or Canada, or exists for the country in N404. If not required by implementation guide, do not send.	when a						
			IMPLEMENTATION NAME: Payer Postal Zone or ZIP Code	Ð					
			code source 51: ZIP Code code source 932: Universal Postal Codes						
SITUATIONAL	UATIONAL N404 26	26	Country Code Code identifying the country	X 1	ID	2/3			
		syntax: C0704							
		SITUATIONAL RULE: <b>Required when the address is outside the United</b> States of America. If not required by this implementation guide, do not send.							
			CODE SOURCE 5: Countries, Currencies and Funds						
			Use the alpha-2 country codes from Part 1 of ISO 3166.						
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2			
NOT USED	N406	310	Location Identifier	01	AN	1/30			
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision	X 1	ID	1/3			
			syntax: E0207, C0704						
			SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.						
			CODE SOURCE 5: Countries, Currencies and Funds						
			Here the example and division and as from Deut O .	(100	~				

Use the country subdivision codes from Part 2 of ISO 3166.

SEGMENT DETAIL										
	REF - P	AYER SE	CONDARY IDENTI	FICATION						
X12 Segment Name:	Reference Inf	erence Information								
X12 Purpose:	To specify ide	ntifying informa	ation							
X12 Syntax:	<b>1. R0203</b> At least o	<b>R0203</b> At least one of REF02 or REF03 is required.								
Loop:	2010BB — P	AYER NAME								
Segment Repeat:	3									
Usage:	SITUATIONA	L								
Situational Rule:	National Plan provided in t	Required prior to the mandated implementation date for the HIPAA National Plan Identifier when an additional identification number to that provided in the NM109 of this loop is necessary for the claim processor to dentify the entity. If not required by this implementation guide, do not send.								
TR3 Example:	REF*FY*435	5261708~								
DIAGRAM										
ELEMENT DETAIL	Il Ident 2/3 X 1 AN	1/50 × 1 AN	* Identifier ~							
	ES. ELEMENT									
REQUIRED REFO	11 128		DEFINITION Payer Identification Number	M 1 ID 2/3						
			This code is only allowed when Identifier is reported in NM109 o							
		El	Employer's Identification Number	er						
			The Employer's Identification Number must be a string of exactly nine numbers with no separator For example, "001122333" would be valid, while sending "001-12-2333" or "00-1122333" would be invalid.							
		FY	Claim Office Number	0						
		NF	National Association of Insurane (NAIC) Code code source 245: National Association							
			Commissioners (NAIC) Code							

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3			005010X22 PAYER SECON			
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transact by the Reference Identification Qualifier <b>SYNTAX</b> : R0203	X 1 ion Set	AN or as s	1/50 specified
			IMPLEMENTATION NAME: Payer Secondary Identifier			
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01		

# **REF - BILLING PROVIDER SECONDARY IDENTIFICATION**

	IDENTIFICATION	
X12 Segment Name:	Reference Information	
X12 Purpose:	To specify identifying information	
X12 Syntax:	1. R0203 At least one of REF02 or REF03 is required.	
Loop:	2010BB — PAYER NAME	
Segment Repeat:	2	
Usage:	SITUATIONAL	
Situational Rule:	Required prior to the mandated NPI Implementation Date of additional identification number is necessary for the recei- the provider. OR Required on or after the mandated NPI Implementation Date in Loop 2010AA is not used and an identification number NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.	ver to identify ate when NM109 other than the
TR3 Example:	REF*G2*12345~	
DIAGRAM		
REF * Reference Ident Qua		
ELEMENT DETAIL		
USAGE R	EF. DATA ES. <u>ELEMENT</u> NAME	ATTRIBUTES
REQUIRED REFO	128 Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3

CODE	DEFINITION
G2	Provider Commercial Number
	This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.
LU	Location Number

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3			00501 BILLING PROVIDER S	10X222 • 837 ECONDARY			
REQUIRED REF02 127			Reference IdentificationX 1AN1/50Reference information as defined for a particular Transaction Set or as specified by the Reference Identification QualifierSYNTAX: R0203				
			IMPLEMENTATION NAME: Billing Provider Seconda	ry Identifie	r		
NOT USED	REF03	352	Description	X 1	AN	1/80	
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01			

SEGMENT DETAIL		
X12 Segment Name:		
•	To identify dependencies among and the content of hierarchically related groups of data segments	
X12 Comments:	<ul> <li><b>1.</b> The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, packaging data to line-item data.</li> </ul>	and
	2. The HL segment defines a top-down/left-right ordered structure.	
Loop:	2000C — PATIENT HIERARCHICAL LEVEL Loop Repeat: >1	
Segment Repeat:	1	
Usage:	SITUATIONAL	
Situational Rule:	Required when the patient is a dependent of the subscriber identified Loop ID-2000B and cannot be uniquely identified to the payer using th subscriber's identifier in the Subscriber Level. If not required by this implementation guide, do not send.	
TR3 Notes:	1. There are no HLs subordinate to the Patient HL.	
	2. If a patient is a dependent of a subscriber and can be uniquely identified to the payer by a unique Identification Number, then the patient is considered the subscriber and is to be identified in the Subscriber Level.	
TR3 Example:	HL*3*2*23*0~	
DIAGRAM		
HL01 6 Hierarch ID Numbe M 1 AN 1/	328       HL02       734         Hierarch       Hierarch         Parent ID       Hierarch         01       AN       1/12    HL03 735 Hierarch Level Code M 1 ID 1/2 HL04 736 Hierarch Child Code O 1 ID 1/1 ID 1/2 ID 1/1 ID 1/2 ID 1/1 ID 1/2 ID <pid< p=""> ID ID <p< th=""><th></th></p<></pid<>	
ELEMENT DETAIL		
	IEF. DATA IES. ELEMENT NAME ATTRIBUTES	3
REQUIRED HL01	628 Hierarchical ID Number M 1 AN A unique number assigned by the sender to identify a particular data segme a hierarchical structure	<b>1/12</b> ent in

**COMMENT:** HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.

ASC X12N • INSURA TECHNICAL REPOR		OMMITTEE		005010X222 • 837 • 2000C • HL PATIENT HIERARCHICAL LEVEL
REQUIRED	HL02	734	Identification nur	Parent ID Number O 1 AN 1/12 nber of the next higher hierarchical data segment that the data escribed is subordinate to
				dentifies the hierarchical ID number of the HL segment to which egment is subordinate.
REQUIRED	HL03	735	Hierarchical L Code defining th	evel Code M 1 ID 1/2 e characteristic of a level in a hierarchical structure
			current HL segm transaction. For	ndicates the context of the series of segments following the ent up to the next occurrence of an HL segment in the example, HL03 is used to indicate that subsequent segments in a logical grouping of data referring to shipment, order, or item-
			CODE	DEFINITION
			23	Dependent
				The code DEPENDENT conveys that the information in this HL applies to the patient when the subscriber and the patient are not the same person.
REQUIRED	HL04	736	Hierarchical C Code indicating i level being desc	f there are hierarchical child data segments subordinate to the
				ndicates whether or not there are subordinate (or child) HL d to the current HL segment.
			CODE	DEFINITION
			0	No Subordinate HL Segment in This Hierarchical Structure.

#### SEGMENT DETAIL **PAT - PATIENT INFORMATION** X12 Segment Name: Patient Information X12 Purpose: To supply patient information X12 Syntax: 1. P0506 If either PAT05 or PAT06 is present, then the other is required. 2. P0708 If either PAT07 or PAT08 is present, then the other is required. Loop: 2000C — PATIENT HIERARCHICAL LEVEL Segment Repeat: 1 **Usage: REQUIRED** TR3 Example: PAT\*01~ DIAGRAM PAT02 PAT01 1069 1384 PAT03 584 PAT04 1220 PAT05 1250 PAT06 1251 Individual Patient Loc Employment Student Date Time Date Time PAT \* \* \* \* \* \* Relat Code Code Status Code Status Code Format Qual Period 01 ID O 1 ID 2/21/1 01 ID 2/2 01 ID 1/1 Χ1 ID 2/3 X 1 AN 1/35 PAT07 355 PAT08 81 PAT09 1073 Unit/Basis Weight Yes/No Cond \* \* \* Meas Code **Resp Code** X 1 ID 2/2 X 1 R 1/10 01 ID 1/1 ELEMENT DETAIL REF. DATA ELEMENT USAGE ATTRIBUTES NAME REQUIRED **PAT01** 1069 Individual Relationship Code 01 ID 2/2 Code indicating the relationship between two individuals or entities Specifies the patient's relationship to the person insured. DEFINITION CODE 01 Spouse 19 Child 20 Employee 21 Unknown 39 **Organ Donor** Cadaver Donor 40 53 Life Partner G8 **Other Relationship** NOT USED **PAT02** 1384 Patient Location Code 01 ID 1/1 NOT USED 584 **PAT03 Employment Status Code** ID 2/2 01 NOT USED **PAT04** 1220 **Student Status Code** 01 ID 1/1

SITUATIONAL PAT05		1250		eriod Format Qualifier X 1 ID 2/3 If the date format, time format, or date and time format
			SYNTAX: P0506	
			the date of d	E: Required when patient is known to be deceased and eath is available to the provider billing system. If not this implementation guide, do not send.
			CODE	DEFINITION
			D8	Date Expressed in Format CCYYMMDD
SITUATIONAL PAT06 12		1251	Date Time Pe Expression of a	-
			<b>SYNTAX:</b> P0506	
			SEMANTIC: PATO	06 is the date of death.
			the date of d	E: Required when patient is known to be deceased and eath is available to the provider billing system. If not this implementation guide, do not send.
			IMPLEMENTATION	NAME: Patient Death Date
ITUATIONAL PAT07 355		355	Code specifying	s <b>for Measurement Code</b> X 1 ID 2/2 g the units in which a value is being expressed, or manner in whic t has been taken
			syntax: P0708	
			Medical Equi Necessity (D	E: Required when claims involve Medicare Durable ipment Regional Carriers Certificate of Medical MERC CMN) 02.03, 10.02, or DME MAC 10.03. ed by this implementation guide, do not send.
			CODE	DEFINITION
			01	Actual Pounds
SITUATIONAL PAT08 8	81	<b>Weight</b> Numeric value	of weight X 1 R 1/10	
			syntax: P0708	
			SEMANTIC: PATC	18 is the patient's weight.
			Medical Equi Necessity (D	E: Required when claims involve Medicare Durable ipment Regional Carriers Certificate of Medical MERC CMN) 02.03, 10.02, or DME MAC 10.03. Ed by this implementation guide, do not send.

SITUATIONAL PAT09	1073		tion or Response Code a Yes or No condition or response	01	ID	1/1			
			<b>SEMANTIC:</b> PAT09 indicates whether the patient is pregnant or not pregnant. Code "Y" indicates the patient is pregnant; code "N" indicates the patient is not pregnant.						
			SITUATIONAL RULE: Required when mandated by law. The determination of pregnancy shall be completed in compliance with applicable law. The "Y" code indicates that the patient is pregnant. If PAT09 is not used, it means that the patient is not pregnant or that the pregnancy indicator is not mandated by law. If not required by this implementation guide, do not send.						
			IMPLEMENTATION N	AME: Pregnancy Indicator					
		For this impleasemantic note	mentation, the listed value takes p	recede	ence ov	er the			
		CODE	DEFINITION						
			Y	Yes					

SEGMENT DETAIL								
	NM1 - P	PATIENT NAME						
X12 Segment Name:	Individual or C	Organizational Name						
X12 Purpose:	To supply the	e full name of an individual or organizational entity						
X12 Set Notes:	2300. Fo	1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.						
X12 Syntax:	<b>1. P0809</b> If either N	<b>1. P0809</b> If either NM108 or NM109 is present, then the other is required.						
	2. C1110 If NM111	1 is present, then NM110 is required.						
	<b>3. C1203</b> If NM112	2 is present, then NM103 is required.						
Loop:	2010CA — P	PATIENT NAME Loop Repeat: 1						
Segment Repeat:	1							
Usage:	REQUIRED							
TR3 Example:	NM1*QC*1*	*DOE*SALLY*J~						
DIAGRAM								
	2/3 * Entity Ty Qualifie M 1 ID NM108 + ID Code Qualifie	fer         Crg Name         First         Middle         Prefix           1/1         X 1         AN         1/60         AN         1/35         AN         O1         AN         1/25         O1         AN         1/10           66         NM109         67         NM110         706         NM111         98         NM112         1035           de         *         ID         *         Entity         *         NM112         1035						
OT AN I								
ELEMENT DETAIL								
USAGE D	EF. DATA ES. ELEMENT	NAME ATTRIBUTES						
REQUIRED NM10	01 98	Entity Identifier Code M 1 ID 2/3 Code identifying an organizational entity, a physical location, property or an individual						
		QC Patient						
REQUIRED NM10	02 1065	Entity Type QualifierM 1ID1/1Code qualifying the type of entity						
		SEMANTIC: NM102 qualifies NM103.						
		CODE DEFINITION						
		1 Person						

005010X222 • 837 • 2 PATIENT NAME	2010CA • NM	11		INSURANCE					
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name	X 1	AN	1/60			
			syntax: C1203						
			IMPLEMENTATION NAME: Patient Last Name						
SITUATIONAL	NM104	1036	Name First Individual first name	01	AN	1/35			
			SITUATIONAL RULE: Required when the person required by this implementation guide, do		nme. If	not			
			IMPLEMENTATION NAME: Patient First Name						
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	01	AN	1/25			
			SITUATIONAL RULE: <b>Required when the middle name or initial of the</b> person is needed to identify the individual. If not required by this implementation guide, do not send.						
			IMPLEMENTATION NAME: Patient Middle Name or	Initial					
NOT USED	NM106	1038	Name Prefix	01	AN	1/10			
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	01	AN	1/10			
			SITUATIONAL RULE: <b>Required when the name suffix is needed to identify</b> the individual. If not required by this implementation guide, do not send.						
			IMPLEMENTATION NAME: Patient Name Suffix						
NOT USED	NM108	66	Identification Code Qualifier	X 1	ID	1/2			
NOT USED	NM109	67	Identification Code	X 1	AN	2/80			
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2			
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3			
NOT USED	NM112	1035	Name Last or Organization Name O 1 AN						

SEGMENT DETAIL										
	N3 - PA	FIENT ADDRESS								
X12 Segment Name:	Party Locatior	1								
X12 Purpose:	To specify the	o specify the location of the named party								
Loop:	2010CA — P/									
Segment Repeat:	1									
Usage:	REQUIRED									
TR3 Example:	N3*123 MAIN	STREET~								
DIAGRAM										
N301 Address Informatic M 1 AN 1	Address	on ~								
USAGE F	REF. DATA DES. ELEMENT	NAME		ATTRIBUT	TES					
REQUIRED N301		Address Information Address information	M 1		1/55					
		IMPLEMENTATION NAME: Patient Address Line								
SITUATIONAL N302	2 166	Address Information Address information	01	AN	1/55					
		SITUATIONAL RULE: <b>Required when there is a second a</b> required by this implementation guide, do not set		s line.	lf not					
		Detient Address Line								

IMPLEMENTATION NAME: Patient Address Line

SEGMENT DETAIL			
	N4 - PA	TIENT CITY, STATE, ZIP COL	DE
X12 Segment Name:	Geographic L	ocation	
X12 Purpose:	To specify the	e geographic place of the named party	
X12 Syntax:	<b>1. E0207</b> Only one	of N402 or N407 may be present.	
	<b>2. C0605</b> If N406 is	present, then N405 is required.	
	<b>3. C0704</b> If N407 is	present, then N404 is required.	
Loop:	2010CA — P.		
Segment Repeat:	1		
Usage:	REQUIRED		
TR3 Example:	N4*KANSAS	S CITY*MO*64108~	
DIAGRAM			
* Country St Code	/30 * State o Prov Cod X 1 ID		* Location Identifier
USAGE D	EF. DATA ES. ELEMENT	NAME	ATTRIBUTES
REQUIRED N401	19	City Name Free-form text for city name	O 1 AN 2/30
		<b>COMMENT:</b> A combination of either N401 through N404, or Na adequate to specify a location.	405 and N406 may be
		IMPLEMENTATION NAME: Patient City Name	
SITUATIONAL N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate g SYNTAX: E0207	X 1 ID 2/2 government agency
		COMMENT: N402 is required only if city name (N401) is in the	U.S. or Canada.
		SITUATIONAL RULE: <b>Required when the address is in th</b> America, including its territories, or Canada. If no implementation guide, do not send.	
		IMPLEMENTATION NAME: Patient State Code	
		CODE SOURCE 22: States and Provinces	

#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

SITUATIONAL	N403	116	<b>Postal Code</b> Code defining international postal zone code excluding pu (zip code for United States)	O 1 Inctuation	ID on and b	<b>3/15</b> blanks				
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.								
			IMPLEMENTATION NAME: Patient Postal Zone or ZIP Con	de						
			CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes							
SITUATIONAL	N404	26	Country Code Code identifying the country	X 1	ID	2/3				
			syntax: C0704							
		SITUATIONAL RULE: <b>Required when the address is outside the United</b> States of America. If not required by this implementation guide, do not send.								
			CODE SOURCE 5: Countries, Currencies and Funds							
			Use the alpha-2 country codes from Part 1 of IS	O 3166						
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2				
NOT USED	N406	310	Location Identifier	01	AN	1/30				
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision	X 1	ID	1/3				
			syntax: E0207, C0704							
			SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.							
			CODE SOURCE 5: Countries, Currencies and Funds							
			Line the example and division as deadfrom Deat O	(100						

Use the country subdivision codes from Part 2 of ISO 3166.

SEGMENT DETAIL								
	DMG - P INFORM	ATIENT DEMOGRAPHIC ATION						
X12 Segment Name:	Demographic	emographic Information						
X12 Purpose:	To supply den	ographic information						
X12 Syntax:	1. P0102 If either D							
	2. P1011 If either D	MG10 or DMG11 is present, then the other is r	equired.					
	3. C1105 If DMG11	is present, then DMG05 is required.						
Loop:	2010CA — P/							
Segment Repeat:	1							
Usage:	REQUIRED							
TR3 Example:	DMG*D8*19	690815*M~						
DIAGRAM								
DMG * Date Time Format Qu X 1 ID 2 DMG07 & Country Code	Period           2/3         X 1 AN 1           26         DMG08	e       *       Gender Code (35       *       Marital Status Code (0 1 ID 1/1)       *       Comp Rad or Ethn Ir X 10         (35)       0 1 ID 1/1       *       DMG10 1/1       X 10         (59)       DMG09 380 Quantity       DMG10 1270 Code List       DMG11 1220 Industry	*     Citizenship Status Code O 1 ID 1/2       71     ~					
ELEMENT DETAIL								
R USAGE D	EF. DATA ES. ELEMENT	NAME	ATTRIBUTES					
REQUIRED DMG		Date Time Period Format Qualifier	X 1 ID 2/3					
		Code indicating the date format, time format, or date and syntax: P0102	ume iormat					
		CODE DEFINITION						
		D8 Date Expressed in Format CCYY	MMDD					
REQUIRED DMG	02 1251	Date Time Period Expression of a date, a time, or range of dates, times or c	X 1 AN 1/35 lates and times					
		syntax: P0102						
		SEMANTIC: DMG02 is the date of birth.						
		IMPLEMENTATION NAME: Patient Birth Date						

#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

PATIENT DEMOGRAPHIC INFORMATION
---------------------------------

REQUIRED	DMG03	1068	Gender Code Code indicating the sex of the individual		01	ID	1/1
			IMPLEMENTATION I	NAME: Patient Gender Code			
			CODE	DEFINITION			
			F	Female			
			Μ	Male			
			U	Unknown			
NOT USED	DMG04	1067	Marital Status	s Code	01	ID	1/1
NOT USED	DMG05	C056	COMPOSITE INFORMATIO	RACE OR ETHNICITY N	X 10		
NOT USED	DMG06	1066	Citizenship S	tatus Code	01	ID	1/2
NOT USED	DMG07	26	Country Code	9	01	ID	2/3
NOT USED	DMG08	659	Basis of Verif	ication Code	01	ID	1/2
NOT USED	DMG09	380	Quantity		01	R	1/15
NOT USED	DMG10	1270	Code List Qualifier Code		X 1	ID	1/3
NOT USED	DMG11	1271	Industry Code	e	X 1	AN	1/30

## **REF - PROPERTY AND CASUALTY CLAIM** NUMBER

X12 Segment Name:	Reference Information
X12 Purpose:	To specify identifying information
X12 Syntax:	1. R0203 At least one of REF02 or REF03 is required.
Loop:	2010CA — PATIENT NAME
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required when the services included in this claim are to be considered as part of a property and casualty claim. If not required by this implementation guide, do not send.
TR3 Notes:	1. This is a property and casualty payer-assigned claim number. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer. See Section 1.4.2, Property and Casualty, for additional information about property and casualty claims.
	2. This segment is not a HIPAA requirement as of this writing.
TR3 Example:	REF*Y4*4445555~

#### DIAGRAM

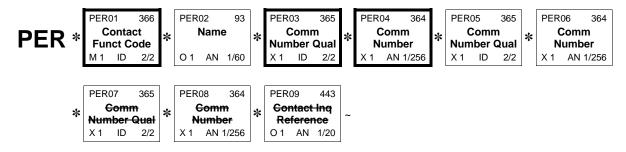
	REF0	1 128		REF	02	127	I	REF	03	352	]	REF04	C040	]
<b>REF</b> *		erence nt Qual	*		Reference Ident		*	Des	scrip	tion	*	Refer Ident	ifior	~
	M 1	ID 2/3		X 1	AN	1/50		X 1	AN	1/80		01		

#### ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES	
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification			ID	2/3	
			CODE	DEFINITION				
			Y4	Agency Claim Number				
REQUIRED	REF02	127		ntification nation as defined for a particular Transacti a Identification Qualifier	X 1 on Set	AN or as sp	1/50 becified	
			syntax: R0203					
			IMPLEMENTATION N	IAME: Property Casualty Claim Numb	ber			
NOT USED	REF03	352	Description		X 1	AN	1/80	
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	01			

# PER - PROPERTY AND CASUALTY PATIENT CONTACT INFORMATION

X12 Segment Name:	Administrative Communications Contact
X12 Purpose:	To identify a person or office to whom administrative communications should be directed
X12 Syntax:	<ol> <li>P0304         If either PER03 or PER04 is present, then the other is required.     </li> </ol>
	<ol> <li>P0506</li> <li>If either PER05 or PER06 is present, then the other is required.</li> </ol>
	<ol> <li>P0708         If either PER07 or PER08 is present, then the other is required.     </li> </ol>
Loop:	2010CA — PATIENT NAME
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required for Property and Casualty claims when this information is different than the information provided in the Subscriber Contact Information PER segment in Loop ID-2010BA and this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.
TR3 Notes:	1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-".
TR3 Example:	PER*IC*JOHN SMITH*TE*5555551234*EX*123~
DIAGRAM	



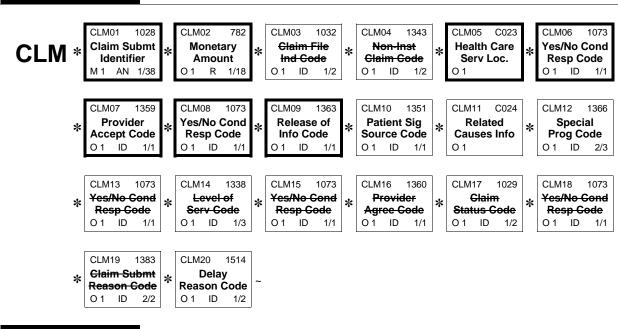
### ELEMENT DETAIL

REQUIRED       PER01       366       Contact Function Code Code identifying the major duty or responsibility of the person or group         Image: CODE       DEFINITION         SITUATIONAL       PER02       93         Name       O 1         Free-form name       O 1         SITUATIONAL       PER02       93         REQUIRED       PER03       365         Communication Number Qualifier       X 1       ID         Code       dentifying the type of communication number       X 1       ID         Code       DEFINITION       TE       Telephone       X 1       AN         REQUIRED       PER04       364       Communication Number Qualifier       X 1       AN         Complete communications number       SYNTAX: P0304       TE       Telephone       X 1       AN         SITUATIONAL       PER05       365       Communication Number Qualifier       X 1       AN	1/60 on other D- ot send. 2/2 1/256
SITUATIONAL       PER02       93       IC       Information Contact         Name       O 1       AN         Free-form name       SITUATIONAL RULE: Required when the Patient contact is a persor than the person identified in the Patient Name NM1 (Loop In 2010CA). If not required by this implementation guide, do represent than the person identifying the type of communication number         REQUIRED       PER03       365       Communication Number Qualifier of the VPE of communication number       X 1       ID         SYNTAX:       P0304       CODE       DEFINITION       TE       Telephone         REQUIRED       PER04       364       Communication Number of the VPE of communication number       X 1       AN         SYNTAX:       P0304       CODE       DEFINITION       X 1       AN         SITUATIONAL       PER04       364       Communication Number of the VPE of communication of the VPE of communication number       X 1       AN         SITUATIONAL       PER04       364       Communication Number of the VPE of communication number including country or area code whe applicable         SYNTAX:       P0304       SITUATIONAL       X 1       ID	on other D- ot send. 2/2 1/256
SITUATIONAL       PER02       93       Name       O 1 AN         Free-form name       SITUATIONAL RULE: Required when the Patient contact is a perset than the person identified in the Patient Name NM1 (Loop In 2010CA). If not required by this implementation guide, do represent that the person identified in the Patient Name NM1 (Loop In 2010CA). If not required by this implementation guide, do represent that the person identified in the Patient Name NM1 (Loop In 2010CA). If not required by this implementation guide, do represent that the person identified in the Patient Name NM1 (Loop In 2010CA). If not required by this implementation guide, do represent the type of communication number         REQUIRED       PER03       365       Communication Number Qualifier SYNTAX: P0304       X 1 ID         REQUIRED       PER04       364       Communication Number Communication number SYNTAX: P0304       X 1 AN         REQUIRED       PER04       365       Communication Number Qualifier SYNTAX: P0304       X 1 AN         SITUATIONAL       PER05       365       Communication Number Qualifier X 1 ID	on other D- ot send. 2/2 1/256
than the person identified in the Patient Name NM1 (Loop I 2010CA). If not required by this implementation guide, do not set that the person identified by this implementation guide, do not set that the person identifier is implementation guide, do not set that the person identifier is implementation guide, do not set that the person identifier is implementation guide, do not set that the person identifier is implementation guide, do not set that the person identifier is implementation guide, do not set that the person identifier is implementation guide, do not set that the person identifier is implementation guide, do not set that the person identifier is implementation guide, do not set that the person identifier is implementation guide, do not set that the person identifier is implementation guide, do not set that the person identifier is implementation guide, do not set that the person identifier is implementation guide, do not set that the person identifier is implementation guide, do not set that the person identifier is implementation guide, do not set that the person identifier is implementation guide, do not set that the person identifier is implementation guide, do not set that the person is implementation number is implementation number is implementation number is implementation guide, do not set that the person is implementation number is implementation number including country or area code where applicable set that the person is implementation number including country or area code where applicable set that the person is implementation number including country or area code where applicable set that the person is implementation number including country or area code where applicable set that the person is implementation number is implementation. The person is implementation number is implementation number is implementation. The person is implementation number is implementation number is implementation. The person is implementation number is implementation. The	D- ot send. 2/2 1/256
REQUIRED       PER04       364       Communication Number Communication number         SITUATIONAL       PER05       365       Communication Number Qualifier       X 1       ID	1/256
CODE       DEFINITION         REQUIRED       PER04       364       Telephone         Communication Number       X 1       AN         Complete communications number including country or area code whe applicable       SYNTAX: P0304         SITUATIONAL       PER05       365       Communication Number Qualifier       X 1       ID	
REQUIRED       PER04       364       Telephone         Communication Number       X 1       AN         Complete communications number including country or area code whe applicable       SYNTAX: P0304         SITUATIONAL       PER05       365       Communication Number Qualifier       X 1       ID	
REQUIRED       PER04       364       Communication Number       X 1       AN         Complete communications number including country or area code whe applicable       SYNTAX: P0304       SITUATIONAL       PER05       365       Communication Number Qualifier       X 1       ID	
Complete communication Number including country or area code whe applicable         SITUATIONAL       PER05       365       Communication Number Qualifier       X 1       ID	
SITUATIONAL PER05 365 Communication Number Qualifier X 1 ID	
	2/2
syntax: P0506	
SITUATIONAL RULE: <b>Required when this information is deemed</b> n by the submitter. If not required by this implementation guin not send.	-
CODE DEFINITION	
EX Telephone Extension	
SITUATIONAL PER06 364 Communication Number X 1 AN Complete communications number including country or area code whe applicable	<b>1/256</b>
syntax: P0506	
SITUATIONAL RULE: <b>Required when this information is deemed re</b> by the submitter. If not required by this implementation guin not send.	
NOT USED PER07 365 Communication Number Qualifier X 1 ID	2/2
NOT USED PER08 364 Communication Number X 1 AN	1/256
NOT USED PER09 443 Contact Inquiry Reference O 1 AN	

GEGMENT DETAIL	
X12 Segment Name:	
X12 Purpose:	To specify basic data about the claim
Loop:	2300 — CLAIM INFORMATION Loop Repeat: 100
Segment Repeat:	1
Usage:	REQUIRED
TR3 Notes:	1. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.
	2. For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this, the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, Loop ID-2300, is placed following Loop ID-2010BB in the Subscriber Hierarchical Level (HL) when patient information is sent in Loop ID-2010BA of the Subscriber HL. Claim information is placed in the Patient HL when the patient information is sent in Loop ID-2010CA of the Patient HL. When the patient is the subscriber or is considered to be the subscriber, Loop ID-2000C and Loop ID-2010CA are not sent. See Subscriber/Patient HL Segment explanation in section 1.4.3.2.2.1 for details.

TR3 Example: CLM\*A37YH556\*500\*\*\*11:B:1\*Y\*A\*Y\*I\*P~

DIAGRAM



ΕM			

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	CLM01	1028	Claim Submitter's Identifier Identifier used to track a claim from creation by the health of payment	M 1 care pr	AN ovider tl	<b>1/38</b> hrough

IMPLEMENTATION NAME: Patient Control Number

The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the Patient Account Number or the Claim Number in the billing submitter's patient management system. The developers of this implementation guide strongly recommend that submitters use unique numbers for this field for each individual claim.

When Loop ID-2010AC is present, CLM01 represents the subrogated Medicaid agency's claim number (ICN/DCN) from their original 835 CLP07 - Payer Claim Control Number. See Section 1.4.1.4 of the front matter for a description of post payment recovery claims for subrogated Medicaid agencies.

The maximum number of characters to be supported for this field is '20'. Characters beyond the maximum are not required to be stored nor returned by any 837-receiving system.

REQUIRED       CLM05 - 2       CLM05 - 3       CCORE       Derivative mount       Market Provider or Supprise       1/2         REQUIRED       CLM05 - 3       CLM05 - 3       CCORE       Derivative mount       Derivative mount <th>REQUIRED</th> <th>CLM02</th> <th>782</th> <th></th> <th><b>ary Amc</b> ry amoun</th> <th></th> <th>01</th> <th>R</th> <th>1/18</th>	REQUIRED	CLM02	782		<b>ary Amc</b> ry amoun		01	R	1/18
The Total Claim Charge Amount must be greater than or equal to zero.         The total claim charge amounts reported in the Professional Service (SV1) segments for this claim.         NOT USED       CLM03       1032       Claim Filing Indicator Code       0.1       ID       1/2         NOT USED       CLM04       1343       Non-Institutional Claim Type Code       0.1       ID       1/2         REQUIRED       CLM05       C023       HEALTH CARE SERVICE LOCATION       0.1       ID       1/2         REQUIRED       CLM05 a papies to all service lines unless it is over written at the line level.       To provide information that identifies the place of service or the type of bill related to the locations of the Place of Service Code for Institutional Services or the Place of Service Code         REQUIRED       CLM05 - 1       131       Facility Code Value Service Codes for Professional or Dental Services or the Place of Service Codes for Professional or Dental Services or the Place of Service Codes for Professional or Dental Services or the Place of Service Codes for Professional or Dental Services codes for Professional or Dental Services         REQUIRED       CLM05 - 3       1325       Claim Frequency Type Code       0       0       1/2         Code identifying the type of facility referenced       Code identifying the type of the claim; this is the third position of the Uniform Bill Type       1/2       1/2         Code identifying the type of faci						is the total amount of all submitted	charges of s	ervice s	egments
zero.       The total claim charge amount must balance to the sum of all service line charge amounts reported in the Professional Service (SV1) segments for this claim.         NOT USED       CLM03       1032       Claim Filing Indicator Code       0 1       ID       1/2         NOT USED       CLM04       1343       Non-Institutional Claim Type Code       0 1       ID       1/2         REQUIRED       CLM05       C023       HEALTH CARE SERVICE LOCATION       0 1       ID       1/2         REQUIRED       CLM05       C023       HEALTH CARE SERVICE LOCATION       0 1       ID       1/2         REQUIRED       CLM05       CLM05       To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered.       ID       1/2         REQUIRED       CLM05 - 1       131       Facility Code Value       M AN       1/2         REQUIRED       CLM05 - 2       1332       Facility Code Qualifier       O       ID       1/2         Services       representations Name: Place of Service Codes for Professional or Dental Services.       Services.       Services.       Services.       ID       1/1         CLM05 - 3       1325       Claim Frequency Type Code       O       ID       1/1         Code sepecing the type o				IMPLEME	INTATION N	AME: Total Claim Charge Amou	int		
service line charge amounts reported in the Professional Service (SV1) segments for this claim.       Service line charge amounts reported in the Professional Service (SV1) segments for this claim.       ID       1/2         NOT USED       CLM04       1343       Non-Institutional Claim Type Code       0.1       ID       1/2         REQUIRED       CLM05       CO2       HEALTH CARE SERVICE LOCATION       0.1       ID       1/2         To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered       ID       1/2         REQUIRED       CLM05 - 1       [331]       Facility Code Value       M       AN       1/2         REQUIRED       CLM05 - 2       [332]       Facility Code Value       M       AN       1/2         Code identifying where services were, or map be performed; the first are second positioned of the Uniform Bill Type Code for Professional or Dental Services.       Interviews.       ID       1/2         Code identifying the type of facility referenced       ID       ID       1/2         Services.       INFORMATION       ID       ID       1/2         Code identifying the type of facility referenced       ID       ID       1/2         REQUIRED       CLM05 - 2       IS2       IS2       IS2       ID       ID					otal Clair	m Charge Amount must be gr	eater than	or equ	al to
NOT USED       CLM05       102       Order       0 1 mg indicator occid       0 1 mg indicator occid       0 1 mg indicator occid         REQUIRED       CLM04       1343       Non-Institutional Claim Type Code       0 1 mg indicator occid       0 1 mg indicator occid         REQUIRED       CLM05       C023       HEALTH CARE SERVICE LOCATION       0 1       11/2         REQUIRED       CLM05       C023       HEALTH CARE SERVICE LOCATION       0 1       11/2         REQUIRED       CLM05 - 1       1331       Facility Code Value       M AN 1/2       Code identifying where services were, or may be, performed, the first and second positions of the Uniform Bill Type Code for Institutional Services or the Type of Dental Services Code         REQUIRED       CLM05 - 2       1332       Facility Code Qualifier       0 ID       1/2         Code identifying the type of facility referenced       Services       0 ID       1/2         Code identifying the type of acidity referenced       Services       Code identifying the type of acidity referenced         Services       Code identifying the type of acidity referenced       Services       Code Second occiditor of the Uniformation of the Uniform Billing Claim Form Bill Type				servic	e line ch	arge amounts reported in the			
REQUIRED       CLM05       CO23       HEALTH CARE SERVICE LOCATION INFORMATION       O 1       Intel transmission of the trealex of the transmission of the transmission o	NOT USED	CLM03	1032	Claim	Filing In	dicator Code	01	ID	1/2
REQUIRED       CLM05 - 3       INFORMATION       To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered         REQUIRED       CLM05 - 1       1331       Facility Code Value       M AN 1/2         Code identifying where services were, or may be performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.       M AN 1/2         REQUIRED       CLM05 - 2       1332       Facility Code Qualifier       O ID 1/2         Code identifying the type of facility referenced       Services.       O ID 1/2         Code identifying the type of Service Codes for Professional or Dental Services.       Services.       O ID 1/2         Code identifying the type of facility referenced       Services       O ID 1/2         Code identifying the type of Service Codes for Professional or Dental Services.       Services       Code secolitying the type of tacility referenced         REQUIRED       CLM05 - 3       1325       Claim Frequency Type Code       O ID 1/1         Code specifying the trequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type.       M Locating a Yes or No condition or response         REQUIRED       CLM06       1073       Yes/No Condition or Response Code       O 1 D 1/1         Code indicating a Yes or No condition	NOT USED	CLM04	1343	Non-Ir	stitutio	nal Claim Type Code	01	ID	1/2
To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered         CLM05 applies to all service lines unless it is over written at the line level.         REQUIRED       CLM05 - 1         1331       Facility Code Value       M AN 1/2         Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services.       M AN 1/2         REQUIRED       CLM05 - 2       1332       Facility Code Qualifier Code Service Code         REQUIRED       CLM05 - 2       1332       Facility Code Qualifier Code Service Code         REQUIRED       CLM05 - 3       1322       Facility Code Qualifier Code Service Codes for Professional or Dental Services.         CODE       DEFINITION       B       Place of Service Codes for Professional or Dental Services.         CODE       DEFINITION       B       Place of Service Codes for Professional Claims         REQUIRED       CLM05 - 3       1325       Claim Frequency Type Code       0 ID 1/1         Code specifying the frequency Type Code       O ID 1/1       Code specifying the frequency Type Code       0 ID 1/1         Code specifying the frequency Type Code       O ID 1/1       Code specifying the frequency Type Code       0 ID 1/1         Code specifying the frequency Type Code       O ID 1/1 </td <td>REQUIRED</td> <td>CLM05</td> <td>C023</td> <td>HEAL</td> <td>TH CAR</td> <td>E SERVICE LOCATION</td> <td>01</td> <td></td> <td></td>	REQUIRED	CLM05	C023	HEAL	TH CAR	E SERVICE LOCATION	01		
level.         REQUIRED       CLM05 - 1       1331       Facility Code Value Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.         REQUIRED       CLM05 - 2       1332       Facility Code Qualifier Code identifying the type of facility referenced       0       1D       1/2         REQUIRED       CLM05 - 2       1332       Facility Code Qualifier Code identifying the type of facility referenced       0       ID       1/2         REQUIRED       CLM05 - 3       CODE       PERINTION       O       ID       1/2         REQUIRED       CLM05 - 3       Yes/No Condition or Response Codes for Professional or Dental Services       Service Codes for Professional Claims       District Code identifying the code identidentifying the code identifying the code identifying t				To prov	ide inform	nation that identifies the place of ser		pe of bi	ll related
REQUIRED       CLM05       1       Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for institutional Services.         REQUIRED       CLM05       2       1332       Facility Code Qualifier       O       ID       1/2         Code identifying where services or the Place of Service Code       O       ID       1/2         REQUIRED       CLM05       - 2       1332       Facility Code Qualifier       O       ID       1/2         Code identifying where services.       ImPLEMENTATION NAME: Place of Service Code       O       ID       1/2         Code identifying the type of facility referenced       SEMANTIC:       CO23-02 qualifies C023-01 and C023-03.       CODE         CODE       DEFINITION       B       Place of Service Codes for Professional or Dental Services codes for Professional claims         REQUIRED       CLM05 - 3       1325       Claims       Fequency Type Code       O       ID       1/1         Code specifying the frequency Type Code       O       ID       1/1       Code specifying the frequency Type Code       Code indicating a Yes or No condition or response         MPLEMENTATION NAME: Claim Frequency Type Code       O       ID       1/1       Code indicating a Yes or No condition or response         Secource 235: Claim Frequency Type Code					5 applies	s to all service lines unless it	is over writ	ten at	the line
REQUIRED       CLM05 - 2       1332       Facility Code Qualifier Code identifying the type of facility referenced       0       ID       1/2         SEMANTIC: CO23-02 qualifies C023-01 and C023-03.       SEMANTIC: CO23-02 qualifies C023-01 and C023-03.       0       ID       1/2         REQUIRED       CLM05 - 3       Place of Service Codes for Professional or Dental Services code source 237: Place of Service Codes for Professional Claims       ID       1/1         REQUIRED       CLM05 - 3       1325       Claim Frequency Type Code Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type       ID       1/1         REQUIRED       CLM06       1073       Yes/No Condition or Response Code Code indicating a Yes or No condition or response       O 1       ID       1/1         REQUIRED       CLM06       1073       Yes/No Condition or Response Code Code indicating a Yes or No condition or response       O 1       ID       1/1         MPLEMENTATION NAME: Provider or Supplier Signature Indicator A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is on file.       MPLEMENTATION NAME: Provider or Supplier Signature Indicator         Implementation       Implementation       Implementation       ID       I/1         Implementation       Implementation       Implementation       Implementation       Implementation	REQUIRED	CLM05 - 1	1	1331	Code id and sec Services	entifying where services were, or m ond positions of the Uniform Bill Ty s or the Place of Service Codes for	ay be, perfor pe Code for I	med; the	e first nal
Code identifying the type of facility referenced         SEMANTIC: C023-02 qualifies C023-01 and C023-03.         CODE       DEFINITION         B       Place of Service Codes for Professional or Dental Services cone source 237: Place of Service Codes for Professional Claims         REQUIRED       CLM05 - 3         1325       Claim Frequency Type Code Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type         IMPLEMENTATION NAME: Claim Frequency Code Code indicating a Yes or No Condition or response         REQUIRED       CLM06         1073       Yes/No Condition or Response Code inficiating a Yes or No Condition or response         SEMANTIC: CODE       CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.         IMPLEMENTATION NAME: Provider or Supplier Signature Indicator         CODE       DEFINITION					IMPLEME	NTATION NAME: Place of Service C	ode		
C023-02 qualifies C023-01 and C023-03.         CODE       DEFINITION         B       Place of Service Codes for Professional or Dental Services         code source 237: Place of Service Codes for Professional Claims       Dental Services         REQUIRED       CLM05 - 3       1325       Claim Frequency Type Code       O       ID       1/1         REQUIRED       CLM06       1073       Yes/No Condition or Response Code       O 1       ID       1/1         REQUIRED       CLM06       1073       Yes/No Condition or Response Code       O 1       ID       1/1         REQUIRED       CLM06       1073       Yes/No Condition or Response Code       O 1       ID       1/1         REQUIRED       CLM06       1073       Yes/No Condition or Response Code       O 1       ID       1/1         REQUIRED       CLM06       1073       Yes/No Condition or Response Code       O 1       ID       1/1         MPLEMENTATION NAME: Provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is on file.         MPLEMENTATION NAME: Provider or Supplier Signature Indicator       Meteoret or Supplier Signature Indicator         MPLEMENTATION       No       No	REQUIRED	CLM05 - 2	2	1332			-	ID	1/2
B       Place of Service Codes for Professional or Dental Services         cobe source 237: Place of Service Codes for Professional Claims         REQUIRED       CLM05 - 3         1325       Claim Frequency Type Code       0         Implement Transman       0         Place of Service Codes for Professional Claims         Colums       1325         Claims       1325         Claim Frequency Type Code       0         Implement Transman:       0         Implement Transman:       0         REQUIRED       CLM06         CLM06       1073         Yes/No Condition or Response Code       0         Code indicating a Yes or No condition or response         SEMANTIC:       CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file;         Implementation NAME:       Provider or Supplier Signature Indicator         Implementation       0									
REQUIRED       CLM05 - 3       Services       code source 237: Place of Service Codes for Professional Claims         1325       Claim Frequency Type Code       0       ID       1/1         Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type       Implementation NAME: Claim Frequency Code         CODE SOURCE 235: Claim Frequency Type Code       0       1       1D       1/1         Code indicating a Yes or No condition or Response Code       0       1       1D       1/1         Code indicating a Yes or No condition or response       Semantic: CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.         Implementation NAME: Provider or Supplier Signature Indicator         CODE       DEFINITION         N       No				C	ODE	DEFINITION			
REQUIRED       CLM05 - 3       1325       Claims Frequency Type Code of ID 1/1 Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type         Implementation NAME: Claim Frequency Code       Implementation NAME: Claim Frequency Code         REQUIRED       CLM06       1073         Yes/No Condition or Response Code Code indicating a Yes or No condition or response       O 1 ID 1/1         SEMANTIC:       CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.         Implementation NAME: Provider or Supplier Signature Indicator         Code       DEFINITION         N       No				В			Professiona	l or De	ental
REQUIRED       CLM05 - 3       1325       Claim Frequency Type Code       O       ID       1/1         Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type       Implementation NAME: Claim Frequency Code         CODE SOURCE 235: Claim Frequency Type Code       O       ID       1/1         Code indicating a Yes or No condition or Response Code       O       O       ID       1/1         Code indicating a Yes or No condition or response       SEMANTIC: CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.         IMPLEMENTATION NAME: Provider or Supplier Signature Indicator         CODE       DEFINITION         N       No							e Codes for P	rofessic	onal
CODE SOURCE 235: Claim Frequency Type Code         REQUIRED       CLM06       1073       Yes/No Condition or Response Code       O 1       ID       1/1         Code indicating a Yes or No condition or response       SEMANTIC: CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.         IMPLEMENTATION NAME: Provider or Supplier Signature Indicator         CODE       DEFINITION         N       No	REQUIRED	CLM05 - 3	3	1325	Code sp	Frequency Type Code becifying the frequency of the claim;	-		-
REQUIRED       CLM06       1073       Yes/No Condition or Response Code Code indicating a Yes or No condition or response       O 1 ID 1/1         SEMANTIC:       CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.       IMPLEMENTATION NAME: Provider or Supplier Signature Indicator         CODE       DEFINITION         N       No					IMPLEME	NTATION NAME: Claim Frequency	Code		
Code indicating a Yes or No condition or response         SEMANTIC: CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.         IMPLEMENTATION NAME: Provider or Supplier Signature Indicator         CODE       DEFINITION         N       No					CODE SO	URCE 235: Claim Frequency Type C	ode		
provider signature is on file; an "N" value indicates the provider signature is not on file.          IMPLEMENTATION NAME: Provider or Supplier Signature Indicator         CODE       DEFINITION         N       No	REQUIRED	CLM06	1073				01	ID	1/1
CODE DEFINITION NO				provider signature is on file; an "N" value indicates the provider signature is					
N No				IMPLEMENTATION NAME: Provider or Supplier Signature Indicator					
				c	ODE	DEFINITION			
Y Yes				Ν		No			
				Y		Yes			

REQUIRED	CLM07	1359		cept Assignment Code O 1 ID 1/1 whether the provider accepts assignment				
			-	NAME: Assignment or Plan Participation Code				
			Within this o	loment the context of the word assignment is related to				
			the relations the field for r	lement the context of the word assignment is related to hip between the provider and the payer. This is NOT reporting whether the patient has or has not assigned he provider. The benefit assignment indicator is in				
			CODE	DEFINITION				
			A	Assigned				
				Required when the provider accepts assignment and/or has a participation agreement with the destination payer. OR Required when the provider does not accept assignment and/or have a participation agreement, but is advising the payer to adjudicate this specific claim under participating provider benefits as allowed under certain plans.				
		В	Assignment Accepted on Clinical Lab Services Only					
				Required when the provider accepts assignment for Clinical Lab Services only.				
			С	Not Assigned				
				Required when neither codes 'A' nor 'B' apply.				
REQUIRED	CLM08	1073		dition or Response CodeO 1ID1/1a Yes or No condition or response				
			insured or auth	08 is assignment of benefits indicator. A "Y" value indicates orized person authorizes benefits to be assigned to the provider; dicates benefits have not been assigned to the provider.				
			IMPLEMENTATION	NAME: Benefits Assignment Certification Indicator				
			This element answers the question whether or not the insured has authorized the plan to remit payment directly to the provider.					
			CODE	DEFINITION				
			Ν	Νο				
			W	Not Applicable				
				Use code 'W' when the patient refuses to assign benefits.				
			Y	Yes				

REQUIRED CLM09	09 1363	Code indi	of Information CodeO 1ID1/1cating whether the provider has on file a signed statement by the patientg the release of medical data to other organizations						
				The Release of Information response is limited to the information carried in this claim.					
			COD	E DEFINITION					
			I	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes					
				Required when the provider has not collected a signature AND state or federal laws do not require a signature be collected.					
			Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim					
				Required when the provider has collected a signature. OR Required when state or federal laws require a signature be collected.					
SITUATIONAL	ITUATIONAL CLM10 1351	1351	Patient Signature Source Code         O 1         ID           Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider         O 1         ID						
		patient's	AL RULE: Required when a signature was executed on the second by this behalf under state or federal law. If not required by this entation guide, do not send.						
			COD	E DEFINITION					
			Ρ	Signature generated by provider because the patient was not physically present for services					
				Signature generated by an entity other than the patient according to State or Federal law.					
SITUATIONAL	CLM11	C024		O 1 one or more related causes and associated state or country information					
			employn	AL RULE: <b>Required when the services provided are</b> ment related or the result of an accident. If not required by lementation guide, do not send.					
			If DTP - Date of Accident (DTP01=439) is used, then CLM11 is required.						
REQUIRED	CLM11 -	1	C	Related-Causes Code M ID 2/3 Code identifying an accompanying cause of an illness, injury or an accident					
				NPLEMENTATION NAME: Related Causes Code					
			COD	E DEFINITION					
			AA	Auto Accident					
			EM	Employment					
			OA	Other Accident					

005010X222 • 837 • CLAIM INFORMATIO			ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3				
SITUATIONAL	CLM11 - 2	1362	Related-Causes Code O ID 2/3 Code identifying an accompanying cause of an illness, injury or an accident				
			SITUATIONAL RULE: Required when more than one related cause code applies. See CLM11-1 for valid values. If not required by this implementation guide, do not send.				
			IMPLEMENTATION NAME: Related Causes Code				
NOT USED	CLM11 - 3	1362	Related-Causes Code O ID 2/3				
SITUATIONAL	CLM11 - 4	156	State or Province CodeOID2/2Code (Standard State/Province) as defined by appropriate government agency				
			<b>COMMENTS:</b> C024-04 and C024-05 apply only to auto accidents when C024-01, C024-02, or C024-03 is equal to "AA".				
			SITUATIONAL RULE: Required when CLM11-1 or CLM11-2 has a value of 'AA' to identify the state, province or sub-country code in which the automobile accident occurred. If accident occurred in a country or location that does not have states, provinces or sub-country codes named in Code Source 22, do not use. If not required by this implementation guide, do not send.				
			IMPLEMENTATION NAME: Auto Accident State or Province Code				
			CODE SOURCE 22: States and Provinces				
SITUATIONAL	CLM11 - 5	26	Country CodeOID2/3Code identifying the country				
			SITUATIONAL RULE: Required when CLM11-1 or CLM11-2 = AA and the accident occurred in a country other than US or Canada. If not required by this implementation guide, do not send.				
			CODE SOURCE 5: Countries, Currencies and Funds				
SITUATIONAL	CLM12	Code	tial Program Code O 1 ID 2/3 indicating the Special Program under which the services rendered to the int were performed				
		SITUAT	TIONAL RULE: Required when the services were rendered under of the following circumstances, programs, or projects. If not ired by this implementation guide, do not send.				
		IMPLE	MENTATION NAME: Special Program Indicator				
			CODE DEFINITION				
		02	Physically Handicapped Children's Program				
			This code is used for Medicaid claims only.				
		03	Special Federal Funding				
			This code is used for Medicaid claims only.				
		05	Disability				
			This code is used for Medicaid claims only.				
		09	Second Opinion or Surgery				
			This code is used for Medicaid claims only.				
NOT USED	CLM13	1073 Yes/	No Condition or Response Code O 1 ID 1/1				

#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

NOT USED	CLM14	1338	Level of Service Code	01	ID	1/3
NOT USED	CLM15	1073	Yes/No Condition or Response Code	01	ID	1/1
NOT USED	CLM16	1360	Provider Agreement Code	01	ID	1/1
NOT USED	CLM17	1029	Claim Status Code	01	ID	1/2
NOT USED	CLM18	1073	Yes/No Condition or Response Code	01	ID	1/1
NOT USED	CLM19	1383	Claim Submission Reason Code	01	ID	2/2
SITUATIONAL	CLM20	1514	<b>Delay Reason Code</b> Code indicating the reason why a request was delayed	01	ID	1/2

SITUATIONAL RULE: Required when the claim is submitted late (past contracted date of filing limitations). If not required by this implementation guide, do not send.

CODE	DEFINITION
1	Proof of Eligibility Unknown or Unavailable
2	Litigation
3	Authorization Delays
4	Delay in Certifying Provider
5	Delay in Supplying Billing Forms
6	Delay in Delivery of Custom-made Appliances
7	Third Party Processing Delay
8	Delay in Eligibility Determination
9	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
10	Administration Delay in the Prior Approval Process
11	Other
15	Natural Disaster

SEGMENT DETAIL			
	DTP - D OR SYN	ATE - ONSET OF CURRENT ILLNESS	
X12 Segment Name:	Date or Time	or Period	
X12 Purpose:	To specify an	y or all of a date, a time, or a time period	
Loop:	2300 — CLA	IM INFORMATION	
Segment Repeat:	1		
Usage:	SITUATIONA	AL	
Situational Rule:	medical eme	r the initial medical service or visit performed in response to a ergency when the date is available and is different than the ice. If not required by this implementation guide, do not send	
TR3 Notes:	1. This date condition	e is the onset of acute symptoms for the current illness or n.	
TR3 Example:	DTP*431*D8	8*20050108~	
DIAGRAM			
DTP * Date/Time Qualifier	e 🚽 Date Tin	(本)	
	EF. DATA ES. ELEMENT	NAME ATTRIBUTES	
REQUIRED DTP0	01 374	Date/Time QualifierM 1ID3/3Code specifying type of date or time, or both date and time	}
		IMPLEMENTATION NAME: Date Time Qualifier	
		CODE DEFINITION	
		431 Onset of Current Symptoms or Illness	
REQUIRED DTPO	1250	Date Time Period Format Qualifier         M 1         ID         2/3           Code indicating the date format, time format, or date and time format         2/3	,
		SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.           CODE         DEFINITION	
		D8 Date Expressed in Format CCYYMMDD	
REQUIRED DTP0	03 1251	Date Time PeriodM 1AN1/3Expression of a date, a time, or range of dates, times or dates and times	5
		IMPLEMENTATION NAME: Onset of Current Illness or Injury Date	

SEGMENT DETAIL							
	DTP	- DA	TE - INI	TIAL TREATMENT [	DATE	=	
X12 Segment Nam	e: Date or	Time or	Period				
X12 Purpos	e: To spec	cify any o	or all of a date	e, a time, or a time period			
Loo	o: 2300 —	- CLAIM	INFORMATI	ON			
Segment Repea	t: 1						
Usag	e: SITUAT	TIONAL					
Situational Rul	for clai therapy	ims invol y, speecl	lving spinal h language <sub>l</sub>	reatment Date is known to impa manipulation, physical therapy pathology, dialysis, optical refra by this implementation guide, d	, occup actions	oational , or	
TR3 Note	unl DT	1. Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.					
TR3 Example	e: DTP*4	54*D8*2	20050108~				
DIAGRAM							
DTP01 374 Date/Time Qualifier M 1 ID 3/3 DTP02 1250 Date Time Format Qual M 1 ID 2/3 DTP03 1251 Date Time Period M 1 AN 1/35 DTP03 1251							
		DATA					
			ME		A	TTRIBUTES	
REQUIRED DT	P01 37		ode specifying ty	<b>lifier</b> ype of date or time, or both date and time	M1 I	D 3/3	
		ІМ	IPLEMENTATION NA	ME: Date Time Qualifier			
			CODE	DEFINITION			
		4	54	Initial Treatment			
REQUIRED DT	P02 12			od Format Qualifier ne date format, time format, or date and tir		<b>D 2/3</b> t	
		SE	EMANTIC: DTP02	is the date or time or period format that wi	ll appear	in DTP03.	
		D	8	Date Expressed in Format CCYYM	MDD		
REQUIRED DT	P03 12	-	ate Time Peri xpression of a da	<b>od</b> ate, a time, or range of dates, times or dat		N 1/35 mes	
		ІМ	IPLEMENTATION NA	ME: Initial Treatment Date			

SEGMENT DETAIL							
	DTP - D	ATE - LAST SEEN DATE					
X12 Segment Name:	Date or Time or Period						
X12 Purpose:	To specify any or all of a date, a time, or a time period						
Loop:	2300 — CLAI	2300 — CLAIM INFORMATION					
Segment Repeat:	1						
Usage:	SITUATIONA	SITUATIONAL					
Situational Rule:	known to im	equired when claims involve services for routine foot care and it is nown to impact the payer's adjudication process. If not required by this nplementation guide, do not send.					
TR3 Notes:	supervis	<ol> <li>This is the date that the patient was seen by the attending or supervising physician for the qualifying medical condition related to the services performed.</li> </ol>					
	2. Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.						
TR3 Example:	DTP*304*D8	3*20050108~					
DIAGRAM							
DTP01       374         Date/Time       Date/Time         Qualifier       M         M       1         ID       3/3    DTP02          1       1D         M       1         D       1         M       1         M       1         M       1         M       1         M       1         M       1							
	EF. DATA						
REQUIRED DTPO	<u>es. element</u> )1 374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1 ID	3/3			
		IMPLEMENTATION NAME: Date Time Qualifier					
		CODE DEFINITION					
		304 Latest Visit or Consultation					
REQUIRED DTP0	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and tir	M 1 ID me format	2/3			
		SEMANTIC: DTP02 is the date or time or period format that wi	ill appear in [	DTP03.			
		CODE DEFINITION					
REQUIRED DTP0	3 1251	D8 Date Expressed in Format CCYYM Date Time Period	M1 AN	1/35			
Expression of a date, a time, or range of dates, times or dates and times							
		INFELMENTATION NAME. LOST JEEN DALE					

SEGMENT DETAIL						
	DTP - D	ATE - AG	CUTE MANIFESTATI	ON		
X12 Segment Name:	Date or Time	Date or Time or Period				
X12 Purpose:	To specify an	o specify any or all of a date, a time, or a time period				
Loop:	2300 — CLA	IM INFORMA	TION			
Segment Repeat:	1					
Usage:	SITUATIONA	L				
Situational Rule:	spinal manip	when Loop ID-2300 CR208 = "A" or "M", the claim involves anipulation, and the payer is Medicare. If not required by this ntation guide, do not send.				
TR3 Example:	DTP*453*D8	8*20050108~				
DIAGRAM						
ELEMENT DETAIL	r Format Q 3/3 M 1 ID	ual <sup>*</sup> Perio 2/3 M 1 AN				
REQUIRED DTP(	<u>es. element</u> )1 374	Date/Time Qualifier		M 1		3/3
Dire	01 374	Code specifying type of date or time, or both date and time				
		IMPLEMENTATION NAME: Date Time Qualifier				
		CODE	DEFINITION			
		453	Acute Manifestation of a Chronic	Condi	tion	
REQUIRED DTP(	)2 1250	Date Time Period Format QualifierM 1ID2/3Code indicating the date format, time format, or date and time formatSEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.				
		CODE	DEFINITION			
		D8	Date Expressed in Format CCYYN			
REQUIRED DTP	03 1251	Date Time Period         M 1         AN         1/35           Expression of a date, a time, or range of dates, times or dates and times         1/35				
		IMPLEMENTATION NAME: Acute Manifestation Date				

SEGMENT DETAIL							
	DTP - D	DATE - ACCIDENT					
X12 Segment Nam	e: Date or Time	Date or Time or Period					
X12 Purpos	e: To specify a	o specify any or all of a date, a time, or a time period					
Loo	p: 2300 — CL/	300 — CLAIM INFORMATION					
Segment Repea	at: 1						
Usag	e: SITUATION	AL					
Situational Rul	OR Required w the result o	Required when CLM11-1 or CLM11-2 has a value of 'AA' or 'OA'. OR Required when CLM11-1 or CLM11-2 has a value of 'EM' and this claim is he result of an accident. f not required by this implementation guide, do not send.					
TR3 Examp	e: DTP*439*[	<b>D8</b> *20060108~					
DTP01 Date/ Qualit M 1 ID	fier <sup>••</sup> Format	Qual <sup>*</sup> Period <sup>~</sup> 2/3 M 1 AN 1/35		ATTRIBUT			
DEQUIDED	۲ <b>P</b> 01 374	Date/Time Qualifier		ID	3/3		
		Code specifying type of date or time, or both date and time	;				
		IMPLEMENTATION NAME: Date Time Qualifier					
		CODE DEFINITION					
REQUIRED	FD02 1250	439 Accident	M 1	חו	2/2		
	FP02 1250	Date Time Period Format Qualifier         M 1         ID         2/3           Code indicating the date format, time format, or date and time format         2/3 <t< td=""></t<>					
		SEMANTIC: DTP02 is the date or time or period format that w	vill appea	r in DT	FP03.		
		CODE DEFINITION					
REQUIRED D	FP03 1251	D8 Date Expressed in Format CCYYM Date Time Period			1/35		
	1705 1251	Date Time PeriodM 1AN1/35Expression of a date, a time, or range of dates, times or dates and times					
	IMPLEMENTATION NAME: Accident Date						

SEGMENT DETAIL							
X12 Segment N				ST MENSTRUAL PE	RIC	DC	
-		To specify any or all of a date, a time, or a time period					
-		2300 — CLAIM INFORMATION					
Segment Re	-						
Us	sage: SITU	JATIONA	L				
Situational	are	Required when, in the judgment of the provider, the services on this claim are related to the patient's pregnancy. If not required by this mplementation guide, do not send.					
TR3 Exar	nple: DTP	*484*D8	8*20050108~				
DIAGRAM							
DTP01       374       DTP02       1250         Date/Time       *       DTP02       1250         Date Time       *       Pormat Qual       *         M1       ID       3/3       *       M1       ID       2/3         ELEMENT DETAIL       T       DTP02       1250       *       DTP03       1251							
USAGE	REF. DES.	DATA ELEMENT	NAME ATTRIBUT			ES	
REQUIRED	DTP01	374	Date/Time Qua Code specifying	<b>alifier</b> type of date or time, or both date and time	M 1	ID	3/3
			IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION			
			484	Last Menstrual Period			
REQUIRED	DTP02	)2 1250		iod Format Qualifier the date format, time format, or date and time	M 1 ne forn	<b>ID</b> nat	2/3
			SEMANTIC: DTP02	is the date or time or period format that w	ill appe	ar in DT	P03.
			D8	Date Expressed in Format CCYYN	MDD		
REQUIRED	DTP03	1251	Date Time Per Expression of a c	<b>·iod</b> date, a time, or range of dates, times or da		AN times	1/35
			IMPLEMENTATION NAME: Last Menstrual Period Date				

SEGMENT DETAIL **DTP - DATE - LAST X-RAY DATE** X12 Segment Name: Date or Time or Period X12 Purpose: To specify any or all of a date, a time, or a time period Loop: 2300 - CLAIM INFORMATION Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required when claim involves spinal manipulation and an x-ray was taken. If not required by this implementation guide, do not send. 1. Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 TR3 Notes: unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only. TR3 Example: DTP\*455\*D8\*20050108~ DIAGRAM DTP03 DTP01 374 DTP02 1250 1251 Date/Time Date Time Date Time DTP Qualifier Format Qual Period ID 3/3 M 1 ID 2/3 AN 1/35 11 ELEMENT DETAIL DATA ELEMENT REF. USAGE NAME ATTRIBUTES REQUIRED **Date/Time Qualifier DTP01** 374 M 1 ID 3/3 Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION 455 Last X-Ray REQUIRED DTP02 1250 M1 ID 2/3 **Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE DEFINITION D8 Date Expressed in Format CCYYMMDD REQUIRED DTP03 1251 **Date Time Period** M1 AN 1/35 Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Last X-Ray Date

SEGMENT DETAIL							
		ATE - HEA RIPTION D	ARING AND VISION				
X12 Segment Name:	Date or Time	or Period					
X12 Purpose:	To specify any	specify any or all of a date, a time, or a time period					
Loop:	2300 — CLAI	M INFORMATIO	N				
Segment Repeat:	1						
Usage:	SITUATIONA	L					
Situational Rule:	devices or vi	Required on claims where a prescription has been written for hearing devices or vision frames and lenses and it is being billed on this claim. If not required by this implementation guide, do not send.					
TR3 Example:	DTP*471*D8*20050108~						
DIAGRAM							
DTP01 3 Date/Tim Qualifier M 1 ID		*	~				
	EF. DATA ES. ELEMENT	NAME				50	
REQUIRED DTPC		Date/Time Qualif Code specifying typ	fier e of date or time, or both date and time	M 1		3/3	
		IMPLEMENTATION NAME: Date Time Qualifier					
		CODE DE	EFINITION				
		471 P	rescription				
REQUIRED DTPC	02 1250		<b>d Format Qualifier</b> date format, time format, or date and tim	M 1 ne form	<b>ID</b> nat	2/3	
			the date or time or period format that will EFINITION	appea	ar in DT	P03.	
		D8 D	Date Expressed in Format CCYYM	NDD			
REQUIRED DTPC	03 1251	Date Time Period Expression of a date	<b>d</b> e, a time, or range of dates, times or date	<b>M 1</b> es and		1/35	
		IMPLEMENTATION NAME	E: Prescription Date				

SEGMENT DETAIL						
	DTP - D	ATE - DIS	SABILITY DATES			
X12 Segment Name:	Date or Time	or Period				
X12 Purpose:	To specify any	y or all of a dat	e, a time, or a time period			
Loop:	2300 — CLAI	M INFORMAT	ION			
Segment Repeat:	1					
Usage:	SITUATIONA	L				
Situational Rule:	provider, the associated w OR Required on property and	Required on claims involving disability where, in the judgment of the provider, the patient was or will be unable to perform the duties normally associated with his/her work. OR Required on non-HIPAA claims (for example workers compensation or property and casualty) when required by the claims processor. If not required by this implementation guide, do not send.				
TR3 Example:	DTP*360*D8	3*20050108~				
DIAGRAM						
DTP * Date/Time Qualifier	e 🔺 Date Tim	ne \star Date Ti	d ~			
USAGE D	EF. DATA ES. ELEMENT	NAME		ATTRIBUTES		
REQUIRED DTP0	1 374	Date/Time Qua Code specifying	alifier type of date or time, or both date and time	M 1 ID 3/3		
		IMPLEMENTATION N	AME: Date Time Qualifier			
		CODE	DEFINITION			
		314	Disability			
			Use code 314 when both disability date are being reported.	v start and end		
		360	Initial Disability Period Start			
			Use code 360 if patient is currently disability end date is unknown.	y disabled and		
		361	Initial Disability Period End			
			Use code 361 if patient is no longe start date is unknown.	er disabled and the		

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3					005010X222 • 8 DATE - DIS		
REQUIRED	DTP02	1250	Date Time Period Format Qualifier         M 1         ID           Code indicating the date format, time format, or date and time format         ID			2/3	
			SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03				TP03.
			CODE	DEFINITION			
			D8 Date Expressed in Format CCYYMMDD				
			Use code D8 when DTP01 is 360 or 361. RD8 Range of Dates Expressed in Format CCYYMMDI CCYYMMDD				
							MDD-
				Use code RD8 when DTP	01 is 314.		
REQUIRED	DTP03	1251	Date Time P Expression of a	<b>eriod</b> a date, a time, or range of dates, ti	M 1 mes or dates and	AN d times	1/35
			IMPLEMENTATION	NAME: Disability From Date			

SEGMENT DETAIL **DTP - DATE - LAST WORKED** X12 Segment Name: Date or Time or Period X12 Purpose: To specify any or all of a date, a time, or a time period Loop: 2300 - CLAIM INFORMATION Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required on claims where this information is necessary for adjudication of the claim (for example, workers compensation claims involving absence from work). If not required by this implementation guide, do not send. TR3 Example: DTP\*297\*D8\*20050108~ DIAGRAM DTP01 DTP02 DTP03 374 1250 1251 Date/Time Date Time **Date Time** DTP \* \* Qualifier Format Qual Period M 1 ID ID AN 1/35 M 1 3/3 2/3 M 1 ELEMENT DETAIL DATA ELEMENT NAME REF. DES. USAGE ATTRIBUTES REQUIRED DTP01 374 **Date/Time Qualifier** M 1 ID 3/3 Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION 297 Initial Disability Period Last Day Worked REQUIRED DTP02 **Date Time Period Format Qualifier** 1250 2/3 M 1 ID Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE DEFINITION **D8** Date Expressed in Format CCYYMMDD REQUIRED DTP03 1251 M1 AN 1/35 **Date Time Period** Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Last Worked Date

# **DTP - DATE - AUTHORIZED RETURN TO** WORK

X12 Segment Name: Date or Time or Period X12 Purpose: To specify any or all of a date, a time, or a time period Loop: 2300 - CLAIM INFORMATION Segment Repeat: 1 **Usage: SITUATIONAL** Situational Rule: Required on claims where this information is necessary for adjudication of the claim (for example, workers compensation claims involving absence from work). If not required by this implementation guide, do not send. TR3 Example: DTP\*296\*D8\*20050108~ DIAGRAM DTP01 374 DTP02 1250 DTP03 1251 Date/Time Date Time **Date Time** DTP \* \* Qualifier Format Qual Period M 1 ID 3/3 M 1 ID 2/3AN 1/35 1 ELEMENT DETAIL REF. DATA ELEMENT USAGE NAME ATTRIBUTES REQUIRED DTP01 **Date/Time Qualifier** 374 M 1 ID 3/3 Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION 296 Initial Disability Period Return To Work This is the date the provider has authorized the patient to return to work. REQUIRED DTP02 1250 **Date Time Period Format Qualifier** ID 2/3 M 1 Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE DEFINITION D8 Date Expressed in Format CCYYMMDD REQUIRED DTP03

IMPLEMENTATION NAME: Work Return Date

Expression of a date, a time, or range of dates, times or dates and times

**Date Time Period** 

1251

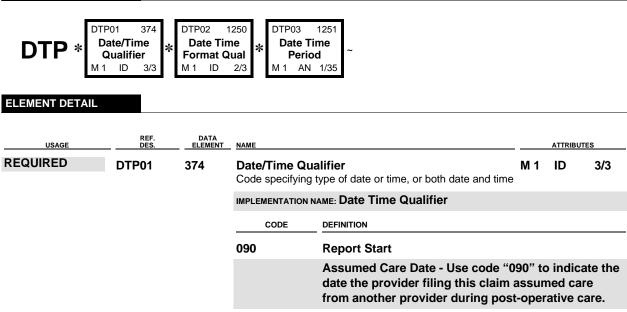
1/35

M1 AN

SEGMENT DETAIL							
	DTF	<b>-</b> D	ATE - AC	DMISSION			
X12 Segment Nam	ne: Date o	or Time	or Period				
X12 Purpos	se: To spe	ecify an	y or all of a da	te, a time, or a time period			
Loc	op: 2300 -	- CLA		ΓΙΟΝ			
Segment Repe	at: 1						
Usag	ge: SITUA		L				
Situational Ru	admit OR Requi	Required on all ambulance claims when the patient was known to be admitted to the hospital. DR Required on all claims involving inpatient medical visits. f not required by this implementation guide, do not send.					
TR3 Examp	le: DTP*	435*D8	8*20030108~				
DIAGRAM	_						
ELEMENT DETAIL	REF.	DATA					
	DES.		NAME			ATTRIBUT	
REQUIRED D	TP01	374	Date/Time Qu Code specifying	alifier type of date or time, or both date and time	M 1	ID	3/3
				NAME: Date Time Qualifier			
			CODE	DEFINITION			
			435	Admission			
REQUIRED D	TP02	1250		riod Format Qualifier the date format, time format, or date and tir	M1 ne forr	<b>ID</b> mat	2/3
			SEMANTIC: DTP02	2 is the date or time or period format that w	ill appe	ear in D1	P03.
			CODE	DEFINITION			
			D8	Date Expressed in Format CCYYM	MDD		
REQUIRED D	TP03	1251	Date Time Pe Expression of a	riod date, a time, or range of dates, times or dat	M 1 tes and		1/35
			IMPLEMENTATION I	NAME: Related Hospitalization Admiss	ion D	ate	

SEGMENT DETAIL							
	DT	P - D/	ATE - DI	SCHARGE			
X12 Segment Na	me: Date	or Time	or Period				
X12 Purp	ose: To sp	specify any or all of a date, a time, or a time period					
Le	oop: 2300	— CLAI	M INFORMA	TION			
Segment Rep	eat: 1						
Us	age: SITU	ATIONA	L				
Situational R	facili	Required for inpatient claims when the patient was discharged from the acility and the discharge date is known. If not required by this mplementation guide, do not send.					the
TR3 Exam	ple: DTP	*096*D8	3*20050108~				
DIAGRAM							
DTP * Qu M 1	e/Time ialifier ID 3/3	Date Tim Format Q M 1 ID		od ~		ATTRIBUT	ES
REQUIRER	DTP01	374	Date/Time Qu	Jalifier	M 1	ID	3/3
	• .	••••		g type of date or time, or both date and time			0.0
			IMPLEMENTATION	NAME: Date Time Qualifier			
			CODE	DEFINITION			
			096	Discharge			
REQUIRED	DTP02	1250		eriod Format Qualifier the date format, time format, or date and tir	M 1 ne form	<b>ID</b> nat	2/3
			SEMANTIC: DTP0	2 is the date or time or period format that wi	ll appe	ar in DT	°P03.
			CODE	DEFINITION			
REQUIRED			D8	Date Expressed in Format CCYYM			
REQUIRED	DTP03	1251	Date Time Pe Expression of a	riod date, a time, or range of dates, times or dat		AN d times	1/35
			IMPLEMENTATION	NAME: Related Hospitalization Dischar	ge Da	ate	

SEGMENT DETAIL	
	DTP - DATE - ASSUMED AND RELINQUISHED CARE DATES
X12 Segment Name:	Date or Time or Period
X12 Purpose:	To specify any or all of a date, a time, or a time period
Loop:	2300 — CLAIM INFORMATION
Segment Repeat:	2
Usage:	SITUATIONAL
Situational Rule:	Required to indicate "assumed care date" or "relinquished care date" when providers share post-operative care (global surgery claims). If not required by this implementation guide, do not send.
TR3 Notes:	<ol> <li>Assumed Care Date is the date care was assumed by another provider during post-operative care. Relinquished Care Date is the date the provider filing this claim ceased post-operative care. See Medicare guidelines for further explanation of these dates.</li> <li>Example: Surgeon "A" relinquished post-operative care to Physician</li> </ol>
	"B" five days after surgery. When Surgeon "A" submits a claim, "A" will use code "091 - Report End" to indicate the day the surgeon relinquished care of this patient to Physician "B". When Physician "B" submits a claim, "B" will use code "090 - Report Start" to indicate the date they assumed care of this patient from Surgeon "A".
TR3 Example:	DTP*090*D8*20050108~
DIAGRAM	

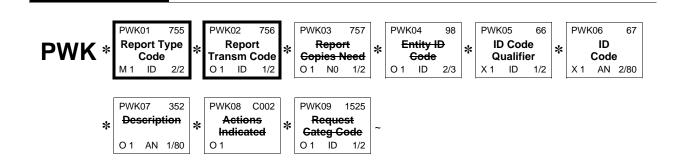


			091	Report End			
				Relinquished Care Date - Use code "091" to indicate the date the provider filing this claim relinquished post-operative care to another provider.			
REQUIRED	DTP02	1250		riod Format Qualifier     M 1     ID     2/3       the date format, time format, or date and time format			
			SEMANTIC: DTP02	2 is the date or time or period format that will appear in DTP03.			
			CODE	DEFINITION			
			D8	Date Expressed in Format CCYYMMDD			
REQUIRED	DTP03	1251	Date Time Pe	riod M 1 AN 1/35			
			Expression of a	date, a time, or range of dates, times or dates and times			
				IMPLEMENTATION NAME: Assumed or Relinquished Care Date			

SEGMENT DETAIL						
		ATE - PROPERTY AND CASU F FIRST CONTACT	JALTY			
X12 Segment Name	: Date or Time	or Period				
X12 Purpose	: To specify an	y or all of a date, a time, or a time period				
Loop	: 2300 — CLA	IM INFORMATION				
Segment Repeat	:: 1					
Usage	SITUATIONA	<b>NL</b>				
Situational Rule		equired for Property and Casualty claims when state mandated. If not equired by this implementation guide, do not send.				
TR3 Notes	condition consulte	1. This is the date the patient first consulted the service provider for this condition. The date of first contact is the date the patient first consulted the provider by any means. It is not necessarily the Initial Treatment Date.				
TR3 Example	: DTP*444*D	8*20041013~				
DIAGRAM						
DTP01 Date/Ti Qualifi M 1 ID	me 🐰 Date Tin	<b>A</b>				
ELEMENT DETAIL						
USAGE	REF. DATA DES. ELEMENT	NAME	ATTRIBUTES			
REQUIRED DT			M 1 ID 3/3			
		CODE DEFINITION				
		444 First Visit or Consultation				
REQUIRED DTI	P02 1250		M 1 ID 2/3 e format			
		SEMANTIC: DTP02 is the date or time or period format that will	appear in DTP03.			
		CODE DEFINITION				
		D8 Date Expressed in Format CCYYMN	/IDD			
REQUIRED DTI	203 1251	Date Time Period Expression of a date, a time, or range of dates, times or date	M 1 AN 1/35 is and times			

SEGMENT DETAIL						
	DTP - D	ATE - REPRICER RECEIVED	DA	TE		
X12 Segment Name:	Date or Time	or Period				
X12 Purpose:	To specify an	y or all of a date, a time, or a time period				
Loop	2300 — CLA	IM INFORMATION				
Segment Repeat:	1					
Usage	SITUATIONA	NL				
Situational Rule:	-	Required when a repricer is passing the claim onto the payer. If not required by this implementation guide, do not send.				
TR3 Example:	DTP*050*D8	8*20051030~				
DIAGRAM						
DTP * Qualifie M 1 ID	3/3 M 1 ID	2/3 M 1 AN 1/35				
USAGE	REF. DATA DES. ELEMENT	NAME		ATTRIBUT	ËS	
REQUIRED DTP	01 374	Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1	ID	3/3	
		IMPLEMENTATION NAME: Date Time Qualifier				
		CODE DEFINITION				
		050 Received				
REQUIRED DTP	02 1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time	M 1 ne forr	ID nat	2/3	
		SEMANTIC: DTP02 is the date or time or period format that w	ill appe	ar in DT	P03.	
REQUIRED DTP	03 1251	D8 Date Expressed in Format CCYYM Date Time Period	MDD M 1	AN	1/35	
bii	1201	Expression of a date, a time, or range of dates, times or date			.,	
		IMPLEMENTATION NAME: Repricer Received Date				

SEGMENT DETAIL	
	<b>PWK - CLAIM SUPPLEMENTAL INFORMATION</b>
X12 Segment Name:	Paperwork
X12 Purpose:	To identify the type or transmission or both of paperwork or supporting information
X12 Syntax:	<ol> <li>P0506         If either PWK05 or PWK06 is present, then the other is required.     </li> </ol>
Loop:	2300 — CLAIM INFORMATION
Segment Repeat:	10
Usage:	SITUATIONAL
Situational Rule:	Required when there is a paper attachment following this claim. OR Required when attachments are sent electronically (PWK02 = EL) but are transmitted in another functional group (for example, 275) rather than by paper. PWK06 is then used to identify the attached electronic documentation. The number in PWK06 is carried in the TRN of the electronic attachment. OR Required when the provider deems it necessary to identify additional information that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but the information is not being submitted with the claim. Use the value of "AA" in PWK02 to convey this specific use of the PWK segment. If not required by this implementation guide, do not send.
TR3 Example:	PWK*OZ*BM***AC*DMN0012~



#### MAY 2006

DIAGRAM

#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

REE	DATA			
PWK01	ELEMENT	Report Type	e Code	ATTRIBUTES
		Code indicatin	g the title or contents of a document, report o	r supporting item
		IMPLEMENTATION NAME: Attachment Report Type Code		
		CODE	DEFINITION	
		03	Report Justifying Treatment Beyo Guidelines	nd Utilization
		04	Drugs Administered	
		05	Treatment Diagnosis	
		06	Initial Assessment	
		07	Functional Goals	
		08	Plan of Treatment	
		09	Progress Report	
		10	Continued Treatment	
		11	Chemical Analysis	
		13	Certified Test Report	
		15	Justification for Admission	
		21	Recovery Plan	
		A3	Allergies/Sensitivities Document	
		A4	Autopsy Report	
		AM	Ambulance Certification	
		AS	Admission Summary	
		B2	Prescription	
		B3	Physician Order	
		B4	Referral Form	
		BR	Benchmark Testing Results	
		BS	Baseline	
		вт	Blanket Test Results	
		СВ	Chiropractic Justification	
		СК	Consent Form(s)	
		СТ	Certification	
		D2	Drug Profile Document	
		DA	Dental Models	
		DB	Durable Medical Equipment Presc	ription
		DG	Diagnostic Report	-
		DJ	Discharge Monitoring Report	
		DS	Discharge Summary	
		EB	Explanation of Benefits (Coordina Medicare Secondary Payor)	tion of Benefits o
		НС	Health Certificate	
		HR	Health Clinic Records	
		15	Immunization Record	

IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
МТ	Models
NN	Nursing Notes
ОВ	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
ох	Oxygen Therapy Certification
oz	Support Data for Claim
P4	Pathology Report
P5	Patient Medical History Document
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
ХР	Photographs
Report Trans	mission Code O 1 ID 1/2

REQUIRED

PWK02 756

Report Transmission CodeO 1ID1/2Code defining timing, transmission method or format by which reports are to be<br/>sent

IMPLEMENTATION NAME: Attachment Transmission Code

CODE	DEFINITION
AA	Available on Request at Provider Site
	This means that the additional information is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request.
BM	By Mail
EL	Electronically Only
	Indicates that the attachment is being transmitted in a separate X12 functional group.
EM	E-Mail
FT	File Transfer
	Required when the actual attachment is maintained by an attachment warehouse or similar vendor.

#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

			FX	By Fax			
NOT USED	PWK03	757	Report Copies	s Needed	01	N0	1/2
NOT USED	PWK04	98	Entity Identifie	er Code	01	ID	2/3
SITUATIONAL	PWK05	66		Code Qualifier g the system/method of code structure us	X 1 ed for le	<b>ID</b> dentifica	<b>1/2</b> tion
			syntax: P0506				
			соммент: PWK0 number.	5 and PWK06 may be used to identify the	addres	see by a	a code
				Required when PWK02 = "BM", "I quired by this implementation guid			
			CODE	DEFINITION			
			AC	Attachment Control Number			
SITUATIONAL	PWK06	67	Identification Code identifying	Code a party or other code	X 1	AN	2/80
			syntax: P0506				
				Required when PWK02 = "BM", "I quired by this implementation guid			
			IMPLEMENTATION N	AME: Attachment Control Number			
				d to identify the attached electroni n PWK06 is carried in the TRN of th			ition.
			For the purposition for the purposition for the purposition of the pur	se of this implementation, the max	imum	field le	ength
NOT USED	PWK07	352	Description		01	AN	1/80
NOT USED	PWK08	C002	ACTIONS IND	ICATED	01		
NOT USED	PWK09	1525	Request Cate	gory Code	01	ID	1/2

SEGMENT DETAIL								
	CN1 - C	ONTRACT	INFORMATION					
X12 Segment Name:	Contract Info	rmation						
X12 Purpose:	To specify ba	sic data about the	contract or contract line item					
Loop:	2300 — CLA	00 — CLAIM INFORMATION						
Segment Repeat:	1							
Usage:	SITUATION	\L						
Situational Rule:	information		is contractually obligated t ed claims. If not required b send.					
TR3 Notes: 1. The developers of this implementation guide note that the CN1 segment is for use only for post-adjudicated claims, which do not meet the definition of a health care claim under HIPAA. Consequently, at the time of this writing, the CN1 segment is for non-HIPAA use only.								
TR3 Example:	CN1*02*550	)~						
DIAGRAM								
CN1 * Contract Type Cod M 1 ID 2	e 🌋 Amour	· ·	* Reference * Terms Dis Ident Percent	<b>A</b>				
REQUIRED CN10		Contract Type Cod	de	M 1 ID 2/2				
		Code identifying a cor						
SITUATIONAL CN10	2 782	01Dia02Per03Var04Fla05Car06Per09OtherMonetary AmountMonetary amountSEMANTIC: CN102 is theSITUATIONAL RULE: Require	pitated rcent her t ne contract amount. quired when the provider is re prmation on the claim. If not re					

					MATIO	
SITUATIONAL	CN103	332	<b>Percent, Decimal Format</b> Percent given in decimal format (e.g., 0.0 through 100%)	O 1 R h 100.0 represents 0% th	<b>1/6</b> rough	
			SEMANTIC: CN103 is the allowance or charge perc	cent.		
			SITUATIONAL RULE: <b>Required when the provid</b> to supply this information on the claim. I implementation guide, do not send.			
			IMPLEMENTATION NAME: Contract Percentage			
SITUATIONAL	IAL CN104 127	CN104 127	127	<b>Reference Identification</b> Reference information as defined for a particular by the Reference Identification Qualifier	O 1 AN Transaction Set or as spo	1/50 ecified
			SEMANTIC: CN104 is the contract code.			
			SITUATIONAL RULE: <b>Required when the provid</b> to supply this information on the claim. I implementation guide, do not send.			
			IMPLEMENTATION NAME: Contract Code			
SITUATIONAL	CN105	338	<b>Terms Discount Percent</b> Terms discount percentage, expressed as a perc an invoice is paid on or before the Terms Discour		<b>1/6</b> haser if	
			SITUATIONAL RULE: <b>Required when the provid</b> to supply this information on the claim. I implementation guide, do not send.			
			IMPLEMENTATION NAME: Terms Discount Perce	ntage		
SITUATIONAL	CN106	799	Version Identifier Revision level of a particular format, program, teo	O1 AN chnique or algorithm	1/30	
			SEMANTIC: CN106 is an additional identifying num	ber for the contract.		
			SITUATIONAL RULE: <b>Required when the provid</b> to supply this information on the claim. I implementation guide, do not send.			

	AMT - P	ATIENT	AMOUNT PAID					
X12 Segment Name:	Monetary Am	Ionetary Amount Information						
X12 Purpose:	To indicate th	o indicate the total monetary amount						
Loop:	2300 — CLA	M INFORMAT	ION					
Segment Repeat:	1							
Usage:	SITUATIONA	L						
Situational Rule:		•	s made payment specifically to mentation guide, do not send.	ward t	his cl	aim. If		
TR3 Notes:			efers to the sum of all amounts r his or her representative(s).	s paid	on th	e		
TR3 Example:	AMT*F5*152	2.45~						
DIAGRAM								
AMT01 Amount Q Code M 1 ID		t <sup>*</sup> Flag Co						
USAGE	REF. DATA DES. ELEMENT	NAME			ATTRIBU	TES		
REQUIRED AMT	01 522	Amount Quali Code to qualify a		M 1	ID	1/3		
		F5	Patient Amount Paid					
REQUIRED AMT	02 782	Monetary Amo Monetary amour		M 1	R	1/18		
		IMPLEMENTATION N	IAME: Patient Amount Paid					
NOT USED AMT	03 478	Credit/Debit F	lag Code	01	ID	1/1		

# REF - SERVICE AUTHORIZATION EXCEPTION CODE

X12 Segment N	lame: Ref	erence In	oformation
-			
	-		dentifying information
X12 Sy	ntax: 1.	R0203 At least o	one of REF02 or REF03 is required.
I	Loop: 230	0 — CLA	AIM INFORMATION
Segment Re	epeat: 1		
U	sage: SIT	UATIONA	AL
Situational	aut the	horization service v	hen mandated by government law or regulation to obtain on for specific service(s) but, for the reasons listed in REF02, was performed without obtaining the authorization. If not this implementation guide, do not send.
TR3 Exa	mple: RE	F*4N*1~	~
DIAGRAM	_		
		REF02 Referen	127 nce J Description J REF04 C040
	ent Qual ID 2/3	Ident	* * * * * * * * * * * * * * * * * * * *
	ent Qual	Ident	it * Identifier ~
M 1	ent Qual	Ident	tt X 1 AN 1/80 A 1
ELEMENT DETAIL	ent Qual ID 2/3	Ident X 1 AN	tt X 1 AN 1/80 A 1
M 1 ELEMENT DETAIL USAGE	ent Qual ID 2/3	Ident X 1 AN DATA ELEMENT	It     It     It       1/50     X 1     AN     1/80       It     It     It       Image: Comparison of the second se
M 1 ELEMENT DETAIL USAGE	ent Qual ID 2/3	Ident X 1 AN DATA ELEMENT	it       *       identifier         1/50       X 1       AN 1/80         r       NAME       ATTRIBUTES         Reference Identification Qualifier       M 1       ID       2/3         Code qualifying the Reference Identification       DEFINITION       M 1       ID       2/3
M 1 ELEMENT DETAIL USAGE	ent Qual ID 2/3	Ident X 1 AN DATA ELEMENT	it       it       it       it         1/50       X 1       AN       1/80       0         r       NAME       Attributes         Reference Identification Qualifier       M 1       ID       2/3         Code qualifying the Reference Identification       M 1       ID       2/3
ELEMENT DETAIL USAGE REQUIRED	ent Qual ID 2/3	Ident X 1 AN	It       X 1       AN       1/80       Identifier         1/50       X 1       AN       1/80       0         r       NAME       ATTRIBUTES         Reference Identification Qualifier       M 1       ID       2/3         Code qualifying the Reference Identification       M 1       ID       2/3         Code       DEFINITION       M       Special Payment Reference Number         Reference Identification       X 1       AN       1/50         Reference Information as defined for a particular Transaction Set or as specified       1/50
ELEMENT DETAIL USAGE REQUIRED	ent Qual ID 2/3	Ident X 1 AN	It       X 1       AN       1/80       Identifier       Attributes         I       I/50       X 1       AN       1/80       I
ELEMENT DETAIL USAGE REQUIRED	ent Qual ID 2/3	Ident X 1 AN	It       X 1       AN       1/80       Identifier         1/50       X 1       AN       1/80       0 1         Image: Total and the second se
ELEMENT DETAIL USAGE REQUIRED	ent Qual ID 2/3	Ident X 1 AN	It       X 1       AN       1/80       Attributes         Image: Name       Attributes       Attributes         Reference Identification Qualifier       M 1       ID       2/3         Code qualifying the Reference Identification       M 1       ID       2/3         Code qualifying the Reference Identification       M 1       ID       2/3         Code qualifying the Reference Identification       M 1       ID       2/3         Code qualifying the Reference Identification       X 1       AN       1/50         Reference Identification       X 1       AN       1/50         Reference Identification       X 1       AN       1/50         Reference Identification Qualifier       Syntax: R0203       X 1       AN       1/50         Implementation NAME: Service Authorization Exception Code       Allowable values for this element are:       1       Immediate/Urgent Care
ELEMENT DETAIL USAGE REQUIRED	ent Qual ID 2/3	Ident X 1 AN	It       X 1       AN       1/80       Identifier       Attributes         I       Itentifier       01       Itentifier       Attributes         Reference Identification Qualifier       M 1       ID       2/3         Code qualifying the Reference Identification       M 1       ID       2/3         Code qualifying the Reference Identification       M 1       ID       2/3         Code qualifying the Reference Identification       X 1       AN       1/50         Reference Identification       X 1       AN       1/50         Reference Identification       X 1       AN       1/50         Reference Identification Qualifier       Syntax: R0203       X 1       AN       1/50         Implementation as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier       Syntax: R0203       Implementation Exception Code         Allowable values for this element are:       1       Immediate/Urgent Care       1       Immediate/Urgent Care         2       Services Rendered in a Retroactive Period       Identification a Retroactive Period       Identification
ELEMENT DETAIL USAGE REQUIRED	ent Qual ID 2/3	Ident X 1 AN	Image: Market and Market
ELEMENT DETAIL USAGE REQUIRED	ent Qual ID 2/3	Ident X 1 AN	Image: Market and Market
ELEMENT DETAIL USAGE REQUIRED	ent Qual ID 2/3	Ident X 1 AN	Image: Market and Market
ELEMENT DETAIL USAGE REQUIRED	ent Qual ID 2/3	Ident X 1 AN	Image: Second Participation of the second of the second Opinion to Determine if Recipient Can Work

005010X222 • 837 • 2300 • REF
SERVICE AUTHORIZATION EXCEPTION CODE

NOT USED	REF03	352	Description	X1 AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1	

# **REF - MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR**

X12 Segment Name:	Reference Inf	formation							
X12 Purpose:	To specify ide	o specify identifying information							
X12 Syntax:	<b>1. R0203</b> At least o	1. R0203 At least one of REF02 or REF03 is required.							
Loop:	2300 — CLAI	IM INFORMATION							
Segment Repeat:	1								
Usage:	SITUATIONA	L							
Situational Rule:	-	en the submitter is Medicare and the claim is a liver claim. If not required by this implementation							
TR3 Example:	REF*F5*N~								
DIAGRAM									
<b>–</b> (		Description Defenses							
REF * Reference Ident Qui M 1 ID	al * Ident 2/3 X 1 AN	* * <mark>* Identifier</mark> ~							
	al * Ident	★ * <mark>★ Identifier</mark> ~	A	TTRIBUTE	s				
REF * Ident Qu. M 1 ID	al * Ident 2/3 X 1 AN X 1 AN ELEMENT 01 128	1/50       X 1       AN       1/80       O       0         NAME       O       0       0       0         NAME       O       O       0       0         Code qualifying the Reference Identification       M       0       0         CODE       DEFINITION       0       0       0         F5       Medicare Version Code       0       0	1 I		2/3				
LEMENT DETAIL	al <u>* Ident</u> <u>X 1 AN</u> <u>EEF.</u> <u>ELEMENT</u> 01 128 02 127	1/50       X 1       AN       1/80       0         NAME       0       0       0         Reference Identification Qualifier       M         Code qualifying the Reference Identification       M         CODE       DEFINITION         F5       Medicare Version Code         Reference Identification       X         Reference Identification Qualifier       X         SYNTAX: R0203       Implementation NAME: Medicare Section 4081 Indicator         The allowed values for this element are:       Y         Y       4081         N       Regular crossover	1 A	AN as spe	2/3				

SEGMENT DETAIL **REF - MAMMOGRAPHY CERTIFICATION** NUMBER X12 Segment Name: Reference Information X12 Purpose: To specify identifying information 1. R0203 X12 Syntax: At least one of REF02 or REF03 is required. Loop: 2300 - CLAIM INFORMATION Segment Repeat: 1 **Usage: SITUATIONAL** Situational Rule: Required when mammography services are rendered by a certified mammography provider. If not required by this implementation guide, do not send. TR3 Example: REF\*EW\*T554~ DIAGRAM REF01 128 REF02 127 REF03 352 REF04 C040 Reference Reference **Description** Reference **REF**\* \* \* **Ident Qual** Ident **Identifier** ID 2/3 AN 1/50 AN 1/80 01 VI 1 1 X 1 ELEMENT DETAIL REF. DATA ELEMENT USAGI NAME ATTRIBUTES REQUIRED REF01 128 **Reference Identification Qualifier** M 1 ID 2/3 Code qualifying the Reference Identification CODE DEFINITION EW Mammography Certification Number REQUIRED REF02 127 1/50 **Reference Identification** X1 AN Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Mammography Certification Number NOT USED REF03 352 Description 1/80 X 1 AN NOT USED **REFERENCE IDENTIFIER** REF04 C040 01

SEGMENT DETAIL							
	REF - RI	EFERRAL NUMBER					
X12 Segment Name:	Reference Infe	ormation					
X12 Purpose:	To specify ide	o specify identifying information					
X12 Syntax:	1. R0203 At least o	ne of REF02 or REF03 is required.					
Loop:	2300 — CLAI	M INFORMATION					
Segment Repeat:	1						
Usage:	SITUATIONA	L					
Situational Rule:	Management AND a referral is in	en a referral number is assigned by the payer Organization (UMO) nvolved. d by this implementation guide, do not send.		ilizati	on		
TR3 Notes:	overridde identifica the same REF seg	1. Numbers at this position apply to the entire claim unless they are overridden in the REF segment in Loop ID-2400. A reference identification is considered to be overridden if the value in REF01 is the same in both the Loop ID-2300 REF segment and the Loop ID-2400 REF segment. In that case, the Loop ID-2400 REF applies only to that specific line.					
TR3 Example: DIAGRAM	REF*9F*123	45~					
REF * Referenc Ident Qua	e 👷 Referenc	* * <mark>* Identifier</mark> ~					
ELEMENT DETAIL							
USAGE D	EF. DATA ES. ELEMENT	NAME		ATTRIBUT	ES		
REQUIRED REFO		Reference Identification Qualifier Code qualifying the Reference Identification	M 1	ID	2/3		
REQUIRED REFO	92 127	CODE     DEFINITION       9F     Referral Number       Reference Identification       Reference information as defined for a particular Transaction       by the Reference Identification Qualifier       syntax: R0203	X1 on Set c		<b>1/50</b> ecified		
		IMPLEMENTATION NAME: Referral Number					

NOT USED

NOT USED

REF03

REF04

352

C040

Description

**REFERENCE IDENTIFIER** 

1/80

X1 AN

	REF - PF	RIOR AU	THORIZATION			
X12 Segment Name:	Reference Infe	ormation				
X12 Purpose:	To specify ide	o specify identifying information				
X12 Syntax:	<b>1. R0203</b> At least o	ne of REF02 o	r REF03 is required.			
Loop:	2300 — CLAI	M INFORMAT	ION			
Segment Repeat:	1					
Usage:	SITUATIONA	L				
Situational Rule:	AND the services	on this claim	zation number is assigned were preauthorized. ementation guide, do not a		er or	UMO
TR3 Notes:	UMO to a (Utilization empower services number of reported for this of	authorize a set on Manageme red to make a review or the carried in this in the Loop II claim, report t	ation numbers are assigner rvice prior to its being per nt Organization) is genera decision regarding the ou owner of information. The REF is specific to the des D-2010BB. If other payers hat information in the Loo r's information.	formed. Th Illy the enti- Itcome of a prior auth tination pa have simila	e UMC ty healtl orizati yer ar num	D h ion 1bers
	overridde identifica the same	en in the REF ation is consid in both the L ment. In that c	on apply to the entire clair segment in Loop ID-2400. lered to be overridden if th oop ID-2300 REF segment case, the Loop ID-2400 RE	A reference ne value in t and the Lo	e REF0 <sup>-</sup> oop ID	1 is 9-2400
TR3 Example:	REF*G1*135	579~				
DIAGRAM						
REF * Reference Ident Qua	e <sub>*</sub> Reference	* '	↑ Identifier ~			
	<b>-</b>					
		NAME			ATTRIBUT	
REQUIRED REFO	1 128		ntification Qualifier he Reference Identification	M 1	ID	2/3
		CODE	DEFINITION			
		G1	Prior Authorization Number			

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3			005010X222 • 837 • 2300 PRIOR AUTHORIZ			
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular by the Reference Identification Qualifier SYNTAX: R0203	X 1 Transaction Set	AN or as s	1/50 pecified
			IMPLEMENTATION NAME: Prior Authorization Nu	ımber		
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0 1		

\_\_\_\_\_

SEGMENT DETAIL								
	RE	F - P/	AYER CLAIM CONTROL NUI	MB	ER			
X12 Segment N	ame: Refe	rence Inf	ormation					
X12 Purp	ose: To s	pecify ide	entifying information					
X12 Sy	ntax: 1.	1. R0203						
			ne of REF02 or REF03 is required.					
L	.oop: 2300	– CLA	IM INFORMATION					
Segment Re	peat: 1							
Us	sage: SITU	ATIONA	L					
Situational	repla	Required when CLM05-3 (Claim Frequency Code) indicates this claim is a eplacement or void to a previously adjudicated claim. If not required by his implementation guide, do not send.						
TR3 N		This info D-2010E	rmation is specific to the destination payer ro BB.	eport	ed in I	Loop		
TR3 Exar	nple: REF	*F8*R5	55588~					
DIAGRAM								
	01 128 efference ent Qual ID 2/3	REF02 Reference Ident X 1 AN	* * <del>Identifier</del> ~					
ELEMENT DETAIL								
USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1	ID	2/3		
			CODE DEFINITION					
			F8 Original Reference Number					
REQUIRED	REF02	127	Reference Identification		AN	1/50		
			Reference information as defined for a particular Transaction by the Reference Identification Qualifier	on Set	or as sp	ecified		
			SYNTAX: R0203					
			IMPLEMENTATION NAME: Payer Claim Control Number					
NOT USED	REF03	352	Description	X 1	AN	1/80		
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01				

# REF - CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER

	IMPROVEMENT AMENDMENT (CLIA) NUMBER							
X12 Segment Name:	Reference Information							
X12 Purpose:	To specify identifying information							
X12 Syntax:	1. R0203 At least one of REF02 or REF03 is required.							
Loop:	2300 — CLAIM INFORMATION							
Segment Repeat:	1							
Usage:	SITUATIONAL							
Situational Rule:	equired for all CLIA certified facilities performing CLIA covered boratory services. If not required by this implementation guide, do not end.							
TR3 Notes:	1. If a CLIA number is indicated at the line level (Loop ID-2400) in addition to the claim level (Loop ID-2300), that would indicate an exception to the CLIA number at the claim level for that individual line.							
	2. In cases where this claim contains both in-house and outsourced laboratory services, the CLIA Number for laboratory services performed by the Billing or Rendering Provider is reported in this loop. The CLIA number for laboratory services which were outsourced is reported in Loop ID-2400.							
TR3 Example:	REF*X4*12D4567890~							
DIAGRAM								
REF * Reference Ident Qua								
ELEMENT DETAIL								
USAGE R	REF. DATA IES. ELEMENT NAME ATTRIBUTES							
REQUIRED REFO	11     128     Reference Identification Qualifier     M 1     ID     2/3       Code qualifying the Reference Identification							

CODE

X4

DEFINITION

Clinical Laboratory Improvement Amendment Number

005010X222 • 837 • CLINICAL LABORAT	ASC X12N • INSUF MENDMENT (CLIA) NUMBER TECHN			OMMITTEE T • TYPE 3		
REQUIRED	REF02	2 127	Reference Identification Reference information as defined for a particular Transac by the Reference Identification Qualifier SYNTAX: R0203		AN or as s	<b>1/50</b> pecified
			IMPLEMENTATION NAME: Clinical Laboratory Improvem Number	ent An	nendn	nent
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01		

SEGMENT DETAIL								
	RE	F - R	EPRICED CLAIM NUMBER					
X12 Segment Nar	me: Refe	rence Inf	formation					
X12 Purpo	se: Tos	o specify identifying information						
X12 Synt		R0203						
			one of REF02 or REF03 is required.					
Lo	op: 2300	) — CLA						
Segment Repe	eat: 1							
Usa	ge: SITL	JATIONA	L					
Situational Ru	segr	nent is r	en this information is deemed necessary by t not completed by providers. The information i ly. If not required by this implementation guid	s cor	nplete	d by		
TR3 Not		This info ID-2010E	ormation is specific to the destination payer re 3B.	eport	ed in l	Loop		
TR3 Examp	ole: REF	*9A*RJ	55555~					
DIAGRAM								
KEF * Ident	128 rence t Qual ID 2/3	REF02 Reference Ident X 1 AN	* * Identifier ~					
ELEMENT DETAIL								
USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES		
	REF01	128	Reference Identification Qualifier	M 1	ID	2/3		
			Code qualifying the Reference Identification					
			CODE DEFINITION					
			9A Repriced Claim Reference Number	er				
REQUIRED F	REF02	127	Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier		AN or as sp	1/50 becified		
			syntax: R0203					
			IMPLEMENTATION NAME: Repriced Claim Reference Num	nber				
NOT USED	REF03	352	Description	X 1	AN	1/80		
NOT USED F	REF04	C040	REFERENCE IDENTIFIER	01				

SEGMENT DETAIL							
	RE	F - A	DJUSTED REPRICED CLAIN	1 N	JME	BER	
X12 Segment Na	ame: Refe	erence In	formation				
X12 Purp	ose: To s	o specify identifying information					
X12 Syr		<b>R0203</b> At least o	one of REF02 or REF03 is required.				
L	oop: 2300	) — CLA	IM INFORMATION				
Segment Rep	peat: 1						
Us	age: SITL	JATIONA	AL				
Situational F	segr	Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.					
TR3 No		This info ID-2010	ormation is specific to the destination payer r 3B.	eport	ed in l	_oop	
TR3 Exam	nple: REF	*9C*RF	24444444~				
DIAGRAM	_						
	01 128 ference nt Qual ID 2/3	REF02 Referen Ident X 1 AN	* <sup>*</sup> Identifier ~				
ELEMENT DETAIL							
USAGE	REF. DES.	DATA	NAME		ATTRIBU	res	
REQUIRED	REF01	128	Reference Identification Qualifier Code gualifying the Reference Identification	M 1	ID	2/3	
			CODE DEFINITION				
			9C Adjusted Repriced Claim Referen	ice Nu	mber		
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transact by the Reference Identification Qualifier	X 1	AN	1/50 ecified	
			syntax: R0203				
			IMPLEMENTATION NAME: Adjusted Repriced Claim Refe	rence	Numbe	er	
NOT USED	REF03	352	Description	X 1	AN	1/80	
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01			

SEGMENT DETAIL					
		IVESTIGATIONAL DEVICE			
X12 Segment Name	: Reference In	formation			
X12 Purpose	: To specify ide	entifying information			
X12 Syntax		one of REF02 or REF03 is required.			
Loop	: 2300 — CLA	IM INFORMATION			
Segment Repeat	:: 1				
Usage	SITUATION	AL			
Situational Rule	assigned inv one IDE app	nen claim involves a Food and Drug Administ vestigational device exemption (IDE) number. lies, they must be split into separate claims. entation guide, do not send.	Whe	n mor	e than
TR3 Example	EREF*LX*43	2907~			
DIAGRAM					
REF * REF01 Referer Ident Q M 1 ID	*	* Identifier			
ELEMENT DETAIL					
USAGE	REF. DATA DES. ELEMENT	_ NAME		ATTRIBU	TES
REQUIRED REI	F01 128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M 1	ID	2/3
		CODE DEFINITION			
REQUIRED	F02 127	LXQualified Products ListReference IdentificationReference information as defined for a particular Transactby the Reference Identification Qualifier		AN or as sp	1/50 becified
		syntax: R0203			
		IMPLEMENTATION NAME: Investigational Device Exempt	ion Id	entifier	•
NOT USED REI	F03 352	Description	X 1	AN	1/80
NOT USED REI	F04 C040	REFERENCE IDENTIFIER	01		

# **REF - CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES**

X12 Segment Name:	Reference Inf	ormation						
X12 Purpose:	To specify ide	entifying inform	ation					
X12 Syntax:	<b>1. R0203</b> At least o	ne of REF02 o	or REF03 is required.					
Loop:	2300 — CLAI	M INFORMAT	ION					
Segment Repeat:	1							
Usage:	SITUATIONA	L						
Situational Rule:	intermediarie attach their c	es (Automated	nation is deemed necessary b I Clearinghouses, and others aim number. If not required b not send.	) who n				
TR3 Notes:	attach th not requi transacti	1. Although this REF is supplied for transmission intermediaries to attach their own unique claim number to a claim, 837-recipients are not required under HIPAA to return this number in any HIPAA transaction. Trading partners may voluntarily agree to this interaction if they wish.						
TR3 Example:	REF*D9*TJ	98UU321~						
DIAGRAM								
REF * Reference Ident Qua	e 👷 Referenc	* .	▲ Identifier ~					
ELEMENT DETAIL								
USAGE R	EF. DATA ES. ELEMENT	NAME			ATTRIBU	TES		
REQUIRED REFO	1 128		ntification Qualifier he Reference Identification	M 1	ID	2/3		
		Number assig	ned by clearinghouse, van, etc.					
		CODE	DEFINITION					
		D9	Claim Number					

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3			005010X222 • 837 • 2300 • REF CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES			
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Tra by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Value Added Network Tra	nsaction Set		1/50 pecified
			The value carried in this element is limited t positions.	o a maxim	um of	20
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1		

	RE	F - M	EDICAL RECORD NUMBER						
X12 Segment Nan	ne: Refe	rence Inf	ormation						
X12 Purpos	se: To s	pecify ide	entifying information						
X12 Synta		<b>R0203</b> At least c	one of REF02 or REF03 is required.						
Loc	op: 2300	— CLA	IM INFORMATION						
Segment Repe	at: 1								
Usa	ge: SITU	IATIONA	L						
Situational Ru	actu Looj	Required when the provider needs to identify for future inquiries, the ctual medical record of the patient identified in either Loop ID-2010BA or oop ID-2010CA for this episode of care. If not required by this mplementation guide, do not send.							
TR3 Examp	le: REF	*EA*44	444TH56~						
DIAGRAM									
REF * REF01 Refer Ident M 1 II	Qual <sup>*</sup>	REF02 Referent Ident X 1 AN	* * <del>Identifier</del> ~						
USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES			
REQUIRED R	EF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	<b>M</b> 1	ID	2/3			
			EA Medical Record Identification Nur	nher					
REQUIRED R	EF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction by the Reference Identification Qualifier	X 1		1/50 becified			
			syntax: R0203						
			IMPLEMENTATION NAME: Medical Record Number						
	EF03	352	Description	X 1	AN	1/80			
NOT USED R	EF04	C040	REFERENCE IDENTIFIER	01					

SEGMENT DETAIL						
		EF - D ENTIF	EMONSTRATION PROJECT			
X12 Segment N	ame: Ref	erence In	formation			
X12 Purj	bose: To s	specify ide	entifying information			
X12 Sy	ntax: 1.	R0203 At least o	one of REF02 or REF03 is required.			
L	_oop: 230	0 — CLA	IM INFORMATION			
Segment Re	peat: 1					
U	sage: SIT	UATIONA	AL			
Situational	way a de	vs such a emonstra	nen it is necessary to identify claims which an is content, purpose, and/or payment, as coul ation or other special project, or a clinical tria ementation guide, do not send.	d be t	he cas	se for
TR3 Exa	mple: REF	F*P4*TH	IJ1222~			
DIAGRAM						
	01 128 eference ent Qual ID 2/3	REF02 Referen Ident X 1 AN	* * Identifier ~			
ELEMENT DETAIL						
USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1	ID	2/3
			P4 Project Code			,
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transact by the Reference Identification Qualifier		AN or as sp	1/50 becified
			syntax: R0203			
			IMPLEMENTATION NAME: Demonstration Project Identif	er		
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01		

	RE	F - C	ARE PLAN OVERSIGHT					
X12 Segment Na	me: Refe	rence Inf	formation					
X12 Purpo	ose: To s	specify identifying information						
X12 Syn		<b>R0203</b> At least c	one of REF02 or REF03 is required.					
Lo	oop: 2300	— CLA	IM INFORMATION					
Segment Rep	eat: 1							
Usa	age: SITU	ATIONA	\L					
Situational R			en the physician is billing Medicare for Care required by this implementation guide, do no			ight		
TR3 No	i	<ol> <li>This is the number of the home health agency or hospice providing Medicare covered services to the patient for the period during which CPO services were furnished. Prior to the mandated HIPAA National Provider Identifier (NPI) implementation date this number is the Medicare Number. On or after the mandated HIPAA National Provider Identifier (NPI) implementation date this is the NPI.</li> </ol>						
TR3 Exam	ple: REF	*1.J*12?	345678~					
DIAGRAM								
	1 128 erence ht Qual ID 2/3	REF02 Referen Ident X 1 AN	★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★					
	REF.	DATA						
	DES. REF01	<u>ELEMENT</u>	Reference Identification Qualifier	M 1		<u>2/3</u>		
		120	Code qualifying the Reference Identification		10	210		
			CODE DEFINITION					
			1J Facility ID Number					
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transacti by the Reference Identification Qualifier	X 1 on Set	AN or as sp	1/50 becified		
			syntax: R0203					
			IMPLEMENTATION NAME: Care Plan Oversight Number					
NOT USED	REF03	352	Description	X 1	AN	1/80		
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01				

SEGMENT DETAIL	
	K3 - FILE INFORMATION
X12 Segment Name:	File Information
X12 Purpose:	To transmit a fixed-format record or matrix contents
Loop:	2300 — CLAIM INFORMATION
Segment Repeat:	10
Usage:	SITUATIONAL
Situational Rule:	<ul> <li>Required when ALL of the following conditions are met:</li> <li>A regulatory agency concludes it must use the K3 to meet an emergency legislative requirement;</li> <li>The administering regulatory agency or other state organization has completed each one of the following steps: contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement</li> <li>X12N determines that there is no method to meet the requirement.</li> <li>If not required by this implementation guide, do not send.</li> </ul>
TR3 Notes:	<ol> <li>At the time of publication of this implementation, K3 segments have no specific use. The K3 segment is expected to be used only when necessary to meet the unexpected data requirement of a legislative authority. Before this segment can be used :         <ul> <li>The X12N Health Care Claim workgroup must conclude there is no other available option in the implementation guide to meet the emergency legislative requirement.</li> <li>The requestor must submit a proposal for approval accompanied by the relevant business documentation to the X12N Health Care Claim workgroup chairs and receive approval for the request.</li> <li>Upon review of the request, X12N will issue an approval or denial decision to the requesting entity. Approved usage(s) of the K3 segment will be reviewed by the X12N Health Care Claim workgroup to develop a permanent change to include the business case in future transaction implementations.</li> </ul> </li> </ol>
	2. Only when all of the requirements above have been met, may the regulatory agency require the temporary use of the K3 segment.
	3. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee(s).
TR3 Example:	K3*STATE DATA REQUIREMENT~
DIAGRAM	
K301 4 Fixed For Informatio	K302     1333       Record     *       Format Code       V01     1/2       V01     1/2

M 1 AN 1/80

01 ID

1/2

O 1

## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES	
REQUIRED	K301	449	Fixed Format Information Data in fixed format agreed upon by sender and receiver	<b>M</b> 1	AN	1/80
NOT USED	K302	1333	Record Format Code	01	ID	1/2
NOT USED	K303	C001	COMPOSITE UNIT OF MEASURE	01		

\_\_\_\_\_

SEGMENT DETAIL										
	NTE - CLAIM N	OTE								
X12 Segment Name:	Note/Special Instruction									
X12 Purpose:	To transmit information in special instruction	a free-form format, if necessary, for comment or								
X12 Comments:	<ol> <li>The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processible. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.</li> </ol>									
Loop:	2300 — CLAIM INFORM	ATION								
Segment Repeat:	1									
Usage:	SITUATIONAL									
Situational Rule:	to substantiate the med within the claim data se	dgment of the provider, the information is needed ical treatment and is not supported elsewhere t. nplementation guide, do not send.								
TR3 Notes:	1. Information in the NTE segment in Loop ID-2300 applies to the entire claim unless overridden by information in the NTE segment in Loop ID-2400. Information is considered to be overridden when the value in NTE01 in Loop ID-2400 is the same as the value in NTE01 in Loop ID-2300.									
	narrative information	his implementation guide discourage using on within the 837. Trading partners who use on with claims are strongly encouraged to codify thin the X12 environment.								
TR3 Example:	NTE*ADD*SURGERY V REASON]~	VAS UNUSUALLY LONG BECAUSE [FILL IN								
DIAGRAM										
NTE * Note Ref	363     NTE02     352 <b>Description</b> ~       3/3     M 1     AN     1/80									
ELEMENT DETAIL										
USAGE D	EF. DATA ES. <u>Element name</u>	ATTRIBUTES								
REQUIRED NTEO	Code identify	ence Code O 1 ID 3/3 ing the functional area or purpose for which the note applies								
	ADD	Additional Information Certification Narrative								
	CER									

DCP

Goals, Rehabilitation Potential, or Discharge Plans

			DGN TPO	Diagnosis Description Third Party Organization Notes
REQUIRED	NTE02	352	Description A free-form desc	M 1 AN 1/80 cription to clarify the related data elements and their content
			IMPLEMENTATION	NAME: Claim Note Text

SEGMENT DETAIL	
	CR1 - AMBULANCE TRANSPORT INFORMATION
X12 Segment Name:	Ambulance Certification
X12 Purpose:	To supply information related to the ambulance service rendered to a patient
X12 Set Notes:	<ol> <li>The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.</li> </ol>
X12 Syntax:	1. P0102 If either CR101 or CR102 is present, then the other is required.
	2. P0506 If either CR105 or CR106 is present, then the other is required.
Loop:	2300 — CLAIM INFORMATION
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required on all claims involving ambulance transport services. If not required by this implementation guide, do not send.
TR3 Notes:	1. The CR1 segment in Loop ID-2300 applies to the entire claim unless overridden by a CR1 segment at the service line level in Loop ID-2400 with the same value in CR101.
TR3 Example:	CR1*LB*140**A*DH*12****UNCONSCIOUS~
DIAGRAM	
CR1 * Unit/Basi Meas Cod	
	66 CR108 166 CR109 352 CR110 352
* Address	

O 1 AN 1/80

Information

O 1 AN 1/55

O 1 AN 1/80

Information

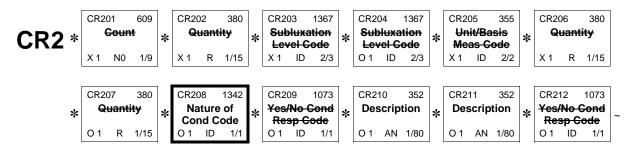
O 1 AN 1/55

## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES	
SITUATIONAL	CR101	355		for Measurement Code the units in which a value is being express has been taken	X1 sed, or	<b>ID</b> manner	<b>2/2</b> in which	
			syntax: P0102					
			necessity of th	Required when it is necessary to he level of ambulance services. If r on guide, do not send.	-			
			CODE	DEFINITION				
			LB	Pound				
SITUATIONAL	CR102	81	<b>Weight</b> Numeric value of	weight	X 1	R	1/10	
			syntax: P0102					
			semantic: CR102	is the weight of the patient at time of tran	isport.			
			SITUATIONAL RULE: Required when it is necessary to justify the medical necessity of the level of ambulance services. If not required by this implementation guide, do not send.					
			IMPLEMENTATION N	AME: Patient Weight				
NOT USED	CR103	1316	Ambulance Tr	ansport Code	01	ID	1/1	
REQUIRED	CR104	1317		ansport Reason Code he reason for ambulance transport	01	ID	1/1	
			CODE	DEFINITION				
			A	Patient was transported to nearest facility for care on symptoms, complaints, or both			care of	
				Can be used to indicate that the patient was transferred to a residential facility.				
			B Patient was transported for the benefit of a prefer physician					
			С	C Patient was transported for the nearness of family members				
			D	Patient was transported for the ca or for availability of specialized e			ialist	
			E	Patient Transferred to Rehabilitat	ion Fa	cility		
REQUIRED	CR105	355		for Measurement Code the units in which a value is being express has been taken	X 1 sed, or	<b>ID</b> manner	2/2 in which	
			syntax: P0506					
			CODE	DEFINITION				

ASC X12N • INSURA TECHNICAL REPORT		MMITTEE	005010) AMBULANCE TRAI						
REQUIRED	CR106	380	<b>Quantity</b> Numeric value of quantity	X 1	R	1/15			
			syntax: P0506						
			SEMANTIC: CR106 is the distance traveled during transport.						
			IMPLEMENTATION NAME: Transport Distance						
			0 (zero) is a valid value when ambulance service charge for mileage.	es do n	ot incl	ude a			
NOT USED	CR107	166	Address Information	01	AN	1/55			
NOT USED	CR108	166	Address Information	01	AN	1/55			
SITUATIONAL	CR109 3	352	<b>Description</b> A free-form description to clarify the related data elements	O1 and the	AN eir conte	<b>1/80</b> ent			
			SEMANTIC: CR109 is the purpose for the round trip ambular	nce serv	vice.				
			SITUATIONAL RULE: <b>Required when the ambulance service is for a round</b> trip. If not required by this implementation guide, do not send.						
			IMPLEMENTATION NAME: Round Trip Purpose Description						
SITUATIONAL	CR110	352	<b>Description</b> A free-form description to clarify the related data elements	O1 and the	AN eir conte	<b>1/80</b> ent			
			<b>SEMANTIC:</b> CR110 is the purpose for the usage of a stretcher during ambulance service.						
			SITUATIONAL RULE: <b>Required when needed to justify</b> a lf not required by this implementation guide, do	-		tcher.			
			IMPLEMENTATION NAME: Stretcher Purpose Description	1					

SEGMENT DETAIL	
	CR2 - SPINAL MANIPULATION SERVICE
X12 Segment Name:	Chiropractic Certification
X12 Purpose:	To supply information related to the chiropractic service rendered to a patient
X12 Syntax:	<ol> <li>P0102         If either CR201 or CR202 is present, then the other is required.     </li> </ol>
	<b>2. C0403</b> If CR204 is present, then CR203 is required.
	<b>3. P0506</b> If either CR205 or CR206 is present, then the other is required.
Loop:	2300 — CLAIM INFORMATION
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required on chiropractic claims involving spinal manipulation when the information is known to impact the payer's adjudication process. If not required by this implementation guide, do not send.
TR3 Example:	CR2******M~
DIAGRAM	



### ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	JTES
NOT USED	CR201	609	Count	X 1	N0	1/9
NOT USED	CR202	380	Quantity	X 1	R	1/15
NOT USED	CR203	1367	Subluxation Level Code	X 1	ID	2/3
NOT USED	CR204	1367	Subluxation Level Code	01	ID	2/3
NOT USED	CR205	355	Unit or Basis for Measurement Code	X 1	ID	2/2
NOT USED	CR206	380	Quantity	X 1	R	1/15
NOT USED	CR207	380	Quantity	01	R	1/15

#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

REQUIRED	CR208	1342	Nature of Condition Code Code indicating the nature of a patient's condition		01	ID	1/1	
			IMPLEMENTATION	NAME: Patient Condition Code				
			CODE	DEFINITION				
			Α	Acute Condition				
			С	Chronic Condition				
			D	Non-acute				
			E	Non-Life Threatening				
			F	Routine				
			G	Symptomatic				
			Μ	Acute Manifestation of a Chron	ic Condi	tion		
NOT USED	CR209	1073	Yes/No Cond	ition or Response Code	01	ID	1/1	
SITUATIONAL	CR210	352	Description A free-form des	cription to clarify the related data elemen	O 1 nts and the	AN eir conte	<b>1/80</b> nt	
			SEMANTIC: CR21	0 is a description of the patient's conditi	on.			
				E: Required when this information tter. If not required by this impler			-	
			IMPLEMENTATION	NAME: Patient Condition Description	n			
SITUATIONAL	CR211	352	Description A free-form desc	cription to clarify the related data eleme	O 1 Ints and the	AN eir conte	<b>1/80</b> Int	
			SEMANTIC: CR211 is an additional description of the patient's condition.					
				e: Required when this information tter. If not required by this impler			-	
			IMPLEMENTATION	NAME: Patient Condition Description	n			
NOT USED	CR212	1073	Yes/No Cond	ition or Response Code	01	ID	1/1	

#### SEGMENT DETAIL **CRC - AMBULANCE CERTIFICATION** X12 Segment Name: Conditions Indicator X12 Purpose: To supply information on conditions Loop: 2300 - CLAIM INFORMATION Segment Repeat: 3 Usage: SITUATIONAL Situational Rule: Required when the claim involves ambulance transport services AND when reporting condition codes in any of CRC03 through CRC07. If not required by this implementation guide, do not send. 1. The CRC segment in Loop ID-2300 applies to the entire claim unless **TR3 Notes:** overridden by a CRC segment at the service line level in Loop ID-2400 with the same value in CRC01. 2. Repeat this segment only when it is necessary to report additional unique values to those reported in CRC03 thru CRC07. TR3 Example: CRC\*07\*Y\*01~ DIAGRAM CRC01 CRC02 1073 CRC03 1321 CRC04 CRC06 1321 1136 1321 CRC05 1321 Code Yes/No Cond Certificate Certificate Certificate Certificate \* \* CRC \* \* \* Category Resp Code Cond Code Cond Code Cond Code Cond Code ID 2/2 . ID ID 2/3 ID ID ID M 1 1/1 01 2/3 01 2/3 01 2/3 M 1 M 1 CRC07 1321 Certificate \* Cond Code O 1 ID 2/3 ELEMENT DETAIL REF. DATA ELEMENT USAGE NAME ATTRIBUTES REQUIRED CRC01 1136 ID 2/2 Code Category M 1 Specifies the situation or category to which the code applies SEMANTIC: CRC01 qualifies CRC03 through CRC07. CODE DEFINITION Ambulance Certification 07

ASC X12N • INSURAL TECHNICAL REPORT					005010X222 • 8 AMBULANCE					
REQUIRED	CRC02	1073		dition or Response Code g a Yes or No condition or respons	<b>M 1</b> se	ID	1/1			
			indicates the c	<b>SEMANTIC:</b> CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.						
			IMPLEMENTATION	IMPLEMENTATION NAME: Certification Condition Indicator						
			CODE	DEFINITION						
			Ν	No						
			Y	Yes						
REQUIRED	CRC03	1321	Condition In Code indicating		M 1	ID	2/3			
				NAME: Condition Code						
			The codes for	or CRC03 also can be used f	or CRC04 thro	ough C	RC07.			
			CODE	DEFINITION						
			01	Patient was admitted to a	hospital					
			04	Patient was moved by str						
			05 Patient was unconscious or in shock							
			06 Patient was transported in an emergency situation							
			07 Patient had to be physically restrained							
			08	Patient had visible hemo	-					
			09	Ambulance service was r	nedically nece	essary				
			12	Patient is confined to a b	•	-				
				Use code 12 to indicate p during transport.	atient was be	dridde	n			
SITUATIONAL	CRC04	1321	Condition In Code indicating	dicator	01	ID	2/3			
			SITUATIONAL RUI	LE: Required when a second of not required by this implem			not			
			IMPLEMENTATION	NAME: Condition Code						
			Use the code	es listed in CRC03.						
SITUATIONAL	CRC05	C05 1321	Condition In Code indicating		0 1	ID	2/3			
				LE: Required when a third coll I by this implementation guid			ssary.			
			IMPLEMENTATION	NAME: Condition Code						
			Use the code	es listed in CRC03.						

005010X222 • 837 • AMBULANCE CERT			ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3					
SITUATIONAL	SITUATIONAL CRC06	1321	Condition Indicator Code indicating a condition	01	ID	2/3		
			SITUATIONAL RULE: <b>Required when a fourth condition code is necessary.</b> If not required by this implementation guide, do not send.					
			IMPLEMENTATION NAME: Condition Code					
			Use the codes listed in CRC03.					
SITUATIONAL	L CRC07	1321	Condition Indicator Code indicating a condition	01	ID	2/3		
			SITUATIONAL RULE: <i>Required when a fifth condition code is necessary. If not required by this implementation guide, do not send.</i>					
			IMPLEMENTATION NAME: Condition Code					
		Use the codes listed in CRC03.						

SEGMENT DETAIL

# CRC - PATIENT CONDITION INFORMATION: VISION

Conditions Inc	dicator					
To supply info	ormation on c	onditions				
2300 — CLA	IM INFORMA	TION				
3						
SITUATIONA	L					
this informat	ion is knowr	n to impact reimburseme				
CRC*E1*Y*	∶L1~					
Yes/No Co Resp Co M 1 ID	ond * Certif de Cond	icate * Certificate * Code * Cond Code *	Certificate Cond Code	*	Certific Cond C	
EF. DATA ES. ELEMENT	NAME				ATTRIBUT	
01 1136	Code Catego				ATTRIBU	ES
		-		M 1	ID	<u>es</u> 2/2
	Specifies the si SEMANTIC: CRC CODE E1 E2	tuation or category to which the 01 qualifies CRC03 through CR <u>DEFINITION</u> Spectacle Lenses Contact Lenses	••			
02 1073	Specifies the si SEMANTIC: CRC CODE E1 E2 E3	tuation or category to which the 01 qualifies CRC03 through CR DEFINITION Spectacle Lenses	••			
	2300 — CLAI 3 SITUATIONA Required on this information implementat CRC*E1*Y* CRC21 Yes/No Ca Resp Co M 1 ID 321 e E E E E E E E E E E E E E	2300 — CLAIM INFORMA 3 SITUATIONAL Required on vision claim this information is known implementation guide, do CRC*E1*Y*L1~ CRC02 1073 Yes/No Cond Resp Code M 1 ID 1/1 * CRC03 Certif Cond M M 1 ID M 1 ID M 1 ID CRC3	SITUATIONAL Required on vision claims involving replacement this information is known to impact reimbursement implementation guide, do not send. CRC*E1*Y*L1~ CRC02 1073 Yes/No Cond Resp Code M1 ID 1/1 CRC03 1321 CRC04 1321 Certificate Cond Code M1 ID 2/3 CRC04 1321 Certificate Cond Code O 1 ID 2/3 CRC04 CRC04 1321 Certificate Cond Code O 1 ID 2/3 CRC04 C	2300 — CLAIM INFORMATION 3 SITUATIONAL Required on vision claims involving replacement lenses o this information is known to impact reimbursement. If not implementation guide, do not send. CRC*E1*Y*L1~ CRC02 1073 * CRC02 1073 * CRC03 1321 CRC04 1321 CRC04 1321 CRC04 1321 CRC05 1321 Certificate Cond Code 0 1 ID 2/3 * CRC05 1321 Cond Code 0 1 ID 2/3 * CRC05 1321 * CRC05 13	2300 — CLAIM INFORMATION 3 SITUATIONAL Required on vision claims involving replacement lenses or frat this information is known to impact reimbursement. If not required implementation guide, do not send. CRC*E1*Y*L1~ CRC02 1073 Yes/No Cond Resp Code M 1 ID 1/1 CRC03 1321 CRC03 1321 CRC04 1321 CRC04 1321 CRC05 1321 CRC05 1321 CRC05 1321 Certificate Cond Code O 1 ID 2/3 CRC05 11D 2/3 CRC05 1321 Crtificate Cond Code O 1 ID 2/3 CRC05 1321 Crtificate Cond Code O 1 ID 2/3 CRC05 1321 Crtificate Cond Code O 1 ID 2/3	2300 — CLAIM INFORMATION 3 SITUATIONAL Required on vision claims involving replacement lenses or frames w this information is known to impact reimbursement. If not required by implementation guide, do not send. CRC*E1*Y*L1~ CRC02 1073 * CRC02 1073 * CRC03 1321 Certificate Cond Code M 1 ID 2/3 * CRC04 1321 Certificate Cond Code M 1 ID 2/3 * CRC06 Certific Cond Code M 1 ID 2/3 * CRC06 M 1 ID 2/3

005010X222 • 837 • 2300 • CRC
PATIENT CONDITION INFORMATION: VISION

REQUIRED	CRC03	1321	Condition In Code indicating		<b>M</b> 1	ID	2/3
				NAME: Condition Code			
			CODE	DEFINITION			
			L1	General Standard of 20 Degree o or Cylinder Change Met	r .5 Dio	opter S	phere
			L2	Replacement Due to Loss or The	ft		
			L3	Replacement Due to Breakage of	r Dama	ge	
			L4	Replacement Due to Patient Pref	erence	)	
			L5	Replacement Due to Medical Rea	ison		
SITUATIONAL	CRC04	1321	Condition In Code indicating		01	ID	2/3
				LE: Required when a second condition f not required by this implementation			ot
			IMPLEMENTATION	NAME: Condition Code			
			Use the code	es listed in CRC03.			
SITUATIONAL	CRC05	1321	Condition In Code indicating		01	ID	2/3
				LE: Required when a third condition of by this implementation guide, do n			ssary. If
			IMPLEMENTATION	I NAME: Condition Code			
			Use the code	es listed in CRC03.			
SITUATIONAL	CRC06	1321	Condition In Code indicating		01	ID	2/3
				LE: Required when a fourth condition ed by this implementation guide, do			essary.
			IMPLEMENTATION	NAME: Condition Code			
			Use the code	es listed in CRC03.			
SITUATIONAL	CRC07	1321	Condition In Code indicating		01	ID	2/3
				LE: Required when a fifth condition c by this implementation guide, do n			sary. If
			IMPLEMENTATION	NAME: Condition Code			
			Use the code	es listed in CRC03.			

1321

2/3

\*

M 1

CRC06

01

**Certificate** 

Cond Code

ID

ATTRIBUTES

2/2

ID

1321

2/3

SEGMENT DETAIL **CRC - HOMEBOUND INDICATOR** X12 Segment Name: Conditions Indicator X12 Purpose: To supply information on conditions Loop: 2300 - CLAIM INFORMATION Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required for Medicare claims when an independent laboratory renders an EKG tracing or obtains a specimen from a homebound or institutionalized patient. If not required by this implementation guide, do not send. TR3 Example: CRC\*75\*Y\*IH~ DIAGRAM CRC01 1136 CRC02 1073 CRC03 1321 CRC04 1321 CRC05 Yes/No Cond Code Certificate **Certificate Certificate** CRC \* \* \* Category **Resp Code** Cond Code Cond Code Cond Code ID 2/2 ID ID ID ID M 1 1/1 M 1 2/3 01 2/3 01 11 CRC07 1321 **Certificate** \* Cond Code ID 01 2/3 ELEMENT DETAIL REF. DATA USAGE NAME REQUIRED CRC01 1136 Code Category Specifies the situation or category to which the code applies SEMANTIC: CRC01 qualifies CRC03 through CRC07. CODE DEFINITION

75 **Functional Limitations** REQUIRED CRC02 1073 ID 1/1 Yes/No Condition or Response Code M 1 Code indicating a Yes or No condition or response SEMANTIC: CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply. IMPLEMENTATION NAME: Certification Condition Indicator CODE DEFINITION Υ Yes

005010X222 • 837 • 2300 • CRC	
HOMEBOUND INDICATOR	

REQUIRED	CRC03	1321	Condition Ind		M 1	ID	2/3
				NAME: Homebound Indicator			
			CODE	DEFINITION			
			ІН	Independent at Home			
NOT USED	CRC04	1321	Condition Ind	licator	01	ID	2/3
NOT USED	CRC05	1321	Condition Ind	licator	01	ID	2/3
NOT USED	CRC06	1321	Condition Ind	licator	01	ID	2/3
NOT USED	CRC07	1321	Condition Ind	licator	01	ID	2/3

SEGMENT DETAIL **CRC - EPSDT REFERRAL** X12 Segment Name: Conditions Indicator X12 Purpose: To supply information on conditions Loop: 2300 - CLAIM INFORMATION Segment Repeat: 1 **Usage: SITUATIONAL** Situational Rule: Required on Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) claims when the screening service is being billed in this claim. If not required by this implementation guide, do not send. TR3 Example: CRC\*ZZ\*Y\*ST~ DIAGRAM CRC01 1136 CRC02 1073 CRC03 1321 CRC04 1321 CRC05 1321 CRC06 1321 Yes/No Cond Certificate **Certificate** Code Certificate Certificate CRC \* \* \* \* Category **Resp Code** Cond Code Cond Code Cond Code Cond Code ID 2/2 ID ID 2/3 01 ID ID O 1 ID 11 M 1 1/1 M 1 2/3 01 2/3 2/3 CRC07 1321 **Certificate** \* Cond Code ID O 1 2/3 ELEMENT DETAIL REF. DES. DATA ELEMENT USAGE NAME ATTRIBUTES REQUIRED **CRC01** 1136 Code Category M 1 ID 2/2 Specifies the situation or category to which the code applies SEMANTIC: CRC01 qualifies CRC03 through CRC07. IMPLEMENTATION NAME: Code Qualifier CODE DEFINITION ΖZ **Mutually Defined EPSDT Screening referral information.** 

005010X222 •	837 •	2300	CRC
EPSDT REFER	RAL		

REQUIRED	CRC02	1073		tion or Response Code a Yes or No condition or response	M 1	ID	1/1
			indicates the cor	2 is a Certification Condition Code applies ndition codes in CRC03 through CRC07 a ndition codes in CRC03 through CRC07 d	pply; an	"N" valu	
			IMPLEMENTATION N	NAME: Certification Condition Code A	Applies	Indica	ator
			The response to the patient	answers the question: Was an EP ?	SDT re	eferral (	given
			CODE	DEFINITION			
			Ν	No			
				If no, then choose "NU" in CRC0 referral given.	3 indic	ating n	0
			Y	Yes			
REQUIRED	CRC03	1321	Condition Ind Code indicating		M 1	ID	2/3
			The codes for	CRC03 also can be used for CRC0	04 thro	ugh Cl	RC05.
			CODE	DEFINITION			
			AV	Available - Not Used			
				Patient refused referral.			
			NU	Not Used			
				This conditioner indicator must to submitter answers "N" in CRC02		d when	the
			S2	Under Treatment			
				Patient is currently under treatme diagnostic or corrective health p			ed
			ST	New Services Requested			
				Patient is referred to another pro or corrective treatment for at lea problem identified during an initi screening service (not including OR Patient is scheduled for another a screening provider for diagnostic treatment for at least one health during an initial or periodic screet including dental referrals).	st one al or p dental appoin c or co proble	health eriodic referra tment rrective m iden	als). with e tified
SITUATIONAL	CRC04	1321	Condition Ind Code indicating		01	ID	2/3
			SITUATIONAL RULE	Required when a second condition not required by this implementation			ot
			Use the codes	s listed in CRC03.			

ASC X12N • INSURA		MMITTEE		005010X222 • 8 EP		800 • CRC EFERRAL
SITUATIONAL	CRC05	1321	Condition Indicator Code indicating a condition	0 1	ID	2/3
			SITUATIONAL RULE: <b>Required when a third</b> not required by this implementation			ssary. If
			Use the codes listed in CRC03.			
NOT USED	CRC06	1321	Condition Indicator	O 1	ID	2/3
NOT USED	CRC07	1321	Condition Indicator	01	ID	2/3

#### SEGMENT DETAIL **HI - HEALTH CARE DIAGNOSIS CODE** X12 Segment Name: Health Care Information Codes X12 Purpose: To supply information related to the delivery of health care Loop: 2300 - CLAIM INFORMATION Segment Repeat: 1 Usage: REQUIRED **TR3 Notes:** 1. Do not transmit the decimal point for ICD codes. The decimal point is implied. TR3 Example: HI\*BK:8901\*BF:87200\*BF:5559~ DIAGRAM C022 C022 C022 HI01 C022 HI02 HI03 HI04 C022 HI05 C022 HI06 **Health Care Health Care Health Care Health Care Health Care Health Care** \* \* \* \* \* **H** | \* Code Info. Code Info. Code Info. Code Info. Code Info. Code Info. 01 O 1 O 1 O 1 01 M 1 HI07 C022 HI08 C022 HI09 C022 HI10 C022 HI11 C022 HI12 C022 Health Care **Health Care** Health Care **Health Care** Health Care Health Care \* \* \* \* \* \* Code Info. Code Info. Code Info. Code Info. Code Info. Code Info. O 1 O 1 01 01 01 01 ELEMENT DETAIL DATA REF. USAGE NAME ATTRIBUTES REQUIRED HI01 C022 **HEALTH CARE CODE INFORMATION** M 1 To send health care codes and their associated dates, amounts and quantities SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. The diagnosis listed in this element is assumed to be the principal diagnosis. REQUIRED HI01 - 1 **Code List Qualifier Code** ID 1/3 1270 Μ Code identifying a specific industry code list SEMANTIC: C022-01 gualifies C022-02, C022-04, C022-05, C022-06 and C022-08. IMPLEMENTATION NAME: Diagnosis Type Code

			C	DDE DEFINITION			
			ABK	International Classification of Disea Modification (ICD-10-CM) Principal			al
				This code set is not allowed for use the time of this writing. The qualifie used: If a new rule names the ICD-10-CM a code set under HIPAA, OR The Secretary grants an exception f set as a pilot project as allowed und OR For claims which are not covered u	r ca as a to us der t	n only n allow se the he law	be vable code
			вк	CODE SOURCE 897: International Classification Revision, Clinical Modification (ICD-10-CM International Classification of Diseat Modification (ICD-9-CM) Principal D	) Ises	Clinic	
				<b>CODE SOURCE 131:</b> International Classification Revision, Clinical Modification (ICD-9-CM)	on of	Diseas	es, 9th
REQUIRED	HI01 - 2		1271	Industry Code Code indicating a code from a specific industry code	<b>M</b> e list	AN	1/30
				SEMANTIC: If C022-08 is used, then C022-02 represents the be range of codes.	ginni	ng value	e in a
				IMPLEMENTATION NAME: Diagnosis Code			
NOT USED	HI01 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI01 - 4		1251	Date Time Period	Х	AN	1/35
NOT USED	HI01 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI01 - 6		380	Quantity	0	R	1/15
NOT USED	HI01 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI01 - 8		1271	Industry Code	Х	AN	1/30
NOT USED	HI01 - 9		1073	Yes/No Condition or Response Code	Х	ID	1/1
SITUATIONAL	HI02	C022		TH CARE CODE INFORMATION	<b>D 1</b> nts a	nd quar	ntities

SYNTAX: **P0304** 

If either C02203 or C02204 is present, then the other is required.

E0809

Only one of C02208 or C02209 may be present.

SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.

REQUIRED	HI02 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				SEMANTIC:			
				C022-01 qualifies C022-02, C022-04, C022-05, C	022-00	6 and C	022-08.
				IMPLEMENTATION NAME: Diagnosis Type Code			
			С	ODE DEFINITION			
			ABF	International Classification of Dis Modification (ICD-10-CM) Diagnos		Clinic	al
				This code set is not allowed for u the time of this writing. The qualit used: If a new rule names the ICD-10-CI code set under HIPAA, OR The Secretary grants an exceptio set as a pilot project as allowed u OR For claims which are not covered	fier ca M as a n to u inder t	in only in allow se the the law	be vable code
			BF	CODE SOURCE 897: International Classific Revision, Clinical Modification (ICD-10-0 International Classification of Dis Modification (ICD-9-CM) Diagnosi	ation of CM) cases	f Diseas	es, 10th
				<b>CODE SOURCE 131:</b> International Classific Revision, Clinical Modification (ICD-9-Cl		f Diseas	es, 9th
REQUIRED	HI02 - 2	2	1271	Industry Code Code indicating a code from a specific industry co	M	AN	1/30
				SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes.	beginn	ing valu	e in a
				IMPLEMENTATION NAME: Diagnosis Code			
NOT USED	HI02 - 3	3	1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI02 - 4	Ļ	1251	Date Time Period	Х	AN	1/35
NOT USED	HI02 - 5	5	782	Monetary Amount	ο	R	1/18
NOT USED	HI02 - 6	5	380	Quantity	ο	R	1/15
NOT USED	HI02 - 7	,	799	Version Identifier	ο	AN	1/30
NOT USED	HI02 - 8	3	1271	Industry Code	х	AN	1/30
NOT USED	HI02 - 9	)	1073	Yes/No Condition or Response Code	х	ID	1/1
SITUATIONAL	HI03	C022		TH CARE CODE INFORMATION I health care codes and their associated dates, am	O1 ounts a	and quai	ntities
			E0809 Only on situatic diagno	C02203 or C02204 is present, then the other is re- e of C02208 or C02209 may be present. NAL RULE: <i>Required when it is necessary to a</i> <i>psis and the preceding HI data elements ha</i> <i>o other diagnoses. If not required by this ir</i>	report ave be	an ade	ed to

REQUIRED	HI03 - 1		1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list	М	ID	1/3
				SEMANTIC:	_		
				C022-01 qualifies C022-02, C022-04, C022-0		6 and C	022-08
				IMPLEMENTATION NAME: Diagnosis Type Co	e		
			C	DDE DEFINITION			
			ABF	International Classification of Modification (ICD-10-CM) Diag		s Clinic	al
				This code set is not allowed for the time of this writing. The queused: If a new rule names the ICD-10 code set under HIPAA, OR The Secretary grants an except set as a pilot project as allowed OR For claims which are not cove	ualifier ca D-CM as a otion to u ed under	in only in allow se the the law	be wable code /,
			BF	CODE SOURCE 897: International Clas Revision, Clinical Modification (ICD- International Classification of Modification (ICD-9-CM) Diag	10-CM) <b>Diseases</b>		
REQUIRED	HI03 - 2		1271	code source 131: International Clas Revision, Clinical Modification (ICD- Industry Code Code indicating a code from a specific indust	9-CM) <b>M</b>	AN	es, 9th 1/30
				SEMANTIC: If C022-08 is used, then C022-02 represents range of codes.	the beginn	ing valu	e in a
				IMPLEMENTATION NAME: Diagnosis Code			
NOT USED	HI03 - 3		1250	Date Time Period Format Qualifier	х	ID	2/3
IOT USED	HI03 - 4		1251	Date Time Period	Х	AN	1/35
IOT USED	HI03 - 5		782	Monetary Amount	ο	R	1/18
IOT USED	HI03 - 6		380	Quantity	ο	R	1/15
IOT USED	HI03 - 7		799	Version Identifier	ο	AN	1/30
NOT USED	HI03 - 8		1271	Industry Code	х	AN	1/30
NOT USED	HI03 - 9		1073	Yes/No Condition or Response Code	х	ID	1/1
SITUATIONAL	HI04	C022	To send syntax: P0304 If either E0809	<b>COMPARE CODE INFORMATION</b> I health care codes and their associated dates CO2203 or CO2204 is present, then the other is e of CO2208 or CO2209 may be present.		and qua	ntities

situational RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.

	ABF	Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C IMPLEMENTATION NAME: Diagnosis Type Code CODE DEFINITION International Classification of Dis Modification (ICD-10-CM) Diagnos This code set is not allowed for u the time of this writing. The qualit used: If a new rule names the ICD-10-CI code set under HIPAA, OR The Secretary grants an exception set as a pilot project as allowed u OR For claims which are not covered CODE SOURCE 897: International Classific Revision, Clinical Modification (ICD-10-CI International Classification of Dis Modification (ICD-9-CM) Diagnos	seases sis lise und fier ca M as a on to u under t d unde tation of CM)	s Clinic der Hil in only in allow se the the law or HIPA	cal PAA at / be wable code v,
	ABF	IMPLEMENTATION NAME: Diagnosis Type Code           CODE         DEFINITION           International Classification of Dis Modification (ICD-10-CM) Diagnos           This code set is not allowed for u the time of this writing. The qualit used:           If a new rule names the ICD-10-CI code set under HIPAA, OR           The Secretary grants an exception set as a pilot project as allowed u OR           For claims which are not covered           code source 897: International Classific Revision, Clinical Modification (ICD-10-CI International Classification of Dis	seases sis lise und fier ca M as a on to u under t d unde tation of CM)	s Clinic der Hil in only in allow se the the law or HIPA	cal PAA at v be wable code v,
	ABF	DEFINITION           International Classification of Dis Modification (ICD-10-CM) Diagnos           This code set is not allowed for u the time of this writing. The qualit used:           If a new rule names the ICD-10-CI code set under HIPAA, OR           The Secretary grants an exception set as a pilot project as allowed u OR           For claims which are not covered           code source 897: International Classific Revision, Clinical Modification (ICD-10-CI International Classification of Dis	sis ise und fier ca M as a on to u under t d unde tation of CM)	der Hil in only in allov se the the lav ir HIPA	PAA at v be wable code v,
	ABF	International Classification of Dis Modification (ICD-10-CM) Diagnor This code set is not allowed for u the time of this writing. The quali- used: If a new rule names the ICD-10-Cl code set under HIPAA, OR The Secretary grants an exceptio set as a pilot project as allowed u OR For claims which are not covered code source 897: International Classific Revision, Clinical Modification (ICD-10-Cl International Classification of Dis	sis ise und fier ca M as a on to u under t d unde tation of CM)	der Hil in only in allov se the the lav ir HIPA	PAA at v be wable code v,
		Modification (ICD-10-CM) Diagnos This code set is not allowed for u the time of this writing. The quali- used: If a new rule names the ICD-10-CI code set under HIPAA, OR The Secretary grants an exception set as a pilot project as allowed u OR For claims which are not covered code source 897: International Classific Revision, Clinical Modification (ICD-10-CI International Classification of Dis-	sis ise und fier ca M as a on to u under t d unde tation of CM)	der Hil in only in allov se the the lav ir HIPA	PAA at v be wable code v,
	BF	the time of this writing. The quali- used: If a new rule names the ICD-10-Cl code set under HIPAA, OR The Secretary grants an exceptio set as a pilot project as allowed u OR For claims which are not covered code source 897: International Classific Revision, Clinical Modification (ICD-10-Cl International Classification of Dis	fier ca M as a on to u under t d unde mation of CM)	in only in allow se the the law in HIPA	v be wable code v, AA.
	BF	OR The Secretary grants an exception set as a pilot project as allowed un OR For claims which are not covered code source 897: International Classific Revision, Clinical Modification (ICD-10-0 International Classification of Dis	under t d unde ation of CM)	the lav r HIPA	v, NA.
	BF	Revision, Clinical Modification (ICD-10-0 International Classification of Dis	CM)	<sup>f</sup> Diseas	ses, 10tł
				Clinic	al
	1271	code source 131: International Classific Revision, Clinical Modification (ICD-9-Cl Industry Code Code indicating a code from a specific industry co	M) <b>M</b>	AN	ses, 9th <b>1/30</b>
		SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes.			ıe in a
		IMPLEMENTATION NAME: Diagnosis Code			
	1250	Date Time Period Format Qualifier	х	ID	2/3
	1251	Date Time Period	х	AN	1/35
	782	Monetary Amount	ο	R	1/18
	380	Quantity	ο	R	1/15
	799	Version Identifier	ο	AN	1/30
	1271	Industry Code	х	AN	1/30
	1073	Yes/No Condition or Response Code	Х	ID	1/1
C022			O 1 nounts a	and qua	intities
	P0304 If either E0809	r C02203 or C02204 is present, then the other is re	quired.		
	C022	799 1271 1073 C022 HEAL To sen SYNTAX P0304 If eithe E0809 Only or SITUATION	<ul> <li>799 Version Identifier</li> <li>1271 Industry Code</li> <li>1073 Yes/No Condition or Response Code</li> <li>C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, am</li> <li>SYNTAX: P0304 If either C02203 or C02204 is present, then the other is re E0809 Only one of C02208 or C02209 may be present.</li> <li>SITUATIONAL RULE: Required when it is necessary to diagnosis and the preceding HI data elements have report other diagnoses. If not required by this in</li> </ul>	799       Version Identifier       O         1271       Industry Code       X         1073       Yes/No Condition or Response Code       X         1073       Yes/No Condition or Response Code       X         C022       HEALTH CARE CODE INFORMATION       O 1         To send health care codes and their associated dates, amounts a       SYNTAX:         P0304       If either C02203 or C02204 is present, then the other is required.         E0809       Only one of C02208 or C02209 may be present.         SITUATIONAL RULE: Required when it is necessary to report diagnosis and the preceding HI data elements have be	799       Version Identifier       O       AN         1271       Industry Code       X       AN         1073       Yes/No Condition or Response Code       X       ID         C022       HEALTH CARE CODE INFORMATION       O 1       To send health care codes and their associated dates, amounts and qua         SYNTAX:       P0304       If either C02203 or C02204 is present, then the other is required.       E0809         Only one of C02208 or C02209 may be present.       SITUATIONAL RULE: Required when it is necessary to report an ad diagnosis and the preceding HI data elements have been use report other diagnoses. If not required by this implementation

report other diagnoses. In guide, do not send.

REQUIRED	HI05 - 1		1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list	М	ID	1/3
				SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-0	15 C022-0	6 and C	022-08
				IMPLEMENTATION NAME: Diagnosis Type Co	-		022 00.
			C	DDE DEFINITION			
			ABF	International Classification of Modification (ICD-10-CM) Diag		s Clinic	al
				This code set is not allowed for the time of this writing. The que used: If a new rule names the ICD-10 code set under HIPAA, OR The Secretary grants an except set as a pilot project as allowed OR For claims which are not cover	ualifier ca D-CM as a potion to u ed under	in only in allow ise the the law	be wable code
			BF	CODE SOURCE 897: International Clas Revision, Clinical Modification (ICD- International Classification of Modification (ICD-9-CM) Diagr	sification o 10-CM) <b>Diseases</b>	f Diseas	es, 10th
REQUIRED	HI05 - 2		1271	CODE SOURCE 131: International Clas Revision, Clinical Modification (ICD-		f Diseas	ses, 9th 1/30
	HIU3 - 2		1271	Industry Code Code indicating a code from a specific indust			1/30
				SEMANTIC: If C022-08 is used, then C022-02 represents range of codes.	the beginn	ing valu	ie in a
				IMPLEMENTATION NAME: Diagnosis Code			
NOT USED	HI05 - 3		1250	Date Time Period Format Qualifier	х	ID	2/3
NOT USED	HI05 - 4		1251	Date Time Period	Х	AN	1/35
IOT USED	HI05 - 5		782	Monetary Amount	0	R	1/18
IOT USED	HI05 - 6		380	Quantity	Ο	R	1/15
IOT USED	HI05 - 7		799	Version Identifier	ο	AN	1/30
NOT USED	HI05 - 8		1271	Industry Code	Х	AN	1/30
NOT USED	HI05 - 9		1073	Yes/No Condition or Response Code	Х	ID	1/1
SITUATIONAL	HI06	C022		TH CARE CODE INFORMATION	O1 amounts a	and qua	ntities
			E0809	C02203 or C02204 is present, then the other i e of C02208 or C02209 may be present.	s required.		

SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.

			Code List Qualifier CodeMID1/3Code identifying a specific industry code list							
			SEMANTIC:							
			C022-01 qualifies C022-02, C022-04, C022-05,	C022-06	and C	022-08.				
			IMPLEMENTATION NAME: Diagnosis Type Code							
		C	ODE DEFINITION							
		ABF	International Classification of Di Modification (ICD-10-CM) Diagno		Clinic	al				
			the time of this writing. The qual used: If a new rule names the ICD-10-0	ifier ca	n only	be				
			OR The Secretary grants an excepti set as a pilot project as allowed OR	under t	he law	۷,				
		BF	CODE SOURCE 897: International Classifi Revision, Clinical Modification (ICD-10 International Classification of Di	cation of -CM) <b>seases</b>	Diseas	es, 10t				
HI06 - 3	2	1271	Revision, Clinical Modification (ICD-9-0 Industry Code	CM) <b>M</b>	Diseas	ses, 9th <b>1/30</b>				
			SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes.	e beginni	ng valu	e in a				
			IMPLEMENTATION NAME: Diagnosis Code							
HI06 - 3	3	1250	Date Time Period Format Qualifier	Х	ID	2/3				
HI06 - 4	4	1251	Date Time Period	Х	AN	1/35				
HI06 - :	5	782	Monetary Amount	0	R	1/18				
HI06 - (	6	380	Quantity	ο	R	1/15				
HI06 - <sup>-</sup>	7	799	Version Identifier	ο	AN	1/30				
HI06 - 3	8	1271	Industry Code	Х	AN	1/30				
HI06 - 9	9	1073	Yes/No Condition or Response Code	Х	ID	1/1				
HI07	C022			O 1 nounts a	nd qua	ntities				
		P0304 If either E0809	C02203 or C02204 is present, then the other is n	equired.						
	HI06 - 3 HI06 - 4 HI06 - 4 HI06 - 4 HI06 - 4 HI06 - 4	HI06 - 2 HI06 - 3 HI06 - 4 HI06 - 5 HI06 - 5 HI06 - 7 HI06 - 8 HI06 - 9 HI07 C022	HI06 - 2 1271 HI06 - 3 1250 HI06 - 4 1251 HI06 - 5 782 HI06 - 6 380 HI06 - 7 799 HI06 - 8 1271 HI06 - 9 1073 HI07 C022 HEALT To send SYNTAX: P0304 If either E0809 Only on	HI06 - 2       1250       Date Time Period       Formation and the formation of the second the s	HI06 - 2       1271       Industry Cole       M         HI06 - 2       1271       Industry Cole       M         Codes       Semantic       Semantic       Semantic         HI06 - 2       1271       Industry Cole       M         Codes       Semantic       Semantic       Semantic         HI06 - 3       1250       Date Time Period Format Qualifier       X         HI06 - 5       782       Monetary Amount       O         HI06 - 6       380       Quantity       O         HI06 - 7       799       Version Identifier       O         HI06 - 8       1271       Industry Code       X         HI06 - 7       799       Version Identifier       O         HI06 - 7       799       Version Identifier       O         HI06 - 8       1271       Industry Code       X         HI06 - 9       1073       Yes/No Condition or Response Code       X	HI06       - 2       1271       Industry Code       M       AN         CODE SOURCE 131: International Classification of Diseas       Revision, Clinical Modification (ICD-9-CM)       M       AN         HI06       - 2       1271       Industry Code       m       AN         HI06       - 3       1250       Date Time Period       Time Period       X       AN         HI06       - 6       380       Quantity       O       R       R         HI06       - 6       380       Quantity       O       R       R         HI06       - 7       799       Version Identifier       O       R       R         HI06       - 8       1271       Industry Code       X       AN       AN         Code Indicating a code from a specific industry code list       SEMANTIC:       If CO22-08 is used, then CO22-02 represents the beginning valurange of codes.         HI06       - 3       1250       Date Time Period Format Qualifier       X       ID         HI06       - 6       380       Quantity       O       R       R         HI06       - 7       799       Version Identifier       O       AN       AN         HI06       - 7       799       Vers				

report other diagnoses. If not required by this implementation guide, do not send.

REQUIRED	HI07 -	1	1270	Code List Qualifier Code	М	ID	1/3
				Code identifying a specific industry code list			
				SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05	, C022-06	6 and C	022-08.
				IMPLEMENTATION NAME: Diagnosis Type Code	)		
			_				
			ABF	International Classification of D Modification (ICD-10-CM) Diagn		Clinic	al
				This code set is not allowed for the time of this writing. The qua used: If a new rule names the ICD-10- code set under HIPAA, OR The Secretary grants an except set as a pilot project as allowed OR For claims which are not covered	use und Ilifier ca CM as a ion to u	n only n allov se the the law	be wable code
			BF	code source 897: International Classif Revision, Clinical Modification (ICD-10 International Classification of D Modification (ICD-9-CM) Diagno	fication of )-CM)	Diseas	es, 10th
				ICD-9 Codes			
REQUIRED	HI07 -	2	1271	CODE SOURCE 131: International Classif Revision, Clinical Modification (ICD-9- Industry Code Code indicating a code from a specific industry	CM) <b>M</b>	Diseas	ses, 9th <b>1/30</b>
				SEMANTIC: If C022-08 is used, then C022-02 represents th range of codes.		ing valu	ie in a
				IMPLEMENTATION NAME: Diagnosis Code			
NOT USED	HI07 -	3	1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI07 -	4	1251	Date Time Period	Х	AN	1/35
NOT USED	HI07 -	5	782	Monetary Amount	ο	R	1/18
NOT USED	HI07 -	6	380	Quantity	ο	R	1/15
NOT USED	HI07 -	7	799	Version Identifier	ο	AN	1/30
NOT USED	HI07 -	8	1271	Industry Code	Х	AN	1/30
NOT USED	HI07 -	9	1073	Yes/No Condition or Response Code	Х	ID	1/1
SITUATIONAL	HI08	C022		TH CARE CODE INFORMATION I health care codes and their associated dates, a	O 1 mounts a	ind qua	ntities
			E0809	C02203 or C02204 is present, then the other is e of C02208 or C02209 may be present.	required.		
			diagno report	NAL RULE: Required when it is necessary to osis and the preceding HI data elements other diagnoses. If not required by this do not send.	have be	en use	ed to

REQUIRED	HI08 -	1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
					SEMANTIC:			
					C022-01 qualifies C022-02, C022-04, C022-05	, C022-06	3 and C	022-08.
					IMPLEMENTATION NAME: Diagnosis Type Code	)		
				c				
				ABF	International Classification of D Modification (ICD-10-CM) Diagn		Clinic	al
					This code set is not allowed for the time of this writing. The qua used: If a new rule names the ICD-10- code set under HIPAA, OR The Secretary grants an except set as a pilot project as allowed OR For claims which are not covered	llifier ca CM as a ion to u under t	n only n allov se the the lav	be wable code
				BF	CODE SOURCE 897: International Classid Revision, Clinical Modification (ICD-10 International Classification of D Modification (ICD-9-CM) Diagno	)-CM) J <b>iseases</b>		
REQUIRED	HI08 -	2		1271	code source 131: International Classif Revision, Clinical Modification (ICD-9- Industry Code Code indicating a code from a specific industry	CM) <b>M</b>	Diseas	ses, 9th <b>1/30</b>
					SEMANTIC: If C022-08 is used, then C022-02 represents th range of codes.	ie beginn	ing valu	ie in a
					IMPLEMENTATION NAME: Diagnosis Code			
NOT USED	HI08 -	3		1250	Date Time Period Format Qualifier	х	ID	2/3
NOT USED	HI08 -	4		1251	Date Time Period	Х	AN	1/35
NOT USED	HI08 -	5		782	Monetary Amount	ο	R	1/18
NOT USED	HI08 -	6		380	Quantity	ο	R	1/15
NOT USED	HI08 -	7		799	Version Identifier	ο	AN	1/30
NOT USED	HI08 -	8		1271	Industry Code	Х	AN	1/30
NOT USED	HI08 -	9		1073	Yes/No Condition or Response Code	Х	ID	1/1
SITUATIONAL	HI09		C022		TH CARE CODE INFORMATION	O 1 mounts a	and qua	ntities
				E0809	C02203 or C02204 is present, then the other is e of C02208 or C02209 may be present.	required.		

report other diagnoses. If not required by this implementation guide, do not send.

REQUIRED	HI09 - 1	- 1		<b>Code List Qualifier Code</b> Code identifying a specific industry code list	Μ	ID	1/3
				SEMANTIC:	- 0000 0		
				C022-01 qualifies C022-02, C022-04, C022-0		b and C	022-08.
				IMPLEMENTATION NAME: Diagnosis Type Co	ie.		
			C	DDE DEFINITION			
			ABF	International Classification of Modification (ICD-10-CM) Diag		s Clinic	al
				This code set is not allowed for the time of this writing. The que used: If a new rule names the ICD-10 code set under HIPAA, OR The Secretary grants an except set as a pilot project as allowed OR For claims which are not cover	alifier ca )-CM as a ption to u	in only in allow se the the law	be wable code
			BF	code source 897: International Clas Revision, Clinical Modification (ICD- International Classification of Modification (ICD-9-CM) Diagr	sification of 10-CM) <b>Diseases</b>	f Diseas	es, 10th
				<b>CODE SOURCE 131:</b> International Clas Revision, Clinical Modification (ICD-		f Diseas	es, 9th
REQUIRED	HI09 - 2		1271	Industry Code Code indicating a code from a specific indust	́ М	AN	1/30
				SEMANTIC: If C022-08 is used, then C022-02 represents range of codes.	the beginn	ing valu	ie in a
				IMPLEMENTATION NAME: Diagnosis Code			
NOT USED	HI09 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI09 - 4		1251	Date Time Period	х	AN	1/35
NOT USED	HI09 - 5		782	Monetary Amount	ο	R	1/18
NOT USED	HI09 - 6		380	Quantity	ο	R	1/15
NOT USED	HI09 - 7		799	Version Identifier	о	AN	1/30
NOT USED	HI09 - 8		1271	Industry Code	х	AN	1/30
NOT USED	HI09 - 9		1073	Yes/No Condition or Response Code	х	ID	1/1
SITUATIONAL	HI10	C022		TH CARE CODE INFORMATION I health care codes and their associated dates.	O1 amounts a	and qua	ntities
			E0809	C02203 or C02204 is present, then the other i e of C02208 or C02209 may be present.	s required.		

SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.

HEALTH CARE DIAG	NOSIS CODE			ASC X12N • INSURANCE SUBCOMMITTE TECHNICAL REPORT • TYPE						
REQUIRED	HI10 - 1		1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list	М	ID	1/3			
				SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-	5 0022 0	S and C	022.08			
				IMPLEMENTATION NAME: Diagnosis Type Co		s and C	022-06.			
				IMPLEMENTATION NAME: Diagnosis Type Co	ue					
			C	DE DEFINITION						
			ABF	International Classification of Modification (ICD-10-CM) Diag		Clinic	al			
				This code set is not allowed for the time of this writing. The q used: If a new rule names the ICD-1 code set under HIPAA, OR The Secretary grants an exce set as a pilot project as allowed	ualifier ca D-CM as a otion to u	in only in allow se the	be vable code			
				OR For claims which are not cove						
			BF	CODE SOURCE 897: International Class Revision, Clinical Modification (ICD- International Classification of	sification of 10-CM)	f Diseas	es, 10th			
				Modification (ICD-9-CM) Diag	nosis					
REQUIRED	HI10 - 2		1271	CODE SOURCE 131: International Class Revision, Clinical Modification (ICD- Industry Code	9-CM) <b>M</b>	AN	es, 9th <b>1/30</b>			
				Code indicating a code from a specific indust <b>SEMANTIC:</b> If C022-08 is used, then C022-02 represents range of codes.	-		e in a			
				IMPLEMENTATION NAME: Diagnosis Code						
NOT USED	HI10 - 3		1250	Date Time Period Format Qualifier	х	ID	2/3			
NOT USED	HI10 - 4		1251	Date Time Period	х	AN	1/35			
NOT USED	HI10 - 5		782	Monetary Amount	ο	R	1/18			
NOT USED	HI10 - 6		380	Quantity	ο	R	1/15			
NOT USED	HI10 - 7		799	Version Identifier	ο	AN	1/30			
NOT USED	HI10 - 8		1271	Industry Code	х	AN	1/30			
NOT USED	HI10 - 9		1073	Yes/No Condition or Response Code	х	ID	1/1			
SITUATIONAL	HI11	C022		H CARE CODE INFORMATION health care codes and their associated dates	O1 amounts a	and quai	ntities			
			E0809 Only on SITUATIO diagno	C02203 or C02204 is present, then the other e of C02208 or C02209 may be present. NAL RULE: <b>Required when it is necessary</b> sis and the preceding HI data element other diagnoses. If not required by th	to report s have be	an ad en use	ed to			

REQUIRED	HI11 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				SEMANTIC:			
				C022-01 qualifies C022-02, C022-04, C022-05,		and C	022-08.
				IMPLEMENTATION NAME: Diagnosis Type Code			
			C	ODE DEFINITION			
			ABF	International Classification of Di Modification (ICD-10-CM) Diagno		Clinic	al
				This code set is not allowed for the time of this writing. The qua used: If a new rule names the ICD-10-0 code set under HIPAA, OR The Secretary grants an excepti set as a pilot project as allowed OR	lifier ca CM as a on to u	n only n allov se the	be wable code
				For claims which are not covere			
			BF	CODE SOURCE 897: International Classifi Revision, Clinical Modification (ICD-10 International Classification of Di Modification (ICD-9-CM) Diagnos	-CM) i <b>seases</b>		
REQUIRED	HI11 - 2		1271	code source 131: International Classifi Revision, Clinical Modification (ICD-9-0 Industry Code	CM) <b>M</b>	Diseas	es, 9th <b>1/30</b>
				Code indicating a code from a specific industry <b>SEMANTIC:</b> If C022-08 is used, then C022-02 represents the range of codes.		ing valu	e in a
				IMPLEMENTATION NAME: Diagnosis Code			
NOT USED	HI11 - 3		1250	Date Time Period Format Qualifier	х	ID	2/3
NOT USED	HI11 - 4		1251	Date Time Period	х	AN	1/35
NOT USED	HI11 - 5		782	Monetary Amount	ο	R	1/18
NOT USED	HI11 - 6		380	Quantity	0	R	1/15
NOT USED	HI11 - 7		799	Version Identifier	ο	AN	1/30
NOT USED	HI11 - 8		1271	Industry Code	х	AN	1/30
NOT USED	HI11 - 9		1073	Yes/No Condition or Response Code	х	ID	1/1
SITUATIONAL	HI12	C022		TH CARE CODE INFORMATION	<b>O 1</b> mounts a	ind qua	ntities
			E0809	C02203 or C02204 is present, then the other is r e of C02208 or C02209 may be present.	equired.		

report other diagnoses. If not required by this implementation guide, do not send.

REQUIRED       H12 - 1       1270       Code List Qualifier Code M       M         Code identifying a specific industry code list       SEMANTIC: CO22-01 qualifies C022-02, C022-04, C022-05, C022-06       MPLEMENTATION NAME: Diagnosis Type Code         MPLEMENTATION NAME:       Diagnosis Type Code       CODE       DEFINITION         ABF       International Classification of Diseases Modification (ICD-10-CM) Diagnosis       This code set is not allowed for use und the time of this writing. The qualifier car used: If a new rule names the ICD-10-CM as ar code set under HIPAA, OR         The Secretary grants an exception to us set as a pilot project as allowed under th OR For claims which are not covered under         CODE       CODE SOURCE 897: International Classification of Revision, Clinical Modification (ICD-10-CM)	ID	1/3
C022-01 qualifies C022-02, C022-04, C022-05, C022-06         IMPLEMENTATION NAME: Diagnosis Type Code         CODE       DEFINITION         ABF       International Classification of Diseases Modification (ICD-10-CM) Diagnosis         This code set is not allowed for use und the time of this writing. The qualifier car used: If a new rule names the ICD-10-CM as ar code set under HIPAA, OR The Secretary grants an exception to us set as a pilot project as allowed under th OR For claims which are not covered under code source 897: International Classification of		1/3
CODE       DEFINITION         ABF       International Classification of Diseases Modification (ICD-10-CM) Diagnosis         This code set is not allowed for use und the time of this writing. The qualifier car used:         If a new rule names the ICD-10-CM as ar code set under HIPAA, OR         The Secretary grants an exception to us set as a pilot project as allowed under th OR         For claims which are not covered under code source 897: International Classification of	and C	022-08.
ABF       International Classification of Diseases Modification (ICD-10-CM) Diagnosis         This code set is not allowed for use und the time of this writing. The qualifier car used: If a new rule names the ICD-10-CM as ar code set under HIPAA, OR         The Secretary grants an exception to us set as a pilot project as allowed under the OR         For claims which are not covered under code source 897: International Classification of		
ABF       International Classification of Diseases Modification (ICD-10-CM) Diagnosis         This code set is not allowed for use und the time of this writing. The qualifier car used: If a new rule names the ICD-10-CM as ar code set under HIPAA, OR         The Secretary grants an exception to us set as a pilot project as allowed under the OR         For claims which are not covered under code source 897: International Classification of		
the time of this writing. The qualifier car used: If a new rule names the ICD-10-CM as ar code set under HIPAA, OR The Secretary grants an exception to us set as a pilot project as allowed under th OR For claims which are not covered under code source 897: International Classification of	Clinic	al
	n only n allov se the he law	vable code v,
BF International Classification of Diseases Modification (ICD-9-CM) Diagnosis		
code source 131: International Classification of Revision, Clinical Modification (ICD-9-CM)	Diseas	es, 9th
REQUIRED         HI12 - 2         1271         Industry Code         M           Code indicating a code from a specific industry code list         M	AN	1/30
<b>SEMANTIC:</b> If C022-08 is used, then C022-02 represents the beginnir range of codes.	ng valu	ie in a
IMPLEMENTATION NAME: Diagnosis Code		
NOT USED HI12 - 3 1250 Date Time Period Format Qualifier X	ID	2/3
NOT USED HI12 - 4 1251 Date Time Period X	AN	1/35
NOT USED HI12 - 5 782 Monetary Amount O	R	1/18
NOT USED HI12 - 6 380 Quantity O	R	1/15
NOT USED HI12 - 7 799 Version Identifier O	AN	1/30
NOT USED HI12 - 8 1271 Industry Code X	AN	1/30
NOT USED HI12 - 9 1073 Yes/No Condition or Response Code X	ID	1/1

SEGMENT DETAIL											
	HI	- ANE	ST	HESIA	R	ELA <sup>-</sup>	TED	) F	PROCE	D	JRE
X12 Segment Name:	Heal	th Care Ir	nforma	ation Code	s						
X12 Purpose:	To su	upply info	ormatio	on related	to the	e delive	ry of h	iea	lth care		
Loop:	2300	— CLAI	M INF	ORMATIC	N						
Segment Repeat:	1										
Usage:	SITU	IATIONA	L								
Situational Rule:	repo adju	rted whe	en the of the	provider	knov I dep	vs the spend of	surgio n prov	al /isi	code and kr ion of the su	10	ws the
TR3 Example:	HI*E	3P:33414	~								
DIAGRAM											
								1		1	
HI01 CC Health Cal Code Info M 1	$\overline{\mathbf{x}}$	HI02 C Health Ca Code Inf O 1	*	HI03 C0 Health Car Code Info O 1	e *	HI04 Health Code O 1		*	HI05 C022 Health Care Code Info. O 1	*	HI06 C022 Health Care Code Info. O 1
	·					t		1		1	
HI07 CC + Health Car Code Infe O 1	*	HI08 C Health Ca Code Inf O 1	*	HI09 C0 Health Car Code Info O 1	e *	HI10 Health Code O 1		*	HI11 C022 Health Care Code Info. O 1	*	HI12 C022 Health Care Code Info. O 1
ELEMENT DETAIL											
USAGE D	EF. ES.	DATA ELEMENT	NAME								ATTRIBUTES
REQUIRED HI01		C022		TH CARE					-	M 1	
			SYNTAX P0304 If eithe E0809	k: er C02203 or	C0220	04 is pres	sent, the	en t	ed dates, amou he other is requi ent.		
REQUIRED HI01	- 1		1270	Code Lis Code iden				try	code list	М	ID 1/3
				SEMANTIC: C022-01 c	lualifie	es C022-(	02, C02	2-0	4, C022-05, C02	22-(	06 and C022-08.
			(		EFINITI	ON					
			BP					_	Administrati stem Principa		
				_	ode so System		0: Heali	thca	are Common Pro	oce	dural Coding

005010X222 • 837 • ANESTHESIA RELA		JRE		ASC X12N • INSURANCE SUBCOMMITTEL TECHNICAL REPORT • TYPE						
REQUIRED	HI01 - 2		1271	Industry Code Code indicating a code from a specific industry c	M ode list	AN	1/30			
				SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes.	beginn	ing valu	e in a			
				IMPLEMENTATION NAME: Anesthesia Related Su	urgical	Proce	dure			
NOT USED	HI01 - 3		1250	Date Time Period Format Qualifier	х	ID	2/3			
NOT USED	HI01 - 4		1251	Date Time Period	х	AN	1/35			
NOT USED	HI01 - 5		782	Monetary Amount	ο	R	1/18			
NOT USED	HI01 - 6		380	Quantity	ο	R	1/15			
NOT USED	HI01 - 7		799	Version Identifier	ο	AN	1/30			
NOT USED	HI01 - 8		1271	Industry Code	Х	AN	1/30			
NOT USED	HI01 - 9		1073	Yes/No Condition or Response Code	х	ID	1/1			
SITUATIONAL	HI02	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, an	O 1 nounts a	ind quai	ntities			
			E0809	: r C02203 or C02204 is present, then the other is re ne of C02208 or C02209 may be present.	equired.					
				onal Rule: <b>Required when it is necessary to</b>						
REQUIRED	HI02 - 1		proce report	dure and the preceding HI data elements I t other procedures. If not required by this do not send. Code List Qualifier Code	have be	en us	ed to			
REQUIRED	HI02 - 1		proce report guide,	dure and the preceding HI data elements I other procedures. If not required by this do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC:	nave bo implen M	een us nentati ID	ed to on 1/3			
REQUIRED	HI02 - 1		procea report guide, 1270	dure and the preceding HI data elements I other procedures. If not required by this do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-05, C022-04, C022-05, C022	nave bo implen M	een us nentati ID	ed to on 1/3			
REQUIRED	HI02 - 1		procea report guide, 1270	dure and the preceding HI data elements I other procedures. If not required by this do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC:	mave bo implen M C022-06	een us nentati ID	ed to on 1/3 022-08.			
REQUIRED	HI02 - 1		proced report guide, 1270	dure and the preceding HI data elements I         c other procedures. If not required by this is         do not send.         Code List Qualifier Code         Code identifying a specific industry code list         SEMANTIC:         C022-01 qualifies C022-02, C022-04, C022-05, C022-01         ODE       DEFINITION         Health Care Financing Administr         Procedural Coding System         code source 130: Healthcare Common	M C022-06	in the second se	ed to on 1/3 022-08.			
	HI02 - 1 HI02 - 2		proced report guide, 1270	dure and the preceding HI data elements I         c other procedures. If not required by this is         do not send.         Code List Qualifier Code         Code identifying a specific industry code list         SEMANTIC:         C022-01 qualifies C022-02, C022-04, C022-05,         CODE       DEFINITION         Health Care Financing Administre         Procedural Coding System	M C022-00 ation ( Proced	in the second se	ed to on 1/3 022-08.			
REQUIRED			proced report guide, 1270 <u>c</u> BO	dure and the preceding HI data elements I         c other procedures. If not required by this is         do not send.         Code List Qualifier Code         Code identifying a specific industry code list         SEMANTIC:         C022-01 qualifies C022-02, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C	M C022-00 ation ( Proced M code list	in the second se	ed to on 1/3 022-08. Dn ding 1/30			
REQUIRED			proced report guide, 1270 <u>c</u> BO	dure and the preceding HI data elements If         other procedures. If not required by this if         do not send.         Code List Qualifier Code         Code identifying a specific industry code list         SEMANTIC:         C022-01 qualifies C022-02, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-05, C022-04, C022-05, C022-05, C022-05, C022-04, C022-05, C022-04, C022-05, C022-05, C022-04, C022-05, C022-05, C022-05, C022-05, C022-05, C022-05, C022-02, C0	M C022-00 ation ( Proced M code list	in the second se	ed to on 1/3 022-08. Dn ding 1/30			
REQUIRED NOT USED	HI02 - 2		proced report guide, 1270 <u>c</u> BO	dure and the preceding HI data elements If         other procedures. If not required by this if         do not send.         Code List Qualifier Code         Code identifying a specific industry code list         SEMANTIC:         C022-01 qualifies C022-02, C022-04, C022-05, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-05, C022-04, C022-05, C022-05, C022-04, C022-05, C022-04, C022-05, C022-04, C022-05, C022-04, C022-04, C022-05, C022-04, C024, C024, C024, C024, C04, C044,	M C022-00 Cation ( Proced M code list beginn	ing valu	ed to on 1/3 022-08. 0n 1/30 e in a			
REQUIRED NOT USED NOT USED	HI02 - 2 HI02 - 3		proces report guide, 1270 	dure and the preceding HI data elements If         other procedures. If not required by this if         do not send.         Code List Qualifier Code         Code identifying a specific industry code list         SEMANTIC:         C022-01 qualifies C022-02, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-04, C022-04, C022-05, C022-04, C022-05, C022-04, C04, C04, C04, C04, C04, C04, C04, C	M CO22-00 Ation ( Proced M sode list beginn X	ing valu	ed to on 1/3 022-08. 0n 1/30 e in a 2/3			
REQUIRED NOT USED NOT USED NOT USED	HI02 - 2 HI02 - 3 HI02 - 4		ргосец report guide, 1270 с BO 1271 1250 1251	dure and the preceding HI data elements If         other procedures. If not required by this if         do not send.         Code List Qualifier Code         Code List Qualifier Code         Code identifying a specific industry code list         SEMANTIC:         C022-01 qualifies C022-02, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-05, C022-04, C022-05, C022-04, C022-05, C022-04, C022-05, C022-04, C022-05, C022-05, C022-04, C022-05, C022-04, C022-05, C022-04, C022-05, C022-04, C022-02, C022-05, C022-04, C022-02, C022-04, C022-0	M CO22-00 CO22-00 Code list beginn X X	in and Co commo ing valu ID AN	ed to on 1/3 022-08. 0n 1/30 e in a 2/3 1/35			
REQUIRED NOT USED NOT USED NOT USED NOT USED	HI02 - 2 HI02 - 3 HI02 - 4 HI02 - 5		proces report guide, 1270 	dure and the preceding HI data elements I other procedures. If not required by this is do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-01 QUE DEFINITION Health Care Financing Administry Procedural Coding System CODE SOURCE 130: Healthcare Common System Industry Code Code indicating a code from a specific industry of SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. Date Time Period Format Qualifier Date Time Period Monetary Amount	M C022-00 ation ( Proced M code list beginn X X Q	ing valu R	ed to on 1/3 022-08. 0n 1/30 e in a 2/3 1/35 1/18			
REQUIRED NOT USED NOT USED NOT USED NOT USED NOT USED	HI02 - 2 HI02 - 3 HI02 - 4 HI02 - 5 HI02 - 6		proces report guide, 1270 0 BO 1271 1250 1251 782 380	dure and the preceding HI data elements I other procedures. If not required by this is do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-04, C022-02, C022-05, C022-04, C022-02, C022-04, C04, C04, C04, C04, C04, C04, C04, C	M CO22-00 Ation ( Proced beginn X X O O	ing valu R R R R	ed to on 1/3 022-08. 0 0 1/30 e in a 2/3 1/35 1/18 1/15			
REQUIRED NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED	HI02 - 2 HI02 - 3 HI02 - 4 HI02 - 5 HI02 - 6 HI02 - 7		proceer report guide, 1270 	dure and the preceding HI data elements I other procedures. If not required by this is do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-01 QUE DEFINITION Health Care Financing Administr Procedural Coding System CODE SOURCE 130: Healthcare Common System Industry Code Code indicating a code from a specific industry of SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier	M CO22-00 ation ( Proced beginn X X O O O	ing valu ID Commo ing valu ID AN R R AN	ed to on 1/3 022-08. 0 0 1/30 e in a 2/3 1/35 1/18 1/15 1/30			
	HI02 - 2 HI02 - 3 HI02 - 4 HI02 - 5 HI02 - 6 HI02 - 7 HI02 - 8	C022	proceer report guide, 1270 0 BO 1271 1250 1251 782 380 799 1271 1073	dure and the preceding HI data elements I other procedures. If not required by this is do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, CODE DEFINITION Health Care Financing Administr Procedural Coding System coDE source 130: Healthcare Common System Industry Code Code indicating a code from a specific industry of SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry Code	M CO22-00 ation ( Proced beginn X X CO CO CO CO CO CO CO CO CO CO CO CO CO	ing valu ID Commo ing valu ID AN R R AN AN AN	ed to on 1/3 022-08. 0n 1/30 e in a 2/3 1/35 1/18 1/15 1/30 1/30			

NOT USED	HI05	C022	HEALTH CARE CODE INFORMATION	O 1
NOT USED	HI06	C022	HEALTH CARE CODE INFORMATION	01
NOT USED	HI07	C022	HEALTH CARE CODE INFORMATION	01
NOT USED	HI08	C022	HEALTH CARE CODE INFORMATION	01
NOT USED	HI09	C022	HEALTH CARE CODE INFORMATION	01
NOT USED	HI10	C022	HEALTH CARE CODE INFORMATION	01
NOT USED	HI11	C022	HEALTH CARE CODE INFORMATION	01
NOT USED	HI12	C022	HEALTH CARE CODE INFORMATION	01

SEGMENT DETAIL						
	HI - COI	NDIT	ION INF	ORMAT	ION	
X12 Segment Name:	Health Care I	Informa	tion Codes			
X12 Purpose:	To supply info	ormatio	n related to t	he delivery of h	nealth care	
Loop:	2300 — CLA	IM INFO	ORMATION			
Segment Repeat:	2					
Usage:	SITUATION	4L				
Situational Rule:				mation applies ntation guide,		
TR3 Example:	HI*BG:17*E	3G:67~				
DIAGRAM						
HI01 CO Health Ca Code Info M 1	re 🐰 Health C	are *	HI03 C022 Health Care Code Info. O 1	HI04 C022 Health Care Code Info. O 1	HI05     C022       Health Care     Code Info.       O 1	HI06 C022 Health Care Code Info. O 1
* HI07 CC Health Ca Code Info O 1	re 🐰 Health C	are *	HI09 C022 Health Care Code Info. O 1	HI10 C022 Health Care Code Info. O 1	HI11     C022       Health Care     Code Info.       O 1     O 1	H112 C022 Health Care Code Info. O 1
ELEMENT DETAIL						
	REF. DATA DES. <u>Element</u>	NAME				ATTRIBUTES
REQUIRED HI01	C022			DE INFORMATI	ON Mociated dates, amoun	11
		SYNTAX: P0304 If either E0809	C02203 or C02		en the other is require	
REQUIRED HI01	- 1	1270		Qualifier Code		VI ID 1/3
			semantic: C022-01 qual	ifies C022-02, C02	2-04, C022-05, C022	2-06 and C022-08.
		C	ODE DEFIN	NITION		
		BG		dition		
REQUIRED HI01	- 2	1271	CODE Code Industry Co	es	onal Uniform Billing C	committee (NUBC)
	-		Code indicatir		pecific industry code	
			SEMANTIC: If C022-08 is range of code		2 represents the beg	inning value in a
			IMPLEMENTATIC	N NAME: Conditio	n Code	

### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

NOT USED	HI01 - 3	1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI01 - 4	1251	Date Time Period	Х	AN	1/35
NOT USED	HI01 - 5	782	Monetary Amount	0	R	1/18
NOT USED	HI01 - 6	380	Quantity	0	R	1/15
NOT USED	HI01 - 7	799	Version Identifier	0	AN	1/30
NOT USED	HI01 - 8	1271	Industry Code	х	AN	1/30
NOT USED	HI01 - 9	1073	Yes/No Condition or Response Code	Х	ID	1/1
SITUATIONAL	HI02	To send SYNTAX: P0304 If either E0809 Only or SITUATIO condition to rep	TH CARE CODE INFORMATION d health care codes and their associated dates, and c CO2203 or CO2204 is present, then the other is r the of CO2208 or CO2209 may be present. DNAL RULE: Required when it is necessary to tion code and the preceding HI data elem ort other condition codes. If not required mentation guide, do not send.	equired. o report ents ha	an ad	ditional
REQUIRED	HI02 - 1	1270 c	Code List Qualifier Code         Code identifying a specific industry code list         SEMANTIC:         C022-01 qualifies C022-02, C022-04, C022-05,         ODE       DEFINITION	<b>M</b> C022-06	ID	<b>1/3</b> 022-08.
		BG	Condition			
			CODE SOURCE 132: National Uniform Bil	ling Com	mittee (	(NUBC)
REQUIRED	HI02 - 2	1271	Codes Industry Code Code indicating a code from a specific industry SEMANTIC: If C022-08 is used, then C022-02 represents th range of codes.		<b>AN</b> ing valu	<b>1/30</b> ne in a
			IMPLEMENTATION NAME: Condition Code			
NOT USED	HI02 - 3	1250	Date Time Period Format Qualifier	х	ID	2/3
NOT USED	HI02 - 4	1251	Date Time Period	х	AN	1/35
NOT USED	HI02 - 5	782	Monetary Amount	ο	R	1/18
NOT USED	HI02 - 6	380	Quantity	0	R	1/15
NOT USED	_		-			
	HI02 - 7	799	Version Identifier	0	AN	1/30
NOT USED	HI02 - 7 HI02 - 8	799 1271	Version Identifier Industry Code	O X	AN AN	
NOT USED NOT USED				-		1/30 1/30 1/1

SITUATIONAL	HI03	C022		TH CARE CODE INFORMATION	O 1 nounts a	and qua	ntities
			E0809	C02203 or C02204 is present, then the other is r e of C02208 or C02209 may be present.	equired.		
			condit to rep	NAL RULE: Required when it is necessary to ion code and the preceding HI data eleme ort other condition codes. If not required mentation guide, do not send.	ents ha	ve bee	
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05,	C022-06	6 and C	022-08.
			c	DDE DEFINITION			
			BG	Condition			
				code source 132: National Uniform Bill Codes	ing Com	mittee	(NUBC)
REQUIRED	HI03 - 2		1271	Industry Code Code indicating a code from a specific industry	M code list	AN	1/30
				SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes.	e beginni	ing valu	e in a
				IMPLEMENTATION NAME: Condition Code			
NOT USED	HI03 - 3		1250	Date Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI03 - 4		1251	Date Time Period	Х	AN	1/35
NOT USED	HI03 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI03 - 6		380	Quantity	0	R	1/15
NOT USED	HI03 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI03 - 8		1271	Industry Code	Х	AN	1/30
	HI03 - 9		1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI04	C022		<b>"H CARE CODE INFORMATION</b> I health care codes and their associated dates, ar	<b>O 1</b> nounts a	and qua	ntities
			E0809	C02203 or C02204 is present, then the other is r e of C02208 or C02209 may be present.	equired.		
			condit to rep	NAL RULE: Required when it is necessary to ion code and the preceding HI data eleme ort other condition codes. If not required mentation guide, do not send.	ents ha	ve bee	

ASC X12N • INSURAI TECHNICAL REPORT		MMITTEE			CONDITIO		
REQUIRED	HI04 - 1		1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code lis	<b>M</b>	ID	1/3
				SEMANTIC: C022-01 qualifies C022-02, C022-04, C022	2-05, C022-06	6 and C	022-08.
			C				
			BG	Condition			
				code source 132: National Uniform Codes	n Billing Com	mittee	NUBC)
REQUIRED	HI04 - 2		1271	Industry Code Code indicating a code from a specific indu	M stry code list	AN	1/30
				SEMANTIC: If C022-08 is used, then C022-02 represen range of codes.	ts the beginn	ing valu	e in a
				IMPLEMENTATION NAME: Condition Code			
NOT USED	HI04 - 3		1250	Date Time Period Format Qualifier	х	ID	2/3
NOT USED	HI04 - 4		1251	Date Time Period	х	AN	1/35
NOT USED	HI04 - 5		782	Monetary Amount	ο	R	1/18
NOT USED	HI04 - 6		380	Quantity	ο	R	1/15
NOT USED	HI04 - 7		799	Version Identifier	ο	AN	1/30
NOT USED	HI04 - 8		1271	Industry Code	Х	AN	1/30
NOT USED	HI04 - 9		1073	Yes/No Condition or Response Cod	e X	ID	1/1
SITUATIONAL	HI05	C022	To send SYNTAX: P0304 If either E0809 Only on SITUATIO	TH CARE CODE INFORMATION d health care codes and their associated date C02203 or C02204 is present, then the othe he of C02208 or C02209 may be present. NAL RULE: Required when it is necessar tion code and the preceding HI data e	r is required. Try to report	an ad	ditiona
			to rep	ort other condition codes. If not requine mentation guide, do not send.			
REQUIRED	HI05 - 1		1270	Code List Qualifier Code Code identifying a specific industry code lis	M	ID	1/3
				SEMANTIC: C022-01 qualifies C022-02, C022-04, C022	2-05, C022-06	3 and C	022-08
			C				
			BG	Condition		•••	
				code source 132: National Uniforr Codes	n Billing Com	mittee	NUBC)
REQUIRED	HI05 - 2		1271	Industry Code Code indicating a code from a specific indu	M stry code list	AN	1/30
				ET MANITIC.			
				SEMANTIC: If C022-08 is used, then C022-02 represen range of codes.	ts the beginn	ing valu	e in a
				If C022-08 is used, then C022-02 represen	ts the beginn	ing valu	e in a
NOT USED	HI05 - 3		1250	If C022-08 is used, then C022-02 represen range of codes.	ts the beginn	ing valu ID	e in a <b>2/3</b>

#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 005010X222 • 837 • 2300 • HI CONDITION INFORMATION NOT USED HI05 - 5 R 782 **Monetary Amount** ο 1/18 NOT USED R HI05 - 6 380 Quantity Ο 1/15 NOT USED HI05 - 7 799 **Version Identifier** AN 1/30 ο NOT USED HI05 - 8 1271 **Industry Code** Х AN 1/30 NOT USED HI05 - 9 1073 Х 1/1 Yes/No Condition or Response Code ID SITUATIONAL **HEALTH CARE CODE INFORMATION** HI06 C022 01 To send health care codes and their associated dates, amounts and quantities SYNTAX P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation quide, do not send. REQUIRED HI06 - 1 1270 Code List Qualifier Code Μ ID 1/3 Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. CODE DEFINITION BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes REQUIRED HI06 - 2 1271 **Industry Code** AN 1/30 Μ Code indicating a code from a specific industry code list SEMANTIC If C022-08 is used, then C022-02 represents the beginning value in a range of codes. IMPLEMENTATION NAME: Condition Code NOT USED HI06 - 3 1250 **Date Time Period Format Qualifier** Х ID 2/3 NOT USED HI06 - 4 1251 **Date Time Period** Х AN 1/35 NOT USED HI06 - 5 782 **Monetary Amount** 0 R 1/18 NOT USED HI06 - 6 380 Quantity 0 R 1/15 NOT USED HI06 - 7 Version Identifier 799 0 AN 1/30 NOT USED HI06 - 8 1271 **Industry Code** Х AN 1/30 NOT USED HI06 - 9 1073 Yes/No Condition or Response Code Х ID 1/1

**MAY 2006** 

SITUATIONAL	HI07	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, and	O 1 nounts a	and quai	ntities
			E0809	C02203 or C02204 is present, then the other is respected or C02208 or C02209 may be present.	equired.		
			Only of				
			condit to rep	NAL RULE: Required when it is necessary to tion code and the preceding HI data eleme ort other condition codes. If not required mentation guide, do not send.	ents ha	ve bee	
REQUIRED	HI07 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05,	C022-06	6 and C	022-08.
			c	ODE DEFINITION			
			BG	Condition			
				code source 132: National Uniform Billi Codes	ing Com	mittee (	NUBC)
REQUIRED	HI07 - 2		1271	Industry Code Code indicating a code from a specific industry of	<b>M</b> code list	AN	1/30
				SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes.	beginni	ing valu	e in a
				IMPLEMENTATION NAME: Condition Code			
NOT USED	HI07 - 3		1250	Date Time Period Format Qualifier	х	ID	2/3
NOT USED	HI07 - 4		1251	Date Time Period	Х	AN	1/35
NOT USED	HI07 - 5		782	Monetary Amount	ο	R	1/18
NOT USED	HI07 - 6		380	Quantity	ο	R	1/15
NOT USED	HI07 - 7		799	Version Identifier	ο	AN	1/30
NOT USED	HI07 - 8		1271	Industry Code	Х	AN	1/30
NOT USED	HI07 - 9		1073	Yes/No Condition or Response Code	х	ID	1/1
SITUATIONAL	HI08	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, an	O 1 nounts a	and quai	ntities
			E0809	C02203 or C02204 is present, then the other is rene of C02208 or C02209 may be present.	equired.		
			condit to rep	DNAL RULE: Required when it is necessary to tion code and the preceding HI data eleme ort other condition codes. If not required mentation guide, do not send.	ents ha	ve bee	

005010X222 • 837 • 2 CONDITION INFORM					ASC X12N • INSUF TECHN			• TYPE 3
REQUIRED	HI08 - 1		1270		ist Qualifier Code entifying a specific industry code list	М	ID	1/3
				SEMANTIC C022-01	c: qualifies C022-02, C022-04, C022-05,	C022-06	6 and C	022-08.
			C	ODE	DEFINITION			
			BG		Condition			
					CODE SOURCE 132: National Uniform Billi	ng Com	mittee (	NUBC)
REQUIRED	HI08 - 2		1271		Codes <b>y Code</b> dicating a code from a specific industry of	<b>M</b> code list	AN	1/30
				SEMANTIC If C022- range of	08 is used, then C022-02 represents the	beginni	ing valu	e in a
				IMPLEME	NTATION NAME: Condition Code			
NOT USED	HI08 - 3		1250	Date Ti	me Period Format Qualifier	х	ID	2/3
NOT USED	HI08 - 4		1251	Date Ti	me Period	х	AN	1/35
NOT USED	HI08 - 5		782	Moneta	ary Amount	ο	R	1/18
NOT USED	HI08 - 6		380	Quanti	ty	ο	R	1/15
NOT USED	HI08 - 7		799	Versio	n Identifier	ο	AN	1/30
NOT USED	HI08 - 8		1271	Industi	y Code	Х	AN	1/30
NOT USED	HI08 - 9		1073	Yes/No	Condition or Response Code	Х	ID	1/1
SITUATIONAL	HI09	C022		-	E CODE INFORMATION are codes and their associated dates, an	01		atition
				ne of C022	or C02204 is present, then the other is re 108 or C02209 may be present. <b>Required when it is necessary to</b>		on od	
					e and the preceding HI data eleme condition codes. If not required	ents ha	ve bee	
			to rep	ort other		ents ha	ve bee	
REQUIRED	HI09 - 1		to rep	ort other mentatio Code L	condition codes. If not required	ents ha	ve bee	
REQUIRED	HI09 - 1		to rep impler	ort other mentatio Code L Code ide SEMANTIC	condition codes. If not required in guide, do not send. ist Qualifier Code entifying a specific industry code list	ents ha by this M	ID	en used 1/3
REQUIRED	HI09 - 1		to rep impler 1270	ort other mentatio Code L Code ide SEMANTIC	condition codes. If not required in guide, do not send. ist Qualifier Code entifying a specific industry code list	ents ha by this M	ID	en used 1/3
REQUIRED	HI09 - 1		to rep impler 1270	ort other mentatio Code L Code idd SEMANTIC C022-01	condition codes. If not required in guide, do not send. ist Qualifier Code entifying a specific industry code list qualifies C022-02, C022-04, C022-05,	ents ha by this M	ID	en used 1/3
REQUIRED	HI09 - 1 HI09 - 2		to repo implei 1270 c	ort other mentatio Code L Code ide SEMANTIO C022-01 ODE	condition codes. If not required in guide, do not send. ist Qualifier Code entifying a specific industry code list qualifies C022-02, C022-04, C022-05, DEFINITION Condition code source 132: National Uniform Billi Codes by Code	nts ha by this M C022-06 ng Com M	ID	<b>1/3</b> 022-08.
			to repo implei 1270 c BG	ort other mentatio Code L Code id SEMANTIC C022-01 ODE	condition codes. If not required in guide, do not send.         ist Qualifier Code         entifying a specific industry code list         ::         qualifies C022-02, C022-04, C022-05,         DEFINITION         Condition         codes         ry Code         dicating a code from a specific industry code         ::         08 is used, then C022-02 represents the	mts ha by this M C022-00 ng Com M code list	ID 6 and C mittee ( AN	n used 1/3 022-08. NUBC) 1/30
			to repo implei 1270 c BG	ort other mentatio Code L Code id SEMANTIC C022-01 ODE	condition codes. If not required in guide, do not send.         ist Qualifier Code         entifying a specific industry code list         ::         qualifies C022-02, C022-04, C022-05,         DEFINITION         Condition         codes         ry Code         dicating a code from a specific industry code         ::         08 is used, then C022-02 represents the	mts ha by this M C022-00 ng Com M code list	ID 6 and C mittee ( AN	n used 1/3 022-08. NUBC) 1/30
			to repo implei 1270 c BG	OFT OTHER MENTATIO Code L Code id SEMANTIC CO22-01 ODE Industi Code in SEMANTIC If CO22- range of IMPLEMEN	condition codes. If not required in guide, do not send.         ist Qualifier Code         entifying a specific industry code list         ::         qualifies C022-02, C022-04, C022-05,         DEFINITION         Condition         code         dicating a code from a specific industry code         ::         08 is used, then C022-02 represents the codes.	mts ha by this M C022-00 ng Com M code list	ID 6 and C mittee ( AN	n used 1/3 022-08. NUBC) 1/30

#### **TECHNICAL REPORT • TYPE 3** CONDITION INFORMATION NOT USED HI09 - 5 R 782 **Monetary Amount** ο 1/18 NOT USED HI09 - 6 380 Quantity Ο R 1/15 NOT USED HI09 - 7 799 **Version Identifier** AN 1/30 ο NOT USED HI09 - 8 1271 **Industry Code** Х AN 1/30 NOT USED HI09 - 9 1073 Х 1/1 Yes/No Condition or Response Code ID SITUATIONAL **HEALTH CARE CODE INFORMATION** HI10 C022 01 To send health care codes and their associated dates, amounts and quantities SYNTAX P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation quide, do not send. REQUIRED HI10 - 1 1270 Code List Qualifier Code Μ ID 1/3 Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. CODE DEFINITION BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes REQUIRED HI10 - 2 1271 **Industry Code** AN 1/30 М Code indicating a code from a specific industry code list SEMANTIC If C022-08 is used, then C022-02 represents the beginning value in a range of codes. IMPLEMENTATION NAME: Condition Code NOT USED HI10 - 3 1250 **Date Time Period Format Qualifier** Х ID 2/3 NOT USED HI10 - 4 1251 **Date Time Period** Х AN 1/35 NOT USED HI10 - 5 782 **Monetary Amount** 0 R 1/18 NOT USED HI10 - 6 380 Quantity 0 R 1/15 NOT USED Version Identifier HI10 - 7 799 0 AN 1/30 NOT USED 1271 **Industry Code** Х AN 1/30 HI10 - 8 NOT USED HI10 - 9 1073 Х ID 1/1 Yes/No Condition or Response Code

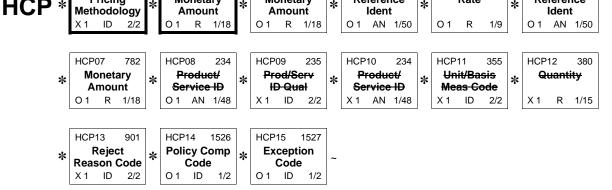
ASC X12N • INSURANCE SUBCOMMITTEE

005010X222 • 837 • 2300 • HI

SITUATIONAL	HI11	C022		TH CARE CODE INFORMATION	O 1 mounts a	and qua	ntities
			E0809	C02203 or C02204 is present, then the other is r e of C02208 or C02209 may be present.	equired.	·	
			condit to rep	NAL RULE: Required when it is necessary to ion code and the preceding HI data elem ort other condition codes. If not required mentation guide, do not send.	ents ha	ve bee	
REQUIRED	HI11 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
				SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05,	C022-06	6 and C	022-08.
			С	DDE DEFINITION			
			BG	Condition			
				code source 132: National Uniform Bil Codes	ing Com	mittee (	NUBC)
REQUIRED	HI11 - 2		1271	Industry Code Code indicating a code from a specific industry	M code list	AN	1/30
				SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes.	e beginni	ing valu	e in a
				IMPLEMENTATION NAME: Condition Code			
NOT USED	HI11 - 3		1250	Date Time Period Format Qualifier	х	ID	2/3
NOT USED	HI11 - 4		1251	Date Time Period	Х	AN	1/35
NOT USED	HI11 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI11 - 6		380	Quantity	0	R	1/15
NOT USED	HI11 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI11 - 8		1271	Industry Code	Х	AN	1/30
NOT USED	HI11 - 9		1073	Yes/No Condition or Response Code	Х	ID	1/1
SITUATIONAL	HI12	C022		<b>"H CARE CODE INFORMATION</b> I health care codes and their associated dates, and their associated dates, and their associated dates, and the second s	O 1 mounts a	and qua	ntities
			E0809	C02203 or C02204 is present, then the other is r e of C02208 or C02209 may be present.	equired.		
			condit to rep	NAL RULE: Required when it is necessary to ion code and the preceding HI data elem ort other condition codes. If not required nentation guide, do not send.	ents ha	ve bee	

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3				005010X222 CONDITIO		
REQUIRED	RED HI12 - 1		Code List Qualifier Code Code identifying a specific industry cod	M e list	ID	1/3
			SEMANTIC: C022-01 qualifies C022-02, C022-04, C	022-05, C022-0	6 and C	022-08.
		C	ODE DEFINITION			
		BG	Condition			
			code source 132: National Un Codes	iform Billing Corr	mittee	(NUBC)
REQUIRED	HI12 - 2	1271	Industry Code	M In division of a list	AN	1/30
			Code indicating a code from a specific <b>SEMANTIC</b> :			
			If C022-08 is used, then C022-02 repre range of codes.	sents the beginn	ing valu	ie in a
			IMPLEMENTATION NAME: Condition Cod	е		
NOT USED	HI12 - 3	1250	Date Time Period Format Qualifi	er X	ID	2/3
NOT USED	HI12 - 4	1251	Date Time Period	Х	AN	1/35
NOT USED	HI12 - 5	782	Monetary Amount	0	R	1/18
NOT USED	HI12 - 6	380	Quantity	0	R	1/15
NOT USED	HI12 - 7	799	Version Identifier	0	AN	1/30
NOT USED	HI12 - 8	1271	Industry Code	Х	AN	1/30
NOT USED	HI12 - 9	1073	Yes/No Condition or Response C	Code X	ID	1/1

SEGMENT DETAIL							
	HCP - CLAIM PRICING/REPRICING INFORMATION						
X12 Segment Name:	Health Care Pricing						
X12 Purpose:	To specify pricing or repricing information about a health care claim or line item						
X12 Syntax:	1. R0113 At least one of HCP01 or HCP13 is required.						
	<b>2. P0910</b> If either HCP09 or HCP10 is present, then the other is required.						
	<b>3. P1112</b> If either HCP11 or HCP12 is present, then the other is required.						
Loop:	2300 — CLAIM INFORMATION						
Segment Repeat:	1						
Usage:	SITUATIONAL						
Situational Rule:	Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.						
TR3 Notes:	1. This information is specific to the destination payer reported in Loop ID-2010BB.						
	2. For capitated encounters, pricing or repricing information usually is not applicable and is provided to qualify other information within the claim.						
TR3 Example:	HCP*03*100*10*RPO12345~						
DIAGRAM							
HCP01 14 Pricing Methodolo	73 HCP02 782 HCP03 782 HCP04 127 HCP05 118 HCP06 127 Monetary * Monetary * Reference * Rate * Reference Ident						



	REF.	DATA						
REQUIRED	HCP01	<u>element</u> 1473	Pricing Meth Code specifyir priced or reprid	ng pricing methodology at which the	X 1 claim or line ite	ID m has l	2/2	
			SYNTAX: R0113					
			-	de use is determined by Tradir nces in contracting policies in			ent due	
			CODE	DEFINITION				
			00	Zero Pricing (Not Covered	Under Contra	act)		
			01	Priced as Billed at 100%				
			02	2 Priced at the Standard Fee Schedule				
			03 Priced at a Contractual Percentage					
			04 Bundled Pricing					
			05	Peer Review Pricing				
			07	Flat Rate Pricing				
			08	<b>Combination Pricing</b>				
		09	Maternity Pricing					
		10	Other Pricing					
			11	Lower of Cost				
			12	Ratio of Cost				
			13	Cost Reimbursed				
			14	Adjustment Pricing				
REQUIRED	HCP02	782	Monetary An Monetary amo		01	R	1/18	
			SEMANTIC: HCF	P02 is the allowed amount.				
			IMPLEMENTATIO	N NAME: Repriced Allowed Amou	unt			
SITUATIONAL	HCP03	782	Monetary An Monetary amo		01	R	1/18	
			SEMANTIC: HCP03 is the savings amount.					
		SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.						
			IMPLEMENTATIO	N NAME: Repriced Saving Amour	nt			
			This information is specific to the destination payer reported in Loop ID-2010BB.					

SITUATIONAL	HCP04	127	Reference IdentificationO 1 AN 1/50Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier					
			SEMANTIC: HCP04 is the repricing organization identification number.					
			SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.					
			IMPLEMENTATION NAME: Repricing Organization Identifier					
			This information is specific to the destination payer reported in Loop ID-2010BB.					
SITUATIONAL	HCP05 118	Rate         O 1         R         1/9           Rate expressed in the standard monetary denomination for the currency specified						
			SEMANTIC: HCP05 is the pricing rate associated with per diem or flat rate repricing.					
			SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.					
			IMPLEMENTATION NAME: Repricing Per Diem or Flat Rate Amount					
			This information is specific to the destination payer reported in Loop ID-2010BB.					
SITUATIONAL	HCP06	127	Reference IdentificationO 1 AN 1/50Reference information as defined for a particular Transaction Set or as specifiedby the Reference Identification Qualifier					
			SEMANTIC: HCP06 is the approved DRG code.					
			<b>СОММЕНТ</b> : HCP06, HCP07, HCP08, HCP10, and HCP12 are fields that will contain different values from the original submitted values.					
			SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.					
			IMPLEMENTATION NAME: Repriced Approved Ambulatory Patient Group Code					
			This information is specific to the destination payer reported in Loop ID-2010BB.					

#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

SITUATIONAL	HCP07	782	Monetary Amount Monetary amount	01	R	1/18
			SEMANTIC: HCP07 is the approved DRG amount.			
			SITUATIONAL RULE: <b>Required when this information is</b> by the repricer. The segment is not completed by information is completed by repricers only. If no implementation guide, do not send.	y prov	iders.	The
			IMPLEMENTATION NAME: Repriced Approved Ambulaton Amount	y Pati	ent Gr	oup
			This information is specific to the destination pa Loop ID-2010BB.	yer re	portec	l in
NOT USED	HCP08	234	Product/Service ID	01	AN	1/48
NOT USED	HCP09	235	Product/Service ID Qualifier	X 1	ID	2/2
NOT USED	HCP10	234	Product/Service ID	X 1	AN	1/48
NOT USED	HCP11	355	Unit or Basis for Measurement Code	X 1	ID	2/2
NOT USED	HCP12	380	Quantity	X 1	R	1/15
SITUATIONAL	HCP13	901	<b>Reject Reason Code</b> Code assigned by issuer to identify reason for rejection	X 1	ID	2/2

SYNTAX: R0113

**SEMANTIC:** HCP13 is the rejection message returned from the third party organization.

SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

This information is specific to the destination payer reported in Loop ID-2010BB.

CODE	DEFINITION
T1	Cannot Identify Provider as TPO (Third Party Organization) Participant
T2	Cannot Identify Payer as TPO (Third Party Organization) Participant
Т3	Cannot Identify Insured as TPO (Third Party Organization) Participant
T4	Payer Name or Identifier Missing
Т5	Certification Information Missing
Т6	Claim does not contain enough information for re- pricing

SITUATIONAL	HCP14	CP14 1526	Policy Compli Code specifying	iance Code policy compliance	01	ID	1/2		
			by the reprice information is	Required when this information in er. The segment is not completed by completed by repricers only. If no on guide, do not send.	oy prov	iders.	The		
		This informati Loop ID-2010	ion is specific to the destination pa BB.	ayer re	ported	l in			
		CODE	DEFINITION						
			1	Procedure Followed (Compliance	e)				
			2	Not Followed - Call Not Made (Non-Compliance C Not Made)					
			3	Not Medically Necessary (Non-Compliance Nor Medically Necessary)					
			4	Not Followed Other (Non-Compli	ther (Non-Compliance Other)				
			5	Emergency Admit to Non-Netwo	rk Hosj	oital			
SITUATIONAL HCF		HCP15 1527							
SITUATIONAL	HCP15	1527	Exception Co Code specifying care services	<b>de</b> the exception reason for consideration of	O1 f out-of-r	ID network	1/2 health		
SITUATIONAL	HCP15	1527	Code specifying care services	<b>de</b> the exception reason for consideration of 5 is the exception reason generated by a	f out-of-r	etwork	health		
SITUATIONAL	HCP15	1527	Code specifying care services semantic: HCP1 situational Rule by the reprice information is	the exception reason for consideration of	f out-of-r third par s deem by prov	etwork ty orga ed ne	health nization. cessary The		
SITUATIONAL	HCP15	1527	Code specifying care services semantic: HCP1 situational Rule by the reprice information is implementatio	the exception reason for consideration of 5 is the exception reason generated by a a: Required when this information is ber. The segment is not completed b is completed by repricers only. If no on guide, do not send.	f out-of-r third par s deem by prov bt requi	etwork ty orga iders. ired by	health nization. cessary The y this		
SITUATIONAL	HCP15	1527	Code specifying care services SEMANTIC: HCP1 SITUATIONAL RULE by the reprice information is implementatio This informat	the exception reason for consideration of 5 is the exception reason generated by a a: Required when this information is ber. The segment is not completed b is completed by repricers only. If no on guide, do not send.	f out-of-r third par s deem by prov bt requi	etwork ty orga iders. ired by	health nization. cessary The y this		
SITUATIONAL	HCP15	1527	Code specifying care services SEMANTIC: HCP1 SITUATIONAL RULE by the reprice information is implementatio This informati Loop ID-2010	the exception reason for consideration of 5 is the exception reason generated by a 2: Required when this information is 2: The segment is not completed by 3: completed by repricers only. If no 3: on guide, do not send. 3: ion is specific to the destination pa BB.	f out-of-r third part s deem by prov bt requi	ty orga ed ne iders. ired by	health nization. cessary The y this		
SITUATIONAL	HCP15	1527	Code specifying care services SEMANTIC: HCP1 SITUATIONAL RULE by the reprice information is implementatio This informati Loop ID-2010	the exception reason for consideration of 5 is the exception reason generated by a 5 <b>: : Required when this information is</b> <b>: : : The segment is not completed b</b> <b>: : : : : : : : : :</b>	f out-of-r third part s deem by prov bt requi	ty orga ed ne iders. ired by	health nization. cessary The y this		

Out-of-Service Area State Mandates

Other

4 5

	NM1 - REFERRING PROVIDER NAME						
X12 Segment Name:	Individual or Organizational Name						
X12 Purpose:	To supply the full name of an individual or organizational entity						
X12 Set Notes:	<ol> <li>Loop 2310 contains information about the rendering, referring, or attending provider.</li> </ol>						
X12 Syntax:	1. P0809 If either NM108 or NM109 is present, then the other is required.						
	<b>2. C1110</b> If NM111 is present, then NM110 is required.						
	<b>3. C1203</b> If NM112 is present, then NM103 is required.						
Loop:	2310A — REFERRING PROVIDER NAME Loop Repeat: 2						
Segment Repeat:	1						
Usage:	SITUATIONAL						
Situational Rule:	Required when this claim involves a referral. If not required by this implementation guide, do not send.						
TR3 Notes:	1. When reporting the provider who ordered services such as diagnostic and lab, use Loop ID-2310A at the claim level. For ordered services such as Durable Medical Equipment, use Loop ID-2420E at the line level.						
	2. When there is only one referral on the claim, use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.						
	3. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.						
TR3 Example:	NM1*DN*1*WELBY*MARCUS*W**JR*XX*1234567891~						

### 005010X222 • 837 • 2310A • NM1 REFERRING PROVIDER NAME

DIAGRAM							
<b>NM1</b> *	1101     98       Entity ID     *       Code     2/3       I     ID       107     1039       Name     *	Entity Ty Qualifie M 1 ID	First         Middle           1/1         X 1         AN         1/60         First         0 1         AN         1/35         0 1         AN         1/23           66         NM109         67         NM110         706         NM111         93	* Name Prefix 5 0 1 AN 1/10			
<b>☆</b> 0 1	Suffix	Qualifie X 1 ID	er * Code 1/2 X 1 AN 2/80 * Active Ac	Org Name			
ELEMENT DETAIL							
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES			
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location individual	M 1 ID 2/3 n, property or an			
			CODE     DEFINITION       DN     Referring Provider				
			DN Referring Provider Use on the first iteration of this lo	op. Use if loop is			
			used only once. P3 Primary Care Provider				
			P3 Primary Care Provider Use only if loop is used twice. Use	e only on second			
REQUIRED		4005	iteration of this loop.	M4 ID 4/4			
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity	M 1 ID 1/1			
			SEMANTIC: NM102 qualifies NM103.				
REQUIRED	NM103	1035	1 Person Name Last or Organization Name	X 1 AN 1/60			
	1111100	1000	Individual last name or organizational name				
			syntax: C1203				
			IMPLEMENTATION NAME: Referring Provider Last Name				
SITUATIONAL	NM104	1036	Name First Individual first name	O 1 AN 1/35			
			SITUATIONAL RULE: <i>Required when the person has a first name. If not required by this implementation guide, do not send.</i>				
			IMPLEMENTATION NAME: Referring Provider First Name				
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	O 1 AN 1/25			
			SITUATIONAL RULE: Required when the middle name o person is needed to identify the individual. If not implementation guide, do not send.				
			IMPLEMENTATION NAME: Referring Provider Middle Nam	e or Initial			
NOT USED	NM106	1038	Name Prefix	O 1 AN 1/10			

ASC X12N • INSUR TECHNICAL REPOR		MMITTEE					0A ● NM ER NAM
SITUATIONAL	NM107	1039	Name Suffix Suffix to individ	ual name	01	AN	1/10
				E: Required when the name suffix is al. If not required by this implementa			-
			IMPLEMENTATION	NAME: Referring Provider Name Suffi	ix		
SITUATIONAL	NM108	66		a Code Qualifier ng the system/method of code structure us	X1 ed for le	<b>ID</b> dentifica	<b>1/2</b> ation
			syntax: P0809				
			HIPAA Natio the provider submitter. OR Required for implementat submitter ha	E: Required for providers on or after nal Provider Identifier (NPI) impleme has received an NPI and the NPI is providers prior to the mandated HI ion date when the provider has rece to the capability to send it. and by this implementation guide, do	entatic availal PAA N eived a	on date ble to t IPI In NPI	e when the
			CODE	DEFINITION			
			хх	Centers for Medicare and Medica National Provider Identifier	id Ser	vices	
				<b>CODE SOURCE 537:</b> Centers for Medicare National Provider Identifier	and Me	edicaid \$	Services
SITUATIONAL	NM109	67	Identification Code identifyin		X 1	AN	2/80
			syntax: P0809				
			HIPAA Natio the provider submitter. OR Required for implementat submitter ha	E: Required for providers on or after nal Provider Identifier (NPI) impleme has received an NPI and the NPI is providers prior to the mandated HI ion date when the provider has rece to the capability to send it. ed by this implementation guide, do	entatic availal PAA N eived a	on date ble to t IPI In NPI	e when the
			IMPLEMENTATION	NAME: Referring Provider Identifier			
NOT USED	NM110	706	Entity Relation	onship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identif	•	01	ID	2/3
NOT USED					· · ·		

### **REF - REFERRING PROVIDER SECONDARY IDENTIFICATION**

X12 Segment Name:	Reference Information
X12 Purpose:	To specify identifying information
X12 Syntax:	1. R0203 At least one of REF02 or REF03 is required.
Loop:	2310A — REFERRING PROVIDER NAME
Segment Repeat:	3
Usage:	SITUATIONAL
Situational Rule:	Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.
TR3 Notes:	1. The REF segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a REF segment with the same value in REF01.
TR3 Example:	REF*G2*12345~
DIAGRAM	

#### REF01 REF02 REF03 REF04 128 352 C040 127 **Description** Reference Reference Reference **REF**\* \* \* \* Identifier Ident Qual ldent ID 2/3 AN 1/50 X 1 AN 1/80 O 1 M 1 X 1

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES	s
REQUIRED	REF01	128		Identification Qualifier     M 1     ID       g the Reference Identification     ID	2/3
			CODE	DEFINITION	
			0B	State License Number	
			1G	Provider UPIN Number	
				UPINs must be formatted as either X99999 or XXX999.	

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3				005010X222 • 837 • 2310A • REF REFERRING PROVIDER SECONDARY IDENTIFICATION		
			G2	Provider Commercial Number		
				This code designates a proprieta for the destination payer identifi Name loop, Loop ID-2010BB, as claim. This is to be used by all p Medicare, Medicaid, Blue Cross,	ed in the Payer sociated with this ayers including:	
REQUIRED	REF02	127		entification nation as defined for a particular Transac e Identification Qualifier	X 1 AN 1/50 tion Set or as specified	
			syntax: R0203			
				NAME: Referring Provider Secondary	/ Identifier	
NOT USED	REF03	352	Description		X 1 AN 1/80	
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	01	

	NM1 - RENDERING PROVIDER NAME
X12 Segment Name:	Individual or Organizational Name
X12 Purpose:	To supply the full name of an individual or organizational entity
X12 Set Notes:	<ol> <li>Loop 2310 contains information about the rendering, referring, or attending provider.</li> </ol>
X12 Syntax:	<ol> <li>P0809         If either NM108 or NM109 is present, then the other is required.     </li> </ol>
	<b>2. C1110</b> If NM111 is present, then NM110 is required.
	<b>3. C1203</b> If NM112 is present, then NM103 is required.
Loop:	2310B — RENDERING PROVIDER NAME Loop Repeat: 1
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required when the Rendering Provider information is different than that carried in Loop ID-2010AA - Billing Provider. If not required by this implementation guide, do not send.
TR3 Notes:	1. Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenens) was used, enter that provider's information here.
	2. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.
TR3 Example:	NM1*82*1*DOE*JANE*C***XX*1234567804~
DIAGRAM	
NM101 <b>Entity ID</b> Code M 1 ID	98       *       NM102       1065       *       NM103       1035       *       NM104       1036       NM105       1037       NM106       1038         2/3       M       1       ID       1/1       *       NM106       NM106       1038       NM106       1038         2/3       M       1       ID       1/1       *       NM106       1036       *       NM105       1037       NM106       1038         2/3       M       1       ID       1/1       *       NM106       1031       *       NM106       1038

NM107

\*

Name

Suffix

O 1 AN 1/10

1039

\*

NM108

X 1

ID Code

Qualifier

ID 1/2

66

\*

NM109

ID

Code

X 1 AN 2/80

67

\*

NM110

X 1

Entity

Relat Code

ID

706

2/2

\*

NM111

01 ID

Entity ID

Code

98

2/3

\*

NM112

Name Last/

Org Name

O 1 AN 1/60

1035

~

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ËS	
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical loca individual		<b>M 1</b> n, prop	<b>ID</b> berty or a	<b>2/3</b> In	
			CODE	DEFINITION				
			82	Rendering Provider				
REQUIRED	NM102	1065	Entity Type ( Code qualifying	Qualifier g the type of entity	M 1	ID	1/1	
			SEMANTIC: NM1	02 qualifies NM103.				
			CODE	DEFINITION				
			1	Person				
			2	Non-Person Entity				
REQUIRED	NM103	1035		r Organization Name name or organizational name	X 1	AN	1/60	
			syntax: C1203					
			IMPLEMENTATION	NAME: Rendering Provider Last or Org	ganiza	ation Na	ame	
SITUATIONAL	NM104	1036	Name First Individual first r	name	01	AN	1/35	
				E: Required when NM102 = 1 (person ame. If not required by this implement	-	-		
			IMPLEMENTATION	NAME: Rendering Provider First Name	1			
SITUATIONAL	NM105	1037	Name Middle Individual midd	) le name or initial	01	AN	1/25	
			SITUATIONAL RULE: Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send.					
			IMPLEMENTATION	NAME: Rendering Provider Middle Nam	ne or	Initial		
NOT USED	NM106	1038	Name Prefix		01	AN	1/10	
SITUATIONAL	NM107	1039	Name Suffix Suffix to individ	ual name	01	AN	1/10	
			suffix of the	E: Required when NM102 = 1 (person person is needed to identify the indi this implementation guide, do not se	vidua			
			IMPLEMENTATION	NAME: Rendering Provider Name Suffi	x			

SITUATIONAL	NM108	66	Identification C Code designating Code (67)	code Qualifier the system/method of code structure use	X 1 ed for Id	<b>ID</b> lentifica	<b>1/2</b> tion	
			<b>SYNTAX:</b> P0809					
			territories on o Identifier (NPI) receive an NPI OR Required for pr or after the man implementation OR Required for pr date when the the capability to	roviders not in the United States of ndated HIPAA National Provider Io n date when the provider has rece roviders prior to the mandated NP provider has received an NPI and	onal Provider rovider or its te dentifie vived au limple the su	ovider is elig erritori er (NPI n NPI. ementa bmitte	, gible to es on () ation	
			CODE	DEFINITION				
				Centers for Medicare and Medical National Provider Identifier	id Serv	/ices		
				<b>CODE SOURCE 537:</b> Centers for Medicare National Provider Identifier	and Me	dicaid S	Services	
SITUATIONAL	NM109	67	Identification C Code identifying a	ode party or other code	X 1	AN	2/80	
			syntax: P0809					
			territories on o Identifier (NPI) receive an NPI OR Required for pr or after the mat	roviders not in the United States o ndated HIPAA National Provider Io	National Provider the provider is eligible to ates or its territories on			
			Implementation OR	n date when the provider has rece	eived al	n NPI.		
			Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.					
			If not required	by this implementation guide, do	not sei	nd.		
			IMPLEMENTATION NA	ME: Rendering Provider Identifier				
NOT USED	NM110	706	Entity Relations	ship Code	X 1	ID	2/2	
NOT USED	NM111	98	Entity Identifier	r Code	01	ID	2/3	
NOT USED	NM112	1035	Name Last or C	Organization Name	01	AN	1/60	

## **PRV - RENDERING PROVIDER SPECIALTY INFORMATION**

		IATION				
X12 Segment Name	: Provider Info	mation				
X12 Purpose	: To specify the	e identifying character	istics of a provider			
X12 Syntax		PRV02 or PRV03 is pr	esent, then the other is req	uired		
Loop	: 2310B — RE	NDERING PROVIDE	R NAME			
Segment Repeat	t: 1					
Usage	SITUATIONA	L				
Situational Rule	-	•	nown to be impacted by t y this implementation gu			
TR3 Notes	overridd		-2310 applies to the entir e level by the presence o 1.			
TR3 Example	: PRV*PE*P)	C*1223G0001X~				
DIAGRAM						
	REF. DATA DES. DATA	NAME     Reference       Ident     Ident       Value     X 1	Prov Code 0 1 ID 2/2 * Spec. Inf. 0 1	*	Org C O 1 ID	3/3
REQUIRED PR	V01 1221	Provider Code Code identifying the type	of provider	M 1	ID	1/3
			ON			
		PE Perfor	ming			
REQUIRED PR	V02 128	Reference Identificat Code qualifying the Refer		X 1	ID	2/3
		syntax: P0203				
		CODE DEFINITI	ON			
			Care Provider Taxonomy C			
REQUIRED PR	V03 127	<b>Reference Identificat</b>	defined for a particular Transaction	X 1	ÁN	1/50 becified
		SYNTAX: P0203				
		IMPLEMENTATION NAME: Pro	ovider Taxonomy Code			
NOT USED PR	V04 156	State or Province Co	de	01	ID	2/2

005010X222 • 837 • 2310B • PRV RENDERING PROVIDER SPECIALTY INFORMATION				INSURANCE SUBC TECHNICAL REPOR	
NOT USED	PRV05	C035	PROVIDER SPECIALTY INFORMATION	01	
NOT USED	PRV06	1223	Provider Organization Code	O1 ID	3/3

# **REF - RENDERING PROVIDER SECONDARY IDENTIFICATION**

X12 Segment Name:	Reference Information
X12 Purpose:	To specify identifying information
X12 Syntax:	<b>1. R0203</b> At least one of REF02 or REF03 is required.
Loop:	2310B — RENDERING PROVIDER NAME
Segment Repeat:	4
Usage:	SITUATIONAL
Situational Rule:	Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.
TR3 Notes:	1. The REF segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a REF segment with the same value in REF01.
TR3 Example:	REF*G2*12345~
DIAGRAM	

	REF01	1 128		REF	02	127	l	REF	03	352	]	REF04	C040	]
<b>REF</b> *	Reference Ident Qual		X.		eferer Iden		*	Des	scrip	tion	*	Refer- Ident		~
	M 1	ID 2/3		X 1	AN	1/50		X 1	AN	1/80		O 1		

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBU	ITES
REQUIRED	REF01	128		dentification Qualifier     M 1     ID       g the Reference Identification     ID	2/3
			CODE	DEFINITION	
			0B	State License Number	
			1G	Provider UPIN Number	
				UPINs must be formatted as either X99999 or XXX999.	

			G2	Provider Commercial Number				
				This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.				
			LU	Location Number				
REQUIRED	REF02	127		ntification nation as defined for a particular Transacti e Identification Qualifier	X 1 AN 1/50 on Set or as specified			
			SYNTAX: R0203					
				IAME: Rendering Provider Secondary	/ Identifier			
NOT USED	REF03	352	Description		X 1 AN 1/80			
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	01			

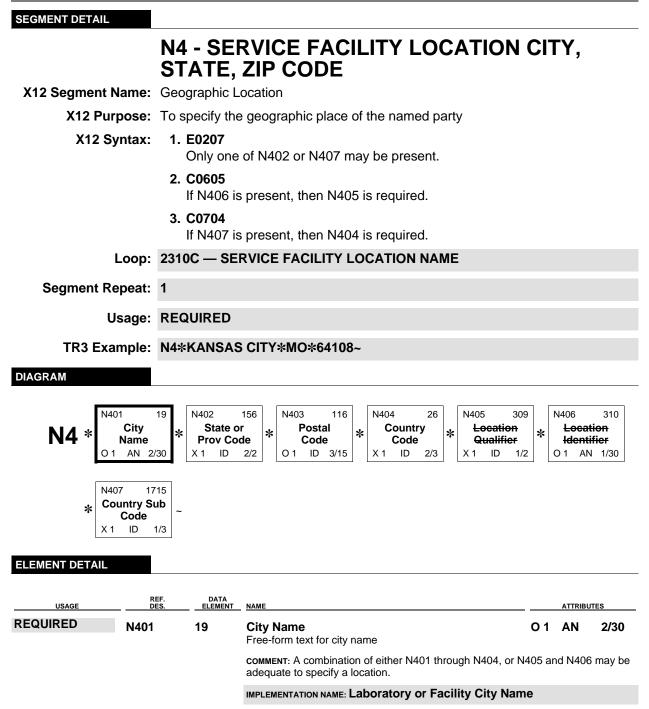
	NM1 - SERVICE FACILITY LOCATION NAME							
X12 Segment Name:	Individual or Organizational Name							
X12 Purpose:	To supply the full name of an individual or organizational entity							
X12 Set Notes:	<ol> <li>Loop 2310 contains information about the rendering, referring, or attending provider.</li> </ol>							
X12 Syntax:	1. P0809 If either NM108 or NM109 is present, then the other is required.							
	2. C1110 If NM111 is present, then NM110 is required.							
	<b>3. C1203</b> If NM112 is present, then NM103 is required.							
Loop:	2310C — SERVICE FACILITY LOCATION NAME Loop Repeat: 1							
Segment Repeat:	1							
Usage:	SITUATIONAL							
Situational Rule:	Required when the location of health care service is different than that carried in Loop ID-2010AA (Billing Provider). If not required by this implementation guide, do not send.							
TR3 Notes:	<ol> <li>When an organization health care provider's NPI is provided to identify the Service Location, the organization health care provider must be external to the entity identified as the Billing Provider (for example, reference lab). It is not permissible to report an organization health care provider NPI as the Service Location if the entity being identified is a component (for example, subpart) of the Billing Provider. In that case, the subpart must be the Billing Provider.</li> </ol>							
	<ol> <li>The purpose of this loop is to identify specifically where the service was rendered. When reporting ambulance services, do not use this loop. Use Loop ID-2310E - Ambulance Pick-up Location and Loop ID- 2310F - Ambulance Drop-off Location.</li> </ol>							
	3. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.							
TR3 Example:	NM1*77*2*ABC CLINIC****XX*1234567891~							

### 005010X222 • 837 • 2310C • NM1 SERVICE FACILITY LOCATION NAME

DIAGRAM	M101 98 Entity ID Code 1 ID 2/3	Entity T	er 🔭 Org Na	-	NM104 1036 Name First O 1 AN 1/35	*	NI O	M105 Nan Mide 1 AN		*		06 1038 <del>Jame</del> Prefix AN 1/10
* NI 0	M107 1039 Name Suffix 1 AN 1/10	NM108 ID Cod Qualifie X 1 ID	er 🌋 Code	67 e 2/80	NM110 706 Entity Relat Code X 1 ID 2/2	*	NI O	M111 Entity Cod 1 ID		*		12 1035 <b>ne Last/</b> <del>g Name</del> AN 1/60
ELEMENT DETAIL	REF.	DATA ELEMENT										
	 NM101	<u>element</u> 98	Entity Identifie Code identifying individual		izational entity,	аp	hys	sical lo		<b>M 1</b> , pro	ID	
REQUIRED	NM102	1065	CODE 77 Entity Type Q		e Location					M 1	ID	1/1
			Code qualifying t semantic: NM102 CODE		s NM103.							
REQUIRED	NM103	1035	2 Name Last or Individual last na syntax: C1203	Organiz		ne				X 1	AN	N 1/60
				NAME: Lak	oratory or Fa	acil	ity	Nam	е			
IOT USED	NM104	1036	Name First							01	AN	N 1/35
IOT USED	NM105	1037	Name Middle							01	AN	<b>1/25</b>
IOT USED	NM106	1038	Name Prefix							01	AN	I 1/10
IOT USED	NM107	1039	Name Suffix							01	AN	N 1/10
SITUATIONAL	NM108	66	Identification Code designating Code (67)			cod	e st	ructure		<b>X 1</b> I for		-
			syntax: P0809									
			SITUATIONAL RULE has an NPI an Provider entit If not required	id is not y.	a componen	nt o	r s	ubpa	rt of t	he	Billin	
			CODE	DEFINITI	ON							
			xx		rs for Medica al Provider le				licaid	l Se	rvice	es
					URCE 537: Cent Il Provider Ident			Medic	are ar	nd M	ledica	id Service

SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code SYNTAX: P0809	X 1	AN	2/80
			SITUATIONAL RULE: <b>Required when the service location</b> has an NPI and is not a component or subpart of Provider entity. If not required by this implementation guide, do	the B	lilling	tified
			IMPLEMENTATION NAME: Laboratory or Facility Primary	Identi	fier	
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	01	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	01	AN	1/60

SEGMENT DETAIL						
X12 Segment Na	-	_		AD	DR	ESS
-			e location of the named party			
		-	RVICE FACILITY LOCATION NAME			
Segment Rep	eat: 1					
Usa	age: REQ	UIRED				
TR3 No	á	addresse example	e facility location is in an area where there are es, enter a description of where the service w , "crossroad of State Road 34 and 45" or "Exi 65 on Interstate 80".)	as re	ndere	•
TR3 Exam	ple: N3*1	23 MAI	N STREET~			
DIAGRAM						
N3 * Infor M1	166 Idress * rmation AN 1/55	N302 Address Informati O 1 AN	on a			
ELEMENT DETAIL						
USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	N301	166	Address Information	M 1	AN	1/55
			IMPLEMENTATION NAME: Laboratory or Facility Address	Line		
SITUATIONAL	N302	166	Address Information Address information	01	AN	1/55
			SITUATIONAL RULE: <b>Required when there is a second</b> a required by this implementation guide, do not set		ss line	. If not
			IMPLEMENTATION NAME: Laboratory or Facility Address	Line		



005010X222 • 837 • 2310C • N4
SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE

SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate	X1 govern	ID Iment ag	<b>2/2</b> gency
			syntax: E0207			
			COMMENT: N402 is required only if city name (N401) is in the	e U.S. (	or Cana	da.
			SITUATIONAL RULE: Required when the address is in the America, including its territories, or Canada. If no implementation guide, do not send.			
			IMPLEMENTATION NAME: Laboratory or Facility State or	Provi	nce Co	de
			CODE SOURCE 22: States and Provinces			
SITUATIONAL	N403	116	<b>Postal Code</b> Code defining international postal zone code excluding pur (zip code for United States)	O 1 nctuatio	<b>ID</b> on and b	<b>3/15</b> lanks
			SITUATIONAL RULE: Required when the address is in the America, including its territories, or Canada, or v exists for the country in N404. If not required by implementation guide, do not send.	vhen a		
			IMPLEMENTATION NAME: Laboratory or Facility Postal Z	one o	r ZIP C	ode
			code source 51: ZIP Code code source 932: Universal Postal Codes			
			When reporting the ZIP code for U.S. addresses, ZIP code must be provided.	the fu	III nine	digit
SITUATIONAL	N404	26	Country Code Code identifying the country	X 1	ID	2/3
			syntax: C0704			
			SITUATIONAL RULE: Required when the address is out. States of America. If not required by this implem not send.			
			CODE SOURCE 5: Countries, Currencies and Funds			
			Use the alpha-2 country codes from Part 1 of ISC	) 3166	-	
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2
NOT USED	N406	310	Location Identifier	01	AN	1/30
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision	X 1	ID	1/3
			syntax: E0207, C0704			
			SITUATIONAL RULE: Required when the address is not States of America, including its territories, or Ca country in N404 has administrative subdivisions limited to states, provinces, cantons, etc. If not r implementation guide, do not send.	nada, such	and th as but	e not
			CODE SOURCE 5: Countries, Currencies and Funds			
			Use the country subdivision codes from Part 2 o	f ISO :	3166.	

# **REF - SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION**

	SECONDARTIDENTIFICATION	
X12 Segment Name:	Reference Information	
X12 Purpose:	To specify identifying information	
X12 Syntax:	1. R0203 At least one of REF02 or REF03 is required.	
Loop:	2310C — SERVICE FACILITY LOCATION NAME	
Segment Repeat:	3	
Usage:	SITUATIONAL	
Situational Rule:	Required prior to the mandated HIPAA National Provider I implementation date when an identification number other necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Da in this loop is not used and an identification number other necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.	than the NPI is te when NM109
TR3 Example:	REF*G2*12345~	
DIAGRAM		
REF * Reference Ident Qua	* * * *	
USAGE D	EF. DATA ES. <u>ELEMENT</u> NAME	ATTRIBUTES
REQUIRED REFO	11 128 Reference Identification Qualifier Code qualifying the Reference Identification	M 1 ID 2/3

CODE	DEFINITION
0B	State License Number
G2	Provider Commercial Number
	This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.
LU	Location Number

005010X222 • 837 • SERVICE FACILITY		ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3					
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Trar by the Reference Identification Qualifier SYNTAX: R0203		AN or as s	<b>1/50</b> pecified	
			IMPLEMENTATION NAME: Laboratory or Facility Secondary Identified				
NOT USED	REF03	352	Description	X 1	AN	1/80	
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1			

# PER - SERVICE FACILITY CONTACT INFORMATION

X12 Segment Name: Administrative Communications Contact X12 Purpose: To identify a person or office to whom administrative communications should be directed 1. P0304 X12 Syntax: If either PER03 or PER04 is present, then the other is required. 2. P0506 If either PER05 or PER06 is present, then the other is required. 3. P0708 If either PER07 or PER08 is present, then the other is required. Loop: 2310C — SERVICE FACILITY LOCATION NAME Segment Repeat: 1 **Usage: SITUATIONAL** Situational Rule: Required for Property and Casualty claims when this information is different than the information provided in Loop ID-1000A Submitter EDI Contact Information PER Segment, and Loop ID-2010AA Billing Provider Contact Information PER segment and when deemed necessary by the submitter. If not required by this implementation guide, do not send. TR3 Notes: 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 5555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-".

TR3 Example: PER\*IC\*JOHN SMITH\*TE\*5555551234\*EX\*123~

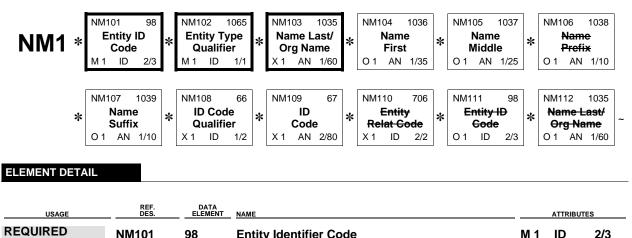
# 005010X222 • 837 • 2310C • PER SERVICE FACILITY CONTACT INFORMATION

DIAGRAM							
DED *	R01 366 Contact Inct Code ID 2/2	PER02 Name O 1 AN	* Number	n * Comm * Comm Qual * Number * Number Qu	ual *	PER06 Com Num X 1 AN	
* Nu X 1	R07 365 Comm mber Qual ID 2/2	PER08 Comm Numbe X 1 AN 1,	r <sup>*</sup> Referer				
ELEMENT DETAIL							
USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	PER01	366	Contact Funct Code identifying	t <b>ion Code</b> the major duty or responsibility of the per	M 1	ID group na	<b>2/2</b> amed
			CODE	DEFINITION			
			IC	Information Contact			
SITUATIONAL	PER02	93	<b>Name</b> Free-form name		01	AN	1/60
			in the Loop ID segment and	Required when the name is differ 0-1000A Submitter EDI Contact Info in the Loop ID-2010AA Billing Pro- ER. If not required by this impleme	ormati vider C	on PEF Contact	R t
REQUIRED	PER03	365		on Number Qualifier the type of communication number	X 1	ID	2/2
			<b>SYNTAX:</b> P0304				
			CODE	DEFINITION			
			TE	Telephone			
REQUIRED	PER04	364	Communication Complete communication applicable	on Number unications number including country or a	X 1 rea code	AN e when	1/256
			<b>SYNTAX:</b> P0304				
SITUATIONAL	PER05	365		on Number Qualifier the type of communication number	X 1	ID	2/2
			syntax: P0506				
				Required when this information is the second s			-
			CODE	DEFINITION			
			EX	Telephone Extension			

ASC X12N • INSUR TECHNICAL REPOR		MMITTEE	005010X222 • 837 • 2310C • PER SERVICE FACILITY CONTACT INFORMATION			
SITUATIONAL PER06 364			Communication Number Complete communications number including country or a applicable SYNTAX: P0506	X 1 rea code	AN e when	1/256
			SITUATIONAL RULE: <b>Required when this information i</b> by the submitter. If not required by this implement not send.			-
NOT USED	PER07	365	Communication Number Qualifier	X 1	ID	2/2
NOT USED	PER08	364	Communication Number	X 1	AN	1/256
NOT USED	PER09	443	Contact Inquiry Reference	01	AN	1/20

	NM1 - SUPERVISING PROVIDER NAME
X12 Segment Name:	Individual or Organizational Name
X12 Purpose:	To supply the full name of an individual or organizational entity
X12 Set Notes:	<ol> <li>Loop 2310 contains information about the rendering, referring, or attending provider.</li> </ol>
X12 Syntax:	1. P0809 If either NM108 or NM109 is present, then the other is required.
	<b>2. C1110</b> If NM111 is present, then NM110 is required.
	<b>3. C1203</b> If NM112 is present, then NM103 is required.
Loop:	2310D — SUPERVISING PROVIDER NAME Loop Repeat: 1
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required when the rendering provider is supervised by a physician. If not required by this implementation guide, do not send.
TR3 Notes:	1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.
TR3 Example:	NM1*DQ*1*DOE*JOHN*B***XX*1234567891~

#### DIAGRAM



 ED
 NM101
 98
 Entity Identifier Code
 M 1
 ID
 2/3

 Code identifying an organizational entity, a physical location, property or an individual
 Code
 DEFINITION
 DQ
 Definition

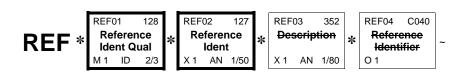
ASC X12N • INSURA TECHNICAL REPORT		MMITTEE		005010X2 SUPERV			0D • NM ER NAME
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of	entity	M 1	ID	1/1
			SEMANTIC: NM102 qualifies	NM103.			
				N			
			1 Person				
REQUIRED	NM103	1035	Name Last or Organiza Individual last name or org		X 1	AN	1/60
			syntax: C1203				
			IMPLEMENTATION NAME: Sup	ervising Provider Last Na	me		
SITUATIONAL	NM104	1036	Name First Individual first name		01	AN	1/35
			-	d when the person has a mentation guide, do not s		ame. If	not
			IMPLEMENTATION NAME: SUP	ervising Provider First Na	me		
SITUATIONAL	NM105	5 1037	Name Middle Individual middle name or	nitial	01	AN	1/25
			-	d when the middle name entify the individual. If no do not send.			
			IMPLEMENTATION NAME: SUP	ervising Provider Middle N	Name o	or Initia	al
NOT USED	NM106	1038	Name Prefix		01	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name		01	AN	1/10
			-	d when the name suffix is quired by this implement			-
			IMPLEMENTATION NAME: Sup	ervising Provider Name S	uffix		
			•	•			

SITUATIONAL	NM108	66	Identification Code Qualifier       X 1       ID       1/2         Code designating the system/method of code structure used for Identification       Code (67)
			syntax: P0809
			SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.
			CODE DEFINITION
			XX Centers for Medicare and Medicaid Services National Provider Identifier
			<b>CODE SOURCE 537:</b> Centers for Medicare and Medicaid Services National Provider Identifier
SITUATIONAL	NM109	67	Identification CodeX 1AN2/80Code identifying a party or other code
			SYNTAX: P0809 SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Supervising Provider Identifier
NOT USED	NM110	706	Entity Relationship Code X 1 ID 2/2
NOT USED	NM111	98	Entity Identifier Code O 1 ID 2/3
NOT USED	NM112	1035	Name Last or Organization Name O 1 AN 1/60

## **REF - SUPERVISING PROVIDER SECONDARY IDENTIFICATION**

X12 Segment Name:	Reference Information
X12 Purpose:	To specify identifying information
X12 Syntax:	1. R0203 At least one of REF02 or REF03 is required.
Loop:	2310D — SUPERVISING PROVIDER NAME
Segment Repeat:	4
Usage:	SITUATIONAL
Situational Rule:	Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI implementation date when the entity is not a Health Care provider (a.k.a. an atypical provider), and an identifier is necessary for the claims processor to identify the entity. If not required by this implementation guide, do not send.
TR3 Example:	REF*G2*12345~
DIAGRAM	

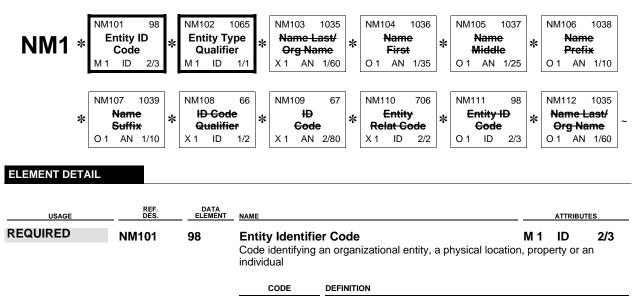
#### DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128		entification QualifierM 1ID2/3the Reference Identification
			CODE	DEFINITION
			0B	State License Number
			1G	Provider UPIN Number
				UPINs must be formatted as either X99999 or XXX999.
			G2	Provider Commercial Number
				This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.
			LU	Location Number

005010X222 • 837 • SUPERVISING PRO			ASC X12N • IN INTIFICATION TE	ISURANCE CHNICAL R		
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Tra by the Reference Identification Qualifier <b>SYNTAX</b> : R0203		AN or as s	<b>1/50</b> pecified
			IMPLEMENTATION NAME: Supervising Provider Sec	ondary Ide	ntifier	
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01		

	NM1 - AMBULANCE PICK-UP LOCATION
X12 Segment Name:	Individual or Organizational Name
X12 Purpose:	To supply the full name of an individual or organizational entity
X12 Set Notes:	<ol> <li>Loop 2310 contains information about the rendering, referring, or attending provider.</li> </ol>
X12 Syntax:	<ol> <li>P0809         If either NM108 or NM109 is present, then the other is required.     </li> </ol>
	<b>2. C1110</b> If NM111 is present, then NM110 is required.
	<b>3. C1203</b> If NM112 is present, then NM103 is required.
Loop:	2310E — AMBULANCE PICK-UP LOCATION Loop Repeat: 1
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required when billing for ambulance or non-emergency transportation services. If not required by this implementation guide, do not send.
TR3 Notes:	1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.
TR3 Example:	NM1*PW*2~
DIAGRAM	



#### Pickup Address

PW

005010X222 • 837 • 2310E • NM1 AMBULANCE PICK-UP LOCATION

REQUIRED	NM102	1065	Entity Type Code qualifying	<b>Qualifier</b> g the type of entity	<b>M</b> 1	ID	1/1
			SEMANTIC: NM1	02 qualifies NM103.			
			CODE	DEFINITION			
			2	Non-Person Entity			
NOT USED	NM103	1035	Name Last o	or Organization Name	X 1	AN	1/60
NOT USED	NM104	1036	Name First		01	AN	1/35
NOT USED	NM105	1037	Name Middle	e	01	AN	1/25
NOT USED	NM106	1038	Name Prefix		01	AN	1/10
NOT USED	NM107	1039	Name Suffix		01	AN	1/10
NOT USED	NM108	66	Identification	n Code Qualifier	X 1	ID	1/2
NOT USED	NM109	67	Identificatio	n Code	X 1	AN	2/80
NOT USED	NM110	706	Entity Relati	onship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identi	fier Code	01	ID	2/3
NOT USED	NM112	1035	Name Last c	or Organization Name	O 1	AN	1/60

# N3 - AMBULANCE PICK-UP LOCATION ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2310E — AMBULANCE PICK-UP LOCATION

Segment Repeat: 1

#### Usage: REQUIRED

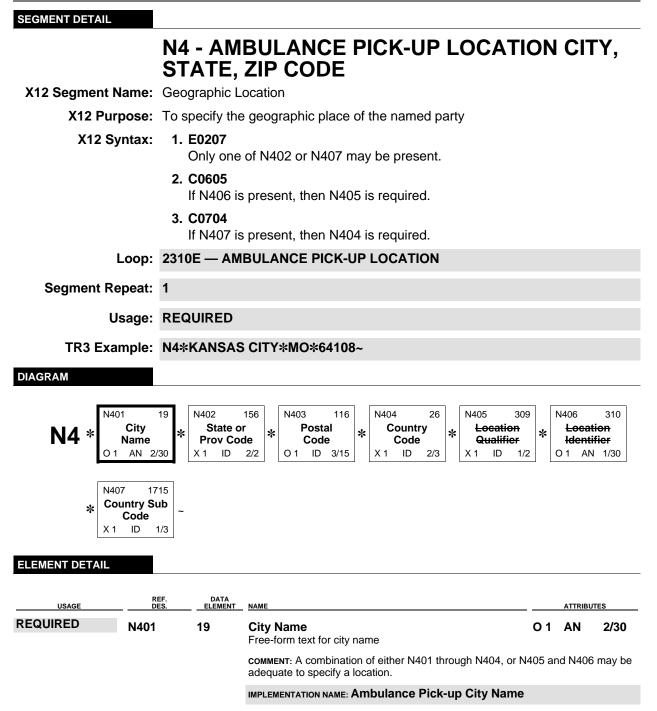
TR3 Notes: 1. If the ambulance pickup location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)

TR3 Example: N3\*123 MAIN STREET~

#### DIAGRAM

	N301	1	166		N302	2	166	1
N3 *	Address Information			*		ddre orma		~
	M 1	AN	1/55		01	AN	1/55	

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES		
REQUIRED	D N301 1		Address Information Address information	M 1	AN	1/55		
			IMPLEMENTATION NAME: Ambulance Pick-up Address Line					
SITUATIONAL	N302	166	Address Information Address information	01	AN	1/55		
			SITUATIONAL RULE: <i>Required when there is a second address line. If not required by this implementation guide, do not send.</i>					
			IMPLEMENTATION NAME: Ambulance Pick-up Address L	.ine				

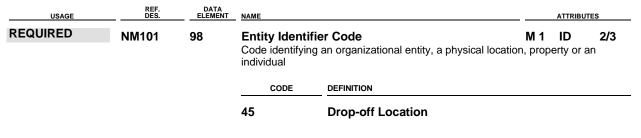


SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by approp	X 1 priate govern	ID ment a	<b>2/2</b> gency
			SYNTAX: E0207	-		
			COMMENT: N402 is required only if city name (N401) is	in the U.S. o	or Cana	ıda.
			SITUATIONAL RULE: <b>Required when the address is</b> America, including its territories, or Canada. implementation guide, do not send.			
			IMPLEMENTATION NAME: Ambulance Pick-up State of	or Provinc	e Cod	e
			CODE SOURCE 22: States and Provinces			
SITUATIONAL	N403	116	<b>Postal Code</b> Code defining international postal zone code excludin (zip code for United States)	O 1 g punctuatio	ID on and b	3/15 planks
			SITUATIONAL RULE: <i>Required when the address is</i> America, including its territories, or Canada, exists for the country in N404. If not required implementation guide, do not send.	or when a		
			IMPLEMENTATION NAME: Ambulance Pick-up Postal	Zone or Z	IP Co	de
			code source 51: ZIP Code code source 932: Universal Postal Codes			
SITUATIONAL	N404	26	Country Code Code identifying the country	<b>X</b> 1	ID	2/3
			syntax: C0704			
			SITUATIONAL RULE: <b>Required when the address is</b> States of America. If not required by this imp not send.			
			CODE SOURCE 5: Countries, Currencies and Funds			
			Use the alpha-2 country codes from Part 1 of	f ISO 3166	•	
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2
NOT USED	N406	310	Location Identifier	01	AN	1/30
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision	X 1	ID	1/3
			syntax: E0207, C0704			
			SITUATIONAL RULE: Required when the address is States of America, including its territories, o country in N404 has administrative subdivisi limited to states, provinces, cantons, etc. If r implementation guide, do not send.	r Canada, ions such	and th as but	ne t not
			States of America, including its territories, o country in N404 has administrative subdivisi limited to states, provinces, cantons, etc. If r	r Canada, ions such	and th as but	ne t not

\_ \_ \_

	NM1 - AMBULANCE DROP-OFF LOCATION
X12 Segment Name:	Individual or Organizational Name
X12 Purpose:	To supply the full name of an individual or organizational entity
X12 Set Notes:	<ol> <li>Loop 2310 contains information about the rendering, referring, or attending provider.</li> </ol>
X12 Syntax:	1. P0809 If either NM108 or NM109 is present, then the other is required.
	<b>2. C1110</b> If NM111 is present, then NM110 is required.
	<b>3. C1203</b> If NM112 is present, then NM103 is required.
Loop:	2310F — AMBULANCE DROP-OFF LOCATION Loop Repeat: 1
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required when billing for ambulance or non-emergency transportation services. If not required by this implementation guide, do not send.
TR3 Notes:	1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.
TR3 Example:	NM1*45*2~
DIAGRAM	
<u> </u>	

NM101 NM102 NM103 1035 NM104 NM105 1037 NM106 1038 98 1065 1036 Entity ID Entity Type Name Last/ Name Name Name **NM1** \* \* \* \* \* Qualifier Prefix Middle Code Org Name First ID 2/3 ID 1/1 AN 1/60 O 1 AN 1/35 01 AN 1/25 O 1 AN 1/10 M 1 X 1 M 1 NM107 NM108 NM109 NM110 NM112 1039 66 67 706 NM111 98 1035 ID Code Entity ₩Đ Entity ID Name Last/ Name \* \* \* \* \* \* ~ **Suffix Qualifier** Code Relat Code Code Org Name AN 2/80 O 1 O 1 AN 1/10 ID X 1 ID ID O 1 AN 1/60 Χ1 1/2 Χ1 2/2 2/3 ELEMENT DETAIL

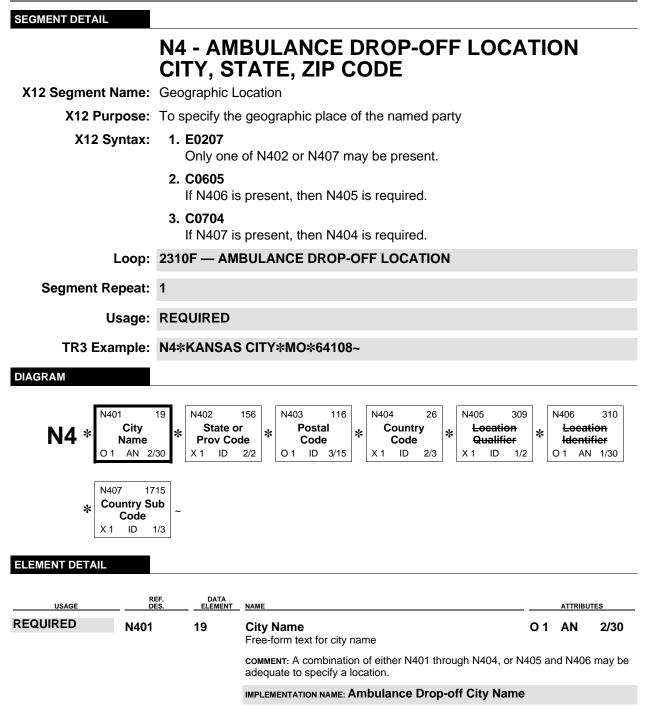


## \_\_\_\_

SEGMENT DETAIL

	SC X12N • INSURANCE SUBCOMMITTEE005010X222 • 837 • 2310F • NM1ECHNICAL REPORT • TYPE 3AMBULANCE DROP-OFF LOCATION							
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity		I	M 1	ID	1/1
			SEMANTIC: NM1	02 qualifies NM103.				
			2	Non-Person Entity				
SITUATIONAL	NM103	1035		r Organization Name		X 1	AN	1/60
			syntax: C1203					
				E: Required when drop- by this implementation				vn. lf
				NAME: Ambulance Drop-	off Location			
NOT USED	NM104	1036	Name First			01	AN	1/35
NOT USED	NM105	1037	Name Middle	)	(	01	AN	1/25
NOT USED	NM106	1038	Name Prefix			01	AN	1/10
NOT USED	NM107	1039	Name Suffix			01	AN	1/10
NOT USED	NM108	66	Identification	n Code Qualifier	2	X 1	ID	1/2
NOT USED	NM109	67	Identification	n Code	2	X 1	AN	2/80
NOT USED	NM110	706	Entity Relation	onship Code	2	X 1	ID	2/2
NOT USED	NM111	98	Entity Identi	ier Code		01	ID	2/3
NOT USED	NM112	1035	Name Last o	r Organization Name	(	01	AN	1/60

SEGMENT DETAIL **N3 - AMBULANCE DROP-OFF LOCATION ADDRESS** X12 Segment Name: Party Location X12 Purpose: To specify the location of the named party Loop: 2310F — AMBULANCE DROP-OFF LOCATION Segment Repeat: 1 **Usage: REQUIRED** TR3 Example: N3\*123 MAIN STREET~ DIAGRAM N302 N301 166 166 Address Address N3 \* \* Information Information M 1 AN 1/55 01 AN 1/55 ELEMENT DETAIL REF. DES. DATA ELEMENT NAME USAGE ATTRIBUTES REQUIRED N301 166 **Address Information** M1 AN 1/55 Address information IMPLEMENTATION NAME: Ambulance Drop-off Address Line SITUATIONAL N302 166 **Address Information** 01 AN 1/55 Address information SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Ambulance Drop-off Address Line

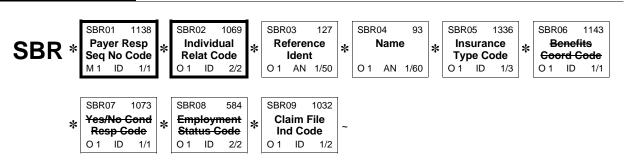


005010X222 • 837 • 2310F • N4
AMBULANCE DROP-OFF LOCATION CITY, STATE, ZIP CODE

SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate	X1 govern	ID ment ag	<b>2/2</b> jency
			syntax: E0207			
			COMMENT: N402 is required only if city name (N401) is in the	e U.S. (	or Canad	da.
			SITUATIONAL RULE: <b>Required when the address is in the America, including its territories, or Canada. If no implementation guide, do not send.</b>			
			IMPLEMENTATION NAME: Ambulance Drop-off State or P	rovinc	ce Cod	е
			CODE SOURCE 22: States and Provinces			
SITUATIONAL	N403	116	<b>Postal Code</b> Code defining international postal zone code excluding pur (zip code for United States)	O 1 nctuatio	<b>ID</b> on and b	<b>3/15</b> lanks
			SITUATIONAL RULE: Required when the address is in the America, including its territories, or Canada, or v exists for the country in N404. If not required by implementation guide, do not send.	vhen a		
			IMPLEMENTATION NAME: Ambulance Drop-off Postal Zo	ne or 2	ZIP Co	de
			code source 51: ZIP Code code source 932: Universal Postal Codes			
SITUATIONAL	N404	26	Country Code Code identifying the country	X 1	ID	2/3
			syntax: C0704			
			SITUATIONAL RULE: Required when the address is out: States of America. If not required by this implem not send.			
			CODE SOURCE 5: Countries, Currencies and Funds			
			Use the alpha-2 country codes from Part 1 of ISC	3166	-	
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2
NOT USED	N406	310	Location Identifier	01	AN	1/30
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision	X 1	ID	1/3
			syntax: E0207, C0704			
			SITUATIONAL RULE: Required when the address is not States of America, including its territories, or Ca country in N404 has administrative subdivisions limited to states, provinces, cantons, etc. If not re implementation guide, do not send.	nada, such	and the as but	e not
			CODE SOURCE 5: Countries, Currencies and Funds			
			Use the country subdivision codes from Part 2 or	f ISO 1	3166	

Use the country subdivision codes from Part 2 of ISO 3166.

SEGMENT DETAIL	
	SBR - OTHER SUBSCRIBER INFORMATION
X12 Segment Name:	Subscriber Information
X12 Purpose:	To record information specific to the primary insured and the insurance carrier for that insured
X12 Set Notes:	<ol> <li>Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber, Subscriber of the Other Insurance Carriers, School or Employer Information for that Subscriber.</li> </ol>
Loop:	2320 — OTHER SUBSCRIBER INFORMATION Loop Repeat: 10
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required when other payers are known to potentially be involved in paying on this claim. If not required by this implementation guide, do not send.
TR3 Notes:	1. All information contained in Loop ID-2320 applies only to the payer identified in Loop ID-2330B of this iteration of Loop ID-2320. It is specific only to that payer. If information for an additional payer is necessary, repeat Loop ID-2320 with its respective 2330 Loops.
	2. See Crosswalking COB Data Elements section for more information on handling COB in the 837.
TR3 Example:	SBR*S*01*GR00786*****13~
DIAGRAM	



USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES			
REQUIRED	SBR01	801 1138		onsibility Sequence Number Code g the insurance carrier's level of responsibili	M 1 ID 1/1 ity for a payment of a			
			Responsibili	en claim, the various values for the P ity Sequence Number Code (other the pre than once.				
			CODE	DEFINITION				
			Α	Payer Responsibility Four				
			В	Payer Responsibility Five				
			С	Payer Responsibility Six				
			D	Payer Responsibility Seven				
			Е	Payer Responsibility Eight				
			F	Payer Responsibility Nine				
			G	Payer Responsibility Ten				
			н	Payer Responsibility Eleven				
			Р	Primary				
			S	Secondary				
		т	Tertiary					
		U	Unknown					
				This code may only be used in pa claims when the original payer de presence of this coverage from el received from this payer or when did not provide the responsibility payer.	termined the ligibility files the original claim			
REQUIRED	SBR02	1069		elationship Code g the relationship between two individuals or	O 1 ID 2/2 entities			
			SEMANTIC: SBR	02 specifies the relationship to the person in	sured.			
			CODE	DEFINITION				
			01	Spouse				
			18	Self				
			19	Child				
			20	Employee				
			21	Unknown				
			39	Organ Donor				
			40	Cadaver Donor				
			53	Life Partner				
			G8	Other Relationship				

SITUATIONAL	SBR03	SBR03 127		entification mation as defined for a particular Transa e Identification Qualifier	-	AN or as sp	1/50 becified		
			SEMANTIC: SBR03 is policy or group number.						
			for the non-d iteration of L	E: Required when the subscriber's estination payer identified in Loo oop ID-2320 shows a group numb tation guide, do not send.	o ID-233	0B of t	his		
				NAME: Insured Group or Policy Nun	nber				
			unique subso	e number uniquely identifying the criber number is submitted in Loo of Loop ID-2320.					
SITUATIONAL	SBR04	93	Name Free-form name		01	AN	1/60		
			semantic: SBR0	4 is plan name.					
			SITUATIONAL RULE: Required when SBR03 is not used and the name is available. If not required by this implementation not send.						
				NAME: Other Insured Group Name					
SITUATIONAL	SBR05	1336	Insurance Ty Code identifying	<b>pe Code</b> I the type of insurance policy within a spe	O 1 ecific insu	<b>ID</b> rance p	<b>1/3</b> rogram		
			SITUATIONAL RULE: Required when the payer identified in Loop for this iteration of Loop ID-2320 is Medicare and Medicar the primary payer (Loop ID-2320 SBR01 is not P). If not re this implementation guide, do not send.						
			CODE	DEFINITION					
			12	Medicare Secondary Working A Spouse with Employer Group H	-		ry or		
			13	Medicare Secondary End-Stage Beneficiary in the Mandated Co with an Employer's Group Heal	ordinati				
			14	Medicare Secondary, No-fault In Auto is Primary	nsuranc	e inclu	ding		
			15	Medicare Secondary Worker's	Compen	sation			
			16	Medicare Secondary Public Hea Other Federal Agency	alth Serv	vice (Pl	HS)or		
			41	Medicare Secondary Black Lun	g				
			42	Medicare Secondary Veteran's	Adminis	tratior	1 I		
			43	Medicare Secondary Disabled E Age 65 with Large Group Healt			der		
			47	Medicare Secondary, Other Lia Primary	bility Ins	urance	e is		
NOT USED	SBR06	1143	Coordination	of Benefits Code	01	ID	1/1		
NOT USED	SBR07	1073	Yes/No Cond	ition or Response Code	01	ID	1/1		
NOT USED	SBR08	584	Employment	Status Code	01	ID	2/2		

#### 005010X222 • 837 • 2320 • SBR OTHER SUBSCRIBER INFORMATION

SITUATIONAL	SBR09	1032	Claim Filing In Code identifying	ndicator Code I type of claim	01	ID	1/2				
			SITUATIONAL RULE: Required prior to mandated use of the HIPAA National Plan ID. If not required by this implementation guide, do not send.								
			CODE	DEFINITION							
			11	Other Non-Federal Programs							
			12	Preferred Provider Organization	(PPO)						
			13	Point of Service (POS)							
			14	Exclusive Provider Organization	n (EPO)						
			15	Indemnity Insurance							
			16	Health Maintenance Organization	n (HMC	) Medio	care				
			17	Dental Maintenance Organization	า						
			AM	Automobile Medical							
			BL	Blue Cross/Blue Shield	ross/Blue Shield						
			СН	Champus							
			CI	Commercial Insurance Co.							
			DS	Disability							
			FI	Federal Employees Program	ogram						
			НМ	Health Maintenance Organization	า						
			LM	Liability Medical							
			MA	Medicare Part A							
			МВ	Medicare Part B							
			МС	Medicaid							
			OF	Other Federal Program							
				Use code OF when submitting M claims.	edicar	e Part E	)				
			тv	Title V							
			VA	Veterans Affairs Plan							
			WC	Workers' Compensation Health	Claim						
			ZZ	Mutually Defined							
				Use Code ZZ when Type of Insu	ance is	s not kr	nown.				

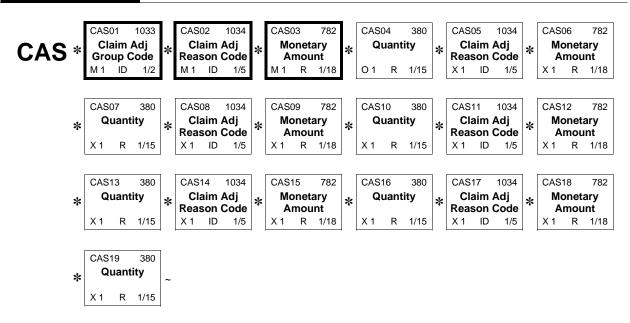
	CAS - CLAIM LEVEL ADJUSTMENTS
X12 Segment Name:	Claims Adjustment
X12 Purpose:	To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid
X12 Syntax:	<ol> <li>L050607         If CAS05 is present, then at least one of CAS06 or CAS07 are required.     </li> </ol>
	2. C0605 If CAS06 is present, then CAS05 is required.
	<b>3. C0705</b> If CAS07 is present, then CAS05 is required.
	4. L080910 If CAS08 is present, then at least one of CAS09 or CAS10 are required.
	5. C0908 If CAS09 is present, then CAS08 is required.
	6. C1008 If CAS10 is present, then CAS08 is required.
	7. L111213 If CAS11 is present, then at least one of CAS12 or CAS13 are required.
	8. C1211 If CAS12 is present, then CAS11 is required.
	<b>9. C1311</b> If CAS13 is present, then CAS11 is required.
	<b>10. L141516</b> If CAS14 is present, then at least one of CAS15 or CAS16 are required.
	<b>11. C1514</b> If CAS15 is present, then CAS14 is required.
	<b>12. C1614</b> If CAS16 is present, then CAS14 is required.
	<b>13. L171819</b> If CAS17 is present, then at least one of CAS18 or CAS19 are required.
	<b>14. C1817</b> If CAS18 is present, then CAS17 is required.
	<b>15. C1917</b> If CAS19 is present, then CAS17 is required.
X12 Comments:	<ol> <li>Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.</li> </ol>
Loop:	2320 — OTHER SUBSCRIBER INFORMATION
Comment Dans -1	F
Segment Repeat:	
Usage:	SITUATIONAL

Situational Rule:	Required when the claim has been adjudicated by the payer identified in this loop, and the claim has claim level adjustment information. If not required by this implementation guide, do not send.
TR3 Notes:	1. Submitters must use this CAS segment to report prior payers' claim level adjustments that cause the amount paid to differ from the amount originally charged.
<ol> <li>Only one Group Code is allowed per CAS. If it is necessary to semore than one Group Code at the claim level, repeat the CAS see</li> <li>Codes and associated amounts must come from either paper remittance advice or 835s (Electronic Remittance Advice) receive the claim. When the information originates from a paper remittance</li> </ol>	
	remittance advice or 835s (Electronic Remittance Advice) received on the claim. When the information originates from a paper remittance advice that does not use the standard Claim Adjustment Reason Codes, the paper values must be converted to standard Claim
	4. A single CAS segment contains six repetitions of the "adjustment trio" composed of adjustment reason code, adjustment amount, and adjustment quantity. These six adjustment trios are used to report up to six adjustments related to a particular Claim Adjustment Group Code (CAS01). The first non-zero adjustment is reported in the first adjustment trio (CAS02-CAS04). If there is a second non-zero adjustment, it is reported in the second adjustment trio (CAS05-CAS07), and so on through the sixth adjustment trio (CAS17-CAS19).

TR3 Example: CAS\*PR\*1\*7.93~

TR3 Example: CAS\*OA\*93\*15.06~

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	ITES	
REQUIRED	CAS01	CAS01 1033	Claim Adjustment Group Code           Code identifying the general category of payment adjustmen           CODE         DEFINITION	<b>M 1</b> it	ID	1/2	
			CO Contractual Obligations				
			CR Correction and Reversals				
			OA Other adjustments				
			PI Payor Initiated Reductions				
			PR Patient Responsibility				
REQUIRED	JIRED CAS02	1034	Claim Adjustment Reason Code Code identifying the detailed reason the adjustment was made	<b>M 1</b> de	ID	1/5	
			IMPLEMENTATION NAME: Adjustment Reason Code				
			CODE SOURCE 139: Claim Adjustment Reason Code				
			See CODE SOURCE 139: Claim Adjustment Reaso	on Co	de		
REQUIRED	CAS03	782	Monetary Amount Monetary amount	M 1	R	1/18	
			SEMANTIC: CAS03 is the amount of adjustment.				
			IMPLEMENTATION NAME: Adjustment Amount				
SITUATIONAL	IONAL CAS04	380	<b>Quantity</b> Numeric value of quantity	01	R	1/15	
		SEMANTIC: CAS04 is the units of service being adjusted.					
		SITUATIONAL RULE: <b>Required when the number of servi</b> adjusted. If not required by this implementation gu					
			IMPLEMENTATION NAME: Adjustment Quantity				
SITUATIONAL	CAS05	1034	Claim Adjustment Reason Code Code identifying the detailed reason the adjustment was made	<b>X 1</b> de	ID	1/5	
			syntax: L050607, C0605, C0705				
			SITUATIONAL RULE: Required when it is necessary to re- non-zero adjustment, beyond what has already be this claim for the Claim Adjustment Group Code re If not required by this implementation guide, do no	en s eport	upplie ed in	d, to	
			IMPLEMENTATION NAME: Adjustment Reason Code				
			CODE SOURCE 139: Claim Adjustment Reason Code				
SITUATIONAL	UATIONAL CAS06	782	Monetary Amount Monetary amount	X 1	R	1/18	
			syntax: L050607, C0605				
			SEMANTIC: CAS06 is the amount of the adjustment.				
			SITUATIONAL RULE: <i>Required when CAS05 is present. If this implementation guide, do not send.</i>	not	requii	ed by	
			IMPLEMENTATION NAME: Adjustment Amount				

005010X222 • 837 • 2 CLAIM LEVEL ADJU			ASC X12N • INS TEC	SURANCE S HNICAL R		
SITUATIONAL	CAS07	380	<b>Quantity</b> Numeric value of quantity	X 1	R	1/15
			syntax: L050607, C0705			
			SEMANTIC: CAS07 is the units of service being adjusted	l.		
			SITUATIONAL RULE: Required when CAS05 is prese units of service adjustment. If not required b guide, do not send.			
			IMPLEMENTATION NAME: Adjustment Quantity			
SITUATIONAL	CAS08	1034	Claim Adjustment Reason Code Code identifying the detailed reason the adjustment w	X 1 as made	ID	1/5
			syntax: L080910, C0908, C1008			
		SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this claim for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.				
			IMPLEMENTATION NAME: Adjustment Reason Code			
			CODE SOURCE 139: Claim Adjustment Reason Code			
SITUATIONAL	ATIONAL CAS09	S09 782	Monetary Amount Monetary amount	X 1	R	1/18
			syntax: L080910, C0908			
			SEMANTIC: CAS09 is the amount of the adjustment.			
		SITUATIONAL RULE: Required when CAS08 is prese this implementation guide, do not send.	ent. If not	requii	red by	
			IMPLEMENTATION NAME: Adjustment Amount			
SITUATIONAL	CAS10	380	<b>Quantity</b> Numeric value of quantity	X 1	R	1/15
			syntax: L080910, C1008			
			SEMANTIC: CAS10 is the units of service being adjusted	I.		
			SITUATIONAL RULE: Required when CAS08 is prese units of service adjustment. If not required b guide, do not send.			
			IMPLEMENTATION NAME: Adjustment Quantity			
SITUATIONAL	CAS11	1034	Claim Adjustment Reason Code Code identifying the detailed reason the adjustment w	X 1 as made	ID	1/5
			syntax: L111213, C1211, C1311			
			SITUATIONAL RULE: <b>Required when it is necessary</b> non-zero adjustment, beyond what has alread this claim for the Claim Adjustment Group Co If not required by this implementation guide,	dy been s ode repor	upplie ted in	ed, to
			IMPLEMENTATION NAME: Adjustment Reason Code			
			CODE SOURCE 139: Claim Adjustment Reason Code			

	• TYPE 3	MMITTEE		010X222 ● 8 AIM LEVEL		
SITUATIONAL	CAS12	782	Monetary Amount Monetary amount	X 1	R	1/18
			syntax: L111213, C1211			
			SEMANTIC: CAS12 is the amount of the adjustment.			
			SITUATIONAL RULE: <i>Required when CAS11 is pres</i> this implementation guide, do not send.	ent. If not	requi	red by
			IMPLEMENTATION NAME: Adjustment Amount			
SITUATIONAL	CAS13 380	380	<b>Quantity</b> Numeric value of quantity	X 1	R	1/15
			syntax: L111213, C1311			
		SEMANTIC: CAS13 is the units of service being adjusted	1.			
			SITUATIONAL RULE: Required when CAS11 is pres units of service adjustment. If not required b guide, do not send.			
			IMPLEMENTATION NAME: Adjustment Quantity			
SITUATIONAL	ATIONAL CAS14 1034	1034	Claim Adjustment Reason Code Code identifying the detailed reason the adjustment w	X 1 as made	ID	1/5
			syntax: L141516, C1514, C1614			
			SITUATIONAL RULE: Required when it is necessary non-zero adjustment, beyond what has alread this claim for the Claim Adjustment Group C If not required by this implementation guide,	dy been s ode repor	uppli ted in	ed, to
			IMPLEMENTATION NAME: Adjustment Reason Code			
		L CAS15 782	CODE SOURCE 139: Claim Adjustment Reason Code			
SITUATIONAL	CAS15	782	code source 139: Claim Adjustment Reason Code Monetary Amount Monetary amount	X 1	R	1/18
SITUATIONAL	CAS15	782	Monetary Amount	X 1	R	1/18
SITUATIONAL	CAS15	782	Monetary Amount Monetary amount	X 1	R	1/18
SITUATIONAL	CAS15	782	Monetary Amount Monetary amount syntax: L141516, C1514			
SITUATIONAL	CAS15	782	Monetary Amount Monetary amount SYNTAX: L141516, C1514 SEMANTIC: CAS15 is the amount of the adjustment. SITUATIONAL RULE: <i>Required when CAS14 is pres</i>			
	CAS15 CAS16	782 380	Monetary Amount Monetary amount SYNTAX: L141516, C1514 SEMANTIC: CAS15 is the amount of the adjustment. SITUATIONAL RULE: Required when CAS14 is pres this implementation guide, do not send.			
		-	Monetary Amount Monetary amount SYNTAX: L141516, C1514 SEMANTIC: CAS15 is the amount of the adjustment. SITUATIONAL RULE: <i>Required when CAS14 is press</i> <i>this implementation guide, do not send.</i> IMPLEMENTATION NAME: Adjustment Amount Quantity	ent. If not	requi	red by
SITUATIONAL		-	Monetary Amount Monetary amount SYNTAX: L141516, C1514 SEMANTIC: CAS15 is the amount of the adjustment. SITUATIONAL RULE: <i>Required when CAS14 is press</i> <i>this implementation guide, do not send.</i> IMPLEMENTATION NAME: Adjustment Amount Quantity Numeric value of quantity	ent. If not X 1	requi	red by
		-	Monetary Amount Monetary amount SYNTAX: L141516, C1514 SEMANTIC: CAS15 is the amount of the adjustment. SITUATIONAL RULE: Required when CAS14 is press this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Amount Quantity Numeric value of quantity SYNTAX: L141516, C1614	ent. If not X 1 I. ent and is	requi R relate	1/15 red to a

005010X222 • 837 • 2 CLAIM LEVEL ADJU			ASC X12N • INSU TECH			MMITTEE • TYPE 3
SITUATIONAL	CAS17	1034	Claim Adjustment Reason Code Code identifying the detailed reason the adjustment was	X1 made	ID	1/5
			syntax: L171819, C1817, C1917			
			SITUATIONAL RULE: Required when it is necessary to non-zero adjustment, beyond what has already this claim for the Claim Adjustment Group Coo If not required by this implementation guide, de	been s e report	upplie ted in	ed, to
			IMPLEMENTATION NAME: Adjustment Reason Code			
			CODE SOURCE 139: Claim Adjustment Reason Code			
SITUATIONAL	CAS18	782	Monetary Amount Monetary amount	X 1	R	1/18
			syntax: L171819, C1817			
			SEMANTIC: CAS18 is the amount of the adjustment.			
			SITUATIONAL RULE: Required when CAS17 is present this implementation guide, do not send.	t. If not	requi	red by
			IMPLEMENTATION NAME: Adjustment Amount			
SITUATIONAL	CAS19	380	<b>Quantity</b> Numeric value of quantity	X 1	R	1/15
			syntax: L171819, C1917			
			SEMANTIC: CAS19 is the units of service being adjusted.			
			SITUATIONAL RULE: Required when CAS17 is present units of service adjustment. If not required by a guide, do not send.			
			IMPLEMENTATION NAME: Adjustment Quantity			

# AMT - COORDINATION OF BENEFITS (COB) PAYER PAID AMOUNT

	ГA						
X12 Segment Name	Mone	atary Amo	ount Information				
X12 Purpose	To in	o indicate the total monetary amount					
Loop	2320	— OTH	ER SUBSCRIBER INFORMATION				
Segment Repeat	1						
Usage	SITU	ATIONA	۱L				
Situational Rule:	Loop OR Requ paym	Required when the claim has been adjudicated by the payer identified in Loop ID-2330B of this loop. OR Required when Loop ID-2010AC is present. In this case, the claim is a post payment recovery claim submitted by a subrogated Medicaid agency. f not required by this implementation guide, do not send.					
TR3 Example:	AMT	* <b>D</b> *411 <sup>,</sup>	~				
DIAGRAM							
		Monetar	· •				
Amount C Code M 1 ID	Qual *	Monetar Amoun M 1 R 1	ry * Cred/Debit It 1/18 O 1 ID 1/1				
Amount C Code M 1 ID ELEMENT DETAIL	≀ual <sub>*</sub>	Monetar Amoun	ry * <del>Gred/Debit</del> tt <del>Flag Code</del> ~		ATTRIB	леs	
Amount C Code M 1 ID	2 <b>ual</b> * 1/3	Monetar Amoun M 1 R 1	ry       Cred/Debit         1/18       Flag Code         0.1       ID       1/1         NAME       Maximum         Amount Qualifier Code       Code         Code       to qualify amount         CODE       DEFINITION	 M 1	ATTRIBU ID	<del>лез</del> 1/3	
AMOUNT & Amount C Code M 1 ID ELEMENT DETAIL USAGE REQUIRED AMT	Rual * 1/3 REF. DES.	Monetar Amoun M 1 R 1	ry       Cred/Debit         1/18       *         01       ID       1/1         NAME       01       ID       1/1         Amount Qualifier Code       Code       Definition         CODE       DEFINITION       Payor Amount Paid		ID	1/3	
Amount C Code M 1 ID ELEMENT DETAIL USAGE REQUIRED AM1	Rual * 1/3 REF. DES.	Monetar Amoun M 1 R 1	ry       Cred/Debit         1/18       Flag Code         0.1       ID       1/1         NAME       Maximum         Amount Qualifier Code       Code         Code       to qualify amount         CODE       DEFINITION	— — M 1 M 1			
AMOUNT & Amount C Code M 1 ID ELEMENT DETAIL USAGE REQUIRED AMT	Rual * 1/3 REF. DES.	Monetar Amoun M 1 R 1	ry       Cred/Debit         1/18       *         0       1         0       1         NAME         Amount Qualifier Code         Code to qualify amount         CODE       DEFINITION         D       Payor Amount Paid         Monetary Amount		ID	1/3	
AMOUNT & Amount C Code M 1 ID ELEMENT DETAIL USAGE REQUIRED AMT	Rual * 1/3 REF. DES.	Monetar Amoun M 1 R 1	ry       Cred/Debit         1/18       *         1/18       *         0       1         10       1/1         *       *         Amount Qualifier Code         Code to qualify amount         Code       D         D       Payor Amount Paid         Monetary Amount         Monetary amount	M 1	ID	1/3	
AMOUNT & Amount C Code M 1 ID ELEMENT DETAIL USAGE REQUIRED AMT	Rual * 1/3 REF. DES.	Monetar Amoun M 1 R 1	ry       Cred/Debit         1/18       *         1/18       *         0       1         11       1/1         *       0         0       1         ID       1/1         *       * <th>M 1</th> <th>ID R</th> <th>1/3</th>	M 1	ID R	1/3	

SEGMENT DETAIL						
			OORDINATION OF BENEFIT	'S (	CO	B)
X12 Segment Na	me: Mon	etary Am	ount Information			
X12 Purpe	ose: To ii	ndicate th	e total monetary amount			
Lo	oop: 232	0 — OTH	ER SUBSCRIBER INFORMATION			
Segment Rep	eat: 1					
Usa	age: SITU	JATIONA	L			
Situational R	prov ider	viders to	en the destination payer's cost avoidance po bypass claim submission to the otherwise pr Loop ID-2330B. If not required by this implem	ior pa	ayer	
TR3 No		the total payer pa	is segment is used, the amount reported in A claim charge amount reported in CLM02. Nei id AMT, nor any CAS segments are used as t udicated by this payer.	ther t	he pr	ior
TR3 Exam	ple: AM	<b>F*A8*27</b>	3~			
DIAGRAM	-					
	1 522 unt Qual code ID 1/3		t <b>Flag Code</b> ~			
ELEMENT DETAIL	REF. DES.	DATA	NAME		ATTRIBI	
	AMT01	522	Amount Qualifier Code	M 1	ID	1/3
	-	-	Code to qualify amount			
REQUIRED	AMT02	782	A8 Noncovered Charges - Actual Monetary Amount	M 1	R	1/18
			Monetary amount IMPLEMENTATION NAME: Non-Covered Charge Amount			
NOT USED	AMT03	478	Credit/Debit Flag Code	01	ID	1/1

SEGMENT DETAIL											
	AMT - R	EMAINING PATIENT LIABIL	ITY								
X12 Segment Name:	Monetary Am	ount Information									
X12 Purpose:	To indicate th	o indicate the total monetary amount									
Loop:	2320 — OTH	320 — OTHER SUBSCRIBER INFORMATION									
Segment Repeat:	1										
Usage:	SITUATIONA	NL									
Situational Rule:	iteration of L level informa OR Required wh iteration of L received a pa ability to rep	equired when the Other Payer identified in Loop ID-2330B (of this eration of Loop ID-2320) has adjudicated this claim and provided claim vel information only. R equired when the Other Payer identified in Loop ID-2330B (of this eration of Loop ID-2320) has adjudicated this claim and the provider ceived a paper remittance advice and the provider does not have the bility to report line item information. not required by this implementation guide, do not send.									
TR3 Notes:	paid afte	dgment of the provider, this is the remaining ar adjudication by the Other Payer identified i eration of Loop ID-2320.									
	in Payer 3. This seg	ment is only used in provider submitted clai -to-Payer Coordination of Benefits (COB). ment is not used if the line level (Loop ID-24 Liability AMT segment is used for this Other	30) Re	main							
TR3 Example:	AMT*EAF*7	/5~									
AMT * Amount Qu	Amour	· · · · · · ·									
	EF. DATA ES. ELEMENT	NAME		ATTRIBL	ITES						
REQUIRED AMT		Amount Qualifier Code       Code to qualify amount       CODE     DEFINITION	M 1	ID	1/3						
REQUIRED AMT	02 782	EAF Amount Owed Monetary Amount Monetary amount	M 1	R	1/18						
NOT USED AMT	03 478	IMPLEMENTATION NAME: Remaining Patient Liability Credit/Debit Flag Code	01	ID	1/1						

SEGMENT DETAIL							
			HER INS	URANCE COVERAG	E		
X12 Segment N	ame: Oth	er Health	Insurance Inf	ormation			
X12 Pur	pose: To	specify in	formation asso	ociated with other health insurance	cove	rage	
l	Loop: 232	20 — OTH	IER SUBSCR	IBER INFORMATION			
Segment Re	epeat: 1						
U	sage: RE	QUIRED					
TR3 N	lotes: 1.			iined in the OI segment applies o 2330B in this iteration of Loop II	-	-	oayer
TR3 Exa	mple: Ol*	***Y*B*	«*Y~				
DIAGRAM							
O 1	REF.	Reason ( 0 1 ID	2/2 O1 IE			Info C O 1 ID	1/1
		<u>ELEMENT</u> 1032		Indicator Code	01		1/2
NOT USED	0101	1383	-	ission Reason Code	01	ID ID	2/2
REQUIRED	0103	1073	Yes/No Cond	dition or Response Code g a Yes or No condition or response	01	ID	1/1
			insured or auth	is the assignment of benefits indicator. A " orized person authorizes benefits to be ass dicates benefits have not been assigned to	igned t	o the pr	
			IMPLEMENTATION	NAME: Benefits Assignment Certificat	tion In	dicato	r
			This is a cro	sswalk from CLM08 when doing CO	В.		
				t answers the question whether or n he plan to remit payment directly to			
			CODE	DEFINITION			
			Ν	No			
			W	Not Applicable			

benefits. Yes

Υ

Use code 'W' when the patient refuses to assign

#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

SITUATIONAL	OI04	1351	Code indicating I	ture Source Code how the patient or subscriber authorization w they are being retained by the provider	O 1 ID signatures were	1/1 ;
			patient's beha	Required when a signature was ex alf under state or federal law. If not on guide, do not send.		
			This is a cross	swalk from CLM10 when doing CO	В.	
			CODE	DEFINITION		
			Р	Signature generated by provider was not physically present for se		atient
				Signature generated by an entity patient according to State or Federated		
NOT USED	OI05	1360	Provider Agre	ement Code	01 ID	1/1
REQUIRED	OI06	1363	Code indicating v	ormation Code whether the provider has on file a signed s elease of medical data to other organization		1/1 patient
			This is a cross	swalk from CLM09 when doing CO	В.	
			The Release of carried in this	f Information response is limited to claim.	o the informati	on
			CODE	DEFINITION		
			I	Informed Consent to Release Mee for Conditions or Diagnoses Reg Statutes		
				Required when the provider has r signature AND state or federal law signature be collected.		
			Y	Yes, Provider has a Signed Stater Release of Medical Billing Data R		-
				Required when the provider has a signature. OR Required when state or federal la signature be collected.		

SEGMENT DETAIL	
	MOA - OUTPATIENT ADJUDICATION INFORMATION
X12 Segment Name:	Medicare Outpatient Adjudication
X12 Purpose:	To convey claim-level data related to the adjudication of Medicare claims not related to an inpatient setting
Loop:	2320 — OTHER SUBSCRIBER INFORMATION
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required when outpatient adjudication information is reported in the remittance advice OR Required when it is necessary to report remark codes. If not required by this implementation guide, do not send.
TR3 Example:	MOA***A4~
DIAGRAM	
MOA * Percen	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	REF. DATA DES. ELEMENT NAME ATTRIBUTES
SITUATIONAL MOA	A01       954       Percentage as Decimal Percentage expressed as a decimal (e.g., 0.0 through 1.0 represents 0% through 100%)         SEMANTIC: MOA01 is the reimbursement rate.         SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send.
	IMPLEMENTATION NAME: Reimbursement Rate

	T • TYPE 3			ENT ADJUDICATION	-	
SITUATIONAL	MOA02	782	Monetary Amount Monetary amount	0 1	R	1/18
			SEMANTIC: MOA02 is the claim Health Care Fi Procedural Coding System (HCPCS) payable		on Corr	nmon
			SITUATIONAL RULE: <b>Required when returne</b> not required by this implementation g			rice. If
			IMPLEMENTATION NAME: HCPCS Payable An	nount		
SITUATIONAL	MOA03	127	<b>Reference Identification</b> Reference information as defined for a partic by the Reference Identification Qualifier	<b>O 1</b> ular Transaction Set o		1/50 becified
			SEMANTIC: MOA03 is the Claim Payment Rem	ark Code. See Code	Source	e 411.
			SITUATIONAL RULE: <b>Required when returne</b> not required by this implementation g			rice. If
			IMPLEMENTATION NAME: Claim Payment Ren	nark Code		
SITUATIONAL	MOA04	127	<b>Reference Identification</b> Reference information as defined for a partic by the Reference Identification Qualifier	• •	AN or as sp	1/50 becified
			SEMANTIC: MOA04 is the Claim Payment Rem	ark Code. See Code	Source	e 411.
			SITUATIONAL RULE: <b>Required when returne</b> not required by this implementation g			rice. If
			IMPLEMENTATION NAME: Claim Payment Ren	nark Code		
SITUATIONAL	MOA05	127	<b>Reference Identification</b> Reference information as defined for a partic by the Reference Identification Qualifier	<b>O 1</b> ular Transaction Set o		1/50 becified
			SEMANTIC: MOA05 is the Claim Payment Rem	ark Code. See Code	Source	e 411.
			SITUATIONAL RULE: <b>Required when returne</b> not required by this implementation g			rice. If
			IMPLEMENTATION NAME: Claim Payment Ren	mark Code		
SITUATIONAL	MOA06	127	<b>Reference Identification</b> Reference information as defined for a partic by the Reference Identification Qualifier		AN or as sp	1/50 becified
			SEMANTIC: MOA06 is the Claim Payment Rem	ark Code. See Code	Source	e 411.
			SITUATIONAL RULE: <b>Required when returne</b> not required by this implementation g			rice. If
			IMPLEMENTATION NAME: Claim Payment Ren	mark Code		
SITUATIONAL	MOA07	127	<b>Reference Identification</b> Reference information as defined for a partic by the Reference Identification Qualifier		AN or as sp	1/50 becified
			SEMANTIC: MOA07 is the Claim Payment Rem	nark Code. See Code	Source	e 411.
			SITUATIONAL RULE: <b>Required when returne</b> not required by this implementation g			rice. If
			IMPLEMENTATION NAME: Claim Payment Ren			

SITUATIONAL	MOA08	782	Monetary Amount Monetary amount	01	R	1/18
			SEMANTIC: MOA08 is the End Stage Renal Disease (ESRD)	) payme	nt amo	unt.
			SITUATIONAL RULE: <b>Required when returned in the rel</b> not required by this implementation guide, do no			ice. If
			IMPLEMENTATION NAME: End Stage Renal Disease Payr	nent A	moun	t
SITUATIONAL	MOA09	782	Monetary Amount Monetary amount	01	R	1/18
			SEMANTIC: MOA09 is the professional component amount b	illed but	i not pa	yable.
			SITUATIONAL RULE: <b>Required when returned in the rel</b> not required by this implementation guide, do no			ice. If
			IMPLEMENTATION NAME: Non-Payable Professional Con Amount	nponei	nt Bille	ed

SEGMENT DETAIL								
	NM1 - OTHER SUBSCRIBER NAME							
X12 Segment Name:	Individual or Organizational Name							
X12 Purpose:	To supply the full name of an individual or organizational entity							
X12 Set Notes:	1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.							
X12 Syntax:	<ol> <li>P0809         If either NM108 or NM109 is present, then the other is required.     </li> </ol>							
	<b>2. C1110</b> If NM111 is present, then NM110 is required.							
	<b>3. C1203</b> If NM112 is present, then NM103 is required.							
Loop:	2330A — OTHER SUBSCRIBER NAME Loop Repeat: 1							
Segment Repeat:	1							
Usage:	REQUIRED							
TR3 Notes:	1. If the patient can be uniquely identified to the Other Payer indicated in this iteration of Loop ID-2320 by a unique Member Identification Number, then the patient is the subscriber or is considered to be the subscriber and is identified in this Other Subscriber's Name Loop ID- 2330A.							
	2. If the patient is a dependent of the subscriber for this other coverage and cannot be uniquely identified to the Other Payer indicated in this iteration of Loop ID-2320 by a unique Member Identification Number, then the subscriber for this other coverage is identified in this Other Subscriber's Name Loop ID-2330A.							
	3. See Crosswalking COB Data Elements section for more information on handling COB in the 837.							
TR3 Example:	NM1*IL*1*DOE*JOHN*T**JR*MI*123456~							
DIAGRAM								
NM101	98 NM102 1065 NM103 1035 NM104 1036 NM105 1037 NM106 1038 * Entity Type * Name Last/ * Name * Name * Name							

NM1 \* \* \* \* Code Qualifier Org Name First Prefix Middle ID 2/3 M1 ID 1/1 X 1 AN 1/60 O 1 AN 1/35 O 1 AN 1/25 O 1 AN 1/10 M 1 NM107 1039 NM108 66 NM109 67 NM110 706 NM111 98 NM112 1035 Name ID Code ID Entity Entity ID Name Last/ \* \* \* \* \* \* ~ Qualifier Code Relat Code Org Name Suffix Code O 1 AN 1/10 X1 ID 1/2 X 1 AN 2/80 X 1 ID 2/2 01 ID 2/3 O 1 AN 1/60

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	res
REQUIRED	NM101	98	Entity Identif Code identifyin individual	ier Code g an organizational entity, a physical locatior	<b>M 1</b> n, prop	ID perty or a	<b>2/3</b> an
			CODE	DEFINITION			
			IL	Insured or Subscriber			
REQUIRED	NM102	1065	Entity Type ( Code qualifying	Qualifier g the type of entity	<b>M</b> 1	ID	1/1
			SEMANTIC: NM1	02 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
REQUIRED	NM103	1035		r Organization Name name or organizational name	X 1	AN	1/60
			syntax: C1203				
			IMPLEMENTATION	NAME: Other Insured Last Name			
SITUATIONAL	NM104	1036	Name First Individual first r	name	01	AN	1/35
				E: Required when NM102 = 1 (person, ame. If not required by this implemen			
			IMPLEMENTATION	NAME: Other Insured First Name			
SITUATIONAL	NM105	1037	Name Middle Individual midd	e name or initial	01	AN	1/25
			name or initi	E: Required when NM102 = 1 (person) al of the person is needed to identify by this implementation guide, do no	the i	ndividu	
			IMPLEMENTATION	NAME: Other Insured Middle Name			
NOT USED	NM106	1038	Name Prefix		01	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individ		01	AN	1/10
			suffix of the	E: Required when NM102 = 1 (person) person is needed to identify the indiv this implementation guide, do not sei	vidua		
			IMPLEMENTATION	NAME: Other Insured Name Suffix			

### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

REQUIRED	NM108	66		Code Qualifier ng the system/method of code structure u	X 1 used for lo	<b>ID</b> dentifica	<b>1/2</b> tion
			CODE	DEFINITION			
			II	Standard Unique Health Identifi in the United States	er for ea	ach Ind	lividual
				Required if the HIPAA Individua mandated use. If not required, instead.			ifier is
			МІ	Member Identification Number			
				The code MI is intended to be the identification number as assign example, Insured's ID, Subscrib Insurance Claim Number (HIC), MI is also intended to be used in the Indian Health Service/Contr (IHS/CHS) Fiscal Intermediary for reporting the Tribe Residency O	ed by th per's ID, etc.) n claims act Heal or the p	he paye Health s subm th Ser urpose	itted to vices
				State). In the event that a Socia (SSN) is also available on an IH SSN in REF02.			
				When sending the Social Secur Member ID, it must be a string of numbers with no separators. For "111002222" would be valid, wh 2222" would be invalid.	of exactl	y nine ple, se	nding
REQUIRED	NM109	67	Identification Code identifying	Code a party or other code	X 1	AN	2/80
			<b>SYNTAX:</b> P0809				
			IMPLEMENTATION I	NAME: Other Insured Identifier			
NOT USED	NM110	706	Entity Relatio	onship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifi	er Code	01	ID	2/3
NOT USED	NM112	1035	Name Last or	Organization Name	01	AN	1/60

\_\_\_\_\_

SEGMENT DETAIL											
	N3	- OT	HER SUBSCRIBER ADDRE	SS							
X12 Segment Na	ame: Part	y Locatio	n								
X12 Purp	ose: To s	o specify the location of the named party									
L	oop: 2330	330A — OTHER SUBSCRIBER NAME									
Segment Rep	peat: 1										
Us	age: SITU	JATIONA	۱L								
Situational F	-		en the information is available. If not requi ion guide, do not send.	red by t	his						
TR3 Exan	nple: N3*	123 MAI	N STREET~								
DIAGRAM											
NJ * Info	166 ddress mmation AN 1/55	N302 Addres Informat O 1 AN	ion ~								
USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES					
REQUIRED	N301	166	Address Information Address information	M 1	AN	1/55					
			IMPLEMENTATION NAME: Other Subscriber Address L	.ine							
SITUATIONAL	N302	166	Address Information Address information	O 1	AN	1/55					
			SITUATIONAL RULE: Required when there is a secon required by this implementation guide, do not		ss line.	lf not					
			IMPLEMENTATION NAME: Other Insured Address Line								



X12 Segment Name: Geographic Location **X12 Purpose:** To specify the geographic place of the named party 1. E0207 X12 Syntax: Only one of N402 or N407 may be present. 2. C0605 If N406 is present, then N405 is required. 3. C0704 If N407 is present, then N404 is required. Loop: 2330A - OTHER SUBSCRIBER NAME Segment Repeat: 1 **Usage: REQUIRED** TR3 Example: N4\*KANSAS CITY\*MO\*64108~ DIAGRAM N401 N402 156 N403 116 N404 N405 309 N406 310 19 26 City State or Postal Country Location **Location** N4 \* \* \* \* \* \* **Prov Code** Name **Qualifier Identifier** Code Code AN 2/30 Χ1 ID 2/2 01 ID 3/15 X 1 ID 2/3 X 1 ID 1/2 01 AN 1/30 O 1 N407 1715 **Country Sub** \* Code Χ1 ID 1/3 ELEMENT DETAIL DATA ELEMENT REF. DES. USAGE NAME ATTRIBUTES REQUIRED N401 19 O1 AN 2/30 City Name Free-form text for city name COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

IMPLEMENTATION NAME: Other Subscriber City Name

005010X222 • 837 • 2330A • N4
OTHER SUBSCRIBER CITY, STATE, ZIP CODE

SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate	X1 govern	ID Iment ag	<b>2/2</b> gency			
			syntax: E0207						
			COMMENT: N402 is required only if city name (N401) is in the	e U.S. (	or Cana	da.			
			SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.						
			IMPLEMENTATION NAME: Other Subscriber State or Prov	vince (	Code				
			CODE SOURCE 22: States and Provinces						
SITUATIONAL	N403	116	<b>Postal Code</b> Code defining international postal zone code excluding pu (zip code for United States)	O 1 nctuatio	<b>ID</b> on and b	<b>3/15</b> lanks			
		America, including its territories, or Canada, or	SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this						
		IMPLEMENTATION NAME: Other Subscriber Postal Zone or ZIP Code							
			CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes						
SITUATIONAL	N404 26	26	Country Code Code identifying the country	X 1	ID	2/3			
			syntax: C0704						
			SITUATIONAL RULE: Required when the address is out States of America. If not required by this implement not send.						
			CODE SOURCE 5: Countries, Currencies and Funds						
			Use the alpha-2 country codes from Part 1 of ISC	3166	i <b>.</b>				
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2			
NOT USED	N406	310	Location Identifier	01	AN	1/30			
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision	X 1	ID	1/3			
			syntax: E0207, C0704						
			SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.						
			CODE SOURCE 5: Countries, Currencies and Funds						
			Use the country subdivision codes from Part 2 c	f ISO	2166				

Use the country subdivision codes from Part 2 of ISO 3166.

SEGMENT DETAIL **REF - OTHER SUBSCRIBER SECONDARY IDENTIFICATION** X12 Segment Name: Reference Information X12 Purpose: To specify identifying information X12 Syntax: 1. R0203 At least one of REF02 or REF03 is required. Loop: 2330A — OTHER SUBSCRIBER NAME Segment Repeat: 1 **Usage: SITUATIONAL** Situational Rule: Required when an additional identification number to that provided in NM109 of this loop is necessary for the claim processor to identify the entity. If not required by this implementation guide, do not send. TR3 Example: REF\*SY\*123456789~ DIAGRAM REF01 128 REF02 127 REF03 352 REF04 C040 Reference Reference **Description** Reference **REF**\* \* \* **Ident Qual** Ident **Identifier** ID 2/3 AN 1/50 AN 1/80 M 1 X 1 01 ELEMENT DETAIL REF. DATA ELEMENT USAGI NAME ATTRIBUTES REQUIRED REF01 128 **Reference Identification Qualifier** ID 2/3 M 1 Code qualifying the Reference Identification CODE DEFINITION SY **Social Security Number** The Social Security Number must be a string of exactly nine numbers with no separators. For example, sending "111002222" would be valid, while sending "111-00-2222" would be invalid. REQUIRED REF02 127 **Reference Identification** X1 AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Other Insured Additional Identifier NOT USED REF03 352 1/80 Description X1 AN NOT USED REF04 **REFERENCE IDENTIFIER** C040 01

SEGMENT DETAIL **NM1 - OTHER PAYER NAME** X12 Segment Name: Individual or Organizational Name **X12 Purpose:** To supply the full name of an individual or organizational entity X12 Set Notes: 1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320. X12 Syntax: 1. P0809 If either NM108 or NM109 is present, then the other is required. 2. C1110 If NM111 is present, then NM110 is required. 3. C1203 If NM112 is present, then NM103 is required. Loop: 2330B — OTHER PAYER NAME Loop Repeat: 1 Segment Repeat: 1 Usage: REQUIRED TR3 Notes: 1. See Crosswalking COB Data Elements section for more information on handling COB in the 837. TR3 Example: NM1\*PR\*2\*ABC INSURANCE CO\*\*\*\*\*PI\*11122333~ DIAGRAM NM101 NM102 NM103 1035 NM104 1036 NM105 1037 NM106 1038 98 1065 Entity Type Entity ID Name Last/ Name Name Name NM1 \* \* \* \* Code Qualifier Org Name First Middle Prefix ID 2/3 M 1 ID 1/1 X 1 AN 1/60 01 AN 1/35 01 AN 1/25 01 AN 1/10 M 1 NM107 1039 NM108 NM109 NM110 NM111 98 NM112 1035 66 67 706 ID Code ID Entity Entity ID Name Last/ Name \* \* \* \* \* Org Name **Suffix** Qualifier Code Relat Code Code O 1 AN 1/10 ID 1/2AN 2/80 X 1 ID 2/2 O 1 ID 2/3 01 AN 1/60 ELEMENT DETAIL DATA LEMENT REF. USAGE NAME ATTRIBUTES REQUIRED NM101 98 ID **Entity Identifier Code** M 1 2/3 Code identifying an organizational entity, a physical location, property or an individual CODE DEFINITION PR Payer REQUIRED NM102 ID 1/1 1065 **Entity Type Qualifier** M 1 Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE DEFINITION 2 **Non-Person Entity** 

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3			005010X222 • 837 • 2330B • NM1 OTHER PAYER NAME					
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name	X 1	AN	1/60		
			syntax: C1203					
			IMPLEMENTATION NAME: Other Payer Organization	Name				
NOT USED	NM104	1036	Name First	01	AN	1/35		
NOT USED	NM105	1037	Name Middle	01	AN	1/25		
NOT USED	NM106	1038	Name Prefix	01	AN	1/10		
NOT USED	NM107	1039	Name Suffix	01	AN	1/10		
REQUIRED	NM108	66	Identification Code Qualifier X 1 ID Code designating the system/method of code structure used for Identifica Code (67)					
			syntax: P0809					
			On or after the mandated implementation d National Plan Identifier (National Plan ID), X					
			Prior to the mandated implementation date in period identified by Federal regulation, P	-		ohase-		
			If a phase-in period is designated, PI must be sent unless: 1. Both the sender and receiver agree to use the National Plan ID, 2. The receiver has a National Plan ID, and 3. The sender has the capability to send the National Plan ID. If all of the above conditions are true, XV must be sent. In this cas the Payer Identification Number that would have been sent using qualifier PI can be sent in the corresponding REF segment using qualifier 2U.					
			CODE DEFINITION					
			PI Payor Identification					
			XV Centers for Medicare and Me	edicaid Ser	vices I	PlanID		
			cobe source 540: Centers for Med PlanID	licare and Me	edicaid \$	Services		
REQUIRED	NM109	67	Identification Code Code identifying a party or other code	X 1	AN	2/80		
			syntax: P0809					
			IMPLEMENTATION NAME: Other Payer Primary Iden	tifier				
			When sending Line Adjudication Information identifier sent in SVD01 (Payer Identifier) of Adjudication Information) must match this y	Loop ID-24				
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2		
NOT USED	NM111	98	Entity Identifier Code	01	ID	2/3		
NOT USED	NM112	1035	Name Last or Organization Name	01	AN	1/60		

	N3 - OTH	HER PAYER ADDRESS							
X12 Segment Name:	Party Location	arty Location							
X12 Purpose:	To specify the	o specify the location of the named party							
Loop:	2330B — OTI	HER PAYER NAME							
Segment Repeat:	1								
Usage:	SITUATIONA	L							
Situational Rule:	for the claim	en the payer address is available and the sub to be printed on paper at the next EDI locatio se). If not required by this implementation gui	n (fo	r exan	nple, a				
TR3 Example:	N3*123 MAIN	N STREET~							
DIAGRAM									
N3 * Address Informatio	Address	on ~							
ELEMENT DETAIL									
	EF. DATA ES. ELEMENT	NAME		ATTRIBUT	TES				
REQUIRED N301	166	Address Information Address information	M 1	AN	1/55				
		IMPLEMENTATION NAME: Other Payer Address Line							
SITUATIONAL N302	166	Address Information Address information	01	AN	1/55				
		SITUATIONAL RULE: <b>Required when there is a second a</b> required by this implementation guide, do not set		s line.	If not				
		IMPLEMENTATION NAME: Other Payer Address Line							

SEGMENT DETAIL								
	N4 - OTI	HER PAYER CITY, STATE, Z						
X12 Segment Name:								
X12 Purpose:	To specify the	e geographic place of the named party						
X12 Syntax:	<b>1. E0207</b> Only one	of N402 or N407 may be present.						
	<b>2. C0605</b> If N406 is	is present, then N405 is required.						
	<b>3. C0704</b> If N407 is	present, then N404 is required.						
Loop:		HER PAYER NAME						
Segment Repeat:	1							
Usage:	REQUIRED							
•		6 CITY*MO*64108~						
-	NTONOAU	01114/m0404100~						
DIAGRAM								
N401 N4 * City Name O 1 AN 2	* State of Prov Cod		* Location Identifier					
★ N407 1 <sup>1</sup> Country S Code X 1 ID	715 <b>ub</b> 1/3							
ELEMENT DETAIL								
19405	REF. DATA DES. ELEMENT	NAUE						
REQUIRED N401		NAME City Name	O 1 AN 2/30					
		Free-form text for city name						
		<b>COMMENT:</b> A combination of either N401 through N404, or N- adequate to specify a location.	405 and N406 may be					
		IMPLEMENTATION NAME: Other Payer City Name						
SITUATIONAL N402	2 156	State or Province Code Code (Standard State/Province) as defined by appropriate	X 1 ID 2/2					
		syntax: E0207	,,					
		COMMENT: N402 is required only if city name (N401) is in the	U.S. or Canada.					
		SITUATIONAL RULE: <b>Required when the address is in th</b> America, including its territories, or Canada. If no implementation guide, do not send.						
		IMPLEMENTATION NAME: Other Payer State or Province (	Code					
		CODE SOURCE 22: States and Provinces						

SITUATIONAL	SITUATIONAL N403 116	<b>Postal Code</b> Code defining international postal zone code excluding po (zip code for United States)	<b>O 1</b> unctuation	ID on and b	<b>3/15</b> blanks				
			SITUATIONAL RULE: Required when the address is in America, including its territories, or Canada, or exists for the country in N404. If not required by implementation guide, do not send.	when a					
			IMPLEMENTATION NAME: Other Payer Postal Zone or Z	P Cod	e				
			CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes						
SITUATIONAL	N404	26	Country Code Code identifying the country	X 1	ID	2/3			
			syntax: C0704						
		SITUATIONAL RULE: <b>Required when the address is ou</b> States of America. If not required by this implement not send.							
			code source 5: Countries, Currencies and Funds						
			Use the alpha-2 country codes from Part 1 of IS	O 3166	<b>.</b>				
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2			
NOT USED	N406	310	Location Identifier	01	AN	1/30			
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision	X 1	ID	1/3			
			syntax: E0207, C0704						
			SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.						
			CODE SOURCE 5: Countries, Currencies and Funds						
			Here the encountry such division as dee from Deat O	(100	<b>0400</b>				

Use the country subdivision codes from Part 2 of ISO 3166.

SEGMENT DETAIL								
X12 Segment Name:			ECK OR REMITTAN	CE	DA	TE		
X12 Purpose:	To specify any	y or all of a dat	te, a time, or a time period					
Loop:	2330B — OT		NAME					
Segment Repeat:	1							
<b>.</b> .								
Usage:	SITUATIONA	IGATIONAL						
Situational Rule:	adjudicated t	equired when the payer identified in this loop has previously djudicated the claim and Loop ID-2430, Line Check or Remittance Date, not used. If not required by this implementation guide, do not send.						
TR3 Example:	DTP*573*D8	3*20040203~						
DIAGRAM								
ELEMENT DETAIL	3/3 M 1 ID		d ~					
USAGE D	EF. DATA ES. ELEMENT	NAME			ATTRIBUT	ES		
REQUIRED DTPC	)1 374	Date/Time Qua Code specifying	alifier type of date or time, or both date and time	M 1	ID	3/3		
		IMPLEMENTATION N	IAME: Date Time Qualifier					
		CODE	DEFINITION					
		573	Date Claim Paid					
REQUIRED DTPC	02 1250		riod Format Qualifier the date format, time format, or date and tir	M 1 me form	<b>ID</b> nat	2/3		
			2 is the date or time or period format that w	ill appe	ear in DT	°P03.		
REQUIRED DTPC	03 1251	D8 Date Time Per	Date Expressed in Format CCYYM	MDD M 1	AN	1/35		
5110			date, a time, or range of dates, times or dat					
		IMPLEMENTATION N	IAME: Adjudication or Payment Date					

SEGMENT DETAIL							
	REF - O		AYER SECONDARY				
X12 Segment Name:	Reference Inf	ormation					
X12 Purpose:	To specify ide	entifying inform	ation				
X12 Syntax:	<b>1. R0203</b> At least o	ne of REF02 c	or REF03 is required.				
Loop:	2330B — OT	HER PAYER N	NAME				
Segment Repeat:	2						
Usage:	SITUATIONA	L					
Situational Rule:	National Plan provided in t	equired prior to the mandated implementation date for the HIPAA lational Plan Identifier when an additional identification number to that rovided in the NM109 of this loop is necessary for the claim processor to dentify the entity. If not required by this implementation guide, do not end.					
TR3 Example:	REF*2U*987	765~					
DIAGRAM							
REF * Reference Ident Qua	e <sub>*</sub> Reference	*	↑ Identifier				
	EF. DATA						
REQUIRED REFO	<u>es. element</u> )1 128	Reference Ide	ntification Qualifier	M 1		2/3	
	120		the Reference Identification		10	2/0	
		CODE	DEFINITION				
		2U	Payer Identification Number				
		EI	Employer's Identification Number	•			
			The Employer's Identification Nur string of exactly nine numbers wi				
			For example, "001122333" would sending "001-12-2333" or "00-112 invalid.				
		FY	Claim Office Number				
		NF	National Association of Insurance (NAIC) Code	e Com	missio	oners	
			CODE SOURCE 245: National Association of Commissioners (NAIC) Code	of Insura	ance		

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3			005010X222 • 837 • 2330B • RE OTHER PAYER SECONDARY IDENTIFIEF				
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transact by the Reference Identification Qualifier <b>SYNTAX:</b> R0203	X 1 on Set	AN or as s	1/50 specified	
			IMPLEMENTATION NAME: Other Payer Secondary Identif	ier			
NOT USED	REF03	352	Description	X 1	AN	1/80	
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01			

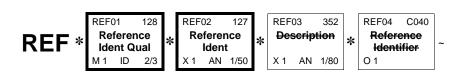
#### SEGMENT DETAIL **REF - OTHER PAYER PRIOR** AUTHORIZATION NUMBER X12 Segment Name: Reference Information X12 Purpose: To specify identifying information 1. R0203 X12 Syntax: At least one of REF02 or REF03 is required. Loop: 2330B - OTHER PAYER NAME Segment Repeat: 1 **Usage: SITUATIONAL** Situational Rule: Required when the payer identified in this loop has assigned a prior authorization number to this claim. If not required by this implementation guide, do not send. TR3 Example: REF\*G1\*AB333-Y5~ DIAGRAM REF01 128 REF02 127 REF03 352 REF04 C040 Reference Reference **Description** Reference **REF**\* \* \* **Ident Qual** Ident **Identifier** ID 2/3 AN 1/50 AN 1/80 VI 1 1 X 1 01 ELEMENT DETAIL REF. DATA USAGI NAME ATTRIBUTES REQUIRED REF01 128 **Reference Identification Qualifier** ID 2/3 M 1 Code qualifying the Reference Identification CODE DEFINITION G1 **Prior Authorization Number** REQUIRED REF02 127 **Reference Identification** 1/50 X1 AN Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Other Payer Prior Authorization Number NOT USED REF03 352 Description 1/80 X 1 AN NOT USED **REFERENCE IDENTIFIER** REF04 C040 01

SEGMENT DETAIL									
	RE	F - 0	THER PA	YER REFERRAL N	IUM	BEF	R		
X12 Segment Na	me: Refe	Reference Information							
X12 Purpo	ose: To s	To specify identifying information							
X12 Syn		1. R0203							
				or REF03 is required.					
LC	bop: 2330	в—01	HER PAYER N	NAME					
Segment Rep	eat: 1								
Usa	age: SITU	IATIONA	L						
Situational R	num	Required when the payer identified in this loop has assigned a referral number to this claim. f not required by this implementation guide, do not send.							
TR3 Exam	ple: REF	*9F*123	845~						
DIAGRAM									
	1 128 erence nt Qual ID 2/3	REF02 Reference Ident X 1 AN	*	352 tion 1/80 REF04 C040 <del>Reference</del> <del>Identifier</del> ~ O 1					
USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES		
REQUIRED	REF01	128		ntification Qualifier he Reference Identification	M 1	ID	2/3		
			CODE	DEFINITION					
			9F	Referral Number					
REQUIRED	REF02	127		ntification nation as defined for a particular Transac e Identification Qualifier		AN or as sp	1/50 becified		
			<b>SYNTAX:</b> R0203						
			IMPLEMENTATION N. Number	AME: Other Payer Prior Authorization	on or R	eferral			
NOT USED	REF03	352	Description		X 1	AN	1/80		
NOT USED	REF04	C040	REFERENCE I	IDENTIFIER	01				

## **REF - OTHER PAYER CLAIM ADJUSTMENT INDICATOR**

X12 Segment Name:	Reference Information
X12 Purpose:	To specify identifying information
X12 Syntax:	1. R0203 At least one of REF02 or REF03 is required.
Loop:	2330B — OTHER PAYER NAME
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required when the claim is being sent in the payer-to-payer COB model, AND the destination payer is secondary to the payer identified in this Loop ID- 2330B, AND the payer identified in this Loop ID-2330B has re-adjudicated the claim. If not required by this implementation guide, do not send.
TR3 Example:	REF*T4*Y~

#### DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification		M 1	ID	2/3
			CODE	DEFINITION			
			Т4	Signal Code			
REQUIRED	REF02	127		entification nation as defined for a particular Transacti e Identification Qualifier	X 1 on Set	AN or as sp	1/50 becified
			IMPLEMENTATION NAME: Other Payer Claim Adjustment Indicator				
			The only valid value for this element is 'Y'.				
NOT USED	REF03	352	Description		X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	01		

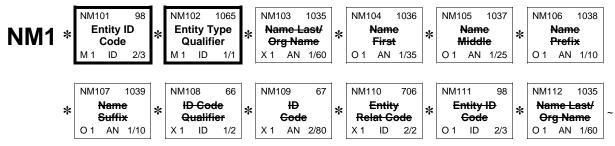
## **REF - OTHER PAYER CLAIM CONTROL NUMBER**

			1 \			
X12 Segment Na	ame: Refe	rence Inf	ormation			
X12 Purp	ose: To s	pecify ide	entifying information			
X12 Syr		<b>R0203</b> At least c	one of REF02 or REF03 is required.			
L	oop: 2330	)В — ОТ	HER PAYER NAME			
Segment Rep	peat: 1					
Us	age: SITU	JATIONA	L			
Situational F	Num OR Req	iber in a uired wh	en it is necessary to identify the Other Payer payer-to-payer COB situation. en the Other Payer's Claim Control Number i ed by this implementation guide, do not send	s ava		
TR3 Exam	nple: REF	*F8*R5	55588~			
DIAGRAM						
	128 ference nt Qual ID 2/3	REF02 Reference Ident X 1 AN	* * <del>Identifier</del> ~			
	REF.	DATA				
	DES.		NAME			
	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1	ID	2/3
			CODE DEFINITION			
			F8 Original Reference Number			
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transacti by the Reference Identification Qualifier	X1 on Set		1/50 becified
			syntax: R0203			
			IMPLEMENTATION NAME: Other Payer's Claim Control N	umbe	r	
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED			REFERENCE IDENTIFIER	01		

	NM1 - OTHER PAYER REFERRING PROVIDER
X12 Segment Name:	Individual or Organizational Name
X12 Purpose:	To supply the full name of an individual or organizational entity
X12 Set Notes:	<ol> <li>Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.</li> </ol>
X12 Syntax:	1. P0809 If either NM108 or NM109 is present, then the other is required.
	2. C1110 If NM111 is present, then NM110 is required.
	<b>3. C1203</b> If NM112 is present, then NM103 is required.
Loop:	2330C — OTHER PAYER REFERRING PROVIDER Loop Repeat: 2
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider. OR Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send.
TR3 Notes:	1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.
TR3 Example:	NM1*DN*1~

TR3 Example: NM1\*DN\*1

### DIAGRAM



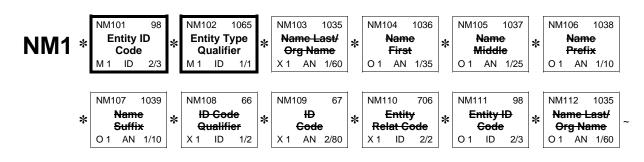
USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	NM101	98	Entity Identified Code identifying individual	er Code an organizational entity, a physical location	<b>M 1</b> n, prop	ID erty or a	<b>2/3</b> an
			CODE	DEFINITION			
			DN	Referring Provider			
				Use on the first iteration of this loguest used only once.	op. U	se if lo	op is
			P3	Primary Care Provider			
				Use only if loop is used twice. Use iteration of this loop.	e only	on se	cond
REQUIRED	NM102	1065	Entity Type Q Code qualifying		M 1	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
NOT USED	NM103	1035	Name Last or	Organization Name	X 1	AN	1/60
NOT USED	NM104	1036	Name First		01	AN	1/35
NOT USED	NM105	1037	Name Middle		01	AN	1/25
NOT USED	NM106	1038	Name Prefix		01	AN	1/10
NOT USED	NM107	1039	Name Suffix		01	AN	1/10
NOT USED	NM108	66	Identification	Code Qualifier	X 1	ID	1/2
NOT USED	NM109	67	Identification	Code	X 1	AN	2/80
NOT USED	NM110	706	Entity Relatio	nship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifi	er Code	01	ID	2/3
NOT USED	NM112	1035	Name Last or	Organization Name	01	AN	1/60

SEGMENT DETAIL				
			AYER REFERRING I ENTIFICATION	PROVIDER
X12 Segment Name:	Reference Infe	ormation		
X12 Purpose:	To specify ide	entifying inform	ation	
X12 Syntax:	<b>1. R0203</b> At least o	ne of REF02 c	or REF03 is required.	
Loop:	2330C — OTI	HER PAYER F	REFERRING PROVIDER	
Segment Repeat:	3			
Usage:	REQUIRED			
TR3 Notes:	1. Non-dest	tination (COB	) payer's provider identificatior	n number(s).
		sswalking CO ing COB in th	B Data Elements section for mo e 837.	ore information
TR3 Example:	REF*G2*123	345~		
DIAGRAM				
REF * Reference Ident Qua M 1 ID 2	e <sub>*</sub> Reference	* .	↑ Identifier	
	ES. ELEMENT	NAME		ATTRIBUTES
REQUIRED REFO	1 128		ntification Qualifier the Reference Identification	M 1 ID 2/3
		CODE	DEFINITION	
		0B	State License Number	
		1G	Provider UPIN Number	
			UPINs must be formatted as eithe XXX999.	er X99999 or
		G2	Provider Commercial Number	
			This code designates a proprieta for the non-destination payer ide Payer Name Loop ID-2330B for th ID-2320. This is true regardless o payer is Medicare, Medicaid, a BI Shield plan, a commercial plan, o plan.	ntified in the Other his iteration of Loop f whether that ue Cross Blue

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3			005010X2 OTHER PAYER REFERRING PROVIDER SECON			
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transacti by the Reference Identification Qualifier <b>SYNTAX:</b> R0203		AN or as sp	1/50 Decified
			IMPLEMENTATION NAME: Other Payer Referring Provider Identifier			
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01		

	NM1 - OTHER PAYER RENDERING PROVIDER
X12 Segment Name:	Individual or Organizational Name
X12 Purpose:	To supply the full name of an individual or organizational entity
X12 Set Notes:	<ol> <li>Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.</li> </ol>
X12 Syntax:	1. P0809 If either NM108 or NM109 is present, then the other is required.
	2. C1110 If NM111 is present, then NM110 is required.
	<b>3. C1203</b> If NM112 is present, then NM103 is required.
Loop:	2330D — OTHER PAYER RENDERING PROVIDER Loop Repeat: 1
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider. OR Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer
	(Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send.
TR3 Notes:	1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.
TR3 Example:	NM1*82*1~

#### DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES
REQUIRED	NM101	98	Entity Identifi Code identifying individual	ier Code g an organizational entity, a physical locati	<b>M 1</b> on, prop	ID perty or	<b>2/3</b> an
			CODE	DEFINITION			
			82	Rendering Provider			
REQUIRED	NM102	1065	Entity Type C Code qualifying	Qualifier the type of entity	M 1	ID	1/1
			SEMANTIC: NM10	02 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
NOT USED	NM103	1035	Name Last or	Organization Name	X 1	AN	1/60
NOT USED	NM104	1036	Name First		01	AN	1/35
NOT USED	NM105	1037	Name Middle		01	AN	1/25
NOT USED	NM106	1038	Name Prefix		01	AN	1/10
NOT USED	NM107	1039	Name Suffix		01	AN	1/10
NOT USED	NM108	66	Identification	Code Qualifier	X 1	ID	1/2
NOT USED	NM109	67	Identification	Code	X 1	AN	2/80
NOT USED	NM110	706	Entity Relation	onship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifi	ier Code	01	ID	2/3
NOT USED	NM112	1035	-	Organization Name	01	AN	1/60

#### **REF - OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFICATION** X12 Segment Name: Reference Information X12 Purpose: To specify identifying information X12 Syntax: 1. R0203 At least one of REF02 or REF03 is required. Loop: 2330D — OTHER PAYER RENDERING PROVIDER Segment Repeat: 3 Usage: REQUIRED 1. See Crosswalking COB Data Elements section for more information TR3 Notes: on handling COB in the 837. TR3 Example: REF\*G2\*12345~ DIAGRAM RFF01 RFF03 REF02 352 REF04 128 127 C040 Reference Reference **Description** Reference \* \* REF \* **Ident Qual** Ident **Identifier** ID 01 M 1 2/3 AN 1/50 X 1 AN 1/80 ELEMENT DETAIL DATA ELEMENT NAME REF. USAGE ATTRIBUTES REQUIRED REF01 128 **Reference Identification Qualifier** ID 2/3 M 1 Code qualifying the Reference Identification DEFINITION CODE **0**B State License Number **Provider UPIN Number** 1G UPINs must be formatted as either X99999 or XXX999. G2 **Provider Commercial Number** This code designates a proprietary provider number for the non-destination payer identified in the Other Payer Name Loop ID-2330B for this iteration of Loop ID-2320. This is true regardless of whether that payer is Medicare, Medicaid, a Blue Cross Blue Shield plan, a commercial plan, or any other health plan. LU Location Number

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3			005010X2 OTHER PAYER RENDERING PROVIDER SECON			30D • REF FICATION	
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transact by the Reference Identification Qualifier <b>SYNTAX:</b> R0203		AN or as s	<b>1/50</b> pecified	
			IMPLEMENTATION NAME: Other Payer Rendering Provider Secondary Identifier				
NOT USED	REF03	352	Description	X 1	AN	1/80	
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01			

SEGMENT DETAIL **NM1 - OTHER PAYER SERVICE FACILITY** LOCATION X12 Segment Name: Individual or Organizational Name X12 Purpose: To supply the full name of an individual or organizational entity X12 Set Notes: 1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320. X12 Syntax: 1. P0809 If either NM108 or NM109 is present, then the other is required. 2. C1110 If NM111 is present, then NM110 is required. 3. C1203 If NM112 is present, then NM103 is required. Loop: 2330E — OTHER PAYER SERVICE FACILITY LOCATION Loop Repeat: Segment Repeat: 1 **Usage: SITUATIONAL** Situational Rule: Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. OR Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send. TR3 Notes: 1. See Crosswalking COB Data Elements section for more information on handling COB in the 837. TR3 Example: NM1\*77\*2~ DIAGRAM

NM101 NM102 NM103 1035 NM104 1036 NM105 1037 NM106 1038 98 1065 Entity ID Entity Type Name Last/ Name Name Name NM1 \* \* \* \* Qualifier Middle **Prefix** Code Org Name First ID 2/3 ID 1/1 AN 1/60 01 AN 1/35 01 AN 1/25 01 AN 1/10 M 1 M 1 X 1 NM110 NM107 1039 NM108 66 NM109 67 706 98 NM112 1035 NM111 Name ID Code **ID** Entity Entity ID Name Last/ \* \* \* \* \* \* **Qualifier** Code Relat Code Suffix Code Org Name X 1 AN 2/80 O 1 AN 1/10 Χ1 ID 1/2 Χ1 ID 2/2 O 1 ID 2/3 O 1 AN 1/60

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, individual		<b>M 1</b> l location, prop	ID erty or a	<b>2/3</b> an
			CODE	DEFINITION			
			77	Service Location			
REQUIRED	NM102	1065	Entity Type	<b>Qualifier</b> g the type of entity	<b>M</b> 1	ID	1/1
			SEMANTIC: NM1	02 qualifies NM103.			
			CODE	DEFINITION			
			2	Non-Person Entity			
NOT USED	NM103	1035	Name Last o	or Organization Name	X 1	AN	1/60
NOT USED	NM104	1036	Name First		01	AN	1/35
NOT USED	NM105	1037	Name Middle	9	01	AN	1/25
NOT USED	NM106	1038	Name Prefix		01	AN	1/10
NOT USED	NM107	1039	Name Suffix		01	AN	1/10
NOT USED	NM108	66	Identificatio	n Code Qualifier	X 1	ID	1/2
NOT USED	NM109	67	Identificatio	n Code	X 1	AN	2/80
NOT USED	NM110	706	Entity Relati	onship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identi	fier Code	01	ID	2/3
NOT USED	NM112	1035	•	or Organization Name	01	AN	1/60

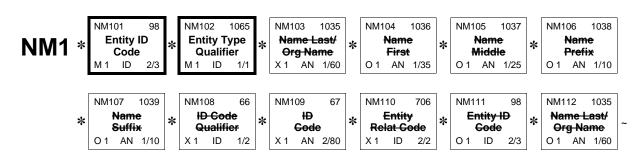
SEGMENT DETAIL									
				AYER SERVICE FAC ONDARY IDENTIFIC					
X12 Segment Na	ame: Refe	Reference Information							
X12 Purp	ose: To s	pecify ide	entifying inform	ation					
X12 Syr		. R0203							
				or REF03 is required.					
L	.oop: 2330	E — 01	HER PATER S	SERVICE FACILITY LOCATION					
Segment Re	peat: 3								
Us	age: REQ	UIRED							
TR3 Exan	nple: REF	*G2*12	345~						
DIAGRAM									
	01 128 ference nt Qual ID 2/3	REF02 Reference Ident X 1 AN	*	352 tion 1/80 ★ REF04 C040 Reference Identifier O 1 ~					
USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES		
REQUIRED	REF01	128		ntification Qualifier he Reference Identification	M 1	ID	2/3		
			CODE	DEFINITION					
			0B	State License Number					
			G2	Provider Commercial Number					
				This code designates a proprietar for the non-destination payer ider Payer Name Loop ID-2330B for the ID-2320. This is true regardless of payer is Medicare, Medicaid, a Blu Shield plan, a commercial plan, or plan.	tified is iter whet ie Cro	in the ( ation of her that ss Blue	Other f Loop t e		
			LU	Location Number					
REQUIRED	REF02	127	Reference Ide	ntification	X 1	AN	1/50		
				nation as defined for a particular Transaction e Identification Qualifier	on Set	or as spe	ecified		
			by the Reference syntax: R0203						
NOT USED	REF03	352	by the Reference SYNTAX: R0203	e Identification Qualifier					

NM1 - OTHER PAYER SUPERVISING	
PROVIDER	

X12 Segment Name:	Individual or Organizational Name									
X12 Purpose:	To supply the full name of an individual or organizational entity									
X12 Set Notes:	<ol> <li>Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.</li> <li>P0809</li> </ol>									
X12 Syntax:	1. P0809 If either NM108 or NM109 is present, then the other is required.									
	2. C1110 If NM111 is present, then NM110 is required.									
	<b>3. C1203</b> If NM112 is present, then NM103 is required.									
Loop:	2330F — OTHER PAYER SUPERVISING PROVIDER Loop Repeat: 1									
Segment Repeat:	1									
Usage:	SITUATIONAL									
Situational Rule:	Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider. OR Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send.									
TR3 Notes:	1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.									
TR3 Example:	NM1*DQ*1~									

TR3 Example: NM1\*DQ\*1~

### DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	TES
REQUIRED	NM101	98	Entity Identi Code identifyin individual	fier Code g an organizational entity, a physical locati	<b>M 1</b> on, prop	ID erty or	<b>2/3</b> an
			CODE	DEFINITION			
			DQ	Supervising Physician			
REQUIRED	NM102	1065	Entity Type	Qualifier 9 the type of entity	M 1	ID	1/1
			semantic: NM1	02 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
NOT USED	NM103	1035	Name Last o	r Organization Name	X 1	AN	1/60
NOT USED	NM104	1036	Name First		01	AN	1/35
NOT USED	NM105	1037	Name Middle	•	01	AN	1/25
NOT USED	NM106	1038	Name Prefix		01	AN	1/10
NOT USED	NM107	1039	Name Suffix		01	AN	1/10
NOT USED	NM108	66	Identificatio	n Code Qualifier	X 1	ID	1/2
NOT USED	NM109	67	Identificatio	n Code	X 1	AN	2/80
NOT USED	NM110	706	Entity Relati	onship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identi	•	01	ID	2/3
NOT USED	NM112	1035	-	r Organization Name	01	AN	1/60

SEGMENT DETAIL							
				YER SUPERVISING		ION	
X12 Segment N	lame: Refe	rence Inf	ormation				
X12 Purj	p <b>ose:</b> To s	pecify ide	entifying informa	ation			
X12 Sy		R0203					
				or REF03 is required.			
		// — UII	ILK FATLK S				
Segment Re	-						
U	sage: REC	UIRED					
TR3 Exa	mple: REF	*G2*123	345~				
DIAGRAM							
REF * Ref Idu M 1	Fon 128 Eference ent Qual ID 2/3	REF02 Reference Ident X 1 AN	* .	▲ Identifier			
ELEMENT DETAIL							
	REF. DES.	DATA					
	REF01	128	NAME Reference Idea	ntification Qualifier	M 1		<u>2/3</u>
	KEI VI	120		he Reference Identification	141 1		2/5
			CODE	DEFINITION			
			0B	State License Number			
			1G	Provider UPIN Number			
				UPINs must be formatted as eithe XXX999.	r X99	999 or	
			G2	Provider Commercial Number			
				This code designates a proprietar for the non-destination payer iden Payer Name Loop ID-2330B for thi ID-2320. This is true regardless of payer is Medicare, Medicaid, a Blu Shield plan, a commercial plan, or plan.	tified s iter whet e Cro	in the ( ation of her that ss Blue	Other Loop t
			LU	Location Number			
REQUIRED	REF02	127		ntification hation as defined for a particular Transaction Identification Qualifier	X1 on Set	AN or as spe	1/50 ecified
			syntax: R0203				
			IMPLEMENTATION N	AME: Other Payer Supervising Provid	der Id	entifier	
NOT USED	REF03	352	Description		X 1	AN	1/80

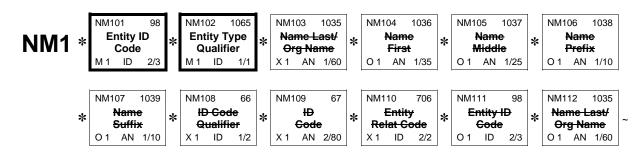
005010X222 • 837 • 2330F • REF OTHER PAYER SUPERVISING PROVIDER SECONDARY IDENTIFICATION

NOT USED	REF04	C040	REFERENCE IDENTIFIER	01
----------	-------	------	----------------------	----

	NM1 - OTHER PAYER BILLING PROVIDER
X12 Segment Name:	Individual or Organizational Name
X12 Purpose:	To supply the full name of an individual or organizational entity
X12 Set Notes:	<ol> <li>Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.</li> </ol>
X12 Syntax:	1. P0809 If either NM108 or NM109 is present, then the other is required.
	2. C1110 If NM111 is present, then NM110 is required.
	<b>3. C1203</b> If NM112 is present, then NM103 is required.
Loop:	2330G — OTHER PAYER BILLING PROVIDER Loop Repeat: 1
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider. OR Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the
	corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send.
TR3 Notes:	1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.
TR3 Example:	NM1*85*2~

TR3 Example: NM1\*85\*2~

### DIAGRAM



SEGMENT DETAIL

### 005010X222 • 837 • 2330G • NM1 OTHER PAYER BILLING PROVIDER

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	NM101	98	Entity Identifier Code identifying individual	er Code an organizational entity, a physical location	M 1 on, prop	ID perty or a	<b>2/3</b> an
			CODE	DEFINITION			
			85	Billing Provider			
REQUIRED	NM102	1065	Entity Type Q Code qualifying	ualifier the type of entity	M 1	ID	1/1
			SEMANTIC: NM10	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
NOT USED	NM103	1035	Name Last or	Organization Name	X 1	AN	1/60
NOT USED	NM104	1036	Name First		01	AN	1/35
NOT USED	NM105	1037	Name Middle		01	AN	1/25
NOT USED	NM106	1038	Name Prefix		01	AN	1/10
NOT USED	NM107	1039	Name Suffix		01	AN	1/10
NOT USED	NM108	66	Identification	Code Qualifier	X 1	ID	1/2
NOT USED	NM109	67	Identification	Code	X 1	AN	2/80
NOT USED	NM110	706	Entity Relatio	nship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifi	-	01	ID	2/3
NOT USED	NM112	1035	Name Last or	Organization Name	01	AN	1/60

# **REF - OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION**

X12 Segment Name: Reference Information

- X12 Purpose: To specify identifying information
  - X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

### Loop: 2330G — OTHER PAYER BILLING PROVIDER

### Segment Repeat: 2

### Usage: REQUIRED

TR3 Notes: 1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.

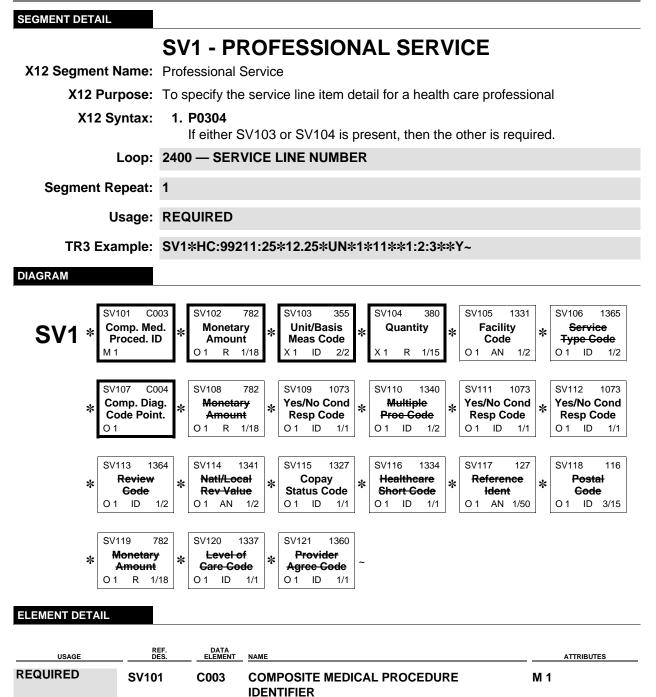
TR3 Example: REF\*G2\*12345~



	REF01	1 128		REF	02	127		REF	03	352	]	REF04	C040	]
<b>REF</b> *	Reference Ident Qual		*	Reference Ident		*	<b>Description</b>		*	Referent Ident	ifior	~		
	M 1	ID 2/3		X 1	AN	1/50		X 1	AN	1/80		O 1		

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	TES
REQUIRED	REF01	128		ntification Qualifier the Reference Identification	M 1	ID	2/3
			CODE	DEFINITION			
			G2	Provider Commercial Number			
				This code designates a proprietar for the non-destination payer ider Payer Name Loop ID-2330B for th ID-2320. This is true regardless of payer is Medicare, Medicaid, a Blu Shield plan, a commercial plan, o plan.	ntified is itera f whet ue Cro	in the ation o her tha ss Blu	Other f Loop It e
			LU	Location Number			
REQUIRED	REF02	127		ntification nation as defined for a particular Transacti e Identification Qualifier	X 1 on Set	AN or as sp	1/50 ecified
			syntax: R0203				
				IAME: Other Payer Billing Provider Id	lentifie	er	
NOT USED	REF03	352	Description		X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	01		

SEGMENT DETAIL		
	LX - SERVICE LINE NUMBER	
X12 Segment Name:	Transaction Set Line Number	
X12 Purpose:	To reference a line number in a transaction set	
X12 Set Notes:	1. Loop 2400 contains Service Line information.	
Loop:	2400 — SERVICE LINE NUMBER Loop Repeat: 50	
Segment Repeat:	1	
Usage:	REQUIRED	
TR3 Notes:	1. The LX functions as a line counter.	
	2. The Service Line LX segment must begin with one and by one for each additional service line of a claim.	l is incremented
	3. LX01 is used to indicate bundling in SVD06 in the Line Adjudication loop. See Section 1.4.1.2 for more inform bundling and unbundling.	
TR3 Example:	LX*1~	
DIAGRAM		
LX * Assigned Number	54 1 1/6	
USAGE R	EF. DATA ES. <u>ELEMENT NAME</u>	ATTRIBUTES
REQUIRED LX01	554 Assigned Number Number assigned for differentiation within a transaction set	M 1 N0 1/6



To identify a medical procedure by its standardized codes and applicable modifiers

REQUIRED	SV101 - 1	235	Code id Product	Product/Service ID Qualifier       M       ID       2/2         Code identifying the type/source of the descriptive number used in       Product/Service ID (234)         SEMANTIC:       SEMANTIC:				
				1 qualifies C003-02 and C003-08.				
			IMPLEME	IMPLEMENTATION NAME: Product or Service ID Qualifier				
			and bio as dee adjudio	DC number is used for reporting prescribed drugs ologics when required by government regulation, or med by the provider to enhance claim reporting or cation processes. The NDC number is reported in the gment of Loop ID-2410 only.				
		C	ODE	DEFINITION				
		ER		Jurisdiction Specific Procedure and Supply Codes				
				This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the Jurisdiction Specific Procedure and Supply Codes as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.				
		нс		code source 576: Workers Compensation Specific Procedure and Supply Codes Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes				
				Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.				
		IV		CODE SOURCE 130: Healthcare Common Procedural Coding System Home Infusion EDI Coalition (HIEC) Product/Service Code				
				This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the Home Infusion EDI Coalition (HIEC) Product/Service Codes as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.				
				code source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List				

		WK	Advanced Billing Concepts (ABC) Codes
			At the time of this writing, this code set has been approved by the Secretary of HHS as a pilot project allowed under HIPAA law. The qualifier may only be used in transactions covered under HIPAA; By parties registered in the pilot project and their trading partners, OR If a new rule names the Complementary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA, OR For claims which are not covered under HIPAA.
REQUIRED	SV101 - 2	234	CODE SOURCE 843: Advanced Billing Concepts (ABC) CodesProduct/Service IDMAN1/48Identifying number for a product or service
			SEMANTIC: If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs.
			IMPLEMENTATION NAME: Procedure Code
SITUATIONAL	SV101 - 3		Procedure ModifierOAN2/2This identifies special circumstances related to the performance of the service, as defined by trading partnersSEMANTIC: C003-03 modifies the value in C003-02 and C003-08.
			SITUATIONAL RULE: Required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This is the first procedure code modifier. If not required by this implementation guide, do not send.
SITUATIONAL	SV101 - 4	1339	Procedure Modifier O AN 2/2 This identifies special circumstances related to the performance of the service, as defined by trading partners
			SEMANTIC: C003-04 modifies the value in C003-02 and C003-08.
			SITUATIONAL RULE: Required when a second modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.
SITUATIONAL	SV101 - 5		Procedure ModifierOAN2/2This identifies special circumstances related to the performance of the service, as defined by trading partnersSEMANTIC: C003-05 modifies the value in C003-02 and C003-08.
			SITUATIONAL RULE: Required when a third modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.

SITUATIONAL	ATIONAL SV101 - 6		<b>Procedure Modifier</b> This identifies special circumstances related to th service, as defined by trading partners	<b>O</b> le perfo	<b>AN</b> ormance	<b>2/2</b> of the		
			SEMANTIC: C003-06 modifies the value in C003-02 and C003	3-08.				
			SITUATIONAL RULE: Required when a fourth main improves the reporting accuracy of the a procedure code. If not required by this in guide, do not send.	ssoci	ated			
SITUATIONAL	IONAL SV101 - 7	352	<b>Description</b> A free-form description to clarify the related data content	<b>O</b> elemen	AN hts and t	<b>1/80</b> heir		
			SEMANTIC: C003-07 is the description of the procedure ident	ified in	C003-02	2.		
			SITUATIONAL RULE: Required when, in the judg submitter, the Procedure Code does not describe the service/product/supply and used. OR Required when SV101-2 is a non-specific Non-specific codes may include in their of such as: Not Otherwise Classified (NOC) Unspecified; Unclassified; Other; Miscell Prescription Drug, Generic; or Prescription Name. If not required by this implementation gu	defini loop 2 e Proce descri ; Unlis laneou on Dru	tively 2410 is edure ( iptors t sted; us; ug, Bra	not Code. erms		
NOT USED	SV101 - 8	234	Product/Service ID	ο	AN	1/48		
REQUIRED	SV102 782	Moneta	Monetary AmountO 1R1/18Monetary amount					
			NTIC: SV102 is the submitted service line item amount.					
		IMPLEME	ENTATION NAME: Line Item Charge Amount					
		inclus	s the total charge amount for this service li tive of the provider's base charge and any a r postage claimed amounts reported within ents.	applic	able ta	x		

Zero "0" is an acceptable value for this element.

## ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

REQUIRED	SV103	355		for Measurement Code the units in which a value is being expres has been taken	X1 sed, or i	<b>ID</b> manne	<b>2/2</b> r in which
			CODE	DEFINITION			
			MJ	Minutes			
				Required for Anesthesia claims.			
				Anesthesia time is counted from the practitioner, having complete evaluation, starts an intravenous monitors, administers pre-anesth otherwise physically begins to pu for anesthesia. Time continues th and while the practitioner accom to the post-anesthesia recovery of stops when the practitioner releat the care of PACU personnel.	ed the p line, p nesia s repare nrough panies unit (P	oreope laces edatio the pa out th the p ACU).	erative on, or atient e case atient Time
			UN	Unit			
REQUIRED	SV104	380	<b>Quantity</b> Numeric value o	f quantity	X 1	R	1/15
			syntax: P0304				
				NAME: Service Unit Count			
				decimal is needed to report units, example, "15.6".	includ	e it in	this
			When a decin	n length for this field is 8 digits exc nal is used, the maximum number o ne decimal is three.			
SITUATIONAL	SV105	1331	positions of the	Value where services were, or may be, perform Uniform Bill Type Code for Institutional Se or Professional or Dental Services.	ed; the		
			SEMANTIC: SV105	5 is the place of service.			
				E: Required when value is different to Loop ID-2300. If not required by the send.			
				NAME: Place of Service Code			
			See CODE SC Claims	OURCE 237: Place of Service Codes	s for Pi	ofess	ional
NOT USED	SV106	1365	Service Type	Code	01	ID	1/2

005010X222 • 837 • 2 PROFESSIONAL SEI			ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3
REQUIRED	SV107 C004		POSITE DIAGNOSIS CODE POINTER 01 ntify one or more diagnosis code pointers
REQUIRED	SV107 - 1	1328	Diagnosis Code PointerMN01/2A pointer to the diagnosis code in the order of importance to this service
			SEMANTIC: C004-01 identifies the primary diagnosis code for this service line.
			This first pointer designates the primary diagnosis for this service line. Remaining diagnosis pointers indicate declining level of importance to service line. Acceptable values are 1 through 12, and correspond to Composite Data Elements 01 through 12 in the Health Care Diagnosis Code HI segment in the Claim Loop ID-2300.
SITUATIONAL	SV107 - 2	1328	Diagnosis Code PointerON01/2A pointer to the diagnosis code in the order of importance to this service
			SEMANTIC: C004-02 identifies the second diagnosis code for this service line.
			SITUATIONAL RULE: Required when it is necessary to point to a second diagnosis related to this service line. Acceptable values are the same as SV107-1. If not required by this implementation guide, do not send.
SITUATIONAL	NAL SV107 - 3		Diagnosis Code PointerON01/2A pointer to the diagnosis code in the order of importance to this service
			SEMANTIC: C004-03 identifies the third diagnosis code for this service line.
			SITUATIONAL RULE: Required when it is necessary to point to a third diagnosis related to this service line. Acceptable values are the same as SV107-1. If not required by this implementation guide, do not send.
SITUATIONAL	SV107 - 4	1328	Diagnosis Code PointerON01/2A pointer to the diagnosis code in the order of importance to this service
			SEMANTIC: C004-04 identifies the fourth diagnosis code for this service line.
			SITUATIONAL RULE: Required when it is necessary to point to a fourth diagnosis related to this service line. Acceptable values are the same as SV107-1. If not required by this implementation guide, do not send.
NOT USED	SV108 782	Mone	tary Amount O 1 R 1/18

SITUATIONAL	SV109	1073		on or Response Code Yes or No condition or response	01	ID	1/1
				s the emergency-related indicator; a " rgency related; an "N" value indicates l.			
				Required when the service is kn the provider. If not required by t end.			ation
			IMPLEMENTATION NAM	ME: Emergency Indicator			
			For this implem semantic note.	entation, the listed value takes	precede	ence o	ver the
				inition: The patient requires im a result of severe, life threateni tions.			
			CODE	DEFINITION			
			Y	Yes			
NOT USED	SV110	1340	Multiple Proced	lure Code	01	ID	1/2
SITUATIONAL	SV111	1073		on or Response Code Yes or No condition or response	01	ID	1/1
			children (EPSDT) i	s early and periodic screen for diagnor involvement; a "Y" value indicates EP EPSDT involvement.			
			screening refer	Required when Medicaid servico ral. by this implementation guide, d			lt of a
			IMPLEMENTATION NAM	ME: EPSDT Indicator			
			For this implem semantic note.	entation, the listed value takes	precede	ence o	ver the
			When this elem	ent is used, this service is not t	the scre	ening s	service
			CODE	DEFINITION			
			Y	Yes			
SITUATIONAL	SV112	1073		on or Response Code Yes or No condition or response	01	ID	1/1
				s the family planning involvement indic anning services involvement; an "N" va involvement.			family
				Required when applicable for M s implementation guide, do not		claims	. If not
			IMPLEMENTATION NAM	ME: Family Planning Indicator			
			For this implem semantic note.	entation, the listed value takes	precede	ence o	ver the
			CODE	DEFINITION			
			Y	Yes			
NOT USED	SV113	1364	Review Code		01	ID	1/2

005010X222 • 837 • 2400 • SV1 PROFESSIONAL SERVICE			ASC X12N • INSUR TECHN			MMITTEE • TYPE 3	
NOT USED	SV114	1341	National or Local Assigned Review Value	01	AN	1/2	
SITUATIONAL	SV115	1327	Copay Status Code Code indicating whether or not co-payment requirements line basis	O 1 were me	<b>ID</b> et on a	<b>1/1</b> line by	
			SITUATIONAL RULE: Required when patient is exempt from co-pay. If no required by this implementation guide, do not send.				
			IMPLEMENTATION NAME: Co-Pay Status Code				
			CODE DEFINITION				
			0 Copay exempt				
NOT USED	SV116	1334	Health Care Professional Shortage Area Code	01	ID	1/1	
NOT USED	SV117	127	Reference Identification	01	AN	1/50	
NOT USED	SV118	116	Postal Code	01	ID	3/15	
NOT USED	SV119	782	Monetary Amount	01	R	1/18	
NOT USED	SV120	1337	Level of Care Code	01	ID	1/1	
NOT USED	SV121	1360	Provider Agreement Code	01	ID	1/1	

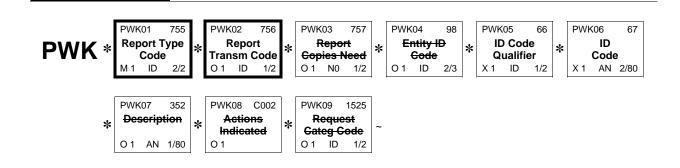
SEGMENT DETAIL **SV5 - DURABLE MEDICAL EQUIPMENT** SERVICE X12 Segment Name: Durable Medical Equipment Service X12 Purpose: To specify the claim service detail for durable medical equipment X12 Syntax: 1. R0405 At least one of SV504 or SV505 is required. 2. C0604 If SV506 is present, then SV504 is required. Loop: 2400 — SERVICE LINE NUMBER Segment Repeat: 1 **Usage: SITUATIONAL** Situational Rule: Required when necessary to report both the rental and purchase price information for durable medical equipment. This is not used for claims where the provider is reporting only the rental price or only the purchase price. If not required by this implementation guide, do not send. TR3 Example: SV5\*HC:A4631\*DA\*30\*50\*5000\*4~ DIAGRAM SV501 C003 SV502 355 SV503 380 SV504 782 SV505 782 SV506 594 **Unit/Basis** Comp. Med. Quantity Monetarv Monetarv Frequency SV5 \* \* \* s Proced. ID Meas Code Amount Amount Code ID 2/2 R 1/15 R 1/18 R 1/18 ID M 1 M 1 01 1/1 M 1 1 1 SV507 923 Prognosis \* Code O 1 ID 1/1 ELEMENT DETAIL REF. DATA ELEMENT USAGE NAME ATTRIBUTES REQUIRED SV501 C003 **COMPOSITE MEDICAL PROCEDURE** M 1 IDENTIFIER To identify a medical procedure by its standardized codes and applicable modifiers REQUIRED SV501 - 1 235 **Product/Service ID Qualifier** 2/2 М ID Code identifying the type/source of the descriptive number used in Product/Service ID (234) SEMANTIC: C003-01 qualifies C003-02 and C003-08. IMPLEMENTATION NAME: Procedure Identifier

		CODE	DEFINITION			
		НС	Health Care Financing Adminis Procedural Coding System (HC			on
			Because the AMA's CPT codes HCPCS codes, they are reporte			1
			code source 130: Healthcare Commo System	n Proced	ural Co	ding
REQUIRED	SV501 - 2		bduct/Service ID htifying number for a product or service	М	AN	1/48
		lf C	ANTIC: 003-08 is used, then C003-02 represents th ge in which the code occurs.	ne beginn	ing valu	ie in the
		IMPL	EMENTATION NAME: Procedure Code			
		Thi	s value must be the same as that re	ported i	n SV10	01-2.
NOT USED	SV501 - 3	1339 Pro	ocedure Modifier	ο	AN	2/2
NOT USED	SV501 - 4	1339 Pro	ocedure Modifier	0	AN	2/2
NOT USED	SV501 - 5	1339 Pro	ocedure Modifier	Ο	AN	2/2
NOT USED	SV501 - 6	1339 Pro	ocedure Modifier	Ο	AN	2/2
NOT USED	SV501 - 7	352 De:	scription	ο	AN	1/80
NOT USED	SV501 - 8	234 Pro	oduct/Service ID	0	AN	1/48
DEOLIDED						
REQUIRED	SV502 355	Code specify	sis for Measurement Code ring the units in which a value is being expre ent has been taken	M 1 essed, or	<b>ID</b> manne	<b>2/2</b> r in whic
REQUIRED	SV502 355	Code specify	ring the units in which a value is being expre			-
	SV502 355	Code specify a measurem	ring the units in which a value is being expre ent has been taken			-
	SV502 355 SV503 380	Code specify a measurem CODE	ring the units in which a value is being expr ent has been taken DEFINITION Days			-
		Code specify a measurem CODE DA Quantity Numeric valu SEMANTIC: SV	ring the units in which a value is being expre- ent has been taken DEFINITION Days le of quantity '503 is the length of medical treatment requ	M 1 ired.	manne	r in whic
		Code specify a measurem CODE DA Quantity Numeric valu SEMANTIC: SV	ring the units in which a value is being expr ent has been taken <u>DEFINITION</u> Days le of quantity	M 1 ired.	manne	r in whic
REQUIRED		Code specify a measurem CODE DA Quantity Numeric valu SEMANTIC: SV	DEFINITION         Days         '503 is the length of medical treatment require         ON NAME: Length of Medical Necessity	M 1 ired.	manne	r in whic
REQUIRED	SV503 380	Code specify a measurem CODE DA Quantity Numeric valu SEMANTIC: SV IMPLEMENTATI	In the units in which a value is being expre- ent has been taken           DEFINITION           Days           It of quantity           7503 is the length of medical treatment require           ION NAME: Length of Medical Necessity           Amount	M 1	R	r in which
REQUIRED	SV503 380	Code specify a measurem CODE DA Quantity Numeric valu SEMANTIC: SV IMPLEMENTATI Monetary A Monetary am	In the units in which a value is being expre- ent has been taken           DEFINITION           Days           It of quantity           7503 is the length of medical treatment require           ION NAME: Length of Medical Necessity           Amount	M 1	R	r in whic
REQUIRED	SV503 380	Code specify a measurem CODE DA Quantity Numeric valu SEMANTIC: SV Monetary am SYNTAX: R040 SEMANTIC: SV	DEFINITION Days To NAME: Length of Medical Necessity Amount D5, C0604	M 1	R	r in whic
REQUIRED	SV503 380	Code specify a measurem CODE DA Quantity Numeric valu SEMANTIC: SV Monetary am SYNTAX: R040 SEMANTIC: SV	The provide the second	M 1	R	r in whic
REQUIRED	SV503 380 SV504 782	Code specify a measurem CODE DA Quantity Numeric value SEMANTIC: SV IMPLEMENTATI Monetary am SYNTAX: R040 SEMANTIC: SV IMPLEMENTATI Monetary A	DEFINITION Days Definition Days Definition Days Definition Days Days Downwame: Length of Medical treatment requires Downwame: Length of Medical Necessity Downwame: DME Rental Price DME Rental	M 1 ired.	R	1/15 1/18
REQUIRED	SV503 380 SV504 782	Code specify a measurem CODE DA Quantity Numeric valu SEMANTIC: SV IMPLEMENTATI Monetary am SYNTAX: R040 SEMANTIC: SV IMPLEMENTATI Monetary am SYNTAX: R040	DEFINITION Days Definition Days Definition Days Definition Days Days Downwame: Length of Medical treatment requires Downwame: Length of Medical Necessity Downwame: DME Rental Price DME Rental	M 1 ired.	R	1/15 1/18

ASC X12N • INSUR TECHNICAL REPOR		OMMITTEE		DURABLE	005010X222 • 3 MEDICAL EQUIP		
REQUIRED	SV506	594	Frequency ( Code indicatin	<b>Code</b> g frequency or type of activities o	O 1 r actions being rep	<b>ID</b> ported	1/1
			syntax: C0604				
			SEMANTIC: SV5	ental equipment is	s billed.		
			IMPLEMENTATIO	N NAME: Rental Unit Price Indi	cator		
			CODE	DEFINITION			
			1	Weekly			
			4	Monthly			
			6	Daily			
NOT USED	SV507	923	Prognosis (	Code	0 1	ID	1/1

SEGMENT DETAIL

	<b>PWK - LINE SUPPLEMENTAL INFORMATION</b>
X12 Segment Name:	Paperwork
X12 Purpose:	To identify the type or transmission or both of paperwork or supporting information
X12 Syntax:	<ol> <li>P0506         If either PWK05 or PWK06 is present, then the other is required.     </li> </ol>
Loop:	2400 — SERVICE LINE NUMBER
Segment Repeat:	10
Usage:	SITUATIONAL
Situational Rule:	Required when there is a paper attachment following this claim. OR Required when attachments are sent electronically (PWK02 = EL) but are transmitted in another functional group (for example, 275) rather than by paper. PWK06 is then used to identify the attached electronic documentation. The number in PWK06 is carried in the TRN of the electronic attachment. OR Required when the provider deems it necessary to identify additional information that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but the information is not being submitted with the claim. Use the value of "AA" in PWK02 to convey this specific use of the PWK segment. If not required by this implementation guide, do not send.
TR3 Example:	PWK*OZ*BM***AC*DMN0012~



DIAGRAM

## ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTE	ES		
EQUIRED	PWK01	755	Report Type Code indicatin	g the title or contents of a document, report or supporting ite	<b>2/2</b> m		
			IMPLEMENTATION NAME: Attachment Report Type Code				
			CODE	DEFINITION			
			03	Report Justifying Treatment Beyond Utilizatior Guidelines	۱		
			04	Drugs Administered			
			05	Treatment Diagnosis			
			06	Initial Assessment			
			07	Functional Goals			
			08	Plan of Treatment			
			09	Progress Report			
			10	Continued Treatment			
			11	Chemical Analysis			
			13	Certified Test Report			
			15	Justification for Admission			
			21	Recovery Plan			
			A3	Allergies/Sensitivities Document			
			A4	Autopsy Report			
			AM	Ambulance Certification			
			AS	Admission Summary			
			B2	Prescription			
			B3	Physician Order			
			B4	Referral Form			
			BR	Benchmark Testing Results			
			BS	Baseline			
			вт	Blanket Test Results			
			СВ	Chiropractic Justification			
			СК	Consent Form(s)			
			СТ	Certification			
			D2	Drug Profile Document			
			DA	Dental Models			
			DB	Durable Medical Equipment Prescription			
			DG	Diagnostic Report			
			DJ	Discharge Monitoring Report			
			DS	Discharge Summary			
			EB	Explanation of Benefits (Coordination of Benef Medicare Secondary Payor)	fits		
			НС	Health Certificate			
			HR	Health Clinic Records			
			15	Immunization Record			

IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
МТ	Models
NN	Nursing Notes
ОВ	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital
	signs) Document
ох	Oxygen Therapy Certification
oz	Support Data for Claim
P4	Pathology Report
P5	Patient Medical History Document
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
ХР	Photographs
Report Transi Code defining tir	nission CodeO 1ID1/2ning, transmission method or format by which reports are to be

REQUIRED

PWK02 756

٦g, ŊУ ер g sent

IMPLEMENTATION NAME: Attachment Transmission Code

Required when the actual attachment is maintained by an attachment warehouse or similar vendor.

CODE	DEFINITION
AA	Available on Request at Provider Site
	This means that the additional information is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request.
ВМ	By Mail
EL	Electronically Only
	Indicates that the attachment is being transmitted in a separate X12 functional group.
EM	E-Mail
FT	File Transfer

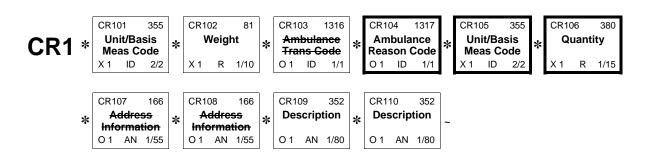
## ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

			FX	By Fax						
NOT USED	PWK03	757	Report Copies	s Needed	01	N0	1/2			
NOT USED	PWK04	98	Entity Identifie	er Code	01	ID	2/3			
SITUATIONAL	PWK05	PWK05 66		Identification Code Qualifier         X 1         ID         1/2           Code designating the system/method of code structure used for Identification         Code (67)         Code (67)						
			<b>SYNTAX:</b> P0506							
			соммент: PWK0 number.	<b>COMMENT</b> : PWK05 and PWK06 may be used to identify the addressee by a code number.						
			SITUATIONAL RULE: Required when PWK02 = "BM", "EL", "EM", "FX" or "FT". If not required by this implementation guide, do not send.							
			CODE	DEFINITION						
			AC	Attachment Control Number						
SITUATIONAL	PWK06	67	Identification Code identifying	Code a party or other code	X 1	AN	2/80			
			<b>SYNTAX:</b> P0506							
				Required when PWK02 = "BM", "I quired by this implementation guic						
			IMPLEMENTATION N	AME: Attachment Control Number						
			PWK06 is used to identify the attached electronic documentation. The number in PWK06 is carried in the TRN of the electronic attachment.							
			For the purposition for the purposition for the purposition of the pur	se of this implementation, the max	imum	field le	ngth			
NOT USED	PWK07	352	Description		01	AN	1/80			
NOT USED	PWK08	C002	ACTIONS IND	ICATED	01					
NOT USED	PWK09	1525	Request Cate	gory Code	01	ID	1/2			

SEGMENT DETAIL												
	CE		CA	TE OF					QUIPM IECES			
X12 Segment Nar	<b>ne:</b> Pape	erwork										
X12 Purpo		entify the mation	type	or transmi	ssior	or b	oth of pa	ape	erwork or su	рро	rting	
X12 Synt		. <b>P0506</b> If either PWK05 or PWK06 is present, then the other is required.										
Lo	op: 2400	00 — SERVICE LINE NUMBER										
Segment Repe	eat: 1											
Usa	ge: SITU	ITUATIONAL										
Situational Ru	Carr	Required on claims that include a Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN). If not required by this implementation guide, do not send.										
TR3 Examp	ole: PWM	×CT*AE	3~									
DIAGRAM												
	755 rt Type * ode D 2/2	Report Transm Co	756 ode * 1/2	Report Copies Ne	*57 ed 1/2		<del>ntity ID</del> <del>Code</del>	*	PWK05 66 ID Code Qualifier X 1 ID 1/2	*	PWK06 6 HD Code X 1 AN 2/8	67 80
PWK07			002	_	525							
*	N 1/80	Actions Indicated O 1	*	Request Categ Co O 1 ID								
ELEMENT DETAIL												
USAGE	REF. DES.	DATA ELEMENT	NAME							_	ATTRIBUTES	
REQUIRED P	WK01	755		rt Type Co		vr oont	onto of o	40.01	mont roport o	M 1		/2
				Ũ					ument, report o <b>Type Code</b>	sup		
					DEFINIT				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			ст		Certif	icatio	n					

ASC X12N • INSURA TECHNICAL REPOR			BLE MEDICAL EQ	005010 UIPMENT CERTIFICATE OF MEDICAL			00 • PWK DICATOR		
REQUIRED	PWK02	756	Code defining tir sent	mission Code ning, transmission method or format by NAME: Attachment Transmission Co		ID ports are	<b>1/2</b> e to be		
			Required when the actual attachment is maintained by an attachment warehouse or similar vendor.						
			CODE	DEFINITION					
			AB	Previously Submitted to Payer					
			AD	Certification Included in this Cl	aim				
			AF Narrative Segment Included in this Claim						
			AG	No Documentation is Required					
			NS	Not Specified					
				NS = Paperwork is available on provider's site. This means that being sent with the claim at this available to the payer (or appro request.	the pap time. I	berwor hstead	k is not , it is		
NOT USED	PWK03	757	Report Copies	s Needed	01	N0	1/2		
NOT USED	PWK04	98	Entity Identifi	er Code	01	ID	2/3		
NOT USED	PWK05	66	Identification	Code Qualifier	X 1	ID	1/2		
NOT USED	PWK06	67	Identification	Code	X 1	AN	2/80		
NOT USED	PWK07	352	Description		01	AN	1/80		
NOT USED	PWK08	C002	ACTIONS IND	ICATED	01				
NOT USED	PWK09	1525	Request Cate	Request Category Code O 1 ID					

SEGMENT DETAIL	
	CR1 - AMBULANCE TRANSPORT INFORMATION
X12 Segment Name:	Ambulance Certification
X12 Purpose:	To supply information related to the ambulance service rendered to a patient
X12 Set Notes:	<ol> <li>The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.</li> </ol>
X12 Syntax:	<ol> <li>P0102         If either CR101 or CR102 is present, then the other is required.     </li> <li>P0506         If either CR105 or CR106 is present, then the other is required.     </li> </ol>
Loop:	2400 — SERVICE LINE NUMBER
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required on ambulance transport services when the information applicable to any one of the segment's elements is different than the information reported in the CR1 at the claim level (Loop ID-2300). If not required by this implementation guide, do not send.
TR3 Example:	CR1*LB*140**A*DH*12****UNCONSCIOUS~
DIAGRAM	



ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	TES			
SITUATIONAL	CR101	355	Unit or Basis for Measurement Code X 1 ID 2/2 Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken							
			syntax: P0102							
				Required when CR102 is used. If on guide, do not send.	not red	quired	by this			
			CODE	DEFINITION						
			LB	Pound						
SITUATIONAL	CR102	81	<b>Weight</b> Numeric value of	i weight	X 1	R	1/10			
			<b>SYNTAX:</b> P0102							
			SEMANTIC: CR102 is the weight of the patient at time of transport.							
			SITUATIONAL RULE: Required when it is necessary to justify the medical necessity of the level of ambulance services. If not required by this implementation guide, do not send.							
			IMPLEMENTATION N	AME: Patient Weight						
NOT USED	CR103	1316	Ambulance Tr	ansport Code	01	ID	1/1			
REQUIRED		1317		ansport Reason Code he reason for ambulance transport	01	ID	1/1			
			CODE	DEFINITION						
			A Patient was transported to nearest facility for care of symptoms, complaints, or both							
			В	Patient was transported for the b physician	enefit	of a pr	eferred			
			C Patient was transported for the nearness of family members							
			D Patient was transported for the care of a specialist or for availability of specialized equipment							
			Е	Patient Transferred to Rehabilita	tion Fa	cility				
REQUIRED	CR105	355	Unit or Basis for Measurement Code X 1 ID 2/2 Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken							
			syntax: P0506							
			CODE	DEFINITION						
			DH	Miles						

005010X222 • 837 • 2 AMBULANCE TRANS		RMATION	ASC X12N • I Ti	NSURANCE S ECHNICAL R						
REQUIRED	CR106	380	<b>Quantity</b> Numeric value of quantity	X 1	R	1/15				
			syntax: P0506							
			SEMANTIC: CR106 is the distance traveled during tran	nsport.						
			IMPLEMENTATION NAME: Transport Distance							
			0 (zero) is a valid value when ambulance so charge for mileage.	ervices do n	ot inc	lude a				
NOT USED	CR107	166	Address Information	01	AN	1/55				
NOT USED	CR108	166	Address Information	01	AN	1/55				
SITUATIONAL	CR109	352	<b>Description</b> A free-form description to clarify the related data ele	O 1 ements and the	AN eir conte	<b>1/80</b> ent				
			SEMANTIC: CR109 is the purpose for the round trip ambulance service.							
			SITUATIONAL RULE: <b>Required when the ambulan</b> trip. If not required by this implementation							
			IMPLEMENTATION NAME: Round Trip Purpose Des	cription						
SITUATIONAL	CR110	352	<b>Description</b> A free-form description to clarify the related data ele	O 1 ements and the	AN eir conte	<b>1/80</b> ent				
			<b>SEMANTIC:</b> CR110 is the purpose for the usage of a stretcher during ambulance service.							
			SITUATIONAL RULE: <b>Required when needed to justify usage of stretcher.</b> If not required by this implementation guide, do not send.							
			IMPLEMENTATION NAME: Stretcher Purpose Descr	iption						

SEGMENT DETAIL							
		URABLE	MEDICAL EQUIPM	EN	Г		
X12 Segment Name:	Durable Medi	cal Equipment	Certification				
X12 Purpose:	equipment	ormation regard	ding a physician's certification for a	durab	le meo	dical	
X12 Syntax:	1. P0203 If either (	CR302 or CR30	03 is present, then the other is req	uired.			
Loop:	2400 — SER	2400 — SERVICE LINE NUMBER					
Segment Repeat:	1						
Usage:	SITUATIONA	SITUATIONAL					
Situational Rule:	of Medical N or Oxygen T	Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or a DMERC Information Form (DIF) or Oxygen Therapy Certification is included on this service line. f not required by this implementation guide, do not send.					
TR3 Example:	CR3*I*MO*	6~					
DIAGRAM							
CR301 13 Certificat Type Cod 0 1 ID	X.	<b>A</b>	380     CR304     1335       ity     Insulin       Depend Code       0 1     ID       1/15     0 1	' ~			
USAGE D	EF. DATA ES. ELEMENT	NAME			ATTRIBU	TES	
REQUIRED CR30	01 1322	-	the type of certification	01	ID	1/1	
		CODE	Initial				
		r R	Renewal				
		S	Revised				
REQUIRED CR30	92 355		for Measurement Code the units in which a value is being express has been taken	<b>X 1</b> sed, or	<b>ID</b> manner	<b>2/2</b> in which	
		syntax: P0203					
		SEMANTIC: CR302	2 and CR303 specify the time period cover	ed by t	his cert	fication.	
		CODE	DEFINITION				
		MO	Months				

005010X222 • 837 • DURABLE MEDICAL			N • INSURANCE S TECHNICAL RI					
REQUIRED	CR303	380	Quantity Numeric value of quantity syntax: P0203	X 1	R	1/15		
			IMPLEMENTATION NAME: Durable Medical Equ	Medical Equipment Duration				
			Length of time DME equipment is need	ed.				
NOT USED	CR304	1335	Insulin Dependent Code	O 1	ID	1/1		
NOT USED	CR305	352	Description	01	AN	1/80		

#### SEGMENT DETAIL **CRC - AMBULANCE CERTIFICATION** X12 Segment Name: Conditions Indicator X12 Purpose: To supply information on conditions Loop: 2400 — SERVICE LINE NUMBER Segment Repeat: 3 Usage: SITUATIONAL Situational Rule: Required on ambulance transport services when the information applicable to any one of the segment's elements is different than the information reported in the Ambulance Certification CRC at the claim level (Loop ID-2300). If not required by this implementation guide, do not send. **TR3 Notes:** 1. The maximum number of CRC segments which can occur per Loop ID-2400 is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing or reporting needs but no more than a total of 3 CRC segments per Loop ID-2400 are allowed. TR3 Example: CRC\*07\*Y\*01~ DIAGRAM 1321 CRC01 1136 CRC02 1073 CRC03 1321 CRC04 1321 CRC05 1321 CRC06 Yes/No Cond Code Certificate Certificate Certificate Certificate CRC \* \* \* \* Category **Resp Code** Cond Code **Cond Code** Cond Code Cond Code ID 2/2 M1 ID ID 01 ID O1 ID 01 VI 1 1/1 M 1 2/3 2/3 2/3 ID 2/3 CRC07 1321 Certificate \* Cond Code O 1 ID 2/3 ELEMENT DETAIL DATA ELEMENT REF. DES. USAGE NAME ATTRIBUTES REQUIRED CRC01 1136 Code Category M 1 ID 2/2 Specifies the situation or category to which the code applies SEMANTIC: CRC01 qualifies CRC03 through CRC07. CODE DEFINITION 07 Ambulance Certification

005010X222 • 837 • 2 AMBULANCE CERTIE			ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3								
REQUIRED	CRC02	1073		<b>lition or Response Code</b> g a Yes or No condition or response	M 1	ID	1/1				
			<b>SEMANTIC:</b> CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.								
			IMPLEMENTATION NAME: Certification Condition Indicator								
			CODE	DEFINITION							
			N	No							
			Y	Yes							
REQUIRED	REQUIRED CRC03		Condition In Code indicating		M 1	ID	2/3				
			The codes for	or CRC03 also can be used for CR	C04 thro	ugh C	RC07.				
			CODE	DEFINITION		-					
			01	1 Patient was admitted to a hospital							
			04 Patient was moved by stretcher								
			05 Patient was unconscious or in shock								
			06	Patient was transported in an e	emergen	cy situ	ation				
			07 Patient had to be physically restrained								
			08	Patient had visible hemorrhagi	ng						
			09	Ambulance service was medic	ally nece	ssary					
			12	Patient is confined to a bed or	chair						
				Use code 12 to indicate patient during transport.	t was bec	driddei	า				
SITUATIONAL	CRC04	1321	Condition In Code indicating	dicator	01	ID	2/3				
			SITUATIONAL RULE: Required when a second condition code is necessary. If not required by this implementation guide, do not send.								
			IMPLEMENTATION	NAME: Condition Code							
			Use the code	es listed in CRC03.							
SITUATIONAL	CRC05	1321	Condition In Code indicating		01	ID	2/3				
			SITUATIONAL RULE: Required when a third condition code is necessary. If not required by this implementation guide, do not send.								
			IMPLEMENTATION	NAME: Condition Code							
			Use the code	es listed in CRC03.							

ASC X12N • INSURA TECHNICAL REPOR		MMITTEE		005010X222 • 837 • 2400 • CRC AMBULANCE CERTIFICATION						
SITUATIONAL	CRC06	1321	Condition Indicator Code indicating a condition	01	ID	2/3				
			SITUATIONAL RULE: <b>Required when a fourth condition code is necessary.</b> If not required by this implementation guide, do not send.							
			IMPLEMENTATION NAME: Condition Code							
			Use the codes listed in CRC03.							
SITUATIONAL	CRC07	CRC07 1321	1321	Condition Indicator Code indicating a condition	01	ID	2/3			
			SITUATIONAL RULE: Required when a fifth condition code is necessary. If not required by this implementation guide, do not send.							
			IMPLEMENTATION NAME: Condition Code							
			Use the codes listed in CRC03.							

# SEGMENT DETAIL

SEGMENT DETAIL								
	CRC - H	OSPICE	EMPLOYEE INDICA	TOR				
X12 Segment Name:	Conditions In	dicator						
X12 Purpose:	To supply info	o supply information on conditions						
Loop:	2400 — SER	400 — SERVICE LINE NUMBER						
Segment Repeat:	1							
Usage:	SITUATIONA	\L						
Situational Rule:	-		claims involving physician serv / this implementation guide, do	-				
TR3 Notes:	2400 is 3 service I to meet t	8. Submitters a ine level CRC their billing or	r of CRC segments which can o are free to mix and match the th segments shown in this impler reporting needs but no more th op ID-2400 are allowed.	ree types of nentation guide				
		•	ne method used to indicate whe an employee of the hospice.	ther the				
TR3 Example:	CRC*70*Y*	65~						
DIAGRAM								
CRC * Code Category M1 ID 2 CRC07 13 Certificat Cond Cod	Yes/No Co Resp Co M 1 ID		ode 👗 <del>Cond Code</del> 🏝 <del>Cond Code</del>	* Certificate				
	EF. DATA ES. ELEMENT							
REQUIRED CRC		Code Categor	v	<u>ATTRIBUTES</u> M 1 ID 2/2				
	1130	•	<b>y</b> uation or category to which the code applie					
		SEMANTIC: CRC0	1 qualifies CRC03 through CRC07.					
		CODE	DEFINITION					
		70	Hospice					

ASC X12N • INSUR TECHNICAL REPO		MMITTEE			005010X222 • 8 HOSPICE EMPLO		
REQUIRED	CRC02	1073		dition or Response Code g a Yes or No condition or respo	M 1	ID	1/1
			indicates the c	02 is a Certification Condition C ondition codes in CRC03 throug ondition codes in CRC03 throug	gh CRĊ07 apply; ar	n "N" va	
			IMPLEMENTATION	NAME: Hospice Employed F	Provider Indicato	or	
				indicates the provider is e dicates the provider is not		-	
			CODE	DEFINITION			
			Ν	No			
			Y	Yes			
REQUIRED	CRC03	1321	Condition In Code indication		M 1	ID	2/3
			CODE	DEFINITION			
			65	Open			
				This code value is a pla Mandatory Data Elemei			
NOT USED	CRC04	1321	Condition In	dicator	01	ID	2/3
NOT USED	CRC05	1321	Condition In	dicator	01	ID	2/3
NOT USED	CRC06	1321	Condition In	dicator	01	ID	2/3
NOT USED	CRC07	1321	Condition In	dicator	01	ID	2/3

SEGMENT DETAIL				
			ON INDICATOR/DUR PMENT	ABLE
X12 Segment Name	: Conditions In	dicator		
X12 Purpose	: To supply info	ormation on co	nditions	
Loop	2400 — SER	VICE LINE NU	IMBER	
Segment Repeat	: 1			
Usage	SITUATIONA	L		
Situational Rule:	of Medical N or Oxygen T information i	ecessity (DMI herapy Certifi is necessary f	Medical Equipment Regional Ca ERC CMN) or a DMERC Informat cation is included on this servic for adjudication. lementation guide, do not send	tion Form (DIF), ce line and the
TR3 Notes	2400 is 3 service I to meet f	8. Submitters a ine level CRC their billing or	r of CRC segments which can o are free to mix and match the th segments shown in this impler reporting needs but no more th op ID-2400 are allowed.	ree types of mentation guide
		example sho nent item.	ws a case where an item billed v	was not a
TR3 Example	CRC*09*N*	ZV~		
TR3 Example	CRC*09*Y*	38~		
DIAGRAM				
CRC01 1 Code Categor M 1 ID	y 2/2 ★ Yes/No Cd Resp Co M 1 ID			* Certificate Cond Code
ELEMENT DETAIL				
USAGE	REF. DATA DES. ELEMENT	NAME		ATTRIBUTES
REQUIRED CRC	01 1136	Code Categor Specifies the situ	<b>y</b> uation or category to which the code applie	M 1 ID 2/2
			1 qualifies CRC03 through CRC07.	
		CODE	DEFINITION	
		09	Durable Medical Equipment Certi	fication

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3				00501 CONDITION INDICATOR/DURAB	0X222 • 8 LE MEDIC		
REQUIRED	CRC02	1073		<b>dition or Response Code</b> g a Yes or No condition or response	M 1	ID	1/1
			indicates the co	02 is a Certification Condition Code appli ondition codes in CRC03 through CRC07 ondition codes in CRC03 through CRC07	' apply; an	"N" valu	
			IMPLEMENTATION	INAME: Certification Condition Indic	ator		
			CODE	DEFINITION			
			Ν	Νο			
			Y	Yes			
REQUIRED	CRC03	1321	Condition In Code indicating		M 1	ID	2/3
			CODE	DEFINITION			
			38	Certification signed by the physical supplier's office	sician is	on file	at the
			ZV	Replacement Item			
SITUATIONAL	CRC04	1321	Condition In		01	ID	2/3
				E: Required when a second condit f not required by this implementat			ot
			Use the code	es listed in CRC03.			
NOT USED					_		
	CRC05	1321	Condition In	dicator	01	ID	2/3
NOT USED	CRC06	1321	Condition In	dicator	01	ID	2/3
NOT USED	CRC07	1321	Condition In	dicator	01	ID	2/3

SEGMENT DETAIL					
	DTP - D	ATE - SERVICE DATE			
X12 Segment Name:	Date or Time	or Period			
X12 Purpose:	To specify an	y or all of a date, a time, or a time period			
Loop:	2400 — SER	VICE LINE NUMBER			
Segment Repeat:	1				
Usage:	REQUIRED				
TR3 Notes:	1. In cases where a drug is being billed on a service line, date range may be used to indicate drug duration for which the drug supply will be used by the patient. The difference in dates, including both the begin and end dates, are the days supply of the drug. Example: 20000101 - 20000107 (1/1/00 to 1/7/00) is used for a 7 day supply where the first day of the drug used by the patient is 1/1/00. In the event a drug is administered on less than a daily basis (for example, every other day) the date range would include the entire period during which the drug was supplied, including the last day the drug was used. Example: 20000101 - 20000101 - 20000108 (1/1/00 to 1/8/00) is used for an 8 days supply where the prescription is written for Q48 (every 48 hours), four doses of the drug are dispensed and the first dose is used on 1/1/00.				
DIAGRAM DTP01	374 DTP02 1	250 DTP03 1251 Date Time			
	• • • • • • • • • • • • • • • • • • •	ual * Period ~ 2/3 M 1 AN 1/35			
ELEMENT DETAIL					
	EF. DATA ES. ELEMENT	NAME	AT	RIBUTES	
	ES. ELEMENT	Date/Time Qualifier	 M 1 IE		
USAGE D	ES. ELEMENT				
USAGE D	ES. ELEMENT	Date/Time Qualifier Code specifying type of date or time, or both date and time			
USAGE D	ES. ELEMENT	Date/Time Qualifier Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier			
USAGE D	<u>es. element</u> )1 374	Date/Time Qualifier         Code specifying type of date or time, or both date and time         IMPLEMENTATION NAME: Date Time Qualifier         CODE       DEFINITION	M 1 IC	) 3/3	
	<u>es. element</u> )1 374	Date/Time Qualifier         Code specifying type of date or time, or both date and time         IMPLEMENTATION NAME: Date Time Qualifier         CODE       DEFINITION         472       Service         Date Time Period Format Qualifier	M 1 IE M 1 IE me format	) 3/3 ) 2/3	
	<u>es. element</u> )1 374	Date/Time Qualifier         Code specifying type of date or time, or both date and time         IMPLEMENTATION NAME: Date Time Qualifier         CODE       DEFINITION         472       Service         Date Time Period Format Qualifier       Code indicating the date format, time format, or date and time	M 1 IE M 1 IE ne format II appear i es are d	<ul> <li>3/3</li> <li>2/3</li> <li>DTP03.</li> <li>ifferent.</li> </ul>	

			Range of Dates Expressed in Forr	mat CO	CYYMN	NDD-	
REQUIRED	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times		M 1 Ites and	AN times	1/35
			IMPLEMENTATION NAM	E: Service Date			

SEGMENT DETAIL							
	DT	P - D	ATE - PF	<b>RESCRIPTION DATE</b>			
X12 Segment Na	me: Date	or Time	or Period				
X12 Purpe	<b>ose:</b> To sp	ecify an	y or all of a da	te, a time, or a time period			
Lo	oop: 2400	— SER	VICE LINE NU	JMBER			
Segment Rep	eat: 1						
Usa	age: SITU	ATIONA	\L				
Situational R	(or o	therwise	e communica	billed for this line and a prescript ted by the prescriber if not writte ntation guide, do not send.			itten
TR3 Exam	ple: DTP	⊧471 <b></b> ∗D8	8*20050108~				
DIAGRAM							
DTP * Qu M 1	e/Time alifier ID 3/3	Date Tin Format Q M 1 ID		od ~		ATTRIBUT	
REQUIRER	DTP01	374	Date/Time Qu	alifier	M 1	ID	3/3
	DIFUI	5/4		type of date or time, or both date and time			5/5
			IMPLEMENTATION	NAME: Date Time Qualifier			
			CODE	DEFINITION			
			471	Prescription			
REQUIRED	DTP02	1250		riod Format Qualifier the date format, time format, or date and tir	M 1 ne form	<b>ID</b> mat	2/3
			SEMANTIC: DTP0	2 is the date or time or period format that wi	II appe	ar in DT	P03.
			D8	Date Expressed in Format CCYYM	MDD		
REQUIRED	DTP03	1251	Date Time Pe Expression of a	<b>riod</b> date, a time, or range of dates, times or dat		AN d times	1/35
				NAME: Prescription Date			

SEGMENT DETAIL

# DTP - DATE - CERTIFICATION REVISION/RECERTIFICATION DATE

X12 Segment Name: Date or Time or Period

X12 Purpose: To specify any or all of a date, a time, or a time period

Loop: 2400 — SERVICE LINE NUMBER

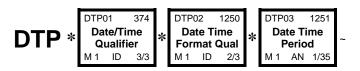
Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when CR301 (DMERC Certification) = "R" or "S". If not required by this implementation guide, do not send.

TR3 Example: DTP\*607\*D8\*20050112~

```
DIAGRAM
```



## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	TES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time			ID	3/3
			IMPLEMENTATION NAME: Date Time Qualifier				
			CODE	DEFINITION			
			607	Certification Revision			
REQUIRED	DTP02	1250		eriod Format Qualifier g the date format, time format, or date and tim	M 1 ne form	<b>ID</b> nat	2/3
			SEMANTIC: DTP	02 is the date or time or period format that wil	l appe	ar in D	FP03.
			CODE	DEFINITION			
			D8	Date Expressed in Format CCYYM	MDD		
REQUIRED	DTP03	1251	Date Time Performance Performa	<b>eriod</b> a date, a time, or range of dates, times or date	M 1 es and	AN times	1/35
			IMPLEMENTATION	NAME: Certification Revision or Recert	ificat	ion Da	te

	DTP - D	ATE - BEGIN THERAPY DAT	Έ		
X12 Segment Name:	Date or Time	or Period			
X12 Purpose:	To specify an	y or all of a date, a time, or a time period			
Loop:	2400 — SER	VICE LINE NUMBER			
Segment Repeat:	1				
	SITUATIONA				
Usaye.	SHUATIONA				
Situational Rule:	of Medical N Oxygen The	een a Durable Medical Equipment Regional Ca ecessity (DMERC CMN) or DMERC Informatio rapy Certification is included on this service I this implementation guide, do not send.	n For	m (Dll	
TR3 Example:	DTP*463*D8	8*20050112~			
DIAGRAM					
M 1 ID	3/3 M 1 ID	2/3 M 1 AN 1/35			
ELEMENT DETAIL	REF. DATA				
USAGE D	REF. DATA DES. <u>ELEMENT</u>			ATTRIBUT	ES
	DES. ELEMENT	NAME Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1	ATTRIBUT	<u>es</u> 3/3
USAGE D	DES. ELEMENT	Date/Time Qualifier			
USAGE D	DES. ELEMENT	Date/Time Qualifier Code specifying type of date or time, or both date and time			
USAGE D	DES. ELEMENT	Date/Time Qualifier Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier			
USAGE D	<u>element</u> 01 374	Date/Time Qualifier         Code specifying type of date or time, or both date and time         IMPLEMENTATION NAME: Date Time Qualifier         CODE       DEFINITION	M 1	ID	
USAGE DTPC	<u>element</u> 01 374	Date/Time Qualifier         Code specifying type of date or time, or both date and time         IMPLEMENTATION NAME: Date Time Qualifier         CODE       DEFINITION         463       Begin Therapy         Date Time Period Format Qualifier	M 1 me forr	ID ID nat	3/3
USAGE DTPC	<u>element</u> 01 374	Date/Time Qualifier         Code specifying type of date or time, or both date and time         IMPLEMENTATION NAME: Date Time Qualifier         CODE       DEFINITION         463       Begin Therapy         Date Time Period Format Qualifier         Code indicating the date format, time format, or date and time	M 1 me forr	ID ID nat	3/3
REQUIRED DTPO	<u>еlement</u> 01 374 02 1250	Date/Time Qualifier         Code specifying type of date or time, or both date and time         IMPLEMENTATION NAME: Date Time Qualifier         CODE       DEFINITION         463 Begin Therapy         Date Time Period Format Qualifier         Code indicating the date format, time format, or date and time         SEMANTIC: DTP02 is the date or time or period format that we collaborate that we c	M 1 me forr ill appe	ID ID nat	3/3
USAGE DTPC	<u>еlement</u> 01 374 02 1250	Date/Time Qualifier         Code specifying type of date or time, or both date and time         IMPLEMENTATION NAME: Date Time Qualifier         CODE       DEFINITION         463       Begin Therapy         Date Time Period Format Qualifier         Code indicating the date format, time format, or date and time         SEMANTIC: DTP02 is the date or time or period format that w         CODE       DEFINITION	M 1 me forr ill appe IMDD M 1	ID ID nat ear in DT	3/3

SEGMENT DETAIL							
	DTP - DA	ATE - LAST CERTIFICATION	DATE				
X12 Segment Name:	Date or Time	or Period					
X12 Purpose:	To specify any	y or all of a date, a time, or a time period					
Loop:	2400 — SERV						
Segment Repeat:	1						
Usage:	SITUATIONA	ITUATIONAL					
Situational Rule:	of Medical Ne Oxygen Ther	en a Durable Medical Equipment Regional Car ecessity (DMERC CMN), DMERC Information F rapy Certification is included on this service lin his implementation guide, do not send.	orm (DIF), or				
TR3 Notes:	Therapy	ne date the ordering physician signed the CMN Certification, or the date the supplier signed the form (DIF).					
TR3 Example:	DTP*461*D8	3*20050112~					
DIAGRAM							
DTP * Date/Time Qualifier	e 🐰 Date Tim	<b>A</b>					
	EF. DATA ES. ELEMENT	NAME	ATTRIBUTES				
REQUIRED DTPO			M 1 ID 3/3				
		IMPLEMENTATION NAME: Date Time Qualifier					
		461 Last Certification					
REQUIRED DTPO	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time	M 1 ID 2/3 ne format				
		SEMANTIC: DTP02 is the date or time or period format that will	l appear in DTP03.				
REQUIRED DTPO	3 1251	D8         Date Expressed in Format CCYYMI           Date Time Period         Expression of a date, a time, or range of dates, times or date	M 1 AN 1/35				
		IMPLEMENTATION NAME: Last Certification Date					

SEGMENT DETAIL **DTP - DATE - LAST SEEN DATE** X12 Segment Name: Date or Time or Period X12 Purpose: To specify any or all of a date, a time, or a time period Loop: 2400 — SERVICE LINE NUMBER Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required when a claim involves physician services for routine foot care; and is different than the date listed at the claim level and is known to impact the payer's adjudication process. If not required by this implementation guide, do not send. TR3 Example: DTP\*304\*D8\*20050108~ DIAGRAM DTP01 DTP02 DTP03 374 1250 1251 Date/Time Date Time **Date Time** DTP \* \* Qualifier Format Qual Period M 1 ID ID AN 1/35 M 1 3/3 2/3 M 1 ELEMENT DETAIL DATA ELEMENT NAME REF. DES. USAGE ATTRIBUTES REQUIRED DTP01 374 **Date/Time Qualifier** M 1 ID 3/3 Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION 304 Latest Visit or Consultation REQUIRED DTP02 **Date Time Period Format Qualifier** 1250 ID 2/3 M 1 Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE DEFINITION **D8** Date Expressed in Format CCYYMMDD REQUIRED DTP03 1251 M1 AN 1/35 **Date Time Period** Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Treatment or Therapy Date

SEGMENT DETAIL **DTP - DATE - TEST DATE** X12 Segment Name: Date or Time or Period X12 Purpose: To specify any or all of a date, a time, or a time period Loop: 2400 — SERVICE LINE NUMBER Segment Repeat: 2 Usage: SITUATIONAL Situational Rule: Required on initial EPO claims service lines for dialysis patients when test results are being billed or reported. If not required by this implementation quide, do not send. TR3 Example: DTP\*738\*D8\*20050112~ DIAGRAM DTP01 374 DTP02 1250 DTP03 1251 Date/Time Date Time **Date Time** DTP \* \* Qualifier Format Qual Period ID 3/3 ID AN 1/35 1 M 1 2/3 ELEMENT DETAIL DATA ELEMENT REF. USAGE NAME ATTRIBUTES REQUIRED DTP01 374 **Date/Time Qualifier** M 1 ID 3/3 Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier DEFINITION CODE Most Recent Hemoglobin or Hematocrit or Both 738 739 Most Recent Serum Creatine REQUIRED DTP02 1250 **Date Time Period Format Qualifier** M 1 ID 2/3 Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE DEFINITION **D8** Date Expressed in Format CCYYMMDD REQUIRED DTP03 1251 **Date Time Period** M1 AN 1/35 Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Test Performed Date

X12 Segment Name:	DTP - D	ATE - SHIPPED DATE			
ATZ Segment Name.	Date or Time	or Period			
X12 Purpose:	To specify an	y or all of a date, a time, or a time period			
Loop:	2400 — SER	VICE LINE NUMBER			
Segment Repeat:	1				
Usage:	SITUATIONA	L			
Situational Rule:	-	en billing or reporting shipped products. If no entation guide, do not send.	t req	uired	by
TR3 Example:	DTP*011*D8*20050112~				
DIAGRAM					
	e     *     Date 111       ·     *     Format Q       3/3     M 1     ID	Period     ~       2/3     M 1     AN     1/35			
	EF. DATA ES. ELEMENT	NAME		ATTRIBUT	ES
R		NAME Date/Time Qualifier Code specifying type of date or time, or both date and time	M 1	ATTRIBUT	<u>es</u> 3/3
		Date/Time Qualifier	M 1		
		Date/Time Qualifier Code specifying type of date or time, or both date and time	 M 1		
USAGE DTPC		Date/Time Qualifier Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	 M 1		
	01 374	Date/Time Qualifier         Code specifying type of date or time, or both date and time         IMPLEMENTATION NAME: Date Time Qualifier         CODE       DEFINITION	M 1	ID	
	01 374	Date/Time Qualifier         Code specifying type of date or time, or both date and time         IMPLEMENTATION NAME: Date Time Qualifier         CODE       DEFINITION         011       Shipped         Date Time Period Format Qualifier       Code indicating the date format, time format, or date and time         SEMANTIC: DTP02 is the date or time or period format that with	M 1 ne form	ID ID nat	3/3
	01 374	Date/Time Qualifier         Code specifying type of date or time, or both date and time         IMPLEMENTATION NAME: Date Time Qualifier         CODE       DEFINITION         011       Shipped         Date Time Period Format Qualifier         Code indicating the date format, time format, or date and time	M 1 ne form Il appe	ID ID nat	3/3

SEGMENT DETAIL							
	D	TP - D/	ATE - L	AST X-RAY DATE			
X12 Segment N	l <b>ame:</b> Da	ate or Time	or Period				
X12 Purj	pose: To	specify any	y or all of a da	ate, a time, or a time period			
L	_oop: 24	00 — SER\	/ICE LINE N	UMBER			
Segment Re	peat: 1						
U	sage: SI	TUATIONA	L				
Situational	an	d is differe	nt than info	olves spinal manipulation and an rmation at the claim level (Loop I ntation guide, do not send.	-	-	
TR3 Exa	mple: DT	F*455*D8	8*20050108~	-			
DIAGRAM							
	ate/Time Qualifier ID 3/3	* Date Tim Format Qu M 1 ID	ual * Peri				
USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	res
REQUIRED	DTP01	374	Date/Time Q	ualifier g type of date or time, or both date and time	M 1	ID	3/3
				INAME: Date Time Qualifier			
			CODE	DEFINITION			
			455	Last X-Ray			
REQUIRED	DTP02	1250	Code indicating	eriod Format Qualifier g the date format, time format, or date and ti			2/3
			CODE	02 is the date or time or period format that w DEFINITION			1703.
			D8	Date Expressed in Format CCYYN	IMDD		
REQUIRED	DTP03	1251	Date Time Pe Expression of a	<b>eriod</b> a date, a time, or range of dates, times or da	M 1 ates and		1/35
			IMPLEMENTATION	INAME: Last X-Ray Date			

#### SEGMENT DETAIL **DTP - DATE - INITIAL TREATMENT DATE** X12 Segment Name: Date or Time or Period X12 Purpose: To specify any or all of a date, a time, or a time period Loop: 2400 — SERVICE LINE NUMBER Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required when the Initial Treatment Date is known to impact adjudication for claims involving spinal manipulation, physcial therapy, occupational therapy, or speech language pathology and when different from what is reported at the claim level. If not required by this implementation guide, do not send. TR3 Example: DTP\*454\*D8\*20050108~ DIAGRAM DTP01 374 DTP02 1250 DTP03 1251 Date/Time **Date Time Date Time** DTP \* \* Qualifier Format Qual Period ID 3/3 M 1 ID 2/3 AN 1/35 M 1 M 1 ELEMENT DETAIL DATA ELEMENT REF. USAGE NAME ATTRIBUTES REQUIRED DTP01 374 **Date/Time Qualifier** M 1 ID 3/3 Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION 454 **Initial Treatment** REQUIRED DTP02 1250 **Date Time Period Format Qualifier** M 1 ID 2/3 Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE DEFINITION **D8** Date Expressed in Format CCYYMMDD REQUIRED DTP03 1251 **Date Time Period** M1 AN 1/35 Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Initial Treatment Date

#### SEGMENT DETAIL **QTY - AMBULANCE PATIENT COUNT** X12 Segment Name: Quantity Information X12 Purpose: To specify quantity information X12 Syntax: 1. R0204 At least one of QTY02 or QTY04 is required. 2. E0204 Only one of QTY02 or QTY04 may be present. Loop: 2400 — SERVICE LINE NUMBER Segment Repeat: 1 **Usage: SITUATIONAL** Situational Rule: Required when more than one patient is transported in the same vehicle for Ambulance or non-emergency transportation services. If not required by this implementation guide, do not send. TR3 Notes: 1. The QTY02 is the only place to report the number of patients when there are multiple patients transported. TR3 Example: QTY\*PT\*2~ DIAGRAM QTY01 673 QTY02 380 QTY03 C001 QTY04 61 **Composite** Quantity Free-Form Quantity \* \* QTY \* ~ Qualifier **Unit of Mea** Message ID 2/2 R 1/15 01 X 1 AN 1/30 M 1 X 1 ELEMENT DETAIL DATA ELE<u>MENT NAME</u> REF. USAGE ATTRIBUTES REQUIRED **QTY01** 673 **Quantity Qualifier** M 1 ID 2/2 Code specifying the type of quantity CODE DEFINITION PT Patients REQUIRED **QTY02** 380 R 1/15 Quantity X 1 Numeric value of quantity SYNTAX: R0204, E0204 IMPLEMENTATION NAME: Ambulance Patient Count NOT USED **QTY03** C001 COMPOSITE UNIT OF MEASURE 01 NOT USED **QTY04** 61 Free-form Information X1 AN 1/30

# **QTY - OBSTETRIC ANESTHESIA ADDITIONAL** UNITS

X12 Segment Name	: Quantity	Quantity Information					
X12 Purpose	: To specif	o specify quantity information					
X12 Syntax		1. R0204 At least one of QTY02 or QTY04 is required.					
	<b>2. E020</b> Only	<b>)4</b> one of QTY02 or QTY04 may be present.					
Loop	: 2400 — 9	SERVICE LINE NUMBER					
Segment Repeat	: 1						
Usage	: SITUATI	ONAL					
Situational Rule	anesthes normal s time.	d in conjunction with anesthesia for obstetric se sia provider chooses to report additional comple services reflected by the procedure base units a quired by this implementation guide, do not sen	exity be nd ane	yond	l the		
TR3 Example	: QTY*FL	*3~					
DIAGRAM							
QTY01 Quanti Qualific M 1 ID	er * X 1	D2     380       Jantity     *       R     1/15       QTY03     C001       Composite     Tree-Form       Message     X       X     ANN       1     X					
	DES. ELE	MENT NAME		ATTRIBU			
REQUIRED QTY	(01 673	Quantity Qualifier         Code specifying the type of quantity         DEFINITION         FL       Units	M 1	ID	2/2		
REQUIRED	/02 380	Numeric value of quantity syntax: R0204, E0204	X 1	R	1/15		
		IMPLEMENTATION NAME: Obstetric Additional Units					
		The number of additional units reported by an a	nostho	olo pr			
		to reflect additional complexity of services.	liestie	sia pi	ovider		
NOT USED QT	/03 C00	to reflect additional complexity of services.	0 1	sia pi	ovider		

OEOMENT DETAIL	
	MEA - TEST RESULT
X12 Segment Name:	Measurements
X12 Purpose:	To specify physical measurements or counts, including dimensions, tolerances, variances, and weights
	(See Figures Appendix for example of use of C001)
X12 Syntax:	1. R03050608 At least one of MEA03, MEA05, MEA06 or MEA08 is required.
	2. E0412 Only one of MEA04 or MEA12 may be present.
	<b>3. L050412</b> If MEA05 is present, then at least one of MEA04 or MEA12 are required.
	4. L060412 If MEA06 is present, then at least one of MEA04 or MEA12 are required.
	<ol> <li>L07030506 If MEA07 is present, then at least one of MEA03, MEA05 or MEA06 are required.</li> </ol>
	6. E0803 Only one of MEA08 or MEA03 may be present.
	7. P1112 If either MEA11 or MEA12 is present, then the other is required.
Loop:	2400 — SERVICE LINE NUMBER
Segment Repeat:	5
Usage:	SITUATIONAL
Situational Rule:	Required on Dialysis related service lines for ESRD. Use R1, R2, R3, or R4 to qualify the Hemoglobin, Hematocrit, Epoetin Starting Dosage, and Creatinine test results. OR
	Required on DMERC service lines to report the Patient's Height from the Certificate of Medical Necessity (CMN). Use HT qualifier. If not required by this implementation guide, do not send.
TR3 Example:	MEA*TR*R1*113.4~
DIAGRAM	

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	JTES
REQUIRED	REQUIRED MEA01 7	737		nt Reference ID Code g the broad category to which a measureme	O 1 ent app	<b>ID</b> lies	2/2
				NAME: Measurement Reference Identi	ficatio	on Coc	le
			CODE	DEFINITION			
			OG	Original			
				Use OG to report Starting Dosage			
			TR	Test Results			
REQUIRED	MEA02	738	Measuremer Code identifyin measurement	g a specific product or process characteristi	<b>O 1</b> c to wh	<b>ID</b> nich a	1/3
			CODE	DEFINITION			
			нт	Height			
			R1	Hemoglobin			
			R2	Hematocrit			
			R3	Epoetin Starting Dosage			
			R4	Creatinine			
REQUIRED	MEA03	739	Measuremer The value of th	nt Value e measurement	X 1	R	1/20
			<b>syntax</b> : R0305	0608, L07030506, E0803			
				INAME: Test Results			
NOT USED	MEA04	C001	COMPOSITE	UNIT OF MEASURE	X 1		
NOT USED	MEA05	740	Range Minin	num	X 1	R	1/20
NOT USED	MEA06	741	Range Maxir	num	X 1	R	1/20
NOT USED	MEA07	935	Measuremer	nt Significance Code	01	ID	2/2
NOT USED	MEA08	936	Measuremer	nt Attribute Code	X 1	ID	2/2
NOT USED	MEA09	752	Surface/Lay	er/Position Code	01	ID	2/2
NOT USED	MEA10	1373	-	nt Method or Device	01	ID	2/4
NOT USED	MEA11	1270	Code List Q	ualifier Code	X 1	ID	1/3
NOT USED	MEA12	1271	Industry Cod	de	X 1	AN	1/30
			,		-		

SEGMENT DETAIL					
	CN1 - C	ONTRAC	T INFORMATION		
X12 Segment Name:	Contract Infor	rmation			
X12 Purpose:	To specify ba	sic data about	the contract or contract line item		
Loop:	2400 — SER	VICE LINE NU	MBER		
Segment Repeat:	1				
Usage:	SITUATIONA	\L			
Situational Rule:	information		tter is contractually obligated to icated claims. If not required by not send.		
TR3 Notes:	segment meet the	1. The developers of this implementation guide note that the CN1 segment is for use only for post-adjudicated claims, which do not meet the definition of a health care claim under HIPAA. Consequently, at the time of this writing, the CN1 segment is for non-HIPAA use only.			
TR3 Example:	CN1*02*550	)~			
DIAGRAM					
CN1 * Contract Type Cod	e * Amoun	· · ·		* Version ~ ID ~	
	EF. DATA ES. ELEMENT	NAME		ATTRIBUTES	
REQUIRED CN10	1 1166	Contract Type		M 1 ID 2/2	
		01	Diagnosis Related Group (DRG)		
		02	Per Diem		
		03	Variable Per Diem		
		04 05	Flat Capitated		
		05	Percent		
		09	Other		
SITUATIONAL CN10	2 782	Monetary Ame		O 1 R 1/18	
		SEMANTIC: CN102	is the contract amount.		
		given at claim	Required when information is diffe level (Loop ID-2300). If not required on guide, do not send.		
			IAME: Contract Amount		

005010X222 • 837 • 24 CONTRACT INFORMA			ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3
SITUATIONAL CN103	332	Percent, Decimal FormatO 1R1/6Percent given in decimal format (e.g., 0.0 through 100.0 represents 0% through 100%)	
			SEMANTIC: CN103 is the allowance or charge percent.
		SITUATIONAL RULE: <b>Required when information is different than that</b> given at claim level (Loop ID-2300). If not required by this implementation guide, do not send.	
			IMPLEMENTATION NAME: Contract Percentage
SITUATIONAL	ATIONAL CN104	127	Reference IdentificationO 1 AN 1/50Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
			SEMANTIC: CN104 is the contract code.
		SITUATIONAL RULE: <b>Required when information is different than that</b> given at claim level (Loop ID-2300). If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Contract Code	
SITUATIONAL	CN105	338	Terms Discount PercentO 1R1/6Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date
			SITUATIONAL RULE: <b>Required when information is different than that</b> given at claim level (Loop ID-2300). If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Terms Discount Percentage
SITUATIONAL	CN106	799	Version Identifier O 1 AN 1/30 Revision level of a particular format, program, technique or algorithm
			SEMANTIC: CN106 is an additional identifying number for the contract.
			SITUATIONAL RULE: <b>Required when information is different than that</b> given at claim level (Loop ID-2300). If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Contract Version Identifier

<b>REF - REPRICED LINE ITEM REFERENCE</b>	1
NUMBER	

X12 Segment Nam	e: Refere	nce Info	ormation				
X12 Purpos	e: To spe	o specify identifying information					
X12 Synta		1. R0203 At least one of REF02 or REF03 is required.					
Loc	p: 2400 –	– SER\	/ICE LINE NU	MBER			
Segment Repe	nt: 1						
Usag	e: SITUA	TIONA	L				
Situational Ru	identif organi	Required when a repricing (pricing) organization needs to have an identifying number on the service line in their submission to their payer organization. This segment is not completed by providers. If not required by this implementation guide, do not send.					
TR3 Examp	e: REF*9	)B*444	444~				
DIAGRAM							
REF * REF01 Refer Ident M 1 IE	nce * I Qual X	Referenc Ident 1 AN 1	*	352 tion 1/80 REF04 C040 Reference Identifier O 1 ~			
USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED R	F01 1	28	Poforonoo Ido				
			Code qualifying the	htification Qualifier he Reference Identification	M 1	ID	2/3
			Code qualifying th	he Reference Identification		ID	2/3
REQUIRED R	F02 1	27	Code qualifying the CODE 9B Reference Ident Reference inform by the Reference SYNTAX: R0203	he Reference Identification <u>DEFINITION</u> Repriced Line Item Reference Nutrification nation as defined for a particular Transace Identification Qualifier	umber X 1 tion Set	AN or as sp	1/50
			Code qualifying the code <b>9B Reference Iden</b> Reference inform by the Reference SYNTAX: R0203 IMPLEMENTATION N.	be Reference Identification DEFINITION Repriced Line Item Reference Nu ntification lation as defined for a particular Transac	umber X 1 tion Set	AN or as sp er	1/50 Decified
		27 952	Code qualifying the CODE 9B Reference Ident Reference inform by the Reference SYNTAX: R0203	DEFINITION Repriced Line Item Reference Num ntification lation as defined for a particular Transact Identification Qualifier AME: Repriced Line Item Reference	umber X 1 tion Set	AN or as sp	1/50

SEGMENT DETAIL							
			DJUSTED REPRICED LINE I ENCE NUMBER	TEN	Ν		
X12 Segment Na	ame: Refe	rence Inf	formation				
X12 Purp	ose: To s	pecify ide	entifying information				
X12 Syr		<b>R0203</b> At least c	one of REF02 or REF03 is required.				
L	oop: 2400	) — SER'	VICE LINE NUMBER				
Segment Rep	peat: 1						
Us	age: SITU	SITUATIONAL					
Situational F	iden paye	tifying n er organi	en a repricing (pricing) organization needs to umber on an adjusted service line in their su zation. This segment is not completed by pro this implementation guide, do not send.	bmis	sion to		
TR3 Exam	nple: REF	*9D*444	4444~				
DIAGRAM							
	01 128 ference nt Qual ID 2/3	REF02 Reference Ident X 1 AN	★ · ★ <del>Identifier</del> ~				
ELEMENT DETAIL							
USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES	
REQUIRED	REF01	128	Reference Identification Qualifier	M 1	ID	2/3	
			Code qualifying the Reference Identification				
			9D Adjusted Repriced Line Item Refe		Nissiaala		
REQUIRED	REF02	127	9D         Adjusted Repriced Line Item Reference           Reference Identification         Reference information as defined for a particular Transaction by the Reference Identification Qualifier	X 1	AN	1/50	
			syntax: R0203				
			IMPLEMENTATION NAME: Adjusted Repriced Line Item R	eferer	nce Nu	mber	
NOT USED	REF03	352	Description	X 1	AN	1/80	
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01			

SEGMENT DETAIL **REF - PRIOR AUTHORIZATION** X12 Segment Name: Reference Information X12 Purpose: To specify identifying information X12 Syntax: 1. R0203 At least one of REF02 or REF03 is required. Loop: 2400 — SERVICE LINE NUMBER Segment Repeat: 5 Usage: SITUATIONAL Situational Rule: Required when service line involved a prior authorization number that is different than the number reported at the claim level (Loop ID-2300). If not required by this implementation guide, do not send. TR3 Notes: 1. When it is necessary to report one or more non-destination payer Prior Authorization Numbers, the composite data element in REF04 is used to identify the payer which assigned this number. TR3 Example: REF\*G1\*13579~ DIAGRAM REF01 128 REF02 127 REF03 352 REF04 C040 Reference Reference **Description** Reference \* \* REF \* **Ident Qual** Ident Identifier ID 2/3 AN 1/50 O 1 Л1 X 1 AN 1/80 ELEMENT DETAIL DATA ELEME<u>NT</u> REF. USAGE NAME ATTRIBUTES REQUIRED REF01 128 **Reference Identification Qualifier** M 1 ID 2/3 Code qualifying the Reference Identification CODE DEFINITION G1 **Prior Authorization Number** REQUIRED REF02 127 **Reference Identification** X1 AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **SYNTAX:** R0203 IMPLEMENTATION NAME: Prior Authorization or Referral Number NOT USED REF03 352 Description X1 AN 1/80

005010X222 • 837 • 2400 • REF	
PRIOR AUTHORIZATION	

SITUATIONAL	REF04 C04	To io	ERENCE IDENTIFIER O 1 dentify one or more reference numbers or identification numbers as specifie ne Reference Qualifier
		P05	<b>04</b> her C04003 or C04004 is present, then the other is required.
			ATIONAL RULE: <b>Required when the Prior Authorization Number</b> orted in REF02 of this segment is for a non-destination payer.
REQUIRED	REF04 - 1	128	Reference Identification QualifierMID2/3Code qualifying the Reference Identification
			CODE DEFINITION
		2U	Payer Identification Number
REQUIRED	REF04 - 2	127	Reference Identification         M         AN         1/5           Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier         Second Seco
			IMPLEMENTATION NAME: Other Payer Primary Identifier
			The payer identifier reported in this field must match the cooresponding payer identifier reported in Loop ID-2330B NM109.
NOT USED	REF04 - 3	128	Reference Identification Qualifier X ID 2/3
NOT USED	REF04 - 4	127	Reference Identification X AN 1/5
NOT USED	REF04 - 5	128	Reference Identification Qualifier X ID 2/3
NOT USED	REF04 - 6	127	Reference Identification X AN 1/5

	<b>REF - LINE ITEM CONTROL NUMBER</b>										
X12 Segment Name:											
X12 Purpose:	To specify identifying information										
X12 Syntax:	1. R0203 At least one of REF02 or REF03 is required.										
Loop:	2400 — SERVICE LINE NUMBER										
Segment Repeat:	1										
Usage:	SITUATIONAL										
Situational Rule:	Required when the submitter needs a line item control number for subsequent communications to or from the payer. If not required by this implementation guide, do not send.										
TR3 Notes:	1. The line item control number must be unique within a patient control number (CLM01). Payers are required to return this number in the remittance advice transaction (835) if the provider sends it to them in the 837 and adjudication is based upon line item detail regardless of whether bundling or unbundling has occurred.										
	2. Submitters are STRONGLY encouraged to routinely send a unique line item control number on all service lines, particularly if the submitter automatically posts their remittance advice. Submitting a unique line item control number allows the capability to automatically post by service line.										
TR3 Example:	REF*6R*54321~										
DIAGRAM											
REF * Reference Ident Qua											

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES
REQUIRED	REF01	128	Reference lo Code qualifying	M 1	ID	2/3	
			CODE	DEFINITION			
			6R	Provider Control Number			

005010X222 ● 837 ● 2400 ● REF LINE ITEM CONTROL NUMBER			ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3						
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transac by the Reference Identification Qualifier	X 1 ction Set		<b>1/50</b> pecified			
			syntax: R0203						
			IMPLEMENTATION NAME: Line Item Control Number						
			The maximum number of characters to be supp '30'. A submitter may submit fewer characters of their needs. However, the HIPAA maximum req supported by any receiving system is '30'. Cha are not required to be stored nor returned by an system.	depend uireme racters	ling up nt to b beyor	oon e nd 30			
NOT USED	REF03	352	Description	X 1	AN	1/80			
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01					

NUMBER X12 Segment Name: Reference Information X12 Purpose: To specify identifying information X12 Syntax: 1. R0203 At least one of REF02 or REF03 is required. Loop: 2400 — SERVICE LINE NUMBER Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required when mammography services are rendered by a certified mammography provider and the mammography certification number is different than that sent in Loop ID-2300. If not required by this implementation guide, do not send. TR3 Example: REF\*EW\*T554~ DIAGRAM REF01 128 REF02 127 REF03 352 REF04 C040 Reference Reference **Description** Reference \* REF \* \* Ident Qual Ident **Identifier** / 1 ID 2/3 AN 1/50 X 1 AN 1/80 01 ELEMENT DETAIL DATA ELEMENT USAGE NAME ATTRIBUTES REQUIRED REF01 128 **Reference Identification Qualifier** M 1 ID 2/3 Code qualifying the Reference Identification CODE DEFINITION EW Mammography Certification Number REQUIRED REF02 127 **Reference Identification** X1 AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Mammography Certification Number NOT USED REF03 352 Description X1 AN 1/80 NOT USED REF04 C040 **REFERENCE IDENTIFIER** 01

**REF - MAMMOGRAPHY CERTIFICATION** 

SEGMENT DETAIL						
			LINICAL LABORATORY /EMENT AMENDMENT (CLI	A) N	UM	BER
X12 Segment N	ame: Refe	rence Inf	ormation			
X12 Purp	ose: To s	pecify ide	entifying information			
X12 Sy		<b>R0203</b> At least c	one of REF02 or REF03 is required.			
L	.oop: 2400	) — SER	VICE LINE NUMBER			
Segment Re	peat: 1					
Us	sage: SITU	JATIONA	L			
Situational I	labo repo	ratory so rted at t	all CLIA certified facilities performing CLIA ervices and the number is different than the he claim level (Loop ID-2300). If not required ion guide, do not send.	CLIA r	numbe	er
TR3 Exan	nple: REF	*X4*12	D4567890~			
DIAGRAM	_					
	01 128 ference ent Qual ID 2/3	REF02 Referen Ident X 1 AN	* <sup>*</sup> Identifier <sup>∼</sup>			
USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1	ID	2/3
			CODE DEFINITION			
			X4 Clinical Laboratory Improvemer Number	nt Amen	dment	
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transa by the Reference Identification Qualifier	X 1 ction Set		1/50 becified
			syntax: R0203			
			IMPLEMENTATION NAME: Clinical Laboratory Improver Number	nent An	nendmo	ent
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01		

						ICATION
SEGMENT DETAIL						
	IM	PROV	EFERRING CLINICAL LABO /EMENT AMENDMENT (CLIA Y IDENTIFICATION	-	TOR	RY
X12 Segment Na	ame: Refe	rence Inf	ormation			
X12 Purp	ose: To s	pecify ide	entifying information			
X12 Syr		<b>R0203</b> At least c	one of REF02 or REF03 is required.			
L	oop: 2400	) — SER	VICE LINE NUMBER			
Segment Rep	peat: 1					
Us	age: SITU	JATIONA	L			
Situational F	labo	ratory co	claims for any laboratory that referred tests overed by the CLIA Act that is billed on this li his implementation guide, do not send.			
TR3 Exan	nple: REF	*F4*34[	D1234567~			
DIAGRAM	_					
	01 128 ference nt Qual ID 2/3	REF02 Referent Ident X 1 AN	★ * Identifier			
ELEMENT DETAIL						
USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1	ID	2/3
			CODE DEFINITION			
			F4 Facility Certification Number			
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transacti by the Reference Identification Qualifier	X 1 on Set		1/50 becified
			syntax: R0203			
			IMPLEMENTATION NAME: Referring CLIA Number			
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01		

	REF - IN	IMUNIZATION BATCH NUME	BEF	R						
X12 Segment Name:	Reference Inf	ormation								
X12 Purpose:	To specify ide	o specify identifying information								
X12 Syntax:	1. R0203 At least o	1. R0203 At least one of REF02 or REF03 is required.								
Loop:	2400 — SERV	400 — SERVICE LINE NUMBER								
Segment Repeat:	1									
Usage:	SITUATIONA	L								
Situational Rule:	an Immuniza	Required when mandated by state or federal law or regulations to report an Immunization Batch Number. If not required by this implementation guide, do not send.								
TR3 Example:	REF*BT*DT	P22333444~								
DIAGRAM										
REF * REF01 Reference Ident Qua M 1 ID	e 👷 Referenc	* * Identifier ~								
USAGE E	REF. DATA DES. ELEMENT	NAME		ATTRIBU	TES					
REQUIRED REF	)1 128	Reference Identification Qualifier Code qualifying the Reference Identification	M 1	ID	2/3					
		CODE DEFINITION								
		BT Batch Number								
REQUIRED REF	)2 127	Reference IdentificationX 1AN1/5Reference information as defined for a particular Transaction Set or as specifieby the Reference Identification Qualifier								
		syntax: R0203								
		IMPLEMENTATION NAME: Immunization Batch Number								
NOT USED REF	)3 352	Description	X 1	AN	1/80					
NOT USED REF	04 C040	REFERENCE IDENTIFIER	01							

	REF - R	EFERRAL NUMBER							
X12 Segment Name:	Reference Ir	ference Information							
X12 Purpose:	To specify id	specify identifying information							
X12 Syntax:	1. R0203								
-	At least	one of REF02 or REF03 is required.							
Loop	2400 — SEF	00 — SERVICE LINE NUMBER							
Segment Repeat:	5								
Usage	SITUATION	AL							
Situational Rule:	than the nu	hen this service line involved a referral number mber reported at the claim level (Loop-ID 2300 ed by this implementation guide, do not send	).	t is di	fferent				
TR3 Notes:	Referra	is necessary to report one or more non-desting I Numbers, the composite data element in REF the payer which assigned this referral number	-04 is						
TR3 Example:	REF*9F*12	2345~							
DIAGRAM	1								
DIAGNAM									
REF01 Reference Ident Qui M 1 ID	al <sup>*</sup> Iden	· · · · · · · · · · · · · · · · · · ·							
ELEMENT DETAIL									
USAGE	REF. DATA DES. ELEMENT	NAME		ATTRIBL	ITES				
REQUIRED REF	01 128	Reference Identification Qualifier	M 1	ID	2/3				
		Code qualifying the Reference Identification							
		9F Referral Number							
REQUIRED REF	02 127	Reference Identification           Reference information as defined for a particular Transaction           by the Reference Identification Qualifier		AN or as sp	1/50 Decified				
		syntax: R0203							
		IMPLEMENTATION NAME: Referral Number							
NOT USED REF	03 352	Description	X 1	AN	1/80				

005010X222 • 837 • 2400 • REF
REFERRAL NUMBER

SITUATIONAL	REF04 CO	040	REFERENCE IDENTIFIER O 1 To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier					
			P0506	C04003 or C04004 is present, then the other is re- C04005 or C04006 is present, then the other is re-				
				DNAL RULE: <b>Required when the Referral Numb</b> 2 of this segment is for a non-destination p	-			
REQUIRED	REF04 - 1		128	Reference Identification Qualifier Code qualifying the Reference Identification	М	ID	2/3	
			c	ODE DEFINITION				
			2U	Payer Identification Number				
REQUIRED	REF04 - 2		127	<b>Reference Identification</b> Reference information as defined for a particular specified by the Reference Identification Qualifier		AN action Se	<b>1/50</b> et or as	
				IMPLEMENTATION NAME: Other Payer Primary Id	entifi	er		
				The payer identifier reported in this field cooresponding payer identifier reported NM109.				
NOT USED	REF04 - 3		128	Reference Identification Qualifier	Х	ID	2/3	
NOT USED	REF04 - 4		127	Reference Identification	Х	AN	1/50	
NOT USED	REF04 - 5		128	Reference Identification Qualifier	Х	ID	2/3	
NOT USED	REF04 - 6		127	Reference Identification	Х	AN	1/50	

SEGMENT DETAIL **AMT - SALES TAX AMOUNT** X12 Segment Name: Monetary Amount Information X12 Purpose: To indicate the total monetary amount Loop: 2400 — SERVICE LINE NUMBER Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required when sales tax applies to the service line and the submitter is required to report that information to the receiver. If not required by this implementation guide, do not send. 1. When reporting the Sales Tax Amount (AMT02), the amount reported TR3 Notes: in the Line Item Charge Amount (SV102) for this service line must include the amount reported in the Sales Tax Amount. TR3 Example: AMT\*T\*45~ DIAGRAM AMT03 AMT01 522 AMT02 782 478 Amount Qual **Gred/Debit** Monetary AMT \* \* Code Amount Flag Code ID 1/3 R 1/18 01 ID 1/1 M 1 М 1 ELEMENT DETAIL REF. DATA ELEMENT USAGE NAME ATTRIBUTES REQUIRED **AMT01** 522 Amount Qualifier Code M 1 ID 1/3 Code to qualify amount CODE DEFINITION т Тах REQUIRED AMT02 782 R **Monetary Amount** M 1 1/18 Monetary amount IMPLEMENTATION NAME: Sales Tax Amount NOT USED **AMT03** 478 **Credit/Debit Flag Code** 01 ID 1/1

SEGMENT DETAIL									
	AMT - P	OSTAGE	<b>CLAIMED AMOUN</b>	Τ					
X12 Segment Name:	Monetary Ame	ount Informatio	n						
X12 Purpose:	To indicate the	e total monetai	ry amount						
Loop:	2400 — SER	VICE LINE NU	MBER						
Segment Repeat:	1								
Usage:	SITUATIONA	L							
Situational Rule:			e charge (SV102) includes pos e. If not required by this implen						
TR3 Notes:	reported	1. When reporting the Postage Claimed Amount (AMT02), the amount reported in the Line Item Charge Amount (SV102) for this service line must include the amount reported in the Postage Claimed Amount.							
TR3 Example:	AMT*F4*56.	78~							
DIAGRAM									
AMT * Amount Q	ual * Monetar Amoun		~						
ELEMENT DETAIL									
USAGE D	EF. DATA ES. <u>ELEMENT</u>	NAME			ATTRIBL	JTES			
REQUIRED AMT	01 522	Amount Quality		M 1	ID	1/3			
		Code to qualify a	DEFINITION						
		F4	Postage Claimed						
REQUIRED AMT	02 782	Monetary Amo	bunt	M 1	R	1/18			
			AME: Postage Claimed Amount						
NOT USED AMT	03 478	Credit/Debit F	01	ID	1/1				

SEGMENT DETAIL	
	K3 - FILE INFORMATION
X12 Segment Name:	File Information
X12 Purpose:	To transmit a fixed-format record or matrix contents
Loop:	2400 — SERVICE LINE NUMBER
Segment Repeat:	10
Usage:	SITUATIONAL
Situational Rule:	<ul> <li>Required when ALL of the following conditions are met:</li> <li>A regulatory agency concludes it must use the K3 to meet an emergency legislative requirement;</li> <li>The administering regulatory agency or other state organization has completed each one of the following steps: contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement</li> <li>X12N determines that there is no method to meet the requirement.</li> <li>If not required by this implementation guide, do not send.</li> </ul>
TR3 Notes:	<ol> <li>At the time of publication of this implementation, K3 segments have no specific use. The K3 segment is expected to be used only when necessary to meet the unexpected data requirement of a legislative authority. Before this segment can be used :         <ul> <li>The X12N Health Care Claim workgroup must conclude there is no other available option in the implementation guide to meet the emergency legislative requirement.</li> <li>The requestor must submit a proposal for approval accompanied by the relevant business documentation to the X12N Health Care Claim workgroup chairs and receive approval for the request.</li> <li>Upon review of the request, X12N will issue an approval or denial decision to the requesting entity. Approved usage(s) of the K3 segment will be reviewed by the X12N Health Care Claim workgroup to develop a permanent change to include the business case in future transaction implementations.</li> </ul> </li> </ol>
	2. Only when all of the requirements above have been met, may the regulatory agency require the temporary use of the K3 segment.
	3. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee(s).
TR3 Example:	K3*STATE DATA REQUIREMENT~
DIAGRAM	
K301 4 Fixed Form Informatio	H49     K302     1333       m     *       Record       Format Code       0.1       0.1         K303         Composite       Unit of Mea         0.1

M 1 AN 1/80

01 ID

1/2

O 1

## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES
REQUIRED	K301	449	Fixed Format Information Data in fixed format agreed upon by sender and receiver	M 1	AN	1/80
NOT USED	K302	1333	Record Format Code	01	ID	1/2
NOT USED	K303	C001	COMPOSITE UNIT OF MEASURE	01		

SEGMENT DETAIL								
	NTE - LINE NOTE							
X12 Segment Name:	Note/Special Instruction							
X12 Purpose:	o transmit information in a free-form format, if necessary, for comment or pecial instruction							
X12 Comments:	<ol> <li>The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processible. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.</li> </ol>							
Loop:	2400 — SERVICE LINE NUMBER							
Segment Repeat:	l							
Usage:	SITUATIONAL							
Situational Rule:	Required when in the judgment of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set. If not required by this implementation guide, do not send.							
TR3 Notes:	1. Use SV101-7 to describe non-specific procedure codes. Do not use this NTE Segment to describe a non-specific procedure code. If an NDC code is reported in Loop 2410, do not use this segment for a description of the procedure code. The NDC in loop 2410 will provide the description.							
TR3 Example:	NTE*DCP*PATIENT GOAL TO BE OFF OXYGEN BY END OF MONTH~							
DIAGRAM								
NTE * Note Ref	363     NTE02     352       f     Description     ~       3/3     M 1     AN     1/80							

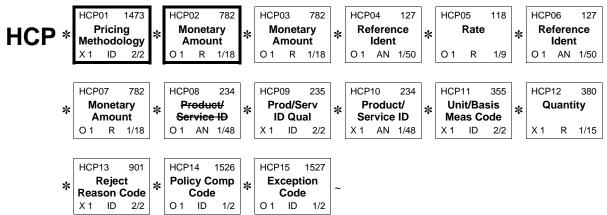
## ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES	
REQUIRED	NTE01	363	Note Referen Code identifying	the functional area or purpose for which the note applies	3
			CODE	DEFINITION	
			ADD	Additional Information	
			DCP	Goals, Rehabilitation Potential, or Discharge Plans	s
REQUIRED	NTE02	352	Description A free-form des	M 1 AN 1/8 cription to clarify the related data elements and their content	30
			IMPLEMENTATION	NAME: Line Note Text	

SEGMENT DETAIL							
	NTE - TI	HIRD PARTY ORGANIZATION	NOTES				
X12 Segment Name:	Note/Special	Instruction					
X12 Purpose:	To transmit in special instrue	nformation in a free-form format, if necessary, for c ction	omment or				
X12 Comments:	X12 stan NTE seg	I. The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processible. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.					
Loop:	2400 — SER	VICE LINE NUMBER					
Segment Repeat:	1						
Usage:	SITUATIONA	SITUATIONAL					
Situational Rule:	Required when the TPO/repricer needs to forward additional information to the payer. This segment is not completed by providers. If not required by this implementation guide, do not send.						
·		STATE REGULATION 123 WAS APPLIED DURIN THIS CLAIM~	IG THE				
DIAGRAM							
NTE * Note Ref Code	<ul> <li>MTE02</li> <li>Descripti</li> <li>M1 AN</li> </ul>	~					
ELEMENT DETAIL							
	EF. DATA ES. ELEMENT	NAME	ATTRIBUTES				
REQUIRED NTEO	91 363	Note Reference Code         O           Code identifying the functional area or purpose for which the         O           CODE         DEFINITION	D 1 ID 3/3 note applies				
REQUIRED NTEO	2 352	TPO Third Party Organization Notes Description A free-form description to clarify the related data elements ar IMPLEMENTATION NAME: Line Note Text	M 1 AN 1/80 Ind their content				

SEGMENT DETAIL									
	PS1 - Pl	JRCHASED SERVICE INFOR	MA	TIC	ON				
X12 Segment Name:	Purchase Ser	Purchase Service							
X12 Purpose:	To specify the	o specify the information about services that are purchased							
Loop:	2400 — SER	VICE LINE NUMBER							
Segment Repeat:	1								
Usage:	SITUATIONA	L							
Situational Rule:	impacted by source. OR Required on impacted by								
TR3 Example:	PS1*PN2222	22*110~							
DIAGRAM									
PS1 * Referenc Ident	e <mark>*</mark> Monetar Amoun								
USAGE R	EF. DATA ES. ELEMENT	NAME		ATTRIB	UTES				
REQUIRED PS10	1 127	<b>Reference Identification</b> Reference information as defined for a particular Transaction by the Reference Identification Qualifier	M 1 on Set	AN or as s	1/50 specified				
		SEMANTIC: PS101 is provider identification number.							
		IMPLEMENTATION NAME: Purchased Service Provider Identifier							
		This must be the identifier from the Purchased Se Loop (Loop ID-2420B). When the Secondary Ident that is the identifier to be reported. If not present, in NM109.	tifier F	REF is	s used,				
REQUIRED PS10	2 782	Monetary Amount Monetary amount	M 1	R	1/18				
		SEMANTIC: PS102 is cost of the purchased service.							
		IMPLEMENTATION NAME: Purchased Service Charge Ame	ount						
NOT USED PS10	3 156	State or Province Code	01	ID	2/2				

SEGMENT DETAIL								
	HCP - LINE PRICING/REPRICING INFORMATION							
X12 Segment Name:	lealth Care Pricing							
X12 Purpose:	To specify pricing or repricing information about a health care claim or line item							
X12 Syntax:	1. R0113 At least one of HCP01 or HCP13 is required.							
	<b>2. P0910</b> If either HCP09 or HCP10 is present, then the other is required.							
	<b>3. P1112</b> If either HCP11 or HCP12 is present, then the other is required.							
Loop:	2400 — SERVICE LINE NUMBER							
Segment Repeat:	1							
Usage:	SITUATIONAL							
Situational Rule:	Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.							
TR3 Notes:	1. This information is specific to the destination payer reported in Loop ID-2010BB.							
	2. For capitated encounters, pricing or repricing information usually is not applicable and is provided to qualify other information within the claim.							
TR3 Example:	HCP*03*100*10*RPO12345~							
DIAGRAM								
HCP01 14	HCP02 782 HCP03 782 HCP04 127 HCP05 118 HCP06 127							



DES.	DATA ELEMENT	NAME			ATTRIBU	TES
HCP01			ng pricing methodology at which the claim or	X 1 line iter	<b>ID</b> n has b	<b>2/2</b> been
		SYNTAX: R0113	3			
		-		-		ent due
		CODE	DEFINITION			
		00	Zero Pricing (Not Covered Under	Contra	act)	
		01	Priced as Billed at 100%			
		02	Priced at the Standard Fee Sched	ule		
		03	Priced at a Contractual Percentag	je		
		04	Bundled Pricing			
		05	Peer Review Pricing			
		06	Per Diem Pricing			
		07	Flat Rate Pricing			
		08	Combination Pricing			
		09	Maternity Pricing			
		10	Other Pricing			
		11	Lower of Cost			
		12	Ratio of Cost			
		13	Cost Reimbursed			
		14	Adjustment Pricing			
HCP02	782			01	R	1/18
		SEMANTIC: HCP	202 is the allowed amount.			
		IMPLEMENTATION	N NAME: Repriced Allowed Amount			
HCP03	782			01	R	1/18
		SEMANTIC: HCP	203 is the savings amount.			
		by the reprie information	cer. The segment is not completed b is completed by repricers only. If no	y prov	iders.	The
	HCP02	НСР02 782	Code specifyir priced or reprint syntax: R0113 Specific coot to the varian CODE 00 01 02 03 04 05 06 07 08 09 10 10 11 12 13 14 HCP02 782 Monetary An Monetary An Monetary and SEMANTIC: HCF MPLEMENTATION HCP03 782 Monetary An Monetary and SEMANTIC: HCF SITUATIONAL RU by the reprint information	Code specifying pricing methodology at which the claim or priced or repriced syntax: R0113 Specific code use is determined by Trading Partit to the variances in contracting policies in the inc <u>code</u> <u>DEFINITION</u> 00 Zero Pricing (Not Covered Under 01 Priced as Billed at 100% 02 Priced at the Standard Fee Sched 03 Priced at a Contractual Percentage 04 Bundled Pricing 05 Peer Review Pricing 06 Per Diem Pricing 07 Flat Rate Pricing 08 Combination Pricing 09 Maternity Pricing 10 Other Pricing 11 Lower of Cost 12 Ratio of Cost 13 Cost Reimbursed 14 Adjustment Pricing HCP02 782 Monetary Amount Monetary amount SEMANTIC: HCP02 is the allowed amount. IMPLEMENTATION NAME: Repriced Allowed Amount HCP03 782 Monetary Amount Monetary amount SEMANTIC: HCP03 is the savings amount. SITUATIONAL RULE: Required when this information is by the repricer. The segment is not completed by	Code specifying pricing methodology at which the claim or line iter priced or repriced syntax: R0113 Specific code use is determined by Trading Partner Ag to the variances in contracting policies in the industry. <u>CODE</u> <u>DEFINITION</u> 00 Zero Pricing (Not Covered Under Contra 01 Priced as Billed at 100% 02 Priced at the Standard Fee Schedule 03 Priced at a Contractual Percentage 04 Bundled Pricing 05 Peer Review Pricing 06 Per Diem Pricing 07 Flat Rate Pricing 08 Combination Pricing 09 Maternity Pricing 10 Other Pricing 11 Lower of Cost 12 Ratio of Cost 13 Cost Reimbursed 14 Adjustment Pricing HCP02 782 Monetary Amount Monetary amount SEMANTIC: HCP02 is the allowed amount. MPLEMENTATION NAME: Repriced Allowed Amount Monetary amount SEMANTIC: HCP03 is the savings amount. SEMANTIC: HCP03 is the savings amount.	Code specifying pricing methodology at which the claim or line item has b priced or repriced syntax: R0113 Specific code use is determined by Trading Partner Agreeme to the variances in contracting policies in the industry. CODE DEFINITION 00 Zero Pricing (Not Covered Under Contract) 01 Priced as Billed at 100% 02 Priced at the Standard Fee Schedule 03 Priced at a Contractual Percentage 04 Bundled Pricing 05 Peer Review Pricing 06 Per Diem Pricing 07 Flat Rate Pricing 08 Combination Pricing 09 Maternity Pricing 10 Other Pricing 11 Lower of Cost 12 Ratio of Cost 13 Cost Reimbursed 14 Adjustment Pricing HCP02 782 Monetary Amount Monetary amount SEMANTIC: HCP02 is the allowed amount. IMPLEMENTATION NAME: Repriced Allowed Amount Monetary amount SEMANTIC: HCP03 is the savings amount. STUATIONAL RULE: Required when this information is deemed nerve by the repricer. The segment is not completed by repricers only. If not required by

SITUATIONAL	HCP04	127	<b>Reference Identification</b> Reference information as defined for a particular Transac by the Reference Identification Qualifier	O1 tion Set	AN or as sp	1/50 becified		
			SEMANTIC: HCP04 is the repricing organization identification	n numb	er.			
			SITUATIONAL RULE: Required when this information is by the repricer. The segment is not completed by information is completed by repricers only. If no implementation guide, do not send.	y prov	viders.	The		
			IMPLEMENTATION NAME: Repricing Organization Identit	ier				
SITUATIONAL	HCP05	118	<b>Rate</b> Rate expressed in the standard monetary denomination for	O1 or the cu	<b>R</b> urrency	<b>1/9</b> specified		
			SEMANTIC: HCP05 is the pricing rate associated with per di	em or fl	at rate r	epricing.		
			SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.					
			IMPLEMENTATION NAME: Repricing Per Diem or Flat Rate Amount					
SITUATIONAL	HCP06	127	<b>Reference Identification</b> Reference information as defined for a particular Transac by the Reference Identification Qualifier	O1 tion Set	AN or as sp	1/50 becified		
			SEMANTIC: HCP06 is the approved DRG code.					
			соммемт: HCP06, HCP07, HCP08, HCP10, and HCP12 a different values from the original submitted values.	re fields	s that wi	ill contain		
			SITUATIONAL RULE: Required when this information is by the repricer. The segment is not completed b information is completed by repricers only. If no implementation guide, do not send.	y prov	viders.	The		
			IMPLEMENTATION NAME: Repriced Approved Ambulato	ry Pati	ient Gr	oup		
SITUATIONAL	HCP07	782	Monetary Amount Monetary amount	01	R	1/18		
			SEMANTIC: HCP07 is the approved DRG amount.					
			SITUATIONAL RULE: <b>Required when this information</b> is by the repricer. The segment is not completed b information is completed by repricers only. If no implementation guide, do not send.	y prov	viders.	The		
			IMPLEMENTATION NAME: Repriced Approved Ambulato Amount	ry Pati	ient Gr	oup		
NOT USED	HCP08	234	Product/Service ID	01	AN	1/48		

SITUATIONAL	FUATIONAL HCP09	235		vice ID Qualifier X 1 ID g the type/source of the descriptive number used in e ID (234)	2/2
			SYNTAX: P0910		
			by the repri- information	E: Required when this information is deemed r er. The segment is not completed by providers is completed by repricers only. If not required ion guide, do not send.	s. The
			IMPLEMENTATIO	NAME: Product or Service ID Qualifier	
			CODE	DEFINITION	
			ER	Jurisdiction Specific Procedure and Supply	Codes
				This code set is not allowed for use under H the time of this writing. The qualifier can on used: If a new rule names the Jurisdiction Specific Procedure and Supply Codes as an allowab set under HIPAA, OR The Secretary grants an exception to use the set as a pilot project as allowed under the la OR For claims which are not covered under HIF	ly be c le code ne code aw,
			нс	CODE SOURCE 576: Workers Compensation Specific P and Supply Codes Health Care Financing Administration Com Procedural Coding System (HCPCS) Codes	mon
				Because the AMA's CPT codes are also leve HCPCS codes, they are reported under HC.	el 1
		IV	CODE SOURCE 130: Healthcare Common Procedural C System Home Infusion EDI Coalition (HIEC) Product Code	-	
				This code set is not allowed for use under H the time of this writing. The qualifier can on used: If a new rule names the Home Infusion EDI (HIEC) Product/Service Codes as an allowal set under HIPAA, OR The Secretary grants an exception to use th set as a pilot project as allowed under the la OR For claims which are not covered under HI	ly be Coalition ble code he code aw,
				code source 513: Home Infusion EDI Coalition (HIEC Product/Service Code List	C)

Product/Service Code List

			WK	Advanced Billing Concepts (ABC) Codes			
				At the time of this writing, this code set has been approved by the Secretary of HHS as a pilot project allowed under HIPAA law. The qualifier may only be used in transactions covered under HIPAA; By parties registered in the pilot project and their trading partners, OR If a new rule names the Complementary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA, OR For claims which are not covered under HIPAA.			
SITUATIONAL	HCP10	234	Product/Servi	code source 843: Advanced Billing Concepts (ABC) Codesice IDX 1AN1/48ber for a product or service			
			syntax: P0910				
			SEMANTIC: HCP10 is the approved procedure code.				
			by the reprice information is	E: Required when this information is deemed necessary er. The segment is not completed by providers. The s completed by repricers only. If not required by this on guide, do not send.			
				NAME: Repriced Approved HCPCS Code			
SITUATIONAL	HCP11	355		for Measurement Code X 1 ID 2/2 the units in which a value is being expressed, or manner in which has been taken			
			syntax: P1112				
			by the reprice information is	E: Required when this information is deemed necessary er. The segment is not completed by providers. The s completed by repricers only. If not required by this on guide, do not send.			
			CODE	DEFINITION			
			MJ	Minutes			
			UN	Unit			

#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

SITUATIONAL	HCP12	380	<b>Quantity</b> Numeric value of		1/15
			syntax: P1112		
			semantic: HCP12	is the approved service units or inpatient days.	
			by the reprice information is	Required when this information is deemed neces r. The segment is not completed by providers. Th completed by repricers only. If not required by th n guide, do not send.	ne -
			IMPLEMENTATION N	AME: Repriced Approved Service Unit Count	
			decimal is needed to report units, include it in thi cample, "15.6".	is	
			When a decim	length for this field is 8 digits excluding the deci al is used, the maximum number of digits allowed decimal is three.	
SITUATIONAL	TUATIONAL HCP13 901	Reject Reason Code assigned b	Code X 1 ID y issuer to identify reason for rejection	2/2	
			syntax: R0113		
			SEMANTIC: HCP13 organization.	is the rejection message returned from the third party	
			by the repriced information is	Required when this information is deemed neces r. The segment is not completed by providers. Th completed by repricers only. If not required by th n guide, do not send.	ne -
		CODE	DEFINITION		
			T1	Cannot Identify Provider as TPO (Third Party Organization) Participant	
			T2	Cannot Identify Payer as TPO (Third Party Organization) Participant	
		Т3	Cannot Identify Insured as TPO (Third Party Organization) Participant		
			Т4	Payer Name or Identifier Missing	
			Т5	Certification Information Missing	
			Т6	Claim does not contain enough information for pricing	re-
SITUATIONAL	HCP14	1526	Policy Complian Code specifying	ance Code O 1 ID policy compliance	1/2
		by the reprice information is	Required when this information is deemed neces r. The segment is not completed by providers. The completed by repricers only. If not required by the n guide, do not send.	ne -	
			CODE	DEFINITION	
			1	Procedure Followed (Compliance)	
			2	Not Followed - Call Not Made (Non-Compliance Not Made)	Call
			3	Not Medically Necessary (Non-Compliance Non- Medically Necessary)	-

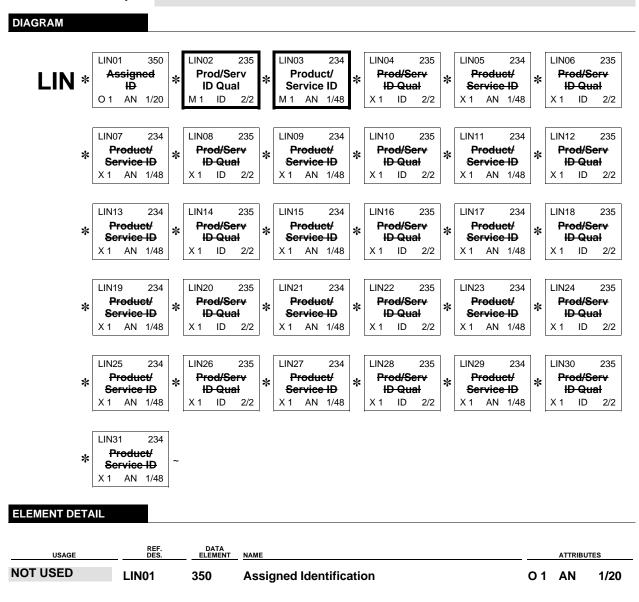
			4	Not Followed Other (Non-Compliance Other)
			5	Emergency Admit to Non-Network Hospital
SITUATIONAL	TUATIONAL HCP15 1527	Exception Co Code specifying care services	ode         O 1         ID         1/2           g the exception reason for consideration of out-of-network health	
			SEMANTIC: HCP	15 is the exception reason generated by a third party organization.
			by the repric information i	E: Required when this information is deemed necessary er. The segment is not completed by providers. The is completed by repricers only. If not required by this ion guide, do not send.
			CODE	DEFINITION
			1	Non-Network Professional Provider in Network Hospital
			2	Emergency Care
			3	Services or Specialist not in Network
			4	Out-of-Service Area
			5	State Mandates
			6	Other

SEGMENT DETAIL	
	LIN - DRUG IDENTIFICATION
X12 Segment Name:	Item Identification
X12 Purpose:	To specify basic item identification data
X12 Set Notes:	1. Loop 2410 contains compound drug components, quantities and prices.
X12 Syntax:	1. P0405 If either LIN04 or LIN05 is present, then the other is required.
	<b>2. P0607</b> If either LIN06 or LIN07 is present, then the other is required.
	<b>3. P0809</b> If either LIN08 or LIN09 is present, then the other is required.
	<b>4. P1011</b> If either LIN10 or LIN11 is present, then the other is required.
	5. P1213 If either LIN12 or LIN13 is present, then the other is required.
	6. P1415 If either LIN14 or LIN15 is present, then the other is required.
	7. P1617 If either LIN16 or LIN17 is present, then the other is required.
	8. P1819 If either LIN18 or LIN19 is present, then the other is required.
	<b>9. P2021</b> If either LIN20 or LIN21 is present, then the other is required.
	<b>10. P2223</b> If either LIN22 or LIN23 is present, then the other is required.
	<b>11. P2425</b> If either LIN24 or LIN25 is present, then the other is required.
	<b>12. P2627</b> If either LIN26 or LIN27 is present, then the other is required.
	<b>13. P2829</b> If either LIN28 or LIN29 is present, then the other is required.
	<b>14. P3031</b> If either LIN30 or LIN31 is present, then the other is required.
X12 Comments:	1. See the Data Dictionary for a complete list of IDs.
Loop:	2410 — DRUG IDENTIFICATION Loop Repeat: 1
Segment Repeat:	1

Usage: SITUATIONAL

Situational Rule:	Required when government regulation mandates that prescribed drugs and biologics are reported with NDC numbers. OR
	Required when the provider or submitter chooses to report NDC numbers to enhance the claim reporting or adjudication processes. If not required by this implementation guide, do not send.
TR3 Notes:	<ol> <li>Drugs and biologics reported in this segment are a further specification of service(s) described in the SV1 segment of this Service Line Loop ID-2400.</li> </ol>

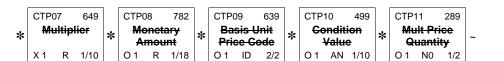
```
TR3 Example: LIN**N4*01234567891~
```



#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

REQUIRED	LIN02	235		the type/source of the descriptive number ID (234)	M 1 r used in	<b>וD</b> ו	2/2
				through LIN31 provide for fifteen different xample: Case, Color, Drawing No., U.P.C			
				NAME: Product or Service ID Qualifier	r		
			CODE	DEFINITION			
			N4	National Drug Code in 5-4-2 Form	nat		
REQUIRED	LIN03	234	Product/Servi Identifying numb	code source 240: National Drug Code b ice ID her for a product or service	by Form M 1		1/48
				NAME: National Drug Code			
NOT USED	LIN04	235	Product/Servi	ce ID Qualifier	X 1	ID	2/2
NOT USED	LIN05	234	Product/Servi	ice ID	X 1	AN	1/48
NOT USED	LIN06	235	Product/Servi	ce ID Qualifier	X 1	ID	2/2
NOT USED	LIN07	234	Product/Servi	ice ID	X 1	AN	1/48
NOT USED	LIN08	235	Product/Servi	ce ID Qualifier	X 1	ID	2/2
NOT USED	LIN09	234	Product/Servi	ice ID	X 1	AN	1/48
NOT USED	LIN10	235	Product/Servi	ce ID Qualifier	X 1	ID	2/2
NOT USED	LIN11	234	Product/Servi	ice ID	X 1	AN	1/48
NOT USED	LIN12	235	Product/Servi	ce ID Qualifier	X 1	ID	2/2
NOT USED	LIN13	234	Product/Servi	ice ID	X 1	AN	1/48
NOT USED	LIN14	235	Product/Servi	ce ID Qualifier	X 1	ID	2/2
NOT USED	LIN15	234	Product/Servi	ice ID	X 1	AN	1/48
NOT USED	LIN16	235	Product/Servi	ce ID Qualifier	X 1	ID	2/2
NOT USED	LIN17	234	Product/Servi	ce ID	X 1	AN	1/48
NOT USED	LIN18	235	Product/Servi	ce ID Qualifier	X 1	ID	2/2
NOT USED	LIN19	234	Product/Servi	ce ID	X 1	AN	1/48
NOT USED	LIN20	235	Product/Servi	ce ID Qualifier	X 1	ID	2/2
NOT USED	LIN21	234	Product/Servi	ce ID	X 1	AN	1/48
NOT USED	LIN22	235	Product/Servi	ce ID Qualifier	X 1	ID	2/2
NOT USED	LIN23	234	Product/Servi	ice ID	X 1	AN	1/48
NOT USED	LIN24	235	Product/Servi	ce ID Qualifier	X 1	ID	2/2
NOT USED	LIN25	234	Product/Servi	ce ID	X 1	AN	1/48
NOT USED	LIN26	235	Product/Servi	ce ID Qualifier	X 1	ID	2/2
NOT USED	LIN27	234	Product/Servi	ice ID	X 1	AN	1/48
NOT USED	LIN28	235	Product/Servi	ce ID Qualifier	X 1	ID	2/2
NOT USED	LIN29	234	Product/Servi	ice ID	X 1	AN	1/48
NOT USED	LIN30	235	Product/Servi	ce ID Qualifier	X 1	ID	2/2
NOT USED	LIN31	234	Product/Servi	ce ID	X 1	AN	1/48

SEGMENT DETAIL **CTP - DRUG QUANTITY** X12 Segment Name: Pricing Information X12 Purpose: To specify pricing information X12 Syntax: 1. P0405 If either CTP04 or CTP05 is present, then the other is required. 2. C0607 If CTP06 is present, then CTP07 is required. 3. C0902 If CTP09 is present, then CTP02 is required. 4. C1002 If CTP10 is present, then CTP02 is required. 5. C1103 If CTP11 is present, then CTP03 is required. Loop: 2410 - DRUG IDENTIFICATION Segment Repeat: 1 **Usage: REQUIRED** TR3 Example: CTP\*\*\*\*2\*UN~ DIAGRAM CTP01 CTP02 236 CTP03 212 CTP04 CTP05 CTP06 687 380 C001 648 Quantity Composite Class of Price ID Price Mult CTP \* Unit \* \* \* \* \* Trade Code Code Price Unit of Mea Qualifier X 1 01 ID X 1 ID 3/3 R 1/15 01 ID 2/2 1/17 X 1 R X 1 3/3



#### ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIB	UTES
NOT USED	CTP01	687	Class of Trade Code	01	ID	2/2
NOT USED	CTP02	236	Price Identifier Code	X 1	ID	3/3
NOT USED	CTP03	212	Unit Price	X 1	R	1/17
REQUIRED	CTP04	380	<b>Quantity</b> Numeric value of quantity	X 1	R	1/15
			syntax: P0405			

IMPLEMENTATION NAME: National Drug Unit Count

SC X12N • INSURAN ECHNICAL REPORT						)5010X222 •	DRUG Q	
REQUIRED	CTP05	C001			JNIT OF MEASURE	X 1		
			(See Fi	gures Ap	pendix for examples of use)			
REQUIRED	CTP05 - 1	l	355	Code s	r Basis for Measurement Cod becifying the units in which a value in which a measurement has beer	is being expr	ID essed, or	<b>2/2</b>
				If C001 If C001 If C001	<ul> <li>11 is not used, its value is to be in</li> <li>12 is not used, its value is to be in</li> <li>14 is not used, its value is to be in</li> <li>15 is not used, its value is to be in</li> </ul>	terpreted as 1 terpreted as 1		
				IMPLEME	NTATION NAME: Code Qualifier			
			с	ODE	DEFINITION			
			F2		International Unit			
			GR		Gram			
			ME		Milligram			
			ML		Milliliter			
NOT USED	CTP05 - 2	)	UN 1018	Expon	Unit ent	0	R	1/1
	CTP05 - 3		649	Multip		0	R	1/1
	CTP05 - 4		355	-	r Basis for Measurement Cod	-	ID	2/2
	CTP05 - 5		1018	Expon	ent	0	R	1/1
NOT USED	СТР05 - 6	5	649	Multip		0	R	1/1
NOT USED	CTP05 - 7	•	355	Unit o	r Basis for Measurement Cod	e O	ID	2/2
NOT USED	СТР05 - 8	3	1018	Expon	ent	0	R	1/1
NOT USED	СТР05 - 9	)	649	Multip	lier	0	R	1/1
NOT USED	CTP05 - 1	0	355	Unit o	r Basis for Measurement Cod	e O	ID	2/2
NOT USED	CTP05 - 1	1	1018	Expon	ent	ο	R	1/1
NOT USED	CTP05 - 1	2	649	Multip	lier	0	R	1/1
NOT USED	CTP05 - 1	3	355	Unit o	r Basis for Measurement Cod	e O	ID	2/2
NOT USED	CTP05 - 1	4	1018	Expon	ent	0	R	1/1
NOT USED	CTP05 - 1	5	649	Multip	lier	0	R	1/1
NOT USED	CTP06	648	Price I	Multiplie	er Qualifier	01	ID	3/3
NOT USED	CTP07	649	Multip	lier		X 1	R	1/1
NOT USED	CTP08	782	Monet	ary Am	ount	01	R	1/1
NOT USED	CTP09	639	Basis	of Unit	Price Code	01	ID	2/2
	CTP10	499	Condi	tion Val	ue	01	AN	1/1
NOT USED	CTP11	289	Multip	le Price	Quantity	01	N0	1/2

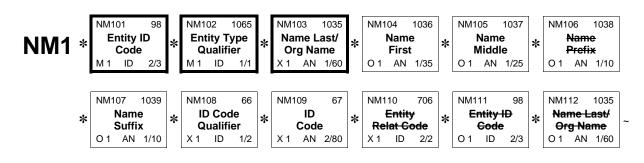
## **REF - PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER**

	AC	300						
X12 Segment Na	me: Refe	erence Inf	formation					
X12 Purpo	ose: To s	To specify identifying information						
X12 Synt		1. R0203 At least one of REF02 or REF03 is required.						
Lo	oop: 2410	) — DRU	G IDENTIFIC	ATION				
Segment Rep	eat: 1							
Usa	age: SITU	ITUATIONAL						
Situational R	pres OR Req or m	Required when dispensing of the drug has been done with an assigned prescription number. DR Required when the provided medication involves the compounding of two or more drugs being reported and there is no prescription number. f not required by this implementation guide, do not send.						
TR3 Not		the com	pound will all	pound drug is being billed, the have the same prescription nu n relate all the components by	mber.	Paye	rs	
		example segment provider	, from a phys t is a "link sec assigned nu e the receiver	Irug is provided without a pressician's office), the value provid quence number". The link sequ mber that is unique to this clair to piece together the compone	ed in t ence i n. Its	his numbe ourpo	er is a	
TR3 Exam	ple: REF	*XZ*12	3456~					
DIAGRAM								
KEF * Iden	1 128 erence ht Qual ID 2/3	REF02 Referen Ident X 1 AN	*	352     REF04 C040       tion     *       Reference     Identifier       1/80     0 1				
USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES	
	REF01	128	Reference Ide	entification Qualifier	M 1	ID	2/3	
REQUIRED			Code qualifying	the Reference Identification				
REQUIRED			Code qualifying	befinition				
REQUIRED								

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3			005010) PRESCRIPTION OR COMPOUND DRUG A			410 • REF NUMBER
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transact by the Reference Identification Qualifier <b>SYNTAX:</b> R0203		AN or as s	<b>1/50</b> pecified
			IMPLEMENTATION NAME: Prescription Number			
NOT USED	REF03	352	Description	X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	01		

	NM1 - RENDERING PROVIDER NAME
X12 Segment Name:	Individual or Organizational Name
X12 Purpose:	To supply the full name of an individual or organizational entity
X12 Set Notes:	<ol> <li>Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.</li> </ol>
X12 Syntax:	<b>1. P0809</b> If either NM108 or NM109 is present, then the other is required.
	<b>2. C1110</b> If NM111 is present, then NM110 is required.
	<b>3. C1203</b> If NM112 is present, then NM103 is required.
Loop:	2420A — RENDERING PROVIDER NAME Loop Repeat: 1
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required when the Rendering Provider NM1 information is different than that carried in the Loop ID-2310B Rendering Provider. OR
	Required when Loop ID-2310B Rendering Provider is not used AND this particular line item has different Rendering Provider information than that which is carried in Loop ID-2010AA Billing Provider.
	If not required by this implementation guide, do not send.
TR3 Notes:	<ol> <li>Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenens) was used, enter that provider's information here.</li> </ol>

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ËS		
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical locatio individual		<b>M 1</b> n, prop	<b>ID</b> berty or a	<b>2/3</b> In		
			CODE	DEFINITION					
			82	Rendering Provider					
REQUIRED	NM102	1065	Entity Type ( Code qualifying	Qualifier g the type of entity	M 1	ID	1/1		
			SEMANTIC: NM1	02 qualifies NM103.					
			CODE	DEFINITION					
			1	Person					
			2	Non-Person Entity					
REQUIRED	NM103	1035		r Organization Name name or organizational name	X 1	AN	1/60		
			syntax: C1203						
				IMPLEMENTATION NAME: Rendering Provider Last or Organization Name					
SITUATIONAL	NM104	1036	Name First Individual first r	name	01	AN	1/35		
			SITUATIONAL RULE: <b>Required when NM102 = 1 (person</b> has a first name. If not required by this implement not send.						
			IMPLEMENTATION	NAME: Rendering Provider First Name	l.				
SITUATIONAL	NM105	1037	Name Middle Individual midd	) le name or initial	01	AN	1/25		
			SITUATIONAL RULE: Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send.						
			IMPLEMENTATION	NAME: Rendering Provider Middle Nam	ne or	Initial			
NOT USED	NM106	1038	Name Prefix		01	AN	1/10		
SITUATIONAL	NM107	1039	Name Suffix Suffix to individ	ual name	01	AN	1/10		
			suffix of the	E: Required when NM102 = 1 (person person is needed to identify the indi this implementation guide, do not se	vidua				
			IMPLEMENTATION	NAME: Rendering Provider Name Suffi	x				

SITUATIONAL	NM108	66	Identification Code Qua Code designating the syste Code (67)	alifier m/method of code structure us	X 1 sed for lo	<b>ID</b> dentifica	<b>1/2</b> tion
			syntax: P0809				
			territories on or after to Identifier (NPI) implement receive an NPI. OR Required for providers or after the mandated lo implementation date w OR Required for providers date when the providers the capability to send in	d for providers in the Unit he mandated HIPAA Nation tentation date when the p not in the United States of HIPAA National Provider in hen the provider has reco prior to the mandated NI has received an NPI and t. mplementation guide, do	onal Pl provide Identifi eived a Pl impl I the su	rovider r is elig erritori ier (NPI in NPI. ementa ıbmitte	gible to es on I) ation
			CODE DEFINITION				
			XX Centers	for Medicare and Medica I Provider Identifier	aid Ser	vices	
				RCE 537: Centers for Medicare Provider Identifier	and Me	edicaid S	Services
SITUATIONAL	NM109	67	Identification Code Code identifying a party or o	other code	X 1	AN	2/80
			syntax: P0809				
			territories on or after t Identifier (NPI) implem receive an NPI. OR Required for providers or after the mandated I	d for providers in the Unit he mandated HIPAA Nati entation date when the p not in the United States HIPAA National Provider h hen the provider has reco	onal Pi rovide or its to Identifi	rovider r is elig erritori ier (NPi	gible to es on
			OR	-			ation
				prior to the mandated NI has received an NPI and t.	-		
			If not required by this i	mplementation guide, do	not se	end.	
			IMPLEMENTATION NAME: Renc	lering Provider Identifier			
NOT USED	NM110	706	Entity Relationship Co	de	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code		01	ID	2/3
NOT USED	NM112	1035	Name Last or Organiza	tion Name	01	AN	1/60

# PRV - RENDERING PROVIDER SPECIALTY INFORMATION

X12 Segment Name: Provider Information

X12 Purpose: To specify the identifying characteristics of a provider

X12 Syntax: 1. P0203

If either PRV02 or PRV03 is present, then the other is required.

Loop: 2420A — RENDERING PROVIDER NAME

#### Segment Repeat: 1

Usage: SITUATIONAL

Situational Rule: Required when adjudication is known to be impacted by the provider taxonomy code. If not required by this implementation guide, do not send.

TR3 Example: PRV\*PE\*PXC\*208D00000X~

DIAGRAM

PRV * <sup>PRV</sup>	Provider Code *	PRV02 Reference Ident Qu X 1 ID	* *	* Prov Code	PRV05 C038 Provider Spec. Inf. O 1	5 *	PRV06 Provi Org C O 1 ID	
USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBU	TES
REQUIRED	PRV01	1221	Provider Code	)		M 1	ID	1/3
REQUIRED	PRV02	128	CODE PE Reference Ider	the type of provider DEFINITION Performing ntification Qualifier he Reference Identification	'n	X 1	ID	2/3
			SYNTAX: P0203 CODE PXC	DEFINITION Health Care Provide code source 682: Health	-		omy	
REQUIRED	PRV03	127	by the Reference syntax: P0203	ntification ation as defined for a par Identification Qualifier			AN or as sp	1/50 becified
NOT USED	PRV04	156	State or Provir	nce Code		01	ID	2/2
NOT USED	PRV05	C035	PROVIDER SP	ECIALTY INFORMAT	ION	01		-
NOT USED	PRV06	1223	Provider Orga	nization Code		01	ID	3/3

## **REF - RENDERING PROVIDER SECONDARY IDENTIFICATION**

X12 Segment Name:	Reference Information
X12 Purpose:	To specify identifying information
X12 Syntax:	<b>1. R0203</b> At least one of REF02 or REF03 is required.
Loop:	2420A — RENDERING PROVIDER NAME
Segment Repeat:	20
Usage:	SITUATIONAL
Situational Rule:	Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.
TR3 Notes:	<ol> <li>When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.</li> </ol>
TR3 Example:	REF*G2*12345~
DIAGRAM	
REF01 1	128 REF02 127 REF03 352 REF04 C040

	REF01	128		REF	02	127		REF0	)3	352	]	REF04	C040	
<b>REF</b> *		rence t Qual	*		ferer Iden		*	<b>Description</b>		*	Refer Ident		~	
	M 1 I	D 2/3		X 1	AN	1/50		X 1	AN	1/80		01		

USAGE REQUIRED	REF. DES.	ELEMENT		ATTRIBUTES         Ientification Qualifier       M 1 ID 2/3         g the Reference Identification
			CODE OB 1G	DEFINITION State License Number Provider UPIN Number UPINs must be formatted as either X99999 or
				XXX999.

			G2		Provider Commercial Number	_	_	_
					This code designates a proprietan for the destination payer identifie Name loop, Loop ID-2010BB, asso claim. This is to be used by all pa Medicare, Medicaid, Blue Cross, e	d in tl ociate yers i	he Paye d with	er this
			LU		Location Number			
REQUIRED	REF02	127	Referer	nce inform	ntification lation as defined for a particular Transacti Identification Qualifier	X 1 on Set	AN or as sp	1/50 becified
			SYNTAX:	R0203				
			IMPLEME	ENTATION N	AME: Rendering Provider Secondary	/ Iden	tifier	
NOT USED	REF03	352	Descr	iption		X 1	AN	1/80
SITUATIONAL	REF04	C040	To iden		<b>DENTIFIER</b> r more reference numbers or identification Qualifier	O1 numb	ers as s	pecified
			P0506	C04003	or C04004 is present, then the other is rea			
					Required when the identifier repo s for a non-destination payer.	rted ir	n REFO	2 of
				t use thi 0B or 10	s composite when the value report 3.	ed in	REF01	is
REQUIRED	REF04 - 1		128		nce Identification Qualifier ualifying the Reference Identification	М	ID	2/3
			с	ODE	DEFINITION			
			2U		Payer Identification Number			
REQUIRED	REF04 - 2	2	127	Referen	nce Identification ce information as defined for a particular d by the Reference Identification Qualifier		AN action Se	<b>1/50</b> et or as
				IMPLEME	NTATION NAME: Other Payer Primary Id	entifie	er	
					yer identifier reported in this field ponding payer identifier reported			
NOT USED	REF04 - 3	}	128	Refere	nce Identification Qualifier	Х	ID	2/3
NOT USED	REF04 - 4	ļ	127	Refere	nce Identification	Х	AN	1/50
NOT USED	REF04 - 5	5	128	Refere	nce Identification Qualifier	х	ID	2/3
NOT USED	REF04 - 6	;	127	Refere	nce Identification	х	AN	1/50

SEGMENT DETAIL	
	NM1 - PURCHASED SERVICE PROVIDER NAME
X12 Segment Name:	Individual or Organizational Name
X12 Purpose:	To supply the full name of an individual or organizational entity
X12 Set Notes:	<ol> <li>Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.</li> </ol>
X12 Syntax:	1. P0809 If either NM108 or NM109 is present, then the other is required.
	<b>2. C1110</b> If NM111 is present, then NM110 is required.
	<b>3. C1203</b> If NM112 is present, then NM103 is required.
Loop:	2420B — PURCHASED SERVICE PROVIDER NAME Loop Repeat: 1
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required when the service reported in this line item is a purchased service. If not required by this implementation guide, do not send.
TR3 Notes:	1. Purchased services are situations where, for example, a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations.
TR3 Example:	NM1*QB*2*****XX*1234567891~
DIAGRAM	
NM1 * Entity ID Code	98       *       NM102       1065       *       NM103       1035       *       NM104       1036       Name       *       NM105       1037       NM106       1038         2/3       *       M1       ID       1/1       *       NM106       1036       *       Name       *       Name       *       Name       *       Name       *       Prefix       O 1       AN       1/25       *       0 1       AN       1/10       *       O 1       AN       1/25       *       0 1       AN       1/10       * <td< th=""></td<>
NM107 10 * Name Suffix O 1 AN 1/	NM108       66         ID Code       NM109       67         Qualifier       NM109       67         X1       ID       1/2         X1       ID       1/2    NM109 67 ID Code X1 An 2/80        NM110      706       Entity         Relat Code         X1       ID         ID       1/2    NM110 NM110 NM111 98 Entity ID Code O1 ID 2/3 NM112 1035 Name Last/ Org Name O1 AN 1/60

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	NM101	98	Entity Identifie Code identifying individual	er Code an organizational entity, a physical locatio	<b>M 1</b> n, prop	ID perty or a	<b>2/3</b> n
			The entity iden iteration of Lo	ntifier in NM101 applies to all segm op ID-2420.	ents i	n this	
			CODE	DEFINITION			
			QB	Purchase Service Provider			
REQUIRED	NM102	1065	Entity Type Que Code qualifying t		<b>M</b> 1	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
			2	Non-Person Entity			
NOT USED	NM103	1035	Name Last or	Organization Name	X 1	AN	1/60
NOT USED	NM104	1036	Name First		01	AN	1/35
NOT USED	NM105	1037	Name Middle		01	AN	1/25
NOT USED	NM106	1038	Name Prefix		01	AN	1/10
NOT USED	NM107	1039	Name Suffix		01	AN	1/10
SITUATIONAL	NM108	66		Code Qualifier g the system/method of code structure use	X1 d for lo	<b>ID</b> dentificat	<b>1/2</b> ion
			<b>SYNTAX:</b> P0809				
			HIPAA Nation the provider h submitter. OR Required for p implementation submitter has	Required for providers on or after al Provider Identifier (NPI) impleme has received an NPI and the NPI is a providers prior to the mandated HIF on date when the provider has receive the capability to send it. I by this implementation guide, do i	ntatio vailal PAA N ived a	on date ble to th Pl In NPI a	when ne
				,			
			CODE	DEFINITION			
			XX	Centers for Medicare and Medicai National Provider Identifier	d Ser	vices	
				<b>CODE SOURCE 537:</b> Centers for Medicare a National Provider Identifier	and Me	edicaid S	ervices

SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code SYNTAX: P0809	X 1	AN	2/80
			SITUATIONAL RULE: Required for providers on or after HIPAA National Provider Identifier (NPI) implement the provider has received an NPI and the NPI is a submitter. OR Required for providers prior to the mandated HII implementation date when the provider has rece submitter has the capability to send it. If not required by this implementation guide, do	entatic availal PAA N ived a	on date ble to ti IPI In NPI a	when he
			IMPLEMENTATION NAME: Purchased Service Provider Id	entifie	er	
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	01	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	01	AN	1/60

01

#### SEGMENT DETAIL

## **REF - PURCHASED SERVICE PROVIDER** SECONDARY IDENTIFICATION

	SECONDART IDENTITIOATION						
X12 Segment Name:	Reference Information						
X12 Purpose:	o specify identifying information						
X12 Syntax:	1. R0203 At least one of REF02 or REF03 is required.						
Loop:	2420B — PURCHASED SERVICE PROVIDER NAME						
Segment Repeat:	20						
Usage:	SITUATIONAL						
Situational Rule:	Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.						
TR3 Notes:	1. When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.						
TR3 Example:	REF*G2*12345~						
DIAGRAM							
REF * Reference							

ELEMENT DETAIL

2/3

M1 ID

X 1

AN 1/50

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTE:	s
REQUIRED	REF01	128		dentification Qualifier     M 1     ID       g the Reference Identification     ID	2/3
			CODE	DEFINITION	
			0B	State License Number	
			1G	Provider UPIN Number	
				UPINs must be formatted as either X99999 or XXX999.	

X 1 AN 1/80

			G2	Provider Commercial Number			
				This code designates a proprietary for the destination payer identified Name loop, Loop ID-2010BB, asso claim. This is to be used by all pay Medicare, Medicaid, Blue Cross, e	in th ciate /ers i	ne Paye d with	er this
REQUIRED	REF02	127	Referen	nce Identification Ice information as defined for a particular Transactic Reference Identification Qualifier	X1 on Set	AN or as sp	1/50 becified
			SYNTAX:	R0203			
			IMPLEME	NTATION NAME: Purchased Service Provider Se	cond	ary Ide	entifier
NOT USED	REF03	352	Descri	ption	X 1	AN	1/80
SITUATIONAL	REF04	C040	To iden	RENCE IDENTIFIER tify one or more reference numbers or identification Reference Qualifier	O1 numb	ers as s	pecified
			P0506	C04003 or C04004 is present, then the other is req C04005 or C04006 is present, then the other is req			
				NAL RULE: <b>Required when the identifier repor</b> egment is for a non-destination payer.	ted in	REFO	2 of
				t use this composite when the value report 0B or 1G.	ed in	REF01	is
REQUIRED	REF04 - 1		128	Reference Identification Qualifier Code qualifying the Reference Identification	М	ID	2/3
			C	ODE DEFINITION			
			2U	Payer Identification Number			
REQUIRED	REF04 - 2	!	127	<b>Reference Identification</b> Reference information as defined for a particular T specified by the Reference Identification Qualifier	<b>M</b> ransa	AN ction Se	<b>1/50</b> t or as
				IMPLEMENTATION NAME: Other Payer Primary Ide	entifie	er	
				The payer identifier reported in this field r cooresponding payer identifier reported in NM109.			
NOT USED	REF04 - 3	5	128	Reference Identification Qualifier	Х	ID	2/3
NOT USED	REF04 - 4	ļ	127	Reference Identification	х	AN	1/50
NOT USED	REF04 - 5	;	128	Reference Identification Qualifier	Х	ID	2/3
NOT USED	REF04 - 6	i	127	Reference Identification	Х	AN	1/50

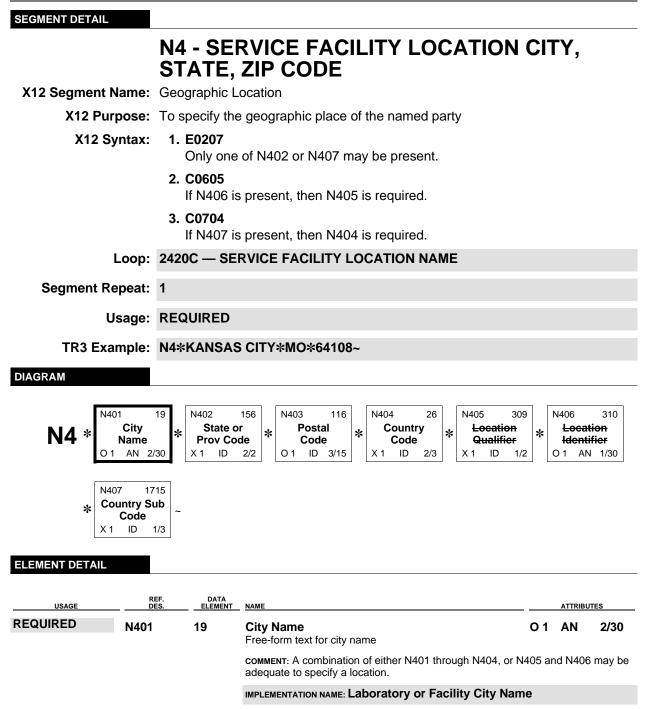
SEGMENT DETAIL							
	NM1 - SERVICE FACILITY LOCATION NAME						
X12 Segment Name:	Individual or Organizational Name						
X12 Purpose:	To supply the full name of an individual or organizational entity						
X12 Set Notes:	1. Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.						
X12 Syntax:	<ol> <li>P0809         If either NM108 or NM109 is present, then the other is required.     </li> </ol>						
	<b>2. C1110</b> If NM111 is present, then NM110 is required.						
	<b>3. C1203</b> If NM112 is present, then NM103 is required.						
Loop:	2420C — SERVICE FACILITY LOCATION NAME Loop Repeat: 1						
Segment Repeat:	1						
Usage:	SITUATIONAL						
Situational Rule:	Required when the location of health care service for this service line is different than that carried in Loop ID-2010AA Billing Provider or Loop ID-2310C Service Facility Location. If not required by this implementation guide, do not send.						
TR3 Notes:	<ol> <li>When an organization health care provider's NPI is provided to identify the Service Location, the organization health care provider must be external to the entity identified as the Billing Provider (for example, reference lab). It is not permissible to report an organization health care provider NPI as the Service Location if the entity being identified is a component (for example, subpart) of the Billing Provider. In that case, the subpart must be the Billing Provider.</li> </ol>						
	2. The purpose of this loop is to identify specifically where the service was rendered. When reporting ambulance services, do not use this loop. Use the pick-up (2420G) and drop-off location (2420H) loops elsewhere in this transaction.						
TR3 Example:	NM1*77*2*ABC CLINIC****XX*1234567891~						
DIAGRAM							
NM101 Entity ID Code M 1 ID	98       NM102       1065       NM103       1035       NM104       1036         98       Entity Type Qualifier       NM103       1035       NM104       1036       Name         2/3       M1       ID       1/1       NM106       1037       Name       NM105       1037         2/3       M1       ID       1/1       NM106       1036       Name       Name       Name         2/3       M1       ID       1/1       N       1/60       Name       Name       Name       Name						
NM107 10 * <del>Name Suffix</del> O 1 AN 1	039       *       NM108       66       NM109       67       NM110       706       Finity       *       NM111       98       *       NM112       1035         /10       *       1       ID       Code       *       NM110       706       *       Entity       *       NM111       98       *       NM112       1035         /10       *       1       ID       2/2       *       NM111       98       *       NM112       1035         /10       *       1       ID       2/2       *       NM111       98       *       NM112       1035         /10       *       1       ID       2/2       *       NM111       98       *       NM112       1035         /10       2/3       *       1       ID       2/2       *       NM111       98       *       NM112       1035         /10       1       <						

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES
REQUIRED	NM101	98	Entity Identifie Code identifying individual	er Code an organizational entity, a physical locatio	<b>M 1</b> n, prop	ID erty or	<b>2/3</b> an
			CODE	DEFINITION			
			77	Service Location			
REQUIRED	NM102	1065	Entity Type Q Code qualifying t		<b>M</b> 1	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			2	Non-Person Entity			
REQUIRED	NM103	1035		Organization Name me or organizational name	X 1	AN	1/60
			syntax: C1203				
				IAME: Laboratory or Facility Name			
NOT USED	NM104	1036	Name First		01	AN	1/35
NOT USED	NM105	1037	Name Middle		01	AN	1/25
NOT USED	NM106	1038	Name Prefix	01	AN	1/10	
NOT USED	NM107	1039	Name Suffix		01	AN	1/10
SITUATIONAL	NM108	66		Code Qualifier g the system/method of code structure use	X1 ed for lo	<b>ID</b> dentifica	<b>1/2</b> ation
				Required when the service locatio	n to h	o idon	tified
				d is not a component or subpart of			lineu
			If not required	l by this implementation guide, do	not se	nd.	
			CODE	DEFINITION			
			XX	Centers for Medicare and Medicat National Provider Identifier	id Ser	vices	
				CODE SOURCE 537: Centers for Medicare	and Me	dicaid	Services
SITUATIONAL	NM109	67	Identification Code identifying		X 1	AN	2/80
			syntax: P0809				
			has an NPI an Provider entit	Required when the service location of is not a component or subpart of y. I by this implementation guide, do	the B	illing	tified
				IAME: Laboratory or Facility Primary	identi	ner	
NOT USED	NM110	706	Entity Relation	-	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifie	er Code	01	ID	2/3

ASC X12N • INSURANCE SUBCOMMITTEE
TECHNICAL REPORT • TYPE 3

NOT USED	NM112	1035	Name Last or Organization Name	O1 AN	1/60
----------	-------	------	--------------------------------	-------	------

SEGMENT DETAIL														
X12 Segment Na	-	-		AD	DR	ESS								
•		To specify the location of the named party												
•		2420C — SERVICE FACILITY LOCATION NAME												
		0 02												
Segment Rep	peat: 1													
Us	age: REQ	UIRED												
TR3 No	i	1. If service facility location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)												
TR3 Exan	nple: N3*	123 MAII	N STREET~											
DIAGRAM														
	166 ddress prmation AN 1/55	N302 Addres Informati O 1 AN	on ~											
ELEMENT DETAIL														
USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES								
REQUIRED	N301	166	Address Information Address information	M 1	AN	1/55								
			IMPLEMENTATION NAME: Laboratory or Facility Address	Line										
SITUATIONAL	N302	166	Address Information Address information	01	AN	1/55								
			SITUATIONAL RULE: <b>Required when there is a second a</b> required by this implementation guide, do not se		ss line.	lf not								
			IMPLEMENTATION NAME: Laboratory or Facility Address	Line										



005010X222 • 837 • 2420C • N4
SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE

SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate	X1 govern	ID Iment ag	<b>2/2</b> gency							
			syntax: E0207										
			COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.										
			SITUATIONAL RULE: <b>Required when the address is in t</b> America, including its territories, or Canada. If n implementation guide, do not send.										
			IMPLEMENTATION NAME: Laboratory or Facility State or	Provi	nce Co	de							
			CODE SOURCE 22: States and Provinces										
SITUATIONAL	N403	116	Postal Code Code defining international postal zone code excluding put (zip code for United States)	O 1 nctuatio	<b>ID</b> on and b	<b>3/15</b> Ianks							
			SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.										
			IMPLEMENTATION NAME: Laboratory or Facility Postal Z	one o	r ZIP C	ode							
			CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes										
			When reporting the ZIP code for U.S. addresses, ZIP code must be provided.	the fu	III nine	digit							
SITUATIONAL	N404	26	Country Code Code identifying the country	X 1	ID	2/3							
			syntax: C0704										
			SITUATIONAL RULE: <b>Required when the address is out</b> States of America. If not required by this implement not send.										
			CODE SOURCE 5: Countries, Currencies and Funds										
			Use the alpha-2 country codes from Part 1 of ISC	) 3166	-								
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2							
NOT USED	N406	310	Location Identifier	01	AN	1/30							
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision	X 1	ID	1/3							
			syntax: E0207, C0704										
			SITUATIONAL RULE: Required when the address is not States of America, including its territories, or Ca country in N404 has administrative subdivisions limited to states, provinces, cantons, etc. If not r implementation guide, do not send.	nada, such	and th as but	e not							
			CODE SOURCE 5: Countries, Currencies and Funds										
			Use the country subdivision codes from Part 2 of	f ISO	3166.								

MAY 2006

## **REF - SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION**

	SECON	DARY ID	ENTIFICATION				
X12 Segment Name:	Reference Inf	ormation					
X12 Purpose:	To specify ide	entifying inform	ation				
X12 Syntax:	<b>1. R0203</b> At least o	ne of REF02 c	r REF03 is required.				
Loop:	2420C — SE	RVICE FACILI	TY LOCATION NAME				
Segment Repeat:	3						
Usage:	SITUATIONA	L					
Situational Rule:	implementation necessary for OR Required on entity is not a identifier is n	ion date when or the receiver or after the m a Health Care necessary for	dated HIPAA National I an identification num to identify the provide andated NPI implemer provider (a.k.a. an aty the claims processor t ementation guide, do	ber other ther er. htation date pical provic o identify th	han e wh der),	the N en th and	PI is e an
TR3 Notes:	Seconda	ry Identifiers,	o report one or more r the composite data el assigned this identifie	ement in R			
TR3 Example:	REF*G2*123	345~					
DIAGRAM							
REF * Reference Ident Qua	e 🚽 Referenc	*	352 tion 1/80REF04 C040 Reference Identifier O 1~				
Notes R	EF. DATA						
	ES. ELEMENT						
REQUIRED REFO	01 128		ntification Qualifier he Reference Identification	N	<b>VI</b> 1	ID	2/3
		CODE	DEFINITION				
		G2	Provider Commercial N				
			This code designates a for the destination paye		-		

Location Number

LU

Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including:

Medicare, Medicaid, Blue Cross, etc.

SITUATIONAL REF04 C040 REFERENCE IDENTIFIER O 1	or as sp	1/50 becified						
IMPLEMENTATION NAME: Service Facility Location Secondary INOT USEDREF03352DescriptionX 1SITUATIONALREF04C040REFERENCE IDENTIFIERO 1	Identif							
NOT USEDREF03352DescriptionX 1SITUATIONALREF04C040REFERENCE IDENTIFIERO 1	Identif							
SITUATIONALREF04C040REFERENCE IDENTIFIERO 1		ier						
	AN	1/80						
To identify one or more reference numbers or identification number by the Reference Qualifier	rs as s	pecified						
SYNTAX: P0304 If either C04003 or C04004 is present, then the other is required. P0506 If either C04005 or C04006 is present, then the other is required.	SYNTAX: P0304 If either C04003 or C04004 is present, then the other is required. P0506							
SITUATIONAL RULE: Required when the identifier reported in the this segment is for a non-destination payer.	REF02	2 of						
REQUIRED         REF04 - 1         128         Reference Identification Qualifier         M           Code qualifying the Reference Identification         Code qualifying the Reference Identification         M	ID	2/3						
CODE DEFINITION								
2U Payer Identification Number								
REQUIRED         REF04 - 2         127         Reference Identification         M           Reference information as defined for a particular Transact specified by the Reference Identification Qualifier         M	AN ction Se	<b>1/50</b> t or as						
IMPLEMENTATION NAME: Other Payer Primary Identifier	r							
The payer identifier reported in this field must m cooresponding payer identifier reported in Loop NM109.								
NOT USED REF04 - 3 128 Reference Identification Qualifier X	ID	2/3						
NOT USED REF04 - 4 127 Reference Identification X	AN	1/50						
NOT USED REF04 - 5 128 Reference Identification Qualifier X	ID	2/3						
NOT USED REF04 - 6 127 Reference Identification X	AN	1/50						

SEGMENT DETAIL												
	NM1 - S	UPERVIS		DER NA	ME							
X12 Segment Name:	Individual or C	Organizational	Name									
X12 Purpose:	To supply the	full name of a	n individual or orgar	nizational entity								
X12 Set Notes:	provider of the claim	1. Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.										
X12 Syntax:	<b>1. P0809</b> If either N	IM108 or NM1	09 is present, then t	he other is requ	uired.							
	<b>2. C1110</b> If NM111	is present, the	n NM110 is require	d.								
	<b>3. C1203</b> If NM112	is present, the	n NM103 is require	d.								
Loop:	2420D — SU	PERVISING P	ROVIDER NAME	Loop Repeat:	1							
Segment Repeat:	1											
Usage:	SITUATIONA	L										
Situational Rule:	Required wh	en the render	ing provider is sup	ervised hv a r	hysician and							
TR3 Example: DIAGRAM			uired by this imple B***XX*1234567	•	de, do not send.							
NM101 Entity ID Code M 1 ID		pe <mark>*</mark> Name L r Org Na	*	* NM105 1037 Name Middle O 1 AN 1/25	* Name Prefix							
► NM107 10 <b>Name</b> Suffix O 1 AN 1,	* ID Code Qualifie	r 🌋 Code	67 2/80 * NM110 706 Entity Relat Code X 1 ID 2/2	▶ NM111 98 <b>Entity ID</b> Code O 1 ID 2/3	* Name Last/ Org Name							
ELEMENT DETAIL												
USAGE D	EF. DATA ES. ELEMENT	NAME			ATTRIBUTES							
REQUIRED NM10	01 98	Entity Identifie Code identifying individual	er Code an organizational entity,	a physical location	M 1 ID 2/3 , property or an							
		CODE	DEFINITION									
		DQ	Supervising Physic	ian								

005010X222 • 837 • 2 SUPERVISING PROVI				ASC X12N • II TE	NSURANCE S ECHNICAL R				
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity		M 1	ID	1/1		
			semantic: NM1	02 qualifies NM103.					
			CODE	DEFINITION					
			1	Person					
REQUIRED	NM103	1035		or Organization Name name or organizational name	X 1	AN	1/60		
			syntax: C1203						
			IMPLEMENTATION	NAME: Supervising Provider Las	t Name				
SITUATIONAL	NM104	1036	Name First	name	01	AN	1/35		
		SITUATIONAL RULE: <b>Required when the person has a first name. If not</b> required by this implementation guide, do not send.							
				NAME: Supervising Provider First	st Name				
SITUATIONAL	NM105	1037	Name Middle Individual midd	<b>e</b> lle name or initial	01	AN	1/25		
			SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send.						
			IMPLEMENTATION	NAME: Supervising Provider Mid	Idle Name c	or Initia	al		
NOT USED	NM106	1038	Name Prefix		01	AN	1/10		
SITUATIONAL	NM107	1039	Name Suffix Suffix to individ		01	AN	1/10		
				LE: Required when the name suf al. If not required by this impler			-		
			IMPLEMENTATION	NAME: Supervising Provider Nar	ne Suffix				

SITUATIONAL	NM108	66	Identification Code Qualifier       X 1       ID       1/2         Code designating the system/method of code structure used for Identification       Code (67)         SYNTAX: P0809       1/2					
			SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligibl receive an NPI. OR Required for providers not in the United States or its territories or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter h the capability to send it. If not required by this implementation guide, do not send.					
			CODE DEFINITION					
			XX Centers for Medicare and Medicaid Services National Provider Identifier					
			<b>CODE SOURCE 537:</b> Centers for Medicare and Medicaid Services National Provider Identifier					
SITUATIONAL	NM109	67	Identification CodeX 1AN2/80Code identifying a party or other code					
			SYNTAX: P0809 SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.					
NOT USED	NM110	706	Entity Relationship Code X 1 ID 2/2					
NOT USED	NM111	98	Entity Identifier Code O 1 ID 2/3					
NOT USED	NM112	1035	Name Last or Organization Name O 1 AN 1/60					

## **REF - SUPERVISING PROVIDER SECONDARY IDENTIFICATION**

X12 Segment Name:	Reference Information
X12 Purpose:	To specify identifying information
X12 Syntax:	1. R0203 At least one of REF02 or REF03 is required.
Loop:	2420D — SUPERVISING PROVIDER NAME
Segment Repeat:	20
Usage:	SITUATIONAL
Situational Rule:	Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.
TR3 Notes:	<ol> <li>When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.</li> </ol>
TR3 Example:	REF*G2*12345~

#### DIAGRAM

			_							_			
	REF0	1 12	8	REF	02	127		REF03	3 352		REF04	C040	
<b>REF</b> *		erence nt Qua		Re	eferer Iden		*	Desc	ription	*	Refer Ident		~
	M 1	ID 2	/3	X 1	AN	1/50		X 1	AN 1/80		O 1		

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTE	<u>s</u>
REQUIRED	REF01	128		dentification Qualifier     M 1     ID       g the Reference Identification     ID	2/3
			CODE	DEFINITION	
			0B	State License Number	
			1G	Provider UPIN Number	
				UPINs must be formatted as either X99999 or XXX999.	

			G2		Provider Commercial Number				
				This code designates a proprietary pro for the destination payer identified in the Name loop, Loop ID-2010BB, associated claim. This is to be used by all payers in Medicare, Medicaid, Blue Cross, etc.			he Payer ed with this		
			LU		Location Number				
REQUIRED	REF02	127	Referer	nce inform	ntification ation as defined for a particular Transactic Identification Qualifier	X 1 on Set	AN or as sp	1/50 becified	
			syntax: R0203						
			IMPLEME	INTATION N	AME: Supervising Provider Secondar	ry Ide	ntifier		
NOT USED	REF03	352	Descri	iption		X 1	AN	1/80	
SITUATIONAL	REF04	C040	REFERENCE IDENTIFIER O 1 To identify one or more reference numbers or identification numbers a by the Reference Qualifier				ers as s	pecified	
			SYNTAX: P0304 If either C04003 or C04004 is present, then the other is required. P0506 If either C04005 or C04006 is present, then the other is required. SITUATIONAL RULE: Required when the identifier reported in REF02 of this segment is for a non-destination payer.						
								2 of	
				t use thi 0B or 10	s composite when the value reporte 3.	ed in	REF01	is	
REQUIRED REF04 - 1		128		nce Identification Qualifier alifying the Reference Identification	М	ID	2/3		
			с	ODE	DEFINITION				
			2U		Payer Identification Number				
REQUIRED	REF04 - 2	:	127	Referen	nce Identification ce information as defined for a particular T d by the Reference Identification Qualifier	<b>M</b> Transa	AN ction Se	<b>1/50</b> et or as	
				IMPLEME	NTATION NAME: Other Payer Primary Ide	entifie	er		
					yer identifier reported in this field r ponding payer identifier reported in				
NOT USED	REF04 - 3	i	128	Refere	nce Identification Qualifier	Х	ID	2/3	
NOT USED	REF04 - 4		127	Refere	nce Identification	Х	AN	1/50	
NOT USED	REF04 - 5		128	Refere	nce Identification Qualifier	Х	ID	2/3	
NOT USED	REF04 - 6	i	127	Refere	nce Identification	X	AN	1/50	

SEGMENT DETAIL								
	NM1 - ORDERING PROVIDER NAME							
X12 Segment Name:	Individual or Organizational Name							
X12 Purpose:	To supply the full name of an individual or organizational entity							
X12 Set Notes:	<ol> <li>Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.</li> </ol>							
X12 Syntax:	<ol> <li>P0809         If either NM108 or NM109 is present, then the other is required.     </li> </ol>							
	<b>2. C1110</b> If NM111 is present, then NM110 is required.							
	<b>3. C1203</b> If NM112 is present, then NM103 is required.							
Loop:	2420E — ORDERING PROVIDER NAME Loop Repeat: 1							
Segment Repeat:	1							
Usage:	SITUATIONAL							
Situational Rule:	Required when the service or supply was ordered by a provider who is different than the rendering provider for this service line. If not required by this implementation guide, do not send.							
TR3 Example: DIAGRAM	NM1*DK*1*RICHARDSON*TRENT***XX*1234567891~							
NM1 * Entity ID Code	98       *       NM102       1065       NM103       1035       NM104       1036       NM105       1037       NM106         4       Ame Last/ Qualifier       *       Name Last/ Org Name       *       Name First       *       NM105       1037       *       NM106         7/3       M 1       ID       1/1       *       X 1       AN       1/60       *       0 1       AN       1/35       *       NM105       1037       *       NM106	-						
► NM107 10 <b>Name</b> Suffix O 1 AN 1/	*     ID Code Qualifier     *     ID Code     *     Entity Relat Code     *     Entity ID Code     *     Name L Org Na	~						
ELEMENT DETAIL								
USAGE R	F. DATA S. <u>Element Name</u> ATTRIBUT	ËS						
REQUIRED NM10		2/3						
The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420.								
	CODE DEFINITION							
	DK Ordering Physician							

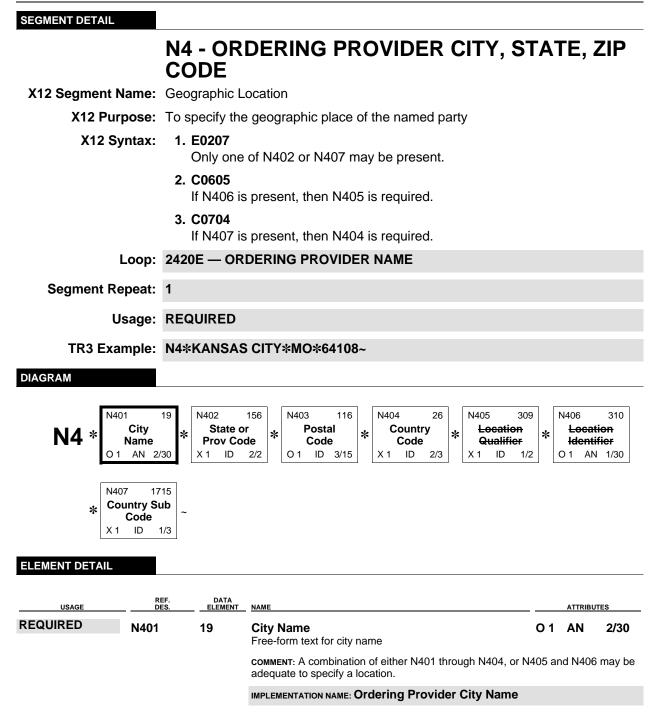
ASC X12N • INSURA TECHNICAL REPOR		MMITTEE	005010X222 • 837 • 2420E • NM1 ORDERING PROVIDER NAME						
REQUIRED	NM102	1065	Entity Type ( Code qualifying	Qualifier 9 the type of entity	M 1	ID	1/1		
			SEMANTIC: NM1	02 qualifies NM103.					
			CODE	DEFINITION					
			1	Person					
REQUIRED NM	NM103	1035		r Organization Name name or organizational name	X 1	AN	1/60		
			syntax: C1203						
			IMPLEMENTATION	NAME: Ordering Provider La	ist Name				
SITUATIONAL NM104		1036	Name First Individual first r	name	01	AN	1/35		
			SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send.						
			IMPLEMENTATION NAME: Ordering Provider First Name						
SITUATIONAL N	NM105	1037	Name Middle Individual midd	e le name or initial	01	AN	1/25		
			SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send.						
			IMPLEMENTATION NAME: Ordering Provider Middle Name or Initial						
NOT USED	NM106	1038	Name Prefix		01	AN	1/10		
SITUATIONAL	NM107	1039	Name Suffix		01	AN	1/10		
			Suffix to individ	ual name					
		SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send.							
			IMPLEMENTATION	NAME: Ordering Provider Na	ame Suffix				
SITUATIONAL NM108	66		n Code Qualifier ng the system/method of code s	X 1 structure used for I	<b>ID</b> dentifica	1/2 ation			
			SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter. OR Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.						
			CODE	DEFINITION					
			XX	Centers for Medicare ar National Provider Identi		vices			
				<b>CODE SOURCE 537:</b> Centers for National Provider Identifier	r Medicare and Me	edicaid	Services		

SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code SYNTAX: P0809	X 1	AN	2/80		
			SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter. OR Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.					
			IMPLEMENTATION NAME: Ordering Provider Identifier					
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2		
NOT USED	NM111	98	Entity Identifier Code	01	ID	2/3		
NOT USED	NM112	1035	Name Last or Organization Name	01	AN	1/60		

#### SEGMENT DETAIL **N3 - ORDERING PROVIDER ADDRESS** X12 Segment Name: Party Location X12 Purpose: To specify the location of the named party Loop: 2420E — ORDERING PROVIDER NAME Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line. If not required by this implementation guide, do not send. TR3 Example: N3\*123 MAIN STREET~ DIAGRAM N301 N302 166 166 Address Address N3 \* Information Information M 1 AN 1/55 O 1 AN 1/55 ELEMENT DETAIL REF. DES. DATA ELEMENT USAGE NAME ATTRIBUTES REQUIRED N301 166 Address Information M1 AN 1/55 Address information IMPLEMENTATION NAME: Ordering Provider Address Line SITUATIONAL N302 166 Address Information 1/55 01 AN Address information

SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Ordering Provider Address Line



SITUATIONAL	TUATIONAL N402		State or Province Code Code (Standard State/Province) as defined by appro	X 1	ID Iment a	<b>2/2</b> gency				
		syntax: E0207		·						
			COMMENT: N402 is required only if city name (N401) i	s in the U.S.	or Cana	da.				
		SITUATIONAL RULE: <b>Required when the address i</b> America, including its territories, or Canada implementation guide, do not send.								
			IMPLEMENTATION NAME: Ordering Provider State of	or Province	Code					
			CODE SOURCE 22: States and Provinces							
SITUATIONAL	N403	116	<b>Postal Code</b> Code defining international postal zone code excludi (zip code for United States)	O 1 ing punctuatio	ID on and b	<b>3/15</b> blanks				
			SITUATIONAL RULE: Required when the address i America, including its territories, or Canada exists for the country in N404. If not require implementation guide, do not send.	a, or when a						
			IMPLEMENTATION NAME: Ordering Provider Postal	Zone or ZI	P Code	)				
		CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes								
SITUATIONAL	AL N404 26	26	Country Code Code identifying the country	X 1	ID	2/3				
			syntax: C0704							
			SITUATIONAL RULE: <i>Required when the address i</i> <i>States of America. If not required by this im</i> <i>not send.</i>							
			CODE SOURCE 5: Countries, Currencies and Funds							
			Use the alpha-2 country codes from Part 1 of ISO 3166.							
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2				
NOT USED	N406	310	Location Identifier	01	AN	1/30				
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision	X 1	ID	1/3				
			syntax: E0207, C0704							
			SITUATIONAL RULE: Required when the address in States of America, including its territories, country in N404 has administrative subdivis limited to states, provinces, cantons, etc. If implementation guide, do not send.	or Canada, sions such	and th as but	e t not				
			CODE SOURCE 5: Countries, Currencies and Funds							
		Use the country subdivision codes from Pa	rt 2 of ISO	2166						

Use the country subdivision codes from Part 2 of ISO 3166.

### **REF - ORDERING PROVIDER SECONDARY IDENTIFICATION**

X12 Segment Name:	Reference Information
X12 Purpose:	To specify identifying information
X12 Syntax:	1. R0203 At least one of REF02 or REF03 is required.
Loop:	2420E — ORDERING PROVIDER NAME
Segment Repeat:	20
Usage:	SITUATIONAL
Situational Rule:	Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.
TR3 Notes:	<ol> <li>When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.</li> </ol>
TR3 Example:	REF*G2*12345~

#### DIAGRAM

	-		-							_			_
	REF0	1 128		REF	02	127		REF03	352		REF04	C040	
<b>REF</b> *	Reference *		*	Reference Ident		*	<b>Description</b>		*	Reference Identifier		~	
	M 1	ID 2/3		X 1	AN	1/50		X 1	AN 1/80		O 1		

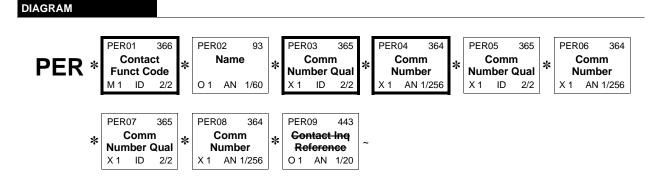
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES	6
REQUIRED	REF01	128		Identification Qualifier     M 1     ID       g the Reference Identification     ID	2/3
			CODE	DEFINITION	
			0B	State License Number	
			1G	Provider UPIN Number	
				UPINs must be formatted as either X99999 or XXX999.	

-				
			G2	Provider Commercial Number
				This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.
REQUIRED	REF02	127	Referen	ence Identification X 1 AN 1/50 nce information as defined for a particular Transaction Set or as specified Reference Identification Qualifier
			SYNTAX:	R0203
			IMPLEME	ENTATION NAME: Ordering Provider Secondary Identifier
NOT USED	REF03	352	Descri	iption X 1 AN 1/80
SITUATIONAL	REF04	C040	To iden	RENCE IDENTIFIER O 1 tify one or more reference numbers or identification numbers as specified Reference Qualifier
			P0506	r C04003 or C04004 is present, then the other is required. r C04005 or C04006 is present, then the other is required.
				DNAL RULE: <b>Required when the identifier reported in REF02 of</b> egment is for a non-destination payer.
				t use this composite when the value reported in REF01 is 0B or 1G.
REQUIRED	REF04 - 1		128	Reference Identification QualifierMID2/3Code qualifying the Reference Identification
			C	ODE DEFINITION
			2U	Payer Identification Number
REQUIRED	REF04 - 2	2	127	Reference IdentificationMAN1/50Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
				IMPLEMENTATION NAME: Other Payer Primary Identifier
				The payer identifier reported in this field must match the cooresponding payer identifier reported in Loop ID-2330B NM109.
NOT USED	REF04 - 3	5	128	Reference Identification Qualifier X ID 2/3
NOT USED	REF04 - 4	ŀ	127	Reference Identification X AN 1/50
NOT USED	REF04 - 5	5	128	Reference Identification Qualifier X ID 2/3
NOT USED	REF04 - 6	5	127	Reference Identification X AN 1/50

# PER - ORDERING PROVIDER CONTACT INFORMATION

X12 Segment Name:	Administrative Communications Contact
X12 Purpose:	To identify a person or office to whom administrative communications should be directed
X12 Syntax:	<ol> <li>P0304         If either PER03 or PER04 is present, then the other is required.     </li> <li>P0506         If either PER05 or PER06 is present, then the other is required.     </li> <li>P0708         If either PER07 or PER08 is present, then the other is required.     </li> </ol>
Loop:	2420E — ORDERING PROVIDER NAME
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line. If not required by this implementation guide, do not send.
TR3 Notes:	1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-".

TR3 Example: PER\*IC\*JOHN SMITH\*TE\*5555551234\*EX\*123~



REQUIRED PER		CODE IC Name Free-form name SITUATIONAL RULE	the major duty or responsibility of the pe DEFINITION Information Contact	M 1 orson or g	<b>ID</b> group na	<b>2/2</b> amed
SITUATIONAL PER	02 93	IC Name Free-form name SITUATIONAL RULE	Information Contact	01		
SITUATIONAL PER	02 93	Name Free-form name SITUATIONAL RULE		01		
SITUATIONAL PER	02 93	Free-form name		01		
					AN	1/60
		implementatio	E: Required in the first iteration of t tact Information segment. If not re on guide, may be provided at the s required by the receiver.	quired	by this	
		IMPLEMENTATION N	NAME: Ordering Provider Contact Na	ame		
REQUIRED PER	03 365		on Number Qualifier the type of communication number	X 1	ID	2/2
		<b>SYNTAX:</b> P0304				
		CODE	DEFINITION			
		EM	Electronic Mail			
		FX	Facsimile			
		TE	Telephone			
REQUIRED PER	04 364	Communication Complete comm applicable	on Number nunications number including country or a	X 1 area code		1/256
		<b>SYNTAX:</b> P0304				
SITUATIONAL PER	05 365		on Number Qualifier the type of communication number	X 1	ID	2/2
		syntax: P0506				
			e: Required when this information i tter. If not required by this implem			-
		CODE	DEFINITION			
		EM	Electronic Mail			
		EX	Telephone Extension			
		FX	Facsimile			
		TE	Telephone			
SITUATIONAL PER	06 364	<b>Communication</b> Complete comm	on Number nunications number including country or a		AN when	1/256
		syntax: P0506				
			Required when this information i tter. If not required by this implem			-

005010X222 • 837 • 2420E • PER
ORDERING PROVIDER CONTACT INFORMATION

SITUATIONAL	PER07	365	Code identifying SYNTAX: P0708 SITUATIONAL RULI	ion Number Qualifier g the type of communication number E: Required when this information is itter. If not required by this impleme			-		
			CODE	DEFINITION					
			EM	Electronic Mail					
			EX	Telephone Extension					
			FX	Facsimile					
			TE	Telephone					
SITUATIONAL	PER08	364	Complete comn applicable syntax: P0708	ion Number nunications number including country or a	X 1 rea code	AN when	1/256		
			SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.						
NOT USED	PER09	443	Contact Inquiry Reference O 1 A				1/20		

SEGMENT DETAIL	
	NM1 - REFERRING PROVIDER NAME
X12 Segment Name:	Individual or Organizational Name
X12 Purpose:	To supply the full name of an individual or organizational entity
X12 Set Notes:	<ol> <li>Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.</li> </ol>
X12 Syntax:	1. P0809 If either NM108 or NM109 is present, then the other is required.
	2. C1110 If NM111 is present, then NM110 is required.
	<b>3. C1203</b> If NM112 is present, then NM103 is required.
Loop:	2420F — REFERRING PROVIDER NAME Loop Repeat: 2
Segment Repeat:	1
Usage:	SITUATIONAL
Situational Rule:	Required when this service line involves a referral and the referring provider differs from that reported at the claim level (loop 2310A). If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver.
TR3 Notes:	1. When reporting the provider who ordered services such as diagnostic and lab, use Loop ID-2310A at the claim level. For ordered services such as Durable Medical Equipment, use Loop ID-2420E at the line level.
	2. When there is only one referral on the claim, use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.
TR3 Example:	NM1*DN*1*WELBY*MARCUS*W**JR*XX*1234567891~

#### 005010X222 • 837 • 2420F • NM1 REFERRING PROVIDER NAME

DIAGRAM											
	/101 98 Entity ID Code 1 ID 2/3	Endited To	oe * Name Last/ * r Org Name	NM104 1036 Name First O 1 AN 1/35 NM105 Name Midd O 1 AN	×						
* NM	1107 1039 Name Suffix 1 AN 1/10	NM108 ID Cod Qualifie X 1 ID	r * ID *	NM110 706 Entity Relat Code X 1 ID 2/2 NM111 Entity Code O 1 ID	<b>A</b>						
ELEMENT DETAIL	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES						
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organiz individual	zational entity, a physical loc	M 1 ID 2/3 cation, property or an						
			CODE	N							
				ng Provider							
				the first iteration of this nly once.	s loop. Use if loop is						
				y Care Provider							
				ly if loop is used twice.	Use only on second						
REQUIRED	REQUIRED NM102 106		Entity Type Qualifier Code qualifying the type of	n of this loop.	M 1 ID 1/1						
			SEMANTIC: NM102 qualifies	NM103.							
			CODE DEFINITIO	N							
REQUIRED		4005	1 Person								
REGOINED	NM103	1035	Name Last or Organiza Individual last name or org		X 1 AN 1/60						
			syntax: C1203								
			IMPLEMENTATION NAME: Refe	erring Provider Last Nar	ne						
SITUATIONAL	NM104	1036	Name First Individual first name	O 1 AN 1/35							
			SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send.								
			IMPLEMENTATION NAME: Refe	erring Provider First Na	me						
SITUATIONAL	NM105	1037	Name Middle Individual middle name or	initial	O 1 AN 1/25						
				ed when the middle nam lentify the individual. If , do not send.							
			IMPLEMENTATION NAME: Refe	erring Provider Middle N	lame or Initial						
NOT USED	NM106	1038	Name Prefix		O 1 AN 1/10						

ASC X12N • INSUR TECHNICAL REPOR					)X222 • 83 ERRING P		
SITUATIONAL	NM107	1039	Name Suffix Suffix to individ	ual name	01	AN	1/10
				E: Required when the name suffix al. If not required by this impleme			-
			IMPLEMENTATION	NAME: Referring Provider Name Su	uffix		
SITUATIONAL	- NM108 66			n Code Qualifier ng the system/method of code structure	X 1 used for le	<b>ID</b> dentifica	<b>1/2</b> ation
			syntax: P0809				
			HIPAA Natio the provider submitter. OR Required for implementat submitter ha	E: Required for providers on or af nal Provider Identifier (NPI) imple has received an NPI and the NPI providers prior to the mandated ion date when the provider has re the capability to send it.	ementatic is availal HIPAA N eceived a	on date ble to t IPI In NPI	e when the
		CODE	DEFINITION				
			ХХ	Centers for Medicare and Medi National Provider Identifier	icaid Ser	vices	
				<b>CODE SOURCE 537:</b> Centers for Medica National Provider Identifier	are and Me	edicaid S	Services
SITUATIONAL	NM109	67	Identification		X 1	AN	2/80
			syntax: P0809				
			SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter. OR Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.				
			IMPLEMENTATION	NAME: Referring Provider Identifie	r		
		706	Entity Relation	anshin Cada	X 1	ID	2/2
NOT USED	NM110	706		Shall bude	~ ~ ·	שו	2/2
NOT USED NOT USED	NM110 NM111	98	Entity Identif	•	01	ID	2/2 2/3

### **REF - REFERRING PROVIDER SECONDARY IDENTIFICATION**

X12 Segment Name:	Reference Information
X12 Purpose:	To specify identifying information
X12 Syntax:	1. R0203 At least one of REF02 or REF03 is required.
Loop:	2420F — REFERRING PROVIDER NAME
Segment Repeat:	20
Usage:	SITUATIONAL
Situational Rule:	Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.
TR3 Notes:	<ol> <li>When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.</li> </ol>
TR3 Example:	REF*G2*12345~
DIAGRAM	

	REF01	128		REF	02	127	l	REF0	3	352	]	REF04	C040	
REF *	Reference		*	Re	ferer Ident		*	Des	crip	tion	*	Refer Ident		~
	M 1	ID 2/3		X 1	AN	1/50		X 1	AN	1/80		O 1		

REF. DES.	ELEMENT		Ientification Qualifier M 1 ID g the Reference Identification	es 2/3
		CODE	DEFINITION	
		0B	State License Number	
		1G	Provider UPIN Number	
			UPINs must be formatted as either X99999 or XXX999.	

			G2	Provider Commercial Number					
				This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.					
REQUIRED	REF02	127	Referen	ence Identification X 1 AN 1/50 nce information as defined for a particular Transaction Set or as specified Reference Identification Qualifier					
			SYNTAX:	R0203					
			IMPLEME	ENTATION NAME: Referring Provider Secondary Identifier					
NOT USED	REF03	352	Descri	iption X 1 AN 1/80					
SITUATIONAL	REF04	C040	To iden	RENCE IDENTIFIER O 1 tify one or more reference numbers or identification numbers as specified Reference Qualifier					
			SYNTAX: P0304 If either C04003 or C04004 is present, then the other is required. P0506 If either C04005 or C04006 is present, then the other is required.						
			SITUATIONAL RULE: Required when the identifier reported in REF02 of this segment is for a non-destination payer.						
				t use this composite when the value reported in REF01 is 0B or 1G.					
REQUIRED	REF04 - 1		128	Reference Identification QualifierMID2/3Code qualifying the Reference Identification					
			C	ODE DEFINITION					
			2U	Payer Identification Number					
REQUIRED	REF04 - 2	2	127	Reference IdentificationMAN1/50Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier					
				IMPLEMENTATION NAME: Other Payer Primary Identifier					
				The payer identifier reported in this field must match the cooresponding payer identifier reported in Loop ID-2330B NM109.					
NOT USED	REF04 - 3	5	128	Reference Identification Qualifier X ID 2/3					
NOT USED	REF04 - 4	Ļ	127	Reference Identification X AN 1/50					
NOT USED	REF04 - 5	5	128	Reference Identification Qualifier X ID 2/3					
NOT USED	REF04 - 6	5	127	Reference Identification X AN 1/50					

	NM1 - A	MBULAN	ICE P	ICK-U	P	LOC	ΑΤΙ	ON
X12 Segment Name:	Individual or (	Organizational I	Name					
X12 Purpose:	To supply the	full name of ar	n individua	al or organ	izati	ional en	tity	
X12 Set Notes:	provider of the claim	20 contains info on a service lin - level segmer are the same.	e level. Tł	nese segr	nent	s overrie	de the	e information in
X12 Syntax:	1. P0809 If either N	M108 or NM10	09 is pres	ent, then t	he c	other is r	equir	ed.
	<b>2. C1110</b> If NM111	is present, the	n NM110	is require	d.			
	<b>3. C1203</b> If NM112	is present, the	n NM103	is require	d.			
Loop:	2420G — AM		CK-UP LC	CATION	Lc	oop Rep	beat:	1
Segment Repeat:	1							
Usage:	SITUATIONA	۱L						
Situational Rule:	different that	en the ambula n the ambulan ed by this impl	ce pick-u	p locatio	n pr	ovided	in Lo	
TR3 Example: DIAGRAM	NM1*PW*2-	~		-				
NM101 <b>Entity ID</b> Code M 1 ID		er * Name La Org Nai	ast/ *	1104 1036 Name First 1 AN 1/35	*	NM105 1 Name Middle D 1 AN	<del>م</del> ا	NM106 1038 Name Prefix O 1 AN 1/10
NM1 * Entity ID Code	2/3 * Entity Ty Qualifie M 1 ID NM108 ID Code Qualifie	Name La       Name La       Org Nan       1/1       66       e       *	67 * NM	Name First 1 AN 1/35 M110 706 Entity celat Code	* ( *	Name Middle	98 <b>Đ</b>	Name Prefix O 1 AN 1/10
NM1 * Entity ID Code M 1 ID NM107 10 Name Suffix	2/3 * Entity Ty Qualifie M 1 ID NM108 ID Code Qualifie	Anne La       Name La       Org Nan       X 1       AN       66       e       *       NM109       ID       Gode	67 * NM	Name First 1 AN 1/35 ///////////////////////////////////	* ( *	Name Middle D 1 AN NM111 Entity I Code	98 <b>P</b>	Name Prefix       01     AN       1/10
NM1 * Entity ID Code M 1 ID * NM107 10 Name Suffix O 1 AN 1/	2/3 * Entity Ty Qualifie M 1 ID NM108 ID Code Qualifie	Anne La       Name La       Org Nan       X 1       AN       66       e       *       NM109       ID       Gode	67 * NM	Name First 1 AN 1/35 ///////////////////////////////////	* ( *	Name Middle D 1 AN NM111 Entity I Code	98 <b>P</b>	Name Prefix       01     AN       1/10
NM1 * Entity ID Code M 1 ID * NM107 10 * NM107 10 Name Suffix O 1 AN 1,	Participant State Sta	Annue Le       Name Le       Org Nan       1/1       66       e       1/2       NM109       ID       ID       Code       X 1       AN	ast/ me 1/60 * 0 67 * R 2/80 * X	Name First 1 AN 1/35 4110 706 Entity clat Code 1 ID 2/2	* ( ( * (	Name Middle D 1 AN NM111 Entity I Code D 1 ID	98 98 98 2/3	Name Prefix           01         AN         1/10           NM112         1035           Name Last/ Org Name 01         ~           Org Name 01         AN         1/60           Attributes         1         ID         2/3
NM1 * Entity ID Code M 1 ID * NM107 10 * NM107 10 * Suffix O 1 AN 1/ ELEMENT DETAIL	Participant State Sta	Ppe     *     Name La       1/1     *     Name La       66     *     NM109       e     HD     Code       1/2     *     NM109       HD     Code     Code       1/2     ×     NM109       HD     Code     Code       NAME     Code identifying a	ast/ me 1/60 * 0 67 * R 2/80 * X	Name First 1 AN 1/35 4110 706 Entity clat Code 1 ID 2/2	* ( ( * (	Name Middle D 1 AN NM111 Entity I Code D 1 ID	98 98 98 2/3	Name Prefix           01         AN         1/10           NM112         1035           Name Last/ Org Name 01         ~           Org Name 01         AN         1/60           Attributes         1         ID         2/3

	SC X12N • INSURANCE SUBCOMMITTEE CHNICAL REPORT • TYPE 3						20G • NM1 OCATION
REQUIRED	NM102	1065	<b>Entity Type</b> Code qualifyin	Qualifier g the type of entity	M 1	ID	1/1
			SEMANTIC: NM1 CODE	102 qualifies NM103. DEFINITION			
			2	Non-Person Entity			
NOT USED	NM103	1035	Name Last o	or Organization Name	X 1	AN	1/60
NOT USED	NM104	1036	Name First		01	AN	1/35
NOT USED	NM105	1037	Name Middl	e	01	AN	1/25
NOT USED	NM106	1038	Name Prefix	4	01	AN	1/10
NOT USED	NM107	1039	Name Suffix	4	01	AN	1/10
NOT USED	NM108	66	Identificatio	n Code Qualifier	X 1	ID	1/2
NOT USED	NM109	67	Identificatio	n Code	X 1	AN	2/80
NOT USED	NM110	706	Entity Relati	ionship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identi	ifier Code	01	ID	2/3
NOT USED	NM112	1035	Name Last o	or Organization Name	01	AN	1/60

# N3 - AMBULANCE PICK-UP LOCATION ADDRESS

X12 Segment Name: Party Location

**X12 Purpose:** To specify the location of the named party

Loop: 2420G - AMBULANCE PICK-UP LOCATION

Segment Repeat: 1

#### Usage: REQUIRED

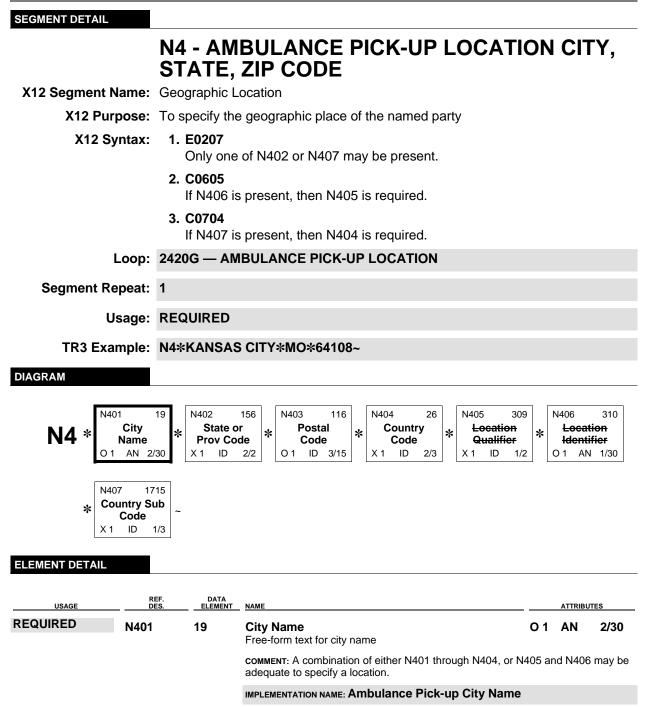
TR3 Notes: 1. If the ambulance pickup location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)

TR3 Example: N3\*123 MAIN STREET~

#### DIAGRAM

	N301	1	166		N302	2	166	1
N3 *		ddre orma		*		ddre orma		~
	M 1	AN	1/55		01	AN	1/55	

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES			
REQUIRED	N301	166	Address Information Address information	M 1	AN	1/55			
		MPLEMENTATION NAME: Ambulance Pick-up Address Line							
SITUATIONAL	N302	2 166 Ad	Address Information Address information	01	AN	1/55			
			SITUATIONAL RULE: <i>Required when there is a second address line. If not required by this implementation guide, do not send.</i>						
			IMPLEMENTATION NAME: Ambulance Pick-up Address L	ine					



SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by approp	X 1 priate govern	ID Iment a	<b>2/2</b> gency				
			syntax: E0207	-						
			COMMENT: N402 is required only if city name (N401) is	in the U.S.	or Cana	da.				
			SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.							
			IMPLEMENTATION NAME: Ambulance Pick-up State	or Provinc	e Cod	e				
			CODE SOURCE 22: States and Provinces							
SITUATIONAL	N403	116	<b>Postal Code</b> Code defining international postal zone code excludin (zip code for United States)	Code defining international postal zone code excluding punctuation and blanks						
			SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.							
			IMPLEMENTATION NAME: Ambulance Pick-up Postal	Zone or Z	IP Co	de				
		code source 51: ZIP Code code source 932: Universal Postal Codes								
SITUATIONAL	N404	26	Country Code Code identifying the country	X 1	ID	2/3				
			syntax: C0704							
			SITUATIONAL RULE: <b>Required when the address is outside the United</b> States of America. If not required by this implementation guide, do not send.							
			CODE SOURCE 5: Countries, Currencies and Funds							
			Use the alpha-2 country codes from Part 1 o	f ISO 3166						
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2				
NOT USED	N406	310	Location Identifier	O 1	AN	1/30				
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision	X 1	ID	1/3				
			syntax: E0207, C0704							
			States of America, including its territories, o country in N404 has administrative subdivis	SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this						
			CODE SOURCE 5: Countries, Currencies and Funds							

Use the country subdivision codes from Part 2 of ISO 3166.

	NM1 - A	AMBULANCE DROP-OFF LOCATION
X12 Segment Na	me: Individual or	Organizational Name
X12 Purpe	ose: To supply the	e full name of an individual or organizational entity
X12 Set No	provider the claim	20 contains information about the rendering, referring, or attending r on a service line level. These segments override the information in m - level segments if the entity identifier codes in each NM1 t are the same.
X12 Syn		NM108 or NM109 is present, then the other is required.
	<b>2. C1110</b> If NM11 <sup>2</sup>	1 is present, then NM110 is required.
	<b>3. C1203</b> If NM112	2 is present, then NM103 is required.
Lo	oop: 2420H — AM	MBULANCE DROP-OFF LOCATION Loop Repeat: 1
Segment Rep	eat: 1	
Us	age: SITUATION	AL
		hen the ambulance drop-off location for this service line is
TR3 Exam DIAGRAM	ple: NM1*45*2~	
NM10	1 98 NM102	1065 NM103 1035 NM104 1036 NM105 1037 NM106 1038
NIVI1 * C M 1 * NM10 * S	tity ID code ID 2/3 * Entity T Qualifi M 1 ID * NM108 <del>ID Coc Qualifi</del> X 1 ID	fier       Org Name       *       First       *       Middle       O       Prefix       O       I       AN       1/25       *       Prefix       O       I       AN       1/25       *       NM112       1035       K       Minitial       M
NIVI1 * C M1 * NM10 * S 0 1	Tode     Tode       ID     2/3       7     1039       ame     NM108       uffix     NM108       AN     1/10	fier       Org Name       *       First       Middle       *       Prefix         1/1       X 1       AN       1/60       *       First       0 1       AN       1/25       *       Prefix         66       Millo9       67       NM109       67       NM110       706       NM111       98       NM112       1035         66       HD       *       NM110       706       Entity       NM111       98       NM112       1035         1/2       Y       AN       2/20       *       NM111       98       NM112       1035         1/2       Y       AN       2/20       *       NM111       98       NM112       1035         1/2       Y       AN       2/20       *       NM111       98       NAme Last/         1/2       Y       AN       2/20       Y       0       1       AN       1/60
INIVIT * C M1 NM10 * NM10 N S O 1 ELEMENT DETAIL	rođe T Qualifi ID 2/3 M1 ID 7 1039 ame uffix NM108 ID Coc Qualifi	fier       Org Name       *       First       Middle       *       Prefix         1/1       X 1       AN       1/60       *       First       0 1       AN       1/25       *       Prefix       0 1       AN       1/25       *       O 1       AN       1/25       *       0 1       AN       1/10         66       de       HD       *       NM110       706       The second se
	Tode     Tode       ID     2/3       7     1039       ame     NM108       uffix     NM108       AN     1/10	fier       Org Name       *       First       Middle       *       Prefix         1/1       X 1       AN       1/60       *       First       0 1       AN       1/25       *       Prefix         66       Millo9       67       NM109       67       NM110       706       NM111       98       NM112       1035         66       ID       *       NM110       706       Entity       NM111       98       NM112       1035         1/2       *       Middle       O       1       IN       1/25       *       NM112       1035         1/2       *       NM109       67       NM110       706       *       NM111       98         1/2       *       NM109       67       *       NM110       706       *       NM112       1035         1/2       *       A       Y       Y       Relat Code       Y       Y       Name Last/       Org Name       O 1       A       Y       O 1       A       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y
	Code     Cualifi       ID     2/3       7     1039       ame     NM108       uffix     NM108       AN     1/10       Ref.     DATA       Des.     DATA	Titer       Org Name       *       First       Middle       *       Prefix         1/1       X 1       AN       1/60       *       First       0 1       AN       1/25       *       Prefix       0 1       AN       1/10         66       MM109       67       NM110       706       NM111       98       NM112       1035         66       HD       Code       Attributes       *       NM112       1035         1/2       X 1       AN       2/80       *       NM110       706       Entity ID         1/2       X 1       AN       2/80       *       NM110       706       Entity ID       NM112       1035         1/2       X 1       AN       2/80       *       NM110       706       Entity ID       Code       O 1       AN       1/60         1/2       X 1       AN       2/80       *       Attributes       O 1       AN       1/60         1/2       MAME       MAME       M1       ID       2/3       Code identifying an organizational entity, a physical location, property or an

REQUIRED	NM102	1065	<b>Entity Type</b> Code qualifyin	<b>Qualifier</b> g the type of entity	M 1	ID	1/1
			SEMANTIC: NM1	02 qualifies NM103. DEFINITION			
			2	Non-Person Entity			
SITUATIONAL	NM103	1035		or Organization Name name or organizational name	X 1	AN	1/60
			syntax: C1203	i de la constante de			
				LE: Required when drop-off lo I by this implementation guid			wn. If
			IMPLEMENTATIO	NAME: Ambulance Drop-off Lo	ocation		
NOT USED	NM104	1036	Name First		O 1	AN	1/35
NOT USED	NM105	1037	Name Middl	e	01	AN	1/25
NOT USED	NM106	1038	Name Prefix		01	AN	1/10
NOT USED	NM107	1039	Name Suffix		01	AN	1/10
NOT USED	NM108	66	Identificatio	n Code Qualifier	X 1	ID	1/2
NOT USED	NM109	67	Identificatio	n Code	X 1	AN	2/80
NOT USED	NM110	706	Entity Relati	onship Code	X 1	ID	2/2

Name Last or Organization Name

01 AN

1/60

NOT USED

NM112

## N3 - AMBULANCE DROP-OFF LOCATION ADDRESS

X12 Segment Name: Party Location

X12 Purpose: To specify the location of the named party

Loop: 2420H — AMBULANCE DROP-OFF LOCATION

Segment Repeat: 1

#### Usage: REQUIRED

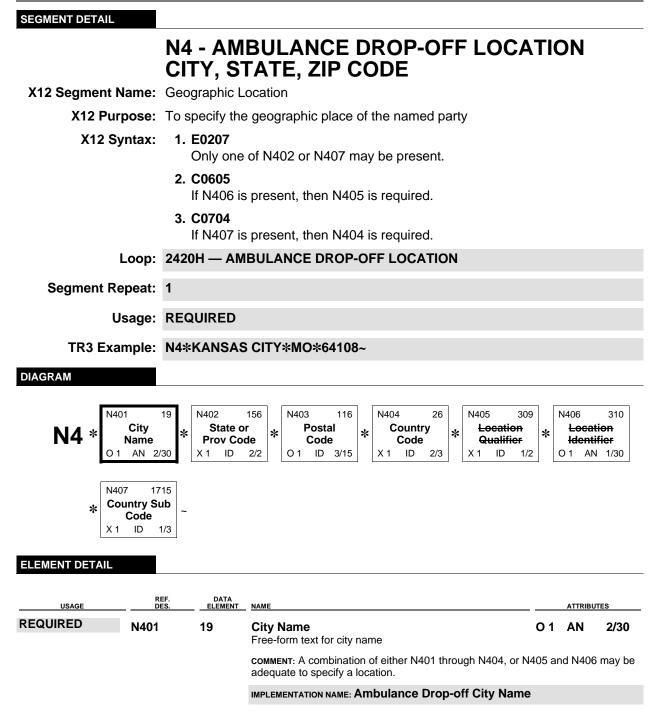
TR3 Notes: 1. If the ambulance drop-off location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)

TR3 Example: N3\*123 MAIN STREET~

#### DIAGRAM

	N301	1	166		N302	2	166	1
N3 *		ddre orma		*		ddre orma		~
	M 1	AN	1/55		01	AN	1/55	

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	ITES		
REQUIRED	N301	166	Address Information Address information	M 1	AN	1/55		
			IMPLEMENTATION NAME: Ambulance Drop-off Address Line					
SITUATIONAL	N302	166	Address Information Address information	01	AN	1/55		
			SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.					
			IMPLEMENTATION NAME: Ambulance Drop-off Address	Line				



ASC X12N • INSURA TECHNICAL REPOR		OMMITTEE	005010X222 • 837 • 2420H • N4 AMBULANCE DROP-OFF LOCATION CITY, STATE, ZIP CODE					
SITUATIONAL	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate	X1 e govern	ID Iment a	<b>2/2</b> gency		
			syntax: E0207					
			COMMENT: N402 is required only if city name (N401) is in the	ne U.S. d	or Cana	ida.		
			SITUATIONAL RULE: <b>Required when the address is in a</b> America, including its territories, or Canada. If n implementation guide, do not send.					
			IMPLEMENTATION NAME: Ambulance Drop-off State or I	Provinc	ce Coo	le		
			CODE SOURCE 22: States and Provinces					
SITUATIONAL	N403	116	<b>Postal Code</b> Code defining international postal zone code excluding pu (zip code for United States)	O 1 unctuatio	ID on and b	<b>3/15</b> blanks		
			SITUATIONAL RULE: Required when the address is in a America, including its territories, or Canada, or exists for the country in N404. If not required by implementation guide, do not send.	when a				
			IMPLEMENTATION NAME: Ambulance Drop-off Postal Zo	one or 2	ZIP Co	de		
			CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes					
SITUATIONAL	N404	26	Country Code Code identifying the country	X 1	ID	2/3		
			syntax: C0704					
			SITUATIONAL RULE: Required when the address is our States of America. If not required by this implement not send.					
			CODE SOURCE 5: Countries, Currencies and Funds					
			Use the alpha-2 country codes from Part 1 of IS	D 3166	•			
NOT USED	N405	309	Location Qualifier	X 1	ID	1/2		
NOT USED	N406	310	Location Identifier	01	AN	1/30		
SITUATIONAL	N407	1715	Country Subdivision Code Code identifying the country subdivision	X 1	ID	1/3		
			syntax: E0207, C0704					
			SITUATIONAL RULE: Required when the address is not States of America, including its territories, or Ca country in N404 has administrative subdivisions limited to states, provinces, cantons, etc. If not implementation guide, do not send.	anada, s such	and th as but	ne t not		
			CODE SOURCE 5: Countries, Currencies and Funds					
			Use the country subdivision codes from Part 2 of	of ISO :	3166.			

SEGMENT DETAIL										
	SVD - LI	<b>NE ADJUDICATION I</b>	NFORMATION							
X12 Segment Name:	Service Line /	Adjudication								
X12 Purpose:		rvice line adjudication information for nitial payers of a health care claim a								
X12 Set Notes:		lentifies the payer which adjudicated nust match DE 67 in the NM109 pos								
Loop:	2430 — LINE	ADJUDICATION INFORMATION	Loop Repeat: 15							
Segment Repeat:	1									
Usage:	SITUATIONA	L								
Situational Rule:	identified in	quired when the claim has been previously adjudicated by payer entified in Loop ID-2330B and this service line has payments and/or justments applied to it. If not required by this implementation guide, do t send.								
TR3 Notes:	into (for times: or	1. To show unbundled lines: If, in the original claim, line 3 is unbundled into (for example) 2 additional lines, then the SVD for line 3 is used 3 times: once for the original adjustment to line 3 and then two more times for the additional unbundled lines.								
TR3 Example:	SVD*43*55*	*HC:84550**3~								
DIAGRAM										
SVD01 ID Code M 1 AN 2/	* Monetar Amoun	t * Proced. ID * <del>Service ID</del> *	SVD05         380         SVD06         554           Quantity         *         Assigned         Assigned           0 1         R         1/15         0 1         N0         1/6							
ELEMENT DETAIL										
USAGE D	EF. DATA ES. <u>Element</u>	NAME	ATTRIBUTES							
REQUIRED SVD0	01 67	Identification Code Code identifying a party or other code	M 1 AN 2/80							
		SEMANTIC: SVD01 is the payer identification of	code.							
		IMPLEMENTATION NAME: Other Payer Prima	ry Identifier							
		This identifier indicates the payer re- reimbursement described in this iter identifier indicates the Other Payer k Other Payer Primary Identifier (Loop	ation of the 2430 loop. The y matching the appropriate							

ASC X12N • INSURA TECHNICAL REPOR		MMITTEE			5010X222 • 8 DJUDICATIO				
REQUIRED	SVD02	782		<b>ary Amount</b> ry amount	M 1	R	1/18		
				<b>c</b> : SVD02 is the amount paid for this service	line.				
			IMPLEM	NTATION NAME: Service Line Paid Amoun	nt				
			Zero '	0" is an acceptable value for this ele	ment.				
REQUIRED	SVD03	C003	IDEN	tify a medical procedure by its standardized	O 1 codes and ap	plicable	e		
				lement contains the procedure code e line.	that was us	ed to	pay this		
REQUIRED	SVD03 -	1	235	<b>Product/Service ID Qualifier</b> Code identifying the type/source of the de Product/Service ID (234)	M scriptive numb	ID ber use	<b>2/2</b> d in		
				SEMANTIC: C003-01 qualifies C003-02 and C003-08.					
				IMPLEMENTATION NAME: Product or Servio	e ID Qualifi	er			
				Jurisdiction Specific Proce	dure and Su	pply (	Codes		
				This code set is not allowed the time of this writing. The used: If a new rule names the Jur Procedure and Supply Code set under HIPAA, OR The Secretary grants an ex- set as a pilot project as allo OR For claims which are not co	qualifier ca sdiction Sp es as an allo ception to u wed under to vered under	n only ecific wable se the the lay r HIPA	/ be e code e code w, AA.		
			НС	CODE SOURCE 576: Workers Comp and Supply Codes Health Care Financing Adm Procedural Coding System	inistration (	Comm			
				Because the AMA's CPT co HCPCS codes, they are rep			1		
					IV	code source 130: Healthcare Co System Home Infusion EDI Coalitio Code			Ū
				This code set is not allowed the time of this writing. The used: If a new rule names the Ho (HIEC) Product/Service Cod set under HIPAA, OR The Secretary grants an ex set as a pilot project as allo OR For claims which are not co	qualifier ca ne Infusion es as an all ception to u wed under	n only EDI ( owab	coalition le code e code w,		

		WK	code source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List Advanced Billing Concepts (ABC) Codes
			At the time of this writing, this code set has been approved by the Secretary of HHS as a pilot project allowed under HIPAA law. The qualifier may only be used in transactions covered under HIPAA; By parties registered in the pilot project and their trading partners, OR If a new rule names the Complementary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA, OR For claims which are not covered under HIPAA.
REQUIRED	SVD03 - 2	234	code source 843: Advanced Billing Concepts (ABC) Codes         Product/Service ID       M       AN       1/48         Identifying number for a product or service       SEMANTIC:       SEMANTIC:
			If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs.
			IMPLEMENTATION NAME: Procedure Code
SITUATIONAL	SVD03 - 3	1339	Procedure ModifierOAN2/2This identifies special circumstances related to the performance of the service, as defined by trading partners
			SEMANTIC: C003-03 modifies the value in C003-02 and C003-08.
			SITUATIONAL RULE: Required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This is the first procedure code modifier. If not required by this implementation guide, do not send.
SITUATIONAL	SVD03 - 4	1339	Procedure Modifier O AN 2/2 This identifies special circumstances related to the performance of the service, as defined by trading partners
			SEMANTIC: C003-04 modifies the value in C003-02 and C003-08.
			SITUATIONAL RULE: Required when a second modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.
SITUATIONAL	SVD03 - 5	1339	Procedure ModifierOAN2/2This identifies special circumstances related to the performance of the service, as defined by trading partners
			SEMANTIC: C003-05 modifies the value in C003-02 and C003-08.
			SITUATIONAL RULE: Required when a third modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.

ASC X12N • INSURA TECHNICAL REPOR		MITTEE		00501 LINE ADJU			430 • SVD RMATION		
SITUATIONAL	NAL SVD03 - 6			Procedure Modifier This identifies special circumstances related to service, as defined by trading partners SEMANTIC: C003-06 modifies the value in C003-02 and C0	·	<b>AN</b> rmance	<b>2/2</b> e of the		
				SITUATIONAL RULE: Required when a fourth improves the reporting accuracy of the procedure code. If not required by this guide, do not send.	modifie associ	ated			
SITUATIONAL	SVD03 - 7	7	352	<b>Description</b> A free-form description to clarify the related da content	<b>O</b> ta elemer	AN its and	<b>1/80</b> their		
				SEMANTIC: C003-07 is the description of the procedure ide	entified in	C003-0	2.		
				SITUATIONAL RULE: <i>Required when SVC01-7</i> 835 transaction. If not required by this guide, do not send.					
				IMPLEMENTATION NAME: Procedure Code Des	cription				
NOT USED	SVD03 - 8	3	234	Product/Service ID	0	AN	1/48		
NOT USED	SVD04	234	Produ	ct/Service ID	01	AN	1/48		
REQUIRED	SVD05	380	<b>Quant</b> Numeri	<b>ity</b> c value of quantity	01	R	1/15		
			SEMANT	c: SVD05 is the paid units of service.					
			IMPLEMENTATION NAME: Paid Service Unit Count						
			s the number of paid units from the remining are not present on the remittance an units.						
			When	aximum length for this field is 8 digits ex a decimal is used, the maximum numbe ht of the decimal is three.					
SITUATIONAL	SVD06	554		ned Number r assigned for differentiation within a transaction		N0	1/6		
			соммент: SVD06 is only used for bundling of service lines. It reference Assigned Number of the service line into which this service line was bu						
				DNAL RULE: <b>Required when payer bundled t</b> ed by this implementation guide, do not		ice lin	e. If not		
			IMPLEME	ENTATION NAME: Bundled or Unbundled Line	Number				

	CAS - LINE ADJUSTMENT
X12 Segment Name:	Claims Adjustment
X12 Purpose:	To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid
X12 Syntax:	<ol> <li>L050607         If CAS05 is present, then at least one of CAS06 or CAS07 are required.     </li> </ol>
	2. C0605 If CAS06 is present, then CAS05 is required.
	<b>3. C0705</b> If CAS07 is present, then CAS05 is required.
	4. L080910 If CAS08 is present, then at least one of CAS09 or CAS10 are required.
	5. C0908 If CAS09 is present, then CAS08 is required.
	6. C1008 If CAS10 is present, then CAS08 is required.
	7. L111213 If CAS11 is present, then at least one of CAS12 or CAS13 are required.
	8. C1211 If CAS12 is present, then CAS11 is required.
	9. C1311 If CAS13 is present, then CAS11 is required.
	<b>10. L141516</b> If CAS14 is present, then at least one of CAS15 or CAS16 are required.
	<b>11. C1514</b> If CAS15 is present, then CAS14 is required.
	<b>12. C1614</b> If CAS16 is present, then CAS14 is required.
	<b>13. L171819</b> If CAS17 is present, then at least one of CAS18 or CAS19 are required.
	<b>14. C1817</b> If CAS18 is present, then CAS17 is required.
	<b>15. C1917</b> If CAS19 is present, then CAS17 is required.
X12 Comments:	<ol> <li>Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.</li> </ol>
Loop:	2430 — LINE ADJUDICATION INFORMATION
Segment Repeat:	5
Usage:	SITUATIONAL

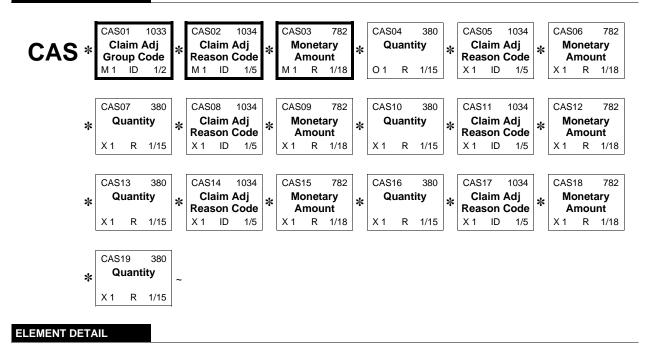
Situational Rule: Required when the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged. If not required by this implementation guide, do not send.

TR3 Notes: 1. A single CAS segment contains six repetitions of the "adjustment trio" composed of adjustment reason code, adjustment amount, and adjustment quantity. These six adjustment trios are used to report up to six adjustments related to a particular Claim Adjustment Group Code (CAS01). The first non-zero adjustment is reported in the first adjustment trio (CAS02-CAS04). If there is a second non-zero adjustment, it is reported in the second adjustment trio (CAS05-CAS07), and so on through the sixth adjustment trio (CAS17-CAS19).

TR3 Example: CAS\*PR\*1\*7.93~

TR3 Example: CAS\*OA\*93\*15.06~

#### DIAGRAM



REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
CAS01	1033	•	•	M 1 ent	ID	1/2
		CODE	DEFINITION			
		СО	Contractual Obligations			
		CR	<b>Correction and Reversals</b>			
		OA	Other adjustments			
		PI	Payor Initiated Reductions			
		PR	Patient Responsibility			
	CAS01	CAS01 1033	Code identifyir <u>code</u> CO CR OA PI	Code identifying the general category of payment adjustment         CODE       DEFINITION         CO       Contractual Obligations         CR       Correction and Reversals         OA       Other adjustments         PI       Payor Initiated Reductions	Code identifying the general category of payment adjustment         CODE       DEFINITION         CO       Contractual Obligations         CR       Correction and Reversals         OA       Other adjustments         PI       Payor Initiated Reductions	Code identifying the general category of payment adjustment         CODE       DEFINITION         CO       Contractual Obligations         CR       Correction and Reversals         OA       Other adjustments         PI       Payor Initiated Reductions

005010X222 • 837 • 2 LINE ADJUSTMENT	2430 • CAS		ASC X12N • INSURA TECHNIC			OMMITTEE
REQUIRED	CAS02	1034	Claim Adjustment Reason Code Code identifying the detailed reason the adjustment was ma	M1 ade	ID	1/5
			IMPLEMENTATION NAME: Adjustment Reason Code			
			code source 139: Claim Adjustment Reason Code			
REQUIRED	CAS03	782	Monetary Amount Monetary amount	M 1	R	1/18
			SEMANTIC: CAS03 is the amount of adjustment.			
			IMPLEMENTATION NAME: Adjustment Amount			
SITUATIONAL	CAS04	380	<b>Quantity</b> Numeric value of quantity	01	R	1/15
			SEMANTIC: CAS04 is the units of service being adjusted.			
			SITUATIONAL RULE: Required when the number of served adjusted. If not required by this implementation g			
			IMPLEMENTATION NAME: Adjustment Quantity			
SITUATIONAL	CAS05	1034	Claim Adjustment Reason Code Code identifying the detailed reason the adjustment was ma	X1 ade	ID	1/5
			syntax: L050607, C0605, C0705			
			SITUATIONAL RULE: Required when it is necessary to ron non-zero adjustment, beyond what has already by this service line for the Claim Adjustment Group CAS01. If not required by this implementation guided by the service service of the service by the service service service service by the service servi	een s Code	upplie repoi	ed, to rted in
			IMPLEMENTATION NAME: Adjustment Reason Code			
			code source 139: Claim Adjustment Reason Code			
			See CODE SOURCE 139: Claim Adjustment Reas	on Co	ode	
SITUATIONAL	CAS06	782	Monetary Amount Monetary amount	X 1	R	1/18
			syntax: L050607, C0605			
			SEMANTIC: CAS06 is the amount of the adjustment.			
			SITUATIONAL RULE: Required when CAS05 is present. It this implementation guide, do not send.	lf not	requi	red by
			IMPLEMENTATION NAME: Adjustment Amount			
SITUATIONAL	CAS07	380	<b>Quantity</b> Numeric value of quantity	X 1	R	1/15
			syntax: L050607, C0705			
			SEMANTIC: CAS07 is the units of service being adjusted.			
			SITUATIONAL RULE: Required when CAS05 is present a units of service adjustment. If not required by this guide, do not send.			
			IMPLEMENTATION NAME: Adjustment Quantity			

SITUATIONAL       CAS08       1034       Claim Adjustment Reason Code       X 1       ID       1/5         SITUATIONAL       CAS08       1034       Claim Adjustment Required when it is necessary to report an additional syntax: L080910, C0908, C1008       syntax: L080910, C0908       second syntax: L080910, C1008       second syntax: L080910, C1008 </th <th>ASC X12N • INSURA TECHNICAL REPOR</th> <th></th> <th></th> <th>005010X222</th> <th></th> <th></th> <th>USTMEN</th>	ASC X12N • INSURA TECHNICAL REPOR			005010X222			USTMEN
SITUATIONAL RULE. Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to cost send.  MPLEMENTATIONAL CAS10 1782 SITUATIONAL CAS11 103 SITUATIONAL CAS11 103 SITUATIONAL CAS11 103 SITUATIONAL CAS12 782 Monetary Amount Mue: Adjustment Amount X1 1 R 1/15 SITUATIONAL CAS12 782 Monetary amount Service James Adjustment Amount X1 1 R 1/15 SITUATIONAL CAS12 782 Monetary amount Service James Adjustment Reason Code See CODE SOURCE 139: Claim Adjustment Reason Code See C	SITUATIONAL	CAS08	1034			ID	1/5
SITUATIONAL CAS10 380 Quantity Surviva Line of the Claim Adjustment Reason Code reported in CAS01. If not required by this implementation guide, do not send. MIPLEMENTATION NAME: Adjustment Reason Code See CODE SOURCE 139: Claim Adjustment Amount MIPLEMENTATION NAME: Adjustment Amount SITUATIONAL CAS10 380 Quantity SITUATIONAL CAS10 380 Quantity SITUATIONAL CAS11 1034 Claim Adjustment Reason Code SITUATIONAL CAS11 1034 Claim Adjustment Reason Code SITUATIONAL CAS11 1034 Claim Adjustment Reason Code SITUATIONAL CAS12 782 Monetary Amount MIPLEMENTATION NAME: Adjustment Quantity SITUATIONAL CAS12 782 Monetary Amount SITUATIONAL CAS12 782 Monetary Amount SITUATIONAL CAS12 782 Monetary Amount SITUATIONAL CAS12 782 Monetary Amount SITUATIONAL CAS12 782 Monetary Amount SITUATIONAL CAS12 782 Monetary Amount SITUATIONAL CAS12 8 the amount of the adjustment. If not required by this implementation SITUATIONAL CAS12 782 Monetary Amount SITUATIONAL CAS12 782 Monetary Amount SITUATIONAL CAS12 782 Monetary Amount SITUATIONAL CAS12 8 the amount of the adjustment. If not required by this implementation SITUATIONAL CAS12 8 the amount of the adjustment. If not required by this implementation SITUATIONAL CAS12 782 Monetary Amount SITUATIONAL CAS12 8 the amount of the adjustment. If not required by this im				syntax: L080910, C0908, C1008			
SITUATIONAL CAS09 782 Monetary Amount SWTAX: L080910, C0908 SEMANTIC: CAS09 00 is the amount of the adjustment. SWTAX: L080910, C0908 SEMANTIC: CAS09 is the amount of the adjustment. SWTAX: L080910, C0908 SEMANTIC: CAS09 is the amount of the adjustment. SWTAX: L080910, C1008 SEMANTIC: CAS10 380 Quantity Numeric value of quantity SWTAX: L080910, C1008 SEMANTIC: CAS10 is the units of service being adjusted. STUATIONAL SUTUATIONAL CAS10 380 Quantity Numeric value of quantity SWTAX: L080910, C1008 SEMANTIC: CAS10 is the units of service being adjusted. STUATIONAL CAS11 1034 Claim Adjustment Quantity SWTAX: L111213, C1211, C1311 STUATIONAL CAS11 1034 Claim Adjustment Reason Code SVTAX: L111213, C1211, C1311 STUATIONAL CAS12 782 Monetary Amount MPLEMENTATION NAME: Adjustment Reason Code See CODE SOURCE 139: Claim Adjustment. SWTAX: L111213, C1211 SEMANTIC: CAS12 782 Monetary Amount Nonetary Amount SWTAX: L111213, C1211 SEMANTIC: CAS12 1 Is BEAMANTIC: CAS12 1 Is DEFENDENT. SITUATIONAL RUE: Required when CAS11 1 for trequired by this implementation guide, do not send.				non-zero adjustment, beyond what has already bee this service line for the Claim Adjustment Group Co	en s ode	upplie repoi	ed, to rted in
SITUATIONAL CAS09 782 Monetary Amount Virial Cas09 782 Monetary Amount Virial Cas09 782 Monetary Amount Virial Cas09 SEMANTIC CAS09 SEMANTIC CAS09 SEMANTIC CAS09 is the amount of the adjustment. The adjustment is present. If not required by this implementation guide, do not send. Virial Cas10 380 Quantity Numeric value of quantity SITUATIONAL CAS10 380 Quantity Numeric Cas10 is the units of service being adjusted. Virial Cas10 SITUATIONAL CAS11 CAS12 CAS12 CAS1 CAS12 CAS1 CAS12 CA				IMPLEMENTATION NAME: Adjustment Reason Code			
SITUATIONAL       CAS09       782       Monetary Amount Monetary amount       X 1       R       1/18         SITUATIONAL       CAS09       782       Monetary amount       SITUATIONAL RULE: Required when CAS08 is present. If not required by this implementation guide, do not send.       Implementation guide, do not send.         SITUATIONAL       CAS10       380       Quantity Numeric value of quantity SITUATIONAL       X 1       R       1/18         SITUATIONAL       CAS10       380       Quantity Numeric value of quantity SITUATIONAL       X 1       R       1/15         SITUATIONAL       CAS10       380       Quantity Numeric value of quantity SITUATIONAL       X 1       R       1/15         SITUATIONAL       CAS11       1034       Claim Adjustment I for required by this implementation guide, do not send.       1/15         SITUATIONAL       CAS11       1034       Claim Adjustment Reason Code Service alignet when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.         SITUATIONAL       CAS12       782       Monetary Amount Monetary amount SWTAR: L111213, C1211       X 1       R       1/18         SITUATIONAL       CAS12       782       Monetary Amount Monetary amount SWTAR: L111213, C1211				CODE SOURCE 139: Claim Adjustment Reason Code			
SITUATIONAL CAS12 782 Monetary amount Service being adjusted. SITUATIONAL CAS12 782 Monetary amount Service S				See CODE SOURCE 139: Claim Adjustment Reason	n Co	de	
SITUATIONAL CAS12 782 Monetary amount of the adjustment Reason Code Code Source 139: Claim Adjustment Reason Code Code Source 139: Claim Adjustment Reason Code See CODE SOURCE 139: Claim Adjustment Reason Code Service Code Source 139: Claim Adjustment Reason Code Code See Code Code Code Code Code Code Code Co	SITUATIONAL	CAS09	782		(1	R	1/18
SITUATIONAL RULE: Required when CAS08 is present. If not required by this implementation guide, do not send.           IMPLEMENTATION NAME: Adjustment Amount           SITUATIONAL         CAS10         380         Quantity         X1         R         1/15           Numeric value of quantity         S1         R         1/15         1/15           SITUATIONAL         CAS10         380         Quantity         X1         R         1/15           Numeric value of quantity         S1         R         1/15         1/15         1/15           SITUATIONAL         CAS10         380         Quantity         S1         R         1/15           SITUATIONAL         CAS11         103         Situational relie Required when CAS08 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.         1/15           SITUATIONAL         CAS11         1034         Claim Adjustment Reason Code         X1         ID         1/5           SITUATIONAL         CAS11         1034         Claim Adjustment Reason Code         X1         ID         1/5           SITUATIONAL         CAS11         1034         Claim Adjustment Reason Code         X1         ID         1/5           Code identifying the detailed reason the adjustment Group Code reported in CAS01. If not required by t				syntax: L080910, C0908			
this implementation guide, do not send.         IMPLEMENTATION NAME: Adjustment Amount         SITUATIONAL       CAS10       380       Quantity Numeric value of quantity SYNTAX: L080910, C1008 SEMANTIC: CAS10 is the units of service being adjusted.       X 1       R       1/15         SITUATIONAL       RULE: Required when CAS08 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.       Implementation         SITUATIONAL       CAS11       1034       Claim Adjustment Reason Code SYNTAX: L111213, C1211, C1311       1/5         SITUATIONAL       RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.         IMPLEMENTATION NAME: Adjustment Reason Code       See CODE SOURCE 139: Claim Adjustment Reason Code       See CODE SOURCE 139: Claim Adjustment Reason Code         SITUATIONAL       CAS12       782       Monetary Amount Monetary amount SYNTAX: L111213, C1211 SEMANTIC: CAS12 is the amount of the adjustment. STUATIONAL RULE: Required when CAS11 is present. If not required by this implementation guide, do not send.				SEMANTIC: CAS09 is the amount of the adjustment.			
SITUATIONAL       CAS10       380       Quantity       X1       R       1/15         Numeric value of quantity       SYNTAX: L080910, C1008       SEMANTIC: CAS10 is the units of service being adjusted.       STUATIONAL RULE: Required when CAS08 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.         IMPLEMENTATION NAME:       Adjustment Quantity       X1       R       1/15         SITUATIONAL       CAS11       1034       Claim Adjustment Reason Code       X1       ID       1/5         SITUATIONAL       CAS11       1034       Claim Adjustment Reason Code       X1       ID       1/5         SITUATIONAL       CAS11       1034       Claim Adjustment Reason Code       X1       ID       1/5         SITUATIONAL       CAS11       1034       Claim Adjustment Reason Code       X1       ID       1/5         SITUATIONAL       CAS11       1034       Claim Adjustment Reason Code       X1       ID       1/5         SITUATIONAL       CAS11       IN34       Claim Adjustment Reason Code       X1       ID       1/5         SITUATIONAL       CAS12       782       Monetary Amount       X1       R       1/18         SITUATIONAL       CAS12       782       Monetary A					not	requi	red by
ONOTO       ONOTO       ONOTO       ONOTO       ONOTO       Numeric value of quantity         SYNTAX: L080910, C1008       SEMANTIC: CAS10 is the units of service being adjusted.       SITUATIONAL RULE: Required when CAS08 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.         IMPLEMENTATION NAME: Adjustment Quantity       ID       1/5         SITUATIONAL       CAS11       1034       Claim Adjustment Reason Code       X 1       ID       1/5         Code identifying the detailed reason the adjustment was made       SYNTAX: L111213, C1211, C1311       STUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.         IMPLEMENTATION NAME: Adjustment Reason Code       See CODE SOURCE 139: Claim Adjustment Reason Code       See CODE SOURCE 139: Claim Adjustment Reason Code         SITUATIONAL       CAS12       782       Monetary Amount Monetary Amount SYNTAX: L111213, C1211       SEMANTIC: CAS12 is the amount of the adjustment.         SITUATIONAL RULE: Required when CAS11 is present. If not required by this implementation guide, do not send.       Situational Rule: Required when CAS11 is present. If not required by this implementation guide, do not send.				IMPLEMENTATION NAME: Adjustment Amount			
SITUATIONAL CAS12 782 SITUATIONAL CAS12 782 Monetary Amount SITUATIONAL CAS12 782 SITUATIONAL CAS12 STATIONAL CAS12 STATIONAL CAS14 STATIONAL CAS1	SITUATIONAL	CAS10	380		(1	R	1/15
SITUATIONAL RULE: Required when CAS08 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.           IMPLEMENTATION NAME: Adjustment Quantity           SITUATIONAL         CAS11         1034         Claim Adjustment Reason Code X1 ID 1/5 Code identifying the detailed reason the adjustment was made syntax: L111213, C1211, C1311           SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.           IMPLEMENTATION NAME: Adjustment Reason Code         Code see CODE SOURCE 139: Claim Adjustment Reason Code           SITUATIONAL         CAS12         782           Monetary Amount         X 1         R           SYNTAX: L111213, C1211         SYNTAX: L111213, C1211           SITUATIONAL         CAS12         782				syntax: L080910, C1008			
SITUATIONAL CAS12 782 Monetary Amount SITUATIONAL CAS12 782 Monetary amount SITUATIONAL CAS12 782 Monetary amount SITUATIONAL CAS12 782 Monetary Amount SITUATIONAL RULE: Required when CAS11 is present. If not required by the adjustment of the adjustment required by the adjustment required by the adjustment required by the adjustment reason Code reported in CAS11 TOTAL CAS12 782 Monetary Amount SITUATIONAL RULE: Required when CAS11 is present. If not required by the adjustment of the adjustment required by the adjustment required by the adjustment required by the adjustment reason Code reported in CAS12 782 Monetary Amount SITUATIONAL RULE: Required when CAS11 is present. If not required by the adjustment code code code code code code code code				SEMANTIC: CAS10 is the units of service being adjusted.			
SITUATIONAL       CAS11       1034       Claim Adjustment Reason Code Code identifying the detailed reason the adjustment was made SYNTAX: L111213, C1211, C1311       X1       ID       1/5         SITUATIONAL RULE:       Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.         IMPLEMENTATION NAME:       Adjustment Reason Code         Code SOURCE 139:       Claim Adjustment Reason Code         SITUATIONAL       CAS12       782         Monetary Amount Monetary amount       X 1       R       1/18         SITUATIONAL RULE:       CAS12 is the amount of the adjustment.       SITUATIONAL RULE:       Required when CAS11 is present. If not required by this implementation guide, do not send.				units of service adjustment. If not required by this			
ONOTI       Not       Code identifying the detailed reason the adjustment was made         SYNTAX: L111213, C1211, C1311       SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.         IMPLEMENTATION NAME: Adjustment Reason Code       code See CODE SOURCE 139: Claim Adjustment Reason Code         SITUATIONAL       CAS12       782         Monetary Amount       X 1       R         Monetary amount       SYNTAX: L111213, C1211         SEMANTIC: CAS12 is the amount of the adjustment.       SYNTAX: L111213, C1211         SITUATIONAL RULE: Required when CAS11 is present. If not required by this implementation guide, do not send.				IMPLEMENTATION NAME: Adjustment Quantity			
SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code See CODE SOURCE 139: Claim Adjustment Reason Code See CODE SOURCE 139: Claim Adjustment Reason Code See X1 R 1/18 Monetary amount SYNTAX: L111213, C1211 SEMANTIC: CAS12 is the amount of the adjustment. SITUATIONAL RULE: Required when CAS11 is present. If not required by this implementation guide, do not send.	SITUATIONAL	CAS11	1034			ID	1/5
Non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.         IMPLEMENTATION NAME: Adjustment Reason Code         CODE SOURCE 139: Claim Adjustment Reason Code         See CODE SOURCE 139: Claim Adjustment Reason Code         See CODE SOURCE 139: Claim Adjustment Reason Code         SITUATIONAL       CAS12         782       Monetary Amount Monetary amount         SYNTAX: L111213, C1211         SEMANTIC: CAS12 is the amount of the adjustment.         SITUATIONAL RULE: Required when CAS11 is present. If not required by this implementation guide, do not send.				syntax: L111213, C1211, C1311			
SITUATIONAL       CAS12       782       Monetary Amount Monetary amount       X 1       R       1/18         SYNTAX:       L111213, C1211       SEMANTIC:       CAS12 is the amount of the adjustment.       SITUATIONAL RULE: Required when CAS11 is present. If not required by this implementation guide, do not send.				non-zero adjustment, beyond what has already bee this service line for the Claim Adjustment Group Co	en si ode	upplie repoi	ed, to rted in
SITUATIONAL CAS12 782 Monetary Amount X 1 R 1/18 Monetary amount SYNTAX: L111213, C1211 SEMANTIC: CAS12 is the amount of the adjustment. SITUATIONAL RULE: Required when CAS11 is present. If not required by this implementation guide, do not send.				IMPLEMENTATION NAME: Adjustment Reason Code			
SITUATIONAL       CAS12       782       Monetary Amount Monetary amount       X 1       R       1/18         SYNTAX:       L111213, C1211       SEMANTIC:       CAS12 is the amount of the adjustment.       SITUATIONAL RULE:       Required when CAS11 is present. If not required by this implementation guide, do not send.				CODE SOURCE 139: Claim Adjustment Reason Code			
ONOTIC       Notionally infloating in				See CODE SOURCE 139: Claim Adjustment Reason	n Co	de	
SEMANTIC: CAS12 is the amount of the adjustment. SITUATIONAL RULE: <i>Required when CAS11 is present. If not required by this implementation guide, do not send.</i>	SITUATIONAL	CAS12	782		(1	R	1/18
SITUATIONAL RULE: Required when CAS11 is present. If not required by this implementation guide, do not send.				syntax: L111213, C1211			
this implementation guide, do not send.				SEMANTIC: CAS12 is the amount of the adjustment.			
IMPLEMENTATION NAME: Adjustment Amount				-	not	requi	red by

			16			• • • • •
SITUATIONAL C	AS13	380	Quantity Numeric value of quantity	X 1	R	1/15
			syntax: L111213, C1311			
			SEMANTIC: CAS13 is the units of service being adjuste	d.		
			SITUATIONAL RULE: <b>Required when CAS11 is pres</b> units of service adjustment. If not required b guide, do not send.			
			IMPLEMENTATION NAME: Adjustment Quantity			
SITUATIONAL C	AS14	1034	Claim Adjustment Reason Code Code identifying the detailed reason the adjustment v	X1 was made	ID	1/5
			syntax: L141516, C1514, C1614			
			SITUATIONAL RULE: Required when it is necessar, non-zero adjustment, beyond what has alrea this service line for the Claim Adjustment G CAS01. If not required by this implementation	ady been s roup Code	upplie repor	ed, to ted in
			IMPLEMENTATION NAME: Adjustment Reason Code			
			CODE SOURCE 139: Claim Adjustment Reason Code			
			See CODE SOURCE 139: Claim Adjustment	Reason Co	ode	
SITUATIONAL C	AS15	782	Monetary Amount Monetary amount	X 1	R	1/18
		syntax: L141516, C1514				
		SEMANTIC: CAS15 is the amount of the adjustment.				
			SITUATIONAL RULE: Required when CAS14 is pres this implementation guide, do not send.	sent. If not	requii	red by
			IMPLEMENTATION NAME: Adjustment Amount			
SITUATIONAL C	AS16 3	380	<b>Quantity</b> Numeric value of quantity	X 1	R	1/15
			syntax: L141516, C1614			
			SEMANTIC: CAS16 is the units of service being adjuste	d.		
			SITUATIONAL RULE: <b>Required when CAS14 is pres</b> units of service adjustment. If not required b guide, do not send.			
			IMPLEMENTATION NAME: Adjustment Quantity			
SITUATIONAL C	AS17	1034	Claim Adjustment Reason Code Code identifying the detailed reason the adjustment v SYNTAX: L171819, C1817, C1917	X 1 was made	ID	1/5
				v to roport	on od	ditional
			SITUATIONAL RULE: Required when it is necessar non-zero adjustment, beyond what has alrea this service line for the Claim Adjustment G CAS01. If not required by this implementation	ady been s roup Code	upplie repor	ed, to ted in
			IMPLEMENTATION NAME: Adjustment Reason Code			
			CODE SOURCE 139: Claim Adjustment Reason Code			
			See CODE SOURCE 139: Claim Adjustment	Reason Co	ode	

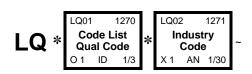
ASC X12N • INSURA TECHNICAL REPOR		MMITTEE		005010X222 • 8 LIN		430 • CAS USTMENT
SITUATIONAL	CAS18	782	Monetary Amount Monetary amount	X 1	R	1/18
			syntax: L171819, C1817			
			SEMANTIC: CAS18 is the amount of the adjustmen	ıt.		
			SITUATIONAL RULE: <i>Required when CAS17 is this implementation guide, do not send.</i>	present. If not	requi	red by
			IMPLEMENTATION NAME: Adjustment Amount			
SITUATIONAL	CAS19	380	<b>Quantity</b> Numeric value of quantity	X 1	R	1/15
			syntax: L171819, C1917			
			SEMANTIC: CAS19 is the units of service being ad	justed.		
			SITUATIONAL RULE: Required when CAS17 is units of service adjustment. If not require guide, do not send.			
			IMPLEMENTATION NAME: Adjustment Quantity			

SEGMENT DETAIL						
			INE CHECK OR REMITTANCE DATE			
X12 Segment I	Name: Dat	Date or Time or Period				
X12 Pur	r <b>pose:</b> To s	To specify any or all of a date, a time, or a time period				
	Loop: 243	2430 — LINE ADJUDICATION INFORMATION				
Segment R	epeat: 1	1				
L	Jsage: RE	REQUIRED				
TR3 Exa	mple: DTI	P*573*D8	98*20040203~			
DIAGRAM						
	Date/Time Qualifier 1 ID 3/3	Format Q M 1 ID	Period     ~       2/3     M 1     AN     1/35			
ELEMENT DETAIL	REF. DES	DATA				
USAGE		DATA 				
	REF. DES. DTP01	DATA ELEMENT 374	NAME       ATTRIBUTES         Date/Time Qualifier       M 1       ID       3/3         Code specifying type of date or time, or both date and time			
USAGE			Date/Time Qualifier M 1 ID 3/3			
USAGE			Date/Time Qualifier       M 1       ID       3/3         Code specifying type of date or time, or both date and time			
USAGE			Date/Time Qualifier       M 1       ID       3/3         Code specifying type of date or time, or both date and time       M 1       ID       3/3         IMPLEMENTATION NAME: Date Time Qualifier	_		
USAGE			Date/Time Qualifier       M 1       ID       3/3         Code specifying type of date or time, or both date and time       M 1       ID       3/3         IMPLEMENTATION NAME: Date Time Qualifier       Date Claim Paid       Date Claim Paid         Date Time Period Format Qualifier       M 1       ID       2/3	_		
USAGE	DTP01	374	Date/Time Qualifier       M 1       ID       3/3         Code specifying type of date or time, or both date and time       M 1       ID       3/3         IMPLEMENTATION NAME: Date Time Qualifier       Implementation       Implementation       Implementation         573       Date Claim Paid       Implementation       Implementation       2/3         Code indicating the date format, time format, or date and time format       2/3       Implementation	_		
USAGE	DTP01	374	Date/Time Qualifier       M 1       ID       3/3         Code specifying type of date or time, or both date and time       M 1       ID       3/3         IMPLEMENTATION NAME: Date Time Qualifier       Date Claim Paid       Date Claim Paid         Date Time Period Format Qualifier       M 1       ID       2/3			
USAGE	DTP01	374	Date/Time Qualifier       M 1       ID       3/3         Code specifying type of date or time, or both date and time       M 1       ID       3/3         IMPLEMENTATION NAME: Date Time Qualifier       Implementation       Implementation       Implementation         573       Date Claim Paid       ID       ID       2/3         Code indicating the date format, time format, or date and time format       M 1       ID       2/3         SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.			
USAGE	DTP01	374	Date/Time Qualifier       M 1       ID       3/3         Code specifying type of date or time, or both date and time       M 1       ID       3/3         IMPLEMENTATION NAME: Date Time Qualifier       Date Time Period Format Qualifier       M 1       ID       2/3         573       Date Claim Paid       Date Time Period Format Qualifier       M 1       ID       2/3         Code indicating the date format, time format, or date and time format       SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.         CODE       DEFINITION			

SEGMENT DETAIL						
	AMT - R	EMAINING PATIENT LIABIL	ITY			
X12 Segment Name:	Monetary Amount Information					
X12 Purpose:	To indicate the	To indicate the total monetary amount				
Loop:	2430 — LINE ADJUDICATION INFORMATION					
Segment Repeat:	1					
Usage:	SITUATIONAL					
Situational Rule:	Required when the Other Payer referenced in SVD01 of this iteration of Loop ID-2430 has adjudicated this claim, provided line level information, and the provider has the ability to report line item information. If not required by this implementation guide, do not send.				tion,	
TR3 Notes:	<ol> <li>In the judgment of the provider, this is the remaining amount to be paid after adjudication by the Other Payer referenced in SVD01 of this iteration of Loop ID-2430.</li> </ol>					
	2. This segment is only used in provider submitted in Payer-to-Payer Coordination of Benefits (COB					
	3. This segment is not used if the claim level (Loop ID-2320) Remainin Patient Liability AMT segment is used for this Other Payer.				ning	
TR3 Example:	AMT*EAF*7	5~				
DIAGRAM						
AMT * Amount Qu Code		t Thag Code				
ELEMENT DETAIL						
	EF. DATA ES. <u>ELEMENT</u>	NAME		ATTRIBU	TES	
REQUIRED AMTO		Amount Qualifier Code Code to qualify amount	M 1	ID	1/3	
REQUIRED AMT	02 782	CODE     DEFINITION       EAF     Amount Owed       Monetary Amount       Monetary amount	M 1	R	1/18	
		IMPLEMENTATION NAME: Remaining Patient Liability				
NOT USED AMTO	03 478	Credit/Debit Flag Code	01	ID	1/1	

### LQ - FORM IDENTIFICATION CODE

X12 Segment Name:	Industry Code Identification				
X12 Purpose:	To identify standard industry codes				
X12 Set Notes:	<ol> <li>Loop 2440 provides certificate of medical necessity information for the procedure identified in SV101 in position 2/3700.</li> </ol>				
X12 Syntax:	1. C0102 If LQ01 is present, then LQ02 is required.				
Loop:	2440 — FORM IDENTIFICATION CODE Loop Repeat: >1				
Segment Repeat:	1				
Usage:	SITUATIONAL				
Situational Rule:	Required when adjudication is known to be impacted by one of the types of supporting documentation (standardized paper forms) listed in LQ01. If not required by this implementation guide, do not send.				
TR3 Notes:	<ol> <li>Loop ID-2440 is designed to allow providers to attach standardized supplemental information to the claim when required to do so by the payer. The LQ segment contains information to identify the form (LQ01) and the specific form number (LQ02). In the example given below, LQ01=UT which identifies the form as a Medicare DMERC CMN form. LQ02=01.02 identifies which DMERC CMN form is being used.</li> </ol>				
	2. An example application of this Form Identification Code Loop is for Medicare DMERC claims for which the DME provider is required to obtain a Certificate of Medical Necessity (DMERC CMN) or DMERC Information Form (DIF), or Oxygen Therapy Certification from the referring physician. Another example is payer documentation requirements for Home Health services.				
· · ·	LQ*UT*01.02~				
DIAGRAM					



USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES
REQUIRED	LQ01	1270	Code List Qualifier Code Code identifying a specific industry code list syntax: C0102		O 1 ID 1/3
			CODE	DEFINITION	
			AS	Form Type Code	
				Code value AS indicates that a Ho from External Code Source 656 is LQ02.	
			UT	CODE SOURCE 656: Form Type Codes Centers for Medicare and Medicai Durable Medical Equipment Regio (DMERC) Certificate of Medical Net Forms	onal Carrier
				cope source 582: Centers for Medicare a (CMS) Durable Medical Equipment Regi Certificate of Medical Necessity (CMN) F	onal Carrier (DMERC)
REQUIRED	LQ02	1271	Industry Code Code indicating a		X 1 AN 1/30
			syntax: C0102		
			IMPLEMENTATION N	AME: Form Identifier	

	FRM - SUPPORTING DOCUMENTATION		
X12 Segment Name:	Supporting Documentation		
X12 Purpose:	To specify information in response to a codified questionnaire document		
X12 Set Notes:	<ol> <li>FRM segment provides question numbers and responses for the questions on the medical necessity information form identified in LQ position 551.</li> </ol>		
X12 Syntax:	1. R02030405 At least one of FRM02, FRM03, FRM04 or FRM05 is required.		
X12 Comments:	<ol> <li>The FRM segment can only be used in the context of an identified questionnaire or list of questions. The source of the questions can be identified by an associated segment or by transaction set notes in a particular transaction.</li> </ol>		
Loop:	2440 — FORM IDENTIFICATION CODE		
Segment Repeat:	99		
Usage:	REQUIRED		
TR3 Notes:	1. The LQ segment is used to identify the general (LQ01) and specific type (LQ02) for the form being reported in Loop ID-2440. The FRM segment is used to answer specific questions on the form identified in the LQ segment. FRM01 is used to indicate the question being answered. Answers can take one of 4 forms: FRM02 for Yes/No questions, FRM03 for text/uncodified answers, FRM04 for answers which use dates, and FRM05 for answers which are percents. For each FRM01 (question) use a remaining FRM element, choosing the element which has the most appropriate format. One FRM segment is used for each question/answer pair. The example below shows how the FRM can be used to answer all the pertinent questions on DMERC form 0802 (LQ*UT*08.02~).		
TR3 Example:	FRM*1A**J0234~ FRM*1B**500~ FRM*1C**4~ FRM*4*Y~ FRM*5A**5~ FRM*5B**3~ FRM*8**Methodist Hospital~ FRM*8**Indianapolis~ FRM*10**IN~ FRM*11***19971101~ FRM*12*N~		
DIAGRAM			
FRM01 3 Assigned ID M 1 AN 1/	★ Resp Code ★ Ident ★ Percent ~		

#### ELEMENT DETAIL

	REF. DES.	DATA ELEMENT	NAME ATTRIBUTES
REQUIRED	FRM01	350	Assigned Identification M 1 AN 1/20 Alphanumeric characters assigned for differentiation within a transaction set
			SEMANTIC: FRM01 is the question number on a questionnaire or codified form.
			IMPLEMENTATION NAME: Question Number/Letter
SITUATIONAL	FRM02	1073	Yes/No Condition or Response CodeX 1ID1/1Code indicating a Yes or No condition or response
			syntax: R02030405
			<b>SEMANTIC:</b> FRM02, FRM03, FRM04 and FRM05 are responses which only have meaning in reference to the question identified in FRM01.
			SITUATIONAL RULE: Required when the question identified in FRM01 uses a Yes or No response format. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Question Response
			CODE DEFINITION
			N No
			W Not Applicable
			Y Yes
SITUATIONAL	FRM03	127	Reference IdentificationX 1AN1/50Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
			syntax: R02030405
			SITUATIONAL RULE: Required when question identified in FRM01 uses a text or uncodified response format. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Question Response
SITUATIONAL	FRM04	373	Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year
			syntax: R02030405
			SITUATIONAL RULE: Required when question identified in FRM01 uses a date response format. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Question Response
SITUATIONAL	FRM05	332	Percent, Decimal FormatX 1R1/6Percent given in decimal format (e.g., 0.0 through 100.0 represents 0% through 100%)
			D00000405
			syntax: R02030405
			SYNTAX: R02030405 SITUATIONAL RULE: Required when question identified in FRM01 uses a percent response format. If not required by this implementation guide, do not send.

\_\_\_\_\_

SEGMENT DETAIL				
	SE	E - TR	ANSACTION SET TRAILER	
X12 Segment N	X12 Segment Name: Transaction Set Trailer			
X12 Pur			e end of the transaction set and provide the cour egments (including the beginning (ST) and endin	
X12 Comm	nents: 1.	1. SE is the last segment of each transaction set.		
Segment Re	epeat: 1			
U	sage: REG	UIRED		
TR3 Exa	mple: SE*	×1230*98	37654~	
DIAGRAM				
SE * Number of Inc Segs M 1 NO 1/10 * M 1 AN 4/9 ELEMENT DETAIL				
USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SE01	96	Number of Included Segments Total number of segments included in a transaction set inclused segments	M 1 N0 1/10 Iuding ST and SE
			IMPLEMENTATION NAME: Transaction Segment Count	
REQUIRED	SE02	329	Transaction Set Control Number Identifying control number that must be unique within the tr functional group assigned by the originator for a transaction	
identical			The Transaction Set Control Number in ST02 and identical. The number must be unique within a sp (ISA-IEA), but can repeat in other interchanges.	

# 3 Examples

• Please visit http://www.wpc-edi.com/837 for additional or corrected examples.

# 3.1 Professional

## 3.1.1 Example 1 - Commercial Health Insurance

Patient is a different person than the Subscriber. Payer is commercial health insurance company.

#### SUBSCRIBER: Jane Smith

PATIENT ADDRESS:236 N. Main St., Miami, Fl, 33413 TELEPHONE NUMBER: 305-555-1111 SEX: F DOB: 05/01/43 EMPLOYER: ACME Inc. GROUP #: 2222-SJ KEY INSURANCE COMPANY ID #: JS00111223333

PATIENT: Ted Smith PATIENT ADDRESS:236 N. Main St., Miami, FI, 33413 TELEPHONE NUMBER: 305-555-1111 SEX: M DOB: 05/01/73 KEY INSURANCE COMPANY ID #: JS01111223333

DESTINATION PAYER: Key Insurance Company PAYER ADDRESS: 3333 Ocean St. South Miami, FL 33000 PAYER ID: 999996666

SUBMITTER: Premier Billing Service EDI#: TGJ23 CONTACT PERSON AND PHONE NUMBER: JERRY, 305-555-2222 ext. 231

**RECEIVER:** Key Insurance Company EDI #:66783JJT

BILLING PROVIDER: Dr. Ben Kildare, ADDRESS: 234 Seaway St, Miami, FL, 33111 NPI: 9876543210 TIN: 587654321 KEY INSURANCE COMPANY PROVIDER ID #: KA6663 Taxonomy Code: 203BF0100Y

**PAY-TO PROVIDER:** Kildare Associates, PROVIDER ADDRESS: 2345 Ocean Blvd, Miami, FI 33111

RENDERING PROVIDER: Dr. Ben Kildare

PATIENT ACCOUNT NUMBER: 2-646-3774

CASE: Patient has sore throat.

**INITIAL VISIT:** DOS=10/03/06. POS=Office SERVICES: Office visit, intermediate service, established patient, throat culture. CHARGES: Office first visit = \$40.00, Lab test for strep = \$15.00

#### FOLLOW-UP VISIT: DOS=10/10/06 POS=Office

Antibiotics didn't work (pain continues). SERVICES: Office visit, intermediate service, established patient, mono screening. CHARGES: Follow-up visit = \$35.00, lab test for mono = \$10.00.

#### **TOTAL CHARGES:** \$100.00.

**ELECTRONIC ROUTE:** Billing provider (sender), to VAN to Key Insurance Company (receiver). VAN claim identification number = 17312345600006351.

SEG #	LOOP SEGMENT/ELEMENT STRING
-------	-----------------------------

1	HEADER
	ST TRANSACTION SET HEADER
	ST*837*0021*005010X222~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION
	BHT*0019*00*244579*20061015*1023*CH~
3	1000A SUBMITTER
	NM1 SUBMITTER NAME
	NM1*41*2*PREMIER BILLING SERVICE*****46*TGJ23~

SEG #	LOOP SEGMENT/ELEMENT STRING
4	PER SUBMITTER EDI CONTACT INFORMATION PER*IC*JERRY*TE*3055552222*EX*231~
5	1000B RECEIVER NM1 RECEIVER NAME NM1*40*2*KEY INSURANCE COMPANY****46*66783JJT~
6	2000A BILLING PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~
7	PRV BILLING PROVIDER SPECIALTY INFORMATION PRV*BI*PXC*203BF0100Y~
8	2010AA BILLING PROVIDER NM1 BILLING PROVIDER NAME NM1*85*2*BEN KILDARE SERVICE****XX*9876543210~
9	N3 BILLING PROVIDER ADDRESS N3*234 SEAWAY ST~
10	N4 BILLING PROVIDER LOCATION N4*MIAMI*FL*33111~
11	REF - BILLING PROVIDER TAX IDENTIFICATION REF*EI*587654321~
12	2010AB PAY-TO PROVIDER NM1 PAY-TO PROVIDER NAME NM1*87*2~
13	N3 PAY-TO PROVIDER ADDRESS N3*2345 OCEAN BLVD~
14	N4 PAY-TO PROVIDER CITY N4*MAIMI*FL*33111~
15	2000B SUBSCRIBER HL LOOP HL - SUBSCRIBER HL*2*1*22*1~

SEG #	LOOP SEGMENT/ELEMENT STRING
16	SBR SUBSCRIBER INFORMATION SBR*P**2222-SJ*****CI~
	SBR*P**2222=SU*****C1~
17	2010BA SUBSCRIBER
	NM1*IL*1*SMITH*JANE****MI*JS00111223333~
18	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION
	DMG*D8*19430501*F~
19	2010BB PAYER
	NM1 PAYER NAME
	NM1*PR*2*KEY INSURANCE COMPANY****PI*9999966666~
20	REF BILLING PROVIDER SECONDARY IDENTIFICATION
	REF*G2*KA6663~
21	2000C PATIENT HL LOOP
	HL - PATIENT
	HL*3*2*23*0~
22	PAT PATIENT INFORMATION
	PAT*19~
23	2010CA PATIENT
	NM1 PATIENT NAME
	NM1*QC*1*SMITH*TED~
24	N3 PATIENT ADDRESS
	N3*236 N MAIN ST~
25	N4 PATIENT CITY/STATE/ZIP
	N4*MIAMI*FL*33413~
26	DMG PATIENT DEMOGRAPHIC INFORMATION
	DMG*D8*19730501*M~
27	2300 CLAIM
	CLM CLAIM LEVEL INFORMATION
	CLM*26463774*100***11:B:1*Y*A*Y*I~

SEG #	LOOP SEGMENT/ELEMENT STRING
28	REF CLAIM IDENTIFICATION NUMBER FOR CLEARING HOUSES (Added by C.H.) REF*D9*17312345600006351~
29	HI HEALTH CARE DIAGNOSIS CODES HI*BK:0340*BF:V7389~
30	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~
31	SV1 PROFESSIONAL SERVICE SV1*HC:99213*40*UN*1***1~
32	DTP DATE - SERVICE DATE(S) DTP*472*D8*20061003~
33	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*2~
34	SV1 PROFESSIONAL SERVICE SV1*HC:87070*15*UN*1***1~
35	DTP DATE - SERVICE DATE(S) DTP*472*D8*20061003~
36	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*3~
37	SV1 PROFESSIONAL SERVICE SV1*HC:99214*35*UN*1***2~
38	DTP DATE - SERVICE DATE(S) DTP*472*D8*20061010~
39	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*4~

SEG #	LOOP SEGMENT/ELEMENT STRING
40	SV1 PROFESSIONAL SERVICE SV1*HC:86663*10*UN*1***2~
41	DTP DATE - SERVICE DATE(S) DTP*472*D8*20061010~
42	TRAILER SE TRANSACTION SET TRAILER SE*42*0021~

#### Complete Data String:

ST\*837\*0021\*005010X222~BHT\*0019\*00\*244579\*20061015\*1023\*CH~N M1\*41\*2\*PREMIER BILLING SERVICE\*\*\*\*46\*TGJ23~PER\*IC\*JERRY\*TE \*3055552222\*EX\*231~NM1\*40\*2\*KEY INSURANCE COMPANY\*\*\*\*46\*667 83JJT~HL\*1\*\*20\*1~PRV\*BI\*PXC\*203BF0100Y~NM1\*85\*2\*BEN KILDARE SERVICE\*\*\*\*XX\*9876543210~N3\*234 SEAWAY ST~N4\*MIAMI\*FL\*33111 ~REF\*EI\*587654321~NM1\*87\*2~N3\*2345 OCEAN BLVD~N4\*MAIMI\*FL\*33 111~HL\*2\*1\*22\*1~SBR\*P\*\*2222~SJ\*\*\*\*\*CI~NM1\*IL\*1\*SMITH\*JANE\*\* \*\*MI\*JS00111223333~DMG\*D8\*19430501\*F~NM1\*PR\*2\*KEY INSURANCE COMPANY\*\*\*\*PI\*999996666~REF\*G2\*KA6663~HL\*3\*2\*23\*0~PAT\*19~NM 1\*QC\*1\*SMITH\*TED~N3\*236 N MAIN ST~N4\*MIAMI\*FL\*33413~DMG\*D8\*1 9730501\*M~CLM\*26463774\*100\*\*\*11:B:1\*Y\*A\*Y\*I~REF\*D9\*173123456 00006351~HI\*BK:0340\*BF:V7389~LX\*1~SV1\*HC:99213\*40\*UN\*1\*\*\*1~D TP\*472\*D8\*20061003~LX\*2~SV1\*HC:87070\*15\*UN\*1\*\*\*1~DTP\*472\*D8\* 20061003~LX\*3~SV1\*HC:99214\*35\*UN\*1\*\*\*2~DTP\*472\*D8\*20061010~L X\*4~SV1\*HC:86663\*10\*UN\*1\*\*\*2~DTP\*472\*D8\*20061010~SE\*42\*0021~

### 3.1.2 Example 2 - Encounter

Patient is the same person as the Subscriber. Payer is an HMO. Encounter is transmitted through a clearinghouse. Submitter is the billing provider, receiver is a payer.

#### SUBSCRIBER/PATIENT: Ted Smith

ADDRESS: 236 N. Main St., Miami, Fl, 33413, TELEPHONE NUMBER: 305-555-1111 SEX: M DOB: 05/01/43 EMPLOYER: ACME Inc. GROUP #: 12312-A PAYER ID NUMBER: SSN SSN: 000-22-1111

**DESTINATION PAYER:** Alliance Health and Life Insurance Company (AHLIC), PAYER ADDRESS: 2345 West Grand Blvd, Detroit, MI 48202., AHLIC #: 741234

SUBMITTER: Premier Billing Service EDI#: TGJ23 CONTACT PERSON AND PHONE NUMBER: JERRY, 305-555-2222 ext. 231

**RECEIVER:** Alliance Health and Life Insurance Company (AHLIC), EDI #: 66783JJT

BILLING PROVIDER: Dr. Ben Kildare, ADDRESS: 234 Seaway St, Miami, FL, 33111 NPI: 9876543210 TIN: 587654321 Taxonomy Code: 203BF0100Y

**PAY-TO PROVIDER:** Kildare Associates, PROVIDER ADDRESS: 2345 Ocean Blvd, Miami, FI 33111

RENDERING PROVIDER: Dr. Ben Kildare/Family Practitioner

PATIENT ACCOUNT NUMBER: 2-646-2967

CASE: Patient has sore throat.

**INITIAL VISIT:** DOS=10/03/06. POS=Office SERVICES: Office visit, intermediate service, established patient, throat culture. CHARGES: Office first visit = \$40.00, Lab test for strep = \$15.00

FOLLOW-UP VISIT: DOS=10/10/06 POS=Office

Antibiotics didn't work (pain continues). SERVICES: Office visit, intermediate service, established patient, mono screening. CHARGES: Follow-up visit = \$35.00, lab test for mono = \$10.00.

TOTAL CHARGES: \$100.00.

**ELECTRONIC ROUTE:** Billing provider (sender) to Clearinghouse to Alliance Health and Life Insurance Company (AHLIC); Clearinghouse claim identification number = 17312345600006351.

SEG #	LOOP SEGMENT/ELEMENT STRING
1	HEADER ST TRANSACTION SET HEADER ST*837*0021*005010X222~
	S1*837*0021*005010X222~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION BHT*0019*00*0123*20061015*1023*RP~
3	1000A SUBMITTER NM1 SUBMITTER NAME NM1*41*2*PREMIER BILLING SERVICE*****46*TGJ23~
4	PER SUBMITTER EDI CONTACT INFORMATION PER*IC*JERRY*TE*3055552222*EX*231~
5	1000B RECEIVER NM1 RECEIVER NAME NM1*40*2* AHLIC*****46*66783JJT~
6	2000A BILLING PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~
7	PRV BILLING PROVIDER SPECIALTY INFORMATION PRV*BI*PXC*203BF0100Y~
8	2010AA BILLING PROVIDER NM1 BILLING PROVIDER NAME NM1*85*2*BEN KILDARE SERVICE****XX*9876543210~
9	N3 BILLING PROVIDER ADDRESS N3*234 SEAWAY ST~
10	N4 BILLING PROVIDER LOCATION N4*MIAMI*FL*33111~
11	REF - BILLING PROVIDER TAX IDENTIFICATION REF*EI*587654321~
12	2010AB PAY-TO PROVIDER NM1 PAY-TO PROVIDER NAME NM1*87*2~

SEG #	LOOP SEGMENT/ELEMENT STRING
13	N3 PAY-TO PROVIDER ADDRESS N3*2345 OCEAN BLVD~
14	N4 PAY-TO PROVIDER CITY N4*MIAMI*FL*33111~
15	2000B SUBSCRIBER HL LOOP HL - SUBSCRIBER HL*2*1*22*0~
16	SBR SUBSCRIBER INFORMATION SBR*P*18*12312-A*****HM~
17	2010BA SUBSCRIBER NM1 SUBSCRIBER NAME NM1*IL*1*SMITH*TED****MI*000221111~
18	N3 SUBSCRIBER ADDRESS N3*236 N MAIN ST~
19	N4 SUBSCRIBER CITY N4*MIAMI*FL*33413~
20	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19430501*M~
21	2010BB SUBSCRIBER/PAYER NM1 PAYER NAME NM1*PR*2*ALLIANCE HEALTH AND LIFE INSURANCE****PI*741234~
22	2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*26462967*100***11:B:1*Y*A*Y*I~
23	DTP DATE OF ONSET DTP*431*D8*19981003~
24	REF CLEARING HOUSE CLAIM NUMBER (Added by CH) REF*D9*17312345600006351~

SEG #	LOOP SEGMENT/ELEMENT STRING
25	HI HEALTH CARE DIAGNOSIS CODES HI*BK:0340*BF:V7389~
26	2310D SERVICE LOCATION NM1 SERVICE FACILITY LOCATION NM1*77*2*KILDARE ASSOCIATES****XX*5812345679~
27	N3 SERVICE FACILITY ADDRESS N3*2345 OCEAN BLVD~
28	N4 SERVICE FACILITY CITY/STATE/ZIP N4*MIAMI*FL*33111~
29	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~
30	SV1 PROFESSIONAL SERVICE SV1*HC:99213*40*UN*1***1~
31	DTP DATE - SERVICE DATE(S) DTP*472*D8*20061003~
32	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*2~
33	SV1 PROFESSIONAL SERVICE SV1*HC:87072*15*UN*1***1~
34	DTP DATE - SERVICE DATE(S) DTP*472*D8*20061003~
35	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*3~
36	SV1 PROFESSIONAL SERVICE SV1*HC:99214*35*UN*1***2~

Т

SEG #	LOOP SEGMENT/ELEMENT STRING
37	DTP DATE - SERVICE DATE(S) DTP*472*D8*20061010~
38	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*4~
39	SV1 PROFESSIONAL SERVICE SV1*HC:86663*10*UN*1***2~
40	DTP DATE - SERVICE DATE(S) DTP*472*D8*20061010~
41	TRAILER SE TRANSACTION SET TRAILER SE*41*0021~

#### Complete Data String:

ST\*837\*0021\*005010X222~BHT\*0019\*00\*0123\*20061015\*1023\*RP~NM1 \*41\*2\*PREMIER BILLING SERVICE\*\*\*\*\*46\*TGJ23~PER\*IC\*JERRY\*TE\*3 055552222\*EX\*231~NM1\*40\*2\*AHLIC\*\*\*\*\*46\*66783JJT~HL\*1\*\*20\*1~P RV\*BI\*PXC\*203BF0100Y~NM1\*85\*2\*BEN KILDARE SERVICE\*\*\*\*XX\*987 6543210~N3\*234 SEAWAY ST~N4\*MIAMI\*FL\*33111~REF\*EI\*587654321~ NM1\*87\*2~N3\*2345 OCEAN BLVD~N4\*MIAMI\*FL\*33111~HL\*2\*1\*22\*0~SB R\*P\*18\*12312-A\*\*\*\*\*HM~NM1\*IL\*1\*SMITH\*TED\*\*\*\*MI\*00221111~N3\* 236 N MAIN ST~N4\*MIAMI\*FL\*33413~DMG\*D8\*19430501\*M~NM1\*PR\*2\*A LLIANCE HEALTH AND LIFE INSURANCE\*\*\*\*PI\*741234~CLM\*26462967 \*100\*\*\*11:B:1\*Y\*A\*Y\*I~DTP\*431\*D8\*19981003~REF\*D9\*17312345600 006351~HI\*BK:0340\*BF:V7389~NM1\*77\*2\*KILDARE ASSOCIATES\*\*\*\*X X\*5812345679~N3\*2345 OCEAN BLVD~N4\*MIAMI\*FL\*33111~LX\*1~SV1\*H C:99213\*40\*UN\*1\*\*\*1~DTP\*472\*D8\*20061003~LX\*2~SV1\*HC:87072\*15 \*UN\*1\*\*\*1~DTP\*472\*D8\*20061003~LX\*3~SV1\*HC:99214\*35\*UN\*1\*\*\*2~ DTP\*472\*D8\*20061010~LX\*4~SV1\*HC:86663\*10\*UN\*1\*\*\*2~DTP\*472\*D8 \*20061010~SE\*41\*0021~

## 3.1.3 Example 3 - Coordination of benefits (COB)

Coordination of benefits; patient is not the subscriber; payers are commercial health insurance companies. Patient and subscriber have same primary policy number. Claim submitted to primary insurer with information pertaining to the secondary payer.

SUBSCRIBER FOR PAYER A: Jane Smith ADDRESS: 236 N. Main St., Miami, FI 33413 TELEPHONE NUMBER: 305-555-1111 SEX: F DOB: 05/01/43 EMPLOYER: Acme, Inc. PAYER A ID NUMBER: JS00111223333 SSN: 111-22-3333

SUBSCRIBER FOR PAYER B: Jack Smith ADDRESS: 236 N. Main St., Miami, FI 33413 TELEPHONE NUMBER: 305-555-1111 SEX: M DOB: 10/22/43 EMPLOYER: Telecom of Florida PAYER B ID NUMBER: T55TY666 SSN: 222-33-4444

PATIENT: Ted Smith ADDRESS: 236 N. Main St., Miami, FI 33413 TELEPHONE NUMBER: 305-555-1111 SEX: M DOB: 05/01/73 PAYER A ID NUMBER: JS01111223333 PAYER B ID NUMBER: T55TY666-01 SSN: 000-22-1111

DESTINATION PAYER A: Key Insurance Company PAYER A ADDRESS: 3333 Ocean St., South Miami, FL, 33000 PAYER A ID NUMBER: (TIN) 999996666

**RECEIVER FOR PAYER A:** XYZ REPRICER EDI #: 66783JJT

**RECEIVER:** Alliance Health and Life Insurance Company (AHLIC),

EDI #: 66783JJT

DESTINATION PAYER B (RECEIVER): Great Prairies Health PAYER B ADDRESS: 4456 South Shore Blvd., Chicago, IL 44444 PAYER B ID NUMBER: 567890 EDI #: 567890

#### BILLING PROVIDER/SENDER: Dr. Ben Kildare

ADDRESS: 234 Seaway St, Miami, FL, 33111 PAYER A ID NUMBER: KA6663 PAYER B ID NUMBER: 88877 TIN: 999996666 EDI # FOR RECEIVER A: TGJ23 EDI # FOR PAYER B: 12EEER000TY

**PAY-TO PROVIDER:** Kildare Associates, ADDRESS: 2345 Ocean Blvd, Miami, FI 33111 PAYER A ID NUMBER: 99878ABA PAYER B ID NUMBER: EX7777 TIN: 581234567

RENDERING PROVIDER: Dr. Ben Kildare PAYER A ID NUMBER: KA6663 PAYER B ID NUMBER: 88877 TIN: 999996666

#### PATIENT ACCOUNT NUMBER: 26407789

CASE: Patient came to office for routine hyperlipidemia check. DOS=10/03/05, POS=Office; Patient also complained of hay fever and heart burn. SERVICES RENDERED: Patient received injection for hyperlipidemia and hay fever. CHARGES: Patient was charged for office visit (\$43.00), and two injections (\$15.00 and \$21.04).

**ELECTRONIC PATH:** The billing provider (sender) transmits the claim to Payer A (receiver) (Example 3.A) who adjudicates the claim. Payer A transmits back an 835 to the billing provider. The billing provider then submits a second claim to Payer B (receiver) (Example 3.B).

### 3.1.3.1 Example 3.A -- Claim from Billing Provider to Payer A

SEG #	LOOP SEGMENT/ELEMENT STRING
1	HEADER ST TRANSACTION SET HEADER ST*837*0021*005010X222~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION BHT*0019*00*0123*20051015*1023*CH~
3	1000A SUBMITTER NM1 SUBMITTER NAME NM1*41*2*PREMIER BILLING SERVICE*****46*TGJ23~
4	PER SUBMITTER EDI CONTACT INFORMATION PER*IC*JERRY*TE*3055552222~
5	1000B RECEIVER NM1 RECEIVER NAME NM1*40*2*XYZ REPRICER****46*66783JJT~
6	2000A BILLING PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~
7	2010AA BILLING PROVIDER NM1 BILLING PROVIDER NAME NM1*85*1*KILDARE*BEN****XX*19999966666~
8	N3 BILLING PROVIDER ADDRESS N3*1234 SEAWAY ST~
9	N4 BILLING PROVIDER CITY/STATE/ZIP N4*MIAMI*FL*33111~
10	REF - BILLING PROVIDER TAX IDENTIFICATION REF*EI*123456789~
11	PER BILLING PROVIDER CONTACT INFORMATION PER*IC*CONNIE*TE*3055551234~

SEG #	LOOP SEGMENT/ELEMENT STRING
12	2010AB PAY-TO PROVIDER NM1 PAY-TO PROVIDER NAME NM1*87*2~
13	N3 PAY-TO PROVIDER ADDRESS N3*2345 OCEAN BLVD~
14	N4 PAY-TO PROVIDER CITY/STATE/ZIP N4*MIAMI*FL*33111~
15	2000B SUBSCRIBER HL LOOP HL - SUBSCRIBER HL*2*1*22*1~
16	SBR SUBSCRIBER INFORMATION SBR*P*****CI~
17	2010BA SUBSCRIBER NM1 SUBSCRIBER NAME NM1*IL*1*SMITH*JANE****MI*111223333~
18	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19430501*F~
19	2010BB PAYER NM1 PAYER NAME NM1*PR*2*KEY INSURANCE COMPANY****PI*9999966666~
20	N3 PAYER ADDRESS N3*3333 OCEAN ST~
21	N4 PAYER CITY/STATE/ZIP N4*SOUTH MIAMI*FL*33000~
22	REF BILLING PROVIDER SECONDARY IDENTIFICATION REF*G2*PBS3334~
23	2000C PATIENT HL LOOP HL - PATIENT HL*3*2*23*0~

SEG #	LOOP SEGMENT/ELEMENT STRING
24	PAT PATIENT INFORMATION PAT*19~
25	2010CA PATIENT NM1 PATIENT NAME NM1*QC*1*SMITH*TED~
26	N3 PATIENT ADDRESS N3*236 N MAIN ST~
27	N4 PATIENT CITY/STATE/ZIP N4*MIAMI*FL*33413~
28	DMG PATIENT DEMOGRAPHIC INFORMATION DMG*D8*19730501*M~
29	2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*26407789*79.04***11:B:1*Y*A*Y*I*P~
30	HI HEALTH CARE DIAGNOSIS CODES HI*BK:4779*BF:2724*BF:2780*BF:53081~
31	2310B RENDERING PROVIDER NM1 RENDERING PROVIDER NAME NM1*82*1*KILDARE*BEN****XX*19999966666~
32	PRV RENDERING PROVIDER INFORMATION PRV*PE*PXC*204C00000X~
33	REF RENDERING PROVIDER SECONDARY IDENTIFICATION REF*G2*KA6663~
34	2310D SERVICE FACILITY LOCATION NM1 SERVICE FACILITY LOCATION NM1*77*2*KILDARE ASSOCIATES****XX*1581234567~
35	N3 SERVICE FACILITY ADDRESS N3*2345 OCEAN BLVD~

SEG #	LOOP SEGMENT/ELEMENT STRING
36	N4 SERVICE FACILITY CITY/STATE/ZIP N4*MIAMI*FL*33111~
37	2320 OTHER SUBSCRIBER INFORMATION SBR OTHER SUBSCRIBER INFORMATION SBR*S*01******CI~
38	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19430501*F~
39	OI OTHER INSURANCE COVERAGE INFORMATION OI***Y*P**Y~
40	2330A OTHER SUBSCRIBER NAME NM1 OTHER SUBSCRIBER NAME NM1*IL*1*SMITH*JACK****MI*T55TY666~
41	N3 OTHER SUBSCIBER ADDRESS N3*236 N MAIN ST~
42	N4 OTHER SUBSCIBER CITY N4*MIAMI*FL*33111~
43	2330B OTHER SUBSCRIBER/PAYER NM1 OTHER PAYER NAME NM1*PR*2*KEY INSURANCE COMPANY*****PI*9999966666~
44	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~
45	SV1 PROFESSIONAL SERVICE SV1*HC:99213*43*UN*1***1:2:3:4~
46	DTP DATE - SERVICE DATE(S) DTP*472*D8*20051003~
47	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*2~

Т

SEG #	LOOP SEGMENT/ELEMENT STRING
48	SV1 PROFESSIONAL SERVICE
	SV1*HC:90782*15*UN*1***1:2~
49	DTP DATE - SERVICE DATE(S)
	DTP*472*D8*20051003~
50	2400 SERVICE LINE
	LX SERVICE LINE COUNTER
	LX*3~
51	SV1 PROFESSIONAL SERVICE
	SV1*HC:J3301*21.04*UN*1***1:2~
52	DTP DATE - SERVICE DATE(S)
	DTP*472*D8*20051003~
53	TRAILER
	SE TRANSACTION SET TRAILER
	SE*53*0021~
	1

#### **Complete Data String For Example 3.A:**

ST\*837\*0021\*005010X222~BHT\*0019\*00\*0123\*20051015\*1023\*CH~NM1 \*41\*2\*PREMIER BILLING SERVICE\*\*\*\*46\*TGJ23~PER\*IC\*JERRY\*TE\*3 055552222~NM1\*40\*2\*XYZ REPRICER\*\*\*\*46\*66783JJT~HL\*1\*\*20\*1~N M1\*85\*1\*KILDARE\*BEN\*\*\*\*XX\*19999966666~N3\*1234 SEAWAY ST~N4\*MI AMI\*FL\*33111~REF\*EI\*123456789~PER\*IC\*CONNIE\*TE\*3055551234~NM 1\*87\*2~N3\*2345 OCEAN BLVD~N4\*MIAMI\*FL\*33111~HL\*2\*1\*22\*1~SBR\* P\*\*\*\*\*CI~NM1\*IL\*1\*SMITH\*JANE\*\*\*\*MI\*111223333~DMG\*D8\*194305 01\*F~NM1\*PR\*2\*KEY INSURANCE COMPANY\*\*\*\*PI\*9999966666~N3\*3333 OCEAN ST~N4\*SOUTH MIAMI\*FL\*33000~REF\*G2\*PBS3334~HL\*3\*2\*23\*0 ~PAT\*19~NM1\*QC\*1\*SMITH\*TED~N3\*236 N MAIN ST~N4\*MIAMI\*FL\*3341 3~DMG\*D8\*19730501\*M~CLM\*26407789\*79.04\*\*\*11:B:1\*Y\*A\*Y\*I\*P~HI \*BK:4779\*BF:2724\*BF:2780\*BF:53081~NM1\*82\*1\*KILDARE\*BEN\*\*\*\*XX \*19999966666~PRV\*PE\*PXC\*204C00000X~REF\*G2\*KA6663~NM1\*77\*2\*KIL DARE ASSOCIATES\*\*\*\*XX\*1581234567~N3\*2345 OCEAN BLVD~N4\*MIAM I\*FL\*33111~SBR\*S\*01\*\*\*\*\*\*CI~DMG\*D8\*19430501\*F~OI\*\*\*Y\*P\*\*Y~N M1\*IL\*1\*SMITH\*JACK\*\*\*\*MI\*T55TY666~N3\*236 N MAIN ST~N4\*MIAMI\* FL\*33111~NM1\*PR\*2\*KEY INSURANCE COMPANY\*\*\*\*PI\*9999966666~LX\* 1~SV1\*HC:99213\*43\*UN\*1\*\*\*1:2:3:4~DTP\*472\*D8\*20051003~LX\*2~SV

1\*HC:90782\*15\*UN\*1\*\*\*1:2~DTP\*472\*D8\*20051003~LX\*3~SV1\*HC:J33 01\*21.04\*UN\*1\*\*\*1:2~DTP\*472\*D8\*20051003~SE\*53\*0021~

Payer A returned an electronic remittance advice (835) to the Billing Provider with the following amounts and Claim Adjustment Reason Codes: SUBMITTED CHARGES (CLP03): 79.04 AMOUNT PAID (CLP04): 39.15 PATIENT RESPONSIBILITY (CLP05): 36.89 The CAS at the Claim level was: CAS\*PR\*1\*21.89\*\*2\*15~ (INDICATES A \$15.00 CO-INSURANCE PAYMENT AND \$21.89 DEDUCTIBLE PAYMENT IS DUE FROM PATIENT). In addition, Payer A adjusted the office visit charges to \$40.00 by Contractual Agreement. The CAS on line 1 was: CAS\*CO\*42\*3~. Because the other lines did not have adjustments, there are no CAS segments for those lines. See the Introduction for a discussion on cross walking 835s to 837s.

### 3.1.3.2 Example 3.B -- Claim from Billing Provider to Payer B

SEG #	LOOP SEGMENT/ELEMENT STRING
1	HEADER ST TRANSACTION SET HEADER ST*837*1234*005010X222~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION BHT*0019*00*0123*20051015*1023*CH~
3	1000A SUBMITTER NM1 SUBMITTER NM1*41*2*PREMIER BILLING SERVICE*****46*12EEER000TY~
4	PER SUBMITTER EDI CONTACT INFORMATION PER*IC*JERRY*TE*3055552222~
5	1000B RECEIVER NM1 RECEIVER NM1*40*2*GREAT PRARIES HEALTH****46*567890~
6	2000A BILLING PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~

SEG #	LOOP SEGMENT/ELEMENT STRING
7	2010AA BILLING PROVIDER NM1 BILLING PROVIDER NM1*85*1*KILDARE*BEN****XX*19999966666~
8	N3 BILLING PROVIDER ADDRESS N3*1234 SEAWAY ST~
9	N4 BILLING PROVIDER CITY N4*MIAMI*FL*33111~
10	REF - BILLING PROVIDER TAX ID REF*EI*123456789~
11	PER BILLING CONTACT INFORMATION PER*IC*CONNIE*TE*3055551234~
12	2010AB PAY-TO PROVIDER NM1 PAY-TO PROVIDER NAME NM1*87*2~
13	N3 PAY-TO PROVIDER ADDRESS N3*2345 OCEAN BLVD~
14	N4 PAY-TO PROVIDER CITY N4*MIAMI*FL*33111~
15	2000B SUBSCRIBER HL LOOP HL - SUBSCRIBER HL*2*1*22*1~
16	SBR SUBSCRIBER INFORMATION SBR*S*****CI~
17	2010BA SUBSCRIBER NM1 SUBSCRIBER NAME NM1*IL*1*SMITH*JACK****MI*222334444~
18	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19431022*M~

SEG #	LOOP SEGMENT/ELEMENT STRING
19	2010BB PAYER NM1 PAYER NAME NM1*PR*2*GREAT PRAIRIES HEALTH****PI*567890~
20	N3 PAYER ADDRESS N3*4456 SOUTH SHORE BLVD~
21	N4 PAYER CITY/STATE/ZIP CODE N4*CHICAGO*IL*44444~
22	REF BILLING PROVIDER SECONDARY IDENTIFICATION REF*G2*567890~
23	2000C PATIENT HL LOOP HL - PATIENT HL*3*2*23*0~
24	PAT PATIENT INFORMATION PAT*19~
25	2010CA PATIENT NM1 PATIENT NAME NM1*QC*1*SMITH*TED~
26	N3 PATIENT ADDRESS N3*236 N MAIN ST~
27	N4 PATIENT CITY N4*MIAMI*FL*33413~
28	DMG PATIENT DEMOGRAPHIC INFORMATION DMG*D8*19730501*M~
29	2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*26407789*79.04***11:B:1*Y*A*Y*I~
30	HI HEALTH CARE DIAGNOSIS CODES HI*BK:4779*BF:2724*BF:2780*BF:53081~

SEG #	LOOP SEGMENT/ELEMENT STRING
31	2310B RENDERING PROVIDER NM1 RENDERING PROVIDER NAME NM1*82*1*KILDARE*BEN****XX*19999966666~
32	PRV RENDERING PROVIDER INFORMATION PRV*PE*PXC*204C00000X~
33	REF RENDERING PROVIDER SECONDARY IDENTIFICATION REF*G2*88877~
34	2310D SERVICE FACILITY LOCATION NM1 SERVICE FACILITY LOCATION NM1*77*2*KILDARE ASSOCIATES****XX*1581234567~
35	N3 SERVICE FACILITY ADDRESS N3*2345 OCEAN BLVD~
36	N4 SERVICE FACILITY CITY/STATE/ZIP N4*MIAMI*FL*33111~
37	2320 OTHER SUBSCRIBER INFORMATION SBR OTHER SUBSCRIBER INFORMATION SBR*P*01******CI~
38	CAS CLAIM LEVEL ADJUSTMENTS AND AMOUNTS CAS*PR*1*21.89**2*15~
39	AMT COORDINATION OF BENEFITS - PAYOR PAID AMOUNT AMT*D*39.15~
40	AMT COORDINATION OF BENEFITS – PATIENT RESPONSBILITY AMT*EAF*36.89~
41	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19430501*F~
42	OI OTHER INSURANCE COVERAGE INFORMATION OI***Y*P**Y~

SEG #	LOOP SEGMENT/ELEMENT STRING
43	2330A OTHER SUBSCRIBER NAME
	NM1 OTHER SUBSCRIBER NAME
	NM1*IL*1*SMITH*JANE****MI*JS00111223333~
44	N3 OTHER SUBSCIBER ADDRESS
	N3*236 N MAIN ST~
45	N4 OTHER SUBSCIBER CITY
	N4*MIAMI*FL*33111~
46	2330B OTHER SUBSCRIBER/PAYER
	NM1 OTHER PAYER NAME
	NM1*PR*2*KEY INSURANCE COMPANY****PI*9999966666~
47	2400 SERVICE LINE
	LX*1~
48	SV1 PROFESSIONAL SERVICE
	SV1*HC:99213*43*UN*1***1:2:3:4~
49	DTP DATE - SERVICE DATE(S)
	DTP*472*D8*20051003~
50	2430 LINE ADJUDICATION INFORMATION
	SVD*999966666*40*HC:99213**1~
51	CAS LINE ADJUSTMENT
	CAS*CO*42*3~
52	DTP LINE ADJUDICATION DATE
	DTP*573*D8*20051015~
53	2400 SERVICE LINE
	LX SERVICE LINE COUNTER
	LX*2~
54	SV1 PROFESSIONAL SERVICE
	SV1*HC:90782*15*UN*1***1:2~
55	DTP DATE - SERVICE DATE(S)
	DTP*472*D8*20051003~

Т

SEG #	LOOP SEGMENT/ELEMENT STRING
56	2430 LINE ADJUDICATION INFORMATION SVD*9999966666*15*HC:90782**1~
57	DTP LINE ADJUDICATION DATE DTP*573*D8*20051015~
58	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*3~
59	SV1 PROFESSIONAL SERVICE <b>SSV1*HC:J3301*21.04*UN*1***1:2~</b>
60	DTP DATE - SERVICE DATE(S) DTP*472*D8*20051003~
61	2430 LINE ADJUDICATION INFORMATION SVD*9999966666*21.04*HC:J3301**1~
62	DTP LINE ADJUDICATION DATE DTP*573*D8*20051015~
63	TRAILER SE TRANSACTION SET TRAILER

SE\*63\*1234~

#### **Complete Data String For Example 3.B:**

ST\*837\*1234\*005010X222~BHT\*0019\*00\*0123\*20051015\*1023\*CH~NM1 \*41\*2\*PREMIER BILLING SERVICE\*\*\*\*46\*12EEER 000TY~PER\*IC\*JER RY\*TE\*3055552222~NM1\*40\*2\*GREAT PRAIRIES HEALTH\*\*\*\*46\*56789 0~HL\*1\*\*20\*1~NM1\*85\*1\*KILDARE\*BEN\*\*\*XX\*1999996666~N3\*1234 S EAWAY ST~N4\*MIAMI\*FL\*33111~REF\*EI\*123456789~ PER\*IC\*CONNIE\*T E\*3055551234~NM1\*87\*2~N3\*2345\*OCEAN BLVD~N4\*MIAMI\*FL\*3111~RE F\*G2\*EX7777~HL\*2\*1\*22\*1~ SBR\*S\*\*\*\*\*\*CI~NM1\*IL\*1\*SMITH\*JACK \*\*\*\*MI\*222334444~DMG\*D8\*19431022\*M~NM1\*PR\*2\*GREAT PRAIRIES H EALTH\*\*\*\*PI\*567890~N3\*4456 SOUTH SHORE BLVD~N4\*CHICAGO\*IL\*4 4444~REF\*G2\*567890~HL\*3\*2\*23\*0~PAT\*19~NM1\*QC\*1\*SMITH\*TED~N3\* 236 N MAIN ST~N4\*MIAMI\*FL\*33413~DMG\*D8\*19730501\*M~CLM\*264077 89\*79.04\*\*\*11:B:1\*Y\*A\*Y\*I~HI\*BK:4779\*BF:2724\*BF:2780\*BF:5308 1~NM1\*82\*1\*KILDARE\*BEN\*\*\*XX\*1999996666~PRV\*PE\*PXC\*204C00000 X~REF\*G2\*88877~NM1\*77\*2\*KILDARE ASSOCIATES\*\*\*\*XX\*1581234567 ~N3\*2345 OCEAN BLVD~N4\*MIAMI\*FL\*33111~SBR\*P\*01\*\*\*\*\*CI~CAS\* PR\*1\*21.89\*\*2\*15~AMT\*D\*39.15~AMT\*EAF\*36.89~DMG\*D8\*19430501\*F ~OI\*\*\*Y\*P\*\*Y~NM1\*IL\*1\*SMITH\*JANE\*\*\*\*MI\*JS00111223333~N3\*236 N MAIN ST~N4\*MIAMI\*FL\*33111~NM1\*PR\*2\*KEY INSURANCE COMPANY\*\* \*\*\*PI\*999996666~LX\*1~SV1\*HC:99213\*43\*UN\*1\*\*1:2:3:4~DTP\*472\* D8\*20051003~SVD\*999996666\*40\*HC:99213\*1~CAS\*CO\*42\*3~DPT\*573 \*D8\*20051015~LX\*2~SV1\*HC:90782\*15\*UN\*1\*\*1:2~DTP\*472\*D8\*2005 1003~SVD\*999996666\*15\*HC:90782\*1~DTP\*573\*D8\*20051015~LX\*3~S V1\*HC:J3301\*21.04\*UN\*1\*\*1:2~DTP\*472\*D8\*20051003~SVD\*9999966 66\*21.04\*HC:J3301\*\*1~DPT\*573\*D8\*20051015~SE\*63\*1234~

# 3.1.3.3 Example 3.C -- Claim from Payer A to Payer B in Payer-to-Payer

# COB Situation. Payer A will pass the claim directly to Payer B without intervention from provider.

If this claim were to go from the Billing Provider to Payer A and then Payer A were to send it claim directly to Payer B, the transaction would look like this as it comes out of Payer A's processing system. In this situation, the Billing Provider must send Payer A all the COB information on Payer B.

SEG #	LOOP SEGMENT/ELEMENT STRING
1	HEADER ST TRANSACTION SET HEADER ST*837*0024*005010X222~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION BHT*0019*00*0123*20051015*1023*CH~
3	1000A SUBMITTER NM1 SUBMITTER NAME NM1*41*2*KEY INSURANCE****46*9999966666~
4	PER SUBMITTER EDI CONTACT INFORMATION PER**IC*JERRY*TE*3055552222~

SEG #	LOOP SEGMENT/ELEMENT STRING
5	1000B RECEIVER NM1 RECEIVER NAME NM1*40*2*GREAT PRARIES****46*567890~
6	2000A BILLING PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~
7	2010AA BILLING PROVIDER NM1 BILLING PROVIDER NM1*85*1*KILDARE*BEN****XX*19999966666~
8	N3 BILLING PROVIDER ADDRESS N3*1234 SEAWAY ST~
9	N4 BILLING PROVIDER CITY/STATE/ZIP N4*MIAMI*FL*33111~
10	REF - BILLING PROVIDER TAX ID REF*EI*123456789~
11	PER BILLING PROVIDER CONTACT INFORMATION PER*IC*CONNIE*TE*3055551234~
12	2010AB PAY-TO PROVIDER NM1 PAY-TO PROVIDER NAME NM1*87*2~
13	N3 PAY-TO PROVIDER ADDRESS N3*2345 OCEAN BLVD~
14	N4 PAY-TO PROVIDER CITY/STATE/ZIP N4*MIAMI*FL*33111~
15	2000B SUBSCRIBER HL LOOP HL SUBSCRIBER HL*2*1*22*1~
16	SBR SUBSCRIBER INFORMATION SBR*S*****CI~

SEG #	LOOP SEGMENT/ELEMENT STRING
17	2010BA SUBSCRIBER NM1 SUBSCRIBER NAME NM1*IL*1*SMITH*JACK***MI*222334444~
18	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19431022*M~
19	2010BB PAYER NM1 PAYER NAME NM1*PR*2*GREAT PRAIRIES HEALTH****PI*567890~
20	N3 PAYER ADDRESS N3*4456 SOUTH SHORE BLVD~
21	N4 PAYER CITY/STATE/ZIP CODE N4*CHICAGO*IL*44444~
22	REF BILLING PROVIDER SECONDARY IDENTIFICATION REF*G2*EJ6666~
23	2000C PATIENT HL LOOP HL - PATIENT HL*3*2*23*0~
24	PAT PATIENT INFORMATION PAT*19~
25	2010CA PATIENT NM1 PATIENT NAME NM1*QC*1*SMITH*TED~
26	N3 PATIENT ADDRESS N3*236 N MAIN ST~
27	N4 PATIENT CITY/STATE/ZIP N4*MIAMI*FL*33413~
28	DMG PATIENT DEMOGRAPHIC INFORMATION DMG*D8*19730501*M~

SEG #	LOOP SEGMENT/ELEMENT STRING
29	2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*26407789*79.04***11:B:1*Y*A*Y*I*P~
30	HI HEALTH CARE DIAGNOSIS CODES HI*BK:4779*BF:2724*BF:2780*BF:53081~
31	2310B RENDERING PROVIDER NM1 RENDERING PROVIDER NAME NM1*82*1*KILDARE*BEN****XX*19999966666~
32	PRV RENDERING PROVIDER INFORMATION PRV*PE*PXC*204C00000X~
33	REF RENDERING PROVIDER SECONDARY IDENTIFICATION REF*G2*PBS3334~
34	2310D SERVICE FACILITY LOCATION NM1 SERVICE FACILITY LOCATION NM1*77*2*KILDARE ASSOCIATES****XX*1581234567~
35	N3 SERVICE FACILITY ADDRESS N3*2345 OCEAN BLVD~
36	N4 SERVICE FACILITY CITY/STATE/ZIP N4*MIAMI*FL*33111~
37	2320 OTHER SUBSCRIBER INFORMATION SBR OTHER SUBSCRIBER INFORMATION SBR*P*01******CI~
38	CAS CLAIM LEVEL ADJUSTMENTS AND AMOUNTS CAS*PR*1*21.89**2*15~
39	AMT COORDINATION OF BENEFITS - PAYOR PAID AMOUNT AMT*D*39.15~
40	AMT COORDINATION OF BENEFITS – PATIENT RESPONSBILITY AMT*EAF*36.89~

SEG #	LOOP SEGMENT/ELEMENT STRING
41	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19430501*F~
42	OI OTHER INSURANCE COVERAGE INFORMATION OI***Y*P**Y~
43	2330A OTHER SUBSCRIBER NAME NM1 OTHER SUBSCRIBER NAME NM1*IL*1*SMITH*JANE****MI*JS00111223333~
44	N3 OTHER SUBSCIBER ADDRESS N3*236 N MAIN ST~
45	N4 OTHER SUBSCIBER CITY/STATE/ZIP N4*MIAMI*FL*33111~
46	2330B OTHER PAYER NAME NM1 OTHER PAYER NAME NM1*PR*2*KEY INSURANCE COMPANY****PI*9999966666~
47	2330E OTHER PAYER RENDERING PROVIDER NM1 OTHER PAYER RENDERING PROVIDER NM1*82*1~
48	REF OTHER PAYER RENDERING PROVIDER IDENTIFICATION REF*G2*PBS3334~
49	2400 SERVICE LINE LX*1~
50	SV1 PROFESSIONAL SERVICE SV1*HC:99213*43*UN*1***1:2:3:4~
51	DTP DATE - SERVICE DATE(S) DTP*472*D8*20051003~
52	2430 LINE ADJUDICATION INFORMATION SVD*9999966666*40*HC:99213**1~
53	CAS LINE ADJUSTMENT CAS*CO*42*3~

SEG #	LOOP SEGMENT/ELEMENT STRING
54	DTP LINE ADJUDICATION DATE
	DTP*573*D8*20051015~
55	2400 SERVICE LINE
	LX SERVICE LINE COUNTER
	LX*2~
56	SV1 PROFESSIONAL SERVICE
	SV1*HC:90782*15*UN*1***1:2~
57	DTP DATE - SERVICE DATE(S)
	DTP*472*D8*20051003~
58	2430 LINE ADJUDICATION INFORMATION
	SVD*999996666*15*HC:90782**1~
59	DTP LINE ADJUDICATION DATE
	DTP*573*D8*20051015~
60	2400 SERVICE LINE
	LX SERVICE LINE COUNTER
	LX*3~
61	SV1 PROFESSIONAL SERVICE
	SV1*HC:J3301*21.04*UN*1***1:2~
62	DTP DATE - SERVICE DATE(S)
	DTP*472*D8*20051003~
63	2430 LINE ADJUDICATION INFORMATION
	SVD*9999966666*21.04*HC:J3301**1~
64	DTP LINE ADJUDICATION DATE
	DTP*573*D8*20051015~
65	TRAILER
	SE TRANSACTION SET TRAILER
	SE*65*0024~

#### **Complete Data String For Example 3.C:**

ST\*837\*0024\*005010X222~BHT\*0019\*00\*0123\*20051015\*1023\*CH~NM1

\*41\*2\*KEY INSURANCE\*\*\*\*46\*9999966666~PER\*IC\*JERRY\*TE\*3055552 222~NM1\*40\*2\*GREAT PRAIRIES\*\*\*\*46\*567890~HL\*1\*\*20\*1~NM1\*85\* 1\*KILDARE\*BEN\*\*\*\*XX\*19999966666~N3\*1234\*SEAWAY ST~N4\*MIAMI\*FL \*33111~REF\*EI\*123456789~PER\*IC\*CONNIE\*TE\*3055551234~NM1\*87\*2 ~N3\*2345\*OCEAN BLVD~N4\*MAIMI\*FL\*33111~HL\*2\*1\*22\*1~SBR\*S\*\*\*\*\* \*\*CI~NM1\*IL\*1\*SmITH\*JACK\*\*\*\*MI\*22233444~DMG\*D8\*19431022\*M~NM 1\*PR\*2\*GREAT PRAIRIES HEALTH\*\*\*\*PI\*567890~N3\*4456 SOUTH SHO RE BLVD~N4\*CHICAGO\*IL\*44444~REF\*G2\*EJ66666~HL\*3\*2\*23\*0~PAT\*19 ~NM1\*OC\*1\*SMITH\*TED~N3\*236 N MAIN ST~N4\*MIAMI\*FL\*33413~DMG\*D 8\*19730501\*M~CLM\*26407789\*79.04\*\*\*11:B:1\*Y\*A\*Y\*I\*P~HI\*BK:477 9\*BF:2724\*BF:2780\*BF:53081~NM1\*82\*1\*KILDARE\*BEN\*\*\*\*XX\*199999 66666~PRV\*PE\*PXC\*204C00000X~REF\*G2\*PBS3334~NM1\*77\*2\*KILDARE A SSOCIATES\*\*\*\*XX\*1581234567~N3\*2345 OCEAN BLVD~N4\*MIAMI\*FL\*3 3111~SBR\*P\*01\*\*\*\*\*\*CI~CAS\*PR\*1\*21.89\*\*2\*15~AMT\*D\*39.15~AMT\* EAF\*36.89~DMG\*D8\*19430501\*F~OI\*\*\*Y\*P\*\*Y~NM1\*IL\*1\*SMITH\*JANE\* \*\*\*MI\*JS00111223333~N3\*236 N MAIN ST~N4\*MIAMI\*FL\*33111~NM1\*P R\*2\*KEY INSURANCE COMPANY\*\*\*\*PI\*9999966666~NM1\*82\*1~REF\*G2\*P BS3334~LX\*1~SV1\*HC:99213\*43\*UN\*1\*\*\*1:2:3:4~DPT\*472\*D8\*200510 03~SVD\*9999966666\*40\*HC:99213\*\*1~CAS\*CO\*42\*3~DTP\*573\*D8\*20051 015~LX\*2~SV1\*HC:90782\*15\*UN\*1\*\*\*1:2~DTP\*472\*D8\*20051003~SVD\* 999996666\*15\*HC:90782\*\*1~DTP\*573\*D8\*20051015~LX\*3~SV1\*HC:J33 01\*21.04\*UN\*1\*\*\*1:2~DTP\*472\*D8\*20051003~SVD\*9999966666\*21.04\* HC:J3301\*\*1~DTP\*573\*D8\*20051015~SE\*65\*0024~

# 3.1.4 Example 4 - Medicare Secondary Payer Example (COB)

Patient and the Subscriber are the same person. The submitter is the provider. The provider previously sent the claim to the primary payer – Commerce. Payment received and the provider submitted the claim to the secondary payer, which is Medicare Part B. The claim was transmitted directly to Medicare by the submitter. Model used is provider to payer.

SUBSCRIBER/PATIENT: Wayne Medyum ADDRESS: 1010 Thousand Oak Lane, Mayne, PA 17089 SEX: M DOB: 1/10/1956 HEALTH INSURANCE CLAIM NUMBER: 102200221B1 **DESTINATION PAYER:** Medicare Part B Pennsylvania PAYER ADDRESS: 5232 Mayne Avenue, Lyght, PA 17009

**RECEIVER:** Medicare Part B Pennsylvania EDI #: 10234

BILLING PROVIDER/SENDER: Specialists ADDRESS: 5 Map Court, Mayne, PA 17089 EDI # 110101 CONTACT PERSON AND PHONE NUMBER: Sue 8005558888

PATIENT ACCOUNT NUMBER: 101KEN6055

CASE: Lower leg pain

SERVICES: Office Visit- POS=Office DATE OF SERVICE: 1/19/2005 CHARGE: \$120 TOTAL CHARGES: \$120

ELECTRONIC ROUTE: Billing provider (submitter) direct to Medicare Part B Pennsylvania

SEG #	LOOP SEGMENT/ELEMENT STRING
1	HEADER ST TRANSACTION SET HEADER ST*837*0002*005010X222~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION BHT*0019*00*000001142*20050214*115101*CH~
3	1000A SUBMITTER NM1 SUBMITTER NM1*41*2*SPECIALISTS****46*1111111~
4	PER SUBMITTER EDI CONTACT INFORMATION PER*IC*SUE*TE*8005558888~
5	1000B RECEIVER NM1 RECEIVER NAME NM1*40*2*MEDICARE PENNSYLVANIA****46*10234~

SEG #	LOOP SEGMENT/ELEMENT STRING
6	2000A BILLING PROVIDER HL LOOP HL BILLING PROVIDER HL*1**20*1~
7	2010AA BILLING PROVIDER NM1 BILLING PROVIDER NAME M1*85*2*SPECIALISTS****XX*010000090~
8	N3 BILLING PROVIDER ADDRESS N3*5 MAP COURT~
9	N4 BILLING PROVIDER CITY/STATE/ZIP N4*MAYNE*PA*17111~
10	REF - BILLING PROVIDER TAX IDENTIFICATION REF*EI*890123456~
11	REF BILLING PROVIDER SECONDARY ID REF*G2*110101~
12	2000B SUBSCRIBER HL LOOP HL*2*1*22*0~
13	SBR SUBSCRIBER INFORMATION SBR*S*18*MEDICARE*12****MB~
14	2010BA SUBSCRIBER NM1 SUBSCRIBER NAME NM1*IL*1*MEDYUM*WAYNE*M***MI*102200221B1~
15	N3 SUBSCRIBER ADDRESS N3*1010 THOUSAND OAK LANE~
16	N4 SUBSCRIBER CITY/STATE/ZIP N4*MAYN*PA*17089~
17	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19560110*M~

SEG #	LOOP SEGMENT/ELEMENT STRING
18	2010BB PAYER NM1 PAYER NAME NM1*PR*2*MEDICARE PENNSYLVANIA****PI*10234~
19	N3 PAYER ADDRESS N3*5232 MAYNE AVENUE~
20	N4 PAYER CITY/STATE/ZIP N4*LYGHT*PA*17009~
21	2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*101KEN6055*120***11:B:1*Y*A*Y*Y*B~
22	HI HEALTH CARE DIAGNOSIS CODE(S) HI*BK:71516*BF:71906~
23	2310A REFERRING PROVIDER NM1*DN*1*BRYHT*LEE*T~
24	REF REFERRING PROVIDER SECONDARY IDENTIFICATION REF*1G*B01010~
25	2310B RENDERING PROVIDER NM1*82*1*HENZES*JACK****XX*9090909090~
26	PRV RENDERING PROVIDER INFORMATION PRV*PE*PXC*207X00000X~
27	REF RENDERING PROVIDER SECONDARY IDENTIFICATION REF*G2*110102CCC~
28	2320 OTHER SUBSCRIBER INFORMATION SBR OTHER SUBSCRIBER INFORMATION SBR*P*01**COMMERCE*****CI~
29	AMT CORRDINATION OF BENEFITS – PAYOR PAID AMOUNT AMT*D*80~
30	AMT CORRDINATION OF BENEFITS – PATIENT RESPONSBILITY AMT*F2*15~

SEG #	LOOP SEGMENT/ELEMENT STRING
31	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19601222*F~
32	OI OTHER INSURANCE COVERAGE INFORMATION OI***Y*B**Y~
33	2330A OTHER SUBSCRIBER NAME NM1 OTHER SUBSCRIBER NAME NM1*IL*1*MEDYUM*CAROL****MI*COM188-404777~
34	N3 OTHER SUBSCIBER ADDRESS N3*PO BOX 45~
35	N4 OTHER SUBSCIBER CITY/STATE/ZIP CODE N4*MAYN*PA*17089~
36	2330B OTHER SUBSCRIBER/PAYER NM1 OTHER PAYER NAME NM1*PR*2*COMMERCE*****PI*59999~
37	2400 SERVICE LINE LX*1~
38	SV1 PROFESSIONAL SERVICE SV1*HC:99203:25*120*UN*1***1:2~
39	DTP DATE - SERVICE DATE DTP*472*D8*20050119~
40	2420 LINE ADJUDICATION INFORMATION SVD LINE ADJUDICATION INFORMATION SVD*59999*80*HC:99203:25**1~
41	CAS LINE ADJUSTMENT CAS*CO*42*25~
42	CAS LINE ADJUSTMENT CAS*PR*2*15
43	DTP LINE ADJUDICATION DATE DTP*573*D8*20050128~

SEG # LOOP SEGMENT/ELEMENT STRING

#### 44 TRAILER

SE TRANSACTION SET TRAILER SE\*44\*00000002~

#### **Complete Data String:**

ST\*837\*0002\*005010X222~BHT\*0019\*00\*000001142\*20050214\*115101 \*CH~NM1\*41\*2\*SPECIALISTS\*\*\*\*\*46\*1111111~PER\*IC\*SUE\*TE\*800555 8888~NM1\*40\*2\*MEDICARE PENNSYLVANIA\*\*\*\*\*46\*10234~HL\*1\*\*20\*1~ NM1\*85\*2\*SPECIALISTS\*\*\*\*XX\*010000009~N3\*5 MAP COURT~N4\*MAY NE\*PA\*21236~ REF\*EI\*890123456~REF\*G2\*110101~HL\*2\*1\*22\*0~SBR\* S\*18\*\*MEDICARE\*12\*\*\*\*MB~NM1\*IL\*1\*MEDYUM\*WAYNE\*M\*\*\*MI\*1022002 21B1~N3\*1010 THOUSAND OAK LANE~N4\*MAYN\*PA\*17089~DMG\*D8\*19560 110\*M~NM1\*PR\*2\*MEDICARE\*\*\*\*PI\*10234~N3\*5232 MAYNE~N4\*LYGHT\* PA\*17009~CLM\*101KEN6055\*120\*\*\*11:B:1\*Y\*A\*Y\*Y\*B~HI\*BK:71516\*B F:71906~NM1\*DN\*1\*BRYHT\*LEE\*T~REF\*1G\*B01010~NM1\*82\*1\*HENZES\*J ACK\*\*\*\*XX\*9090909090~PRV\*PE\*PXC\*207X00000X~REF\*G2\*110102XXX~ SBR\*P\*01\*\*COMMERCE\*\*\*\*\*CI~AMT\*D\*80~AMT\*F2\*15~DMG\*D8\*19601222 \*F~OI\*\*\*Y\*B\*\*Y~NM1\*IL\*1\*MEDYUM\*CAROL\*\*\*\*MI\*COM188-404777~N3\* PO BOX 45~N4\*MAYN\*PA\*17089~NM1\*PR\*2\*COMMERCE\*\*\*\*\*PI\*59999~LX \*1~SV1\*HC:99203:25\*120\*UN\*1\*\*\*1:2~DTP\*472\*D8\*20050119~SVD\*59 999\*80\*HC:99203:25\*\*1~CAS\*CO\*42\*25~CAS\*PR\*2\*15~DTP\*573\*D8\*20 050128~SE\*44\*0002~

## 3.1.5 Example 5 - Ambulance

Patient is the same person as the subscriber. The provider type is ambulance. The payer is medicare. The submitter is the same as the provider. The receiver is medicare.

#### SUBSCRIBER/PATIENT: Sarah Jones

ADDRESS: 1129 Reindeer Road, Carr, CO 80612 TELEPHONE NUMBER: 305-555-1111 SEX: F DOB: 07/29/1963 SUBSCRIBER ID: 012345678A

**DESTINATION PAYER:** Medicare Part B PAYER ADDRESS: P. O. Box 3543, Baltimore, MD. 666013543

**RECEIVER:** Medicare

EDI #: 123245

BILLING PROVIDER/SENDER: AAA Ambulance Service ADDRESS: 12202 Airport Way, Broomfield, CO 80221-0021 TIN: 376985369 NPI: 2366554859 CONTACT PERSON AND PHONE NUMBER: Lisa Smith, 303-775-2536 PATIENT ACCOUNT NUMBER: 05-1068

DIAGNOSIS: 8628, E8888, 9592, 8540

SERVICES: A0427 - Ambulance Transport \$700.00 A0425 - Mileage \$8.20 A0422 - Oxygen \$46.00 A0382 - BLS Disposable Supplies \$12.30 TOTAL CHARGES: \$766.50

**MISCELLANEOUS:** Two patients were transported.

**ELECTRONIC ROUTE:** Billing Provider (Sender) to Medicare

SEG #	LOOP SEGMENT/ELEMENT STRING
1	HEADER ST TRANSACTION SET HEADER
	ST*837*000017712*005010X222~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION BHT*0019*00*000017712*20050208*1112*CH~
3	1000A SUBMITTER NM1 SUBMITTER NAME NM1*41*2*AAA AMBULANCE SERVICE*****46*376985369~
4	PER SUBMITTER EDI CONTACT INFORMATION PER*IC*LISA SMITH*TE*3037752536~
5	1000B RECEIVER NM1 RECEIVER NAME NM1*40*2*MEDICARE B****46*123245~

SEG #	LOOP SEGMENT/ELEMENT STRING
6	2000A BILLING PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~
7	2010AA BILLING PROVIDER PRV BILLING PROVIDER SPECIALTY PRV*BI*PXC*3416L0300X~
8	NM1 BILLING PROVIDER NAME NM1*85*2*AAA AMBULANCE SERVICE****XX*2366554859~
9	N3 BILLING PROVIDER ADDRESS N3*12202 AIRPORT WAY~
10	N4 BILLING PROVIDER LOCATION N4*BROOMFIELD*CO*800210021~
11	REF - BILLING PROVIDER TAX IDENTIFICATION REF*EI*376985369~
12	2000B SUBSCRIBER HL LOOP HL - SUBSCRIBER HL*2*1*22*0~
13	SBR SUBSCRIBER INFORMATION SBR*P*18******MB~
14	2010BA SUBSCRIBER NM1 SUBSCRIBER NAME NM1*IL*1*JONES*SARAH*A***MI*012345678A~
15	N3 SUBSCRIBER ADDRESS N3*1129 REINDEER ROAD~
16	N4 SUBSCRIBER CITY, STATE, ZIP CODE N4*CARR*CO*80612~
17	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19630729*F~

SEG #	LOOP SEGMENT/ELEMENT STRING
18	2010BB PAYER NM1 PAYER NAME NM1*PR*2*MEDICARE PART B****PI*123245~
19	N3 PAYER ADDRESS N3*PO BOX 3543~
20	N4 LOCATION N4*BALTIMORE*MD*666013543~
21	2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*051068*766.50***41::1*Y*A*Y*Y*P*OA~
22	DTP DATE ACCIDENT DTP*439*D8*20050208~
23	CR1 AMBULANCE TRANSPORT INFORMATION CR1*LB*275**A*DH*21****PATIENT IMOBILIZED~
24	CRC AMBULANCE CERTIFICATION CRC*07*Y*04*06*09~
25	CRC AMBULANCE CERTIFICATION CRC*07*N*05*07*08~
26	HI-HEALTH CARE DIAGNOSIS HI*BK:8628*BF:E88888*BF:9592*BF:8540~
27	2310E AMBULANCES PICK-UP LOCATION NM1 PICK UP LOCATION NM1*PW*2*~
28	N3 PICK UP ADDRESS N3*1129 REINDEER ROAD~
29	N4 PICK UP LOCATION N4*CARR*CO*80612~

SEG #	LOOP SEGMENT/ELEMENT STRING
30	2310F AMBULANCE DROP-OFF LOCATION NM1 DROP OFF LOCATION NM1*45*2~
31	N3 - DROP OFF ADDRESS N3*10005 BANNOCK ST~
32	N4 - DROP OFF LOCATION N4*CHEYENNE*WY*82009~
33	2400 SERVICE LINE LX SERVICE LINE NUMBER LX*1~
34	SV1 - PROFESSIONAL SERVICE SV1*HC:A0427:RH*700*UN*1***1:2:3:4**Y~
35	DTP DATE - SERVICE DATE DTP*472*D8*20050208~
36	QTY - AMBULANCE PATIENT COUNT QTY*PT*2~
37	REF - LINE ITEM CONTROL NUMBER REF*6R*1001~
38	NTE - LINE NOTE NTE * ADD * CARDIAC EMERGENCY ~
39	LX SERVICE LINE NUMBER LX*2~
40	SV1 - PROFESSIONAL SERVICE SV1*HC:A0425:RH*8.20*UN*21***1:2:3:4**Y~
41	DTP - SERVICE DATE DTP*472*D8*20050208~
42	QTY - AMBULANCE PATIENT COUNT QTY*PT*2~

SEG #	LOOP SEGMENT/ELEMENT STRING
43	REF - LINE CONTROL NUMBER REF*6R*1002~
44	LX - SERVICE LINE NUMBER LX*3~
45	SV1 - PROFESSIONAL SERVICE SV1*HC:A0422:RH*46*UN*1***1:2:3:4**Y~
46	DTP - SERVICE DATE DTP*472*D8*20050208~
47	REF - LINE CONTROL NUMBER REF*6R*1003~
48	LX - SERVICE LINE NUMBER LX*4~
49	SV1 - PROFESSIONAL SERVICE SV1*HC:A0382:RH*12.30*UN*1***1:2:3:4**Y~
50	DTP - SERVICE DATE DTP*472*D8*20050208~
51	REF - LINE CONTROL NUMBER REF*6R*1004~
52	TRAILER SE TRANSACTION SET TRAILER SE*52*000017712~

#### **Complete Data String:**

ST\*837\*000017712\*005010X222~BHT\*0019\*00\*000017712\*20050208\*1 112\*CH~NM1\*41\*2\*AAA AMBULANCE SERVICE\*\*\*\*46\*376985369~PER\*I C\*LISA SMITH\*TE\*3037752536~NM1\*40\*2\*MEDICARE B\*\*\*\*46\*123245 ~HL\*1\*\*20\*1~PRV\*BI\*PXC\*3416L0300X~NM1\*85\*2\*AAA AMBULANCE SER VICE\*\*\*\*XX\*2366554859~N3\*12202 AIRPORT WAY~N4\*BROOMFIELD\*CO \*800210021~REF\*EI\*376985369~HL\*2\*1\*22\*0~SBR\*P\*18\*\*\*\*\*MB~NM 1\*IL\*1\*JONES\*SARAH\*A\*\*\*MI\*012345678A~N3\*1129 REINDEER ROAD~N 4\*CARR\*CO\*80612~DMG\*D8\*19630729\*F~NM1\*PR\*2\*MEDICARE PART B\*\* \*\*\*PI\*123245~N3\*PO BOX 3543~N4\*BALTIMORE\*MD\*666013543~CLM\*05 1068\*766.50\*\*\*41::1\*Y\*A\*Y\*Y\*P\*OA~DTP\*439\*D8\*20050208~CR1\*LB\* 275\*\*A\*DH\*21\*\*\*\*PATIENT IMOBILIZED~CRC\*07\*Y\*04\*06\*09~CRC\*07\* N\*05\*07\*08~HI\*BK:8628\*BF:E8888\*BF:9592\*BF:8540~NM1\*PW\*2\*~N3\* 1129 REINDEER ROAD~N4\*CARR\*CO\*80612~NM1\*45\*2~N3\*10005 BANNOC K ST~N4\*CHEYENNE\*WY\*82009~LX\*1~SV1\*HC:A0427:RH\*700\*UN\*1\*\*1: 2:3:4\*\*Y~DTP\*472\*D8\*20050208~QTY\*PT\*2~REF\*6R\*1001~NTE\*ADD\*CA RDIAC EMERGENCY~LX\*2~SV1\*HC:A0425:RH\*8.20\*UN\*21\*\*\*1:2:3:4\*\*Y ~DTP\*472\*D8\*20050208~QTY\*PT\*2~REF\*6R\*1002~LX\*3~SV1\*HC:A0422: RH\*46\*UN\*1\*\*\*1:2:3:4\*\*Y~DTP\*472\*D8\*20050208~REF\*6R\*1003~LX\*4 ~SV1\*HC:A0382:RH\*12.30\*UN\*1\*\*1:2:3:4\*\*Y~DTP\*472\*D8\*20050208 ~REF\*6R\*1004~SE\*52\*000017712~

## 3.1.6 Example 6 - Chiropractic Example

Patient is the same person as the Subscriber. Payer is Medicare Part B. The claim is submitter directly to Medicare, the submitter being the provider.

SUBSCRIBER/PATIENT: Matthew J Williamson ADDRESS: 128 Broadcreek, Baltimore, MD 21234 SEX: M DOB: 1/10/1925 PAYER ID NUMBER: SSN SSN: 123456789A

**DESTINATION PAYER:** Medicare Part B Maryland PAYER ADDRESS: 1946 Greenspring Drive, Timonium, MD 21093

**RECEIVER:** Medicare Part B Maryland EDI #: 12345

BILLING PROVIDER/SENDER: David M Greene, DC ADDRESS: 1264 Oakwood Ave, Baltimore, MD 21236 EDI#: S01057 CONTACT PERSON AND PHONE NUMBER: Kathi Wilmoth 4105558888

PATIENT ACCOUNT NUMBER: 125WILL CASE: Acute Back Pain

**SERVICES:** Chiropractic Manipulative Treatment - POS=Office DATE OF SERVICE: 2/15/2005 CHARGE: \$145.50 Initial Treatment Date: 01/15/20050 Acute Manifestation Date: 01/10/2005 Last X-Ray Date: 01/13/2005 TOTAL CHARGES: \$145.50

#### ELECTRONIC ROUTE: Billing provider (sender) direct to Maryland Medicare Part B

SEG #	LOOP SEGMENT/ELEMENT STRING
1	HEADER
	ST TRANSACTION SET HEADER
	ST*837*3701*005010X222~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION
	BHT*0019*00*007227*20050215*075420*CH~
3	1000A SUBMITTER
	NM1 SUBMITTER
	NM1*41*2*DAVID GREEN****46*S01057~
4	PER SUBMITTER EDI CONTACT INFORMATION
	PER*IC*KATHY SMITH*TE*4105558888~
5	1000B RECEIVER
	NM1 RECEIVER NAME
	NM1*40*2*MEDICARE PART B MARYLAND*****46*12345~
6	2000A BILLING PROVIDER HL LOOP
	HL - BILLING PROVIDER
	HL*1**20*1~
7	2010AA BILLING PROVIDER
	NM1 BILLING PROVIDER NAME
	NM1*85*1*GREENE*DAVID*M***XX*1234567890~
8	N3 BILLING PROVIDER ADDRESS
	N3*1264 OAKWOOD AVE~
9	N4 BILLING PROVIDER LOCATION
	N4*BALTIMORE*MD*21236~
10	REF BILLING PROVIDER SECONDARY ID
	REF*EI*987654321~

SEG #	LOOP SEGMENT/ELEMENT STRING
11	PER BILLING PROVIDER CONTACT INFORMATION PER*IC*DR*TE*4105551212~
12	2000B SUBSCRIBER HL LOOP HL*2*1*22*0~
13	SBR SUBSCRIBER INFORMATION
10	SBR*P*18*****MB~
14	2010BA SUBSCRIBER NM1 SUBSCRIBER NAME NM1*IL*1*WILLIAMSON*MATTHEW*J***MI*123456789A~
15	N3 SUBSCRIBER ADDRESS N3*128 BROADCREEK~
16	N4 SUBSCRIBER CITY N4*BALTIMORE*MD*21234~
17	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19250110*M~
18	2010BB SUBSCRIBER / PAYER NM1 PAYER NAME NM1*PR*2*MEDICARE PART B MARYLAND*****PI*C12345~
19	2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*125WILL*145.5***11>B>1*Y*A*Y*Y~
20	DTP - INITIAL TREATMENT DATE DTP*454*D8*20050115~
21	DTP - ACUTE MANIFESTATION DATE DTP*453*D8*20050110~
22	DTP - LAST X-RAY DATE DTP*455*D8*20050113~
23	CR2 SPINAL MANIPULATION SERVICE INFORMATION CR2******A**CHRONIC PAIN AND DISCOMFORT~

Т

SEG #	LOOP SEGMENT/ELEMENT STRING
24	HI HEALTH CARE DIAGNOSIS CODE(S) HI*BK>7215~
25	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~
26	SV1 PROFESSIONAL SERVICE SV1*HC>98940*145.5*UN*1***1~
27	DTP - SERVICE DATE(S) DTP*472*D8*20050215~
28	LINE ITEM CONTROL NUMBER REF*6R*01~
29	TRAILER SE TRANSACTION SET TRAILER SE*29*3701~

#### **Complete Data String:**

ST\*837\*3701\*005010X222~BHT\*0019\*00\*007227\*20050215\*075420\*CH ~NM1\*41\*2\*DAVID GREEN\*\*\*\*46\*S01057~PER\*IC\*KATHY SMITH\*TE\*41 05558888~NM1\*40\*2\*MEDICARE PART B MARYLAND\*\*\*\*46\*12345~HL\*1 \*\*20\*1~NM1\*85\*1\*GREENE\*DAVID\*M\*\*XX\*1234567890~N3\*1264 OAKWO OD AVE~N4\*BALTIMORE\*MD\*21236~REF\*EI\*987654321~PER\*IC\*DR\*TE\*4 105551212~HL\*2\*1\*22\*0~SBR\*P\*18\*\*\*\*\*MB~NM1\*IL\*1\*WILLIAMSON\* MATTHEW\*J\*\*MI\*123456789A~N3\*128 BROADCREEK~N4\*BALTIMORE\*MD\* 21234~DMG\*D8\*19250110\*M~NM1\*PR\*2\*MEDICARE PART B MARYLAND\*\*\* \*\*PI\*C12345~CLM\*125WILL\*145.5\*\*\*11>B>1\*Y\*A\*Y\*Y~DTP\*454\*D8\*20 050115~DTP\*453\*D8\*20050110~DTP\*455\*D8\*20050113~CR2\*\*\*\*\*\*A\* \*CHRONIC PAIN AND DISCOMFORT~HI\*BK>7215~LX\*1~SV1\*HC>98940\*14 5.5\*UN\*1\*\*\*1~DTP\*472\*D8\*20050215~REF\*6R\*01~SE\*31\*3701~

## 3.1.7 Example 7 - Oxygen

Patient is the same person as the Subscriber. Claim is submitted by provider directly and the Payer is Medicare DMERC.

SUBSCRIBER/PATIENT: Terry Smith

ADDRESS: 121 South Street, Richmond, IN 46236 SEX: F DOB: 01/05/38 HIC#: 111-22-2333A

#### **DESTINATION PAYER: DMERC Carrier**

PAYOR ADDRESS: 926 W Angel Rd, Richmond, IN 46236 EDI #: 99999

#### BILLING PROVIDER/SENDER: Oxygen Supply Company

ADDRESS: 1800 East Ridge Drive, Richmond, IN 46224 TIN: 389999999 EDI #: ABC11111 NPI#: 9992233334 DMERC Provider #: 0999999999 CONTACT PERSON AND PHONE NUMBER: Bonnie, 812-555-1111 EMAIL: HELPDESK@OXYGEN.COM

#### ORDERING PROVIDER: Dr. Larry Wilson

ADDRESS: 1212 North Meridian, Richmond, IN 46223 NPI#: 5555511111 UPIN#: X99999 PHONE NUMBER: 555-444-6666

#### PATIENT ACCOUNT NUMBER: R03996273 #01

CASE: Chronic Airway Obstruction

**SERVICE:** DOS=03/21/05 POS=Home SERVICES: Oxygen concentrator and Portable gaseous O2 CHARGES: Oxygen concentrator = \$461.10, Portable gaseous oxygen = \$59.14

#### TOTAL CHARGES: \$520.24

1	HEADER
	ST TRANSACTION SET HEADER
	ST*837*0001*005010X222~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION
	BHT*0019*00*16*20050326*1036*CH~

SEG #	LOOP SEGMENT/ELEMENT STRING
3	1000A SUBMITTER NM1 SUBMITTER NM1*41*2*OXYGEN SUPPLY COMPANY****46*ABC11111~
4	PER SUBMITTER EDI CONTACT INFORMATION PER*IC*BONNIE*TE*8125551111*EM*HELPDESK@OXYGEN.COM~
5	1000B RECEIVER NM1 RECEIVER NAME NM1*40*2*DMERC CARRIER****46*99999~
6	2000A BILLING PROVIDER HL LOOP HL BILLING PROVIDER HL*1**20*1~
7	2010AA BILLING PROVIDER NM1 BILLING PROVIDER NAME NM1*85*2*OXYGEN SUPPLY COMPANY****XX*9992233334~
8	N3 BILLING PROVIDER ADDRESS N3*1800 EAST RIDGE DRIVE~
9	N4 BILLING PROVIDER LOCATION N4*RICHMOND*IN*46224~
10	REF BILLING PROIVDER TAX IDENTIFIER REF*EI*389999999~
11	2000B SUBSCRIBER HL LOOP HL SUBSCRIBER HL*2*1*22*0~
12	SBR SUBSCRIBER INFORMATION SBR*P*18******MB~
13	2010BA SUBSCRIBER NM1 SUBSCRIBER NAME NM1*IL*1*SMITH*TERRY****MI*111222333A~
14	N3 SUBSCRIBER ADDRESS N3*121 SOUTH ST~

SEG #	LOOP SEGMENT/ELEMENT STRING
15	N4 SUBSCRIBER CITY N4*RICHMOND*IN*46236~
16	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19380105*F~
17	2010BB SUBSCRIBER / PAYER NM1 PAYER NAME NM1*PR*2*DMERC CARRIER****PI*99999~
18	2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*R03996273 #01*520.24***11:B:1*Y*A*Y*Y~
19	HI HEALTH CARE DIAGNOSIS CODES HI*BK:496*BF:51881*BF:2859~
20	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~
21	SV1 PROFESSIONAL SERVICE SV1*HC:E1390:RR*461.1*UN*1***1:2~
22	PWK DURABLE MEDICAL EQUIPMENT CERTIFICATE OF MEDICAL NECESSITY INDICATOR PWK*CT*AD~
23	CR3 DURABLE MEDICAL EQUIPMENT CERTIFICATION CR3*R*MO*99~
24	DTP SERVICE DATE DTP*472*RD8*20050321-20050321~
25	DTP CERTIFICATION REVISION/RECERTIFICATION DATE DTP*607*D8*20050321~
26	DTP BEGIN THERAPY DATE DTP*463*D8*20040321~
27	DTP LAST CERTIFICATION DATE DTP*461*D8*20050321~

SEG #	LOOP SEGMENT/ELEMENT STRING
28	2420E ORDERING PROVIDER NM1 ORDERING PROVIDER NAME NM1*DK*1*WILSON*LARRY***XX*5555511111~
29	N3 ORDERING PROVIDER ADDRESS N3*1212 NORTH MERIDIAN~
30	N4 ORDERING PROVIDER CITY/STATE/ZIP CODE N4*RICHMOND*IN*46223~
31	REF ORDERING PROVIDER INFORMATION REF*1G*X99999~
32	PER ORDERING PROVIDER CONTACT INFORMATION PER*IC*LEE*TE*5554446666~
33	2440 FORM IDENTIFICATION CODE LQ FORM IDENTIFICATION CODE LQ*UT*04.03~
34	FRM SUPPORTING DOCUMENTATION FRM*1A**056~
35	FRM SUPPORTING DOCUMENTATION FRM*1C**20050228~
36	FRM SUPPORTING DOCUMENTATION FRM*2**1~
37	FRM SUPPORTING DOCUMENTATION FRM*3**1~
38	FRM SUPPORTING DOCUMENTATION FRM*4*Y~
39	FRM SUPPORTING DOCUMENTATION FRM*5**2~
40	FRM SUPPORTING DOCUMENTATION FRM*7*Y~

SEG #	LOOP SEGMENT/ELEMENT STRING
41	FRM SUPPORTING DOCUMENTATION FRM*8*N~
42	FRM SUPPORTING DOCUMENTATION FRM*9*Y~
43	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*2~
44	SV1 PROFESSIONAL SERVICE SV1*HC:E0431:RR*59.14*UN*1***1:2~
45	PWK DURABLE MEDICAL EQUIPMENT CERTIFICATE OF MEDICAL NECESSITY INDICATOR <b>PWK*CT*AD~</b>
46	DTP SERVICE DATE DTP*472*RD8*20050321-20050321~
47	CR3 DURABLE MEDICAL EQUIPMENT CERTIFICATION CR3*R*MO*99~
48	DTP CERTIFICATION REVISION/RECERTIFICATION DATE DTP*607*D8*20050321~
49	DTP BEGIN THERAPY DATE DTP*463*D8*20040321~
50	DTP LAST CERTIFICATION DATE DTP*461*D8*20050321~
51	2420E ORDERING PROVIDER NM1 ORDERING PROVIDER NAME NM1*DK*1*WILSON*LARRY***XX*5555511111~
52	N3 ORDERING PROVIDER ADDRESS N3*1212 NORTH MERIDIAN~
53	N4 ORDERING PROVIDER CITY/STATE/ZIP CODE N4*RICHMOND*IN*46223~

SEG #	LOOP SEGMENT/ELEMENT STRING
54	REF ORDERING PROVIDER INFORMATION REF*1G*X99999~
55	PER ORDERING PROVIDER CONTACT INFORMATION PER*IC*LEE*TE*5554446666~
56	2440 FORM IDENTIFICATION CODE LQ FORM IDENTIFICATION CODE LQ*UT*04.03~
57	FRM SUPPORTING DOCUMENTATION FRM*1A**056~
58	FRM SUPPORTING DOCUMENTATION FRM*1C**20050228~
59	FRM SUPPORTING DOCUMENTATION FRM*2**1~
60	FRM SUPPORTING DOCUMENTATION FRM*3**1~
61	FRM SUPPORTING DOCUMENTATION FRM*4*Y~
62	FRM SUPPORTING DOCUMENTATION FRM*5**2~
63	FRM SUPPORTING DOCUMENTATION FRM*7*Y~
64	FRM SUPPORTING DOCUMENTATION FRM*8*N~
65	FRM SUPPORTING DOCUMENTATION FRM*9*Y~
66	TRAILER SE TRANSACTION SET TRAILER SE*66*0001~

#### **Complete Data String:**

ST\*837\*0001\*005010X222~BHT\*0019\*00\*16\*20050326\*1036\*CH~NM1\*4 1\*2\*OXYGEN SUPPLY COMPANY\*\*\*\*46\*ABC11111~PER\*IC\*BONNIE\*TE\*8 125551111\*EM\*HELPDESK@OXYGEN.COM~NM1\*40\*2\*DMERC CARRIER\*\*\*\* 46\*99999~HL\*1\*\*20\*1~NM1\*85\*2\*OXYGEN SUPPLY COMPANY\*\*\*\*XX\*99 92233334~N3\*1800 EAST RIDGE DRIVE~N4\*RICHMOND\*IN\*46224~REF\*E I\*389999999~HL\*2\*1\*22\*0~SBR\*P\*18\*\*\*\*\*MB~NM1\*IL\*1\*SMITH\*TER RY\*\*\*\*MI\*111222333A~N3\*121 SOUTH ST~N4\*RICHMOND\*IN\*46236~DMG \*D8\*19380105\*F~NM1\*PR\*2\*DMERC CARRIER\*\*\*\*PI\*99999~CLM\*R0399 6273 #01\*520.24\*\*\*11:B:1\*Y\*A\*Y\*Y~HI\*BK:496\*BF:51881\*BF:2859~ LX\*1~SV1\*HC:E1390:RR\*461.1\*UN\*1\*\*\*1:2~PWK\*CT\*AD~CR3\*R\*MO\*99~ DTP\*472\*RD8\*20050321-20050321~DTP\*607\*D8\*20050321~DTP\*463\*D8 \*20040321~DTP\*461\*D8\*20050301~NM1\*DK\*1\*WILSON\*LARRY\*\*\*\*XX\*55 55511111~N3\*1212 NORTH MERIDIAN~N4\*RICHMOND\*IN\*46223~REF\*1G\* X99999~PER\*IC\*LEE\*TE\*55544466666~LO\*UT\*04.03~FRM\*1A\*\*056~FRM\* 1C\*\*20050228~FRM\*2\*\*1~FRM\*3\*\*1~FRM\*4\*Y~FRM\*5\*\*2~FRM\*7\*Y~FRM\* 8\*N~FRM\*9\*Y~LX\*2~SV1\*HC:E0431:RR\*59.14\*UN\*1\*\*\*1:2~PWK\*CT\*AD~ CR3\*R\*MO\*99~DTP\*472\*RD8\*20050321-20050321~DTP\*607\*D8\*2005032 1~DTP\*463\*D8\*20040321~DTP\*461\*D8\*20050301~NM1\*DK\*1\*WILSON\*LA RRY\*\*\*XX\*5555511111~N3\*1212 NORTH MERIDIAN~N4\*RICHMOND\*IN\*4 6223~REF\*1G\*X99999~PER\*IC\*LEE\*TE\*55544466666~LO\*UT\*04.03~FRM\* 1A\*\*056~FRM\*1C\*\*20050228~FRM\*2\*\*1~FRM\*3\*\*1~FRM\*4\*Y~FRM\*5\*\*2~ FRM\*7\*Y~FRM\*8\*N~FRM\*9\*Y~SE\*66\*0001~

**DME MAC 484.03** 

#### **CERTIFICATE OF MEDICAL NECESSITY** LOV SWJ OVVCEN

		0110-404 -							
SECTION A Co	ertification Type/Date: IN	ITIAL//	REVISED// RECERTIFICATION//						
PATIENT NAME, ADD	RESS, TELEPHONE and HIC	CNUMBER	SUPPLIER NAME, ADDRESS, TELEPHONE and NSC or applicable NPI NUMBER/LEGACY NUMBER						
()	HICN		() NSC or NPI #						
PLACE OF SERVICE		HCPCS CODE	PT DOB/ Sex (M/F)						
NAME and ADDRESS if applicable (see reverse)			PHYSICIAN NAME, ADDRESS, TELEPHONE and applicable NPI NUMBER or UPIN () UPIN or NPI #						
SECTION B	Information in This \$	Section May Not	Be Completed by the Supplier of the Items/Supplies.						
EST. LENGTH OF NE	ED (# OF MONTHS):	_ 1-99 <i>(99=LIFETIME)</i>	DIAGNOSIS CODES (ICD-9):						
ANSWERS	ANSWER QUESTIONS 1-9	9. (Circle Y for Yes, N	for No, or D for Does Not Apply, unless otherwise noted.)						
a)mm Hg b)% c)/									
1 2 3	2. Was the test in Question 1 performed (1) with the patient in a chronic stable state as an outpatient, (2) within two days prior to discharge from an inpatient facility to home, or (3) under other circumstances?								
1 2 3	3. Circle the one number	for the condition of th	e test in Question 1: (1) At Rest; (2) During Exercise; (3) During Sleep						
(Y) N D	4. If you are ordering portable oxygen, is the patient mobile within the home? If you are not ordering portable oxygen, circle D.								
LPM	5. Enter the highest oxygen flow rate ordered for this patient in liters per minute. If less than 1 LPM, enter a "X".								
a)mm Hg b)% c)//	<ol> <li>If greater than 4 LPM is prescribed, enter results of most recent test taken on 4 LPM. This may be an (a) arterial blood gas PO2 and/or (b) oxygen saturation test with patient in a chronic stable state. Enter date of test (c).</li> </ol>								
	ANSWER QUESTIONS 7-9	<b>DNLY</b> IF PO2 = 56–59	OR OXYGEN SATURATION = 89 IN QUESTION 1						
(Y) N	7. Does the patient have dependent edema due to congestive heart failure?								
Y (N)			nonary hypertension documented by P pulmonale on an EKG or by an lirect pulmonary artery pressure measurement?						
Y N	9. Does the patient have	a hematocrit greater t	than 56%?						
	SWERING SECTION B QUE		THAN PHYSICIAN (Please Print): EMPLOYER:						
SECTION C	Narrative Descriptio	n of Equipment	and Cost						

#### Narrative Description of Equipment and Cost

(1) Narrative description of all items, accessories and options ordered; (2) Supplier's charge and (3) Medicare Fee Schedule Allowance for each item, accessory and option. (See instructions on back.)

#### SECTION D **Physician Attestation and Signature/Date**

I certify that I am the treating physician identified in Section A of this form. I have received Sections A, B and C of the Certificate of Medical Necessity (including charges for items ordered). Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information in Section B is true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability.

PHYSICIAN'S SIGNATURE \_

DATE .

## 3.1.8 Example 8 - Wheelchair

Patient is the same person as the Subscriber. Claim is submitted by provider directly and the Payer is Medicare DMERC.

#### SUBSCRIBER/PATIENT: James Smith

ADDRESS: 12 Main Street, Frankfort, IN 46209 SEX: M DOB: 10/23/1920 HIC#: 987-65-4321A

#### **DESTINATION PAYER:** DMERC Carrier

PAYOR ADDRESS: 926 W Angel Rd, Richmond, IN 46236 EDI #: 99999

#### BILLING PROVIDER/SENDER: XYZ Wheelchairs Inc

ADDRESS: 1440 North Street, Lafayette, IN 47904 TIN: 123567989 EDI #: ABC55 NPI#: 7778889999 DMERC Provider #: 0426960001 CONTACT PERSON AND PHONE NUMBER: Jane Doe, 222-555-1111 EMAIL: HELPDESK@WHEELCHAIR.COM

#### ORDERING PROVIDER: Dr. Randall Wilson

ADDRESS: 1226 West Railroad St, Lafayette, IN 47905 NPI#: 1111155555 UPIN#: M12345 CONTACT PERSON AND PHONE NUMBER: Lee, 765-297-7999

#### PATIENT ACCOUNT NUMBER: SMI123

CASE: Paralysis & CVA

ī.

**SERVICE:** DOS=03/21/05 POS=Home SERVICES: Standard wheelchair rental for \$75.00

SEG #	LOOP SEGMENT/ELEMENT STRING

1	HEADER
	ST TRANSACTION SET HEADER
	ST*837*112233*005010X222~

SEG #	LOOP SEGMENT/ELEMENT STRING
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION BHT*0019*00*16*20050326*1036*CH~
3	1000A SUBMITTER NM1 SUBMITTER NM1*41*2*XYZ WHEELCHAIRS INC*****46*ABC55~
4	PER SUBMITTER EDI CONTACT INFORMATION PER*IC*JANE*TE*2225551111~
5	1000B RECEIVER NM1 RECEIVER NAME NM1*40*2*DMERC CARRIER****46*99999~
6	2000A BILLING PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~
7	2010AA BILLING PROVIDER NM1 BILLING PROVIDER NAME NM1*85*2*XYZ WHEELCHAIR INC****XX*7778889999~
8	N3 BILLING PROVIDER ADDRESS N3*1440 NORTH STREET~
9	N4 BILLING PROVIDER LOCATION N4*LAFAYETTE*IN*47904~
10	REF BILLING PROVIDER TAX IDENTIFIER REF*EI*123567989~
11	REF BILLING PROIVDER SECONDARY IDENTIFIER REF*G2*0426960001~
12	2000B SUBSCRIBER HL LOOP HL - SUBSCRIBER HL*2*1*22*0~
13	SBR SUBSCRIBER INFORMATION SBR*P*18******MB~

SEG #	LOOP SEGMENT/ELEMENT STRING
14	PAT PATIENT INFORMATION PAT*****01*155~
15	2010BA SUBSCRIBER NM1 SUBSCRIBER NAME NM1*IL*1*SMITH*JAMES****MI*987654321A~
16	N3 SUBSCRIBER ADDRESS N3*12 MAIN ST~
17	N4 SUBSCRIBER CITY N4*FRANKFORT*IN*46209~
18	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19201023*M~
19	2010BB SUBSCRIBER / PAYER NM1 PAYER NAME NM1*PR*2*DMERC CARRIER****PI*99999~
20	2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*SMI123*75***12:B:1*Y*A*Y*Y~
21	HI HEALTH CARE DIAGNOSIS CODES HI*BK:436*BF:3449~
22	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~
23	SV1 PROFESSIONAL SERVICE SV1*HC:K0001:RR:KH:BR*75*UN*1***1:2~
24	PWK CLAIM SUPPLEMENTAL INFORMATION PWK*CT*AD~
25	CR3 DURABLE MEDICAL EQUIPMENT CERTIFICATION CR3*I*MO*99~

SEG #	LOOP SEGMENT/ELEMENT STRING
26	DTP SERVICE DATE DTP*472*RD8*20050321-20050321~
27	DTP BEGIN THERAPY DATE DTP*463*D8*20040321~
28	DTP LAST CERTIFICATION DATE DTP*461*D8*20050321~
29	MEA TEST RESULT MEA*TR*HT*70~
30	2420E ORDERING PROVIDER NM1 ORDERING PROVIDER NAME NM1*DK*1*WILSON*RANDALL****XX*1111155555~
31	N3 ORDERING PROVIDER ADDRESS N3*1226 WEST RAILROAD STREET~
32	N4 ORDERING PROVIDER CITY/STATE/ZIP CODE N4*LAFAYETTE*IN*47905~
33	REF ORDERING PROVIDER INFORMATION REF*1G*M12345~
34	PER ORDERING PROVIDER CONTACT INFORMATION PER*IC*LEE*TE*7659259999~
35	2440 FORM IDENTIFICATION CODE LQ FORM IDENTIFICATION CODE LQ*UT*02.03B~
36	FRM SUPPORTING DOCUMENTATION FRM*1*Y~
37	FRM SUPPORTING DOCUMENTATION FRM*2*N~
38	FRM SUPPORTING DOCUMENTATION FRM*3*N~

Т

SEG #	LOOP SEGMENT/ELEMENT STRING
39	FRM SUPPORTING DOCUMENTATION FRM*4*N~
40	FRM SUPPORTING DOCUMENTATION FRM*5**8~
41	FRM SUPPORTING DOCUMENTATION FRM*8*N~
42	FRM SUPPORTING DOCUMENTATION FRM*9*Y~
43	TRAILER SE TRANSACTION SET TRAILER SE*43*112233~

#### Complete Data String:

ST\*837\*112233\*005010X222~BHT\*0019\*00\*16\*20050326\*1036\*CH~NM1 \*41\*2\*XYZ WHEELCHAIRS INC\*\*\*\*46\*ABC55~PER\*IC\*JANE\*TE\*222555 1111~NM1\*40\*2\*DMERC CARRIER\*\*\*\*46\*99999~HL\*1\*\*20\*1~NM1\*85\*2 \*XYZ WHEELCHAIR INC\*\*\*\*XX\*7778889999~N3\*1440 NORTH STREET~N 4\*LAFAYETTE\*IN\*47904~REF\*EI\*123567989~REF\*G2\*0426960001~HL\*2 \*1\*22\*0~SBR\*P\*18\*\*\*\*\*MB~PAT\*\*\*\*\*01\*155~NM1\*IL\*1\*SMITH\*JA MES\*\*\*\*MI\*987654321A~N3\*12 MAIN ST~N4\*FRANKFORT\*IN\*46209~DMG \*D8\*19201023\*M~NM1\*PR\*2\*DMERC CARRIER\*\*\*\*PI\*99999~CLM\*SMI12 3\*75\*\*12:B:1\*Y\*A\*Y\*Y~HI\*BK:436\*BF:3449~LX\*1~SV1\*HC:K0001:RR :KH:BR\*75\*UN\*1\*\*1:2~PWK\*CT\*AD~CR3\*I\*MO\*99~DTP\*472\*RD8\*20050 321-20050321~DTP\*463\*D8\*20040321~DTP\*461\*D8\*20050321~MEA\*TR\* HT\*70~NM1\*DK\*1\*WILSON\*RANDALL\*\*\*XX\*1111155555~N3\*1226 WEST RAILROAD STREET~N4\*LAFAYETTE\*IN\*47905~REF\*1G\*M12345~PER\*IC\*L EE\*TE\*7659259999~LQ\*UT\*02.03B~FRM\*1\*Y~FRM\*2\*N~FRM\*3\*N~FRM\*4\* N~FRM\*5\*\*8~FRM\*8\*N~FRM\*9\*Y~SE\*43\*112233~

#### CERTIFICATE OF MEDICAL NECESSITY

		MANUA		CHAIRS							
SECTION A	INITI	AL/_		R	EVISE	D	<u> </u>				
PATIENT NAME, ADDRESS, TELEPHONE and HIC NUMBER				R NAME, AD	DRESS, T	ELEPHON	IE and N	SC NUN	IBER		
()	HICN										
PLACE OF SERVICE NAME and ADDRESS of FACI Reverse)	HCPCS CODES:		N NAME, AL		TELEPHO		JPIN NU		(lbs.)		
			()			_ UPIN #					
SECTION B In	nformation in Th	is Section May N	lot Be C	omplete	d by th	e Supp	lier of	the It	ems/	Supplies.	
EST. LENGTH OF NEED (# 0	OF MONTHS):	_ 1-99 (99=LIFETIME)	DIAGNOS	SIS CODES	(ICD-9):						
ITEM ADDRESSED	ANSWERS	ANSWER QUESTION OPTIONS/ACCESSC (Circle <b>Y</b> for Yes, <b>N</b> f	RIES.							OR WHEELCHA	١R
Manual Whlchr Base And <u>All Accessories</u>	(Y) N D	1. Does the patient re				-			-	)?	
Reclining Back	Y (N) D	2. Does the patient have quadriplegia, a fixed hip angle, a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day?									
Elevating Legrest	Y (N) D	3. Does the patient have a cast, brace or musculoskeletal condition, which prevents 90 degree flexion of the knee, or does the patient have significant edema of the lower extremities that requires an elevating legrest, or is a reclining back ordered?									
Adjustable Height Armrest	Y (N) D	4. Does the patient ha arms?	ave a need for arm height different than that available using non-adjustable								
Reclining Back; Adjustable Ht. Armrest; Any Type Ltwt. Whlchr		5. How many hours p the next hour)	er day doe	s the patie	nt usually	y spend ir	n the wh	neelcha	ir? (1–2	24) (Round up to	
Any Type Ltwt. Whichr	Y (N) D	8. Is the patient able wheelchair?	to adequate	ely <u>self-pro</u>	ropel (without being pushed) in a standard weight manual						
Any Type Ltwt. Whichr	(Y) N D	9. If the answer to question #8 is "No," would the patient be able to adequately <u>self-propel</u> (without being pushed) in the wheelchair which has been ordered?									
NAME OF PERSON ANSW NAME:	ERING SECTION B	QUESTIONS, IF OTHE		PHYSICIAN	(Please		PLOYE	R:			
SECTION C		Narrative De	escriptio	n of Equ	uipmer	nt and C	Cost				
	item, accessory, a		s ordered	; <b>(2)</b> Supp on back.)	lier's ch If additi	narge; a	nd (3)				
		CHECK HERE IF A			ACCESSO	RIES ARE	E LISTED	ON For	m CMS-	854	
SECTION D		Physician	Attesta	tion and	Signa	ture/Da	ite				
I certify that I am the treating charges for items ordered). At in Section B is true, accurate	ny statement on my le	tterhead attached herete	o, has been	reviewed a	nd signed	d by me. I	certify th	nat the m	nedical i	necessity informati	ior

DATE

1

1

(SIGNATURE AND DATE STAMPS ARE NOT ACCEPTABLE)

section may subject me to civil or criminal liability. PHYSICIAN'S SIGNATURE

## 3.1.9 Example 9 - Anesthesia

Patient is the same as the subscriber. Payer is Medicare. Encounter is billed directly to Medicare.

#### SUBSCRIBER/PATIENT: Margaret Jones

ADDRESS: 123 Rainbow Road, Nashville, TN 37232 TELEPHONE: 615-555-1212 SEX: F DOB: 03/03/1974 EMPLOYER: ACME Inc. SUBSCRIBER #: 123456789A

#### SECONDARY COVERAGE

**DESTINATION PAYER:** ABC Payer PAYER ADDRESS: P.O. Box 1465, Nashville, TN, 37232 PAYER ORGANIZATION ID: 05440

RECEIVER: ABC Payer EDI #: 05440

### BILLING PROVIDER/SENDER: Provider Medical Group ADDRESS: 1234 West End Ave, Nashville, TN, 37232 NPI#: 2366554859 TIN: 756473826 EDI #: N305 CONTACT PERSON AND PHONE NUMBER: Nina, 615-555-1212 ext.911

RENDERING PROVIDER: Dr. Jacob E. Townsend/Anesthesiologist NPI: 5678912345 MEDICARE PROVIDER ID#: 9741234 PLACE OF SERVICE: Provider OP Hospital PLACE OF SERVICE ADDRESS: 345 Main Drive, Nashville, TN,37232 PLACE OF SERVICE ID#: 43294867

#### PATIENT ACCOUNT NUMBER: 543211230

CASE: Laser Eye Surgery.

**VISIT:** DOS=1/12/2005 POS=Outpatient Hospital SERVICES: Anesthesia for the Laser Eye Surgery CHARGES: Anesthesia, 61 minutes = \$827.00

CONCURRENCY: 2 cases PHYSICAL STATUS: Normal PATIENT CONTROL #: 153829140 MEDICAL RECORD ID #: 006653794

#### TOTAL CHARGES: \$827.00

#### ELECTRONIC ROUTE: Billing Provider (sender) to ABC PAYER direct

1       HEADER         ST TRANSACTION SET HEADER         ST*837*0001*005010X222~         2       BHT BEGINNING OF HIERARCHICAL         BHT*0019*00*0123*20050117*1023*CH~         3       1000A SUBMITTER         NM1 SUBMITTER         NM1 SUBMITTER         NM1*41*2*PROVIDER MEDICAL GROUP*****46*N305~         4       PER SUBMITTER EDI CONTACT INFORMATION         PER*IC*NINA*TE*6155551212*EX*911~         5       1000B RECEIVER         NM1 RECEIVER NAME         NM1*40*2*ABC PAYER*****46*05440~         6       2000A BILLING PROVIDER HL LOOP         HL - BILLING PROVIDER         HIL*1**20*1~         7       2010AA BILLING PROVIDER MEDICAL GROUP*****XX*2366554859~         8       N3 BILLING PROVIDER ADDRESS         N3*1234 WEST END AVE~	SEG #	LOOP SEGMENT/ELEMENT STRING
ST*837*0001*005010X222~         2       BHT BEGINNING OF HIERARCHICAL BHT*0019*00*0123*20050117*1023*CH~         3       1000A SUBMITTER NM1 SUBMITTER NM1 SUBMITTER         NM1*41*2*PROVIDER MEDICAL GROUP*****46*N305~         4       PER SUBMITTER EDI CONTACT INFORMATION PER*IC*NINA*TE*6155551212*EX*911~         5       1000B RECEIVER NM1 RECEIVER NAME NM1*40*2*ABC PAYER*****46*05440~         6       2000A BILLING PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~         7       2010AA BILLING PROVIDER NM1 BILLING PROVIDER NAME NM1*85*2*PROVIDER MEDICAL GROUP****XX*2366554859~         8       N3 BILLING PROVIDER ADDRESS N3*1234 WEST END AVE~	1	HEADER
2       BHT BEGINNING OF HIERARCHICAL BHT*0019*00*0123*20050117*1023*CH~         3       1000A SUBMITTER NM1 SUBMITTER NM1*41*2*PROVIDER MEDICAL GROUP*****46*N305~         4       PER SUBMITTER EDI CONTACT INFORMATION PER*IC*NINA*TE*6155551212*EX*911~         5       1000B RECEIVER NM1 RECEIVER NAME NM1*40*2*ABC PAYER*****46*05440~         6       2000A BILLING PROVIDER HL LOOP HL - BILLING PROVIDER HIL*1**20*1~         7       2010AA BILLING PROVIDER NM1 BILLING PROVIDER MEDICAL GROUP*****XX*2366554859~         8       N3 BILLING PROVIDER ADDRESS N3*1234 WEST END AVE~		ST TRANSACTION SET HEADER
BHT*0019*00*0123*20050117*1023*CH~31000A SUBMITTER NM1 SUBMITTER NM1*41*2*PROVIDER MEDICAL GROUP****46*N305~4PER SUBMITTER EDI CONTACT INFORMATION PER*IC*NINA*TE*6155551212*EX*911~51000B RECEIVER NM1 RECEIVER NAME NM1*40*2*ABC PAYER*****46*05440~62000A BILLING PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~72010AA BILLING PROVIDER NM1 BILLING PROVIDER MEDICAL GROUP****XX*2366554859~8N3 BILLING PROVIDER ADDRESS N3*1234 WEST END AVE~		ST*837*0001*005010X222~
3       1000A SUBMITTER         NM1 SUBMITTER       NM1 *41*2*PROVIDER MEDICAL GROUP*****46*N305~         4       PER SUBMITTER EDI CONTACT INFORMATION         PER*IC*NINA*TE*6155551212*EX*911~         5       1000B RECEIVER         NM1 *40*2*ABC       PAYER*****46*05440~         6       2000A BILLING PROVIDER HL LOOP         HL - BILLING PROVIDER       HL*1**20*1~         7       2010AA BILLING PROVIDER MEDICAL GROUP*****XX*2366554859~         8       N3 BILLING PROVIDER ADDRESS         N3*1234 WEST END AVE~	2	BHT BEGINNING OF HIERARCHICAL
NM1 SUBMITTER         NM1*41*2*PROVIDER MEDICAL GROUP*****46*N305~         4       PER SUBMITTER EDI CONTACT INFORMATION         PER*IC*NINA*TE*6155551212*EX*911~         5       1000B RECEIVER         NM1 RECEIVER NAME         NM1*40*2*ABC PAYER*****46*05440~         6       2000A BILLING PROVIDER HL LOOP         HL - BILLING PROVIDER         HL*1**20*1~         7       2010AA BILLING PROVIDER NAME         NM1*85*2*PROVIDER MEDICAL GROUP*****XX*2366554859~         8       N3 BILLING PROVIDER ADDRESS         N3*1234 WEST END AVE~		BHT*0019*00*0123*20050117*1023*CH~
NM1*41*2*PROVIDER MEDICAL GROUP*****46*N305~         4       PER SUBMITTER EDI CONTACT INFORMATION PER*IC*NINA*TE*6155551212*EX*911~         5       1000B RECEIVER NM1 RECEIVER NAME NM1*40*2*ABC PAYER****46*05440~         6       2000A BILLING PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~         7       2010AA BILLING PROVIDER NM1 *85*2*PROVIDER MEDICAL GROUP****XX*2366554859~         8       N3 BILLING PROVIDER ADDRESS N3*1234 WEST END AVE~	3	1000A SUBMITTER
<ul> <li>PER SUBMITTER EDI CONTACT INFORMATION PER*IC*NINA*TE*6155551212*EX*911~</li> <li>1000B RECEIVER NM1 RECEIVER NAME NM1*40*2*ABC PAYER****46*05440~</li> <li>2000A BILLING PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~</li> <li>2010AA BILLING PROVIDER NM1 BILLING PROVIDER NM1 BILLING PROVIDER MEDICAL GROUP****XX*2366554859~</li> <li>N3 BILLING PROVIDER ADDRESS N3*1234 WEST END AVE~</li> </ul>		NM1 SUBMITTER
PER*IC*NINA*TE*6155551212*EX*911~         5       1000B RECEIVER         NM1 RECEIVER NAME         NM1*40*2*ABC PAYER****46*05440~         6       2000A BILLING PROVIDER HL LOOP         HL - BILLING PROVIDER         HL*1**20*1~         7       2010AA BILLING PROVIDER         NM1 BILLING PROVIDER NAME         NM1*85*2*PROVIDER MEDICAL GROUP****XX*2366554859~         8       N3 BILLING PROVIDER ADDRESS         N3*1234 WEST END AVE~		NM1*41*2*PROVIDER MEDICAL GROUP****46*N305~
<ul> <li>5 1000B RECEIVER NM1 RECEIVER NAME NM1*40*2*ABC PAYER****46*05440~</li> <li>6 2000A BILLING PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~</li> <li>7 2010AA BILLING PROVIDER NM1 BILLING PROVIDER NAME NM1 *85*2*PROVIDER MEDICAL GROUP*****XX*2366554859~</li> <li>8 N3 BILLING PROVIDER ADDRESS N3*1234 WEST END AVE~</li> </ul>	4	PER SUBMITTER EDI CONTACT INFORMATION
<ul> <li>NM1 RECEIVER NAME</li> <li>NM1*40*2*ABC PAYER****46*05440~</li> <li>2000A BILLING PROVIDER HL LOOP</li> <li>HL - BILLING PROVIDER</li> <li>HL*1**20*1~</li> <li>2010AA BILLING PROVIDER</li> <li>NM1 BILLING PROVIDER NAME</li> <li>NM1*85*2*PROVIDER MEDICAL GROUP****XX*2366554859~</li> <li>8 N3 BILLING PROVIDER ADDRESS</li> <li>N3*1234 WEST END AVE~</li> </ul>		PER*IC*NINA*TE*6155551212*EX*911~
<ul> <li>NM1*40*2*ABC PAYER****46*05440~</li> <li>2000A BILLING PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~</li> <li>2010AA BILLING PROVIDER NM1 BILLING PROVIDER NAME NM1*85*2*PROVIDER MEDICAL GROUP****XX*2366554859~</li> <li>N3 BILLING PROVIDER ADDRESS N3*1234 WEST END AVE~</li> </ul>	5	1000B RECEIVER
<ul> <li>6 2000A BILLING PROVIDER HL LOOP HL - BILLING PROVIDER HL*1**20*1~</li> <li>7 2010AA BILLING PROVIDER NM1 BILLING PROVIDER NAME NM1*85*2*PROVIDER MEDICAL GROUP****XX*2366554859~</li> <li>8 N3 BILLING PROVIDER ADDRESS N3*1234 WEST END AVE~</li> </ul>		NM1 RECEIVER NAME
HL - BILLING PROVIDER HL*1**20*1~ 7 2010AA BILLING PROVIDER NM1 BILLING PROVIDER NAME NM1*85*2*PROVIDER MEDICAL GROUP****XX*2366554859~ 8 N3 BILLING PROVIDER ADDRESS N3*1234 WEST END AVE~		NM1*40*2*ABC PAYER****46*05440~
HL*1**20*1~         7       2010AA BILLING PROVIDER NM1 BILLING PROVIDER NAME NM1*85*2*PROVIDER MEDICAL GROUP****XX*2366554859~         8       N3 BILLING PROVIDER ADDRESS N3*1234 WEST END AVE~	6	2000A BILLING PROVIDER HL LOOP
7       2010AA BILLING PROVIDER         NM1 BILLING PROVIDER NAME         NM1*85*2*PROVIDER MEDICAL GROUP****XX*2366554859~         8       N3 BILLING PROVIDER ADDRESS         N3*1234 WEST END AVE~		HL - BILLING PROVIDER
NM1 BILLING PROVIDER NAME         NM1*85*2*PROVIDER MEDICAL GROUP****XX*2366554859~         8       N3 BILLING PROVIDER ADDRESS         N3*1234 WEST END AVE~		HL*1**20*1~
NM1*85*2*PROVIDER MEDICAL GROUP****XX*2366554859~         8       N3 BILLING PROVIDER ADDRESS         N3*1234 WEST END AVE~	7	2010AA BILLING PROVIDER
8 N3 BILLING PROVIDER ADDRESS N3*1234 WEST END AVE~		NM1 BILLING PROVIDER NAME
N3*1234 WEST END AVE~		NM1*85*2*PROVIDER MEDICAL GROUP****XX*2366554859~
	8	N3 BILLING PROVIDER ADDRESS
		N3*1234 WEST END AVE~
	9	N4 BILLING PROVIDER CITY/STATE/ZIP
N4*NASHVILLE*TN*37232~		N4*NASHVILLE*TN*37232~

SEG #	LOOP SEGMENT/ELEMENT STRING
10	REF BILLING PROVIDER TAX IDENTIFICATION REF*EI*756473826~
11	2000B SUBSCRIBER HL LOOP HL - SUBSCRIBER HL*2*1*22*0~
12	SBR SUBSCRIBER INFORMATION SBR*P*18*****MB~
13	2010BA SUBSCRIBER NM1 SUBSCRIBER NAME NM1*IL*1*JONES*MARGARET****MI*123456789A~
14	N3 SUBSCRIBER STREET ADDRESS N3*123 RAINBOW ROAD~
15	N4 SUBSCRIBER CITY/STATE/ZIP N4*NASHVILLE*TN*37232~
16	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19740303*F~
17	2010BB SUBSCRIBER / PAYER NM1 PAYER NAME NM1*PR*2*ABC PAYER****PI*05440~
18	2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*153829140*827***22>B>1*Y*A*Y*Y~
19	HI HEALTH CARE DIAGNOSIS CODES HI*BK>36616~
20	2310B RENDERING PROVIDER NM1 RENDERING PROVIDER NAME NM1*82*1*TOWNSEND*JACOB*E***XX*5678912345~
21	PRV RENDERING PROVIDER TAXONOMY INFORMATION PRV*PE*ZZ*207L00000X~

Т

SEG #	LOOP SEGMENT/ELEMENT STRING
22	REF RENDERING PROVIDER SECONDARY IDENTIFICATION
	REF*G2*9741234~
23	2310C SERVICE FACILITY LOCATION
	NM1 SERVICE FACILITY LOCATION
	NM1*77*2*PROVIDER OP HOSP****XX*432198765~
24	N3 SERVICE FACILITY LOCATION
	N3*345 MAIN DRIVE~
25	N4 SERVICE FACILITY LOCATION CITY/STATE/ZIP
	N4*NASHVILLE*TN*37232~
26	2400 SERVICE LINE
26	2400 SERVICE LINE LX SERVICE LINE COUNT
26	
<b>26</b> 	LX SERVICE LINE COUNT
	LX SERVICE LINE COUNT LX*1~
	LX SERVICE LINE COUNT LX*1~ SV1 PROFESSIONAL SERVICE
27	LX SERVICE LINE COUNT LX*1~ SV1 PROFESSIONAL SERVICE SV1*HC>00142>QK>QS>P1*827*MJ*61***1~
27	LX SERVICE LINE COUNT LX*1~ SV1 PROFESSIONAL SERVICE SV1*HC>00142>QK>QS>P1*827*MJ*61***1~ DTP DATE - SERVICE DATE
27	LX SERVICE LINE COUNT LX*1~ SV1 PROFESSIONAL SERVICE SV1*HC>00142>QK>QS>P1*827*MJ*61***1~ DTP DATE - SERVICE DATE DTP*472*D8*20050112~

#### Complete Data String:

ST\*837\*0001\*005010X222~BHT\*0019\*00\*0123\*20050117\*1023\*CH~NM1 \*41\*2\*PROVIDER MEDICAL GROUP\*\*\*\*46\*N305~PER\*IC\*NINA\*TE\*6155 551212\*EX\*911~NM1\*40\*2\*ABC PAYER\*\*\*\*46\*05440~HL\*1\*\*20\*1~NM1 \*85\*2\*PROVIDER MEDICAL GROUP\*\*\*\*XX\*2366554859~N3\*1234 WEST END AVE~N4\*NASHVILLE\*TN\*37232~REF\*EI\*756473826~HL\*2\*1\*22\*0~S BR\*P\*18\*\*\*\*\*MB~NM1\*IL\*1\*JONES\*MARGARET\*\*\*\*MI\*123456789A~N3 \*123 RAINBOW ROAD~N4\*NASHVILLE\*TN\*37232~DMG\*D8\*19740303\*F~NM 1\*PR\*2\*ABC PAYER\*\*\*\*PI\*05440~CLM\*153829140\*827\*\*\*22>B>1\*Y\*A \*Y\*Y~HI\*BK>36616~NM1\*82\*1\*TOWNSEND\*JACOB\*E\*\*\*XX\*5678912345~P RV\*PE\*ZZ\*207L00000X~REF\*1G\*A41234~NM1\*77\*2\*PROVIDER OP HOSP\* \*\*\*\*XX\*432198765~N3\*345 MAIN DRIVE~N4\*NASHVILLE\*TN\*37232~LX\* 1~SV1\*HC>00142>QK>QS>P1\*827\*MJ\*61\*\*\*1~DTP\*472\*D8\*20050112~SE \*29\*0001~

## 3.1.10 Example 10 - Drug examples

The examples in this section have been created with a mixture of uppercase and lowercase letters. This demonstrates that this is an acceptable representation.

## **3.1.10.1 Drug Example 1 - Drug administered in the Physician** Office

Example of service in a physician office, which includes the billing for a drug administered in the office.

SUBSCRIBER/PATIENT: Steve R. Vaughn ADDRESS: 236 Diamond St., Las Vegas, NV 89109 SEX: M DOB: 5/1/1943 SUBSCRIBER IDENTIFICATION #: MBRID12345 GROUP #: GRP01020102

**DESTINATION RECEIVER:** XYZ Receiver ETIN: 369852758

**DESTINATION PAYER:** R&R Health Plan NATIONAL PLAN IDENTIFIER: PLANID12345

BILLING PROVIDER/SENDER: Associates in Medicine ADDRESS: 1313 Las Vegas Blvd., Las Vegas, NV 89109 TIN: 587654321 NATIONAL PROVIDER IDENTIFIER: 1234567893 CONTACT PERSON AND PHONE NUMBER: Bud Holly, (801)726-8899

PAY-TO PROVIDER: Associates in Medicine

RENDERING PROVIDER: Jim Hendrix NATIONAL PROVIDER IDENTIFIER: 1122333341 TAXONOMY IDENTIFIER: 208D00000X

PATIENT ACCOUNT NUMBER: CLMNO12345

DIAGNOSIS: 0359.1

**CASE:** The service provided on 7/11/2004 is that the patient received an injection of immune globulin during an office visit. The service is billed with procedure code 90782.

Coding for the drug is accomplished with a HCPCS procedure code of J1550 (injection, gammablobulin, intramuscular, 10 cc). And, the drug is also coded with NDC of 00026-0635-12 (BayGam® SDV, PF 10 ML).

Place of service is an office. Total billed charges are \$103.37. Sales tax is \$3.37.

The primary purpose of this example is to demonstrate how drugs are billed along with services when provided by a physician office. Billing for the drug is found in segments #25-30 below.

SEG #	LOOP SEGMENT/ELEMENT STRING
1	HEADER
	ST TRANSACTION SET HEADER
	ST*837*0711*005010X222~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION
	BHT*0019*00*0013*20040801*1200*CH~
3	1000A SUBMITTER
	NM1 SUBMITTER
	NM1*41*2*Associates in Medicine****46*587654321~
4	PER SUBMITTER EDI CONTACT INFORMATION
	PER*IC*Bud Holly*TE*8017268899~
5	1000B RECEIVER
	NM1 RECEIVER NAME
	NM1*40*2*XYZ Receiver****46*369852758~
6	2000A BILLING PROVIDER HL LOOP
	HL - BILLING PROVIDER
	HL*1**20*1~
7	2010AA BILLING PROVIDER
	NM1 BILLING PROVIDER NAME
	NM1*85*2*Associates in Medicine****XX*587654321~
8	N3 BILLING PROVIDER ADDRESS
	N3*1313 Las Vegas Boulevard~

SEG #	LOOP SEGMENT/ELEMENT STRING
9	N4 BILLING PROVIDER CITY/STATE/ZIP N4*Las Vegas*NV*89109~
10	REF BILLING PROVIDER SECONDARY IDENTIFICATION REF*EI*587654321~
11	2000B SUBSCRIBER HL LOOP HL - SUBSCRIBER HL*2*1*22*0~
12	SBR SUBSCRIBER INFORMATION SBR*P*18*GRP01020102*****CI~
13	2010BA SUBSCRIBER NM1 SUBSCRIBER NAME NM1*IL*1*Vaughn*Steve*R***MI*MBRID12345~
14	N3 SUBSCRIBER ADDRESS N3*236 Diamond ST~
15	N4 SUBSCRIBER CITY N4*Las Vegas*NV*89109~
16	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19430501*M~
17	2010BB SUBSCRIBER / PAYER NM1 PAYER NAME NM1*PR*2*R&R Health Plan****XY*PLANID12345~
18	2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*CLMN012345*103.37***11:B:1*Y*A*Y*Y~
19	HI HEALTH CARE DIAGNOSIS CODE HI*BK:03591~
20	2310B RENDERING PROVIDER NM1 RENDERING PROVIDER NAME NM1*82*1*Hendrix*Jim****XX*1122333341~

Т

SEG #	LOOP SEGMENT/ELEMENT STRING
21	PRV RENDERING PROVIDER INFORMATION
	PRV*PE*PXC*208D0000X~
22	2400 SERVICE LINE
	LX SERVICE LINE COUNTER
	LX*1~
23	SV1 PROFESSIONAL SERVICE
	SV1*HC:90782*50*UN*1*11**1~
24	DTP DATE - SERVICE DATE(S)
	DTP*472*D8*20040711~
25	2400 SERVICE LINE
	LX*2~
26	SV1 PROFESSIONAL SERVICE
	SV1*HC:J1550*53.37*UN*1*11**1~
27	DTP DATE - SERVICE DATE(S)
	DTP*472*D8*20040711~
28	AMT SALE TAX AMOUNT
	AMT*T*3.37~
29	2410 DRUG IDENTIFICATION
	LIN DRUG IDENTIFICATION
	LIN**N4*00026063512~
30	CTP DRUG QUANTITY
	CTP***10*ML~
31	TRAILER
	SE TRANSACTION SET TRAILER
	SE*31*0711~
	1

#### **Complete Data String:**

ST\*837\*0711\*005010X222~BHT\*0019\*00\*0013\*20040801\*1200\*CH~NM1 \*41\*2\*Associates in Medicine\*\*\*\*46\*587654321~PER\*IC\*Bud Hol ly\*TE\*8017268899~NM1\*40\*2\*XYZ Receiver\*\*\*\*46\*369852758~HL\*1 \*\*20\*1~NM1\*85\*2\*Associates in Medicine\*\*\*\*XX\*1234567893~N3\* 1313 Las Vegas Boulevard~N4\*Las Vegas\*NV\*89109~REF\*EI\*587654 321~HL\*2\*1\*22\*0~SBR\*P\*18\*GRP01020102\*\*\*\*\*CI~NM1\*IL\*1\*Vaughn \*Steve\*R\*\*\*MI\*MBRID12345~N3\*236 Diamond ST~N4\*Las Vegas\*NV\*8 9109~DMG\*D8\*19430501\*M~NM1\*PR\*2\*R&R Health Plan\*\*\*\*XY\*PLANI D12345~CLM\*CLMN012345\*103.37\*\*\*11:B:1\*Y\*A\*Y\*Y~HI\*BK:03591~NM 1\*82\*1\*Hendrix\*Jim\*\*\*XX\*1122333341~PRV\*PE\*PXC\*208D0000X~LX \*1~SV1\*HC:90782\*50\*UN\*1\*11\*\*1~DTP\*472\*D8\*20040711~LX\*2~SV1\*H C:J1550\*53.37\*UN\*1\*11\*\*1~DTP\*472\*D8\*20040711~AMT\*T\*3.37~LIN\* \*N4\*00026063512~CTP\*\*\*\*10\*ML~SE\*31\*0711~

# 3.1.10.2 Drug Example 2 - Home Infusion Therapy Pharmacy (Adjudicated with NDC in Loop 2410)

Example of services from a home infusion therapy pharmacy, which includes the billing for the drugs delivered for administration in the home and where adjudication will be from NDC number provided in Loop 2410.

SUBSCRIBER/PATIENT: Steve A. Smith ADDRESS: 15210 Juliet Lane, Libertyville, IL 60048 SEX: M DOB: 5/1/1943 SUBSCRIBER IDENTIFICATION #: MBRID12345 GROUP #: GRP01020102

DESTINATION RECEIVER: XYZ Receiver ETIN: 369852758

**DESTINATION PAYER:** R&R Health Plan NATIONAL PLAN IDENTIFIER: PLANID1234

**SUBMITTER:** Quality Billing Service Corporation ETIN: 587654321 CONTACT PERSON AND PHONE NUMBER: Bud Holly, (801)726-8899

BILLING PROVIDER/SENDER: Professional Home IV, LLC ADDRESS: 1500 Industrial Drive, Libertyville, IL 60048 TIN: 10-1234567 NATIONAL PROVIDER IDENTIFIER: 1234567893 CONTACT PERSON AND PHONE NUMBER: Brenda Holly, (801)999-9999

PAY-TO PROVIDER: Professional Home IV, LLC

#### ORDERING PROVIDER: Marcus Welby NATIONAL PROVIDER IDENTIFIER: 1112223338

#### PATIENT ACCOUNT NUMBER: CLMNO12345

#### **DIAGNOSIS:** 465.9

**CASE:** The service is provided over a date span from 2/1/2004 to 2/7/2004 for prescriptions that the physician prescribed on 1/30/2004.

Provided is ceftriaxone, 2 gm IV, q24h over 7 days for gravity infusion through PICC line to treat an acute upper respiratory infection. 20mls sterile water is the diluent for reconstitution of the ceftriaxone which is compounded into 100ml saline IV mini-bags. Also provided are all administration supplies and the pole necessary for the ceftriaxone infusion. Additionally, provided are all administration supplies, and flushing solutions (sodium chloride and heparin) prepackaged by the manufacturer in pre-filled syringes.

Drug service lines in this example begin after submission of a daily per diem charge of \$200 per day of therapy, coded with HCPCS S9500 in the LX\*1 service line. Drugs are precisely coded with NDC numbers, and the HCPCS provided are S5000 and S5001 for a generic drug and brand drug, respectively. The quantity and unit of measure sent for each pair of NDC and HCPCS is the same, and the practice used for infusion therapy claims is to provide a count of containers used, e.g. number of vials, number of bags, etc.

The health plan adjudicates the drug claim using the NDC in the 2410 LIN segment, quantity and unit of measure in the 2410 CTP segment, and charges in the 2400 SV1 segment. For example, in the LX\*2 service line, 7 units of ceftriaxone (NDC of 00004-1965-01 which is for Rocephin®) is billed by the provider for total charge amount of \$682.50. We note that as 00004-1965-01 Rocephin comes in a physical container of 2gm vials, this means that the provider's charge per vial of Rocephin is \$97.50.

As S5000 and S5001 are used to map claim translation directly to the NDC coding for adjudication, payers should not reject occurrences of S5000 or S5001 because of overlapping dates.

Service lines LX\*2, LX\*3 and LX\*4 contain the drugs that are elements of the compound. Service lines LX\*5 and LX\*6 are for non-compounded prescription drugs. The primary purpose of this example is to demonstrate how drugs are billed along with services when provided by a home infusion therapy pharmacy. Billing for the drugs is found in segments #25-64 below.

SEG #	LOOP SEGMENT/ELEMENT STRING
1	HEADER
	ST TRANSACTION SET HEADER
	ST*837*0711*005010X222~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION
	BHT*0019*00*0013*20040301*1200*CH~
3	1000A SUBMITTER
	NM1 SUBMITTER
	NM1*41*2*Quality Billing Service
	Corporation****46*587654321~
4	PER SUBMITTER EDI CONTACT INFORMATION
	PER*IC*Bud Holly*TE*8017268899~
5	1000B RECEIVER
	NM1 RECEIVER NAME
	NM1*40*2*XYZ Receiver****46*369852758~
6	2000A BILLING PROVIDER HL LOOP
	HL - BILLING PROVIDER
	HL*1**20*1~
7	2010AA BILLING PROVIDER
	NM1 BILLING PROVIDER NAME
	NM1*85*2*Professional Home IV, LLC****XX*1234567893~
8	N3 BILLING PROVIDER ADDRESS
	N3*1500 Industrial Drive~
9	N4 BILLING PROVIDER CITY
	N4*Libertyville*IL*60048~
10	REF BILLING PROVIDER SECONDARY IDENTIFICATION
	REF*EI*10-1234567~

SEG #	LOOP SEGMENT/ELEMENT STRING
11	PER BILLING PROVIDER CONTACT INFORMATION PER*IC*Brenda Holly*TE*8019999999~
12	2000B SUBSCRIBER HL LOOP HL - SUBSCRIBER HL*2*1*22*0~
13	SBR SUBSCRIBER INFORMATION SBR*P*18*GRP01020102*****CI~
14	2010BA SUBSCRIBER NM1*IL*1*Smith*Steve*A***MI*MBRID01234~
15	N3 SUBSCRIBER ADDRESS N3*15210 Juliet Lane~
16	N4 SUBSCRIBER CITY N4*Libertyville*IL*60048~
17	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19430501*M~
18	2010BB SUBSCRIBER / PAYER NM1 PAYER NAME NM1*PR*2*R&R Health Plan****XY*PLANID12345~
19	2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*CLMN012345*2232.93***12:B:1*Y*A*Y*Y~
20	HI HEALTH CARE DIAGNOSIS CODE HI*BK:4659~
21	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~
22	SV1 PROFESSIONAL SERVICE SV1*HC:S9500*1400.00*UN*7*12**1~

SEG #	LOOP SEGMENT/ELEMENT STRING
23	DTP DATE - SERVICE DATE(S) DTP*472*RD8*20040201-20040207~
24	2420E ORDERING PROVIDER NAME NM1 ORDERING PROVIDER NAME NM1*DK*1*Welby*Marcus****XX*1112223338~
25	2400 SERVICE LINE LX*2~
26	SV1 PROFESSIONAL SERVICE SV1*HC:S5001*682.50*UN*7*12**1~
27	DTP DATE - SERVICE DATE(S) DTP*472*RD8*20040201-20040207~
28	DTP DATE – PRESCRIPTION DATE DTP*471*D8*20040130~
29	2410 DRUG IDENTIFICATION LIN DRUG IDENTIFICATION LIN**N4*00004196501~
30	CTP DRUG QUANTITY CTP***7*UN~
31	REF PRESCRIPTION NUMBER REF*XZ*2530001~
32	2420E ORDERING PROVIDER NAME NM1 ORDERING PROVIDER NAME NM1*DK*1*Welby*Marcus****XX*1112223338~
33	2400 SERVICE LINE COUNTER LX*3~
34	SV1 PROFESSIONAL SERVICE SV1*HC:S5000*15.12*UN*14*12**1~
35	DTP DATE - SERVICE DATE(S) DTP*472*RD8*20040201-20040207~

SEG #	LOOP SEGMENT/ELEMENT STRING
36	DTP DATE – PRESCRIPTION DATE
	DTP*471*D8*20040130~
37	2410 DRUG IDENTIFICATION
	LIN DRUG IDENTIFICATION
	LIN**N4*63323024910~
38	CTP DRUG QUANTITY
	CTP***14*UN~
39	REF PRESCRIPTION NUMBER
	REF*XZ*2530001~
40	2420E ORDERING PROVIDER NAME
	NM1 ORDERING PROVIDER NAME
	NM1*DK*1*Welby*Marcus****XX*1112223338~
41	2400 SERVICE LINE COUNTER
	LX*4~
42	SV1 PROFESSIONAL SERVICE
	SV1*HC:S5000*67.69*UN*7*12**1~
43	DTP DATE - SERVICE DATE(S)
	DTP*472*RD8*20040201-20040207~
44	DTP DATE – PRESCRIPTION DATE
	DTP*471*D8*20040130~
45	2410 DRUG IDENTIFICATION
	LIN DRUG IDENTIFICATION
	LIN**N4*00338004938~
46	CTP DRUG QUANTITY
	CTP***7*UN~
47	REF PRESCRIPTION NUMBER
	REF*XZ*2530001~

SEG #	LOOP SEGMENT/ELEMENT STRING
48	2420E ORDERING PROVIDER NAME NM1 ORDERING PROVIDER NAME NM1*DK*1*Welby*Marcus****XX*1112223338~
49	2400 SERVICE LINE COUNTER LX*5~
50	SV1 PROFESSIONAL SERVICE SV1*HC:S5000*57.12*UN*14*12**1~
51	DTP DATE - SERVICE DATE(S) DTP*472*RD8*20040201-20040207~
52	DTP DATE – PRESCRIPTION DATE DTP*471*D8*20040130~
53	2410 DRUG IDENTIFICATION LIN DRUG IDENTIFICATION LIN**N4*08290033010~
54	CTP DRUG QUANTITY CTP****14*UN~
55	REF PRESCRIPTION NUMBER REF*XZ*2530002~
56	2420E ORDERING PROVIDER NAME NM1 ORDERING PROVIDER NAME NM1*DK*1*Welby*Marcus****XX*1112223338~
57	2400 SERVICE LINE COUNTER LX*6~
58	SV1 PROFESSIONAL SERVICE SV1*HC:S5000*10.50*UN*7*12**1~
59	DTP DATE - SERVICE DATE(S) DTP*472*RD8*20040201-20040207~
60	DTP DATE – PRESCRIPTION DATE DTP*471*D8*20040130~

SEG #	LOOP SEGMENT/ELEMENT STRING
61	2410 DRUG IDENTIFICATION
	LIN DRUG IDENTIFICATION
	LIN**N4*08290038005~
62	CTP DRUG QUANTITY
	CTP***7*UN~
63	REF PRESCRIPTION NUMBER
	REF*XZ*2530003~
64	2420E ORDERING PROVIDER NAME
	NM1 ORDERING PROVIDER NAME
	NM1*DK*1*Welby*Marcus****XX*1112223338~
65	TRAILER
	SE TRANSACTION SET TRAILER
	SE*65*0711~

#### **Complete Data String:**

ST\*837\*0711\*005010X222~BHT\*0019\*00\*0013\*20040301\*1200\*CH~NM1 \*41\*2\*Quality Billing Service Corporation\*\*\*\*46\*587654321~P ER\*IC\*Bud Holly\*TE\*8017268899~NM1\*40\*2\*XYZ Receiver\*\*\*\*46\*3 69852758~HL\*1\*\*20\*1~NM1\*85\*2\*Professional Home IV, LLC\*\*\*\*X X\*1234567893~N3\*1500 Industrial Drive~N4\*Libertyville\*IL\*600 48~REF\*EI\*10-1234567~PER\*IC\*Brenda Holly\*TE\*8019999999~HL\*2\* 1\*22\*0~SBR\*P\*18\*GRP01020102\*\*\*\*\*\*CI~NM1\*IL\*1\*Smith\*Steve\*A\*\* \*MI\*MBRID01234~N3\*15210 Juliet Lane~N4\*Libertyville\*IL\*60048 ~DMG\*D8\*19430501\*M~NM1\*PR\*2\*R&R Health Plan\*\*\*\*XY\*PLANID123 45~CLM\*CLMNO12345\*2232.93\*\*\*12:B:1\*Y\*A\*Y\*Y~HI\*BK:4659~LX\*1~S V1\*HC:S9500\*1400.00\*UN\*7\*12\*\*1~DTP\*472\*RD8\*20040201-20040207 ~NM1\*DK\*1\*Welby\*Marcus\*\*\*\*XX\*1112223338~LX\*2~SV1\*HC:S5001\*68 2.50\*UN\*7\*12\*\*1~DTP\*472\*RD8\*20040201-20040207~DTP\*471\*D8\*200 40130~LIN\*\*N4\*00004196501~CTP\*\*\*\*7\*UN~REF\*XZ\*2530001~NM1\*DK\* 1\*Welby\*Marcus\*\*\*\*XX\*1112223338~LX\*3~SV1\*HC:S5000\*15.12\*UN\*1 4\*12\*\*1~DTP\*472\*RD8\*20040201-20040207~DTP\*471\*D8\*20040130~LI N\*\*N4\*63323024910~CTP\*\*\*14\*UN~REF\*XZ\*2530001~NM1\*DK\*1\*Welbv \*Marcus\*\*\*\*XX\*1112223338~LX\*4~SV1\*HC:S5000\*67.69\*UN\*7\*12\*\*1~ DTP\*472\*RD8\*20040201-20040207~DTP\*471\*D8\*20040130~LIN\*\*N4\*00 338004938~CTP\*\*\*7\*UN~REF\*XZ\*2530001~NM1\*DK\*1\*Welby\*Marcus\*\*

\*\*XX\*1112223338~LX\*5~SV1\*HC:S5000\*57.12\*UN\*14\*12\*\*1~DTP\*472\* RD8\*20040201-20040207~DTP\*471\*D8\*20040130~LIN\*\*N4\*0829003301 0~CTP\*\*\*14\*UN~REF\*XZ\*2530002~NM1\*DK\*1\*Welby\*Marcus\*\*\*XX\*11 12223338~LX\*6~SV1\*HC:S5000\*10.50\*UN\*7\*12\*\*1~DTP\*472\*RD8\*2004 0201-20040207~DTP\*471\*D8\*20040130~LIN\*\*N4\*08290038005~CTP\*\*\* \*7\*UN~REF\*XZ\*2530003~NM1\*DK\*1\*Welby\*Marcus\*\*\*XX\*1112223338~ SE\*65\*0711~

# 3.1.10.3 Drug Example 3 - Home Infusion Therapy Pharmacy (Adjudicated with HCPCS in Loop 2400 or NDC in Loop 2410)

Example of services from a home infusion therapy pharmacy, which includes the billing for the drugs delivered for administration in the home and where adjudication may be from either HCPCS code found in SV1 or NDC number provided in Loop 2410.

SUBSCRIBER/PATIENT: Steve A. Smith ADDRESS: 15210 Juliet Lane, Libertyville, IL 60048 SEX: M DOB: 5/1/1943 SUBSCRIBER IDENTIFICATION #: MBRID12345 GROUP #: GRP01020102

**DESTINATION RECEIVER:** XYZ Receiver ETIN: 369852758

**DESTINATION PAYER:** R&R Health Plan NATIONAL PLAN IDENTIFIER: PLANID12345

**SUBMITTER:** Quality Billing Service Corporation ETIN: 587654321 CONTACT PERSON AND PHONE NUMBER: Bud Holly, (801) 726-8899

BILLING PROVIDER/SENDER: Professional Home IV, LLC ADDRESS: 1500 Industrial Drive, Libertyville, IL 60048 TIN: 10-1234567 NATIONAL PROVIDER IDENTIFIER: 1234567893 CONTACT PERSON AND PHONE NUMBER: Brenda Holly, (801) 999-9999

PAY-TO PROVIDER: Professional Home IV, LLC

**ORDERING PROVIDER:** Marcus Welby

### NATIONAL PROVIDER IDENTIFIER: 1112223338

#### PATIENT ACCOUNT NUMBER: CLM012345

#### **DIAGNOSIS:** 465.9

**CASE:** The service is provided over a date span from 2/1/2004 to 2/7/2004 for prescriptions that the physician prescribed on 1/30/2004.

Provided is ceftriaxone, 2 gm IV, q24h over 7 days for gravity infusion through PICC line to treat an acute upper respiratory infection. 20mls sterile water is the diluent for reconstitution of the ceftriaxone which is compounded into 100ml saline IV mini-bags. Also provided are all administration supplies and the pole necessary for the ceftriaxone infusion. Additionally, provided are all administration supplies, and flushing solutions (sodium chloride and heparin) prepackaged by the manufacturer in pre-filled syringes.

Drug service lines in this example begin after submission of a daily per diem charge of \$200 per day of therapy, coded with HCPCS S9500 in the LX\*1 service line.

The drugs are coded with HCPCS j-codes and with NDC numbers. The quantity of units for each pair of HCPCS j-code and NDC is not always the same. In HCPCS drug coding, the billed units of measure is described in the specific code description. For NDC coding in home infusion therapy claims, the billed units equal the containers used, e.g. number of vials, number of bags, etc.:

- If the health plan is to adjudicate the drug claim using the provided HCPCS drug code (such as J0696 in LX\*2), the plan obtains the charges, unit of measure and quantity billed for the HCPCS drug code from the SV1 segment. While the provider has sent the information of loop 2410, the plan may or may not use it for other purposes.
- However, if the health plan adjudicates the drug claim using loop 2410 information, this means the plan uses charges submitted in SV102 while quantity and unit of measure are obtained from CTP04 and CTP05. While the unit of measure and quantity in SV103 and SV104 are to reflect the units appropriate for the HCPCS drug code description, the plan is not using them for adjudication.
- For example, in the LX\*2 service line, 56 HCPCS units of ceftriaxone (HCPCS code of J0696) is billed by the provider for total charge amount of \$682.50. Equivalently, the provider is billing 7 units of ceftriaxone (NDC number 00004-1965-01 for Rocephin®). As 00004-1965-01 Rocephin comes in a physical container of 2gm vials, this means that the provider's charge per vial of Rocephin is \$97.50. As the HCPCS description for J0696 is "injection, ceftriaxone sodium, per 250 mg", 8 units if J0696 is equivalent to 1 unit of 00004-1965-01 ceftriaxone 2gm vial.

 As another example, in LX\*3 we state much more briefly that billed are 14 vials of sterile water, NDC 63323-0249-10. As each vial contains 10mls of sterile water, 28 units of HCPCS J7051 are billed since the HCPCS description is "sterile saline or water, up to 5 cc". Note: If there had existed a HCPCS drug code for 10mls of sterile water, say code JXXXX for "sterile water, 10 cc", then the solution for LX\*3 in the complete example that follows would have instead been:

```
LX*3~
SV1*HC:JXXXX*15.12*UN*14*12**1~
DTP*472*RD8*20040201-20040207~
DTP*471*D8*20040130~
LIN**N4*63323024910~
CTP****14*UN~
REF*XZ*2530001~
NM1*DK*1*Welby*Marcus****XX*1112223338~
```

- For certain service lines, the HCPCS code submitted is J3490 "unclassified drugs" because there is a lack of clarity as to which of multiple available HCPCS j-codes are to be selected from. As therefore there are multiple occurrences of J3490, payers should not reject occurrences of J3490 because of overlapping dates.
- When J3490 is used (see service lines LX\*4, LX\*5, and LX\*6), specification of amount charged, quantity billed, unit of measure, NDC number and prescription number is similar to the solution provided in the previous example where HCPCS S5000 and S5001 were used in service lines LX\*2 through LX\*6.
- Service lines LX\*2, LX\*3 and LX\*4 contain the prescription drugs that are elements of the compound. Service lines LX\*5 and LX\*6 are for non-compounded prescription drugs.

Service lines LX\*2, LX\*3 and LX\*4 contain the drugs that are elements of the compound. Service lines LX\*5 and LX\*6 are for non-compounded prescription drugs.

The primary purpose of this example is to demonstrate how drugs are billed along with services when provided by a home infusion therapy pharmacy. Billing for the drugs is found in segments #25-64 below.

SEG #	LOOP SEGMENT/ELEMENT STRING
1	HEADER
	ST TRANSACTION SET HEADER
	ST*837*0711*005010X222~

SEG #	LOOP SEGMENT/ELEMENT STRING
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION
	BHT*0019*00*0013*20040301*1200*CH~
3	1000A SUBMITTER
	NM1 SUBMITTER
	NM1*41*2*Quality Billing Service
	Corporation****46*587654321~
4	PER SUBMITTER EDI CONTACT INFORMATION
	PER*IC*Bud Holly*TE*8017268899~
5	1000B RECEIVER
	NM1 RECEIVER NAME
	NM1*40*2*XYZ Receiver****46*369852758~
6	2000A BILLING PROVIDER HL LOOP
	HL - BILLING PROVIDER
	HL*1**20*1~
7	2010AA BILLING PROVIDER
	NM1 BILLING PROVIDER NAME
	NM1*85*2*Professional Home IV, LLC*****XX*1234567893~
8	N3 BILLING PROVIDER ADDRESS
	N3*1500 Industrial Drive~
9	N4 BILLING PROVIDER CITY
	N4*Libertyville*IL*60048~
10	REF BILLING PROVIDER SECONDARY IDENTIFICATION
	REF*EI*10-1234567~
11	PER BILLING PROVIDER CONTACT INFORMATION
	PER*IC*Brenda Holly*TE*8019999999~
12	2000B SUBSCRIBER HL LOOP
	HL - SUBSCRIBER
	HL*2*1*22*0~
13	SBR SUBSCRIBER INFORMATION
	SBR*P*18*GRP01020102*****CI~

SEG #	LOOP SEGMENT/ELEMENT STRING
14	2010BA SUBSCRIBER NM1*IL*1*Smith*Steve*A***MI*MBRID01234~
15	N3 SUBSCRIBER ADDRESS N3*15210 Juliet Lane~
16	N4 SUBSCRIBER CITY N4*Libertyville*IL*60048~
17	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19430501*M~
18	2010BB SUBSCRIBER / PAYER NM1 PAYER NAME NM1*PR*2*R&R Health Plan****XY*PLANID12345~
19	2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*CLMN012345*2232.93***12:B:1*Y*A*Y*Y~
20	HI HEALTH CARE DIAGNOSIS CODE HI*BK:4659~
21	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~
22	SV1 PROFESSIONAL SERVICE SV1*HC:S9500*1400.00*UN*7*12**1~
23	DTP DATE - SERVICE DATE(S) DTP*472*RD8*20040201-20040207~
24	2420E ORDERING PROVIDER NAME NM1 ORDERING PROVIDER NAME NM1*DK*1*Welby*Marcus****XX*1112223338~
25	2400 SERVICE LINE LX*2~

SEG #	LOOP SEGMENT/ELEMENT STRING
26	SV1 PROFESSIONAL SERVICE
	SV1*HC:J0696*682.50*UN*56*12**1~
27	DTP DATE - SERVICE DATE(S)
	DTP*472*RD8*20040201-20040207~
28	DTP DATE – PRESCRIPTION DATE
	DTP*471*D8*20040130~
29	2410 DRUG IDENTIFICATION
	LIN DRUG IDENTIFICATION
	LIN**N4*00004196501~
30	CTP DRUG QUANTITY
_	CTP***7*UN~
31	REF PRESCRIPTION NUMBER
	REF*XZ*2530001~
32	2420E ORDERING PROVIDER NAME
	NM1 ORDERING PROVIDER NAME
	NM1*DK*1*Welby*Marcus****XX*1112223338~
33	2400 SERVICE LINE
	LX SERVICE LINE COUNTER
	LX*3~
34	SV1 PROFESSIONAL SERVICE
	SV1*HC:J7051*15.12*UN*28*12**1~
35	DTP DATE - SERVICE DATE(S)
_	DTP*472*RD8*20040201-20040207~
36	DTP DATE – PRESCRIPTION DATE
	DTP*471*D8*20040130~
37	2410 DRUG IDENTIFICATION
	LIN DRUG IDENTIFICATION
	LIN**N4*63323024910~

SEG #	LOOP SEGMENT/ELEMENT STRING
38	CTP DRUG QUANTITY CTP***14*UN~
39	REF PRESCRIPTION NUMBER REF*XZ*2530001~
40	2420E ORDERING PROVIDER NAME NM1 ORDERING PROVIDER NAME NM1*DK*1*Welby*Marcus****XX*1112223338~
41	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*4~
42	SV1 PROFESSIONAL SERVICE SV1*HC:J3490:::::Sod Chl 0.9% see NDC#*67.69*UN*7*12**1~
43	DTP DATE - SERVICE DATE(S) DTP*472*RD8*20040201-20040207~
44	DTP DATE – PRESCRIPTION DATE DTP*471*D8*20040130~
45	2410 DRUG IDENTIFICATION LIN DRUG IDENTIFICATION LIN**N4*00338004938~
46	CTP DRUG QUANTITY CTP****7*UN~
47	REF PRESCRIPTION NUMBER REF*XZ*2530001~
48	2420E ORDERING PROVIDER NAME NM1 ORDERING PROVIDER NAME NM1*DK*1*Welby*Marcus****XX*1112223338~
49	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*5~

SEG #	LOOP SEGMENT/ELEMENT STRING
50	SV1 PROFESSIONAL SERVICE
	SV1*HC:J3490:::::Sod Chl 0.9% see NDC#*57.12*UN*14*12**1~
51	DTP DATE - SERVICE DATE(S)
	DTP*472*RD8*20040201-20040207~
52	DTP DATE – PRESCRIPTION DATE
	DTP*471*D8*20040130~
53	2410 DRUG IDENTIFICATION
	LIN**N4*08290033010~
54	CTP DRUG QUANTITY
	CTP***14*UN~
55	REF PRESCRIPTION NUMBER
	REF*XZ*2530002~
56	2420E ORDERING PROVIDER NAME
	NM1 ORDERING PROVIDER NAME
	NM1*DK*1*Welby*Marcus****XX*1112223338~
57	2400 SERVICE LINE
	LX SERVICE LINE COUNTER
	LX*6~
58	SV1 PROFESSIONAL SERVICE
	SV1*HC:J3490:::::Hep Lock see NDC#*10.50*UN*7*12**1~
59	DTP DATE - SERVICE DATE(S)
	DTP*472*RD8*20040201-20040207~
60	DTP DATE – PRESCRIPTION DATE
	DTP*471*D8*20040130~
61	2410 DRUG IDENTIFICATION
	LIN DRUG IDENTIFICATION
	LIN**N4*08290038005~

SEG #	LOOP SEGMENT/ELEMENT STRING
62	CTP DRUG QUANTITY
	CTP***7*UN~
63	REF PRESCRIPTION NUMBER
	REF*XZ*2530003~
64	2420E ORDERING PROVIDER NAME
	NM1 ORDERING PROVIDER NAME
	NM1*DK*1*Welby*Marcus****XX*1112223338~
65	TRAILER
	SE TRANSACTION SET TRAILER

### **Complete Data String:**

SE\*65\*0711~

ST\*837\*0711\*005010X222~BHT\*0019\*00\*0013\*20040301\*1200\*CH~NM1 \*41\*2\*Quality Billing Service Corporation\*\*\*\*\*46\*587654321~P ER\*IC\*Bud Holly\*TE\*8017268899~NM1\*40\*2\*XYZ Receiver\*\*\*\*46\*3 69852758~HL\*1\*\*20\*1~NM1\*85\*2\*Professional Home IV, LLC\*\*\*\*X X\*1234567893~N3\*1500 Industrial Drive~N4\*Libertyville\*IL\*600 48~REF\*EI\*10-1234567~PER\*IC\*Brenda Holly\*TE\*8019999999~HL\*2\* 1\*22\*0~SBR\*P\*18\*GRP01020102\*\*\*\*\*CI~NM1\*IL\*1\*Smith\*Steve\*A\*\* \*MI\*MBRID01234~N3\*15210 Juliet Lane~N4\*Libertyville\*IL\*60048 ~DMG\*D8\*19430501\*M~NM1\*PR\*2\*R&R Health Plan\*\*\*\*XY\*PLANID123 45~CLM\*CLMNO12345\*2232.93\*\*\*12:B:1\*Y\*A\*Y\*Y~HI\*BK:4659~LX\*1~S V1\*HC:S9500\*1400.00\*UN\*7\*12\*\*1~DTP\*472\*RD8\*20040201-20040207 ~NM1\*DK\*1\*Welby\*Marcus\*\*\*\*XX\*1112223338~LX\*2~SV1\*HC:J0696\*68 2.50\*UN\*56\*12\*\*1~DTP\*472\*RD8\*20040201-20040207~DTP\*471\*D8\*20 040130~LIN\*\*N4\*00004196501~CTP\*\*\*7\*UN~REF\*XZ\*2530001~NM1\*DK \*1\*Welby\*Marcus\*\*\*\*XX\*1112223338~LX\*3~SV1\*HC:J7051\*15.12\*UN\* 28\*12\*\*1~DTP\*472\*RD8\*20040201-20040207~DTP\*471\*D8\*20040130~L IN\*\*N4\*63323024910~CTP\*\*\*\*14\*UN~REF\*XZ\*2530001~NM1\*DK\*1\*Welb y\*Marcus\*\*\*\*XX\*1112223338~LX\*4~SV1\*HC:J3490:::::Sod Chl 0.9% see NDC#\*67.69\*UN\*7\*12\*\*1~DTP\*472\*RD8\*20040201-20040207~DTP\* 471\*D8\*20040130~LIN\*\*N4\*00338004938~CTP\*\*\*\*7\*UN~REF\*XZ\*25300 01~NM1\*DK\*1\*Welby\*Marcus\*\*\*\*XX\*1112223338~LX\*5~SV1\*HC:J3490: ::::Sod Chl 0.9% see NDC#\*57.12\*UN\*14\*12\*\*1~DTP\*472\*RD8\*2004 0201-20040207~DTP\*471\*D8\*20040130~LIN\*\*N4\*08290033010~CTP\*\*\*

\*14\*UN~REF\*XZ\*2530002~NM1\*DK\*1\*Welby\*Marcus\*\*\*XX\*1112223338 ~LX\*6~SV1\*HC:J3490:::::Hep Lock see NDC#\*10.50\*UN\*7\*12\*\*1~DT P\*472\*RD8\*20040201-20040207~DTP\*471\*D8\*20040130~LIN\*\*N4\*0829 0038005~CTP\*\*\*7\*UN~REF\*XZ\*2530003~NM1\*DK\*1\*Welby\*Marcus\*\*\*\* XX\*1112223338~SE\*65\*0711~

### 3.1.11 Example 11 - PPO Repriced Claim

Repriced claim being transmitted from a Regional PPO (Preferred Provider Organization) to a commercial health insurance company. The patient is the same person as the subscriber. In this situation, the provider has sent the claim to a clearinghouse, which then forwarded the claim to the repricer; the claim has been repriced and is now being forwarded to the appropriate payer for payment.

SUBSCRIBER/PATIENT: Diamond D. Ring,

ADDRESS: 123 Example Drive, Indianapolis, IN 462290000 SEX: F DATE OF BIRTH: 12/29/1940 EMPLOYER: COMPANY, INC. GROUP NUMBER: 123XYZ MEMBER ID: 00124A089 PATIENT ACCOUNT NUMBER: ABC123-RI

**SUBMITTER:** Regional PPO Network SUBMITTER ID: 123456789

**RECEIVER:** Extra Healthy Insurance RECEIVER ID: 112244

**DESTINATION PAYER:** Extra Healthy Insurance PAYER ID NUMBER: 12345

BILLING PROVIDER: HAPPY DOCTORS GROUP PRACTICE ADDRESS: P O BOX 123, Fort Wayne, IN 462540000 NATIONAL PROVIDER ID (NPI): 1234567890 TAX IDENTIFICATION NUMBER (TIN): 555-51-2345

REFERRING PROVIDER: John Doe NATIONAL PROVIDER ID (NPI): 9988776655

**RENDERING PROVIDER:** Susan B. Anthony NATIONAL PROVIDER ID (NPI): 1122334455

#### TOTAL CLAIM CHARGES: \$28.75

TOTAL CLAIM REPRICED AMOUNT: \$26.75 TOTAL CLAIM SAVINGS AMOUNT: \$2.00

### **SERVICE LINE 1 REPRICING INFORMATION:**

TOTAL SERVICE LINE CHARGES: \$25.00 TOTAL REPRICED AMOUNT: \$23.75 SAVINGS AMOUNT: \$1.25 TIN FOR THE REPRICING ORGANIZATION: 908231234 DATE OF SERVICE: 05/14/05

#### SERVICE LINE 2 REPRICING INFORMATION:

TOTAL SERVICE LINE CHARGES: \$3.75 TOTAL REPRICED AMOUNT: \$3 SAVINGS AMOUNT: \$.75 TIN FOR THE REPRICING ORGANIZATION: 908231234 DATE OF SERVICE: 05/14/05

SEG #	LOOP SEGMENT/ELEMENT STRING
1	TRANSACTION SET HEADER ST*837*1002*005010X222~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION BHT*0019*00*1002*20050620*09460000*CH~
3	1000A SUBMITTER NAME NM1 SUBMITTER NAME NM1*41*2*REGIONAL PPO NETWORK****46*123456789~
4	PER SUBMITTER EDI CONTACT INFORMATION PER*IC*SUBMITTER CONTACT INFO*TE*8001231234~
5	1000B RECEIVER NAME NM1 RECEIVER NAME NM1*40*2*EXTRA HEALTHY INSURANCE****46*112244~
6	2000A BILLING PROVIDER HL BILLING PROVIDER HIERARCHICAL LEVEL HL*1**20*1~

7	2010AA BILLING PROVIDER NAME
	NM1 BILLING PROVIDER NAME INCLUDING NATIONAL PROVIDER ID
	NM1*85*2*HAPPY DOCTORS GROUP PRACTICE****XX*1234567890
8	N3 BILLING PROVIDER ADDRESS
	N3*P O BOX 123~
9	N4 BILLING PROVIDER LOCATION
	N4*FORT WAYNE*IN*462540000~
10	REF BILLING PROVIDER TAX IDENTIFICATION NUMBER
	REF*EI*555512345~
11	PER BILLING PROVIDER CONTACT INFORMATION
	PER*IC*SUE BILLINGSWORTH*TE*8881231234~
12	2000B SUBSCRIBER HL LOOP
	HL SUBSCRIBER HIERARCHICAL LEVEL
	HL*2*1*22*0~
13	SBR SUBSCRIBER INFORMATION
	SBR*P*18*123XYZ*****CI~
14	2010BA SUBSCRIBER NAME LOOP
	NM1 SUBSCRIBER NAME
	NM1*IL*1*RING*DIAMOND*D***MI*00124A089~
15	N3 SUBSCRIBER ADDRESS
	N3*123 EXAMPLE DRIVE~
16	N4 SUBSCRIBER LOCATION
	N4*INDIANAPOLIS*IN*462290000~
17	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION
	DMG*D8*19401229*F~
18	2010BB - PAYER NAME LOOP
	NM1 PAYER NAME

SEG #	LOOP SEGMENT/ELEMENT STRING
19	2300 CLAIM INFORMATION CLM CLAIM LEVEL INFORMATION CLM*ABC123-RI*28.75***11>B>1*Y*A*Y*Y*P~
20	REF REPRICED CLAIM NUMBER REF*9A*0902352342~
21	REF CLEARING HOUSE CLAIM NUMBER (ASSIGNED BY THE CLEARING HOUSE WHEN TRANSMITTING TO THE REPRICER) <b>REF*D9*061505501749388~</b>
22	HI HEALTH CARE DIAGNOSIS CODES HI*BK>496*BF>25000~
23	HCP HEALTH CARE PRICING - REPRICING INFORMATION HCP*03*26.75*2*908231234~
24	2310A REFERRING PROVIDER NM1 REFERRING PROVIDER NM1*DN*1*DOE*JOHN****XX*9988776655~
25	2310B RENDERING PROVIDER NM1 RENDERING PROVIDER NM1*82*1*ANTHONY*SUSAN*B***XX*1122334455~
26	2310D SERVICE FACILITY LOCATION NM1 SERVICE FACILITY LOCATION NM1*77*2*HAPPY DOCTORS GROUP~
27	N3 FACILITY ADDRESS N3*123 FEEL GOOD ROAD~
28	N4 FACILITY LOCATION N4*WASHINGTON*IN*475010000~
29	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~
30	SV1 PROFESSIONAL SERVICE SV1*HC>E0570>RR*25*UN*1***1>2~

SEG #	LOOP SEGMENT/ELEMENT STRING
31	DTP DATE - SERVICE DATES DTP*472*D8*20050514~
32	HCP HEALTH CARE PRICING - REPRICING INFORMATION HCP*03*23.75*1.25*908231234~
33	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*2~
34	SV1 PROFESSIONAL SERVICE SV1*HC>A7003>NU*3.75*UN*1***1~
35	DTP DATE - SERVICE DATES DTP*472*D8*20050514~
36	HCP HEALTH CARE PRICING - REPRICING INFORMATION HCP*03*3*.75*908231234~
37	TRAILER SE TRANSACTION SET TRAILER SE*37*1002~

### **Complete Data String:**

ST\*837\*1002\*005010X222~BHT\*0019\*00\*1002\*20050620\*09460000\*CH ~NM1\*41\*2\*REGIONAL PPO NETWORK\*\*\*\*46\*123456789~PER\*IC\*SUBMI TTER CONTACT INFO\*TE\*8001231234~NM1\*40\*2\*EXTRA HEALTHY INSUR ANCE\*\*\*\*46\*112244~HL\*1\*\*20\*1~NM1\*85\*2\*HAPPY DOCTORS GROUP P RACTICE\*\*\*\*XX\*1234567890~N3\*P O BOX 123~N4\*FORT WAYNE\*IN\*46 2540000~REF\*EI\*555512345~PER\*IC\*SUE BILLINGSWORTH\*TE\*8881231 234~HL\*2\*1\*22\*0~SBR\*P\*18\*123XYZ\*\*\*\*\*CI~NM1\*IL\*1\*RING\*DIAMON D\*D\*\*MI\*00124A089~N3\*123 EXAMPLE DRIVE~N4\*INDIANAPOLIS\*IN\*4 62290000~DMG\*D8\*19401229\*F~NM1\*PR\*2\*EXTRA HEALTHY INSURANCE\* \*\*\*\*PI\*12345~CLM\*ABC123-RI\*28.75\*\*11>B>1\*Y\*A\*Y\*Y\*P~REF\*9A\*0 902352342~REF\*D9\*061505501749388~HI\*BK>496\*BF>25000~HCP\*03\*2 6.75\*2\*908231234~NM1\*DN\*1\*DOE\*JOHN\*\*\*XX\*9988776655~NM1\*82\*1 \*ANTHONY\*SUSAN\*B\*\*XX\*1122334455~NM1\*77\*2\*HAPPY DOCTORS GROU P~N3\*123 FEEL GOOD ROAD~N4\*WASHINGTON\*IN\*475010000~LX\*1~SV1\* HC>E0570>RR\*25\*UN\*1\*\*\*1>2~DTP\*472\*D8\*20050514~HCP\*03\*23.75\*1 .25\*908231234~LX\*2~SV1\*HC>A7003>NU\*3.75\*UN\*1\*\*\*1~DTP\*472\*D8\* 20050514~HCP\*03\*3\*.75\*908231234~SE\*37\*1002~

### 3.1.12 Example 12 - Out of Network Repriced Claim

An out of network claim is being transmitted from a Regional PPO (Preferred Provider Organization) to a commercial health insurance company. The patient is a child of the subscriber. In this situation, the provider has sent the claim to a clearinghouse, which then forwarded the claim to the repricer; the claim has been determined to be out of network and is now being forwarded to the appropriate payer for payment.

SUBSCRIBER: Matthew R. Smith ADDRESS: 5698 South Street, Billings, MO 919910000 SEX: M DATE OF BIRTH: 10/15/1956 EMPLOYER: Lumber Company. GROUP NUMBER: 232AA MEMBER ID: 57976235C

PATIENT: Tom E. Smith ADDRESS: 5698 South Street, Billings, MO 919910000 SEX: M DATE OF BIRTH: 08/07/1996 PATIENT ACCOUNT NUMBER: TS234H3

OTHER INSURANCE: Secondary Insurance Company PAYER ID: 95645 GROUP NUMBER: 56567 OTHER INSURED MEMBER ID: 23424570

**SUBMITTER:** Regional PPO Network SUBMITTER ID: 123456789

**RECEIVER:** Conservative Insurance RECEIVER ID: 000110002

**DESTINATION PAYER:** Conservative Insurance PAYER ID NUMBER: 00123

**BILLING PROVIDER:** Emergency Physicians Group ADDRESS: 7423 Super Street, Billings, MO 919910000 NATIONAL PROVIDER ID (NPI): 1122334455

### TAX IDENTIFICATION NUMBER (TIN): 111-00-2222

**RENDERING PROVIDER:** Jackie D. Blue NATIONAL PROVIDER ID (NPI): 1112223336

#### **REPRICING INFORMATION:**

TOTAL CHARGES: \$252.71 TOTAL REPRICED AMOUNT: \$0 SAVINGS AMOUNT: \$0 TIN FOR THE REPRICING ORGANIZATION: 333001234 DATE OF SERVICE: 05/06/05

SEG #	LOOP SEGMENT/ELEMENT STRING
1	TRANSACTION SET HEADER ST*837*1024*005010X222~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION BHT*0019*00*1024*20050711*1335*CH~
3	1000A SUBMITTER NAME NM1 SUBMITTER NAME NM1*41*2*REGIONAL PPO NETWORK****46*123456789~
4	PER SUBMITTER EDI CONTACT INFORMATION PER*IC*SUBMITTER CONTACT INFO*TE*8001231234~
5	1000B RECEIVER NAME NM1 RECEIVER NAME NM1*40*2*CONSERVATIVE INSURANCE****46*000110002~
6	2000A BILLING PROVIDER HL BILLING PROVIDER HIERARCHICAL LEVEL HL*1**20*1~
7	2010AA BILLING PROVIDER NAME NM1 BILLING PROVIDER NAME INCLUDING NATIONAL PROVIDER ID NM1*85*2*EMERGENCY PHYSICIANS GROUP****XX*1122334455~
8	N3 BILLING PROVIDER ADDRESS N3*7423 SUPER STREET~

SEG #	LOOP SEGMENT/ELEMENT STRING
9	N4 BILLING PROVIDER LOCATION N4*BILLINGS*MO*919910000~
10	REF BILLING PROVIDER TAX IDENTIFICATION NUMBER REF*EI*111002222~
11	2000B SUBSCRIBER HL LOOP HL SUBSCRIBER HIERARCHICAL LEVEL HL*2*1*22*1~
12	SBR SUBSCRIBER INFORMATION SBR*P**232AA*****CI~
13	2010BA SUBSCRIBER NAME LOOP NM1 SUBSCRIBER NAME NM1*IL*1*SMITH*MATTHEW*R***MI*57976235C~
14	N3 SUBSCRIBER ADDRESS N3*5698 SOUTH STREET~
15	N4 SUBSCRIBER LOCATION N4*BILLINGS*MO*919910000~
16	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19561015*M~
17	2010BB - PAYER NAME LOOP NM1 PAYER NAME NM1*PR*2*CONSERVATIVE INSURANCE*****PI*00123~
18	2000C - PATIENT HL LOOP HL PATIENT HIERARCHICAL LEVEL HL*3*2*23*0~
19	PAT PATIENT INFORMATION PAT*19~
20	2010CA PATIENT NAME NM1 PATIENT NAME NM1*QC*1*SMITH*TOM*E~

SEG #	LOOP SEGMENT/ELEMENT STRING
21	N3 PATIENT STREET ADDRESS
	N3*5698 SOUTH STREET~
22	N4 PATIENT LOCATION
	N4*BILLINGS*MO*919910000~
23	DMG PATIENT DEMOGRAPHIC INFORMATION
	DMG*D8*19960807*M~
24	2300 CLAIM INFORMATION
	CLM CLAIM LEVEL INFORMATION
	CLM*TS234H3*252.71***23>B>1*Y*A*Y*Y*P~
25	REF REPRICED CLAIM NUMBER
_	REF*9A*0902345406~
26	REF CLEARING HOUSE CLAIM NUMBER (ASSIGNED BY THE CLEARING HOUSE WHEN
	TRANSMITTING TO THE REPRICER)
	REF*D9*687534234346~
27	HI HEALTH CARE DIAGNOSIS CODES
_	HI*BK>9951~
28	HCP HEALTH CARE PRICING - OUT OF NETWORK INFORMATION
	HCP*00*0**333001234*******T1~
29	2310B RENDERING PROVIDER
	NM1 RENDERING PROVIDER
	NM1*82*1*BLUE*JACKIE*D***XX*1112223336~
30	2320 OTHER SUBSCRIBER INFORMATION
	SBR OTHER SUBSCRIBER INFORMATION
	SBR*S*18*56567*****CI~
31	DMG OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION
	DMG*D8*19960807*M~
32	OI OTHER INSURANCE COVERAGE INFORMATION
	OI***Y**Y~

SEG #	LOOP SEGMENT/ELEMENT STRING
33	2330A OTHER SUBSCRIBER NAME NM1 OTHER SUBSCRIBER NAME NM1*IL*1*SMITH*TOM*E***MI*23424570~
34	N3 OTHER SUBSCRIBER ADDRESS N3*5698 SOUTH STREET~
35	N4 OTHER SUBSCRIBER LOCATION N4*BILLINGS*MO*919910000~
36	2330B OTHER PAYER NAME NM1 OTHER PAYER NAME NM1*PR*2*SECONDARY INSURANCE COMPANY****PI*95645~
37	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~
38	SV1 PROFESSIONAL SERVICE SV1*HC>99284*252.71*UN*1***1~
39	DTP DATE - SERVICE DATES DTP*472*D8*20050506~
40	TRAILER SE TRANSACTION SET TRAILER

### **Complete Data String:**

ST\*837\*1024\*005010X222~BHT\*0019\*00\*1024\*20050711\*1335\*CH~NM1
\*41\*2\*REGIONAL PPO NETWORK\*\*\*\*46\*123456789~PER\*IC\*SUBMITTER
CONTACT INFO\*TE\*8001231234~NM1\*40\*2\*CONSERVATIVE INSURANCE\*
\*\*\*\*46\*000110002~HL\*1\*\*20\*1~NM1\*85\*2\*EMERGENCY PHYSICIANS GR
OUP\*\*\*\*XX\*1122334455~N3\*7423 SUPER STREET~N4\*BILLINGS\*MO\*91
9910000~REF\*EI\*111002222~HL\*2\*1\*22\*1~SBR\*P\*\*232AA\*\*\*\*\*CI~NM
1\*IL\*1\*SMITH\*MATTHEW\*R\*\*\*MI\*57976235C~N3\*5698 SOUTH STREET~N
4\*BILLINGS\*MO\*919910000~DMG\*D8\*19561015\*M~NM1\*PR\*2\*CONSERVAT
IVE INSURANCE\*\*\*\*PI\*00123~HL\*3\*2\*23\*0~PAT\*19~NM1\*QC\*1\*SMITH
\*TOM\*E~N3\*5698 SOUTH STREET~N4\*BILLINGS\*MO\*919910000~DMG\*D8\*
19960807\*M~CLM\*TS234H3\*252.71\*\*\*23>B>1\*Y\*A\*Y\*Y\*P~REF\*9A\*0902

345406~REF\*D9\*687534234346~HI\*BK>9951~HCP\*00\*0\*\*333001234\*\*\* \*\*\*\*\*T1~NM1\*82\*1\*BLUE\*JACKIE\*D\*\*\*XX\*1112223336~SBR\*S\*18\*565 67\*\*\*\*\*CI~DMG\*D8\*19960807\*M~OI\*\*\*Y\*\*Y~NM1\*IL\*1\*SMITH\*TOM\*E \*\*\*MI\*23424570~N3\*5698 SOUTH STREET~N4\*BILLINGS\*MO\*919910000 ~NM1\*PR\*2\*SECONDARY INSURANCE COMPANY\*\*\*\*PI\*95645~LX\*1~SV1\* HC>99284\*252.71\*UN\*1\*\*\*1~DTP\*472\*D8\*20050506~SE\*40\*1024~

## **3.2 Property and Casualty**

### Healthcare Bill to Property & Casualty Payer

The requirements for submitting of Healthcare bills to Property & Casualty payers are presented here.

### 837 Transaction Set

Healthcare bills can be submitted to a Property & Casualty (P&C) payer. Because coverage is triggered by a specific event, certain information is critical to the billing process.

P&C bills must include both the bill information as well as the information related to the event that caused the injury or illness. Information concerning the event is necessary to associate a bill with the P&C claim.

P&C insurance is governed by State Insurance Regulations, Departments of Labor, Worker's Compensation Boards, or other jurisdictionally defined entities, which often mandates compliance with Jurisdiction-specific procedures.

### The Business Need: Provider to P&C Payer Bill Transmission

 The date of accident/occurrence/onset of symptoms (Date of Loss) is a critical piece of information and must always be transmitted in the "Date - Accident" DTP segment within Loop ID-2300 (Claim loop).

The Date of Loss is used to determine the eligibility of coverage.

 The unique identification number, referred to in P&C as a claim number, must be provided. The claim number is transmitted in the REF segment of Loop ID-2010BA if the patient is the subscriber or in the REF segment of Loop ID-2010CA if the patient is not the subscriber.

Without a date of loss on the bill and claim number, the bill will incomplete and may be rejected.

### 3.2.1 Example 1 - Automobile Accident

BUSINESS SCENARIO: Automobile Accident CLAIM TYPE: Automobile Accident TYPE OF BILL: Emergency Care PRIMARY PAYER: Property & Casualty Insurer The patient is a different person than the subscriber. The payer is a commercial Property & Casualty Insurance Company.

**DATE OF ACCIDENT:** 10/31/2005

SUBSCRIBER: Hal Howling SUBSCRIBER ADDRESS: 327 Bronco Drive, Getaway, CA, 99999 POLICY NUMBER: B999-777-91G INSURANCE COMPANY: Heisman Insurance Company CLAIM NUMBER: 32-3232-32

PATIENT: D.J. Dimpson PATIENT ADDRESS: 32 Buffalo Run, Rocking Horse, CA, 99666 SEX: M DOB: 06/01/48 CONTACT NUMBER: (815) 766-5902

**DESTINATION PAYER/RECEIVER:** Heisman Insurance Company PAYER ADDRESS: 1 Trophy Lane, NYAC, NY, 10032 PAYER ID: 999888777

BILLING PROVIDER/SENDER: Associated Medical Group PROVIDER SPECIALTY: General Practice TIN: 579999999 NATIONAL PROVIDER IDENTIFIER: 1253695747 ADDRESS: 10 1/2 Shoemaker Street, Cobbler, CA, 99997 TELEPHONE: 212-555-7987

PAY-TO-PROVIDER: Associated Medical Group

**RENDERING PROVIDER:** Bruno Moglie, MD NATIONAL PROVIDER IDENTIFIER: 2366552595

SERVICE FACILITY LOCATION: Associated Medical Group PROVIDER SPECIALTY: General Practice TIN: 579999999 NATIONAL PROVIDER IDENTIFIER: 1253695747 ADDRESS: 101 East Pryor Street, Loma Linda, CA. 99622 TELEPHONE: 342-555-7987 PATIENT ACCOUNT NUMBER: 900-00-0032

**CASE:** The patient was a passenger in the subscriber's automobile. The patient suffered a head and neck injury.

### **DIAGNOSIS:** 854.0

**SERVICES RENDERED:** Office visit, Drain Abscess. DOS = 10/31/2005, POS = Office, TOS = Medical Care CHARGES: Office visit = \$150.00, Suture wound = \$35.00. Total charges = \$185.00.

SEG #	LOOP SEGMENT/ELEMENT STRING
1	HEADER
	ST TRANSACTION SET HEADER
	ST*837*0021*005010X222~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION
	BHT*0019*00*0125*20051111*1524*CH~
3	1000A SUBMITTER
	NM1 SUBMITTER
	NM1*41*2*ASSOCIATED MEDICAL GROUP*****46*1253695747~
4	PER SUBMITTER EDI CONTACT INFORMATION
	PER*IC*JANICE HENDRIX*TE*2125557987~
5	1000B RECEIVER
	NM1 RECEIVER NAME
	NM1*40*2*HEISMAN INSURANCE COMPANY****46*999888777~
6	2000A BILLING/PAY-TO PROVIDER HL LOOP
	HL BILLING PROVIDER
	HL*1**20*1~
7	2010AA BILLING PROVIDER
	NM1 BILLING PROVIDER NAME
	NM1*85*2*ASSOCIATED MEDICAL GROUP****XX*1253695747~

SEG #	LOOP SEGMENT/ELEMENT STRING
8	N3 BILLING PROVIDER ADDRESS N3*10 1/2 SHOEMAKER STREET~
9	N4 BILLING PROVIDER CITY/STATE/ZIP CODE N4*COBBLER*CA*99997~
10	REF BILLING PROVIDER SECONDARY IDENTIFICATION REF*EI*579999999~
11	2000B SUBSCRIBER HL LOOP HL - SUBSCRIBER HL*2*1*22*1~
12	SBR SUBSCRIBER INFORMATION SBR*P******AM~
13	2010BA SUBSCRIBER NM1 SUBSCRIBER NAME NM1*IL*1*HOWLING*HAL****MI*B99977791G~
14	2010BB SUBSCRIBER/PAYER NM1 PAYER NAME NM1*PR*2*HEISMAN INSURANCE COMPANY*****PI*999888777~
15	2000C PATIENT HL LOOP HL - PATIENT HL*3*2*23*0~
16	PAT PATIENT INFORMATION PAT*21~
17	2010CA PATIENT NAME NM1 PATIENT NAME NM1*QC*1*DIMPSON*DJ~
18	N3 PATIENT STREET ADDRESS N3*32 BUFFALO RUN~
19	N4 PATIENT CITY/STATE/ZIP N4*ROCKING HORSE*CA*99666~

SEG #	LOOP SEGMENT/ELEMENT STRING
20	DMG PATIENT DEMOGRAPHIC INFORMATION DMG*D8*19480601*M~
21	REF PROPERTY AND CASUALTY CLAIM NUMBER REF*Y4*32323232~
22	PER PROPERTY AND CASUALTY PATIENT CONTACT INFORMATION PER*IC*DJ DIMPSON*TE*8157665902~
23	2300 CLAIM CLM CLAIM LEVEL INFORMATION CLM*90000032*185***11:B:1*Y*A*Y*Y**AA:::CA~
24	DTP DATE - ACCIDENT DTP*439*D8*20051031~
25	DTP DATE - PROPERTY AND CASUALTY DATE OF FIRST CONTACT DTP*444*D8*20051031~
26	HEALTH CARE DIAGNOSIS CODES HI*BK:8540~
27	2310B RENDERING PROVIDER NM1 RENDERING PROVIDER NAME NM1*82*1*MOGLIE*BRUNO****XX*2366552595~
28	PRV RENDERING PROVIDER SPECIALTY INFORMATION PRV*PE*PXC*208D0000X~
29	2310C SERVICE FACILITY LOCATION NM1 SERVICE FACILITY LOCATION NM1*77*2*ASSOCIATED MEDICAL GROUP****XX*1235767887~
30	N3 SERVICE FACILITY LOCATION ADDRESS N3*101 EAST PRYOR STREET~
31	N4 SERVICE FACILITY LOCATION CITY/STATE/ZIP N4*LOMA LINDA*CA*99622~
32	PER PROPERTY AND CASUALTY SERVICE FACILITY CONTACT INFORMATION PER*IC*KAREN SPARKLE*TE*3425557987~

SEG #	LOOP SEGMENT/ELEMENT STRING
33	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~
34	SV1 PROFESSIONAL SERVICE SV1*HC:99201*150*UN*1***1**Y~
35	DTP DATE - SERVICE DATE(S) DTP*472*D8*20051031~
36	2400 SERVICE LINE LX SERVICE LINE COUNTER LX*2~
37	SV1 PROFESSIONAL SERVICE SV1*HC:26010*35*UN*1***1**Y~
38	DTP DATE - SERVICE DATE(S) DTP*472*D8*20051031~
39	TRAILER SE TRANSACTION SET TRAILER SE*39*0021~

#### Complete Data String:

ST\*837\*0021\*005010X222~BHT\*0019\*00\*0125\*20051111\*1524\*CH~NM1 \*41\*2\*ASSOCIATED MEDICAL GROUP\*\*\*\*46\*1253695747~PER\*IC\*JANI CE HENDRIX\*TE\*2125557987~NM1\*40\*2\*HEISMAN INSURANCE COMPANY\* \*\*\*46\*999888777~HL\*1\*\*20\*1~NM1\*85\*2\*ASSOCIATED MEDICAL GROU P\*\*\*\*XX\*1253695747~N3\*10 1/2 SHOEMAKER STREET~N4\*COBBLER\*CA \*99997~REF\*EI\*579999999~HL\*2\*1\*22\*1~SBR\*P\*\*\*\*\*\*AM~NM1\*IL\*1 \*HOWLING\*HAL\*\*\*MI\*B99977791G~NM1\*PR\*2\*HEISMAN INSURANCE COM PANY\*\*\*\*PI\*999888777~HL\*3\*2\*23\*0~PAT\*21~NM1\*QC\*1\*DIMPSON\*DJ ~N3\*32 BUFFALO RUN~N4\*ROCKING HORSE\*CA\*99666~DMG\*D8\*19480601 \*M~REF\*Y4\*32323232~PER\*IC\*DJ DIMPSON\*TE\*8157665902~CLM\*90000 0032\*185\*\*\*11:B:1\*Y\*A\*Y\*Y\*AA:::CA~DTP\*439\*D8\*20051031~DTP\*4 44\*D8\*20051031~HI\*BK:8540~NM1\*82\*1\*MOGLIE\*BRUNO\*\*\*XX\*236655 2595~PRV\*PE\*PXC\*208D0000X~NM1\*77\*2\*ASSOCIATED MEDICAL GROUP \*\*\*\*\*XX\*1235767887~N3\*101 EAST PRYOR STREET~N4\*LOMA LINDA\*CA \*99622~PER\*IC\*KAREN SPARKLE\*TE\*3425557987~LX\*1~SV1\*HC:99201\* 150\*UN\*1\*\*\*1\*\*Y~DTP\*472\*D8\*20051031~LX\*2~SV1\*HC:26010\*35\*UN\* 1\*\*\*1\*\*Y~DTP\*472\*D8\*20051031~SE\*39\*0021~

# **A External Code Sources**

### A.1 External Code Sources

### **5** Countries, Currencies and Funds

### SIMPLE DATA ELEMENT/CODE REFERENCES

26, 100, 1715, 66/38, 235/CH, 955/SP

### SOURCE

Codes for Representation of Names of Countries, ISO 3166-(Latest Release)

Codes for Representation of Currencies and Funds, ISO 4217-(Latest Release)

### AVAILABLE FROM

American National Standards Institute 25 West 43rd Street, 4th Floor New York, NY 10036

### ABSTRACT

Part 1 (Country codes) of the ISO 3166 international standard establishes codes that represent the current names of countries, dependencies, and other areas of special geopolitical interest, on the basis of lists of country names obtained from the United Nations. Part 2 (Country subdivision codes) establishes a code that represents the names of the principal administrative divisions, or similar areas, of the countries, etc. included in Part 1. Part 3 (Codes for formerly used names of countries) establishes a code that represents non-current country names, i.e., the country names deleted from ISO 3166 since its first publication in 1974. Most currencies are those of the geopolitical entities that are listed in ISO 3166 Part 1, Codes for the Representation of Names of Countries. The code may be a three-character alphabetic or three-digit numeric. The two leftmost characters of the alphabetic code identify the currency authority to which the code is assigned (using the two character alphabetic code from ISO 3166 Part 1, if applicable). The rightmost character is a mnemonic derived from the name of the major currency unit or fund. For currencies not associated with a single geographic entity, a specially-allocated two-character alphabetic code, in the range XA to XZ identifies the currency authority. The rightmost character is derived from the name of the geographic area concerned, and is mnemonic to the extent possible. The numeric codes are identical to those assigned to the geographic entities listed in ISO 3166 Part 1. The range 950-998

is reserved for identification of funds and currencies not associated with a single entity listed in ISO 3166 Part 1.

### **22 States and Provinces**

### SIMPLE DATA ELEMENT/CODE REFERENCES

156, 66/SJ, 235/A5, 771/009

### SOURCE

U.S. Postal Service or

Canada Post or Bureau of Transportation Statistics

### AVAILABLE FROM

The U.S. state codes may be obtained from: U.S. Postal Service National Information Data Center P.O. Box 2977 Washington, DC 20013 www.usps.gov The Canadian province codes may be obtained from: http://www.canadapost.ca The Mexican state codes may be obtained from: www.bts.gov/ntda/tbscd/mex-states.html

### ABSTRACT

Provides names, abbreviations, and two character codes for the states, provinces and sub-country divisions as defined by the appropriate government agency of the United States, Canada, and Mexico.

### 51 ZIP Code

### SIMPLE DATA ELEMENT/CODE REFERENCES

116, 66/16, 309/PQ, 309/PR, 309/PS, 771/010

### SOURCE

National ZIP Code and Post Office Directory, Publication 65

The USPS Domestic Mail Manual

### **AVAILABLE FROM**

U.S Postal Service Washington, DC 20260 New Orders Superintendent of Documents P.O. Box 371954 Pittsburgh, PA 15250-7954

### ABSTRACT

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two rightmost digits identify a local delivery area. In the nine-digit ZIP Code, the four digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes. The USPS Domestics Mail Manual includes information on the use of the new 11-digit zip code.

### **130 Healthcare Common Procedural Coding System**

### SIMPLE DATA ELEMENT/CODE REFERENCES

235/HC, 1270/BO, 1270/BP

### SOURCE

Healthcare Common Procedural Coding System

### AVAILABLE FROM

Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244

### ABSTRACT

HCPCS is Centers for Medicare & Medicaid Service's (CMS) coding scheme to group procedures performed for payment to providers.

### 131 International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

### SIMPLE DATA ELEMENT/CODE REFERENCES

128/ICD, 235/DX, 235/ID, 1270/BF, 1270/BJ, 1270/BK, 1270/BN, 1270/BQ, 1270/BR, 1270/DD, 1270/PR, 1270/SD, 1270/TD, 1270/AAU, 1270/AAV, 1270/AAX

### SOURCE

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes I, II and III

### AVAILABLE FROM

Superintendent of Documents U.S. Government Printing Office P.O. Box 371954 Pittsburgh, PA 15250

### ABSTRACT

The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes I, II (diagnoses) and III (procedures) describes the classification of morbidity and mortality information for statistical purposes and for the indexing of healthcare records by diseases and procedures.

### **132 National Uniform Billing Committee (NUBC) Codes**

### SIMPLE DATA ELEMENT/CODE REFERENCES

235/NU, 235/RB, 1270/BE, 1270/BG, 1270/BH, 1270/BI, 1270/NUB

### SOURCE

National Uniform Billing Data Element Specifications

### AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

### ABSTRACT

Revenue codes are a classification of hospital charges in a standard grouping that is controlled by the National Uniform Billing Committee.

### **139 Claim Adjustment Reason Code**

#### SIMPLE DATA ELEMENT/CODE REFERENCES

1034

### SOURCE

National Health Care Claim Payment/Advice Committee Bulletins

### AVAILABLE FROM

Blue Cross/Blue Shield Association Interplan Teleprocessing Services Division 676 N. St. Clair Street Chicago, IL 60611

### ABSTRACT

Bulletins describe standard codes and messages that detail the reason why an adjustment was made to a health care claim payment by the payer.

### 235 Claim Frequency Type Code

### SIMPLE DATA ELEMENT/CODE REFERENCES

1325

### SOURCE

National Uniform Billing Data Element Specifications Type of Bill Position 3

### AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

### ABSTRACT

A variety of codes explaining the frequency of the bill submission.

### 237 Place of Service Codes for Professional Claims

SIMPLE DATA ELEMENT/CODE REFERENCES 1332/B

### SOURCE

Place of Service Codes for Professional Claims

#### AVAILABLE FROM

Centers for Medicare and Medicaid Services CMSO, Mail Stop S2-01-16 7500 Security Blvd Baltimore, MD 21244-1850

### ABSTRACT

The Centers for Medicare and Medicaid Services develops place of service codes to identify the location where health care services are performed.

### 240 National Drug Code by Format

### SIMPLE DATA ELEMENT/CODE REFERENCES

235/N1, 235/N2, 235/N3, 235/N4, 235/N5, 235/N6, 1270/NDC

SOURCE

Drug Establishment Registration and Listing Instruction Booklet

### AVAILABLE FROM

Federal Drug Listing Branch HFN-315 5600 Fishers Lane Rockville, MD 20857

### ABSTRACT

Publication includes manufacturing and labeling information as well as drug packaging sizes.

### 245 National Association of Insurance Commissioners (NAIC) Code

### SIMPLE DATA ELEMENT/CODE REFERENCES

128/NF

### SOURCE

National Association of Insurance Commissioners Company Code List Manual

#### AVAILABLE FROM

National Association of Insurance Commission Publications Department

A.6

12th Street, Suite 1100 Kansas City, MO 64105-1925

### ABSTRACT

Codes that uniquely identify each insurance company.

### 411 Remittance Advice Remark Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

1270/HE

### SOURCE

Centers for Medicare and Medicaid Services

OIS/BSOG/DDIS, Mail stop N2-13-16 7500 Security Boulevard Baltimore, MD 21244

### AVAILABLE FROM

Washington Publishing Company http://www.wpc-edi.com/

### ABSTRACT

Remittance Advice Remark Codes (RARC) are used to convey information about claim adjudication. It could provide general information or supplemental explanations to an adjustment already reported by a Claim Adjustment Reason Code.

### 513 Home Infusion EDI Coalition (HIEC) Product/Service Code List

### SIMPLE DATA ELEMENT/CODE REFERENCES

235/IV, 1270/HO

### SOURCE

Home Infusion EDI Coalition (HIEC) Coding System

### AVAILABLE FROM

HIEC Chairperson HIBCC (Health Industry Business Communications Council) 5110 North 40th Street Suite 250 Phoenix, AZ 85018

### ABSTRACT

This list contains codes identifying home infusion therapy products/services.

### 537 Centers for Medicare and Medicaid Services National Provider Identifier

### SIMPLE DATA ELEMENT/CODE REFERENCES

66/XX, 128/HPI

SOURCE National Provider System

### AVAILABLE FROM

Centers for Medicare and Medicaid Services Office of Financial Management Division of Provider/Supplier Enrollment C4-10-07 7500 Security Boulevard Baltimore, MD 21244-1850

### ABSTRACT

The Centers for Medicare and Medicaid Services is developing the National Provider Identifier (NPI), which has been proposed as the standard unique identifier for each health care provider under the Health Insurance Portability and Accountability Act of 1996.

### 540 Centers for Medicare and Medicaid Services PlanID

### SIMPLE DATA ELEMENT/CODE REFERENCES

66/XV, 128/ABY

### SOURCE

PlanID Database

### AVAILABLE FROM

Centers for Medicare and Medicaid Services Center of Beneficiary Services, Membership Operations Group Division of Benefit Coordination S1-05-06 7500 Security Boulevard Baltimore, MD 21244-1850

### ABSTRACT

The Centers for Medicare and Medicaid Services has joined with other payers to develop a unique national payer identification number. The Centers for Medicare and Medicaid Services is the authorizing agent for enumerating payers through the services of a PlanID Registrar. It may also be used by other payers on a voluntary basis.

# 576 Workers Compensation Specific Procedure and Supply Codes

### SIMPLE DATA ELEMENT/CODE REFERENCES

235/ER

### SOURCE

IAIABC Jurisdiction Medical Bill Report Implementation Guide

### AVAILABLE FROM

IAIABC EDI Implementation Manager International Association of Industrial Accident Boards and Commissions 8643 Hauses - Suite 200 87th Parkway Shawnee Mission, KS 66215

### ABSTRACT

The IAIABC Jurisdiction Medical Bill Report Implementation Guide describes the requirements for submitting and the data contained within a jurisdiction medical report. The Implementation Guide includes: Reporting scenarios, data definitions, trading partner requirements tables, reference to industry codes, and IAIABC maintained code lists.

### 582 Centers for Medicare and Medicaid Services (CMS) Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN) Forms

SIMPLE DATA ELEMENT/CODE REFERENCES 1270/UT

### SOURCE

Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN) Forms

### AVAILABLE FROM

Centers for Medicare and Medicaid Services Attention: Supplier Claims Processing Unit Mail Stop S1-03-06 7500 Security Boulevard Baltimore, MD 21244

### ABSTRACT

A listing of the Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN) Forms and a listing of the questions from each form.

### 656 Form Type Codes

### SIMPLE DATA ELEMENT/CODE REFERENCES

1270/AS

### SOURCE

Form Type Codes

### **AVAILABLE FROM**

Standards Department Agency Company Organization for Research and Development (ACORD) One Blue Hill Plaza - 15th Floor P.O. Box 1529 Pearl River, NY 10965-8529

### ABSTRACT

Form Type Codes is a list of codes indicating the level of coverage provided by a policy contract.

### 682 Health Care Provider Taxonomy

### SIMPLE DATA ELEMENT/CODE REFERENCES

128/PXC, 1270/68

### SOURCE

The National Uniform Claim Committee

### AVAILABLE FROM

The National Uniform Claim Committee c/o American Medical Association 515 North State Street Chicago, IL 60610

### ABSTRACT

Codes defining the health care service provider type, classification, and area of specialization.

### 843 Advanced Billing Concepts (ABC) Codes

#### SIMPLE DATA ELEMENT/CODE REFERENCES

235/WK, 1270/CAH

### SOURCE

The CAM and Nursing Coding Manual

### AVAILABLE FROM

Alternative Link 6121 Indian School Road NE Suite 131 Albuquerque, NM 87110

### ABSTRACT

The manual contains the Advanced Billing Concepts (ABC) codes, descriptive terms and identifiers for reporting complementary or alternative medicine, nursing, and other integrative health care procedures.

### 897 International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

### SIMPLE DATA ELEMENT/CODE REFERENCES

235/DC, 1270/ABF, 1270/ABJ, 1270/ABK, 1270/ABN, 1270/ABU, 1270/ABV, 1270/ADD, 1270/APR, 1270/ASD, 1270/ATD

### SOURCE

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

### AVAILABLE FROM

OCD/Classifications and Public Health Data Standards National Center for Health Statistics 3311 Toledo Road Hyattsville, MD 20782

### ABSTRACT

The International Classicication of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), describes the classification of morbidity and mortality information for statistical purposes and for the indexing of healthcare records by diseases.

### **932 Universal Postal Codes**

### SIMPLE DATA ELEMENT/CODE REFERENCES

116

**SOURCE** Universal Postal Union website

### AVAILABLE FROM

International Bureau of the Universal Postal Union POST\*CODE Case postale 13 3000 BERNE 15 Switzerland

### ABSTRACT

The postcode is the fundamental, essential element of an address. A unique, universal identifier, it unambiguously identifies the addressee's locality and assists in the transmission and sorting of mail items. At present, 105 UPU member countries use postcodes as part of their addressing systems.

## **B** Nomenclature

## **B.1 ASC X12 Nomenclature**

### **B.1.1 Interchange and Application Control Structures**

Appendix B is provided as a reference to the X12 syntax, usage, and related information. It is not a full statement of Interchange and Control Structure rules. The full X12 Interchange and Control Structures and other rules (X12.5, X12.6, X12.59, X12 dictionaries, other X12 standards and official documents) apply unless specifically modified in the detailed instructions of this implementation guide (see Section B.1.1.3.1.2 - *Decimal* for an example of such a modification).

### **B.1.1.1 Interchange Control Structure**

The transmission of data proceeds according to very strict format rules to ensure the integrity and maintain the efficiency of the interchange. Each business grouping of data is called a transaction set. For instance, a group of benefit enrollments sent from a sponsor to a payer is considered a transaction set.

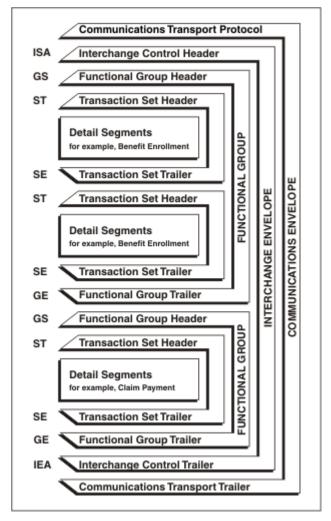
Each transaction set contains groups of logically related data in units called segments. For instance, the N4 segment used in the transaction set conveys the city, state, ZIP Code, and other geographic information. A transaction set contains multiple segments, so the addresses of the different parties, for example, can be conveyed from one computer to the other. An analogy would be that the transaction set is like a freight train; the segments are like the train's cars; and each segment can contain several data elements the same as a train car can hold multiple crates.

The sequence of the elements within one segment is specified by the ASC X12 standard as well as the sequence of segments in the transaction set. In a more conventional computing environment, the segments would be equivalent to records, and the elements equivalent to fields.

Similar transaction sets, called "functional groups," can be sent together within a transmission. Each functional group is prefaced by a group start segment; and a functional group is terminated by a group end segment. One or more functional groups are prefaced by an interchange header and followed by an interchange trailer.

Figure B.1 - *<u>Transmission Control Schematic</u>*, illustrates this interchange control.

Figure B.1 - Transmission Control Schematic



The interchange header and trailer segments envelop one or more functional groups or interchange-related control segments and perform the following functions:

- 1. Define the data element separators and the data segment terminator.
- 2. Identify the sender and receiver.
- 3. Provide control information for the interchange.
- 4. Allow for authorization and security information.

### **B.1.1.2 Application Control Structure Definitions and Concepts**

### **B.1.1.2.1 Basic Structure**

A data element corresponds to a data field in data processing terminology. A data segment corresponds to a record in data processing terminology. The data segment

begins with a segment ID and contains related data elements. A control segment has the same structure as a data segment; the distinction is in the use. The data segment is used primarily to convey user information, but the control segment is used primarily to convey control information and to group data segments.

### **B.1.1.2.2 Basic Character Set**

The section that follows is designed to have representation in the common character code schemes of EBCDIC, ASCII, and CCITT International Alphabet 5. The ASC X12 standards are graphic-character-oriented; therefore, common character encoding schemes other than those specified herein may be used as long as a common mapping is available. Because the graphic characters have an implied mapping across character code schemes, those bit patterns are not provided here.

The basic character set of this standard, shown in Table B.1 - <u>Basic Character Set</u>, includes those selected from the uppercase letters, digits, space, and special characters as specified below.

Table B.1 - Basic Character Set

AZ	09	!		&		(	)	+	*
,	-	-	/	:	;	?	=	□ (sp	ace)

### **B.1.1.2.3 Extended Character Set**

An extended character set may be used by negotiation between the two parties and includes the lowercase letters and other special characters as specified in Table B.2 - *Extended Character Set*.

Table B.2 -	Extended	Character Set	
-------------	----------	---------------	--

az	%	~	@	[	]	_	{
}	١		<	>	#	\$	

Note that the extended characters include several character codes that have multiple graphical representations for a specific bit pattern. The complete list appears in other standards such as CCITT S.5. Use of the USA graphics for these codes presents no problem unless data is exchanged with an international partner. Other problems, such as the translation of item descriptions from English to French, arise when exchanging data with an international partner, but minimizing the use of codes with multiple graphics eliminates one of the more obvious problems.

For implementations compliant with this guide, either the entire extended character set must be acceptable, or the entire extended character set must not be used. In the absence of a specific trading partner agreement to the contrary, trading partners will assume that the extended character set is acceptable. Use of the extended character set allows the use of the "@" character in email addresses within the PER segment. Users should note that characters in the extended character set, as well as the basic character set, may be used as delimiters only when they do not occur in the data as stated in Section B.1.1.2.4.1 - <u>Base Control Set</u>.

### **B.1.1.2.4 Control Characters**

Two control character groups are specified; they have restricted usage. The common notation for these groups is also provided, together with the character coding in three common alphabets. In Table B.3 - *Base Control Set*, the column IA5 represents CCITT V.3 International Alphabet 5.

### B.1.1.2.4.1 Base Control Set

The base control set includes those characters that will not have a disruptive effect on most communication protocols. These are represented by:

NOTATION	NAME	EBCDIC	ASCII	IA5
BEL	bell	2F	07	07
HT	horizontal tab	05	09	09
LF	line feed	25	0A	0A
VT	vertical tab	0B	0B	0B
FF	form feed	0C	0C	0C
CR	carriage return	0D	0D	0D
FS	file separator	1C	1C	1C
GS	group separator	1D	1D	1D
RS	record separator	1E	1E	1E
US	unit separator	1F	1F	1F
NL	new line	15		

Table B.3 - Base Control Set

The Group Separator (GS) may be an exception in this set because it is used in the 3780 communications protocol to indicate blank space compression.

### B.1.1.2.4.2 Extended Control Set

The extended control set includes those that may have an effect on a transmission system. These are shown in Table B.4 - Extended Control Set.

		1	I	I
NOTATION	NAME	EBCDIC	ASCII	IA5
SOH	start of header	01	01	01
STX	start of text	02	02	02
ETX	end of text	03	03	03
EOT	end of transmission	37	04	04
ENQ	enquiry	2D	05	05
ACK	acknowledge	2E	06	06
DC1	device control 1	11	11	11
DC2	device control 2	12	12	12
DC3	device control 3	13	13	13
DC4	device control 4	3C	14	14
NAK	negative acknowledge	3D	15	15
SYN	synchronous idle	32	16	16
ETB	end of block	26	17	17

Table B.4 - Extended Control Set

### **B.1.1.2.5** Delimiters

A delimiter is a character used to separate two data elements or component elements or to terminate a segment. The delimiters are an integral part of the data.

Delimiters are specified in the interchange header segment, ISA. The ISA segment can be considered in implementations compliant with this guide (see Appendix C, ISA Segment Note 1) to be a 105 byte fixed length record, followed by a segment terminator. The data element separator is byte number 4; the repetition separator is byte number

83; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator.

Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange. For consistency, this implementation guide uses the delimiters shown in Table B.5 - *Delimiters*, in all examples of EDI transmissions.

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
٨	Carat	Repetition Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator

#### Table B.5 - Delimiters

The delimiters above are for illustration purposes only and are not specific recommendations or requirements. Users of this implementation guide should be aware that an application system may use some valid delimiter characters within the application data. Occurrences of delimiter characters in transmitted data within a data element will result in errors in translation. The existence of asterisks (\*) within transmitted application data is a known issue that can affect translation software.

### **B.1.1.3 Business Transaction Structure Definitions and Concepts**

The ASC X12 standards define commonly used business transactions (such as a health care claim) in a formal structure called "transaction sets." A transaction set is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment. Each segment is composed of the following:

- A unique segment ID
- One or more logically related data elements each preceded by a data element separator
- A segment terminator

### B.1.1.3.1 Data Element

The data element is the smallest named unit of information in the ASC X12 standard. Data elements are identified as either simple or component. A data element that occurs as an ordinally positioned member of a composite data structure is identified as a component data element. A data element that occurs in a segment outside the defined boundaries of a composite data structure is identified as a simple data element. The distinction between simple and component data elements is strictly a matter of context because a data element can be used in either capacity.

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length. For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

A simple data element within a segment may have an attribute indicating that it may occur once or a specific number of times more than once. The number of permitted repeats are defined as an attribute in the individual segment where the repeated data element occurs.

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

The data element types shown in Table B.6 - *Data Element Types*, appear in this implementation guide.

SYMBOL	TYPE
Nn	Numeric
R	Decimal
ID	Identifier
AN	String
DT	Date
ТМ	Time
В	Binary

Table B.6 - Data Element Types

The data element minimum and maximum lengths may be restricted in this implementation guide for a compliant implementation. Such restrictions may occur by virtue of the allowed qualifier for the data element or by specific instructions regarding length or format as stated in this implementation guide.

### B.1.1.3.1.1 Numeric

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

This set of guides denotes the number of implied decimal positions. The representation for this data element type is "Nn" where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

If n is 0, it need not appear in the specification; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted.

### EXAMPLE

A transmitted value of 1234, when specified as numeric type N2, represents a value of 12.34.

Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

### B.1.1.3.1.2 Decimal

A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as "R."

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point must be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted.

Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point must be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

### EXAMPLE

A transmitted value of 12.34 represents a decimal value of 12.34.

While the ASC X12 standard supports usage of exponential notation, this guide prohibits that usage.

For implementation of this guide under the rules promulgated under the Health Insurance Portability and Accountability Act (HIPAA), decimal data elements in Data Element 782 (Monetary Amount) will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). Note the statement in the preceding paragraph that the decimal point and leading sign, if sent, are not part of the character count.

### EXAMPLE

For implementations mandated under HIPAA rules:

- The following transmitted value represents the largest positive dollar amount that can be sent: 99999999.99
- The following transmitted value is the longest string of characters that can be sent representing whole dollars: 99999999
- The following transmitted value is the longest string of characters that can be sent representing negative dollars and cents: -99999999.99
- The following transmitted value is the longest string of characters that can be sent representing negative whole dollars: -99999999

### B.1.1.3.1.3 Identifier

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is "ID."

### B.1.1.3.1.4 String

A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is "AN."

### B.1.1.3.1.5 Date

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the

month (01 to 31). The representation for this data element type is "DT." Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment and the TA1 segment where the century is easily determined because of the nature of an interchange header.

### B.1.1.3.1.6 Time

A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d..d is decimal seconds. The representation for this data element type is "TM." The length of the data element determines the format of the transmitted time.

### EXAMPLE

Transmitted data elements of four characters denote HHMM. Transmitted data elements of six characters denote HHMMSS.

### B.1.1.3.1.7 Binary

The binary data element is any sequence of octets ranging in value from binary 00000000 to binary 1111111. This data element type has no defined maximum length. Actual length is specified by the immediately preceding data element. Within the body of a transaction set (from ST to SE) implemented according to this technical report, the binary data element type is only used in the segments Binary Data Segment BIN, and Binary Data Structure BDS. Within those segments, Data Element 785 Binary Data is a string of octets which can assume any binary pattern from hexadecimal 00 to FF, and can be used to send text as well as coded data, including data from another application in its native format. The binary data type is also used in some control and security structures.

Not all transaction sets use the Binary Data Segment BIN or Binary Data Structure BDS.

### **B.1.1.3.2 Repeating Data Elements**

Simple or composite data elements within a segment can be designated as repeating data elements. Repeating data elements are adjacent data elements that occur up to a number of times specified in the standard as number of repeats. The implementation guide may also specify the number of repeats of a repeating data element in a specific location in the transaction that are permitted in a compliant implementation. Adjacent occurrences of the same repeating simple data element or composite data structure in a segment shall be separated by a repetition separator.

### B.1.1.3.3 Composite Data Structure

The composite data structure is an intermediate unit of information in a segment. Composite data structures are composed of one or more logically related simple data elements, each, except the last, followed by a sub-element separator. The final data element is followed by the next data element separator or the segment terminator. Each simple data element within a composite is called a component.

Each composite data structure has a unique four-character identifier, a name, and a purpose. The identifier serves as a label for the composite. A composite data structure can be further defined through the use of syntax notes, semantic notes, and comments. Each component within the composite is further characterized by a reference designator and a condition designator. The reference designators and the condition designators are described in Section B.1.1.3.8 - *Reference Designator* and Section B.1.1.3.9 - *Condition Designator*.

A composite data structure within a segment may have an attribute indicating that it may occur once or a specific number of times more than once. The number of permitted repeats are defined as an attribute in the individual segment where the repeated composite data structure occurs.

### B.1.1.3.4 Data Segment

The data segment is an intermediate unit of information in a transaction set. In the data stream, a data segment consists of a segment identifier, one or more composite data structures or simple data elements each preceded by a data element separator and succeeded by a segment terminator.

Each data segment has a unique two- or three-character identifier, a name, and a purpose. The identifier serves as a label for the data segment. A segment can be further defined through the use of syntax notes, semantic notes, and comments. Each simple data element or composite data structure within the segment is further characterized by a reference designator and a condition designator.

### B.1.1.3.5 Syntax Notes

Syntax notes describe relational conditions among two or more data segment units within the same segment, or among two or more component data elements within the same composite data structure. For a complete description of the relational conditions, See Section B.1.1.3.9 - <u>Condition Designator</u>.

### **B.1.1.3.6 Semantic Notes**

Simple data elements or composite data structures may be referenced by a semantic note within a particular segment. A semantic note provides important additional information regarding the intended meaning of a designated data element, particularly a generic type, in the context of its use within a specific data segment. Semantic notes may also define a relational condition among data elements in a segment based on the presence of a specific value (or one of a set of values) in one of the data elements.

### B.1.1.3.7 Comments

A segment comment provides additional information regarding the intended use of the segment.

### **B.1.1.3.8 Reference Designator**

Each simple data element or composite data structure in a segment is provided a structured code that indicates the segment in which it is used and the sequential position within the segment. The code is composed of the segment identifier followed by a two-digit number that defines the position of the simple data element or composite data structure in that segment.

For purposes of creating reference designators, the composite data structure is viewed as the hierarchical equal of the simple data element. Each component data element in a composite data structure is identified by a suffix appended to the reference designator for the composite data structure of which it is a member. This suffix is prefixed with a hyphen and defines the position of the component data element in the composite data structure.

### EXAMPLE

- The first simple element of the CLP segment would be identified as CLP01.
- The first position in the SVC segment is occupied by a composite data structure that contains seven component data elements, the reference designator for the second component data element would be SVC01-02.

### **B.1.1.3.9 Condition Designator**

This section provides information about X12 standard conditions designators. It is provided so that users will have information about the general standard. Implementation guides may impose other conditions designators. See implementation guide section 2.1 Presentation Examples for detailed information about the implementation guide Industry Usage requirements for compliant implementation.

Data element conditions are of three types: mandatory, optional, and relational. They define the circumstances under which a data element may be required to be present or not present in a particular segment.

Table B.7 - Condition Designator

DESIGNATOR	DESCRIPTION					
M- Mandatory	The designation of mandatory is absolute in the sense that there is no dependency on other data elements. This designation may apply to either simple data elements or composite data structures. If the designation applies to a composite data structure, then at least one value of a component data element in that composite data structure shall be included in the data segment.					
O- Optional	The designation of optional means that there is no requirement for a simple data element or composite data structure to be present in the segment. The presence of a value for a simple data element or the presence of value for any of the component data elements of a composite data structure is at the option of the sender.					
X- Relational	Relational conditions may exist among two or more simple data elements within the same data segment based on the presence or absence of one of those data elements (presence means a data element must not be empty). Relational conditions are specified by a condition code (see table below) and the reference designators of the affected data elements. A data element may be subject to more than one relational condition.					
	The definitions for ea notes are detailed be	ch of the condition codes used within syntax elow:				
	CONDITION CODE	DEFINITION				
	P- Paired or Multiple If any element specified in the relational condition is present, then all of the element specified must be present.					
	R- Required At least one of the elements specified in the condition must be present.					
	E- Exclusion	Not more than one of the elements specified in the condition may be present.				

C- Conditional	If the first element specified in the condition is present, then all other elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.
L- List Conditional	If the first element specified in the condition is present, then at least one of the remaining elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment.

### DESIGNATOR DESCRIPTION

### B.1.1.3.10 Absence of Data

Any simple data element that is indicated as mandatory must not be empty if the segment is used. At least one component data element of a composite data structure that is indicated as mandatory must not be empty if the segment is used. Optional simple data elements and/or composite data structures and their preceding data element separators that are not needed must be omitted if they occur at the end of a segment. If they do not occur at the end of the segment, the simple data element values and/or composite data structure values may be omitted. Their absence is indicated by the occurrence of their preceding data element separators, in order to maintain the element's or structure's position as defined in the data segment.

Likewise, when additional information is not necessary within a composite, the composite may be terminated by providing the appropriate data element separator or segment terminator.

If a segment has no data in any data element within the segment (an "empty" segment), that segment must not be sent.

### **B.1.1.3.11 Control Segments**

A control segment has the same structure as a data segment, but it is used for transferring control information rather than application information.

### B.1.1.3.11.1 Loop Control Segments

Loop control segments are used only to delineate bounded loops. Delineation of the loop shall consist of the loop header (LS segment) and the loop trailer (LE segment). The loop header defines the start of a structure that must contain one or more iterations of a loop of data segments and provides the loop identifier for this loop. The loop trailer defines the end of the structure. The LS segment appears only before the first occurrence of the loop, and the LE segment appears only after the last occurrence of the loop. Unbounded looping structures do not use loop control segments.

### B.1.1.3.11.2 Transaction Set Control Segments

The transaction set is delineated by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifier of the transaction set. The transaction set trailer identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments.

### **B.1.1.3.11.3 Functional Group Control Segments**

The functional group is delineated by the functional group header (GS segment) and the functional group trailer (GE segment). The functional group header starts and identifies one or more related transaction sets and provides a control number and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

### **B.1.1.3.11.4 Relations among Control Segments**

The control segment of this standard must have a nested relationship as is shown and annotated in this subsection. The letters preceding the control segment name are the segment identifier for that control segment. The indentation of segment identifiers shown below indicates the subordination among control segments.

**GS** Functional Group Header, starts a group of related transaction sets.

**ST** Transaction Set Header, starts a transaction set.

**LS** Loop Header, starts a bounded loop of data segments but is not part of the loop.

**LS** Loop Header, starts an inner, nested, bounded loop.

**LE** Loop Trailer, ends an inner, nested bounded loop.

**LE** Loop Trailer, ends a bounded loop of data segments but is not part of the loop.

SE Transaction Set Trailer, ends a transaction set.

GE Functional Group Trailer, ends a group of related transaction sets.

More than one ST/SE pair, each representing a transaction set, may be used within one functional group. Also more than one LS/LE pair, each representing a bounded loop, may be used within one transaction set.

### B.1.1.3.12 Transaction Set

The transaction set is the smallest meaningful set of information exchanged between trading partners. The transaction set consists of a transaction set header segment, one or more data segments in a specified order, and a transaction set trailer segment. See Figure B.1 - *Transmission Control Schematic*.

### B.1.1.3.12.1 Transaction Set Header and Trailer

A transaction set identifier uniquely identifies a transaction set. This identifier is the first data element of the Transaction Set Header Segment (ST). A user assigned transaction set control number in the header must match the control number in the Trailer Segment (SE) for any given transaction set. The value for the number of included segments in the SE segment is the total number of segments in the transaction set, including the ST and SE segments.

### B.1.1.3.12.2 Data Segment Groups

The data segments in a transaction set may be repeated as individual data segments or as unbounded or bounded loops.

### **B.1.1.3.12.3 Repeated Occurrences of Single Data Segments**

When a single data segment is allowed to be repeated, it may have a specified maximum number of occurrences defined at each specified position within a given transaction set standard. Alternatively, a segment may be allowed to repeat an unlimited number of times. The notation for an unlimited number of repetitions is ">1."

### B.1.1.3.12.4 Loops of Data Segments

Loops are groups of semantically related segments. Data segment loops may be unbounded or bounded.

#### **Unbounded Loops**

To establish the iteration of a loop, the first data segment in the loop must appear once and only once in each iteration. Loops may have a specified maximum number of repetitions. Alternatively, the loop may be specified as having an unlimited number of iterations. The notation for an unlimited number of repetitions is ">1."

A specified sequence of segments is in the loop. Loops themselves are optional or mandatory. The requirement designator of the beginning segment of a loop indicates whether at least one occurrence of the loop is required. Each appearance of the beginning segment defines an occurrence of the loop.

The requirement designator of any segment within the loop after the beginning segment applies to that segment for each occurrence of the loop. If there is a mandatory requirement designator for any data segment within the loop after the beginning segment, that data segment is mandatory for each occurrence of the loop. If the loop is optional, the mandatory segment only occurs if the loop occurs.

### **Bounded Loops**

The characteristics of unbounded loops described previously also apply to bounded loops. In addition, bounded loops require a Loop Start Segment (LS) to appear before the first occurrence and a Loop End Segment (LE) to appear after the last consecutive occurrence of the loop. If the loop does not occur, the LS and LE segments are suppressed.

### B.1.1.3.12.5 Data Segments in a Transaction Set

When data segments are combined to form a transaction set, three characteristics are applied to each data segment: a requirement designator, a position in the transaction set, and a maximum occurrence.

### B.1.1.3.12.6 Data Segment Requirement Designators

A data segment, or loop, has one of the following requirement designators for health care and insurance transaction sets, indicating its appearance in the data stream of a transmission. These requirement designators are represented by a single character code.

DESIGNATOR	DESCRIPTION
M- Mandatory	This data segment must be included in the transaction set. (Note that a data segment may be mandatory in a loop of data segments, but the loop itself is optional if the beginning segment of the loop is designated as optional.)
O- Optional	The presence of this data segment is the option of the sending party.

Table R 8 -	Data S	Seament	Requirement	Designators
Tuble D.0	Dutu	Jeginene	negun emene	Designators

T

### B.1.1.3.12.7 Data Segment Position

The ordinal positions of the segments in a transaction set are explicitly specified for that transaction. Subject to the flexibility provided by the optional requirement designators of the segments, this positioning must be maintained.

#### B.1.1.3.12.8 Data Segment Occurrence

A data segment may have a maximum occurrence of one, a finite number greater than one, or an unlimited number indicated by ">1."

### **B.1.1.3.13 Functional Group**

A functional group is a group of similar transaction sets that is bounded by a functional group header segment and a functional group trailer segment. The functional identifier defines the group of transactions that may be included within the functional group. The value for the functional group control number in the header and trailer control segments must be identical for any given group. The value for the number of included transaction sets is the total number of transaction sets in the group. See Figure B.1 - <u>Transmission</u> <u>Control Schematic</u>.

### **B.1.1.4 Envelopes and Control Structures**

### **B.1.1.4.1 Interchange Control Structures**

Typically, the term "interchange" connotes the ISA/IEA envelope that is transmitted between trading/business partners. Interchange control is achieved through several "control" components. The interchange control number is contained in data element ISA13 of the ISA segment. The identical control number must also occur in data element 02 of the IEA segment. Most commercial translation software products will verify that these two elements are identical. In most translation software products, if these elements are different the interchange will be "suspended" in error.

There are many other features of the ISA segment that are used for control measures. For instance, the ISA segment contains data elements such as authorization information, security information, sender identification, and receiver identification that can be used for control purposes. These data elements are agreed upon by the trading partners prior to transmission. The interchange date and time data elements as well as the interchange control number within the ISA segment are used for debugging purposes when there is a problem with the transmission or the interchange.

Data Element ISA12, Interchange Control Version Number, indicates the version of the ISA/IEA envelope. GS08 indicates the version of the transaction sets contained within the ISA/IEA envelope. The versions are not required to be the same. An Interchange

Acknowledgment can be requested through data element ISA14. The interchange acknowledgment is the TA1 segment. Data element ISA15, Test Indicator, is used between trading partners to indicate that the transmission is in a "test" or "production" mode. Data element ISA16, Subelement Separator, is used by the translator for interpretation of composite data elements.

The ending component of the interchange or ISA/IEA envelope is the IEA segment. Data element IEA01 indicates the number of functional groups that are included within the interchange. In most commercial translation software products, an aggregate count of functional groups is kept while interpreting the interchange. This count is then verified with data element IEA01. If there is a discrepancy, in most commercial products, the interchange is suspended. The other data element in the IEA segment is IEA02 which is referenced above.

See Appendix C, EDI Control Directory, for a complete detailing of the inter-change control header and trailer. The authors recommend that when two transactions with different X12 versions numbers are sent in one interchange control structure (multiple functional groups within one ISA/IEA envelope), the Interchange Control version used should be that of the most recent transaction version included in the envelope. For the transmission of HIPAA transactions with mixed versions, this would be a compliant enveloping structure.

### **B.1.1.4.2 Functional Groups**

Control structures within the functional group envelope include the functional identifier code in GS01. The Functional Identifier Code is used by the commercial translation software during interpretation of the interchange to determine the different transaction sets that may be included within the functional group. If an inappropriate transaction set is contained within the functional group, most commercial translation software will suspend the functional group within the interchange. The Application Sender's Code in GS02 can be used to identify the sending unit of the transmission. The Application Receiver's Code in GS03 can be used to identify the receiving unit of the transmission. The functional group. The Group Control Number is contained in GS06. These data elements (GS04, GS05, and GS06) can be used for debugging purposes. GS08, Version/Release/Industry Identifier Code is the version/release/sub-release of the transaction sets being transmitted in this functional group.

The Functional Group Control Number in GS06 must be identical to data element 02 of the GE segment. Data element GE01 indicates the number of transaction sets within the functional group. In most commercial translation software products, an aggregate

count of the transaction sets is kept while interpreting the functional group. This count is then verified with data element GE01.

See Appendix C, EDI Control Directory, for a complete detailing of the functional group header and trailer.

### B.1.1.4.3 HL Structures

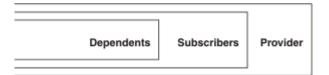
The HL segment is used in several X12 transaction sets to identify levels of detail information using a hierarchical structure, such as relating dependents to a subscriber. Hierarchical levels may differ from guide to guide.

For example, each provider can bill for one or more subscribers, each subscriber can have one or more dependents and the subscriber and the dependents can make one or more claims.

Each guide states what levels are available, the level's usage, number of repeats, and whether that level has subordinate levels within a transaction set.

For implementations compliant with this guide, the repeats of the loops identified by the HL structure shall appear in the hierarchical order specified in BHT01, when those particular hierarchical levels exist. That is, an HL parent loop must be followed by the subordinate child loops, if any, prior to commencing a new HL parent loop at the same hierarchical level.

The following diagram, from transaction set 837, illustrates a typical hierarchy.



The two examples below illustrate this requirement:

## Example 1 based on Implementation Guide 811X201: INSURER

First STATE in transaction (child of INSURER) First POLICY in transaction (child of first STATE) First VEHICLE in transaction (child of first POLICY) Second POLICY in transaction (child of first STATE) Second VEHICLE in transaction (child of second POLICY) Third VEHICLE in transaction (child of second POLICY) Second STATE in transaction (child of INSURER) Third POLICY in transaction (child of second STATE) Fourth VEHICLE in transaction (child of third POLICY)

### Example 2 based on Implementation Guide 837X141

First PROVIDER in transaction
First SUBSCRIBER in transaction (child of first PROVIDER)
Second PROVIDER in transaction
Second SUBSCRIBER in transaction (child of second PROVIDER)
First DEPENDENT in transaction (child of second SUBSCRIBER)
Second DEPENDENT in transaction (child of second SUBSCRIBER)
Third SUBSCRIBER in transaction (child of second PROVIDER)
Third PROVIDER in transaction
Fourth SUBSCRIBER in transaction (child of third PROVIDER)
Fifth SUBSCRIBER in transaction (child of third PROVIDER)
Third DEPENDENT in transaction (child of third PROVIDER)

### **B.1.1.5 Acknowledgments**

### B.1.1.5.1 Interchange Acknowledgment, TA1

The TA1 segment provides the capability for the interchange receiver to notify the sender that a valid envelope was received or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. Transaction set-specific verification is accomplished through use of the Functional Acknowledgment Transaction Set, 997. See Section B.1.1.5.2 - *Functional Acknowledgment, 997*, for more details. The TA1 is unique in that it is a single segment transmitted without the GS/GE envelope structure. A TA1 can be included in an interchange with other functional groups and transactions.

Encompassed in the TA1 are the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number, interchange date and time are identical to those that were present in the transmitted interchange from the trading partner. This provides the capability to associate the TA1 with the transmitted interchange. TA104, Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors. TA105, Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.

### B.1.1.5.2 Functional Acknowledgment, 997

The Functional Acknowledgment Transaction Set, 997, has been designed to allow trading partners to establish a comprehensive control function as a part of their business exchange process. This acknowledgment process facilitates control of EDI. There is a one-to-one correspondence between a 997 and a functional group. Segments within the 997 can identify the acceptance or rejection of the functional group, transaction sets or segments. Data elements in error can also be identified. There are many EDI implementations that have incorporated the acknowledgment process in all of their electronic communications. The 997 is used as a functional acknowledgment to a previously transmitted functional group.

The 997 is a transaction set and thus is encapsulated within the interchange control structure (envelopes) for transmission.

## **B.2 Object Descriptors**

Object Descriptors (OD) provide a method to uniquely identify specific locations within an implementation guide. There is an OD assigned at every level of the X12N implementation:

- 1. Transaction Set
- 2. Loop
- 3. Segment
- 4. Composite Data Element
- 5. Component Data Element
- 6. Simple Data Element

ODs at the first four levels are coded using X12 identifiers separated by underbars:

Entity	Example
1. Transaction Set Identifier plus a unique 2 character value	837Q1
2. Above plus under bar plus Loop Identifier as assigned within an implementation guide	837Q1_2330C
3. Above plus under bar plus Segment Identifier	837Q1_2330C_NM1
4. Above plus Reference Designator plus under bar plus Composite Identifier	837Q1_2400_SV101_C003

The fifth and sixth levels add a name derived from the "Industry Term" defined in the X12N Data Dictionary. The name is derived by removing the spaces.

Entity	Example
5. Number 4 above plus composite sequence plus under bar plus name	837Q1_2400_SV101_C00302_ProcedureCode
6. Number 3 above plus Reference Designator plus two under bars plus name	837Q1_2330C_NM109OtherPayerPatientPrimaryIdentifier

Said in another way, ODs contain a coded component specifying a location in an implementation guide, a separator, and a name portion. For example:

837Q1_2330C_NM1	09OtherPayerPatientPrimaryIdentifier
1	
Location in the G	uide Separator Name

Since ODs are unique across all X12N implementation guides, they can be used for a variety of purposes. For example, as a cross reference to older data transmission systems, like the National Standard Format for health care claims, or to form XML tags for newer data transmission systems.

С

## **EDI Control Directory**

## C.1 Control Segments

### • ISA

Interchange Control Header Segment

- **GS** Functional Group Header Segment
- GE

Functional Group Trailer Segment

• IEA

Interchange Control Trailer Segment

SEGMENT DETAIL						
X12 Segment Name:	ISA - INTERCHANGE CONTROL HEADER					
-	To start and identify an interchange of zero or more functional groups and interchange-related control segments					
Segment Repeat:	1					
Usage:	REQUIRED					
TR3 Notes:	1. All positions within each of the data elements must be filled.					
	2. For compliant implementations under this implementation guide, ISA13, the interchange Control Number, must be a positive unsigned number. Therefore, the ISA segment can be considered a fixed record length segment.					
	3. The first element separator defines the element separator to be used through the entire interchange.					
	4. The ISA segment terminator defines the segment terminator used throughout the entire interchange.					
	5. Spaces in the example interchanges are represented by "." for clarity.					
TR3 Example:	ISA*00**01*SECRET*ZZ*SUBMITTERS.ID*ZZ* RECEIVERS.ID*030101*1253*^*00501*00000905*1*T*:~					
DIAGRAM						
ISA * Author Inf Qualifier						
* Interchang ID Qual M 1 ID 2	*         Receiver ID         *         Date         *         Time         *         Separator         *         Version Num           2/2         M 1         AN 15/15         M 1         DT         6/6         M 1         TM         4/4         M 1         1/1         M 1         ID         5/5					
ISA13	I12 ISA14 I13 ISA15 I14 ISA16 I15					

l14

1/1

\*

M 1

Usage Indicator

M1 ID

115

1/1

Component Elem Sepera

9/9

\*

Inter Ctrl

Number

M 1 N0

\*

l13

1/1

\*

Ack

Requested M1 ID

#### ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES	
REQUIRED	ISA01	101		Information Qualifier M 1 ID 2 the type of information in the Authorization Information	2/2
			00	No Authorization Information Present (No Meaningful Information in I02)	
			03	Additional Data Identification	
REQUIRED	ISA02	102	sender or the da	Information M 1 AN 10 d for additional identification or authorization of the interchange ta in the interchange; the type of information is set by the formation Qualifier (I01)	<b>D/10</b> ge
REQUIRED	ISA03	103		mation Qualifier         M 1         ID         2           the type of information in the Security Information         Information <td>2/2</td>	2/2
			CODE	DEFINITION	
			00	No Security Information Present (No Meaningful Information in I04)	
			01	Password	
REQUIRED	ISA04	104		identifying the security information about the interchange ser e interchange; the type of information is set by the Security	<b>0/10</b> nder
REQUIRED	ISA05	105	sender or receiv	D Qualifier M 1 ID 2 the system/method of code structure used to designate the er ID element being qualified ties the Sender in ISA06.	2/2
			CODE		
			01	Duns (Dun & Bradstreet)	
			14	Duns Plus Suffix	
			20	Health Industry Number (HIN)	
			27	CODE SOURCE 121: Health Industry Number Carrier Identification Number as assigned by Hea Care Financing Administration (HCFA)	alth
			28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administratio (HCFA)	on
			29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)	
			30	U.S. Federal Tax Identification Number	
			33	National Association of Insurance Commissione Company Code (NAIC)	rs
			ZZ	Mutually Defined	
REQUIRED	ISA06	106		Sender ID M 1 AN 15 de published by the sender for other parties to use as the rec to them; the sender always codes this value in the sender ID	

#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

REQUIRED	EQUIRED ISA07 I05		0	<b>) Qualifier</b> he system/method of code structure u er ID element being qualified	M 1 sed to des	ID ignate th	<b>2/2</b> ne		
			This ID qualifies the Receiver in ISA08.						
			CODE	DEFINITION					
			01	Duns (Dun & Bradstreet)					
			14	Duns Plus Suffix					
			20	Health Industry Number (HIN)					
			27	CODE SOURCE 121: Health Industry Nu Carrier Identification Number a Care Financing Administration	ealth Industry Number tion Number as assigned by		y Health		
			28	Fiscal Intermediary Identificati assigned by Health Care Finan (HCFA)			ation		
			29	Medicare Provider and Supplie Number as assigned by Health Administration (HCFA)			9		
			30	U.S. Federal Tax Identification	Number				
			33	National Association of Insura Company Code (NAIC)	nce Com	missio	ners		
			ZZ	Mutually Defined					
REQUIRED	ISA08	107	Interchange Receiver ID M 1 AN Identification code published by the receiver of the data; When sending, it by the sender as their sending ID, thus other parties sending to them will u as a receiving ID to route data to them						
REQUIRED	ISA09	108	Interchange D Date of the interc		M 1	DT	6/6		
			The date form	at is YYMMDD.					
REQUIRED	ISA10	109	Interchange Time Time of the interchange		М 1	тм	4/4		
			The time form	at is HHMM.					
REQUIRED	ISA11	165	element; this field of a simple data e	cable; the repetition separator is a deli d provides the delimiter used to separa element or a composite data structure data element separator, component e	ate repeate this value	ed occuri e must be	ences Ə		
REQUIRED	ISA12	<b>I</b> 11		ontrol Version Number the version number of the interchange	M 1 control se	<b>ID</b> gments	5/5		
			CODE	DEFINITION					
			00501	Standards Approved for Public Procedures Review Board thro	-				
REQUIRED	ISA13	l12		ontrol Number r assigned by the interchange sender	M 1	N0	9/9		
			The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.						
			Must be a pos value in IEA02	itive unsigned number and mus	t be ider	ntical to	the		

CONTROL SEGMEN	тѕ			ASC X12N • IN TE	ISURANCE S CHNICAL RE		
REQUIRED	ISA14	<b>I13</b>	Acknowledgment Requested M 1 ID 1/ Code indicating sender's request for an interchange acknowledgment				
			See Section B.1.1.5.1 for interchange acknowledgment information				mation.
			CODE	DEFINITION			
			0	No Interchange Acknowledg	ment Reque	ested	
			1	Interchange Acknowledgmer	nt Requeste	ed (TA	1)
REQUIRED	ISA15	l14	Interchange Usage Indicator M 1 ID 1/1 Code indicating whether data enclosed by this interchange envelope is test, production or information				
			CODE	DEFINITION			
			Р	Production Data			
			т	Test Data			
REQUIRED	ISA16	115	Type is not ap data element; elements withi	Element Separator blicable; the component element separ this field provides the delimiter used to in a composite data structure; this valu- separator and the segment terminator	separate cor	nponer	nt data

SEGMENT DETAIL								
	G	S - FU	NCTIONAL GROUP HEADER					
X12 Segment I	Name: Fu	Functional Group Header						
X12 Pur	r <b>pose:</b> To	indicate th	ne beginning of a functional group and to provide control information					
X12 Comn	nents: 1	<ol> <li>A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.</li> </ol>						
Segment R	epeat: 1							
ι	Jsage: RE	QUIRED						
TR3 Exa			NDER CODE*RECEIVER 1231*0802*1*X*005010X222~					
DIAGRAM								
GS * 「	ID Code	GS02 Applicati Send's Co M 1 AN	ode * Rec's Code * * Number					
	esponsible lency Code 1 ID 1/2	* Ver/Relea ID Cod M 1 AN	e ~					
USAGE	REF. DES.	DATA ELEMENT	NAME ATTRIBUTES					
REQUIRED	GS01	479	Functional Identifier Code         M 1         ID         2/2           Code identifying a group of application related transaction sets         2/2					
			This is the 2-character Functional Identifier Code assigned to each transaction set by X12. The specific code for a transaction set defined by this implementation guide is presented in section 1.2, Version Information.					
REQUIRED	GS02	142	Application Sender's CodeM 1AN2/15Code identifying party sending transmission; codes agreed to by trading partners					
			Use this code to identify the unit sending the information.					
REQUIRED	GS03	124	Application Receiver's Code         M 1         AN         2/15           Code identifying party receiving transmission; codes agreed to by trading partners					
			Use this code to identify the unit receiving the information.					
REQUIRED	GS04	373	Date M 1 DT 8/8 Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year					
			SEMANTIC: GS04 is the group date.					
			Use this date for the functional group creation date.					

CONTROL SEGMEN	ITS		ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3
REQUIRED	GS05	337	TimeM 1TM4/8Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, orHHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S =integer seconds (00-59) and DD = decimal seconds; decimal seconds areexpressed as follows: D = tenths (0-9) and DD = hundredths (00-99)
			SEMANTIC: GS05 is the group time.
			Use this time for the creation time. The recommended format is HHMM.
REQUIRED	GS06	28	Group Control Number M 1 N0 1/9 Assigned number originated and maintained by the sender
			<b>SEMANTIC:</b> The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.
			For implementations compliant with this guide, GS06 must be unique within a single transmission (that is, within a single ISA to IEA enveloping structure). The authors recommend that GS06 be unique within all transmissions over a period of time to be determined by the sender.
REQUIRED	GS07	455	Responsible Agency CodeM 1ID1/2Code identifying the issuer of the standard; this code is used in conjunction with Data Element 4801/2
			CODE DEFINITION
			X Accredited Standards Committee X12
REQUIRED	GS08	480	<b>Version / Release / Industry Identifier Code M1 AN 1/12</b> Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed
			CODE SOURCE 881: Version / Release / Industry Identifier Code
			This is the unique Version/Release/Industry Identifier Code assigned to an implementation by X12N. The specific code for a transaction set defined by this implementation guide is presented

in section 1.2, Version Information.

DEFINITION

Standards Approved for Publication by ASC X12

Procedures Review Board through October 2003

CODE

005010X222

SEGMENT DETAIL									
	GE	GE - FUNCTIONAL GROUP TRAILER							
X12 Segment Na	ame: Fund	Functional Group Trailer							
X12 Purp	ose: To ir	To indicate the end of a functional group and to provide control information							
X12 Commo		1. The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.							
Segment Re	peat: 1								
Us	age: REC	UIRED							
TR3 Exan	nple: GE*	GE*1*1~							
DIAGRAM									
	1 97 mber of ncluded N0 1/6	GE02 Group C Numbe M 1 N0							
USAGE	REF. DES.	DATA ELEMENT	NAME	. <u></u>	ATTRIBU	TES			
REQUIRED	GE01	97	<b>Number of Transaction Sets Included</b> Total number of transaction sets included in the functional g (transmission) group terminated by the trailer containing this			0			
REQUIRED	GE02	28 Group Control Number M 1 N0 1/9 Assigned number originated and maintained by the sender				1/9			
			<b>SEMANTIC:</b> The data interchange control number GE02 in this identical to the same data element in the associated functio GS06.						

SEGMENT DETAIL								
	IEA - INTERCHANGE CONTROL TRAILER							
X12 Segment Nam	e: Interchange	terchange Control Trailer						
X12 Purpos		Fo define the end of an interchange of zero or more functional groups and nterchange-related control segments						
Segment Repea	t: 1	1						
Usag	e: REQUIRED	REQUIRED						
TR3 Example	ble: IEA*1*00000905~							
DIAGRAM								
IEA * Num of Funct G M 1 NO		õer ~						
ELEMENT DETAIL								
USAGE	REF. DATA DES. ELEMEN	NAME		ATTRIBU	TES			
REQUIRED IE	A01 I16	Number of Included Functional Groups A count of the number of functional groups included in an i	M 1 ntercha	N0 Inge	1/5			
REQUIRED IE/	A02 I12	Interchange Control Number A control number assigned by the interchange sender	M 1	N0	9/9			

D

# **Change Summary**

This Implementation Guide defines X12N implementation 005010X222 of the Health Care Claim: Professional. It is based on version/release/subrelease 005010 of the ASC X12 standards. The previous X12N implementation of the Health Care Claim: Professional was 004050X143, based on version/release/subrelease 004050 of the ASC X12 standards.

Implementation of 005010X222 contains significant changes and clarifications. It can only be used with other trading partners who have also implemented 005010X222. Below is a high-level description of the substantive changes from the previous version.

# D.1 Global Changes

- **1.** All Situational notes throughout this implementation guide have changed to comply with ASC X12N implementation guide standards.
- **2.** The guide contains many revisions to informational notes within the various loops, segments and data elements. The revisions add explanatory text.
- 3. Billing Provider as well as all 2310x and 2420x provider loops contain instruction on the use of the HIPAA National Provider Identifier (NPI) both prior to, and after, the nationally mandated implementation date for that identifier. In instances where a provider identifier is reported, the National Provider Identifier is reported in NM109 data element with a NM108 qualifier of XX. The EIN and SSN qualifiers have been removed from all provider related NM108 elements. Any secondary or proprietary identifiers are reported in the secondary identifier REF segments. For a more detailed explanation of NPI usage, see Section 1.10 National Provider Identifier Usage within the HIPAA 837 Transaction.
- The G2 qualifier replaces program-specific codes such as 1A, Blue Cross; 1B, Blue Shield; 1C, Medicare, 1D, Medicaid; 1H, Champus; etc. to designate a proprietary identifier in all Secondary Identification provider segments.
- **5.** The following qualifiers have been revised to assign specific values in place of generic values:
  - The Provider Taxonomy Code has replaced the generic value of **ZZ** (Mutually Defined) with the specific value of **PXC** (Health Care Provider Taxonomy Code).
  - The qualifier for the HIPAA Individual Patient Identifier has replaced the generic value of **ZZ** (Mutually Defined) with the specific value of **II** (Standard Unique Health Identifier for each individual in the United States).
- 6. In order to report payer-specific provider identifiers, prior authorization, and referral, numbers for non-destination payers at the service line level, data element **REF04** is used to indicate the payer associated with the identifier in **REF01** and **REF02**.
- 7. Requirements for address segments (N3 and N4) have changed. The underlying code sets for country codes and sub-country codes, as well as for

postal zones (ZIP Codes in the US) have been enhanced for greater international mailing uniformity.

- References to "Insured" in notes and implementation names have changed to the more descriptive term "Subscriber". See Section 1.5 Business Terminology and Section 1.4.3.2.2.2, Subscriber / Patient Hierarchical Level (HL) Segment for more information.
- **9.** Changes have been made to support the National Plan Identifier, if mandated for use. This identifier is accommodated in the following loops:
  - Pay-to Plan Name, Loop ID-2010AC
  - Payer Name, Loop ID-2010BB
  - Other Payer Name, Loop ID-2330B
- **10.** All aliases have been removed from the guide.
- 11. Line level segments and elements related to the Oxygen Therapy Certificate of Medical Necessity have been deleted or changed to Not Used. The information will be reported in Loop ID-2440 Supporting Information (FRM) segment. The individual segments, elements, and code deletions are included in the Detailed Changes.

# D.2 Detailed Changes

# **Front Matter**

ASC X12N implementation guide standards for the content and organization of Front Matter sections have changed for this version. The items listed below are those where significant changes have occurred. This list does not include section numbering changes.

- **12.** The explanation of COB reporting (Section 1.4.1) is enhanced and a crosswalk chart and examples are added to show how destination and non-destination payer related information is reported on primary and secondary claims. The COB section includes several new supplemental explanations:
  - COB claims generated from paper or proprietary remittance advices (Section 1.4.1.3).
  - Medicaid subrogation claims (Section 1.4.1.5).
- **13.** A section is added to specify the balancing requirements for the 837 transaction (Section 1.4.4).
- **14.** A section is added to explain allowed and approved amount reporting and calculations (Section 1.4.5).
- **15.** Business Terminology (Section 1.5) is expanded to include new definitions of Bundling, Claim, Encounter, Inpatient, Outpatient, Pay-to-Plan Claims, and Unbundling. Other definitions were updated.
- **16.** A section is added (Section 1.10) to describe the use of the National Provider Identifier (NPI) with the 837 transaction.
- **17.** A section is added (Section 1.11) to explain the reporting of drug claims with the 837 transaction.

- **18.** A section is added (Section 1.12) to address a number of additional 837 reporting instructions, including:
  - Individuals with one legal name,
  - Rejecting claims based on the inclusion of situational data,
  - Multiple REF segments with the same qualifier,
  - Provider Tax ID's,
  - Claim and line redundant information,
  - Inpatient and outpatient designation, and
  - Trading partner acknowledgments.

# **Transaction Header**

- **19.** The value of the Implementation Reference Number (**ST03**) has changed to 005010X222, which represents the guide ID for this implementation guide.
- **20.** The Beginning of Hierarchical Transaction (**BHT**) segment includes examples for a claim and an encounter.

# Loop ID-2000A

- **21.** Beginning with the 5010 version, the Billing Provider must be a health care or atypical service provider (as described in **Section 1.10.1** Providers Who Are Not Eligible for Enumeration).
- **22.** The Pay-to Provider loop has been renamed and is now called the Pay-to Address Name loop (Loop ID-2010AB). Its one and only purpose is to supply an alternate location to send reimbursement.
- 23. Due to the change in function of the Pay-to Address Name loop, the only permitted value for the Provider Code (PRV01) in the Billing Provider Specialty Information (PRV) segment is BI (Billing). The guide no longer supports value PT (Pay-To).
- **24.** The Situational Rule for the Billing Provider Taxonomy (**PRV**) segment has been expanded to enable non-individual taxonomies to be used.
- 25. The segment notes for the Foreign Currency Information (CUR) segment now include the instruction that all amounts reported in the transaction be of the currency named in the CUR segment. If there is no CUR segment, then all amounts will be in US dollars.

# Loop ID-2010AA

- **26.** The Billing Provider loop contains no payer-specific provider identifiers. When it is necessary to send a payer-specific provider identifier, it must be sent in either the Payer Name loop (Loop ID-2010BB) or the Other Payer Name loop (Loop ID-2330B).
- 27. The only provider identifiers allowed in the Billing Provider loop are:
  - the NPI
  - the provider's taxpayer id
  - the provider's state license number

- the provider's UPIN
- 28. The Billing Provider Name segment contains the NPI, which is Situational.
- **29.** The Billing Provider Address must be a street address. Other types of mailing addresses for the Billing Provider (such as a Post Office Box or a Lock Box) must be sent in the Pay-To Address Name loop.
- **30.** The Billing Provider Secondary Identification Number segment has split into two named **REF** segments: the Billing Provider Tax Identification segment and the Billing Provider UPIN/License Information segment.
- **31.** The Billing Provider Tax Identification (**REF**) segment is required and contains the provider's taxpayer identifier to be used for 1099 reporting purposes.
- **32.** The Billing Provider UPIN / License Information segment is situational and can contain the license number, the UPIN or both identifiers. If the provider has an NPI and is required by HIPAA to send the NPI, then this segment is not used.
- **33.** The Claim Submitter Credit/Debit Card Information (**REF**) segment has been deleted.
- **34.** The Billing Provider Contact Name (**PER02**) is Required in the first iteration of the Billing Provider Contact Information segment. If a second iteration of the segment is sent, **PER02** is Not Used.

# Loop ID-2010AB

- **35.** The Pay-To Address Name loop replaces the Pay-To Provider Name loop. Its sole purpose is to supply an alternate location to send reimbursement. There are no names and no identifiers in the Pay-To Address Name loop.
- **36.** The Pay-To Provider Secondary Identification Number (**REF**) segment has been removed.

# Loop ID-2010AC

- **37.** The usage of the Pay-to Plan Name loop has expanded and is no longer limited to Medicaid subrogation.
- **38.** The qualifier in **NM101** has been changed to no longer use the generic value **ZZ** Mutually Defined) in favor of the more specific value **PE** (Payee).
- **39.** The Pay-to Plan secondary **REF** segments have been "flattened". There are now two distinct segments, each with a repeat count of one. The segments are the Pay-to Plan Secondary Identification segment and the Pay-to Plan Tax Identification segment.

# Loop ID-2000B

**40.** The Subscriber / Patient hierarchy has changed to follow the same principles used in other HIPAA transactions, such as Eligibility Request/Response and Claim Status Inquiry/Response. The basic principles are as follows:

- If the patient has a unique identifier assigned by the destination payer in Loop ID-2010BB, then the patient is considered to be the subscriber and is sent in the Subscriber loop (Loop ID-2000B) and the Patient Hierarchical Level (Loop ID-2000C) is not used.
- If the patient is different than the subscriber and the patient does not have a unique identifier, then the subscriber information is sent in Loop ID-2000B and the patient information is sent in Loop ID-2000C.
- **41.** There are new values for the Payer Responsibility Sequence Number Code (**SBR01**). The new values support sequencing of up to 11 payers. The new values also include a value of U (Unknown) to be used in certain payer-to-payer COB situations.
- 42. The Situational Rule for the Subscriber Group Name (SBR04) has changed.
- **43.** The list of valid values for the Claim Filing Indicator Code (**SBR09**) has changed.

# Loop ID-2010BA

- **44.** The Subscriber Primary Identifier and its qualifier (**NM108** and **NM109**) are now required.
- **45.** The Situational Rule for the Subscriber Address segments (**N3** and **N4**) has changed.
- **46.** The Situational Rule for the Subscriber Demographic Information segment (**DMG**) has changed.
- **47.** The Repeat Count for the Subscriber Secondary Identification (**REF**) segment has decreased to one. The only permitted value for the Subscriber Secondary Identification (**REF**) segment is the subscriber's Social Security Number (qualifier **SY**).
- **48.** Added Property and Casualty Subscriber Contact Information (**PER**) segment.

# Loop ID-2010BB

- **49.** By adding an informational note to the Payer Name segment, the usage of this segment and loop now explicitly supports designating a repricer as the destination payer.
- 50. The element notes for the qualifier for the Payer Identifier (NM108/NM109) now contain specific instructions on when to use the HIPAA National Plan ID (value XV) vs. when to use the generic Payer Identifier (value PI).
- **51.** Loop ID-2010BB (Payer Name) now contains the Billing Provider Secondary Information (**REF**) segment. This new segment contains provider identifiers that were formerly sent in the Billing Provider loop.
- 52. Loop ID-2010BC (Credit/Debit Card Holder Name) has been deleted.

# Loop ID-2000C

**53.** The Situational Rule for the Patient Hierarchical Level has changed in support of the revised Subscriber / Patient hierarchy. The loop is required only when the patient is not the subscriber and the patient does not have a unique identifier assigned by the destination payer. In this case, the patient can only be identified when associated with the subscriber.

# Loop ID-2010CA

- **54.** The Patient Primary Identifier and associated qualifier (**NM108/NM109**) are now Not Used.
- 55. The Patient Secondary Identification (REF) segment has been deleted.
- 56. Added Property and Casualty Patient Contact Information (PER) segment.

# Loop ID-2300

- **57.** The Total Claim Charge Amount (**CLM02**) now explicitly states that it must be the sum of the service line charge amounts (sum of the **SV102**'s.)
- **58.** The usage for the Facility Code Qualifier (**CLM05-2**) has changed from Not Used to Required.
- **59.** CLM07 has changed from Situational to Required.
- 60. The element note for the Provider Accept Assignment Code (CLM07) has changed to be more specific in its usage for Medicare claims and non-Medicare claims. Value P (Patient Refuses to Assign Benefits) has been removed.
- 61. A new value has been added to CLM08, the Benefits Assignment Certification Indicator. The new value is W (Not Applicable), which means that the patient has refused to assign benefits to the provider. In the previous version, CLM07 = P carried this message.
- 62. The Situational Rule for the Related Causes Information composite (CLM11) has been clarified. Value AP (Another Party Responsible) has been deleted from CLM11-1. Component CLM11-3 of element CLM11 has changed to Not Used.
- **63.** The Situational Rule for **CLM11-4** (Auto Accident State or Province Code) has changed to be more specific.
- **64.** Combined the Loop ID-2300 Date-Disability Begin and Date-Disability End segments into one segment entitled Date-Disability Dates. This was accomplished by adding qualifiers 314 and 361 to DTP01 along with notes instructing when each of the three qualifiers is to be used. Added notes to DTP02 qualifiers instructing when each of the qualifiers are to be used with respect to the value in DTP01.
- **65.** Date Assumed and Relinquished Care Dates (**DTP**) notes have been expanded to include usage beyond Medicare.

- 66. Added Date Property and Casualty Date of First Contact (DTP) segment.
- 67. Added Date Repricer Received Date (DTP) segment.
- **68.** Available values in the Attachment Report Type Code (**PWK01**) have been expanded.
- **69.** The Attachment Transmission Code (**PWK02**) has added new value **FT** (File Transfer) to designate that the attachment is available from an attachment warehouse (vendor).
- **70.** The Situational Rule for both **PWK05** and **PWK06** has changed to support **PWK02 = FT**.
- **71.** The maximum field length for the Attachment Control Number (**PWK06**) is now 50 characters.
- **72.** The Credit / Debit Card Maximum Amount (**AMT**) segment has been removed.
- 73. The Total Purchased Service Amount (AMT) segment has been deleted.
- **74.** The Situational Rule for the Service Authorization Exception Code (**REF**) segment has been clarified.
- **75.** The Prior Authorization or Referral Number (**REF**) segment is now two distinct segments: the Referral Number segment; and the Prior Authorization segment. The qualifiers did not change.
- **76.** The segment notes for the Payer Claim Control Number (**REF**) segment have been clarified.
- 77. The repeat count for the Clinical Laboratory Improvement (CLIA) Number (REF) segment has been reduced to 1.
- **78.** Claim Identifier for Transmission Intermediaries is the new name for the Claim Identification Number for Clearinghouses and Other Transmission Intermediaries segment. The qualifier (**REF01 = D9**) did not change.
- **79.** The situational rule and usage notes for the Care Plan Oversight (**REF**) segment have been clarified.
- **80.** The Repriced Claim Number (**REF**) and the Adjusted Repriced Claim Number (**REF**) segments have been added to the 2300 loop.
- **81.** The Situational Rule has been clarified for the File Information (**K3**) segment. Segment notes explain the process for applying for an exception to be allowed to use the segment.
- **82.** The qualifier **PMT** has been deleted from **NTE01** of the Claim Note (**NTE**) segment.
- **83.** Usage of **CR103** of the Ambulance Transport Information (**CR1**) segment changed from Required to Not Used.

- **84.** Situational Rule for Ambulance Certification (**CRC**) segment has been clarified.
- **85.** Qualifiers **02** and **03** were deleted from **CRC03** of the Ambulance Certification (**CRC**) segment.
- 86. The Situational Rule for the EPSDT Referral (CRC) segment was clarified.
- 87. Deleted data element note from HI01 of the Health Care Diagnosis Code (HI) segment which states "E codes are Not Used in HI01 except when defined by the claims processor but they may be put in any other HI element using BF qualifier."
- 88. The Health Care Diagnosis Code (HI) segment has added an additional qualifier (ABK) to HI01-1 and qualifier ABF to HI02-1 through HI08-1 with extensive usage notes to support ICD-10-CM Diagnosis Codes (if allowed under HIPAA).
- 89. Changed HI09, HI10, HI11, and HI12 of the Health Care Diagnosis Code (HI) segment from Not Used to Situational in order to enable reporting up to 12 diagnoses.
- 90. Added Anesthesia Related Procedure (HI) segment.
- **91.** The Situational Rule for the claim-level Claim Pricing / Repricing Information (**HCP**) segment has been clarified. The Situational Rules for the data elements within the segment have also been clarified.
- **92.** The Home Health Care Plan Information Loop (**Loop ID-2305**) has been deleted. This loop included the **CR7** and **HSD** segments.

# Loop ID-2310A

- **93.** The Situational Rule for the claim-level Referring Provider loop has been clarified.
- **94.** The Referring Provider must be a person. (Loop ID-2310A|NM102 must be a '**1**'.)
- **95.** The only identifier allowed in the Referring Provider Name segment (**NM108** and **NM109**) is the National Provider Identifier (NPI). The identifier has a usage of Situational.
- **96.** The Referring Provider Specialty Information (**PRV**) segment has been deleted.
- **97.** The segment repeat for the Referring Provider Secondary Identifier (**REF**) segment has been reduced to 3.
- 98. The list of valid qualifiers for the Referring Provider Secondary Identifier (REF01) now contains only 0B (State License Number), 1G (Provider UPIN Number) and G2 (Provider Commercial Number). The specific values such as 1B (Blue Shield Provider Number), 1D (Medicaid Provider Number) etc. have been removed. In their place, use G2.

# Loop ID-2310B

- **99.** The Situational Rule for the claim-level Rendering Provider loop has been clarified.
- 100. The only identifier allowed in the Rendering Provider Name segment (NM108 and NM109) is the National Provider Identifier (NPI). The identifier has a usage of Situational.
- **101.** The segment repeat for the Referring Provider Secondary Identifier (**REF**) segment has been reduced to 4.
- 102. The list of valid qualifiers for the Rendering Provider Secondary Identifier (Loop ID-2310A | REF01) now contains only 0B (State License Number), 1G (Provider UPIN Number), G2 (Provider Commercial Number) and LU (Location Number). The specific values such as 1B (Blue Shield Provider Number), 1D (Medicaid Provider Number) etc. have been removed. In their place, use G2.

# Loop ID-2310C through Loop ID-2310G

- **103.** Purchased Service Provider Name Loop (Loop ID-2310C in X143) has been deleted. This resulted in the following loop name changes. These changes are listed showing the X143 Loop ID first followed by the Loop ID as named within this implementation.
  - Purchased Service Provider Loop ID-2310C to Not Used.
  - Service Facility Location Name Loop ID-2310D moved to Loop ID-2310C
  - Supervising Provider Name Loop ID-2310E moved to Loop ID-2310D
  - Ambulance Pick-up Location Loop ID-2310F moved to Loop ID-2310E
  - Ambulance Drop-off Location Loop ID-2310G moved to Loop ID-2310F

# Loop ID-2310C

- **104.** The segment name for the Service Facility Location is now the Service Facility Location Name.
- **105.** The Situational Rule for the claim-level Service Facility Location Name loop has been clarified.
- 106. The Entity Identifier Code (NM101) in the Service Facility Location Name segment must be '77'. The qualifiers FA (Facility), LI (Independent Lab), and TL (Testing Laboratory) have been deleted.
- **107.** The only identifier allowed in the Service Facility Location Name segment (**NM108** and **NM109**) is the National Provider Identifier (NPI).
- The usage for the Laboratory or Facility Primary Identifier (NM108 and NM109) has changed from Required to Situational.
- **109.** The Repeat Count for the Service Facility Location Secondary Identification segment is now three.
- **110.** The list of valid qualifiers for the Service Facility Location Name Secondary Identifier (Loop ID-2310A | EF01) now contains only **0B** (State License

Number), **G2** (Provider Commercial Number) and **LU** (Location Number). The specific values such as **1B** (Blue Shield Provider Number), **1D** (Medicaid Provider Number) etc. have been removed. In their place, use **G2**.

111. Added Service Facility Contact Information (PER) segment.

# Loop ID-2310D

- **112.** The only identifier allowed in the Supervising Provider Name segment (**NM108** and **NM109**) is the National Provider Identifier (NPI). The identifier has a usage of Situational.
- **113.** The Repeat Count for the Service Facility Location Secondary Identification segment is now three.
- 114. The list of valid qualifiers for the Supervising Provider Secondary Identifier (Loop ID-2310A | REF01) now contains only 0B (State License Number), 1G (Provider UPIN Number), G2 (Provider Commercial Number) and LU (Location Number). The specific values such as 1B (Blue Shield Provider Number), 1D (Medicaid Provider Number) etc. have been removed. In their place, use G2.

# Loop ID-2310E

**115.** The Ambulance Pick-up Location Name (**NM103**) element has been changed to Not Used.

# Loop ID-2310F

- **116.** Segment notes for Ambulance Drop-off Location Address (N3) segment (Loop 2310F) were deleted.
- **117.** Segment notes for Ambulance Drop-off Location City, State, Zip Code (N4) segment (Loop 2310F) were deleted.

# Loop ID-2320

- **118.** There are new values for the Payer Responsibility Sequence Number Code (**SBR01**). The new values support sequencing of up to 11 payers.
- 119. The Situational Rule for the Subscriber Group Name (SBR04) has changed.
- **120.** The usage of The Insurance Type Code (**SBR05**) has changed from Required to Situational.
- **121.** The Insurance Type Code (**SBR05**) values have been modified to match the Loop ID-2000B SBR05 list.
- **122.** The list of valid values for the Claim Filing Indicator Code (**SBR09**) has changed.
- **123.** The segment notes and Situational Rule for the Claim Adjustment (**CAS**) segment have been clarified.

- **124.** The Situational Rules for the various elements in the **CAS** segment have been clarified.
- **125.** The COB Allowed Amount (**AMT**) segment in has been removed.
- 126. The COB Patient Responsibility Amount (AMT) segment has been removed.
- **127.** The COB Discount Amount (AMT) segment has been removed.
- **128.** The COB Per Day Limit Amount (AMT) segment has been removed.
- 129. The COB Patient Paid Amount (AMT) segment has been removed.
- 130. The COB Tax Amount (AMT) segment has been removed.
- **131.** The COB Total Claim Before Taxes Amount (**AMT**) segment has been removed.
- **132.** The COB Total Non-Covered Amount (**AMT**) segment has been added.
- 133. The Remaining Patient Liability (AMT) segment has been added.
- **134.** The Subscriber Demographic Information (**DMG**) segment has been removed.
- 135. A new value has been added to OI03 (Benefits Assignment Certification Indicator). The new value is W (Not Applicable), which means that the patient has refused to assign benefits to the provider.
- **136.** The Situational Rule for the Outpatient Adjudication Information (**MOA**) segment has been clarified.

# Loop ID-2330A

- **137.** The Segment Notes for the Other Subscriber have been clarified.
- **138.** The Other Subscriber Primary Identifier and its qualifier (**NM108** and **NM109**) are now required.
- **139.** The Repeat Count for the Subscriber Secondary Identification (**REF**) segment has reduced to one.
- **140.** The only permitted value for the Subscriber Secondary Identification (**REF**) segment is the subscriber's Social Security Number (qualifier **SY**).

# Loop ID-2330B

- 141. The element notes for the Other Payer Primary Identifier (Loop ID-2330B | NM108-NM109) contain instructions for using the HIPAA National Plan ID, when issued.
- **142.** The Other Payer Contact Information (**PER**) segment has been removed.
- **143.** The Claim Adjudication Date (**DTP**) segment has been renamed to Claim Check or Remittance Date.

- **144.** Several qualifiers have been removed from the Other Payer Secondary Identifier (**REF**) segment and one new qualifier has been added.
- **145.** The Other Payer Prior Authorization or Referral Number (**REF**) segment is now two distinct segments: the Other Payer Referral Number segment; and the Other Payer Prior Authorization segment. The qualifiers did not change.
- **146.** The segment and element notes in the Other Payer Claim Adjustment Indicator (**REF**) segment have been clarified.
- 147. The Other Payer Claim Control Number (REF) segment has been added.

# Loop ID-2330C through Loop ID-3230H

- **148.** The Other Payer Patient Information loop (formerly Loop ID-2330C) has been removed. If the payer in Loop ID-2330B has assigned a unique identifier to the patient, then the patient must be sent in the Other Subscriber loop. The deletion of the Other Payer Patient Information Loop resulted in the following loop name changes. These changes are listed showing the X143 Loop ID first followed by the Loop ID as named within this implementation.
  - Other Payer Patient Information Loop ID-2330C to Not Used.
  - Other Payer Referring Provider Loop ID-2330D to Loop ID-2330C
  - Other Payer Rendering Provider Loop ID-2330E to Loop ID-2330D
  - Other Payer Purchased Service Provider Loop ID-2330F to Not Used
  - Other Payer Service Facility Location Loop ID-2330G to Loop ID-2330E
  - Other Payer Supervising Provider Loop ID-2330H to Loop ID-2330F

# Loop ID-2330C

149. The list of valid qualifiers for the Other Payer Referring Provider Secondary Identifier (REF01) now contains only 0B (State License Number), 1G (Provider UPIN Number) and G2 (Provider Commercial Number). The specific values such as 1B (Blue Shield Provider Number), 1D (Medicaid Provider Number) etc. have been removed. In their place, use G2.

# Loop ID-2330D

150. The list of valid qualifiers for the Other Payer Rendering Provider Secondary Identifier (REF01) now contains only 0B (State License Number), 1G (Provider UPIN Number), G2 (Provider Commercial Number) and LU (Location Number). The specific values such as 1B (Blue Shield Provider Number), 1D (Medicaid Provider Number) etc. have been removed. In their place, use G2.

# Loop ID-2330E

- 151. The Entity Identifier Code (NM101) in the Other Payer Service Facility Location Name segment must be '77'. The qualifiers FA (Facility), LI (Independent Lab), and TL (Testing Laboratory) have been deleted.
- **152.** The list of valid qualifiers for the Other Payer Service Facility Location Secondary Identification (**REF01**) now contains only **0B** (State License Num-

ber), **G2** (Provider Commercial Number) and **LU** (Location Number). The specific values such as **1B** (Blue Shield Provider Number), **1D** (Medicaid Provider Number) etc. have been removed. In their place, use **G2**.

# Loop ID-2330F

- **153.** Deleted Other Payer Purchased Service Provider Loop. See Loop ID-2330C through Loop ID-3230H section of the change log for Loop renaming detail.
- 154. The list of valid qualifiers for the Other Payer Supervising Provider Secondary Identification (REF01) now contains only 0B (State License Number), 1G (Provider UPIN Number), G2 (Provider Commercial Number) and LU (Location Number). The specific values such as 1B (Blue Shield Provider Number), 1D (Medicaid Provider Number) etc. have been removed. In their place, use G2.

# Loop ID-2330G

**155.** Added Other Payer Billing Provider Loop

# Loop ID-2400

- **156.** The Service Line (LX) segment has been renamed to Service Line Number.
- **157.** Notes added to **SV101-1** qualifiers **ER** and **WK** of the Professional Service (**SV1**) segment to clarify usage.
- 158. The usage of the Procedure Description (SV101-7) has been clarified.
- **159.** The usage of the Line Item Charge Amount (**SV102**) has been clarified. The amount is inclusive of the provider's base charge and any applicable tax and/or postage claimed amounts reported in the service line's relative (**AMT**) segments.
- **160.** The usage of the Composite Diagnosis Pointer (**SV107**) has been changed from Situational to Required.
- **161.** Component note changed in **SV107-1** to indicate the valid values have changed from 1 through 8 to 1 through 12.
- **162.** The usage of the EPSDT Indicator (**SV111**) has been clarified.
- 163. Added the Line Supplemental Information (PWK) segment.
- **164.** Usage of the Ambulance Transport Code (**CR103**) has been changed from Required to Not Used.
- 165. The Spinal Manipulation Service Information (CR2) segment was removed.
- 166. The Home Oxygen Therapy Information (CR5) segment was removed.
- 167. Situational Rule of the Ambulance Certification (CRC) segment was clarified.

168. CRC03 Condition Codes 02 (Patient was bed confined before the ambulance service), **03** (Patient was bed confined after the ambulance service), and **60** (Transportation was to the nearest facility) have been removed from the Ambulance Certification (CRC) segment. 169. The usage of the Date Last Seen (DTP) segment has been clarified. **170.** The Date - Test (**DTP**) segment has been renamed to Date - Test Date. 171. The Date - Oxygen Saturation/Arterial Blood Gas Test (DTP) segment has been removed **172.** The usage of the Date-Last X-Ray Date (**DTP**) segment has been clarified. 173. The Date - Acute Manifestation (DTP) segment has been removed. 174. The usage of the Date - Initial Treatment Date (DTP) segment has been clarified. **175.** Added the Obstetric Anesthesia Additional Units (**QTY**) segment. 176. The codes for Gas Test Rate (GRA) and Oxygen (ZO) have been removed from the Test Result Measurement Qualifiers (MEA02). **177.** Segment usage notes pertaining to gualifiers "GRA" and "ZO" of the Test Result (MEA) segment have been removed. 178. The Situational Rule for the Contract Information (CN1) segment has been clarified. 179. The Situational Rules for the Contract Information (CN1) situational data elements have been clarified. 180. The usage of the Repriced Line Item Reference Number (REF) segment has been clarified. 181. The usage of the Adjusted Repriced Line Item Reference Number (REF) segment has been clarified. 182. The (line level) Prior Authorization or Referral Number (REF) segment is now two distinct segments: the Referral Number segment: and the Prior Authorization segment. The qualifiers did not change. Segment repeats changed from 2 to 5. 183. TR3 note added to the Prior Authorization and Referral Number (REF) segments to indicate that composite REF04 is used when it is necessary to report one or more non-destination paver Prior Authorization Numbers. **184.** The usage of **REF04** in the Prior Authorization and Referral Number (**REF**) segments has been changed from Not Used to Situational. This composite data element is used to identify a non-destination payer. In prior versions, Loop ID-2420G was used for this purpose with limited capacity. **185.** The usage notes for the Line Item Control Number (**REF**) segment have been clarified.

- **186.** The reference to "Medicare" has been deleted from the Situational Rule of the Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification (**REF**) segment.
- **187.** A reference to "federal law or regulations" has been added to the Situational Rule for the Immunization batch Number (**REF**) segment.
- 188. The Universal Product Number (UPN) (REF) segment has been removed.
- 189. The usage of the Sales Tax Amount (AMT) segment has been clarified.
- **190.** The Allowed Amount (**AMT**) segment has been removed.
- **191.** The usage of the Postage Claimed Amount (**AMT**) segment has been clarified.
- 192. The Situational Rule has been clarified for the line-item File Information (K3) segment. Segment notes explain the process for applying for an exception to be allowed to use the segment.
- 193. The usage of the Line Item Note (NTE) segment has been clarified.
- **194.** The qualifier **PMT** (Payment) has been removed from **NTE01** of the Line Note (**NTE**) segment.
- 195. The Health care Services Delivery (HSD) segment has been removed.
- **196.** The usage of the Line Pricing/Repricing Information (**HCP**) segment has been clarified.
- **197.** The listed values in Product or Service ID Qualifier (**HCP09**) have been modified to be in sync with the qualifiers listed in SV101-1.
- **198.** The value **F2** (International Unit) has been removed from the Unit or Basis for Measurement Code (**HCP11**) element to be in sync with the qualifiers listed in SV103.

# Loop ID-2410

- **199.** The usage of the Drug Quantity (**CTP**) segment has been changed from Situational to Required. Notes were deleted.
- **200.** The name of the Prescription Number (**REF**) segment has been changed to Prescription or Compound Drug Association Number.
- **201.** The Situational Rule and TR3 Notes of the Prescription or Compound Drug Association Number (**REF**) segment have been clarified.
- **202.** Added the qualifier **VY** (Link Sequence Number) to the Prescription or Compound Drug Association Number (**REF**) segment.

# Loop ID-2420A

**203.** The Situational Rule and usage notes for the Rendering Provider loop have been clarified.

- **204.** The usage for the Rendering Provider Identifier and its associated qualifier (**NM108/NM109**) has changed from Required to Situational. The only valid qualifier is **XX**, which signifies the CMS National Provider Identifier (NPI).
- **205.** The usage notes for the Rendering Provider Secondary Identification (**REF**) segment have been clarified.
- 206. The list of valid qualifiers for the Rendering Provider Secondary Identifier (REF01) now contains only 0B (State License Number), 1G (Provider UPIN Number), G2 (Provider Commercial Number) and LU (Location Number). The specific values such as 1B (Blue Shield Provider Number), 1D (Medicaid Provider Number) etc. have been removed. In their place, use G2.
- **207.** The Rendering Provider Secondary Identifier (**REF**) segment now allows identification of a specific payer (the destination payer named in Loop ID-2010BB or a specified payer from the Other Payer loop (Loop ID-2330B). If the identifier belongs to the destination payer, then composite **REF04** is not used. If the identifier belongs to a specific non-destination payer, then **REF04** indicates the specific non-destination payer.
- **208.** The repeat count for the Rendering Provider Secondary Identifier (**REF**) segment increased from five to 20.

# Loop ID-2420B

- **209.** The Situational Rule and usage notes for the Purchased Service Provider loop have been clarified.
- 210. The usage notes for the Purchased Service Provider Identifier and its associated qualifier (NM108/NM109) have been clarified. The only valid qualifier is XX, which signifies the CMS National Provider Identifier (NPI).
- **211.** The usage notes for the Purchased Service Provider Secondary Identification (**REF**) segment have been clarified.
- 212. The list of valid qualifiers for the Purchased Service Provider Secondary Identifier (REF01) now contains only 0B (State License Number), 1G (Provider UPIN Number), G2 (Provider Commercial Number) and LU (Location Number). The specific values such as 1B (Blue Shield Provider Number), 1D (Medicaid Provider Number) etc. have been removed. In their place, use G2.
- 213. The Purchased Service Provider Secondary Identifier (REF) segment now allows identification of a specific payer (the destination payer named in Loop ID-2010BB or a specified payer from the Other Payer loop (Loop ID-2330B). If the identifier belongs to the destination payer, then composite REF04 is not used. If the identifier belongs to a specific non-destination payer, then REF04 indicates the specific non-destination payer.
- **214.** The repeat count for the Purchased Service Provider Secondary Identifier (**REF**) segment increased from five to 20.

# Loop ID-2420C

- **215.** The segment name for the Service Facility Location is now the Service Facility Location Name.
- **216.** The Situational Rule for the line-level Service Facility Location Name loop has been clarified.
- 217. The Entity Identifier Code (NM101) in the Service Facility Location Name segment must be '77'. The qualifiers FA (Facility), LI (Independent Lab), and TL (Testing Laboratory) have been deleted.
- **218.** The only identifier allowed in the Service Facility Location Name segment (**NM108** and **NM109**) is the National Provider Identifier (NPI).
- **219.** The usage for the Laboratory or Facility Primary Identifier (**NM108** and **NM109**) has changed from Required to Situational.
- **220.** The usage notes for the Service Facility Location Name Provider Secondary Identification (**REF**) segment have been clarified.
- 221. The list of valid qualifiers for the Service Facility Location Name Provider Secondary Identifier (REF01) now contains only 0B (State License Number), 1G (Provider UPIN Number), G2 (Provider Commercial Number) and LU (Location Number). The specific values such as 1B (Blue Shield Provider Number), 1D (Medicaid Provider Number) etc. have been removed. In their place, use G2.
- **222.** The Service Facility Location Name Provider Secondary Identifier (**REF**) segment now allows identification of a specific payer (the destination payer named in Loop ID-2010BB or a specified payer from the Other Payer loop (Loop ID-2330B). If the identifier belongs to the destination payer, then composite **REF04** is not used. If the identifier belongs to a specific non-destination payer, then **REF04** indicates the specific non-destination payer.
- **223.** The repeat count for the Service Facility Location Name Provider Secondary Identifier (**REF**) segment increased from five to 20.

# Loop ID-2420D

- **224.** The Situational Rule and usage notes for the Supervising Provider loop have been clarified.
- **225.** The usage notes for the Supervising Provider Identifier and its associated qualifier (**NM108/NM109**) have been clarified. The only valid qualifier is **XX**, which signifies the CMS National Provider Identifier (NPI).
- **226.** The usage notes for the Supervising Provider Secondary Identification (**REF**) segment have been clarified.
- 227. The list of valid qualifiers for the Supervising Provider Secondary Identifier (REF01) now contains only 0B (State License Number), 1G (Provider UPIN Number), G2 (Provider Commercial Number) and LU (Location Number). The specific values such as 1B (Blue Shield Provider Number), 1D (Medicaid Provider Number) etc. have been removed. In their place, use G2.

- 228. The Supervising Provider Secondary Identifier (REF) segment now allows identification of a specific payer (the destination payer named in Loop ID-2010BB or a specified payer from the Other Payer loop (Loop ID-2330B). If the identifier belongs to the destination payer, then composite REF04 is not used. If the identifier belongs to a specific non-destination payer, then REF04 indicates the specific non-destination payer.
- **229.** The repeat count for the Supervising Provider Secondary Identifier (**REF**) segment increased from five to 20.

# Loop ID-2420E

- **230.** The Situational Rule and usage notes for the Ordering Provider loop have been clarified.
- 231. The usage notes for the Ordering Provider Identifier and its associated qualifier (NM108/NM109) have been clarified. The only valid qualifier is XX, which signifies the CMS National Provider Identifier (NPI).
- **232.** The usage notes for the Ordering Provider Secondary Identification (**REF**) segment have been clarified.
- 233. The list of valid qualifiers for the Ordering Provider Secondary Identifier (REF01) now contains only 0B (State License Number), 1G (Provider UPIN Number), G2 (Provider Commercial Number) and LU (Location Number). The specific values such as 1B (Blue Shield Provider Number), 1D (Medicaid Provider Number) etc. have been removed. In their place, use G2.
- **234.** The Ordering Provider Secondary Identifier (**REF**) segment now allows identification of a specific payer (the destination payer named in Loop ID-2010BB or a specified payer from the Other Payer loop (Loop ID-2330B). If the identifier belongs to the destination payer, then composite **REF04** is not used. If the identifier belongs to a specific non-destination payer, then **REF04** indicates the specific non-destination payer.
- **235.** The repeat count for the Ordering Provider Secondary Identifier (**REF**) segment increased from five to 20.

# Loop ID-2420F

- **236.** The Situational Rule and usage notes for the Referring Provider loop have been clarified.
- **237.** The usage notes for the Referring Provider Identifier and its associated qualifier (**NM108/NM109**) have been clarified. The only valid qualifier is **XX**, which signifies the CMS National Provider Identifier (NPI).
- **238.** The Referring Provider Specialty Information (**PRV**) segment has been removed.
- **239.** The usage notes for the Referring Provider Secondary Identification (**REF**) segment have been clarified.
- 240. The list of valid qualifiers for the Referring Provider Secondary Identifier (REF01) now contains only 0B (State License Number), 1G (Provider UPIN)

Number), **G2** (Provider Commercial Number) and **LU** (Location Number). The specific values such as **1B** (Blue Shield Provider Number), **1D** (Medicaid Provider Number) etc. have been removed. In their place, use **G2**.

- 241. The Referring Provider Secondary Identifier (**REF**) segment now allows identification of a specific payer (the destination payer named in Loop ID-2010BB or a specified payer from the Other Payer loop (Loop ID-2330B). If the identifier belongs to the destination payer, then composite **REF04** is not used. If the identifier belongs to a specific non-destination payer, then **REF04** indicates the specific non-destination payer.
- **242.** The repeat count for the Referring Provider Secondary Identifier (**REF**) segment increased from five to 20.

# Loop ID-2420G through Loop ID-2420I

- **243.** The Other Payer Prior Authorization or Referral Number (**Loop ID-2420G**) loop has been removed. This resulted in the following loop name changes. These changes are listed showing the X143 Loop ID first followed by the Loop ID as named within this implementation.
  - Other Payer Prior Authorization or Referral Number Loop ID-2420G to Not Used.
  - Ambulance Pick-up Location Loop ID-2420H moved to Loop ID-2420G
  - Ambulance Drop-off Location Loop ID-2420I moved to Loop ID-2420H

# Loop ID-2420H

**244.** The Loop Repeat Ambulance Drop-off Location (**NM1**) segment has been changed from 5 to 1.

# Loop ID-2430

- **245.** The Loop Repeat of the Line Adjudication Information (**SVD**) segment has been changed from 25 to 15.
- **246.** The Situational Rule and the usage notes for the Line Item Adjudication loop have been clarified.
- 247. Crosswalk references to specific elements in the ASC X12 835 Payment / Remittance Advice transaction have been removed.
- **248. SVD01** element note of the Line Adjudication Information (SVD) segment was clarified.
- 249. The usage of SVD03-1 codes IV (Home Infusion EDI Coalition (HIEC) Product/Service Code) and WK (Advanced Billing Concepts (ABC) Codes) have been clarified.
- **250.** Added **SVD03-8** to the Line Adjudication Information (**SVD**) segment (Loop 2430). The component is Not Used.
- **251.** Added element note to **SVD05** of the Line Adjudication Information (**SVD**) segment to indicate a maximum length of 8 digits excluding the decimal. When decimal used, maximum digits allowed to the right of decimal is three.

- **252.** The usage notes for **SVD06** Bundled or Unbundled Line Number have been clarified.
- **253.** The Segment Repeat of the Line Adjustment (CAS) segment has been changed from 99 to 5.
- **254.** The usage of the Line Adjustment (**CAS**) segment and some if its elements have been clarified.
- **255.** The segment name for the **DTP** segment changed from Line Adjudication Date to the more descriptive Line Check or Remittance Date.
- **256.** The Remaining Patient Liability (AMT) segment has been added.

# Loop ID-2440

**257.** The Loop Repeat of the Form Identification Code loop has been changed from 5 to 1.

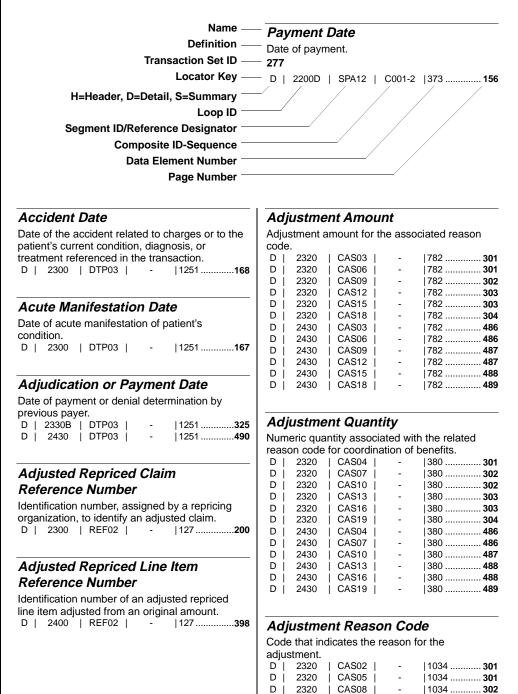
# **Data Element Glossary**

E.1

Ε

# Data Element Name Index

This section contains an alphabetic listing of data elements used in this implementation guide. Consult the X12N Data Element Dictionary for a complete list of all X12N Data Elements. Data element names in normal type are generic ASC X12 names. Italic type indicates a health care industry defined name.



#### 005010X222 • 837 HEALTH CARE CLAIM: PROFESSIONAL

<b>D</b> 1	2320	CAS11		1034 <b>302</b>
D		I CASII		
DΪ	2320	CAS14	i -	1034 303
Dİ	2320	CAS17	i -	1034 304
	2430	CAS02	· · -	1034 <b>486</b>
			-	
D	2430	CAS05	-	1034 <b>486</b>
D	2430	CAS08	-	1034 <b>487</b>
D	2430	CAS11	-	1034 <b>487</b>
D	2430	CAS14	- 1	1034 <b>488</b>
рi	2430	CAS17	i -	1034 488
Am	bulan	ce Drop	o-off Ac	dress
Line		•		
		- 6 4 1		turn an aut
		of the am	ibulance	transport
D	off loca 2310F		1	166 202
		N301	-	166 <b>292</b>
D	2310F	N302	-	166 <b>292</b>
	2420H	N301	-	166 <b>477</b>
D	2420H	N302	-	166 <b>477</b>
A	huler	00 D	AH 0:	ty Nome
		•		ty Name
		the ambu	ulance tra	ansport drop-off
locati				
	2310F	N401	-	
D	2420H	N401	-	19 <b>478</b>
Am	bulan	ce Drop	o-off Lo	ocation
Name	e of the	ambulan	ce transp	ort drop-off
		ambalan	be trailep	
Incoti				
locati				14025 204
D	2310F	NM103	•	1035 <b>291</b>
D   D	2310F 2420H	NM103   NM103 <b>ce Drop</b>	i -	1035 <b>476</b>
D   D   <b>Ami</b> <b>Zon</b> Posta	2310F 2420H bulance e or Z al zone	i NM103	i - <b>o-off Pc</b> e IP code c	1035 <b>476</b>
D   D   Ami Zon Posta trans	2310F 2420H bulance e or Z al zone port dro	Ce Drop Ce Drop CIP Code code or Z op-off loca	i - <b>p-off Pc</b> e IP code c tion.	1035 <b>476</b>
D   D   Ami Zon Posta trans D	2310F 2420H	i NM103	- - off Pc e IP code c tion.   -	1035 476
D   D   Ami Zon Posta trans D	2310F 2420H bulance e or Z al zone port dro	i NM103	i - <b>p-off Pc</b> e IP code c tion.	1035 <b>476</b>
D   D   Ami Zon Posta trans D	2310F 2420H	i NM103	- - off Pc e IP code c tion.   -	1035 476
D   D   Ami Zon Posta trans D   D	2310F 2420H bulance e or Z al zone port dro 2310F 2420H	NM103 <b>Ce Drop</b> <b>CIP Code</b> code or Z p-off loca   N403   N403	- <b>D-Off Pc</b> <b>e</b> IP code c tion.   -   -	1035 476 <b>Destal</b> of the ambulance   116 294   116 479
D   D   Ami Zon Posta trans D   D   Ami	2310F 2420H bulance e or Z al zone e port dro 2310F 2420H bulance	i NM103 <b>Ce Drop</b> <b>CIP Code</b> code or Z p-off loca N403 N403 <b>Ce Drop</b>	- <b>D-Off Pc</b> <b>e</b> IP code c tion.   -   -	1035 476 <b>Destal</b> of the ambulance   116 294   116 479
D   D   Ami Zon Posta trans D   D   D   Ami Pro	2310F 2420H bulance e or Z al zone port dro 2310F 2420H bulance vince	NM103	off Pc e IP code c tion. I - I - D-off St	1035 476 <b>ostal</b> of the ambulance   116 294   116 479 <b>ate or</b>
D   D   D   <b>Ami</b> <b>Zon</b> Posta trans D   D   D   <b>Ami</b> <b>Pro</b> State	2310F 2420H bulance e or Z al zone port dro 2310F 2420H bulance vince e or prov	NM103	off Pc e IP code c tion. I - I - D-off St	1035 476 <b>Destal</b> of the ambulance   116 294   116 479
D   D   D   <b>Ami</b> <b>Zon</b> Posta trans D   D   D   <b>Ami</b> <b>Pro</b> State drop-	2310F 2420H bulance e or Z al zone o port dro 2310F 2420H bulance vince e or prov off loca	NM103	off Pc e IP code o tion.   -  off St e ambula	1035 476 <b>Destal</b> of the ambulance   116 294   116 479 <b>ate or</b> ance transport
D   D   D   <b>Ami</b> <b>Zon</b> Posta trans D   D   D   <b>Ami</b> <b>Pro</b> State drop-	2310F 2420H bulance e or Z al zone port dro 2310F 2420H bulance vince e or prov	NM103	off Pc e IP code c tion. I - I - D-off St	1035 476 <b>ostal</b> of the ambulance   116 294   116 479 <b>ate or</b>
D   D   D   Ami Posta trans D   D   D   Ami Pro State drop- D	2310F 2420H bulance e or Z al zone o port dro 2310F 2420H bulance vince e or prov off loca	NM103	off Pc e IP code o tion.   -  off St e ambula	1035 476 <b>Destal</b> of the ambulance   116 294   116 479 <b>ate or</b> ance transport   156 294
D   D   D   Ami Posta trans D   D   D   Ami Pro State drop- D	2310F 2420H bulance e or Z al zone e port dro 2310F 2420H bulance vince or prov off loca 2310F	NM103		1035 476 <b>Destal</b> of the ambulance   116 294   116 479 <b>ate or</b> ance transport   156 294
D   D   D   Amil Zon Posta trans D   D   D   State drop- D   D   D	2310F 2420H bulance e or Z al zone port dro 2310F 2420H bulance vince cor prov off loca 2310F 2420H	i NM103	off Pc e IP code c tion.   -  off St e ambula   -   -	1035 476 <b>Dostal</b> of the ambulance   116 294   116 479 <b>ate or</b> ance transport   156 294   156 479
D   D   D   Amil Zon Posta trans D   D   D   State drop- D   D   D	2310F 2420H bulance e or Z al zone port dro 2310F 2420H bulance vince cor prov off loca 2310F 2420H	NM103	off Pc e IP code c tion.   -  off St e ambula   -   -	1035 476 <b>Dostal</b> of the ambulance   116 294   116 479 <b>ate or</b> ance transport   156 294   156 479
D   D   D   Amil Zon Posta trans D   D   D   State drop- D   D   Amil	2310F 2420H bulance e or Z al zone port dro 2310F 2420H bulance or prov off loca 2310F 2420H	i NM103 Ce Drop ClP Code code or Z p-off loca   N403   N403 Ce Drop Code vince of th tion.   N402   N402 Ce Patie	off Pc	1035 476 <b>Dostal</b> of the ambulance   116 294   116 479 <b>ate or</b> ance transport   156 294   156 479 Junt
D   D   D   Ami Zon Posta trans D   D   Posta trans D   D   Ami D   D   Ami Ami Num	2310F 2420H bulance e or Z al zone of port dro 2310F 2420H bulance vince 2310F 2420H bulance 2310F 2420H	i NM103 Ce Drop ClP Code code or Z p-off loca   N403   N403 Ce Drop Code vince of th tion.   N402   N402 Ce Patie atients in		1035 476 <b>Dostal</b> of the ambulance   116 294   116 479 <b>ate or</b> ance transport   156 294   156 479 <b>Junt</b> ce transport.
D   D   D   Ami Zon Posta trans D   D   Posta trans D   D   Ami D   D   Ami Ami Num	2310F 2420H bulance e or Z al zone of port dro 2310F 2420H bulance vince 2310F 2420H bulance 2310F 2420H	i NM103 Ce Drop ClP Code code or Z p-off loca   N403   N403 Ce Drop Code vince of th tion.   N402   N402 Ce Patie		1035 476 <b>Dostal</b> of the ambulance   116 294   116 479 <b>ate or</b> ance transport   156 294   156 479 Junt
D   D   D   Ami Zon Posta trans D   D   Posta trans D   D   Ami D   D   Ami Ami Num	2310F 2420H bulance e or Z al zone of port dro 2310F 2420H bulance vince 2310F 2420H bulance 2310F 2420H	i NM103 Ce Drop ClP Code code or Z p-off loca   N403   N403 Ce Drop Code vince of th tion.   N402   N402 Ce Patie atients in		1035 476 <b>Dostal</b> of the ambulance   116 294   116 479 <b>ate or</b> ance transport   156 294   156 479 <b>Junt</b> ce transport.
D   D   D   Amil Zon Posta trans D   D   Posta trans D   D   Amil Pro State drop- D   D   Numl D	2310F 2420H bulance e or Z al zone port dro 2310F 2420H bulance vince 2310F 2420H bulance vince 2310F 2420H bulance vince 2310F 2420H	i NM103 Ce Drop CIP Code code or Z p-off loca   N403   N403 Ce Drop Code vince of th tion.   N402   N402 Ce Patie atients in   QTY02		1035 476 <b>Dostal</b> of the ambulance   116
D   D   D   Ami Zon Posta trans D   D   D   State drop- D   D   D   Ami Ami	2310F 2420H bulance port dro 2310F 2420H bulance or prov off loca 2310F 2420H bulance bulance bulance bulance bulance bulance bulance 2400	i NM103 Ce Drop ClP Code code or Z p-off loca   N403   N403 Ce Drop Code vince of th tion.   N402   N402 Ce Patie atients in		1035 476 <b>Dostal</b> of the ambulance   116
D   D   D   Amil Zon Posta trans D   D   Posta trans D   D   Amil Pro State drop- D   D   Numl D	2310F 2420H bulance port dro 2310F 2420H bulance or prov off loca 2310F 2420H bulance bulance bulance bulance bulance bulance bulance 2400	i NM103 Ce Drop CIP Code code or Z p-off loca   N403   N403 Ce Drop Code vince of th tion.   N402   N402 Ce Patie atients in   QTY02		1035 476 <b>Dostal</b> of the ambulance   116
D   D   D   Amil Zon Posta trans D   D   D   State drop- D   D   D   Amil Amil Amil Amil Line	2310F 2420H bulance port dro 2310F 2420H bulance or prov off loca 2310F 2420H bulance bulance bulance bulance bulance 2400	i NM103	 off Pc e IP code of tion.   - off St e ambulan   - up Ad	1035 476 <b>Dostal</b> of the ambulance   116
D   D   D   <b>Ami</b> <b>Zon</b> Posta trans D   D   D   <b>Ami</b> <b>Ami</b> <b>D</b>   D   D   <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>AmiAmi</b> <b>Ami</b> <b>Ami</b> <b>Ami</b> <b>AmiA</b>	2310F 2420H bulance port dro 2310F 2420H bulance or prov off loca 2310F 2420H bulance bulance bulance bulance bulance bulance bulance cor prov 2400 bulance bulance cor prov 2400 bulance cor prov 2400 cor prov 2400	i NM103	 off Pc e IP code of tion.   - off St e ambulan   - up Ad	1035 476 <b>Dostal</b> of the ambulance   116
D   D   D   D   Zon Posta trans D   D   D   D   D   D   D   Ami Ami D   D   D   Ami D   D   D	2310F 2420H bulance e or Z al zone of port dro 2310F 2420H bulance vince of prov off loca 2310F 2420H bulance bulance bulance 2310F 2420H	i NM103 Ce Drop ClP Code code or Z p-off loca   N403   N403 Ce Drop Code vince of th tion.   N402 Ce Patie atients in   QTY02 Ce Picke of the arr	 -off Pc e IP code of tion. off St e ambulan up Ad 	1035 476 <b>Dostal</b> of the ambulance   116
D   D   D   D   Zon Posta trans D   D   D   D   D   D   D   Ami D   D   D   Ami Line Addru locati D   D	2310F 2420H bulance e or Z al zone of port dro 2310F 2420H bulance vince vince 2310F 2420H bulance bulance bulance bulance 2310F 2420H bulance 2310F 2420H bulance 2310F 2420H bulance 2310F 2420H bulance 2310F 2420H	i NM103 Ce Drop ClP Code code or Z p-off loca I N403 N403 Ce Drop Code vince of th tion. I N402 I N402 Ce Patie atients in I QTY02 Ce Picke of the am I N301	 off Pc e IP code of tion. off St e ambula e ambulan up Ad up Ad up Ad	1035 476 <b>Dostal</b> of the ambulance   116
D   D   D   D   Zon Posta trans D   D   D   D   D   D   D   Muml D   D   D   Ami Addrr Iocati D   D   D	2310F 2420H 2420H 2420H 2420H 2310F 2420H	i NM103 Ce Drop CIP Code code or Z p-off loca I N403 N403 Ce Drop Code rince of th tion. I N402 I N402 Ce Patie atients in I QTY02 Ce Picke of the am I N301 I N302	- -off Pc e IP code of tion.   - - -off St e ambula   - ent Cou ambulan   - - -up Ad abulance   - -	1035 476   1035 476   116
D   D   D   Amil Zon Posta trans D   D   D   Mmil D   D   Amil Line Addrr locati D   D   D   D	2310F 2420H bulance e or Z al zone port dro 2310F 2420H bulance vince 2310F 2420H bulance vince 2310F 2420H bulance ber of p. 2400 bulance cor prov. 2400 bulance 2310F 2420H bulance 2310F 2420H	i NM103 Ce Drop ClP Code code or Z p-off loca I N403 N403 Ce Drop Code vince of th tion. I N402 I N402 Ce Patie atients in I QTY02 Ce Picke of the am I N301	 off Pc e IP code of tion. off St e ambula e ambulan up Ad up Ad up Ad	1035 476 <b>Dostal</b> of the ambulance   116

#### ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

Ambulance Pick-up City Name							
City name of the amb location.	ular	nce tra	nsport pie	:k-up			
D   2310E   N401 D   2420G   N401	 	-		288 473			

#### Ambulance Pick-up Postal Zone or ZIP Code

Postal zone code or ZIP code of the ambulance					
transport pick-up loca	tion.				
D   2310E   N403		-	116 <b>289</b>		
D   2420G   N403		-	116 <b>474</b>		

#### Ambulance Pick-up State or Province Code

State or provin pick-up locatio	ne ar	nbula	nce transport
D   2310E   D   2420G		-	

# Ambulance Transport Reason Code

Code indicating the reason for ambulance transport.

D		CR104	-	1317 <b>212</b>
D	2400	CR104	-	1317 <b>369</b>

### **Amount Qualifier Code**

Code to qualify amount.
-------------------------

D	2300	AMT01	-	522.	188
D	2320	AMT01	-	522.	305
D	2320	AMT01	-	522.	306
D	2320	AMT01	-	522.	307
D	2400	AMT01	-	522.	409
D	2400	AMT01	-	522.	410
D	2430	AMT01	-	522.	491

#### Anesthesia Related Surgical Procedure

#### **Assigned Number**

Number assigned for differentiation within a							
transaction set.							
D	2400	Ι	LX01	I	-	554	350

#### Assignment or Plan Participation Code

An indication, used by a health plan, that the provider does or does not accept assignment of benefits.

altoine provider provider care.       D       2300       DTP03       -       1251179         Attachment Control Number       Identification number of attachment related to the claim.       D       2010AA       NM104       -       1036	JBCOMMITTEE E 3	005010X222 ● 837 HEALTH CARE CLAIM: PROFESSIONAL
Attachment Control Number         Identification number of attachment related to         D       2300       PWK06       -       67       185         D       2300       PWK06       -       167       185         Attachment Report Type Code       Gode to specify the type of attachment that is       Identification number for the provider or organization in whose name the bill is submitted and to whom payment should be made.       D       2010AA   NM109   -       167       96         Attachment Report Type Code       Code to specify the type of attachment that is       D       2010AA   NM109   -       167       96         D       2300       PWK01   -       1755       183       Billing Provider Last or       Organization nume of the provider billing or b	<b>Date</b> Date post-operative care was assumed by another provider, or date provider ceased	Person at billing organization to contact regarding the billing transaction.
Attachment Control Number         Identification number of attachment related to         the claim.         D   2300   PWK06   -  67365         D   2400   PWK06   -  67365         Attachment Report Type Code         Code to specify the type of attachment that is         related to the claim.         D   2300   PWK01   -  755365         D   2400   PWK01   -  755366         Attachment Transmission Code         Code defining timing, transmission Code         Code defining timing, transmission method or         format by which an attachment report is to be         sent or has been sent.         D   2300   PWK02   -  756367         Auto Accident State or         Province Code         State or Province where auto accident occurred.         D   2300   CLM11   C024-4   156162         Benefits Assignment         Certification Indicator         A code showing whether the provider has a signed form authonizing the third party payer to ravider.         D   2010AA   NM105   -  1037	D   2300   DTP03   -  1251 179	_
D       2300       PWK06       -       167       185         D       2400       PWK06       -       167       167         Attachment Report Type Code       code to specify the type of attachment that is related to the claim.       D       200       PWK01       -       167       96         D       2300       PWK01       -       1755       183       Billing Provider Last or Organization name of the provider       D       200       PWK01       -       1755       183         D       2400       PWK01       -       1755       363       D       2400       PWK01       -       1755       363         D       2400       PWK01       -       1755       363       D       2010AA       NM103       -       11035       11037       11035       11037       11035       11037       1	Identification number of attachment related to	First name of the billing provider or billing entity D   2010AA   NM104   -  1036
Code to specify the type of attachment that is related to the claim.       Billing Provider Last or         D   2300   PWK01   -  755	D   2300   PWK06   -  67185 D   2400   PWK06   -  67365	Identification number for the provider or or organization in whose name the bill is submitted and to whom payment should be made.
Attachment Transmission Code         Code defining timing, transmission method or format by which an attachment report is to be sent or has been sent.       D   2000A   NM103   -  1035	Code to specify the type of attachment that is           related to the claim.           D   2300   PWK01   -  755	Organizational Name Last name or organization name of the provider
Billing Provider Middle Name         State or Province where auto accident occurred.         D   2300   CLM11   C024-4   156	Code defining timing, transmission method or format by which an attachment report is to be sent or has been sent.         184           D   2300   PWK02   -         1756	<b>Billing Provider License and/or</b> <b>UPIN Information</b> License identification or Unique Provide Identification Number (UPIN) assigned to the
State or Province where auto accident occurred.       D         D       2300       CLM11       C024-4       156         Begin Therapy Date       The middle name or initial of the provider billing for services.       D       2010AA       NM105       -       11037       1037         Date therapy begins.       D       2400       DTP03       -       11251       1251       84         Benefits Assignment       Certification Indicator       A code showing whether the provider has a signed form authorizing the third party payer to pay the provider       D       2010AA       NM107       -       11039       1039       84         Billing Provider Postal Zone or       Billing Provider Postal Zone or       Billing Provider Postal Zone or       84		
Date therapy begins.         D   2400   DTP03   -  1251	State or Province where auto accident occurred. D   2300   CLM11   C024-4  156 162	<i>or Initial</i> The middle name or initial of the provider billing
Benefits Assignment       provider or billing entity submitting the claim.         Certification Indicator       D   2010AA   NM107   -  1039	Date therapy begins.	Billing Provider Name Suffix
signed form authorizing the third party payer to pay the provider Postal Zone or	Certification Indicator	provider or billing entity submitting the claim.
D   2300   CLM08   -       1073	signed form authorizing the third party payer to pay the provider. D   2300   CLM08   -  1073	<b>ZIP Code</b> Postal zone code or ZIP code for the provider or billing entity billing for services.

#### Billing Provider Secondary Identifier

Secondary identification number for the provider or organization in whose name the bill is submitted and to whom payment should be made. D | 2010BB | REF02 | - |127 ..... 141

# | 2010AA | N403 | - |116.....

#### Billing Provider Address Line Address line of the billing provider or billing entity address. D | 2010AA | N301 | | 166 ..... **91** -D | 2010AA | N302 | -| 166 ..... **91**

#### **Billing Provider City Name**

City of the billing provider or billing entity 

Billing Provider State or	Claim Filing Indicator Code
Province Code	Code identifying type of claim or expected
State or province for provider or billing entity	adjudication process.
billing for services.	D   2000B   SBR09   -  1032118
D   2010AA   N402   -  156 93	D   2320   SBR09   -  1032 298
Billing Provider Tax	Claim Frequency Code
Identification Number	Code specifying the frequency of the claim. This
Tax identification number for the provider or	is the third position of the Uniform Billing Claim
organization in whose name the bill is submitted	Form Bill Type.
and to whom payment should be made. D   2010AA   REF02   -  127	D   2300   CLM05   C023-3  1325 159
	Claim Note Text
Bundled or Unbundled Line	Narrative text providing additional information related to the claim.
Number	D   2300   NTE02   -  352 210
Identification of line item bundled or unbundled	
by payer in coordination of benefits.	
D   2430   SVD06   -  554 483	Claim Payment Remark Code
	Code identifying the remark associated with the
Care Blan Overeight Northan	payment.
Care Plan Oversight Number	D   2320   MOA03   -  127 <b>31</b> 1
Medicare provider number of the home health	D   2320   MOA04   -  127311
agency or hospice providing Medicare covered	D   2320   MOA05   -  127311 D   2320   MOA06   -  127311
services to the patient for the period during which CPO services were furnished and for	D   2320   MOA00   -  127
which the physician signed the plan of care.	
D   2300   REF02   -  127	
	Claim or Encounter Identifier
	Code indicating whether the transaction is a
Certification Condition Code	claim or reporting encounter information.
Applies Indicator	H     BHT06   -  64072
Code indicating whether or not the condition	
codes apply to the patient or another entity.	Clinical Laboratory
D   2300   CRC02   -  1073 224	-
	Improvement Amendment
Certification Condition Indicator	Number
	The CLIA Certificate of Waiver or the CLIA
Code indicating whether or not the condition codes apply to the patient or another entity.	Certificate of Registration Identification Number
D   2300   CRC02   -  1073	assigned to the laboratory testing site that rendered the services on this claim.
D   2300   CRC02   -  1073 219	D   2300   REF02   -  127
D   2300   CRC02   -  1073 221	D   2400   REF02   -  127
D   2400   CRC02   -  1073	
D   2400   CRC02   -  1073 <b>379</b>	Co-Pay Status Code
Certification Revision or	A code indicating the status of the co-payment
	requirements for this service.
Recertification Date	D   2400   SV115   -  1327 358
Date the certification was revised or recertified.	
D   2400   DTP03   -  1251 383	Codo Catogory
	Code Category
Certification Type Code	Specifies the situation or category to which the
	code applies. D   2300   CRC01   -  1136216
Code indicating the type of certification. D   2400   CR301   -  1322	D   2300   CRC01   -  1136219
	D   2300   CRC01   -  1136221
	D   2400   CRC01   -  1136
Claim Adjustment Group Code	D   2400   CRC01   -  1136
Code identifying the general category of	D   2400   CRC01   -  1136 378
payment adjustment.	
D   2320   CAS01   -  1033 <b>301</b>	Code List Qualifier Code
D   2430   CAS01   -  1033 485	
	Code identifying a specific industry code list.

MAY 2006

• •						
	D	2300	H	1102	C022-1	1270 <b>240</b>
	D	2300	H	101	C022-1	1270 <b>242</b>
	D	2300		1102	C022-1	1270 <b>243</b>
	D	2300		1103	C022-1	1270 <b>244</b>
	D	2300		104	C022-1	1270 <b>245</b>
	D	2300		1105	C022-1	1270 <b>245</b>
	D	2300		1106	C022-1	1270 <b>246</b>
	D	2300	H	1107	C022-1	1270 <b>247</b>
	D	2300	H	108	C022-1	1270 <b>248</b>
	D	2300	H	1109	C022-1	1270 <b>248</b>
	D	2300	H	H10	C022-1	1270 <b>249</b>
	D	2300	H	1111	C022-1	1270 <b>250</b>
	D	2300	H	112	C022-1	1270 <b>251</b>
	D	2440	L	Q01	-	1270 <b>493</b>

#### Code Qualifier

Code identifying the type of unit or

measureme	ent.		
D   2300	CRC01	-	1136 <b>223</b>
D   2410	CTP05	C001-1	355 <b>427</b>

#### **Communication Number**

Complete communications number including	
country or area code when applicable	

000	.,			~~~~~	0.0.0	
Н	1000A	PER04	1	-	364	77
Н	1000A	PER06	1	-	364	78
Н	1000A	PER08	1	-	364	78
D   2	2010AA	PER04	1	-	364	99
D   2	2010AA	PER06	1	-	364	. 100
D   2	2010AA	PER08	1	-	364	. 100
D   2	2010BA	PER04	1	-	364	. 132
D   2	2010BA	PER06	1	-	364	. 132
D   2	2010CA	PER04	1	-	364	. 156
D   2	2010CA	PER06	1	-	364	. 156
D	2310C	PER04	1	-	364	. 278
D	2310C	PER06		-	364	. 279
D	2420E	PER04	1	-	364	. 463
D	2420E	PER06		-	364	. 463
D	2420E	PER08		-	364	. 464

#### **Communication Number** Qualifier

Code identifying the type of communication number

nun	nber.					
н	1000A	PER03	-	36	5 <b>7</b>	7
н	1000A	PER05	-	36	5 <b>7</b>	7
н	1000A	PER07	-	36	5 <b>7</b>	8
D	2010AA	PER03	-	36	5 <b>9</b>	9
D	2010AA	PER05	-	36	5 <b>9</b>	9
D	2010AA	PER07	-	36	5 <b>10</b>	0
D	2010BA	PER03	-	36	5 <b>13</b>	2
D	2010BA	PER05	-	36	5 <b>13</b>	2
D	2010CA	PER03	-	36	5 <b>15</b>	6
D	2010CA	PER05	-	36	5 <b>15</b>	6
D	2310C	PER03	-	36	5 <b>27</b>	8
D	2310C	PER05	-	36	5 <b>27</b>	8
D	2420E	PER03	-	36	5 <b>46</b>	3
D	2420E	PER05	-	36	5 <b>46</b>	3
D	2420E	PER07	-	36	5 <b>46</b>	4

# **Condition Code**

Code(s) used to identify condition(s) relating to this bill or relating to the patient.

D	2300	CRC03	-	1321 <b>217</b>
D	2300	CRC04	-	1321 <b>217</b>
D	2300	CRC05	-	1321 <b>217</b>
D	2300	CRC06	-	1321 <b>218</b>

#### 005010X222 • 837 HEALTH CARE CLAIM: PROFESSIONAL

D	2300	CRC07	-	1321 <b>218</b>
D	2300	CRC03	-	1321 <b>220</b>
Dİ	2300	CRC04	-	1321 220
Dİ	2300	CRC05	-	1321 220
Dİ	2300	CRC06	-	1321 220
Dİ	2300	CRC07	-	1321 220
Dİ	2300	HI01	C022-2	1271 <b>242</b>
Dİ	2300	HI02	C022-2	1271 <b>243</b>
Dİ	2300	HI03	C022-2	1271 <b>244</b>
Dİ	2300	HI04	C022-2	1271 <b>245</b>
Dİ	2300	HI05	C022-2	1271 <b>245</b>
Dİ	2300	HI06	C022-2	1271 <b>246</b>
Dİ	2300	HI07	C022-2	1271 <b>247</b>
Dİ	2300	HI08	C022-2	1271 <b>248</b>
Dİ	2300	HI09	C022-2	1271 <b>248</b>
Dİ	2300	HI10	C022-2	1271 <b>249</b>
D	2300	HI11	C022-2	1271 <b>250</b>
D	2300	HI12	C022-2	1271 <b>251</b>
D	2400	CRC03	-	1321 <b>374</b>
D	2400	CRC04	-	1321 <b>374</b>
Dİ	2400	CRC05	-	1321 <b>374</b>
Dİ	2400	CRC06	-	1321 <b>375</b>
Dİ	2400	CRC07	-	1321 <b>375</b>

### **Condition Indicator**

Code	indica	ting a conditi	ion	
D	2300	CRC03	-	1321.

	2000			1021
D	2300	CRC04	-	1321 <b>224</b>
D	2300	CRC05	-	1321 <b>225</b>
D	2400	CRC03	-	1321 <b>377</b>
D	2400	CRC03	-	1321 <b>379</b>
D	2400	CRC04	-	1321 <b>379</b>

224

## **Contact Function Code**

Code identifying the major duty or responsibility

of th	ne person	or group	nar	ned.		
ΗI	1000A	PER01	1	-	366	77
D	2010AA	PER01	1	-	366	99
D	2010BA	PER01	1	-	366	132
D	2010CA	PER01	1	-	366	156
D	2310C	PER01	1	-	366	278
D	2420E	PER01		-	366	463

#### Contract Amount

Fixed monetary amount pertaining to the contract

CONTR	act			
D	2300	CN102	-	782 <b>186</b>
D	2400	CN102	-	782 <b>395</b>

#### Contract Code

Code identifying the specific contract,

established by the payer.							
D	2300	CN10	4	-	127	187	
D	2400	CN10	4	-	127	396	

#### Contract Percentage

Percent of charges payable under the contract					
D	2300	CN103	-	332	187
D	2400	CN103	-	332	396

#### **Contract Type Code**

Code	identify			
D	2300	CN101	-	1166 <b>186</b>
D	2400	CN101	-	1166 <b>395</b>

Contract \	Version	Identifier
------------	---------	------------

Identification of additional or supplemental				
contract provisions, or identification of a				
particular version or modification of contract.				
D   2300   CN106   -  799 187				

-	2000	0.1.00		
D	2400	CN106	-	799 <b>396</b>

#### **Country Code**

Code indicating the ge	eographic location.
	- 126

code indicating the geographic location.						
D   20'	10AA	N404		26	93	
D   20'	10AB	N404	-	26	105	
D   201	10AC	N404	-	26	.110	
D   20 <sup>2</sup>	10BA	N404	-	26	126	
D   20 <sup>2</sup>	10BB	N404	-	26	137	
D   201	10CA	N404	-	26	151	
D   2	300	CLM11	C024-5	26	162	
D   23	10C	N404	-	26	274	
D   23	10E	N404	-	26	289	
D   23	310F	N404	-	26	294	
D   23	30A	N404	-	26	318	
D   23	30B	N404	-	26	324	
D   24	20C	N404	-	26	446	
D   24	20E	N404	-	26	459	
D   24	20G	N404	-	26	474	
D   24	20H	N404	-	26	479	

### **Country Subdivision Code**

Code identifying the country subdivision.

D	2010AA	N407	-	1715 <b>93</b>
D	2010AB	N407	-	1715 <b>105</b>
D	2010AC	N407	-	1715 <b>110</b>
D	2010BA	N407	-	1715 <b>126</b>
D	2010BB	N407	-	1715 <b>137</b>
D	2010CA	N407	-	1715 <b>151</b>
D	2310C	N407	-	1715 <b>274</b>
D	2310E	N407	-	1715 <b>289</b>
D	2310F	N407	-	1715 <b>294</b>
D	2330A	N407	-	1715 <b>318</b>
D	2330B	N407	-	1715 <b>324</b>
D	2420C	N407	-	1715 <b>446</b>
D	2420E	N407	-	1715 <b>459</b>
D	2420G	N407	-	1715 <b>474</b>
D	2420H	N407	-	1715 <b>479</b>

#### **Currency Code**

Code for country in whose currency the charges						
are specified.						
D   2000A   CUR02	-	100 <b>85</b>				

# DME Purchase Price

Purc	hase pric	e of the D	Ourable N	Medical
Equ	ipment.			
D	2400	SV505	-	782

D	2400	SV505		-	782 3	60

#### **DME Rental Price**

Rental price of the Durable Medical Equipment. Used in conjunction with the Rental Unit Price						
Indicator. D   2400	SV504	-	782	360		

#### **Date Time Period**

Expression of a date, a time, or a range of dates, times, or dates and times. D | 2300 | DTP03 | - |1251 ...... 180

#### **Date Time Period Format** Qualifier

Code indicating the date format, time format, or date and time format.

uale	e and time	e ionnal.		
D	2000B	PAT05	-	1250 <b>119</b>
D	2010BA	DMG01	-	1250 <b>127</b>
D	2000C	PAT05	-	1250 <b>145</b>
D	2010CA	DMG01	-	1250 <b>152</b>
D	2300	DTP02	-	1250 <b>164</b>
D	2300	DTP02	-	1250 <b>165</b>
D	2300	DTP02	-	1250 <b>166</b>
D	2300	DTP02	-	1250 <b>167</b>
D	2300	DTP02	-	1250 <b>168</b>
D	2300	DTP02	-	1250 <b>169</b>
D	2300	DTP02	-	1250 <b>170</b>
D	2300	DTP02	-	1250 <b>171</b>
D	2300	DTP02	-	1250 <b>173</b>
D	2300	DTP02	-	1250 <b>174</b>
D	2300	DTP02	-	1250 <b>175</b>
D	2300	DTP02	-	1250 <b>176</b>
D	2300	DTP02	i -	1250 177
D	2300	DTP02	-	1250 <b>179</b>
D	2300	DTP02	-	1250 <b>180</b>
D	2300	DTP02	-	1250 <b>181</b>
D	2330B	DTP02	-	1250 325
D	2400	DTP02	-	1250 <b>380</b>
D	2400	DTP02	-	1250 <b>382</b>
D	2400	DTP02	-	1250 <b>383</b>
D	2400	DTP02	-	1250 <b>384</b>
D	2400	DTP02	-	1250 <b>385</b>
D	2400	DTP02	-	1250 <b>386</b>
D	2400	DTP02	-	1250 <b>387</b>
D	2400	DTP02	-	1250 <b>388</b>
D	2400	DTP02	-	1250 <b>389</b>
D	2400	DTP02	-	1250 <b>390</b>
D	2430	DTP02	-	1250 <b>490</b>

#### Date Time Qualifier

Code specifying the type of date or time or both date and time

date	date and time.								
D	2300	DTP01	1	-	374 <b>164</b>				
D	2300	DTP01	1	-	374 <b>165</b>				
D	2300	DTP01	1	-	374 <b>166</b>				
D	2300	DTP01		-	374 <b>167</b>				
D	2300	DTP01		-	374 <b>168</b>				
D	2300	DTP01		-	374 <b>169</b>				
D	2300	DTP01		-	374 <b>170</b>				
D	2300	DTP01		-	374 <b>171</b>				
D	2300	DTP01		-	374 <b>172</b>				
D	2300	DTP01		-	374 <b>174</b>				
D	2300	DTP01		-	374 <b>175</b>				
D	2300	DTP01		-	374 <b>176</b>				
D	2300	DTP01		-	374 <b>177</b>				
D	2300	DTP01		-	374 <b>178</b>				
D	2300	DTP01		-	374 <b>180</b>				
D	2300	DTP01		-	374 <b>181</b>				
D	2330B	DTP01		-	374 <b>325</b>				
D	2400	DTP01		-	374 <b>380</b>				
D	2400	DTP01		-	374 <b>382</b>				
D	2400	DTP01		-	374 <b>383</b>				
D	2400	DTP01		-	374 <b>384</b>				
D	2400	DTP01		-	374 <b>385</b>				
D	2400	DTP01		-	374 <b>386</b>				
D	2400	DTP01		-	374 <b>387</b>				
D	2400	DTP01	1	-	374 <b>388</b>				
D	2400	DTP01	1	-	374 <b>389</b>				
D	2400	DTP01	1	-	374 <b>390</b>				
D	2430	DTP01		-	374 <b>490</b>				

Delay Reason Code	Durable Medical Equipment
Code indicating the reason why a request was	Duration

Length of time durable medical equipment (DME) is needed. D | 2400 | CR303 | -| 380 ..... **372** 

#### **EPSDT** Indicator

An indicator of whether or not Early and Periodic Screening for Diagnosis and Treatment of children services are involved with this detail line. D | 2400 | SV111 | - |1073 ...... 357

#### **Emergency Indicator**

An indicator of whether or not emergency care was rendered in response to the sudden and unexpected onset of a medical condition, a severe injury, or an acute exacerbation of a chronic condition which was threatening to life, limb or sight, and which req D | 2400 | SV109 | |1073 ..... **357** 

#### End Stage Renal Disease **Payment Amount**

Amount of payment under End Stage Renal Disease benefit. D | 2320 | MOA08 | |782 ..... **312** 

#### Entity Identifier Code

Coc	Code identifying an organizational entity, a									
phy	physical location, property or an individual.									
Н	1000A	NM101	-	98	74					
H	1000B	NM101	-	98	79					
D	2000A	CUR01	-	98	85					
D	2010AA	NM101	-	98	88					
D	2010AB	NM101	-	98 <b>1</b>	01					
D	2010AC	NM101	-	98 <b>1</b>	06					
D	2010BA	NM101	-	98 <b>1</b>	21					
D	2010BB	NM101	-	98 <b>1</b>	33					
D	2010CA	NM101	-	98 1	47					
D	2310A	NM101	-	98 <b>2</b>	58					
D	2310B	NM101	-	98 <b>2</b>	63					
D	2310C	NM101	-	98 <b>2</b>	70					
D	2310D	NM101	-	98 2	80					
D	2310E	NM101	-	98 <b>2</b>	85					
D	2310F	NM101	-	98 <b>2</b>	90					
D	2330A	NM101	-	98 3	14					
D	2330B	NM101	-	98 <b>3</b>	20					
D	2330C	NM101	-	98 3	33					
D	2330D	NM101	-	98 3	37					
D	2330E	NM101	-	98 3	41					
D	2330F	NM101	-	98 <b>3</b>	44					
D	2330G	NM101	-	98 <b>3</b>	48					
D	2420A	NM101	-	98 4	31					
D	2420B	NM101	-	98 4	37					
D	2420C	NM101	-	98 4	42					
D	2420D	NM101	-	98 4	49					
D	2420E	NM101	-	98 <b>4</b>	54					
D	2420F	NM101	-	98 <b>4</b>	66					
D	2420G	NM101	-	98 <b>4</b>	70					
D	2420H	NM101	-	98 4	75					

D   2300   CLM20	-  1514 <b>163</b>
Demonstration Pro	ject Identifier
Identification number for a	a Medicare
demonstration project.	
D   2300   REF02	-  127 <b>205</b>
Description	
A free-form description to elements and their conter	
D   2400   SV101   0	
	·
Diagnosis Code	
An ICD-9-CM Diagnosis (	
diagnosed medical condit	
D   2300   HI01   (	
D   2300   HI02   0	C022-2  1271 228

delayed.

D	2300	İ	HI02	Ì	C022-2	1271 <b>228</b>
D	2300		HI03		C022-2	1271 <b>229</b>
D	2300		HI04		C022-2	1271 <b>230</b>
D	2300		HI05		C022-2	1271 <b>231</b>
D	2300		HI06		C022-2	1271 <b>232</b>
D	2300		HI07		C022-2	1271 233
D	2300		HI08		C022-2	1271 <b>234</b>
D	2300		HI09		C022-2	1271 <b>235</b>
D	2300		HI10		C022-2	1271 <b>236</b>
D	2300		HI11		C022-2	1271 <b>237</b>
D	2300		HI12		C022-2	1271 <b>238</b>

#### **Diagnosis Code Pointer**

A pointer to the claim diagnosis code in the order of importance to this service.

D	2400	SV107	C004-1	1328 <b>356</b>	5
D	2400	SV107	C004-2	1328 356	5
D	2400	SV107	C004-3	1328 356	5
D	2400	SV107	C004-4	1328 356	5

### Diagnosis Type Code

Code identifying the type of diagnosis. D | 2300 | HI01 | C022-1 |1270...... 226

	2000	 	 0012	
D	2300	HI02	C022-1	1270 <b>228</b>
D	2300	HI03	C022-1	1270 <b>229</b>
D	2300	HI04	C022-1	1270 <b>230</b>
D	2300	HI05	C022-1	1270 <b>231</b>
D	2300	HI06	C022-1	1270 <b>232</b>
D	2300	HI07	C022-1	1270 <b>233</b>
D	2300	HI08	C022-1	1270 <b>234</b>
D	2300	HI09	C022-1	1270 <b>235</b>
D	2300	HI10	C022-1	1270 <b>236</b>
D	2300	HI11	C022-1	1270 <b>237</b>
D	2300	HI12	C022-1	1270 <b>238</b>

#### **Disability From Date**

The beginning date the patient, in the provider's opinion, was or will be unable to perform the duties normally associated with his/her work. D | 2300 | DTP03 | - |1251 ..... **173** 

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

Exception code generated by the Third Party Organization.         2300         HCP15         -         1527         250           D         2400         HCP15         -         1527         422           Facility Code Qualifier           Code identifying the type of facility referenced.           D         2300         CLM05         C023-2         1332         159           Family Planning Indicator           An indicator of whether or not Family Planning			e Quali	fier		
H       1000B       NM102       -       1065       73         D       2010AA       NM102       -       1065       100         D       2010AB       NM102       -       1065       100         D       2010AC       NM102       -       1065       100         D       2010BA       NM102       -       1065       121         D       2010BB       NM102       -       1065       123         D       2010CA       NM102       -       1065       263         D       2310A       NM102       -       1065       264         D       2310C       NM102       -       1065       284         D       2310F       NM102       -       1065       284         D       2310F       NM102       -       1065       324         D       2330A       NM102       -       1065       333         D       2330C       NM102       -       1065       344         D       2330C       NM102       -       1065       344         D       2420A       NM102       -       1065       444				e of entit	y.	
D       2010AA       NM102       -       1065       88         D       2010AB       NM102       -       1065       107         D       2010AC       NM102       -       1065       127         D       2010BA       NM102       -       1065       127         D       2010BB       NM102       -       1065       127         D       2010CA       NM102       -       1065       147         D       2310B       NM102       -       1065       263         D       2310C       NM102       -       1065       263         D       2310E       NM102       -       1065       283         D       2310F       NM102       -       1065       314         D       2310F       NM102       -       1065       333         D       2330C       NM102       -       1065       333         D       2330F       NM102       -       1065       344         D       2330F       NM102       -       1065       344         D       2330F       NM102       -       1065       443						
D       2010AB       NM102       -       1065       100         D       2010AC       NM102       -       1065       120         D       2010BA       NM102       -       1065       121         D       2010BB       NM102       -       1065       121         D       2010CA       NM102       -       1065       133         D       2310B       NM102       -       1065       255         D       2310C       NM102       -       1065       265         D       2310C       NM102       -       1065       286         D       2310F       NM102       -       1065       327         D       2310F       NM102       -       1065       328         D       2310F       NM102       -       1065       331         D       2330A       NM102       -       1065       333         D       2330F       NM102       -       1065       344         D       2330F       NM102       -       1065       444         D       2420A       NM102       -       1065       444			-	:		
D       2010AC       NM102       -       1065       10         D       2010BA       NM102       -       1065       12         D       2010BB       NM102       -       1065       13         D       2010CA       NM102       -       1065       14         D       2310A       NM102       -       1065       26         D       2310C       NM102       -       1065       26         D       2310D       NM102       -       1065       28         D       2310F       NM102       -       1065       32         D       2330A       NM102       -       1065       32         D       2330A       NM102       -       1065       33         D       2330A       NM102       -       1065       34         D       2330C       NM102       -       1065       34         D       2330G       NM102       -       1065       34         D       2330G       NM102       -       1065       44         D       2420A       NM102       -       1065       44         D <td< th=""><td></td><td></td><td>-</td><td></td><td></td></td<>			-			
D       2010BA       NM102       -       1065       12:         D       2010BB       NM102       -       1065       13:         D       2010CA       NM102       -       1065       14:         D       2310A       NM102       -       1065       25:         D       2310B       NM102       -       1065       25:         D       2310C       NM102       -       1065       26:         D       2310E       NM102       -       1065       28:         D       2310F       NM102       -       1065       32:         D       2330A       NM102       -       1065       32:         D       2330C       NM102       -       1065       32:         D       2330C       NM102       -       1065       34:         D       2330F       NM102       -       1065       34:         D       2330G       NM102       -       1065       34:         D       2420A       NM102       -       1065       44:         D       2420B       NM102       -       1065       45:         D<			•	-		
D       2010BB       NM102       -       1065       13.         D       2010CA       NM102       -       1065       14.         D       2310A       NM102       -       1065       25.         D       2310B       NM102       -       1065       26.         D       2310C       NM102       -       1065       26.         D       2310C       NM102       -       1065       27.         D       2310C       NM102       -       1065       28.         D       2310F       NM102       -       1065       37.         D       2330A       NM102       -       1065       33.         D       2330C       NM102       -       1065       33.         D       2330C       NM102       -       1065       34.         D       2330G       NM102       -       1065       34.         D       2330G       NM102       -       1065       34.         D       2420A       NM102       -       1065       43.         D       2420A       NM102       -       1065       44.         D<				-		
D       2010CA       NM102       -       1065       14         D       2310A       NM102       -       1065       253         D       2310B       NM102       -       1065       263         D       2310C       NM102       -       1065       274         D       2310C       NM102       -       1065       283         D       2310F       NM102       -       1065       283         D       2310F       NM102       -       1065       324         D       2330A       NM102       -       1065       333         D       2330C       NM102       -       1065       333         D       2330C       NM102       -       1065       333         D       2330C       NM102       -       1065       344         D       2330G       NM102       -       1065       443         D       2420A       NM102       -       1065       444         D       2420B       NM102       -       1065       444         D       2420C       NM102       -       1065       454         D <td></td> <td></td> <td>•</td> <td>-</td> <td></td>			•	-		
D       2310A       NM102       -       1065       253         D       2310B       NM102       -       1065       263         D       2310C       NM102       -       1065       274         D       2310E       NM102       -       1065       283         D       2310F       NM102       -       1065       283         D       2310F       NM102       -       1065       283         D       2310F       NM102       -       1065       283         D       2330A       NM102       -       1065       314         D       2330C       NM102       -       1065       333         D       2330E       NM102       -       1065       344         D       2330F       NM102       -       1065       344         D       2330F       NM102       -       1065       443         D       2420A       NM102       -       1065       444         D       2420B       NM102       -       1065       444         D       2420E       NM102       -       1065       444         D <td>_</td> <td></td> <td>•</td> <td>-</td> <td></td>	_		•	-		
D       2310B       NM102       -       1065       265         D       2310C       NM102       -       1065       276         D       2310D       NM102       -       1065       286         D       2310F       NM102       -       1065       286         D       2310F       NM102       -       1065       287         D       2310F       NM102       -       1065       317         D       2330A       NM102       -       1065       337         D       2330C       NM102       -       1065       333         D       2330F       NM102       -       1065       344         D       2330F       NM102       -       1065       344         D       2330F       NM102       -       1065       344         D       2420A       NM102       -       1065       444         D       2420B       NM102       -       1065       444         D       2420F       NM102       -       1065       444         D       2420F       NM102       -       1065       477         D <td></td> <td></td> <td></td> <td>-</td> <td></td>				-		
D       2310C       NM102       -       1065       270         D       2310D       NM102       -       1065       280         D       2310F       NM102       -       1065       280         D       2310F       NM102       -       1065       290         D       2330A       NM102       -       1065       321         D       2330A       NM102       -       1065       321         D       2330A       NM102       -       1065       321         D       2330A       NM102       -       1065       333         D       2330C       NM102       -       1065       333         D       2330F       NM102       -       1065       344         D       2330F       NM102       -       1065       443         D       2420A       NM102       -       1065       443         D       2420B       NM102       -       1065       444         D       2420F       NM102       -       1065       444         D       2420F       NM102       -       1065       456         D <td>_</td> <td></td> <td></td> <td></td> <td></td>	_					
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $			•			
D       2310E       NM102       -       1065       280         D       2310F       NM102       -       1065       297         D       2330A       NM102       -       1065       314         D       2330B       NM102       -       1065       329         D       2330C       NM102       -       1065       324         D       2330C       NM102       -       1065       333         D       2330C       NM102       -       1065       333         D       2330F       NM102       -       1065       344         D       2330F       NM102       -       1065       344         D       2420A       NM102       -       1065       444         D       2420A       NM102       -       1065       444         D       2420C       NM102       -       1065       444         D       2420F       NM102       -       1065       444         D       2420F       NM102       -       1065       444         D       2420F       NM102       -       1065       477         D <td>_</td> <td></td> <td></td> <td>I -</td> <td></td>	_			I -		
D       2310F       NM102       -       1065       29         D       2330A       NM102       -       1065       31         D       2330B       NM102       -       1065       32         D       2330C       NM102       -       1065       33         D       2330C       NM102       -       1065       33         D       2330C       NM102       -       1065       33         D       2330F       NM102       -       1065       34         D       2330G       NM102       -       1065       34         D       2330G       NM102       -       1065       34         D       2420A       NM102       -       1065       43         D       2420C       NM102       -       1065       44         D       2420C       NM102       -       1065       44         D       2420F       NM102       -       1065       44         D       2420F       NM102       -       1065       47         D       2420F       NM102       -       1065       47         D       242	_					
D       2330A       NM102       -       1065       314         D       2330B       NM102       -       1065       324         D       2330C       NM102       -       1065       333         D       2330D       NM102       -       1065       333         D       2330E       NM102       -       1065       344         D       2330G       NM102       -       1065       344         D       2330G       NM102       -       1065       344         D       2420A       NM102       -       1065       433         D       2420C       NM102       -       1065       444         D       2420C       NM102       -       1065       445         D       2420C       NM102       -       1065       445         D       2420C       NM102       -       1065       445         D       2420C       NM102       -       1065       456         D       2420F       NM102       -       1065       477         D       2420F       NM102       -       1065       476         D <td></td> <td></td> <td></td> <td></td> <td></td>						
D       2330C       NM102       -       1065       33:         D       2330D       NM102       -       1065       33:         D       2330F       NM102       -       1065       34:         D       2330F       NM102       -       1065       34:         D       2330F       NM102       -       1065       34:         D       2330F       NM102       -       1065       34:         D       2330F       NM102       -       1065       34:         D       2330F       NM102       -       1065       43:         D       2420B       NM102       -       1065       44:         D       2420C       NM102       -       1065       45:         D       2420F       NM102       -       1065       45:         D       2420F       NM102       -       1065       47:         D       2420F       NM102       -       1065       47:         D       2420H       NM102       -       1065       47:         D       2420H       NM102       -       155       7:         D	D		•	i -		
D       2330D       NM102       -       1065       33         D       2330E       NM102       -       1065       34         D       2330G       NM102       -       1065       34         D       2330G       NM102       -       1065       34         D       2330G       NM102       -       1065       34         D       2420A       NM102       -       1065       34         D       2420B       NM102       -       1065       43         D       2420C       NM102       -       1065       44         D       2420C       NM102       -       1065       44         D       2420F       NM102       -       1065       45         D       2420F       NM102       -       1065       46         D       2420F       NM102       -       1065       47         D       2420F       NM102       -       1065       47         D       2420H       NM102       -       1065       47         D       2300       HCP15       -       1527       25         D       2400	D	2330B	NM102	- 1	1065 32	
D       2330E       NM102       -       1065       34         D       2330F       NM102       -       1065       34         D       2330G       NM102       -       1065       34         D       2420A       NM102       -       1065       34         D       2420A       NM102       -       1065       43         D       2420B       NM102       -       1065       43         D       2420C       NM102       -       1065       44         D       2420C       NM102       -       1065       45         D       2420E       NM102       -       1065       45         D       2420F       NM102       -       1065       45         D       2420F       NM102       -       1065       45         D       2420F       NM102       -       1065       47         D       2420F       NM102       -       1065       47         D       2420H       NM102       -       1165       47         D       2300       HCP15       -       1527       52         D       2400	D	2330C	NM102	-	1065 33	
D       2330F       NM102       -       1065       344         D       2330G       NM102       -       1065       344         D       2420A       NM102       -       1065       437         D       2420A       NM102       -       1065       437         D       2420B       NM102       -       1065       443         D       2420C       NM102       -       1065       444         D       2420C       NM102       -       1065       444         D       2420C       NM102       -       1065       444         D       2420E       NM102       -       1065       454         D       2420F       NM102       -       1065       454         D       2420F       NM102       -       1065       457         D       2420F       NM102       -       1065       477         D       2420H       NM102       -       1065       477         D       2300       HCP15       -       1527       256         D       2300       HCP15       -       1527       427 <td colspan<="" th=""><td>D</td><td>2330D</td><td>NM102</td><td>-  </td><td>  1065 33</td></td>	<td>D</td> <td>2330D</td> <td>NM102</td> <td>-  </td> <td>  1065 33</td>	D	2330D	NM102	-	1065 33
D       2330G       NM102       -       1065       344         D       2420A       NM102       -       1065       433         D       2420B       NM102       -       1065       443         D       2420C       NM102       -       1065       443         D       2420C       NM102       -       1065       443         D       2420C       NM102       -       1065       443         D       2420C       NM102       -       1065       443         D       2420E       NM102       -       1065       453         D       2420F       NM102       -       1065       453         D       2420F       NM102       -       1065       453         D       2420F       NM102       -       1065       453         D       2420F       NM102       -       1065       474         D       2420H       NM102       -       1065       474         D       2420H       NM102       -       1165       474         Corganization.       D       2300       HCP15       -       1527       254     <	D	2330E	NM102	-	1065 <b>34</b>	
D       2420A       NM102       -       1065       43         D       2420B       NM102       -       1065       43         D       2420C       NM102       -       1065       44         D       2420C       NM102       -       1065       44         D       2420C       NM102       -       1065       45         D       2420C       NM102       -       1065       45         D       2420F       NM102       -       1065       45         D       2420F       NM102       -       1065       46         D       2420F       NM102       -       1065       47         D       2420H       NM102       -       1065       47         D       2420H       NM102       -       1065       47         D       2420H       NM102       -       1065       47         D       2420H       NM102       -       11065       47         D       2300       HCP15       -       1527       25         D       2400       HCP15       -       1527       42         Facility	D	2330F	NM102	-	1065 <b>34</b> /	
D       2420B       NM102       -       1065       43         D       2420C       NM102       -       1065       44         D       2420D       NM102       -       1065       45         D       2420E       NM102       -       1065       45         D       2420E       NM102       -       1065       45         D       2420E       NM102       -       1065       45         D       2420F       NM102       -       1065       45         D       2420G       NM102       -       1065       45         D       2420F       NM102       -       1065       45         D       2420F       NM102       -       1065       47         D       2420H       NM102       -       11065       47         D       2420H       NM102       -       11065       47         D       2420H       NM102       -       11065       47         D       2300       HCP15       -       1527       25         D       2400       HCP15       -       1527       42         Facilit	D	2330G	NM102	-		
D       2420C       NM102       -       1065       443         D       2420D       NM102       -       1065       453         D       2420E       NM102       -       1065       453         D       2420F       NM102       -       1065       453         D       2420F       NM102       -       1065       453         D       2420F       NM102       -       1065       453         D       2420F       NM102       -       1065       453         D       2420F       NM102       -       1065       453         D       2420F       NM102       -       1065       453         D       2420H       NM102       -       1065       470         D       2420H       NM102       -       1065       470         Exception Code         Exception       code generated by the Third Party         Organization.       -       1527       250         D       2300       HCP15       -       1527       420         Facility Code Qualifier         Code identifying the type of facility referenced.       - <t< th=""><td>D</td><td>2420A</td><td>  NM102</td><td>-  </td><td></td></t<>	D	2420A	NM102	-		
D       2420D       NM102       -       1065       1065         D       2420E       NM102       -       1065       1065         D       2420F       NM102       -       1065       1065         D       2420F       NM102       -       1065       1065         D       2420F       NM102       -       1065       1065         D       2420F       NM102       -       1065       107         D       2420F       NM102       -       1065       107         D       2420H       NM102       -       1065       107         D       2420H       NM102       -       1065       107         D       2420H       NM102       -       1065       107         Cognization.       -       11527       -       1527       250         D       2400       HCP15       -       11527       420         Facility Code Qualifier         Code identifying the type of facility referenced.         D       2300       CLM05       C023-2       1332       150         Family Planning Indicator         An indicator of whether or not	D	2420B	NM102	-		
D       2420E       NM102       -       1065       455         D       2420F       NM102       -       1065       466         D       2420G       NM102       -       1065       466         D       2420H       NM102       -       1065       467         D       2420H       NM102       -       1065       477         D       2420H       NM102       -       1065       477         D       2420H       NM102       -       1065       477         D       2420H       NM102       -       1065       477         D       2420H       NM102       -       11065       477         Exception code generated by the Third Party       Organization.       -       11527       477         D       2300       HCP15       -       11527       427         Facility Code Qualifier       -       1527       427         Code identifying the type of facility referenced.       -       1537         D       2300       CLM05       C023-2       1332         Family Planning Indicator       -       An indicator of whether or not Family Planning Services are involved with this detail line.				-		
D       2420F       NM102       -       1065       46         D       2420G       NM102       -       1065       47         D       2420H       NM102       -       1065       47         D       2420H       NM102       -       1065       47         Exception Code       -       1065       47         Exception code generated by the Third Party       Organization.       -       1527       47         D       2300       HCP15       -       1527       25         D       2400       HCP15       -       1527       42         Facility Code Qualifier       -       102300       1527       1527         Code identifying the type of facility referenced.       -       1527       1527         Family Planning Indicator       -       1527       1527         An indicator of whether or not Family Planning Services are involved with this detail line.       -	_		•	-		
D       2420G       NM102       -       1065       47         D       2420H       NM102       -       1065       47         Exception Code         Exception code generated by the Third Party         Organization.       -       1527       25         D       2400       HCP15       -       1527       25         D       2400       HCP15       -       1527       42         Facility Code Qualifier         Code identifying the type of facility referenced.         D       2300       CLM05       C023-2       1332       15         Family Planning Indicator         An indicator of whether or not Family Planning         Services are involved with this detail line.						
D       2420H       NM102       -       1065				-		
Exception Code         Exception code generated by the Third Party         Organization.         D   2300   HCP15   -  1527						
Exception code generated by the Third Party Organization. D   2300   HCP15   -  1527	D	2420H	NM102	-	1065 <b>47</b>	
Code identifying the type of facility referenced. D   2300   CLM05   C023-2  1332						
	D	2400	HCP15	i -		
	D Fa Coc D Fa An Ser D Fi D at rec	i 2400 cility Co de identify 2300 mily Pla indicator o vices are 2400 ced Forn a in fixed eiver	HCP15 Dde Qua ing the ty CLM05 anning of whether involved v SV112 mat Info format ag	alifier pe of faci C023-2 Indicat r or not F vith this o pormatic reed upo	1527       42         lity referenced.       1332         1332       15         Or       3         amily Planning       1073         1073       35         On       3         on       by sender and	
	D Fa Coo D Fa An Ser D Fin Dat reco	i 2400 cility Co de identify 2300 mily Pla indicator o vices are 2400 ced Forn a in fixed eiver 2300	HCP15 HC	alifier pe of faci C023-2 Indicat r or not F vith this o prmatic reed upo	1527 42 lity referenced.  1332 15 or amily Planning detail line.  1073 35 on n by sender and  449 20	
D   2400   K301   -  44941 Form Identifier	D Fa Coc D Fa An Ser D To D To D To	i 2400 cility Co de identify 2300 mily Pla indicator o vices are 2400 ced Forn a in fixed eiver 2300 2400	HCP15 HC	alifier pe of faci C023-2 Indicat r or not F vith this o r eed upo reed upo	1527       42         lity referenced.       1332         1332       15         or       1332         amily Planning       15         detail line.       1073         1073       35         on       1073         n by sender and       1449         1449       41	
	D Fa Coo D Fa An Ser D Tat reco D D Tat Fo Lett	i 2400 cility Co de identify 2300 mily Pla indicator o vices are 2400 ced Forn a in fixed eiver 2300 2400 rm Iden ter or num	HCP15 HC	alifier pe of faci C023-2 Indicat r or not F vith this of reed upo reed upo	1527       42         lity referenced.       1332         1332       15         or       1332         amily Planning       1073         detail line.       1073         1073       35         on       1449         1449       412         pecific form.       412	

### **Hierarchical Child Code**

Code indicating if there are hierarchical child data segments subordinate to the level being described.

D   2000A   H	IL04	-	736 <b>82</b>
D   2000B   H	IL04	-	736 115
D   2000C   H	IL04	-	736 <b>143</b>

#### **Hierarchical ID Number**

A unique number assigned by the sender to identify a particular data segment in a

hierarchical str	ucture.		
D   2000A	HL01	-	628 <b>81</b>
D   2000B	HL01	-	628114
D   2000C	HL01	-	628 <b>142</b>

#### **Hierarchical Level Code**

Code defining the characteristic of a level in a hierarchical structure.

D   2000A	HL03	T	-	735 <b>81</b>
D   2000B	HL03		-	735 <b>115</b>
D   2000C	HL03		-	735 <b>143</b>

#### **Hierarchical Parent ID Number**

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to. D | 2000B | HL02 | |734 .....**115** -734 ..... 143 D | 2000C | HL02 -

#### **Hierarchical Structure Code**

Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set | BHT01 | |1005 ..... **71** ΗI -

#### Homebound Indicator

ł

A code indicating whether a patient is								
hoi	me	bound						
D	Ι	2300	I	CRC03		-	1321	 222

#### Hospice Employed Provider Indicator

An indicator of whether or not the treatment in the Hospice was rendered by a Hospice employed provider. D | 2400 | CRC02 | -

# 

#### **Identification Code Qualifier**

Code designating the system/method of code structure used for Identification Code (67)

0	~		-	101 1001	•••	mouton		
н		1000A		NM108		-	66	75
н	Ι	1000B		NM108		-	66	80
D	Ι	2010AA		NM108		-	66	89
D	I	2010AC		NM108	T	-	66	107
D	I	2010BA		NM108	T	-	66	122
D		2010BB		NM108		-	66	134
D		2300		PWK05		-	66	185
D		2310A		NM108		-	66	259
D	I	2310B	L	NM108	I	-	66	264

	NM108     NM108     PWK05     NM108     NM108     NM108     NM108	-	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Immuniz	ation Batch	n Nur	nber
in immuniza			or vaccine used
Impleme	ntation Gui	ide V	ersion
Name			
version.	e referenced im	ipleme	entation guide
ΗΙ	ST03	-	1705 <b>70</b>
Individua	al Relations	hin (	Code
	ting the relation	-	
D   2000B	or entities.		1069 <b>117</b>
D   2000B	PAT01	-	1069 <b>144</b>
D   2320	SBR02	-	1069 <b>296</b>
code list.	ting a code fro		1271 <b>240</b>
Initial Tre	eatment Da	te	
Date that th for this cond	e patient initial	ly sou	ght treatment
D   2300	DTP03	-	1251 <b>165</b>
D   2400	DTP03	-	1251 <b>390</b>
Insuranc	e Type Cod	e	
	fying the type o		
Code identi	fying the type o   SBR05		rance.  1336 <b>117</b>  1336 <b>297</b>
Code identi D   2000B	fying the type o   SBR05		1336 <b>117</b>
Code identii D   2000B D   2320	fying the type o   SBR05	of insu - -	1336 <b>117</b>  1336 <b>297</b>
Code identii D   2000B D   2320 Insured ( Number	fying the type of   SBR05     SBR05   Group or Pe	of insu - - olicy	1336 <b>117</b>  1336 <b>297</b>
Code identii D   2000B D   2320	fying the type of SBR05   SBR05   Group or Po cation number,	of insu - - olicy	1336 117  1336 297
Code identii D   2000B D   2320 Insured of Number The identific code assign identify the	fying the type of SBR05   SBR05   Group or Po cation number,	of insu - - olicy contro	1336 117  1336 297
Code identii D   2000B D   2320	fying the type of SBR05   SBR05   SBR05   Group or Pa cation number, and by the carri	of insu - - olicy contro	1336 117  1336 297
Code identii D   2000B D   2320 Insured ( Number The identific code assign identify the covered. D   2320	fying the type of   SBR05     SBR05   Group or Pe cation number, red by the carri group under wi   SBR03	of insu - - olicy contro er or a hich th -	1336 117 1336 297 ol number, or administrator to be individual is
Code identii D   2000B D   2320 Insured ( Number The identific code assign identify the covered. D   2320 Investiga	fying the type of SBR05   SBR05   SBR05   Group or Pa cation number, led by the carri group under wh	of insu - contro er or a hich th -	1336 117 1336 297 ol number, or administrator to be individual is
Code identii D   2000B D   2320 Insured ( Number The identific code assign identify the covered. D   2320 Investiga Exemptic Number or of	fying the type of SBR05   SBR05   SBR05   SBR05   Group or Pa cation number, led by the carri group under wi SBR03   SBR03   SBR03   SBR03	of insu olicy contro er or a hich th - ice r iice	1336 117  1336 297 ol number, or administrator to he individual is  127 297 exemption
Code identii D   2000B D   2320 Insured ( Number The identific code assign identify the covered. D   2320 Investiga Exemption Number or passigned to in the claim.	fying the type of SBR05   SBR05   SBR05   SBR05   Group or Pa cation number, led by the carri group under wi SBR03   SBR03   SBR03   ational Devi on Identifie reference ident an ivestigation	of insu olicy contro er or a hich th - ice r iice	1336

D | 2300 | REF02 | - |127......201

#### Laboratory or Facility Address Line

Address line of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

D	2310C	N301	-	166	272
D	2310C	N302	-	166	272
D	2420C	N301	-	166	444
D	2420C	N302	-	166	444

#### Laboratory or Facility City Name

City of the laboratory or facility performing tests

only of the laboratory of facility performing tests						
pilled on the claim where the health care						
service was performed/rendered.						
D   2210C   N401   10 27	73					

D	2310C	N401		-	19	273
D	2420C	N401	Ι	-	19	445

#### Laboratory or Facility Name

#### Laboratory or Facility Postal Zone or ZIP Code

#### Laboratory or Facility Primary Identifier

Identification number of laboratory or other						
facility performing laboratory testing on the						
claim where the health car	claim where the health care service was					
performed/rendered.						
	-	67 <b>271</b>				
D   2420C   NM109	-	67 <b>442</b>				

#### Laboratory or Facility Secondary Identifier

#### Laboratory or Facility State or Province Code

State or province of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.

D   2310C	N402	-	156 <b>274</b>
D   2420C	N402	-	156 <b>446</b>

FESSIONAL	TECHNICAL REPORT • TTPE 3			
Last Certification Date The date of the last certification.	Measurement Reference Identification Code			
D   2400   DTP03   -  1251 385	Code identifying the broad category to which a measurement applies			
Last Menstrual Period Date	D   2400   MEA01   -  737			
The date of the last menstrual period (LMP).	· · · · · · · · · · · · · · · · · · ·			
D   2300   DTP03   -  1251 169	Medical Record Number			
	A unique number assigned to patient by the provider to assist in retrieval of medical records.			
Last Seen Date	D   2300   REF02   -  127			
Date the patient was last seen by the referring or ordering physician for a claim billed by a				
provider whose services require physician	Medicare Section 4081 Indicator			
certification. D   2300   DTP03   -  1251 166	Code indicating Medicare Section 4081 applies. D   2300   REF02   -  127 191			
Last Worked Date	Name			
Date patient last worked at the patient's current	Free-form name.			
occupation D   2300   DTP03   -  1251 174	D   2010BA   PER02         -        93			
Last X-Ray Date				
Date patient received last X-Ray. D   2300   DTP03   -  1251 170	National Drug Code			
D   2400   DTP03   -  1251	The national drug identification number assigned by the Federal Drug Administration (FDA).			
Length of Medical Necessity	D   2410   LIN03   -  234 <b>425</b>			
Number of days the durable medical equipment will be required for medical treatment. D   2400   SV503   -  380	<b>National Drug Unit Count</b> The dispensing quantity, based upon the unit of measure as defined by the National Drug Code.			
Line Kom Oberne American	D   2410   CTP04   -  380 426			
Line Item Charge Amount Charges related to this service.				
D   2400   SV102   -  782	Non-Covered Charge Amount			
	Charges pertaining to the related revenue			
Line Item Control Number	center code that the primary payer will not cover. D   2320   AMT02   -  782			
Identifier assigned by the submitter/provider to				
this line item. D   2400   REF02   -  127 <b>402</b>	Non-Payable Professional			
	Component Billed Amount			
Line Note Text	Amount of non-payable charges included in the			
Narrative text providing additional information	bill related to professional services. D   2320   MOA09   -  782			
related to the service line. D   2400   NTE02   -  352				
D   2400   NTE02   -  352 414	Note Reference Code			
	Code identifying the functional area or purpose			
Mammography Certification	for which the note applies. D   2300   NTE01   -  363 209			
Number	D   2400   NTE01   -  363			
CMS assigned Certification Number of the certified mammography screening center	D   2400   NTE01   -  363 <b>414</b>			
D   2300   REF02   -  127 <b>192</b>	Obstatria Additional Units			
D   2400   REF02   -  127 403	Obstetric Additional Units			
	Additional anesthesia units reported by anesthesiologist to report additional complexity			
Measurement Qualifier	beyond the normal services reflected by the			
Code identifying a specific product or process	base units for the reported procedure and			

Code identifying a specific product or process characteristic to which a measurement applies D | 2400 | MEA02 | -|738.....**394** 

s defined by the	Natio	nal Drug C	ode.			
CTP04	-	380	426			
/ered Charge Amount						

#### essional Amount

#### bde

D	2300	NTE01	1	-	363	209
D	2400	NTE01	1	-	363	413
D	2400	NTE01		-	363	414

#### al Units

its reported by rt additional complexity ces reflected by the base units for the reported procedure and anesthesia time. |380 ..... **392** D | 2400 | QTY02 | -

# E.10

Onset of Current Illness or Injury Date	Ordering Provider Secondary Identifier
Date of onset of indicated patient condition. D   2300   DTP03   -  1251 164	Additional identifier for the provider ordering services for the patient. D   2420E   REF02   -  127
<u> </u>	
Ordering Provider Address Line	Ordering Provider State or
Address line of the provider ordering services for the patient.	Province Code
D   2420E   N301   -  166	The State Postal Code of the provider who
D   2420E   N302   -  166 457	ordered/prescribed this service. D   2420E   N402   -  156
Ordering Provider City Name	
City of provider ordering services for the patient	Originator Application
D   2420E   N401   -  19 458	Transaction Identifier
	An identification number that identifies a
Ordering Provider Contact	transaction within the originator's applications
Name	system. H     BHT03   -  127 <b>72</b>
Contact person to whom inquiries should be	
directed at the provider ordering services for the patient.	Other Insured Additional
D   2420E   PER02   -  93	Identifier
	Number providing additional identification of the
Ordering Provider First Name	other insured.
Ordering Provider First Name The first name of the provider who ordered or	D   2330A   REF02   -  127 319
prescribed this service.	
D   2420E   NM104   -  1036 455	Other Insured Address Line
	Address line of the additional insured
Ordering Provider Identifier	individual's mailing address.
The identifier assigned by the Payer to the provider who ordered or prescribed this service.	D   2330A   N302   -  166 316
D   2420E   NM109   -  67 456	Other Insured First Name
	The first name of the additional insured
Ordering Provider Last Name	individual. D   2330A   NM104   -  1036
The last name of the provider who ordered or	
prescribed this service. D   2420E   NM103   -  1035 455	Other Incured Crown Name
	Other Insured Group Name Name of the group or plan through which the
Ordering Provider Middle Name	insurance is provided to the other insured.
or Initial	D   2320   SBR04   -  93 <b>297</b>
Middle name or initial of the provider ordering services for the patient.	Other Insured Identifier
D   2420E   NM105   -  1037	An identification number, assigned by the third
	party payer, to identify the additional insured
Ordering Provider Name Suffix	individual.
Suffix to the name of the provider ordering	D   2330A   NM109   -  67 315
services for the patient.	
D   2420E   NM107   -  1039 455	Other Insured Last Name
	The last name of the additional insured
Ordering Provider Postal Zone or ZIP Code	individual. D   2330A   NM103   -  1035 <b>314</b>
Postal ZIP code of the provider ordering	
services for the patient.	Other Insured Middle Name
D   2420E   N403   -  116 <b>459</b>	The middle name of the additional insured
	individual. D   2330A   NM105   -  1037
	1

- |127 ...... **329** 

- |127 ...... **342** 

MAY 2006

Other Insured Name Suffix	Other Payer Prior Authorization
The suffix to the name of the additional insured	or Referral Number
individual.	
D   2330A   NM107   -  1039	The non-destination (COB) payer's prior
-	authorization or referral number. D   2330B   REF02   -  127 32
Other Payer Address Line	
Address line of the other payer's mailing	Other Payer Referring Provider
address.	Identifier
D   2330B   N301   -  166 322	
D   2330B   N302   -  166 322	The non-destination (COB) payer's referring provider identifier.
	D   2330C   REF02   -  127
Other Payer Billing Provider	
· ·	
Identifier	Other Payer Rendering
The non-destination (COB) payer's identifier for	Provider Secondary Identifier
the provider or organization in whose name the	The non-destination (COB) payer's rendering
bill is submitted and to whom payment should	provider identifier.
be made. D   2330G   REF02   -  127 349	D   2330D   REF02   -  12733
2   10000   NEI 02       121	
Other Payer City Name	Other Payer Secondary
The city name of the other payer's mailing	Identifier
address.	Additional identifier for the other payer
D   2330B   N401   -  19 323	organization
	D   2330B   REF02   -  127 32
Other Payer Claim Adjustment	Other Bruce Comise Facility
Indicator	Other Payer Service Facility
Indicates the other payer has made a previous	Location Secondary Identifier
claim adjustment to this claim.	The non-destination (COB) payer's service
D   2330B   REF02   -  127 330	facility location identifier.
	D   2330E   REF02   -  127 34
Other Payer Organization Name	
	Other Payer State or Province
Organization name of this non-destination (COB) payer.	Code
D   2330B   NM103   -  1035	
	The state or province code of the other payer's
	mailing address. D   2330B   N402   -  156
Other Payer Postal Zone or ZIP	
Code	
The ZIP code of the other payer's mailing	Other Payer Supervising
address.	Provider Identifier
D   2330B   N403   -  116 324	The non-destination (COB) payer's supervising
	provider identifier.
	D   2330F   REF02   -  127
Other Payer Primary Identifier	
An identification number for the other payer.	
D   2330B   NM109   -  67	Other Payer's Claim Control
D   2400   REF04   C040-2  127	Number
D   2400   REF04   C040-2  127	A number assigned by the other payer to
D   2420A   REF04   C040-2   127 433	identify a claim. The number is usually referred
D   2420C   REF04   C040-2  127 448	to as an Internal Control Number (ICN), Claim
D   2420D   REF04   C040-2  127 453	Control Number (CCN) or a Document Control
D   2420E   REF04   C040-2  127	Number (DCN).
D   2420F   REF04   C040-2  127	D   2330B   REF02   -  12733
D   2430   SVD01   -  67 480	
	Other Subceriber Address Line
Other Payer Prior Authorization	Other Subscriber Address Line
Number	Address line of the Other Subscriber's mailing

# Other Payer Prior Authorization Number

The non-destination (COB) payer's prior authorization number.  D | 2330A | N301 | - |166 ...... 316

address.

Other Subscriber City Name	Patient Death Date
The city name of the Other Subscriber. D   2330A   N401   -  19	Date of the patient's death.           D   2000B   PAT06   -          1251
Other Subscriber Postal Zone or ZIP CodeThe Postal ZIP code of the Other Subscriber's mailing address. D   2330A   N403   -  116	Patient First Name         The first name of the individual to whom the services were provided.         D   2010CA   NM104         -        1036
Other Subscriber State or Province Code The state code of the Other Subscriber's	Patient Gender CodeA code indicating the sex of the patient.D   2010CA   DMG03   -  1068
mailing address. D   2330A   N402   -  156 318	Patient Last Name The last name of the individual to whom the
<b>Paid Service Unit Count</b> Units of service paid by the payer for coordination of benefits.	services were provided. D   2010CA   NM103   -  1035 148
D   2430   SVD05   -  380 483 Patient Address Line	<b>Patient Middle Name or Initial</b> The middle name or initial of the individual to whom the services were provided.
Address line of the street mailing address of the patient. D   2010CA   N301   -  166149	D   2010CA   NM105   -  1037 148  Patient Name Suffix
D   2010CA   N302   -  166 149  Patient Amount Paid	Suffix to the name of the individual to whom the services were provided. D   2010CA   NM107   -  1039148
The amount the provider has received from the patient (or insured) toward payment of this claim.	Patient Postal Zone or ZIP Code
D   2300   AMT02   -  782 188	The ZIP Code of the patient.           D   2010CA   N403   -          116
Patient Birth DateDate of birth of the patient.D   2010CA   DMG02  - 1251	Patient Signature Source Code Code indication how the patient/subscriber authorization signatures were obtained and how they are being retained by the provider.
Patient City Name           The city name of the patient.           D   2010CA   N401   -           119	D   2300   CLM10   -  1351 161 D   2320   Ol04   -  1351 309 Patient State Code
Patient Condition Code         Code indicating the condition of the patient.         D   2300   CR208   -  1342	Patient State Code           The State Postal Code of the patient.           D   2010CA   N402   -  156
Patient Condition Description           Free-form description of the patient's condition.           D   2300   CR210   -  352	Patient weight           Weight of the patient at time of treatment or transport.           D         2000B         PAT08         -          81
Patient Control NumberPatient's unique alpha-numeric identification number for this claim assigned by the provider to facilitate retrieval of individual case records and posting of payment.D2300  CLM01  - 1028	Pay-To Address Line           Address line of the provider to receive payment.           D   2010AB   N301   -  166

Pay-To Plan Address Line	Payer Address Line
Street address of the Pay-To Plan.           D         2010AC         N301         -         166         108           D         2010AC         N302         -         166         108	Address line of the Payer's claim mailing address for this particular payer organization identification and claim office. D   2010BB   N301   -  166
Pay-To Plan City Name	
City name of the Pay-To Plan. D   2010AC   N401   -  19	<b>Payer City Name</b> The City Name of the Payer's claim mailing address for this particular payer ID and claim
Pay-To Plan Organizational Name	office. D   2010BB   N401   -  19
Organization name of the health plan that is seeking reimbursement (Pay-To Plan). D   2010AC   NM103   -  1035 107	<b>Payer Claim Control Number</b> A number assigned by the payer to identify a claim. The number is usually referred to as an
Pay-To Plan Postal Zone or ZIP         Code         Postal zone or ZIP code of the Pay-To Plan.	Internal Control Number (ICN), Claim Control Number (CCN) or a Document Control Number (DCN). D   2300   REF02   -  12719
D   2010AC   N403   -  116 <b>110</b>	
Pay-To Plan Primary IdentifierIdentification number for the Pay-To Plan.D   2010AC   NM109   -  67	Payer Identifier         Number identifying the payer organization.         D   2010BB   NM109   -  67
	Payer Name
Pay-To Plan State or Province Code	Name identifying the payer organization. D   2010BB   NM103   -  103513
State or province code of the Pay-to Plan.           D   2010AC   N402   -         156	Payer Paid Amount
Pay-To Plan Tax Identification Number	The amount paid by the payer on this claim. D   2320   AMT02   -  78230
Tax identification number of the plan to whom	Payer Postal Zone or ZIP Code
payment should be made. D   2010AC   REF02   -  127 <b>113</b>	The ZIP Code of the Payer's claim mailing address for this particular payer organization identification and claim office.
Pay-to Address City Name	D   2010BB   N403   -  11613
City name of the entity to receive payment. D   2010AB   N401   -  19	Payer Responsibility Sequence
Pay-to Address Postal Zone or         ZIP Code         Postal code of the entity to receive payment (for example, ZIP code).         D       2010AB         N403       -         116	Number Code         Code identifying the insurance carrier's level of responsibility for a payment of a claim         D   2000B   SBR01   -  113811         D   2320   SBR01   -  1138
D   2010AB   N403   -  116 105	Payer Secondary Identifier
Pay-to Address State Code State or sub-country code of the entity to	Additional identifier for the payer. D   2010BB   REF02   -  12713
receive payment. D   2010AB   N402   -  156 <b>105</b>	Payer State or Province Code
Pay-to Plan Secondary Identifier	State Postal Code of the Payer's claim mailing address for this particular payor organization identification and claim office.
	D   2010BB   N402   -  156 13

| SVD03 | C003-2 |234 ...... 482

Place of Service Code	Procedur
The code that identifies where the service was	Code identif
performed. D   2300   CLM05   C023-1  1331	service. D   2400 D   2400
	D   2430
Policy Compliance Code	Dresselve
The code that specifies policy compliance.         D   2300   HCP14   -        1526	Procedur Description Procedure C D   2430
Postage Claimed Amount	
Cost of postage used to provide service or to	Procedur
process associated paper work. D   2400   AMT02   -  782 <b>410</b>	Code identif D   2400
Pregnancy Indicator	Procedur
A yes/no code indicating whether a patient is	This identifie
pregnant. D   2000B   PAT09   -  1073	the performa D   2400
D   2000B   PAT09   -  1073120 D   2000C   PAT09   -  1073146	D   2400 D   2400 D   2400
Prescription Date	D   2430
The date the prescription was issued by the	D   2430 D   2430
referring physician. D   2300   DTP03   -  1251	D   2430
	Product of
Prescription Number	Code identif
The unique identification number assigned by	descriptive r (234).
the pharmacy or supplier to the prescription. D   2410   REF02   -  127	D   2400 D   2400 D   2410
Pricing Methodology	D   2430
Pricing methodology at which the claim or line	Duenenter
item has been priced or repriced. D   2300   HCP01   -  1473 253	Property Number
D   2400   HCP01   -  1473 417	Identification
	associated w
Prior Authorization Number	D   2010BA D   2010CA
A number, code or other value that indicates the services provided on this claim have been	
authorized by the payee or other service organization.	Provider
D   2300   REF02   -  127195	Code identif D   2000A D   2310B
Prior Authorization or Referral	D   2420A
<b>Number</b>	Provider
A number, code or other value that indicates the services provided on this claim have been authorized by the payee or other service	Code desigr
organization, or that a referral for services has been approved.	classification D   2000A D   2310B

| 127 ..... **399** D | 2400 | REF02 | -

## dure Code

entifying the procedure, product or SV501 | C003-2 |234...... 360 100

## dure Code Description

Desci	ription	clarifying	the	Produc	t/Service	
Proce	edure C	Code and	rel	ated dat	a elements.	
D	2430	SVD03		C003-7	352	. 483

## dure Identifier

entifying the type of procedure code.

D	2400	SV501	C003-1	235	359
---	------	-------	--------	-----	-----

## dure Modifier

ntifies special circumstances related to ormance of the service.

D	2400	SV101   C00	3-3  1339	353
D	2400	SV101   C00	3-4  1339	353
D	2400	SV101   C00	3-5  1339	353
D	2400	SV101   C00	)3-6  1339	354
D	2430	SVD03   C00	)3-3  1339	482
D	2430	SVD03   C00	3-4  1339	482
D	2430	SVD03   C00	03-5  1339	482
D	2430	SVD03   C00	)3-6  1339	483

## ct or Service ID Qualifier

entifying the type/source of the ive number used in Product/Service ID

(207)	•			
D	2400	SV101	C003-1	235 <b>352</b>
D	2400	HCP09	-	235 <b>419</b>
D	2410	LIN02	-	235 <b>425</b>
D	2430	SVD03	C003-1	235 <b>481</b>

## rty Casualty Claim er

ation number for property casualty claim ted with the services identified on the bill. 0BA | REF02 | |127 ..... **130** -0CA | REF02 | 127 ..... **154** -

## ler Code

#### entifying the type of provider.

D	2000A	PRV01	-	1221 <b>83</b>
D	2310B	PRV01	-	1221 <b>265</b>
D	2420A	PRV01	-	1221 <b>433</b>

### der Taxonomy Code

esignating the provider type,

		zation.	ciali	and spe	sification,	ass	cla
83	127	-		PRV03	2000A		D
265	127	-		PRV03	2310B		D
433	127	-	1	PRV03	2420A		D

Provider or Supplier Signature		2010AA	
Indicator	-	2010AC	
An indicater that the provider of service	D	2010AC	
reported on this claim acknowledges the	D	•	
performance of the service and authorizes		2010BR	
payment, and that a signature is on file in the	_	2010BB	
provider's office.		2010CA	
D   2300   CLM06   -  1073 159	D	2300	į f
	D	2300	
	D		
Purchased Service Charge	D		F   F
Amount	D D		 
The charge for the purchased service.	D		 
D   2400   PS102   -  782 415	D	2300	į I
	D	2300	į F
	D		
Purchased Service Provider	D		
Identifier	D D		 
	D		.   F
The provider number of the entity from which service was purchased.	D	2310A	į I
D   2400   PS101   -  127 415	D		F
D   2420B   NM109   -  67	D	•	
	D D		 
	D		 
Purchased Service Provider	D		į I
Secondary Identifier	D		
Additional identifier for the provider of	D		
purchased services.	D D	•	
D   2420B   REF02   -  127	D		 
	D		ļ
Overstite Overlifier	D	2330E	j I
Quantity Qualifier	D		
Code specifying the type of quantity.	D		F   F
D   2400   QTY01   -  673	D D	•	, , , ,
D   2400   QTY01   -  673 <b>392</b>	D		i i
	D		įι
Question Number/Letter	D		
Identifies the question or letter number.	D		
D   2440   FRM01   -  350 495	D D		, , , ,
	D		ii
	D	2400	įι
Question Response	D		
A yes/no question response.	D		
D   2440   FRM02   -  1073	D D		
D   2440   FRM03   -  127	D		
D   2440   FRM04   -  373		2420B	
D   2440   FRM05   -  332 495	D		
		2420C	
Receiver Name		2420C   2420D	
		2420D	
Name of organization receiving the transaction. H   1000B   NM103   -  1035 80		2420E	
		2420E	-
Receiver Primary Identifier	D	2420F	
Primary identification number for the receiver of			
the transaction.	Po	ferral N	
H   1000B   NM109   -  6780	-		
		erral auth	
	D	2300	
		2400	1
Reference Identification	0		
Reference Identification Qualifier	D		
Qualifier	U		
Qualifier Code qualifying the reference identification.	U		
Qualifier	U		

)	2010AA	REF01	-	128 <b>96</b>
)	2010AC	REF01	-	128 <b>111</b>
)	2010AC	REF01	-	128 <b>113</b>
)			-	128 <b>129</b>
)			-	128 <b>130</b>
)	2010BB		-	128 <b>138</b>
	2010BB		-	128 <b>140</b>
	2010CA	REF01	-	128 <b>154</b>
	2300		-	128 <b>189</b>
	2300		-	128 <b>191</b>
) )			-	128 <b>192</b>
) )			-	128 <b>193</b>  128 <b>194</b>
	2300 2300		-	128 <b>194</b>
	2300		-	128 <b>197</b>
5			-	128 <b>199</b>
	2300		-	128 <b>200</b>
) ו			-	128 <b>201</b>
)			-	128
)	2300	REF01	-	128 <b>204</b>
)	2300	REF01	-	128 <b>205</b>
)	2300	REF01	-	128 <b>206</b>
)			-	128 <b>260</b>
)	2310B		-	128 <b>265</b>
)			-	128 <b>267</b>
	2310C		-	128
			-	128
	2330A		-	128 <b>319</b>
			-	128 <b>326</b>  128 <b>328</b>
	2330B 2330B		-	128 <b>329</b>
	2330B		-	128 <b>330</b>
5	2330B		-	128 <b>331</b>
	2330C		-	128 334
)	2330D		-	128 338
) ו			-	128 342
)	2330F		-	128
)	2330G	REF01	-	128 <b>349</b>
)	2400	REF01	-	128 <b>397</b>
)	2400	REF01	-	128 <b>398</b>
)			-	128 <b>399</b>
	2400		C040-1	128 <b>400</b>
			-	128 <b>401</b>
			-	128 <b>403</b>
			-	128 <b>404</b>
)   )			-	128 <b>405</b>  128 <b>406</b>
)			-	128 <b>407</b>
	2400	REF04	C040-1	128 <b>407</b>
)			-	128 <b>428</b>
5	2420A		-	128 <b>433</b>
)	2420A		-	128 434
)			C040-1	128 <b>435</b>
כ			-	128 <b>439</b>
)	2420B	REF04	C040-1	128 <b>440</b>
)			-	128 447
)			C040-1	128 <b>448</b>
)			-	128 <b>452</b>
			C040-1	128 <b>453</b>
			-	128 <b>460</b>
			C040-1	128 <b>461</b>
)   )			-	128 <b>468</b>
)	2420F	REF04	C040-1	128 <b>469</b>

# ımber

Refe	rral auth	orization r	number.	
ΣI	2300	REF02	- 1	127

	REF02		127 <b>193</b>
2400	REF02	-	127 <b>407</b>

E 3	HEALTH CAP
Referring CLIA Number	D   2300   CLM <sup>2</sup>
Referring Clinical Laboratory Improvement Amendment (CLIA) facility identification.	Related Hospit
D   2400   REF02   -  127 405	Admission Dat
Referring Provider First Name	The date the patient care related to curre
The first name of provider who referred the patient to the provider of service on this claim.	D   2300   DTP0
D   2310A   NM104   -  1036	Related Hospit Discharge Date
Referring Provider Identifier	The date the patien inpatient care refere
The identification number for the referring physician.	hospitalization or ho D   2300   DTPO
D   2310A   NM109   -  67259 D   2420F   NM109   -  67467	
	Release of Info
Referring Provider Last Name	Code indicating whe
The Last Name of Provider who referred the patient to the provider of service on this claim.	D   2300   CLM
D   2310A   NM103   -  1035	D   2320   Ol06
Referring Provider Middle	Remaining Pat
Name or Initial	that remained to be
Middle name or initial of the provider who is	this Other Payer. D   2320   AMT
referring patient for care. D   2310A   NM105   -  1037	D   2430   AMT
D   2420F   NM105   -  1037 466	
Referring Provider Name Suffix	Rendering Pro The first name of th
Suffix to the name of the provider referring the	the service.
patient for care.	D   2310B   NM10 D   2420A   NM10
D   2310A   NM107   -  1039259 D   2420F   NM107   -  1039467	
Referring Provider Secondary	Rendering Pro
Identifier	The identifier assign provider who perfor
Additional identification number for the provider	D   2310B   NM10
referring the patient for service.	D   2420A   NM10
D   2310A   REF02   -  127261 D   2420F   REF02   -  127469	
	Rendering Pro Organization N
Reimbursement Rate	The last name or or
Rate used when payment is based upon a	who performed the
percentage of applicable charges. D   2320   MOA01   -  954	D   2310B   NM10 D   2420A   NM10
Reject Reason Code	Rendering Pro
Code assigned by issuer to identify reason for rejection.	Name or Initial
D   2300   HCP13   -  901 255	Middle name or initi provided the service
D   2400   HCP13   -  901 421	D   2310B   NM10 D   2420A   NM10
Related Causes Code	
Code identifying an accompanying cause of an	

Code identifying an accompanying cause of an illness, injury, or an accident. D | 2300 | CLM11 | C024-1 |1362...... 161

D	2300	CLM11	C024-2	1362	. 162

## talization te

nt was admitted for inpatient ent service. |1251 ..... **176** 03 |

## talization е

nt was discharged from the enced in the applicable ospice date. |1251 ..... **177** 03 |

## ormation Code

ether the provider has on file permitting the release of er organizations.

		CLM09			161
D	2320	OI06	-	1363	309

## tient Liability

the provider, the amount paid after adjudication by

		xy 01.			
D	2320	AMT02	-	782 <b>3</b> (	)7
D	2430	AMT02	-	782 49	91

## vider First Name

e provider who performed

the service.				
D   2310B	NM104	-	1036	263
D   2420A	NM104	-	1036	431

#### vider Identifier

The identifier assign provider who perform	,		,	
D   2310B   NM10 D   2420A   NM10		-	672  67	

## vider Last or Vame

rganization of the provider service

0B		NM103		-	1035 <b>263</b>	
0A	I	NM103	1	-	1035 <b>431</b>	

# vider Middle

ial of the provider who has es to the patient.

D	2310B	NM105	-	1037 <b>263</b>
D	2420A	NM105	-	1037 <b>431</b>

Rendering Provider Name Suffix Name suffix of the provider who has provided	Repriced Line Item Reference Number
the services to the patient. D   2310B   NM107   -  1039	Identification number of a line item repriced by a third party or prior payer. D   2400   REF02   -  127
· · · · ·	D   2400   KEF02   -  127
Rendering Provider Secondary	Repriced Saving Amount
Identifier	The amount of savings related to Third Party
Additional identifier for the provider providing           care to the patient.           D   2310B   REF02   -           D   2420A   REF02   -           Image: Height of the provider providing provider providing provider provi	Organization claims.           D   2300   HCP03   -          782
	Repricer Received Date
Rental Unit Price Indicator	Date the claim was received by the repricer
Frequency at which the rental equipment is billed. Used in conjunction with the DME Rental Price.	organization. D   2300   DTP03   -  1251 <b>181</b>
D   2400   SV506   -  594 361	
	Repricing Organization
Repriced Allowed Amount	Identifier
The maximum amount determined by the	Reference or identification number of the
repricer as being allowable under the provisions of the contract prior to the determination of the	repricing organization. D   2300   HCP04   -  127254 D   2400   HCP04   -  127418
actual payment. D   2300   HCP02   -  782253	
D   2400   HCP02   -  782 417	Repricing Per Diem or Flat Rate
Banking Annual Ambulatory	Amount
Repriced Approved Ambulatory Patient Group Amount	Amount used to determine the flat rate or per diem price by the repricing organization.
Amount of payment by the repricer for the	D   2300   HCP05   -  118 <b>254</b> D   2400   HCP05   -  118 <b>418</b>
referenced Ambulatory Patient Group. D   2300   HCP07   -  782	
D   2400   HGF07   -  702	Round Trip Purpose Description
Repriced Approved Ambulatory Patient Group Code	Free-form description of the purpose of the ambulance transport round trip.
Identifier for Ambulatory Patient Group assigned to the claim by the repricer.	D   2300   CR109   -  352213 D   2400   CR109   -  352370
D   2300   HCP06   -  127 254 D   2400   HCP06   -  127 418	
	Sales Tax Amount
	Amount of sales tax attributable to the referenced Service.
Repriced Approved HCPCS Code	D   2400   AMT02   -  782
The HCPCS code that describes the services	
as approved by the repricer.	Service Authorization
D   2400   HCP10   -  234 <b>420</b>	Exception Code
	Code identifying the service authorization
Repriced Approved Service Unit Count	exception. D   2300   REF02   -  127 <b>189</b>
Number of service units approved by pricing or	
repricing entity.	Service Date
D   2400   HCP12   -  380 421	Date of service, such as the start date of the service, the end date of the service, or the
Repriced Claim Reference	single day date of the service. D   2400   DTP03   -  1251
Number	<u> </u>
Identification number, assigned by a repricing	

E.18

organization, to identify the claim.

D | 2300 | REF02 | - |127 ..... 199

#### MAY 2006

Service Facility Location Secondary Identifier	Submitter Middle Name or Initial The middle name or initial of the person
-	submitting the transaction.
Secondary identifier for service facility location. D   2420C   REF02   -  127 448	H   1000A   NM105   -  1037 <b>75</b>
Service Line Paid Amount	Subscriber Address Line
Amount paid by the indicated payer for a service line	Address line of the current mailing address of the insured individual or subscriber to the coverage.
D   2430   SVD02   -  782 481	D   2010BA   N301   -  166 <b>124</b> D   2010BA   N302   -  166 <b>124</b>
Service Unit Count	
The quantity of units, times, days, visits, services, or treatments for the service described by the HCPCS codes, revenue code or	Subscriber Birth Date The date of birth of the subscriber to the
procedure code. D   2400   SV104   -  380 355	indicated coverage or policy. D   2010BA   DMG02   -  1251 127
Shipped Date	Subscriber City Name
Date product shipped.	The City Name of the insured individual or subscriber to the coverage.
D   2400   DTP03   -  1251 388	D   2010BA   N401   -  19
Special Program Indicator	Subscriber First Name
A code indicating the Special Program under which the services rendered to the patient were	The first name of the insured individual or
performed.	subscriber to the coverage. D   2010BA   NM104   -  1036 122
D   2300   CLM12   -  1366 162	
Stretcher Purpose Description	Subscriber Gender Code
Free-form description of the purpose of the use           of a stretcher during ambulance service.           D   2300   CR110   -  352	Code indicating the sex of the subscriber to the indicated coverage or policy. D   2010BA   DMG03   -  1068
	Subscriber Group Name
Submitter Contact Name	Name of the group through which the coverage
Name of the person at the submitter organization to whom inquiries about the transaction should be directed.	is provided to the subscriber. D   2000B   SBR04   -  93117
H   1000A   PER02   -  93 <b>77</b>	Subscriber Group or Policy
Submitter First Name	Number
The first name of the person submitting the transaction or receiving the transaction, as identified by the preceding identification code. H   1000A   NM104   -  1036	The identifier assigned by the health plan or administrator to identify the group through which the coverage is provided to the subscriber. D   2000B   SBR03   -  127117
Cubmitter Identifier	Subscriber Last Name
Submitter Identifier	The surname of the insured individual or subscriber to the coverage.
Code or number identifying the entity submitting the claim. H   1000A   NM109   -  67 <b>75</b>	D   2010BA   NM103   -  1035 122
Submitter Last or Organization	Subscriber Middle Name or
Name	
The last name or the organizational name of the	The middle name or initial of the subscriber to the indicated coverage or policy.

Subscriber Name Suffix	Supervising Pro
Suffix of the insured individual or subscriber to	Suffix
the coverage.	Suffix to the name of
D   2010BA   NM107   -  1039 122	care rendered to the
	D   2310D   NM107 D   2420D   NM107
Subscriber Postal Zone or ZIP	
Code	<u> </u>
The ZIP Code of the insured individual or	Supervising Pro
subscriber to the coverage.	Secondary Iden
D   2010BA   N403   -  116 <b>126</b>	Additional identifier fo
	care rendered to the D   2310D   REF02
Subscriber Primary Identifier	D   2420D   REF02
Primary identification number of the subscriber	
to the coverage. D   2010BA   NM109   -  67	Terms Discount
D   2010BA   NIVI109   -  07 123	
	Discount percentage payment within a spe
Subscriber State Code	D   2300   CN105
The State Postal Code of the insured individual	D   2400   CN105
or subscriber to the coverage. D   2010BA   N402   -  156 <b>125</b>	
D   2010BA   11402   -  130 123	Test Performed
	The date the patient
Subscriber Supplemental	Hematocrit or Serum
Identifier	D   2400   DTP03
Identifies another or additional distinguishing	
code number associated with the subscriber. D   2010BA   REF02   -  127 129	Test Results
	The results of Hemog
	Creatinine tests, Epo
Supervising Provider First	the Patient's Height. D   2400   MEA03
Name	
The First Name of the Provider who supervised	
the rendering of a service on this claim.	Total Claim Cha
D   2310D   NM104   -  1036	The sum of all charge
	claim. D   2300   CLM02
Supervising Provider Identifier	- , ,
The Identification Number for the Supervising	Tropostion Co.
Provider.	Transaction Seg
D   2310D   NM109   -  67282	A tally of all segments SE segments includir
D   2420D   NM109   -  67 <b>451</b>	segments.
	D     SE01
Supervising Provider Last	
Name	Transaction Set
The Last Name of the Provider who supervised	Number
the rendering of a service on this claim.	The unique identifica
D   2310D   NM103   -  1035	transaction set.
	H   ST02
Cumandiaina Descrides Middle	D     SE02
Supervising Provider Middle	
Name or Initial	Transaction Set
Middle name or initial of the provider	Identifies the date the
supervising care rendered to the patient. D   2310D   NM105   -  1037	transaction.
D   2310D   NM105   -  1037	H     BHT04
	<u></u>
	Transaction Set

ovider Name

f the provider supervising e patient. )7 | -)7 | -|1039..... **281** |1039..... **450** 

## ovider ntifier

Additional identifier for the provider supervising								
care rendered to the patient.								
D   2310E	)   REF02	-	127	284				
D   2420E	0   REF02	-	127	453				

## nt Percentage

Dis	Discount percentage available to the payer for								
payment within a specific time period.									
D		2300		CN105		-	338	187	
D		2400		CN105		-	338	396	

# l Date

was tested for Hemoglobin, n Creatinine. 03 | - |1251 ...... 387

oglobin, Hematocrit or oetin Starting Dosage, or 03 | - |739...... **394** 

# arge Amount

The sum of all charges included within this							
claim							
D	2300	CLM02	1	-	782	159	

# gment Count

ts between the ST and the ing the ST and SE | - |96.....**496** 

# t Control

The unique identification number within a transaction set.							
н	ST02	1	-	329			
D	SE02		-	329	496		

## et Creation Date

Identifies the date the submitter created the							
trar	saction.						
Н		BHT04		-	373	. 72	

## Transaction Set Creation Time

Time file is	s created for transn	nission.
Н	BHT05   -	337 <b>72</b>

# Transaction Set Identifier Code

# Transaction Set Purpose Code

### Transport Distance

Distance traveled during the ambulance transport.

D	2300	CR106	-	380	213
D	2400	CR106	-	380	370

## Treatment or Therapy Date

Date when treatment or therapy was rendered or began.

D | 2400 | DTP03 | - |1251...... 386

#### Unit or Basis for Measurement Code

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.

D	2000B		PAT07	1	-	355	. 120
D	2000C		PAT07	1	-	355	. 145
D	2300	(	CR101	1	-	355	. 212
D	2300	(	CR105	1	-	355	. 212
D	2400		SV103	1	-	355	. 355
D	2400		SV502	1	-	355	. 360
D	2400	(	CR101	1	-	355	. 369
D	2400	(	CR105	1	-	355	. 369
D	2400	(	CR302	1	-	355	. 371
D	2400		HCP11	1	-	355	. 420

#### Value Added Network Trace Number

Unique Identification number for a transaction assigned by a Value Added Network, Clearinghouse, or other transmission entity. D | 2300 | REF02 | - |127......203

## Work Return Date

