



837P Inbound Companion Guide

Professional Claim Submission

Version 2.2

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SECTION 01: INTRODUCTION

Overview

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation mandates that many of the major health care electronic data exchanges, such as electronic claims and eligibility, be standardized into the same national format for all payers, providers and clearinghouses.

HIPAA specifies the electronic standards that must be followed when certain health care information is exchanged. These standards are published in National Electronic Data Interchange Transaction Set Implementation Guides. They are commonly called Implementation Guides (IG) and are referred to as IG throughout this document. The following table illustrates the adopted standards and the related SUPERIOR HEALTH PLAN business categories.

Table 1.1 – Standards and Business Categories

Business Category	Transaction Name – Implementation Guide (IG)	Description
Enrollment Roster	ASC X12N 834 (004010X095A1)	Enrollment/Disenrollment in a Health Plan
Capitation Payment Reporting	ASC X12N 820 (004010X061A1)	Health Plan Premium Payments
Claims Processing	ASC X12N 837 (004010X098A1)	Healthcare Claim or Encounter: Professional
Claims Processing	ASC X12N 837 (004010X097A1)	Healthcare Claim or Encounter: Dental
Claims Processing	ASC X12N 837	Healthcare Claim or Encounter:

	(004010X096A1) Institutional	
Explanation of Payment/Remittance Advice	ASC X12N 835 (004010X091A1)	Claim payment and Remittance Advice
Eligibility Verification	ASC X12N 270/271 (004010X092A1)	Health Plan Eligibility
Claim Status	ASC X12N 276/277 (004010X093A1)	Health Claim Status
Prior Authorization	ASC X12N 278 (004010X094A1)	Referral Certification and Authorization

The IG's are available for download through the Washington Publishing Company Web site at <http://hipaa.wpc-edi.com>. Developers should have copies of the respective IG's prior to beginning the development process.

SUPERIOR HEALTH PLAN has developed technical companion guides to assist application developers during the implementation process. The information contained in the SUPERIOR HEALTH PLAN Companion Guide is only intended to supplement the adopted IG's and provide guidance and clarification as it applies to SUPERIOR HEALTH PLAN. The SUPERIOR HEALTH PLAN Companion Guide is never intended to modify, contradict, or interpret the rules established in HIPAA or IG's.

EDI Registration and Trading Partner Agreements

EDI Registration

There is no EDI Enrollment form to be filled out, however, prior to submitting claims electronically to SUPERIOR HEALTH PLAN, providers are encouraged to contact the Provider Relations Department and verify the appropriate provider number(s) are on file. In order for EDI claims to be accepted into the Claim Processing system, the provider number must be on file.

Trading Partner Agreement

Anyone wanting to exchange Health Information electronically directly with SUPERIOR HEALTH PLAN must obtain plan approval then complete and submit a Trading Partner Agreement.

Data Flow

SUPERIOR HEALTH PLAN has secure options available for exchanging data electronically. All transactions will be submitted in a batch mode. *Section 02: Method of Transmission* provides information on data transmissions.

For each batch transaction received, SUPERIOR HEALTH PLAN will return a 997 – Functional Acknowledgement. This file acknowledges the receipt of the file and reports any data compliance issues. SUPERIOR HEALTH PLAN also expects to receive a 997 – Functional Acknowledgement transaction when the trading partner receives any outbound batch transaction. For additional information about the use of the 997 transactions, refer to *Section 04: Acknowledgements and Reports*, of this companion guide.

SUPERIOR HEALTH PLAN has created an Audit Report for any health care claim transaction (837I and 837P) received. This is not a HIPAA-mandated report; however it summarizes the number of claims received and any claims that were rejected due to invalid information. Additional information is available in *Section 04 – Acknowledgements and Reports*.

A batch request or inquiry transaction, 270, 276, 278 results in the creation of the response transaction, 271, 277 or 278 respectively. SUPERIOR HEALTH PLAN will post the responses in a reasonable amount of time for the requestor to retrieve. *Section 02: Method of Transmission* provides communication specifications for data exchange.

Finally, some transactions can be submitted interactively. SUPERIOR HEALTH PLAN only creates a 997 – Acknowledgement for an interactive request transaction if it fails the compliance check. Otherwise, the appropriate response transaction serves as the acknowledgement of the receipt of the transaction.

Processing Assumptions

Some transactions are created and generated by, or on behalf of, a provider. Others are created by SUPERIOR HEALTH PLAN either in response to a request received from a provider or as a means to provide pertinent information to providers or contracted vendors. The following list identifies each transaction by SUPERIOR HEALTH PLAN's definition as inbound and/or outbound:

Table 1.2 – SUPERIOR HEALTH PLAN Transaction Definition

Inbound	Outbound
NCPDP (Provider)	NCPDP (State Agency)
270 271	
276 277	
278 (request)	278 (response)
820 (State Agency)	820 (Provider)
834 (State Agency)	834 (Provider)
835 (State Agency)	835 (Provider)
837I (Provider)	837I (State Agency)
837P (Provider)	837P (State Agency)
837D (Provider)	837D (State Agency)

Basic Technical Information

The following list includes basic technical information for each transaction:

- ▶ Lower case characters on inbound transactions are converted to uppercase on outbound transactions

- ▶ The following delimiters are used for all outbound transactions:

*(Asterisk) = Data element separator
 : (Colon) = Sub element separator
 ~ (Tilde) = Segment Separator

- ▶ All monetary amounts and quantity fields have explicit decimals. 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, with the decimal point at the right end, the decimal point should be omitted. See the *IG* for additional clarification. SUPERIOR HEALTH PLAN is referred to as *SWJOUQJUAHEALTH PLAN* in applicable Submitter and Receiver segments.

- ▶ The *TA1 – Interchange Acknowledgement*, is not used.

- ▶ The *997 – Functional Acknowledgement*, is generated in response to all inbound batch transactions.

- ▶ The *997 – Functional Acknowledgement*, is expected in response to all outbound batch transactions created by SUPERIOR HEALTH PLAN.

▶ Required data elements considered non-critical to SUPERIOR HEALTH PLAN processing that must be returned on outbound transactions, such as member's birth date, are returned as they appear on the SUPERIOR HEALTH PLAN files.

- ▶ If one item within a functional group is non-compliant, the entire transaction, ST-SE, is rejected.
- ▶ Data elements required by the IG, but not used by SUPERIOR HEALTH PLAN can be gap-filled with any valid value to avoid compliance errors.
- ▶ The submitter number will be assigned by Centene and will need to be evident in the following ASC X12N 837 locations: ISA06 and Loop 1000A, NM109
- ▶ The ASC X12N 837 location in which the Payer ID must be present is in Loop 2010BB (Payer Name), NM109

Provider Selection Criteria Information

The following criteria will be used to select the appropriate provider for claim processing.

- **NM109 = Provider NPI**
- **REF01 = Tax ID**
- **PRV03 = Provider Taxonomy**
- **N403 = Provider 9-digit Zip Code (required in loop 2010AA only)**

Loop 2010AA – Billing Provider is a required loop. The provider TaxID, NPI and Taxonomy Code are required in this loop. The billing provider can also be the pay-to provider as well as the rendering provider.

Provider Selection Criteria if used from loop 2010AA

- NM108 = qualifier XX , NM109 = Provider NPI number
- REF01 = qualifier EI, REF02 = Employer/Tax Identification number
- PRV01= qualifier BI or PT, PRV02 = Provider Taxonomy Code

If the Pay-To provider on the claim is different then the Billing provider, the provider TaxID, NPI and Taxonomy Code are required in Loop 2010AB.

Provider Selection Criteria if used from loop 2010AB

- NM108 = qualifier XX , NM109 = Provider NPI number
- REF01 = qualifier EI, REF02 = Employer/Tax Identification number
- PRV01= qualifier BI or PT, PRV02 = Provider Taxonomy Code

If a single provider that rendered all of the services on the claim and the rendering provider is not the same as the billing provider in Loop 2010AA or the pay-to provider in Loop 2010AB, the provider TaxID, NPI and Taxonomy Code must be in Loop 2310B.

Provider Selection Criteria if used from loop 2310B

- NM108 = qualifier XX , NM109 = Provider NPI number
- REF01 = qualifier EI, REF02 = Employer/Tax Identification number
- PRV01= qualifier PE, PRV02 = Provider Taxonomy Code

If there are different providers that rendered the services evident at the service lines of the claim, the provider TaxID, NPI and Taxonomy Code must be in Loop 2420A.

Provider Selection Criteria if used from loop 2420A

- NM108 = qualifier XX , NM109 = Provider NPI number
- REF01 = qualifier EI, REF02 = Employer/Tax Identification number
- PRV01= qualifier PE, PRV02 = Provider Taxonomy Code

Atypical Provider Selection Criteria Information

Atypical providers – are not always assigned a NPI number, however, if an Atypical provider has been assigned a NPI number, then they need to follow the same requirements as Medical providers.

Atypical Providers who provide non-medical services are not required to have an NPI number, (e.g., carpenters, transportation, etc.).

Atypical providers need to only send the Provider TaxID in the NM1 segment and their Medicaid number or Health Plan Identifier in REF segment.

Atypical Provider Selection Criteria used in all loops:

- NM108 = qualifier 24, NM109 = Provider TaxID number
- N403 = Provider 9-digit Zip Code (required in loop 2010AA only)
- REF01 = qualifier 1D, REF02 = Medicaid number or Health Plan Identifier

SECTION 02: METHOD OF TRANSMISSION

Communications

The methods of sending and receiving electronic transactions with SUPERIOR HEALTH PLAN are:

- ✓ Superior Bulletin Board System (BBS)
 - Requires terminal emulation software
 - Hypterminal (standard on windows O/S), ProComm Plus, Tiny Term
- ✓ Superior secure ftp site (sftp)
 - Requires transfer client that can support SSL/TLS:

- CoreFTP, CuteFtp, WSFTP Pro

If you would prefer to utilize the SUPERIOR HEALTH PLAN's BBS, please contact your EDI Health Plan Coordinator at 800-225-2573 extension 25525. Direct submitters are required to receive approval from the health plan along with completion of the Trading Partner Agreement.

SECTION 03: INTERCHANGE CONTROL STRUCTURE

Overview

Appendix A, Section A.1.1 of each *X12N HIPAA IG* provides detail about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an *electronic envelope*. The communication envelope consists of an interchange envelope and functional groups. The interchange control structure is used for inbound and outbound files. An inbound interchange control structure is the envelope that wraps all transaction data (ST-SE) sent to SUPERIOR HEALTH PLAN for processing. Examples include 837, 270 and 276 transactions. An outbound interchange control structure wraps transactions that are created by SUPERIOR HEALTH PLAN and returned to the requesting provider or contracted vendor. Examples of outbound transactions include 835, 271 and 277 transactions. The following tables define the use of this control structure as it relates to communication with SUPERIOR HEALTH PLAN.

Inbound Transactions

Segment Name	Interchange Control Header		
Segment ID	ISA		
Loop ID	N/A		
Usage	Required		
Segment Notes	<p>All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment.</p> <p>The character immediately following the segment ID, <i>ISA</i>, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Examples of the separators are as follows:</p>		
	Character	Name	Delimiter
:	*	Asterisk	Data Element Separator
~		Colon	Sub-element Separator
		Tilde	Segment Terminator
<p>While it is not required that submitters use these specific delimiters it is recommended, since they are the ones that the SUPERIOR HEALTH PLAN uses for all outbound transactions.</p>			

Element ID	Usage	Guide Description/Valid Values	Comments
ISA01	R	Authorization Information Qualifier 00 – No Authorization Information Present	
ISA02	R	Authorization Information	Always blank. Insert 10 blank spaces.
ISA03	R	Security Information Qualifier 00 – No Security Information Present	
ISA04	R	Security Information	Always blank. Insert 10 blank spaces.
ISA05	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA06	R	Interchange Sender ID	For batch transactions, this is the sender ID assigned by the Trading Partner.. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA07	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA08	R	Interchange Receiver ID	This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards Identifier U – U.S. EDI Community of ASC X12, TDCC, and UCS	
ISA12	R	Interchange Control Version Number 00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	

Element ID	Usage	Guide Description/Valid Values	Comments
ISA13	R	Interchange Control Number	The interchange control number is created by the submitter and must be identical to the associated Interchange Trailer (IEA02). This is a numeric field and must be zero filled. This number should be unique and SUPERIOR HEALTH PLAN recommends that it be incremented by one with each ISA segment.
ISA14	R	Acknowledgment Requested 1 – Interchange Acknowledgment Requested	SUPERIOR HEALTH PLAN always creates an acknowledgment file for each file received.
ISA15	R	Usage Indicator P – Production Data T – Test Data	During testing the usage indicator entered must be T . After testing approval, P must be entered for production transactions.
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator.

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GS01	R	Functional Identifier Code	Use the appropriate identifier to designate the type of transaction data to follow the GS segment.

Element ID	Usage	Guide Description/Valid Values	Comments
		HC – Health Care Claim (837)	
GS02	R	Application Sender's Code	Same as ISA06
GS03	R	Application Receiver's Code	Same as ISA08
GS04	R	Date	The date format is CCYYMMDD.
GS05	R	Time	The time format is HHMMSS
GS06	R	Group Control Number	Assigned number originated and maintained by the sender. This must match the number in the corresponding GE02 data element on the GE group trailer segment.
GS07	R	Responsible Agency Code X – Accredited Standards Committee X12	
GS08	R	Version/Release/Industry Identifier Code 004010X098A1 – 837P 004010X096A1 – 837 I	Use the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment. Refer to specific transaction /G for proper value.

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GE01	R	Number of Transaction Sets Included	Use the number of transaction sets included in this functional group.
GE01	R	Group Control Number	Group control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
IEA01	R	Number of Included Functional Groups	Use the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	Interchange control number IEA02 in this trailer must be identical to the same data element in the associated interchange control header, ISA13, including padded zeros.

Outbound Transactions

Segment Name	Interchange Control Header		
Segment ID	ISA		
Loop ID	N/A		
Usage	Required		
Segment Notes	All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment.		
	The character immediately following the segment ID, <i>ISA</i> , defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Examples of the separators are as follows:		
	Character	Name	Delimiter
	*	Asterisk	Data Element Separator
	:	Colon	Sub-element Separator
~	Tilde	Segment Terminator	
While it is not required that submitters use these specific delimiters, they are the ones that the SUPERIOR HEALTH PLAN uses for all outbound transactions.			

Element ID	Usage	Guide Description/Valid Values	Comments
ISA01	R	Authorization Information Qualifier 00 – No Authorization Information Present	
ISA02	R	Authorization Information	Always blank. Insert 10 blank spaces.
ISA03	R	Security Information Qualifier 00 – No Security Information Present	
ISA04	R	Security Information	Always blank. Insert 10 blank spaces.
ISA05	R	Interchange ID Qualifier ZZ	
ISA06	R	Interchange Sender ID	For batch transactions, this is the sender ID assigned by SUPERIOR

Element ID	Usage	Guide Description/Valid Values	Comments
		Federal Tax Number	HEALTH PLAN This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA07	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA08	R	Interchange Receiver ID	For batch transactions, this is the sender ID assigned by the Trading Partner. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards Identifier U – U.S. EDI Community of ASC X12, TDCC, and UCS	
ISA12	R	Interchange Control Version Number 00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
ISA13	R	Interchange Control Number	This number is unique and increments by 1 with each ISA segment. It also matches the interchange control number of the IEA02 of the interchange control trailer.
ISA14	R	Acknowledgment Requested 1 – Interchange Acknowledgment Requested	SUPERIOR HEALTH PLAN always requires an acknowledgment file for each file submitted to a trading partner.
ISA15	R	Usage Indicator P – Production Data T – Test Data	During testing the usage indicator is a T . After the trading partner has approved, the usage indicator will be a P .

Element ID	Usage	Guide Description/Valid Values	Comments
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This is always a colon (:)

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GS01	R	Functional Identifier Code HC – Health Care Claim (837)	Use the appropriate identifier to designate the type of transaction data to follow the GS segment.
GS02	R	Application Sender's Code	Same as ISA06
GS03 R		Application Receiver's Code	Same as ISA08
GS04	R	Date	The date format is CCYYMMDD.
GS05	R	Time	The time format is HHMMSS
GS06	R	Group Control Number	This data element contains a uniquely assigned number and matches the number in the corresponding GS02 data element on the GE group trailer segment
GS07	R	Responsible Agency Code X – Accredited Standards Committee X12	
GS08	R	Version/Release/Industry Identifier Code 004010X098A1 – 837P 004010X096A1 – 837 I	This data element contains the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment.

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GE01	R	Number of Transaction Sets Included	This data element contains the number of transaction sets included in this functional group.
GE01	R	Group Control Number	Group control number GE02 in this trailer is identical to the same data element in the associated functional group header, GS06.

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
IEA01	R	Number of Included Functional Groups	This data element contains the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	Interchange control number IEA02 in this trailer is identical to the same data element in the associated interchange control header, ISA13, including padded zeros.

SECTION 04: PROFESSIONAL CLAIM SUBMISSIONS

Introduction

The ASC X12N 837 (004010X098A1) transaction is the HIPAA-mandated transaction for submitting SUPERIOR HEALTH PLAN medical claims to Covered Entities and Business Associates.

This is intended only as a companion guide and is not intended to contradict or replace any information in the Implementation Guide or Health Plan Provider Manual's.

It is highly recommended that implementers have the following resources available during the development process:

- ▶ This document (837 Implementation Companion Document)
- ▶ ASC X12N 837 (004010X098A1) Implementation Guide

Segment Usage

The following matrix lists all segments available to the submitted on the 4010 version of the 837 Implementation Guide. Additionally, it includes a Usage column that identifies those segments, which are required, situational, or not used by SUPERIOR HEALTH PLAN. A required segment and element will be reported on all transactions. A situational segment may not be reported on every transaction record; however, a situational segment may be reported under certain circumstances. For example, any data in a segment that is identified in the Usage column with an X will be ignored by SUPERIOR HEALTH PLAN. Any segment identified in the Usage column as Required is explained in detail in the Data and Element Description Section of the Companion Document.

Reminders

1. The maximum number of claims within a single ST/SE Transaction Set is 1,000. Therefore, multiple ST/SE Transaction Sets may exist within one transaction file. Multiple 837 (ISA/IEA) Transactions may also exist within one file.
2. Some element values may be defined as NULL. This means that there will not be a value in this element (i.e. INS*Y*18*001**A*B**FT)

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
ST	N/A	Transaction Set Header	R
BHT	N/A	Beginning of Hierarchical Transaction	R
REF	N/A	Transmission Type Identification	R
NM1	1000A	Submitter Name	R
N2	1000A	Additional Submitter Name Information	X – deleted per addenda
PER	1000A	Submitter EDI Contact Information	R
NM1	1000B	Receiver Name	R
N2	1000B	Receiver Additional Name Information	X – deleted per addenda
HL	2000A	Billing/Pay-To Hierarchical Level	R
PRV	2000A	Billing/Pay-To Specialty Information	S
CUR	2000A	Foreign Currency Information	X
NM1	2010AA	Billing Provider Name	R
N2	2010AA	Additional Billing Provider Name Information	X – deleted per addenda
N3	2010AA	Billing Provider Address	R
N4	2010AA	Billing Provider City/State/ZIP Code	R
REF	2010AA	Billing Provider Secondary Information	R
REF	2010AA	Credit/Debit Card Billing Information	X
PER	2010AA	Billing Provider Contact Information	R
NM1	2010AB	Pay-To Provider Name	S
N2	2010AB	Additional Pay-to-Provider Name Information	X – deleted per addenda

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
N3	2010AB	Pay-To Provider Address	S
N4	2010AB	Pay-To Provider City/State/ZIP Code	S
REF	2010AB	Pay-To Provider Secondary Information	S
HL	2000B	Subscriber Hierarchical Level	R
SBR	2000B	Subscriber Information	R
PAT	2000B	Patient Information	S
NM1	2010BA	Subscriber Name	R
N2	2010BA	Additional Subscriber Name Information	X – deleted per addenda
N3	2010BA	Subscriber Address	R
N4	2010BA	Subscriber City/State/ZIP Code	R
DMG	2010BA	Subscriber Demographic Information	R
REF	2010BA	Subscriber Secondary Information	X
REF	2010BA	Property and Casualty Claim Number	X
NM1	2010BB	Payer Name	R
N2	2010BB	Additional Payer Name Information	X – deleted per addenda
N3	2010BB	Payer Address	R
N4	2010BB	Payer City/State/ZIP Code	R
REF	2010BB	Payer Secondary Information	R
NM1	2010BC	Responsible Party Name	S
N2	2010BC	Additional Responsible Party Name Information	X – deleted per addenda

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
N3	2010BC	Responsible Party Address	S
N4	2010BC	Responsible Party City/State/ZIP Code	S
NM1	2010BD	Credit/Debit Card Holder Name	X
N2	2010BD	Additional Credit/Debit Card Holder Name Information	X – deleted per addenda
REF	2010BD	Credit/Debit Card Information	X
HL	2000C	Patient Hierarchical Level	X
PAT	2000C	Patient Information	X
NM1	2010CA	Patient Name	X
N2	2010CA	Additional Patient Name Information	X – deleted per addenda
N3	2010CA	Patient Address	X
N4	2010CA	Patient City/State/ZIP Code	X
DMG	2010CA	Patient Demographic Information	X
REF	2010CA	Patient Secondary Information Number	X
REF	2010CA	Property and Casualty Claim Number	X
CLM	2300	Claim Information	R
DTP	2300	Date – Order Date	X – deleted per addenda
DTP	2300	Date – Initial Treatment	S
DTP	2300	Date – Referral Date	X – deleted per addenda
DTP	2300	Date – Date Last Seen	S
DTP	2300	Date – Onset of Current Illness/Symptom	S

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
DTP	2300	Date – Acute Manifestation	S
DTP	2300	Date – Similar Illness/Symptom Onset	S
DTP	2300	Date – Accident	S
DTP	2300	Date – Last Menstrual Period	S
DTP	2300	Date – Last X-Ray	S
DTP	2300	Date – Estimated Date of Birth	X – deleted per addenda
DTP	2300	Date – Hearing and Vision Prescription Date	X
DTP	2300	Date – Disability Begin	S
DTP	2300	Date – Disability End	S
DTP	2300	Date – Date Last Worked	X
DTP	2300	Date – Authorized Return to Work	S
DTP	2300	Date – Admission	S
DTP	2300	Date – Date Discharge	S
DTP	2300	Date – Assumed and Relinquished Care Dates	S
PWK	2300	Claim Supplemental Information	X
CN1	2300	Contract Information	X
AMT	2300	Credit/Debit Card Maximum Amount	X
AMT	2300	Patient Paid Amount	S
AMT	2300	Total Purchased Service Amount	S
REF	2300	Service Authorization Exception Code	X
REF	2300	Mandatory Medicare (Section 4081) Crossover Indicator	X

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
REF	2300	Mammography Certification Number	X
REF	2300	Prior Authorization or Referral Number	S
REF	2300	Original Reference Number (ICN/DCN)	X
REF	2300	Clinical Laboratory Improvement Amendment (CLIA)	X
REF	2300	Repriced Claim Number	X
REF	2300	Adjusted Repriced Claim Number	X
REF	2300	Investigational Device Exemption Number	X
REF	2300	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	S
REF	2300	Ambulatory Patient Group (APG)	X
REF	2300	Medical Record Number	X
REF	2300	Demonstration Project Identifier	X
K3	2300	File Information	X
NTE	2300	Claim Note	X
CR1	2300	Ambulance Transport Information	S
CR2	2300	Spine Manipulation Service Information	S
CRC	2300	Ambulance Certification	S
CRC	2300	Patient Condition Information: Vision	S
CRC	2300	Homebound Indicator	X
CRC	2300	EPSDT Referral	S
HI	2300	Health Care Diagnosis Code	R

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
HCP	2300	Claim Pricing/Repricing Information	X
CR7	2305	Home Health Care Plan Delivery	X
HSD	2305	Health Care Services Delivery	X
NM1	2310A	Referring Provider Name	S
PRV	2310A	Referring Provider Specialty Information	S
N2	2310A	Additional Referring Provider Name Information	X – deleted per addenda
REF	2310A	Referring Provider Secondary Information	S
NM1	2310B	Rendering Provider Name	S
PRV	2310B	Rendering Provider Specialty Information	S
N2	2310B	Additional Rendering Provider Name Information	X – deleted per addenda
REF	2310B	Rendering Provider Secondary Information	S
NM1	2310C	Purchased Service Provider Name	X
REF	2310C	Purchased Service Provider Secondary Information	X
NM1	2310D	Service Facility Location	X
N2	2310D	Additional Service Facility Location Name Information	X – deleted per addenda
N3	2310D	Service Facility Location Address	X
N4	2310D	Service Facility Location City/State/ZIP Code	X
REF	2310D	Service Facility Location Secondary Information	X

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
NM1	2310E	Supervising Provider Name	S
N2	2310E	Additional Supervising Provider Name Information	X – deleted per addenda
REF	2310E	Supervising Provider Secondary Information	S
SBR	2320	Other Subscriber Information	S
CAS	2320	Claim Level Adjustment	X
AMT	2320	Coordination of Benefits (COB) Payer Paid Amount	X
AMT	2320	Coordination of Benefits (COB) Approved Amount	X
AMT	2320	Coordination of Benefits (COB) Allowed Amount	X
AMT	2320	Coordination of Benefits (COB) Patient Responsibility Amount	X
AMT	2320	Coordination of Benefits (COB) Covered Amount	X
AMT	2320	Coordination of Benefits (COB) Discount Amount	X
AMT	2320	Coordination of Benefits (COB) Per Day Limit Amount	X
AMT	2320	Coordination of Benefits (COB) Patient Paid Amount	X
AMT	2320	Coordination of Benefits (COB) Tax Amount	X
AMT	2320	Coordination of Benefits (COB) Total Claim Before Taxes Amount	X
DMG	2320	Subscriber Demographic Information	S

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
OI	2320	Other Insurance Coverage Information	S
MOA	2320	Medicare Outpatient Adjudication Information	X
NM1	2330A	Other Subscriber Name	S
N2	2330A	Additional Other Subscriber Name Information	X – deleted per addenda
N3	2330A	Other Subscriber Address	S
N4	2330A	Other Subscriber City/State/ZIP Code	S
REF	2330A	Other Subscriber Secondary Information	X
NM1	2330B	Other Payer Name	S
N2	2330B	Additional Other Payer Name Information	X – deleted per addenda
PER	2330B	Other Payer Contact Information	X
DTP	2330B	Claim Adjudication Date	X
REF	2330B	Other Payer Secondary Identifier	X
REF	2330B	Other Payer Prior Authorization or Referral Number	X
REF	2330B	Other Payer Claim Adjustment Indicator	X
NM1	2330C	Other Payer Patient Information	X
REF	2330C	Other Payer Patient Identification	X
NM1	2330D	Other Payer Referring Provider	X
REF	2330D	Other Payer Referring Provider Identification	X
NM1	2330E	Other Payer Rendering Provider	X

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
REF	2330E	Other Payer Rendering Provider Secondary Identification	X
NM1	2330F	Other Payer Purchased Service Provider	X
REF	2330F	Other Payer Purchased Service Provider Identification	X
NM1	2330G	Other Payer Service Facility Location	X
REF	2330G	Other Payer Service Facility Location Identification	X
NM1	2330H	Other Payer Supervising Provider	X
REF	2330H	Other Payer Supervising Provider Identification	X
LX	2400	Service Line Number	R
SV1	2400	Professional Service	R
SV4	2400	Prescription Number	X – deleted per addenda
SV5	2400	Durable Medical Equipment Service	X
PWK	2400	DMERC CMN Indicator	X
CR1	2400	Ambulance Transport Information	S
CR2	2400	Spinal Manipulation Service Information	S
CR3	2400	Durable Medical Equipment Certification	X
CR5	2400	Home Oxygen Therapy Information	X
CRC	2400	Ambulance Certification	S
CRC	2400	Hospice Employee Indicator	S
CRC	2400	DMERC Condition Indicator	X

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
DTP	2400	Date – Service Date	R
DTP	2400	Date – Certification Revision Date	X
DTP	2400	Date – Referral Date	X – deleted per addenda
DTP	2400	Date – Begin Therapy Date	X
DTP	2400	Date – Last Certification Date	X
DTP	2400	Date – Order Date	X – deleted per addenda
DTP	2400	Date – Date Last Seen	X
DTP	2400	Date – Test	X
DTP	2400	Date – Oxygen Saturation/Arterial Blood Gas Test	X
DTP	2400	Date – Shipped	X
DTP	2400	Date – Onset of Current Symptom/Illness	S
DTP	2400	Date – Last X-ray	X
DTP	2400	Date – Acute Manifestation	X
DTP	2400	Date – Initial Treatment	X
DTP	2400	Date – Similar Illness/Symptom Onset	X
QTY	2400	Anesthesia Modifying Units	X – deleted per addenda
MEA	2400	Test Result	S
CN1	2400	Contract Information	X
REF	2400	Repriced Line Item Reference Number	X
REF	2400	Adjusted Repriced Line Item Reference Number	X

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
REF	2400	Prior Authorization or Referral Number	X
REF	2400	Line Item Control Number	S
REF	2400	Mammography Certification Number	X
REF	2400	Clinical Laboratory Improvement Amendment (CLIA) Information	X
REF	2400	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	X
REF	2400	Immunization Batch Number	X
REF	2400	Ambulatory Patient Group (APG)	X
REF	2400	Oxygen Flow Rate	X
REF	2400	Universal Product Number (UPN)	X
AMT	2400	Sales Tax Amount	X
AMT	2400	Approved Amount	X
AMT	2400	Postage Claimed Amount	X
K3	2400	File Information	X
NTE	2400	Line Note	S
PS1	2400	Purchased Service Information	X
HSD	2400	Health Care Services Delivery	X
HCP	2400	Line Pricing/Repricing Information	X
LIN	2410	Drug Identification	X
CTP	2410	Drug Pricing	X
REF	2410	Prescription Number	X
NM1	2420A	Rendering Provider Name	S
PRV	2420A	Rendering Provider Specialty Information	S

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
N2	2420A	Additional Rendering Provider Name Information	X – deleted per addenda
REF	2420A	Rendering Provider Secondary Information	S
NM1	2420B	Purchased Service Provider Name	X
REF	2420B	Purchased Service Provider Secondary Information	X
NM1	2420C	Service Facility Location	X
N2	2420C	Additional Service Facility Location Name Information	X – deleted per addenda
N3	2420C	Service Facility Location Address	X
N4	2420C	Service Facility Location City/State/ZIP Code	X
REF	2420C	Service Facility Location Secondary Information	X
NM1	2420D	Supervising Provider Name	S
N2	2420D	Additional Supervising Provider Name Information	X – deleted per addenda
REF	2420D	Supervising Provider Secondary Information	S
NM1	2420E	Ordering Provider Name	S
N2	2420E	Additional Ordering Provider Name Information	X – deleted per addenda
N3	2420E	Ordering Provider Address	S
N4	2420E	Ordering Provider City/State/ZIP Code	S
REF	2420E	Ordering Provider Secondary Identification	X

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
PER	2420E	Ordering Provider Contact Information	X
NM1	2420F	Referring Provider Name	S
PRV	2420F	Referring Provider Specialty Information	S
N2	2420F	Additional Referring Provider Name Information	X – deleted per addenda
REF	2420F	Referring Provider Secondary Information	X
NM1	2420G	Other Payer Prior Authorization or Referral Number	X
REF	2420G	Other Payer Prior Authorization or Referral Number	X
SVD	2430	Line Adjudication Information	X
CAS	2430	Line Adjustment	X
DTP	2430	Line Adjudication Date	X
LQ	2440	Form Identification Code	X
FRM	2440	Supporting Documentation	X
SE	N/A	Transaction Set Trailer	R

Segment and Data Element Description

This section contains a tabular representation of any segment that is required or situational for the SUPERIOR HEALTH PLAN HIPAA implementation of the 837. Each segment table contains rows and columns describing different elements of the segment.

Segment Name	The industry assigned segment name as identified in the Implementation Guide (IG)
Segment ID	The industry assigned segment ID as identified in the IG
Loop ID	The loop within which the segment should appear
Usage Identifies	the segment as required or situational
Segment Notes	A brief description of the purpose or use of the segment
Element ID	
Usage	Identifies the data element as R-required, S-situational, or X-not used
Guide Description/Valid Values	Industry name associated with the data element. If no industry name exists, this is the IG data element name. This column also lists in BOLD type values and/or code sets to be used.
Comments	Description of the contents of the data elements (including field lengths)

Segment Name		Transaction Set Header	
Segment ID		ST	
Loop ID		N/A	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
ST01	R	Transaction Set Identifier Code	837: Health Care Claim
ST02	R	Transaction set Control Number	

Segment Name		Beginning of Hierarchical Transaction	
Segment ID		BHT	
Loop ID		N/A	
Usage		Required	

Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
BHT01	R	Hierarchical Structure Code	0019- Information Source, Subscriber, Dependent
BHT02	R	Transaction Set Purpose Code	00: Original 18 Reissue
BHT03	R	Originator Application Transaction Identifier	Use this reference identifier to identify the inventory file number of the tape or transmission assigned by the submitter's system.
BHT04	R	Transaction Set Creation Date	Date expressed CCYYMMDD. Use this date to identify the date on which the submitter created the file.
BHT05	R	Transaction Set Creation Time	Use this time to identify the time of day that the submitter created the file.
BHT06	R	Claim or Encounter Identifier	CH: Chargeable Use this code when the transmission contains only fee-for-service claims or claims with at least one chargeable line item. RP: Reporting Use this code to send a batch of encounters.

Segment Name	Transmission type Identification		
Segment ID	REF		
Loop ID	N/A		
Usage	Required		
Segment Notes			
Element Usage	Guide	Comments	

ID	Description/Valid	Values	
REF01	R	Reference Identification Qualifier	87: Functional Category
REF02	R	Transmission Type Code	When piloting this transaction set, this value is 004010X098D. When this draft is used to send the transaction set in a production mode, this value is 004010X098
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used.

Segment Name		Submitter Name	
Segment ID		NM1	
Loop ID		1000A	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	41: Submitter
NM102	R	Entity Type Qualifier	1: Person 2: Non-Person Entity
NM103	R	Submitter Last or Organizational Name	
NM104	S	Submitter First Name	Required if NM102 = 1(person)
NM105	S	Submitter Middle Name	Required if NM102 +1 and the middle name/initial of the person is known.
NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	Not Used
NM108	R	Identification Code Qualifier	46: Electronic Transmitter Identification Number (ETIN) Established by a Trading Partner agreement.
NM109	R	Submitter Identifier	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Submitter EDI Contact Information	
Segment ID		PER	
Loop ID		1000A	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PER01	R	Contact Function Code	IC: Information Contact
PER02	R	Submitter Contact Name	
PER03	R	Communication Number Qualifier	ED: Electronic Data Interchange Access Number EM: Electronic Mail FX: Facsimile TE: Telephone
PER04	R	Communication Number	
PER05	S	Communication Number Qualifier	Used when additional contact numbers are to be communicated. ED: Electronic Data Interchange Access Number EM: Electronic Mail EX: Telephone Extension- the use of this number indicates it is the extension of the number in PER04. FX: Facsimile TE: Phone
PER06	S	Communication Number	
PER07	S	Communication Number Qualifier	Used when additional contact numbers are to be communicated. ED: Electronic Data Interchange Access Number EM: Electronic Mail EX: Telephone Extension- the use of this number indicates it is the extension of the number in PER06.

			FX: Facsimile TE: Phone
PER08	S	Communication Number	
PER09	N/A	Contact Inquiry Reference	Not Used

Segment Name		Receiver Name	
Segment ID		NM1	
Loop ID		1000A	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	40: Receiver
NM102	R	Entity Type Qualifier	2: Non-Person Entity
NM103	R	Submitter Last or Organizational Name	
NM104	N/A	Name First	Not Used
NM105	N/A	Name Middle	Not Used
NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	Not Used
NM108	R	Identification Code Qualifier	46: Electronic Transmitter Identification Number (ETIN) Established by a Trading Partner agreement.
NM109	R	Receiver Identifier	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Billing/Pay to Hierarchical Level	
Segment ID		HL	
Loop ID		2000A	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
HL01	R	Hierarchical ID Number	HL01 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.
HL02	N/A	Hierarchical Parent ID Number	Not Used
HL03	R	Hierarchical Level Code	20: Information Source
HL04	R	Hierarchical Child Code	1: Additional Subordinate HL Data Segment in this hierarchical structure.

Segment Name		Billing/Pay to Provider Specialty Information	
Segment ID		PRV	
Loop ID		2000A Repeat : 1	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	BI = Billing

			PT = Pay to
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		Provider Billing Name	
Segment ID		NM1	
Loop ID		2010 Repeat: 10	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	85: Billing Provider Use this code to indicate billing provider, billing submitter, and encounter reporting entity.
NM102	R	Entity Type Qualifier	1: Person 2: Non-person Entity
NM103	R	Billing Provider Last or Organizational Name	
NM104	S	Name First	
NM105	S	Name Middle	Not Used
NM106	N/A	Name Prefix	Not Used
NM107	S	Name Suffix	Not Used
NM108	R	Identification Code Qualifier	If “XX” is used, then either the Employer’s Identification number or the Social Security Number of the provider must be carried in the REF segment, in this loop. 24: Employer Identification Number 34: Social Security number XX: HCFA National Provider Identifier <u>Note:</u> After NPI implementation, if the

			provider is required to obtain an NPI, you must submit NPI as the identifier in this element.
NM109	R	Billing Provider Identifier	If NM108 = 24, then give provider TIN, IRS number. If NM108 = 34, then give provider SSN If NM108 = XX, then give provider NPI
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Billing Provider Address	
Segment ID		N3	
Loop ID		2010	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N301	R	Billing Provider Address Line	
N302	S	Billing Provider Address Line	Required if a second address line exists

Segment Name		Billing Provider City/State/Zip Code	
Segment ID		N4	
Loop ID		2010AA	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N401	R	Billing Provider City Name	
N402	R	Billing Provider State or Province Code	
N403	R	Billing Provider Postal Zone or ZIP code	
N404	S	Country Code	This data element is required when the address is outside of the

			U.S.
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		Billing Provider Secondary Information	
Segment ID		REF	
Loop ID		2010AA	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identifier Qualifier	1D = Provider Medicaid Number G2 = Provider Commercial Number EI = Employer Identification number
REF02	R	Billing Provider Additional Identifier	Medicaid numbers can be a minimum of 9 positions up to 11 positions in length
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Billing Provider Contact Information	
Segment ID		PER	
Loop ID		2010AA	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PER01	R	Contact Function Code	IC: Information Contact
PER02	R	Billing Provider Contact Name	
PER03	R	Communication Number Qualifier	EM: Electronic Mail FX: Facsimile TE: Telephone
PER04	R	Communication Number	

PER05	S	Communication Number Qualifier	EM: Electronic Mail FX: Facsimile TE: Telephone
PER06	S	Communication Number	Used at the discretion of the billing provider.
PER07	S	Communication Number Qualifier	EM: Electronic Mail EX Telephone Extension FX: Facsimile TE: Telephone
PER08	S	Communication Number	
PER09	N/A	Contact Inquiry Reference	Not Used

Segment Name		Pay –to Provider Name	
Segment ID		NM1	
Loop ID		2010AB	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	87: Pay to Provider
NM102	R	Entity Type Qualifier	1: Person 2: Non-Person Entity
NM103	R	Pay to Provider Last or Organizational Name	
NM104	S	Pay to Provider First Name	
NM105	S	Pay to Provider Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
NM106	N/A	Name Prefix	Not Used
NM107	S	Pay to Provider Name Suffix	Required if known
NM108	R	Identification Code Qualifier	If “XX” is used, then either the Employer’s Identification number or the Social Security Number of the provider must be carried in the

			<p>REF segment, in this loop. 24: Employer Identification Number 34: Social Security number XX: HCFA National Provider Identifier</p> <p><u>Note:</u> After NPI implementation, if the provider is required to obtain an NPI, you must submit NPI as the identifier in this element.</p>
NM109	R	Pay to Provider Identifier	<p>If NM108 = 24, then give provider TIN, IRS number. If NM108 = 34, then give provider SS N If NM108 = XX, then give provider NPI</p>
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Pay –to Provider Address	
Segment ID		N3	
Loop ID		2010AB	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N301	R	Pay to Provider Address Line	
N302	s	Pay to Provider Address Line 2	Required if a second address exists.

Segment Name		Pay –to Provider City/State/Zip Code	
Segment ID		N4	
Loop ID		2010	
Usage		Situational	
Segment Notes			

Element ID	Usage	Guide Description/Valid Values	Comments
N401	R	Pay to Provider City Name	
N402	R	Pay to Provider State Code	
N403	R	Pay to Provider Zip Code	
N404	S	Pay to Provider Country Code	Required if the address is outside of the U.S.
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		Pay –to Provider Secondary Information	
Segment ID		REF	
Loop ID		2010AB	
Usage		Situational	
Segment Notes		Required if Pay-to provider information supplied	
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	1D = Provider Medicaid Number G2 = Provider Commercial Number EI = Employer Identification number
REF02	R	Pay to Provider Identifier	Medicaid numbers can be a minimum of 9 positions up to 11 positions in length
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Subscriber Hierarchical Level	
Segment ID		HL	
Loop ID		2000B	
Usage		Required	

Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code	
HL04	R	Hierarchical Child Code	

Segment Name		Subscriber Information	
Segment ID		SBR	
Loop ID		2000B	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
SBR01	R	Payer Responsibility Sequence Number Code	Code: P: Primary S: Secondary T: Tertiary Use to indicate 'payor of last resort'
SBR02	S	Individual Relationship Code	18: Self
SBR03	S	Insured Group or Policy Number	
SBR04	S	Insured Group Name	Required if the subscriber's payer identification includes a Group or a Plan Name.
SBR05	S	Insurance Type Code	
SBR06	N/A	Coordination of Benefits Code	Not Used
SBR07	N/A	Yes/No Condition or Response Code	Not Used

SBR08	N/A	Employment Status Code	
SBR09	s	Claim Filing Indicator Code	

Segment Name		Patient Information	
Segment ID		PAT	
Loop ID		2000	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PAT01	N/A	Individual Relationship Code	Not Used
PAT02	N/A	Patient Location Code	Not Used
PAT03	N/A	Employment Status Code	Not Used
PAT04	N/A	Student Status Code	Not Used
PAT05	s	Date Time Period Format Qualifier	Required if Patient is known to be deceased.
PAT06	s	Insured Individual Death Date	Required if Patient is known to be deceased.
PAT07	s	Unit or Basis for Measurement Code	GR: Gram This data element is used when the patient's age is less than 29 days old.
PAT08	s	Patient Weight	
PAT09	s	Pregnancy Indicator	Y: Yes

Segment Name		Subscriber Name	
Segment ID		NM1	
Loop ID		2010BA	
Usage		Required	
Segment Notes			
Element	Usage	Guide	Comments

ID Description/Valid		Values	
NM101	R	Entity Identifier Code	IL: Insured or Subscriber
NM102	R	Entity Type Qualifier	1: Person 2: Non-Person Entity
NM103	R	Subscriber Last Name	
NM104	S	Subscriber First Name	
NM105	S	Subscriber Middle Name	This data element is required when NM102 equals one (1) and the middle initial of the person is known.
NM106	N/A	Name Prefix	Not Used
NM107	S	Subscriber Name Suffix	
NM108	S	Identification Code Qualifier	MI: Member Identification Number ZZ: Mutually defined
NM109	S	Subscriber Primary Identifier	This data element is required when NM102 equals one (1) person.
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Subscriber Address	
Segment ID		N3	
Loop ID		2010	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N301	R	Subscriber Address Line	
N302	S	Subscriber Address Line	Required if a second address line exists

Segment Name		Subscriber City/State/ Zip Code	
Segment ID		N4	

Loop ID		2010BA	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N401	R	Subscriber City Name	
N402	R	Subscriber State Code	
N403	R	Subscriber Postal Zone or ZIP code	
N404	S	Country Code	This data element is required when the address is outside the US.
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		Subscriber Demographic Information	
Segment ID		DMG	
Loop ID		2010BA	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DMG01	R	Date Time Period Format Qualifier	D8: Date Expressed in Format CCYYMMDD
DMG02	R	Subscriber Birth Date	
DMG03	R	Subscriber Gender Code	F: Female M: Male U: Unknown
DMG04	N/A	Marital Status Code	Not Used
DMG05	N/A	Race or Ethnicity Code	Not Used
DMG06	N/A	Citizenship Status Code	Not Used
DMG07	N/A	Country Code	Not Used
DMG08	N/A	Basis of Verification	Not Used
DMG09	N/A	Quantity	Not Used

Segment Name		Payer Name	
Segment ID		NM1	
Loop ID		2010BB	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	PR: Payer
NM102	R	Entity Type Qualifier	2: Non-person entity
NM103	R	Payer Name	
NM104	N/A	Name First	Not Used
NM105	N/A	Name Middle	Not Used
NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	Not Used
NM108	R	Identification Code Qualifier	PI: Payer Identification XV: HCFA National Plan ID
NM109	R	Payer Identifier	
NM110	N/A	Entity Relationship code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Payer Address	
Segment ID		N3	
Loop ID		2010BB	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N301	R	Payer Address Line	
N302	S	Payer Address Line	Required if a second address line exists.

Segment Name		Payer City/State/Zip Code	
Segment ID		N4	
Loop ID		2010BB	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N401	R	Payer City Name	
N402	R	Payer State Code	
N403	R	Payer Postal Zone or Post Code	
N404	S	Payer Country Code	This data element is required if the address is outside of the U.S.
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		Payer Secondary Identification	
Segment ID		REF	
Loop ID		2010BB	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	\Reference Identification Qualifier	2U: Payer Identification Number FY: Claim Office Number NF: National Association of Insurance Commissioners Code TJ: Federal Taxpayer's Identification Number
REF02	R	Payer Additional Identifier	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name	Responsible Party Name
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Segment ID		NM1	
Loop ID		2010BC	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	QD: Responsible Party
NM102	R	Entity Type Qualifier	1: Person 2: Non-Person Entity
NM103	R	Responsible Party Last or Organizational Name	
NM104	S	Responsible Party Name First	
NM105	S	Responsible Party Name Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Responsible Party Name Suffix	
NM108	N/A	Identification Code Qualifier	Not Used
NM109	N/A	Identification Code	Not Used
NM110	N/A	Entity Relationship code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Responsible Party Address	
Segment ID		N3	
Loop ID		2010BC	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N301	R	Patient Address Information	
N302	S	Patient Address Information	Required if a second address line exists.

Segment Name		Responsibility Party City/State/Zip Code	
Segment ID		N4	
Loop ID		2010BC	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N401	R	Responsible Party City Name	
N402	R	Responsible Party State Name	
N403	R	Responsible Party Postal Zone or Zip Code	
N404	S	Responsible Party Country Code	Required if the address is out of the U.S.
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		Claim Information	
Segment ID		CLM	
Loop ID		2300	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CLM01	R	Patient Account Number	
CLM02	R	Total Claim Charge Amount	
CLM03	N/A	Claim Filing Indicator Code	Not Used
CLM04	N/A	Non- Institutional Claim type code	Not Used

CLM05	R	Health Care Service Location Information	
CLM05-1	R	Facility Type Code	
CLM05-02	R	Facility Code Qualifier	
CLM05-03	R	Claim Frequency Code	
CLM06	R	Provider or Supplier Signature Indicator	N: No Y: Yes
CLM07	S	Medicare Assignment Code	
CLM08	R	Benefits Assignment Certification Indicator	N: No Y: Yes
CLM09	R	Release of Information Code	
CLM10	S	Patient Signature Source Code	Not Used
CLM11	S	Related Causes Information	
CLM11-1	R	Related Causes Code	
CLM11-2	S	Related Causes Code	
CLM11-3	S	Related Causes Code	
CLM11-4	S	Auto Accident State or Province Code	
CLM11-5	S	Country Code	Required if the automobile accident occurred out of the United States to identify the country in which the accident occurred.
CLM12	S	Special Program Indicator	
CLM13	N/A	Yes/No Condition Response Code	Not Used
CLM14	N/A	Level of Service Code	Not Used
CLM15	N/A	Yes/No Condition Response Code	Not Used
CLM16	S	Participation	

		Agreement	
CLM17	N/A	Claim Status Code	Not Used
CLM18	N/A	Explanation of Benefits Indicator	Not Used
CLM19	N/A	Claim Submission Reason Code	Not Used
CLM20	S	Delay Reason Code	

Segment Name		Date – Initial Treatment	
Segment ID		DTP	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	454: Initial Treatment
DTP02	R	Date Time Period Format Qualifier	D8: Date Expressed in Format CCYYMMDD
DTP03	R	Initial Treatment Date	

Segment Name		Date- Date Last Seen	
Segment ID		DTP	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	304: Latest Visit or Consultation
DTP02	R	Date Time Period Format Qualifier	D8: Date Expressed in format CCYYMMDD
DTP03	R	Last Seen Date	

Segment Name		Date – Onset of the current Illness/Symptom	
Segment ID		DTP	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	453: Onset of the current Illness/Symptom
DTP02	R	Date Time Period Format Qualifier	D8: Date Expressed in format CCYYMMDD
DTP03	R	Onset of Current Illness/Injury Date	

Segment Name		Date – Acute Manifestation	
Segment ID		DTP	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	453: Acute Manifestation of Chronic Condition
DTP02	R	Date Time Period Format Qualifier	D8: Date Expressed in format CCYYMMDD
DTP03	R	Acute Manifestation Date	

Segment Name		Date – Similar Illness/Symptom Onset	
Segment ID		DTP	
Loop ID		2300	
Usage		Situational	
Segment Notes			

Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	438: Onset of similar illness/symptoms
DTP02	R	Date Time Period Format Qualifier	D8: Date Expressed in format CCYYMMDD
DTP03	R	Similar Illness or Symptom Date	

Segment Name		Date- Accident	
Segment ID		DTP	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	439: Accident
DTP02	R	Date Time Period Format Qualifier	D8: Date Expressed in format CCYYMMDD
DTP03	R	Accident Date	

Segment Name		Date- Last Menstruation Period	
Segment ID		DTP	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	484: Last Menstruation Period

DTP02	R	Date Time Period Format Qualifier	D8: Date Expressed in format CCYYMMDD
DTP03	R	Last Menstruation Period Date	

Segment Name		Date Last X-ray	
Segment ID		DTP	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	455: Last X-ray
DTP02	R	Date Time Period Format Qualifier	D8: Date Expressed in format CCYYMMDD
DTP03	R	Last X- ray Date	

Segment Name		Date - Disability Begin	
Segment ID		DTP	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	360: Disability Begin
DTP02	R	Date Time Period Format Qualifier	D8: Date Expressed in format CCYYMMDD
DTP03	R	Disability From Date	

Segment Name		Date- Disability End	
Segment ID		DTP	
Loop ID		2300	

Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	361: Disability End
DTP02	R	Date Time Period Format Qualifier	D8: Date Expressed in format CCYYMMDD
DTP03	R	Disability To Date	

Segment Name		Date- Authorized Return to Work	
Segment ID		DTP	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	296: Return to Work
DTP02	R	Date Time Period Format Qualifier	D8: Date Expressed in format CCYYMMDD
DTP03	R	Work Return Date	

Segment Name		Date Admission	
Segment ID		DTP	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	435: Admission
DTP02	R	Date Time Period	D8: Date Expressed in format

		Format Qualifier	CCYYMMDD
DTP03	R	Related Hospitalization Admission date	

Segment Name		Date – Discharge	
Segment ID		DTP	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	096: Discharge
DTP02	R	Date Time Period Format Qualifier	D8: Date Expressed in format CCYYMMDD
DTP03	R	Related Hospitalization Discharge date	

Segment Name		Date – Assumed and Relinquished Care Dates	
Segment ID		DTP	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	090: Report Start 091: Report End
DTP02	R	Date Time Period Format Qualifier	D8: Date Expressed in format CCYYMMDD
DTP03	R	Assumed and Relinquished Care Dates	

Segment Name		Patient Paid Amount	
Segment ID		AMT	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
AMT01	R	Amount Qualifier Code	F5: Amount Paid
AMT02	R	Patient Paid Amount	
AMT03	N/A	Credit/Debit Flag Code	Not Used

Segment Name		Total Purchased Service Amount	
Segment ID		AMT	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
AMT01	R	Amount Qualifier Code	NE: Net Billed
AMT02	R	Total Purchased Service Amount	
AMT03	N/A	Credit/Debit Flag Code	Not Used

Segment Name		Prior Authorization or Referral Number	
Segment ID		REF	

Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	9F: Referral Number G1: Prior Authorization Number
REF02	R	Prior Authorization or Referral Number	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	
Segment ID		REF	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	D9: Claim Number
REF02	R	Clearinghouse Trace Number	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Ambulance Transport Information	
Segment ID		CR1	

Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CR101	S	Unit or Basis for Measurement Code	LB: pound
CR102	S	Patient Weight	
CR103	R	Ambulance Transport Code	I: Initial Trip R: Return Trip T: Transfer trip X: Round trip
CR104	R	Ambulance Reason Code	
CR105	R	Unit or Basis for Measurement Code	DH: Miles
CR106	R	Transport Distance	
CR107	N/A	Address Information	
CR108	N/A	Address Information	
CR109	S	Round Trip Purpose Description	
CR110	S	Stretcher Purpose Description	

Segment Name		Spinal Manipulation Service Information	
Segment ID		CR2	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CR201	R	Treatment Series Number	
CR202	R	Treatment Count	
CR203	S	Subluxation Level	

		Code	
CR204	S	Subluxation Level Code	
CR205	R	Unit or Basis for Measurement Code	
CR206	R	Treatment Period Count	
CR207	R	Monthly Treatment Count	
CR208	R	Patient Condition Code	
CR209	R	Complication Indicator	N: No Y: Yes
CR210	S	Patient Condition Description	Used at the discretion of the submitter.
CR211	S	Patient Condition Description	Used at the discretion of the submitter.
CR212	R	X- Ray Availability Indicator	N: No Y: Yes

Segment Name		Ambulance Certification	
Segment ID		CRC	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CRC01	R	Code Category	07: Ambulance Certification
CRC02	R	Certification Condition Indicator	N: NO Y: Yes
CRC03	R	Condition Code	
CRC04	S	Condition Code	Required if needed. Use code in CRC03.
CRC05	S	Condition Code	Required if needed. Use code in CRC03

CRC06	S	Condition Code	Required if needed. Use code in CRC03
CRC07	S	Condition Code	Required if needed. Use code in CRC03

Segment Name		ESPDT --- New Added to Addenda	
Segment ID		CRC	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CRC01	R	Code Category	ZZ
CRC02	R	Certification Condition Indicator	“Y” or “N” If No, then choose “NU” in CRC03
CRC03	R	Condition Indicator	Valid values are: AV, NU, S2, ST
CRC04	S	Condition Code	Use code in CRC03 if needed
CRC05	S	Condition Code	Use code in CRC03 if needed
CRC06		Not Used	
CRC07		Not Used	

Segment Name		Vision	
Segment ID		CRC	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CRC01	R	Code Category	E1: Spectacle Lenses E2: Contact Lenses E3: Spectacle Frames
CRC02	R	Certification Condition Indicator	“Y” or “N” “N” Value indicates condition codes in CRC03 through CRC07 do not apply
CRC03	R	Condition Indicator	Valid values: L1: General Standard of 20 Degrees or .5 Diopter Sphere or Cylinder Change Met L2: Replacement Due to Loss or Theft L3: Replacement Due to Breakage or Damage L4: Replacement Due to Patient Preference L5: Replacement Due to Medical Reason
CRC04	S	Condition Code	Use code in CRC03 if needed
CRC05	S	Condition Code	Use code in CRC03 if needed
CRC06	S	Not Used	Use code in CRC03 if needed
CRC07	S	Not Used	Use code in CRC03 if needed

Segment Name		Health Care Diagnosis Code	
Segment ID		HI	
Loop ID		2300	
Usage		Required	

Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
HI01	R	Health Care Code Information	
HI01-01	R	Diagnosis Type Code	BK: principle diagnosis
HI01-02	R	Diagnosis Code	
HI01-03	N/A	Date Time Period Format Qualifier	Not Used
HI01-04	N/A	Date Time Period	Not Used
HI01-05	N/A	Monetary Amount	Not Used
HI01-06	N/A	Quantity	Not Used
HI01-07	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	
HI02-01	R	Diagnosis Type Code	BF: Diagnosis ICD-9 Codes
HI02-02	R	Diagnosis Code	
HI02-03	N/A	Date Time Period Format Qualifier	Not Used
HI02-04	N/A	Date Time Period	Not Used
HI02-05	N/A	Monetary Amount	Not Used
HI02-06	N/A	Quantity	Not Used
HI02-07	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	
HI03-01	R	Diagnosis Type Code	BF: Diagnosis ICD-9 Codes
HI03-02	R	Diagnosis Code	
HI03-03	R	Date Time Period Format Qualifier	
HI03-04	N/A	Date Time Period	Not Used
HI03-05	N/A	Monetary Amount	Not Used
HI03-06	N/A	Quantity	Not Used
HI03-07	N/A	Version Identifier	Not Used
HI04	S	Health Care Code Information	
HI04-01	R	Diagnosis Type Code	BF: Diagnosis ICD-9 Codes

HI04-02	R	Diagnosis Code	
HI04-03	R	Date Time Period Format Qualifier	
HI04-04	N/A	Date Time Period	Not Used
HI04-05	N/A	Monetary Amount	Not Used
HI04-06	N/A	Quantity	Not Used
HI04-07	N/A	Version Identifier	Not Used
HI05	S	Health Care Code Information	
HI05-01	R	Diagnosis Type Code	BF: Diagnosis ICD-9 Codes
HI05-02	R	Diagnosis Code	
HI05-03	R	Date Time Period Format Qualifier	
HI05-04	N/A	Date Time Period	Not Used
HI05-05	N/A	Monetary Amount	Not Used
HI05-06	N/A	Quantity	Not Used
HI05-07	N/A	Version Identifier	Not Used
HI06	S	Health Care Code Information	
HI06-01	R	Diagnosis Type Code	BF: Diagnosis ICD-9 Codes
HI06-02	R	Diagnosis Code	
HI06-03	R	Date Time Period Format Qualifier	
HI06-04	N/A	Date Time Period	Not Used
HI06-05	N/A	Monetary Amount	Not Used
HI06-06	N/A	Quantity	Not Used
HI06-07	N/A	Version Identifier	Not Used
HI07	S	Health Care Code Information	
HI07-01	R	Diagnosis Type Code	BF: Diagnosis ICD-9 Codes
HI07-02	R	Diagnosis Code	
HI07-03	R	Date Time Period Format Qualifier	
HI07-04	N/A	Date Time Period	Not Used
HI07-05	N/A	Monetary Amount	Not Used
HI07-06	N/A	Quantity	Not Used
HI07-07	N/A	Version Identifier	Not Used

HI08	S	Health Care Code Information	
HI08-01	R	Diagnosis Type Code	BF: Diagnosis ICD-9 Codes
HI08-02	R	Diagnosis Code	
HI08-03	R	Date Time Period Format Qualifier	
HI08-04	N/A	Date Time Period	Not Used
HI08-05	N/A	Monetary Amount	Not Used
HI08-06	N/A	Quantity	Not Used
HI08-07	N/A	Version Identifier	Not Used
HI09	N/A	Health Care Code Information	Not Used
HI10	N/A	Health Care Code Information	Not Used
HI11	N/A	Health Care Code Information	Not Used
HI12	N/A	Health Care Code Information	Not Used

Segment Name		Referring Provider Name	
Segment ID		NM1	
Loop ID		2310A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	DN: Referring Provider P3: Primary Care Provider
NM102	R	Entity Type Qualifier	1: Person 2: Non-Person Entity
NM103	R	Referring Provider Last Name	Required of NM102=1 (person).
NM104	S	Referring Provider	

		First Name	
NM105	S	Referring Provider Middle Name	Required of NM102=1 (person) and if the middle name of the person is known.
NM106	N/A	Name Prefix	Not Used
NM107	S	Name Suffix	
NM108	S	Identification Code Qualifier	<p>If “XX” is used, then either the Employer’s Identification number or the Social Security Number of the provider must be carried in the REF segment, in this loop.</p> <p>24: Employer Identification Number</p> <p>34: Social Security number</p> <p>XX: HCFA National Provider Identifier</p> <p><u>Note:</u> After NPI implementation, if the provider is required to obtain an NPI, you must submit NPI as the identifier in this element.</p>
NM109	S	Referring Provider Primary Identifier	<p>If NM108 = 24, then give provider TIN, IRS number.</p> <p>If NM108 = 34, then give provider SS N</p> <p>If NM108 = XX, then give provider NPI</p>
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Referring Provider Specialty Information	
Segment ID		PRV	
Loop ID		2310A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	RF
PRV02	R	Reference	ZZ

		Identification Qualifier	
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		Referring Provider Secondary Identification	
Segment ID		REF	
Loop ID		2310A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	1D = Provider Medicaid Number G2 = Provider Commercial Number EI = Employer Identification number
REF02	R	Referring Provider Secondary Identifier	Medicaid numbers can be a minimum of 9 positions up to 11 positions in length
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Rendering Provider Name	
Segment ID		NM1	
Loop ID		2310B	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	82: Rendering Provider
NM102	R	Entity Type Qualifier	1: Person 2: Non-Person Entity

NM103	R	Rendering Provider last or Organization Name	
NM104	S	Rendering Provider First Name	
NM105	S	Rendering Provider Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Rendering Provider Name Suffix	
NM108	R	Identification Code Qualifier	<p>If “XX” is used, then either the Employer’s Identification number or the Social Security Number of the provider must be carried in the REF segment, in this loop.</p> <p>24: Employer Identification Number</p> <p>34: Social Security number</p> <p>XX: HCFA National Provider Identifier</p> <p><u>Note:</u> After NPI implementation, if the provider is required to obtain an NPI, you must submit NPI as the identifier in this element.</p>
NM109	R		<p>If NM108 = 24, then give provider TIN, IRS number.</p> <p>If NM108 = 34, then give provider SS N</p> <p>If NM108 = XX, then give provider NPI</p>
NM110	N/A		Not Used
NM111	N/A		Not Used

Segment Name	Rendering Provider Specialty Information
Segment ID	PRV
Loop ID	2310B

Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	PE: Performing
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code
PRV04	N/A	State or Province Code	Not Used
PRV05	N/A	Provider Specialty Information	Not Used
PRV06	N/A	Provider Organization Code	Not Used

Segment Name		Rendering Provider Secondary Information	
Segment ID		REF	
Loop ID		2310B	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	1D = Provider Medicaid Number G2 = Provider Commercial Number EI = Employer Identification number
REF02	R	Rendering Provider Secondary Information	Medicaid numbers can be a minimum of 9 positions up to 11 positions in length
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Supervising Provider Name	
Segment ID		NM1	
Loop ID		2310E	
Usage		Situational	
Segment Notes			
Element ID	Usage Guide	Description/Valid Values	Comments
NM101	R	Entity Identifier Code	DQ: Supervising Provider
NM102	R	Entity Type Qualifier	1: Person
NM103	R	Supervising Provider last or Organization Name	
NM104	R	Supervising Provider First Name	
NM105	S	Supervising Provider Middle Name	Required if NM102=1 (person) and the middle name of the provider is known.
NM106	N/A	Name Prefix	Not Used
NM107	S	Supervising Provider Name Suffix	
NM108	S	Identification Code Qualifier	<p>If “XX” is used, then either the Employer’s Identification number or the Social Security Number of the provider must be carried in the REF segment, in this loop.</p> <p>24: Employer Identification Number</p> <p>34: Social Security number</p> <p>XX: HCFA National Provider Identifier</p> <p><u>Note:</u> After NPI implementation, if the provider is required to obtain an NPI, you must submit NPI as the identifier in this element.</p>
NM109	S	Supervising Provider Primary Identifier	<p>If NM108 = 24, then give provider TIN, IRS number.</p> <p>If NM108 = 34, then give provider SSN</p> <p>If NM108 = XX, then give provider NPI</p>

NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Supervising Provider Secondary Identification	
Segment ID		REF	
Loop ID		2310	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	
REF02	R	Reference Identification	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Other Subscriber Information	
Segment ID		SBR	
Loop ID		2320	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
SBR01	R	Payer Responsibility Sequence Number Code	
SBR02	R	Individual Relationship Code	
SBR03	S	Insured Group or Policy Number	

SBR04	S	Other Insured Group Name	
SBR05	R	Insurance Type Code	
SBR06	N/A	Coordination of Benefits	
SBR07	N/A	Yes/No Condition Response Code	
SBR08	N/A	Employment Status Code	
SBR09	S	Claim Filing Indicator Code	

Segment Name		Subscriber Demographic Information	
Segment ID		AMT	
Loop ID		2320	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
AMT01	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
AMT02	R	Other Insured Birth date	
AMT03	R	Other Insured Gender Code	
AMT04	N/A	Marital Status Code	Not Used
AMT05	N/A	Race or Ethnicity Code	Not Used
AMT06	N/A	Citizenship Status Code	Not Used
AMT07	N/A	Country Code	Not Used
AMT08	N/A	Basis of Verification Code	Not Used
AMT09	N/A	Quantity	Not Used

Segment Name	Other Insurance Coverage Information		
Segment ID	OI		
Loop ID	2320		
Usage	Situational		
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
OI01	N/A	Claim Filing Indicator Code	Not Used
OI02	N/A	Claim Submission Reason Code	Not Used
OI03	R	Benefits Assignment Certification Indicator	
OI04	S	Patient Signature Source Code	
OI05	N/A	Provider Agreement Code	Not Used
OI06	R	Release of Information Code	

Segment Name	Other Subscriber Name		
Segment ID	NM1		
Loop ID	2330A		
Usage	Situational		
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	IL: Insured or Subscriber
NM102	R	Entity Type Qualifier	1: Person 2: Non-Person Entity

NM103	R	Other Insured Last Name	
NM104	S	Other Insured First Name	
NM105	S	Other Insured Middle Name	
NM106	N/A	Name Prefix	
NM107	S	Other Insured Name Suffix	
NM108	R	Identification Code Qualifier	MI: Member Identification Number ZZ: Mutually Defined
NM109	R	Supervising Provider Primary Identifier	
NM110	N/A	Entity Relationship Code	
NM111	N/A	Entity Identifier Code	

Segment Name		Other Subscriber Address	
Segment ID		N3	
Loop ID		2330A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N301	R	Other Insured Address Line	
N302	S	Other Insured Address Line 2	Required if a second address line exists.

Segment Name		Other Subscriber City/State/ZIP Code	
Segment ID		N4	
Loop ID		2330A	
Usage		Situational	
Segment Notes			

Element ID	Usage	Guide Description/Valid Values	Comments
N401	S	Other Insured City Name	
N402	S	Other Insured State Code	
N403	S	Other Insured Postal Zone or ZIP Code	
N404	S	Country Code	Required if the address is outside of the U.S.
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		Other Payer Name	
Segment ID		NM1	
Loop ID		2330B	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	PR: payer
NM102	R	Entity Type Qualifier	2: Non- person Entity
NM103	R	Other Payer Last or Organization Name	
NM104	N/A	First Name	Not Used
NM105	N/A	Middle Name	Not Used
NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	Not Used
NM108	R	Identification Code Qualifier	
NM109	R	Other Payer Primary Identifier	
NM110	N/A	Entity Relationship Code	Not Used

NM111	N/A	Entity Identifier Code	Not Used
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Segment Name		Service Line Number	
Segment ID		LX	
Loop ID		2400	
Usage		Required	
Segment Notes		This segment contains the line item number that is incremented by one for each service line/detail. A maximum of 99 LX segments (2400 loops) for each CLM segment will be processed.	
Element ID	Usage	Guide Description/Valid Values	Comments
LX01	R	Assigned Number	

Segment Name		Professional Service	
Segment ID		SVI	
Loop ID		2400	
Usage		Required	
Segment Notes		This segment reports procedure code, modifiers, charge amounts, and units. Only the first 99 service lines on a claim will be recognized. The Total Claim Charge Amount from CLM02 must reflect the total of the first 99 details. Failure to comply results in denial of the claim for an out of balance condition.	
Element ID	Usage	Guide Description/Valid Values	Comments
SV1	R	Composite Medical Procedure Identifier	
SV101-01	R	Product/Service ID Qualifier	
SV101-02	R	Product/Service ID	
SV101-03	S	Procedure Modifier	
SV101-04	S	Procedure Modifier	
SV101-05	S	Procedure Modifier	

SV101-06	S	Procedure Modifier	
SV101-07	N/A	Description	Not Used
SV102	R	Line Item Charge Amount	
SV103	R	Unit or Basis for Measurement Code	
SV104	R	Service Unit Count	
SV105	S	Place of Service Code	
SV106	N/A	Service Type Code	Not Used
SV107	R	Composite Diagnosis Code Pointer	
SV107-01	R	Diagnosis Code Pointer	
SV107-02	S	Diagnosis Code Pointer	
SV107-03	S	Diagnosis Code Pointer	
SV107-04	S	Diagnosis Code Pointer	
SV108	N/A	Monetary Amount	Not Used
SV109	R	Emergency Indicator	
SV110	N/A	Multiple Procedure Code	Not Used
SV111	S	EPSDT Indicator	Y: Yes
SV112	S	Family Planner Indicator	Y: Yes
SV113	N/A	Review Code	Not Used
SV114	N/A	National or Local Assigned Review Value	Not Used
SV115	S	Co-Pay Status Code	0: Copay Exempt
SV116	N/A	Health Care Professional Shortage Area	Not Used
SV117	N/A	Reference Identification	Not Used

SV118	N/A	Postal Code	Not Used
SV119	N/A	Monetary Amount	Not Used
SV120	N/A	Level of Care Code	Not Used
SV121	N/A	Provider Agreement Code	Not Used

Segment Name		Ambulance Transport Information	
Segment ID		CR1	
Loop ID		2400	
Usage		Situational	
Segment Notes			
Element ID	Usage Guide	Description/Valid Values	Comments
CR101	S	Unit or Basis for Measurement Code	LB: Pound
CR102	S	Patient Weight	
CR103	R	Ambulance Transport Code	
CR104	R	Ambulance Transport Reason Code	
CR105	R	Unit or Basis for Measurement Code	DH: Miles
CR106	R	Transport Distance	
CR107	N/A	Address Information	Not Used
CR108	N/A	Address Information	Not Used
CR109	S	Round Trip Purpose Description	
CR110	S	Stretcher Purpose Description	Required if needed to justify the usage of a stretcher.

Segment Name		Spinal Manipulation Service Information	
Segment ID		CR2	
Loop ID		2400	
Usage		Situational	

Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CR201	R	Treatment Series Number	
CR202	R	Treatment Count	
CR203	S	Subluxation Level Code	
CR204	S	Subluxation Level Code	
CR205	R	Unit or Basis of Measurement Code	
CR206	R	Treatment Period Count	
CR207	R	Monthly Treatment Count	
CR208	R	Patient Condition Code	
CR209	R	Complication Indicator	N: No Y: Yes
CR210	S	Patient Condition Description	
CR211	S	Patient Condition Description	
CR212	R	X-ray Availability Indicator	N: No Y: Yes

Segment Name		Ambulance Certification	
Segment ID		CRC	
Loop ID		2400	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CRC01	R	Code Category	07: Ambulance Certification

CRC02	R	Certification Condition Indicator	N: No Y: Yes
CRC03	R	Condition Code	
CRC04	S	Condition Code	Required if additional codes are needed.
CRC05	S	Condition Code	Required if additional codes are needed.
CRC06	S	Condition Code	Required if additional codes are needed.
CRC07	S	Condition Code	Required if additional codes are needed.

Segment Name		Hospice Employee Indicator	
Segment ID		CRC	
Loop ID		2400	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CRC01	R	Code Category	70: Hospice
CRC02	R	Hospice Employee Provider Indicator	N: No Y: Yes
CRC03	R	Condition Indicator	65: Open
CRC04	N/A	Condition Indicator	Not Used
CRC05	N/A	Condition Indicator	Not Used
CRC06	N/A	Condition Indicator	Not Used
CRC07	N/A	Condition Indicator	Not Used

Segment Name		Date- Service Date	
Segment ID		DTP	
Loop ID		2400	
Usage		Required	

Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	472: Service
DTP02	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD Range of dates expressed in format CCYYMMDD-CCYYMMDD
DTP03	R	Service Date	

Segment Name		Date- Onset of Current Symptom/Illness	
Segment ID		DTP	
Loop ID		2400	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	431: Onset of Current Symptoms/Illness
DTP02	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
DTP03	R	Onset Date	

Segment Name		Line Item Control Number	
Segment ID		REF	
Loop ID		2400	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid	Comments

		Values	
REF01	R	Reference Identification Qualifier	6R: Provider Control Number
REF02	R	Line Item Control Number	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Line Note	
Segment ID		NTE	
Loop ID		2400	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NTE01	R	Note Reference Code	ADD: Additional Information
NTE02	R	Line Note text	

Segment Name		Rendering Provider Name	
Segment ID		NM1	
Loop ID		2420A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	82: Rendering Provider
NM102	R	Entity Type Qualifier	1: Person 2: Non-Person Entity
NM103	R	Rendering Provider Last or Organizational Name	
NM104	S	Rendering Provider First Name	
NM105	S	Rendering Provider	

		Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Rendering Provider Name Suffix	
NM108	R	Identification Code Qualifier	<p>If “XX” is used, then either the Employer’s Identification number or the Social Security Number of the provider must be carried in the REF segment, in this loop.</p> <p>24: Employer Identification Number</p> <p>34: Social Security number</p> <p>XX: HCFA National Provider Identifier</p> <p><u>Note:</u> After NPI implementation, if the provider is required to obtain an NPI, you must submit NPI as the identifier in this element.</p>
NM109	R	Rendering Provider Identifier	<p>If NM108 = 24, then give provider TIN, IRS number.</p> <p>If NM108 = 34, then give provider SS N</p> <p>If NM108 = XX, then give provider NPI</p>
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Rendering Provider Secondary Information	
Segment ID		PRV	
Loop ID		2420A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	PE
PRV02	R	Reference Identification Qualifier	ZZ

PRV03	R	Reference Identification	Provider Taxonomy Code
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Segment Name		Rendering provider Secondary Information	
Segment ID		REF	
Loop ID		2420A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	1D = Provider Medicaid Number G2 = Provider Commercial Number EI = Employer Identification number
REF02	R	Rendering Provider Secondary Identifier	Medicaid numbers can be a minimum of 9 positions up to 11 positions in length
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Supervising Provider Name	
Segment ID		NM1	
Loop ID		2420D	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	DQ: Supervising Physician
NM102	R	Entity Type Qualifier	1: Person
NM103	R	Supervising Provider Last Name	

NM104	R	Supervising Provider First Name	
NM105	S	Supervising Provider Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Supervising Provider Name Suffix	
NM108	S	Identification Code Qualifier	<p>If “XX” is used, then either the Employer’s Identification number or the Social Security Number of the provider must be carried in the REF segment, in this loop.</p> <p>24: Employer Identification Number</p> <p>34: Social Security number</p> <p>XX: HCFA National Provider Identifier</p> <p><u>Note:</u> After NPI implementation, if the provider is required to obtain an NPI, you must submit NPI as the identifier in this element.</p>
NM109	S	Supervising Provider Identifier	<p>If NM108 = 24, then give provider TIN, IRS number.</p> <p>If NM108 = 34, then give provider SSN</p> <p>If NM108 = XX, then give provider NPI</p>
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Supervising Provider Secondary Information	
Segment ID		REF	
Loop ID		2420D	
Usage		Situational	
Segment Notes			
Element ID	Usage Guide	Description/Valid Values	Comments
REF01	R	Reference	

		Identification Qualifier	
REF02	R	Supervising Provider Secondary Identifier	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Ordering Provider Name	
Segment ID		NM1	
Loop ID		2420E	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	DK: Ordering Physician
NM102	R	Entity Type Qualifier	1: Person
NM103	R	Ordering Provider Last Name	
NM104	R	Ordering Provider First Name	
NM105	S	Ordering Provider Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Ordering Provider Name Suffix	
NM108	S	Identification Code Qualifier	If “XX” is used, then either the Employer’s Identification number or the Social Security Number of the provider must be carried in the REF segment, in this loop. 24: Employer Identification Number 34: Social Security number XX: HCFA National Provider Identifier

			(NPI is required for typical providers.)
NM109	S	Ordering Provider Identifier	If NM108 = 24, then give provider TIN, IRS number. If NM108 = 34, then give provider SSN If NM108 = XX, then give provider NPI
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Ordering Provider Address	
Segment ID		N3	
Loop ID		2420E	
Usage		Situational	
Segment Notes			
Element ID	Usage Guide	Description/Valid Values	Comments
N301	R	Ordering Physician Address Line	
N302	S	Ordering Physician Address Line 2	Required if a second line exists.

Segment Name		Ordering Provider City/State/ZIP Code	
Segment ID		N4	
Loop ID		2420E	
Usage		Situational	
Segment Notes			
Element ID	Usage Guide	Description/Valid Values	Comments
N401	R	Ordering Provider City Name	

N402	R	Ordering Provider State Code	
N403	R	Ordering Provider Postal Zone or Zip Code	
N404	S	Ordering Provider Country Code	Required if the address is outside of the U.S.
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		Referring Provider Name	
Segment ID		NM1	
Loop ID		2420F	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM01	R	Entity Identifier Code	DN: Referring Provider P3: Primary Care Provider
NM02	R	Entity Type Qualifier	1: Person
NM03	R	Referring Provider Last Name	
NM04	R	Referring Provider First Name	
NM05	S	Pr Referring Provider Middle Name	
NM06	N/A	Name Prefix	Not Used
NM07	S	Referring Provider Name Suffix	
NM08	S	Identification Code Qualifier	If “XX” is used, then either the Employer’s Identification number or the Social Security Number of the provider must be carried in the REF segment, in this loop. 24: Employer Identification Number 34: Social Security number

			XX: HCFA National Provider Identifier (NPI is required for typical providers.)
NM09	S	Referring Provider Identifier	If NM108 = 24, then give provider TIN, IRS number. If NM108 = 34, then give provider SSN If NM108 = XX, then give provider NPI
NM10	N/A	Entity Relationship Code	Not Used
NM11	N/A	Entity Identifier Code	Not Used

Segment Name		Referring Provider Specialty Information	
Segment ID		PRV	
Loop ID		2420F	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	RF
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		Transaction Trailer	
Segment ID		SE	
Loop ID		N/A	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
SE01	R	Transaction Segment Count	
SE02	R	Transaction Set Control Number	

SECTION 05: ACKNOWLEDGEMENTS AND REPORTS

997 Functional Acknowledgement

A functional acknowledgement is to report the acceptance or rejection of functional group, transaction set or segment. SUPERIOR HEALTH PLAN will generate an outbound 997 to acknowledge all inbound transactions received.

If any part of the transaction from the ISA to IEA does not pass Compliance, only the bad transaction sets will reject on the 997 and will need to be fixed by the sender and resent.

Segment Name	Transaction Set Header
Segment ID	ST
Loop	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
ST01	R	Transaction Set Identifier Code	997 – Functional Acknowledgement
ST02	R	Transaction Set Control Number	This number is assigned locally matches the value in the corresponding SE segment.

Segment Name	Functional Group Response Header
Segment ID	AK1
Loop	N/A
Usage	Required

Segment Notes	This segment is used to respond to the functional group information in the interchange envelope.
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Element ID	Usage	Guide Description/Valid Values	Comments
AK101	R	Functional Identifier Code	The identifier code used for 997s generated by SUPERIOR HEALTH PLAN response to inbound 837 transactions. HC – Health Care Claim (837)
AK102	R	Transaction Set Control Number	This data element contains the value from the GS06 data element from the GS segment of the original file being acknowledged.

Segment Name	Transaction Set Response Header
Segment ID	AK2
Loop	AK2
Usage	Situational
Segment Notes	This segment is used to start the acknowledgment of a transaction set. If there are no errors at the transaction set level, this segment is not returned.

Element ID	Usage	Guide Description/Valid Values	Comments
AK201	R	Functional Identifier Code	The identifier code used for 997s generated by SUPERIOR HEALTH PLAN response to inbound 837 transactions. HC – Health Care Claim (837)
AK202	R	Transaction Set Control Number	This data element contains the value from the ST02 data element from the ST segment of the original file being acknowledged.

Segment Name	Data Segment Note
Segment ID	AK3
Loop	AK2/AK3
Usage	Situational
Segment Notes	This segment is used to report segment/looping errors in the submitted transaction.

Element ID	Usage	Guide Description/Valid Values	Comments
AK301	R	Segment ID Code	This data element lists the two or three byte segment ID that contains the error, such as ST, SBR.
AK302	R	Segment Position in Transaction Set	This data element contains the sequential position of the Segment ID identified in AK301. This count begins with 1 for the ST segment and increments by 1 from that point.
AK303	S	Loop Identifier Code	This data element identifies the loop where the erroneous segment resides.
AK304	S	Segment Syntax Error Code	This data element describes the type of error encountered. See code list in the IG

Segment Name	Data Segment Note
Segment ID	AK4
Loop	AK2/AK3
Usage	Situational
Segment Notes	This segment is used to report data element/composite errors in the submitted transaction.

Element ID	Usage	Guide Description/Valid Values	Comments
AK401	R	Position in Segment	This is a composite data element.

AK401-1	R	Segment Position in Transaction Set	This data element contains the sequential position of the simple data element or composite data structure. This count begins with 1 for the initial element and increments by 1 from that point.
AK401-2	S	Component Data Element Position in Composite	This data element identifies within the composite structure where the error occurs.
AK403	S	Data Element Reference Number	This is the Data Element Dictionary reference number associated with the erroneous data element/composite.
AK404	R	Data Element Syntax Error Code	This data element describes the type of error encountered. See code list in IG
AK405	S	Copy of Bad Data Element	

Segment Name	Transaction Set Response Trailer	
Segment ID	AK5	
Loop	AK2/AK3	
Usage	Required	
Segment Notes	This segment is used to acknowledge the acceptance or rejection of a transaction and any report errors.	

Element ID	Usage	Guide Description/Valid Values	Comments
AK501	R	Transaction Set Acknowledgment Code	A: Accepted R: Rejected
AK502	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. See code list in IG
AK503	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered.

			See code list in IG
AK504	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. See code list in IG
AK505	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. See code list in IG
AK506	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. See code list in IG

Segment Name	Functional Group Response Trailer
Segment ID	AK9
Loop	N/A
Usage	Required
Segment Notes	This segment is used to acknowledge the acceptance or rejection of a functional group and report the number of transaction sets originally included, received, and accepted.

Element ID	Usage	Guide Description/Valid Values	Comments
AK901	R	Functional Group Acknowledgment Code	A: Accepted R: Rejected P: Partial (Rejected)
AK902	S	Number of Transaction Sets Included	This data element contains the value from the GE01 data element from the GE segment of the original file being acknowledged.
AK903	S	Number of Received Transaction Sets	
AK904	S	Number of Accepted Transaction Sets	
AK905	S	Functional Group Syntax Error Code	This data element describes the type of error encountered.

Element ID	Usage	Guide Description/Valid Values	Comments
			See code list in IG
AK906	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. See code list in IG
AK907	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. See code list in IG
AK908	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. See code list in IG
AK909	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. See code list in IG

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
ST01	R	Number of Included Segments	This is the total number of segments included in this acknowledgment. This value includes the ST and SE segments.
ST02	R	Transaction Set Control Number	This number is assigned locally and matches the value in the preceding ST segment.

Claim Audit Report

SUPERIOR HEALTH PLAN will continue to provide a Claim Audit report for each Inbound 837 Transaction received for both Institutional and Professional files. The format of the report has not changed and the error codes will remain the same. A sample of the report is available in Samples *A & B*. A listing of the error codes can be found in Sample *C*.

Any claim that has been rejected and is acknowledge on this report, must be corrected and resent either electronically via an 837 or on paper. Those claims that have been rejected are based on front-end edits and do not pertain to our claims adjudication process.

Summary

Due to the HIPAA standards, SUPERIOR HEALTH PLAN modified its internal processes, procedures and file layouts in order to produce ANSI transaction sets. Due to these modifications, those business partners who receive electronic files from SUPERIOR HEALTH PLAN will be required to modify their current applications in order to incorporate the new file layouts either in the HIPAA mandated transaction set or the proprietary file.

SUPERIOR HEALTH PLAN business associates who are considering themselves as a “non-covered entity” under the HIPAA guidelines will not be required to receive information in the HIPAA ANSI transaction sets.

Summary

There are three levels of transaction testing required before an application is considered approved by SUPERIOR HEALTH PLAN. These testing levels include the following:

- Compliance Testing
- SUPERIOR HEALTH PLAN Specification Validation Testing
- End-to-End Testing

Prior to testing, anyone wanting to exchange information electronically directly with SUPERIOR HEALTH PLAN must obtain plan approval then complete and submit a signed Trading Partner Agreement.

SUPERIOR HEALTH PLAN requires a minimum of a three week testing cycle to include sending three test files containing “live” information to its’ business partners in the same manner as production files would be sent. This will allow us to test the file transmission process and the data content. The three files will contain multiple scenarios depending on the type of transaction being sent. If your company requires additional testing, please contact an EDI Business Analyst at 800-225-2573 extension 25525.

Once both SUPERIOR HEALTH PLAN and your company have approved this transaction, we will work together on setting up a timeframe to implement it into production.

A: Sample Audit Report

Process Date 6 characters Date Claims Processed (CCMMDD)
 Claim Number 12 characters Health Plan Claim Number
 Member# 12 characters Health Plan Member Number
 Amt Billed 10 characters Billed Amount for Claim 9(07)v99
 Status 6 characters ACCEPT or INVALID
 Prov Nbr 6 characters Health Plan Provider Number
 Tax ID 9 characters Provider Tax ID Number
 Reason 2 characters Reason for error if INVALID status (see below)
 Serv Date 8 characters Date of Service
 Patient ID 17 characters Patient ID as sent by provider (from clm segment)

PROCES	S DATE	CLAIM NUMBER	MHS MEMBER	AMT BILLED	STATUS	PROV NBR	TAX ID	REASON	SERV DATE	PATIENT ID
080329	H08	9GAE00001	1111111111	000005500	INVALID	232323232	752674893	06	20011110	3T12579039
080329	H089GAE00002	2222	2222222	000160904	ACCEPT	200000	752674894		20011026	3T12579407
080329	H089GAE00003	3333	3333333	000007700	INVALID	300009	752674895	01	20011110	3T12579042
080329	H089GAE00004	4444	4444444	000014900	ACCEPT	555666	752674896		20011117	3T12579048
080329	H089GAE00005	4444	4444444	000007700	ACCEPT	555666	752674896		20011117	3T12579049
080329	H089GAE00006	4444	4444444	000007000	ACCEPT	555666	752674896		20011129	3T12580690
080329	H089GAE00007	4444	4444444	000022700	ACCEPT	555666	752674896	17	20011129	3T12580691
080329	H089GAE00008	4444	4444444	000005500	ACCEPT	555666	752674896		20011117	3T12579056
080329	H089GAE00009	4444	4444444	000009300	ACCEPT	555666	752674896		20011117	3T12580680
080329	H089GAE00010	5555	5555555	000030700	ACCEPT	808999	752674897		20011206	3T12583224
080329	H089GAE00011	5555	5555555	000036500	ACCEPT	808999	752674897		20011212	3T12583191
080329	H089GAE00012	6666	6666666	000027500	ACCEPT	776776	752674898		20011206	3T12583265
080329	H089GAE00013	7777	7777777	000037300	ACCEPT	220220	752674899		20011206	3T12583212
080329	H089GAE00014	1212	1212121	000022800	INVALID	100000	652674893	02	20011212	3T12583199
080329	H089GAE00015	1313	1313131	000110200	INVALID	999999999	652674893	08	20011209	3T12579770

***TOTAL CLAIMS
 ACCEPTED 00011

***TOTAL CLAIMS
 REJECTED 00004

B: Sample Audit Report

Process Date	6 characters	Date Claims Processed (CCMMDD)
Claim Number	12 characters	Claim Number
Member#	12 characters	Member Number
Amt Billed	10 characters	Billed Amount for Claim 9(07)v99
Status	6 characters	ACCEPT or INVALID
Prov Nbr	6 characters	Provider Number
Tax ID	9 characters	Provider Tax ID Number
Reason	2 characters	Reason for error if INVALID status (see below)
Serv Date	8 characters	Date of Service
Patient ID	20 characters	Patient ID as sent by provider in clm segment (revised from 17characters)
Ref/D9	30 characters	Claim number for intermediaries

ST*864*000000001

BMG*00*CLAIM AUDIT REPORT*CK

MIT*20080329*PROFESSIONAL CLAIM AUDIT REPORT*136

MSG*PROCESS DATE	CLAIM NUMBER	MEMBER NBR	AMT BILLED	STATUS	PROV NBR	TAX ID	REASON	SERV DATE	PATIENT ACCT#
REF/D9 CLM NO FOR INTERMEDIARIES	MSG*060531	061510001T80	00000242501	000003900	ACCEPT	100023	741842169	20060530	117168004808
086987004792	12345678901234567890								
MSG*080329	H089GAE00001	00012570801	000006850	ACCEPT	100023	741842169	20060530	117168004808	
23456789012345678901									
MSG*080329	H089GAE00002	00010908601	000003900	ACCEPT	100023	741842169	20060530	151696004839	
34567890123456789012									
MSG*080329	H089GAE00003	00004153901	000006550	ACCEPT	100023	741842169	20060530	151698004840	
45678901234567890123									
MSG*080329	H089GAE00004	00015280501	000003900	ACCEPT	100023	741842169	20060530	153592004843	
56789012345678901234									
MSG*080329	H089GAE00005	00000149901	000027575	ACCEPT	100023	741842169	20060530	154091004845	
67890123456789012345									
MSG*080329	H089GAE00006	00040551901	000003900	ACCEPT	100023	741842169	20060530	155920004848	
78901234567890123456									
MSG*080329	H089GAE00007	00040684801	000006200	ACCEPT	101472	741842169	20060530	057202004779	
89012345678901234567									
SE*13*000000001									

Where:

BMG*00*CLAIM AUDIT REPORT*CK

aa*bbbbbbbbbbbbbbbb*cc

a = submission type (00 = Original)

b = description

c = submission code (CK = Claim Submission)

MIT*20060601*PROFESSIONAL CLAIM AUDIT REPORT*115

*aaaaaaaaas*bbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbb *ccc

a = document control number

b = description (yet another one)

c = columns in report layout

BMG and MIT are mandatory, MSG can contain up to 264 characters of free-form text

C: Audit Report Error Codes

- 01 Invalid Mbr DOB
- 02 Invalid Mbr
- 06 Provider# or Medicaid TPI missing or does not match payer records / NPI
- 07 Invalid Member DOB; Invalid Provider ID or TPI nbr
- 08 Invalid Mbr & Prv
- 09 Mbr not valid at DOS
- 10 Invalid Mbr DOB; Mbr not valid at DOS
- 12 Provider# inactive at DOS
- 13 Invalid Mbr DOB; Prv not valid at DOS
- 14 Invalid Mbr; Prv not valid at DOS
- 15 Member inactive at DOS; Invalid Provider or TPI nbr
- 16 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv
- 17 Invalid Diag
- 18 Invalid Mbr DOB; Invalid Diag
- 19 Invalid Mbr; Invalid Diag
- 21 Mbr not valid at DOS; Prv not valid at DOS
- 22 Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS
- 23 Invalid Prv; Invalid Diag
- 24 Invalid Mbr DOB; Invalid Prv; Invalid Diag
- 25 Invalid Mbr; Invalid Prv; Invalid Diag
- 26 Mbr not valid at DOS; Invalid Diag
- 27 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Diag
- 29 Prv not valid at DOS; Invalid Diag
- 30 Invalid Mbr DOB; Prv not valid at DOS; Invalid Diag
- 31 Invalid Mbr; Prv not valid at DOS; Invalid Diag
- 32 Mbr not valid at DOS; Prv not valid; Invalid Diag
- 33 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv; Invalid Diag
- 34 Invalid Proc
- 35 Invalid Mbr DOB; Invalid Proc
- 36 Invalid Mbr; Invalid Proc
- 38 Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag
- 39 Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag
- 40 Invalid Prv; Invalid Proc
- 41 Invalid Mbr DOB, Invalid Prv; Invalid Proc
- 42 Invalid Mbr; Invalid Prv; Invalid Proc
- 43 Mbr not valid at DOS; Invalid Proc
- 44 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Proc
- 46 Prv not valid at DOS; Invalid Proc
- 48 Invalid Mbr; Prv not valid at DOS; Invalid Proc
- 49 Mbr not valid at DOS; Invalid Prv; Invalid Proc
- 51 Invalid Diag; Invalid Proc
- 52 Invalid Mbr DOB; Invalid Diag; Invalid Proc
- 53 Invalid Mbr; Invalid Diag; Invalid Proc
- 57 Invalid Prv; Invalid Diag; Invalid Proc

- 58 Invalid Mbr DOB; Invalid Prv; Invalid Diag; Invalid Proc
- 59 Invalid Mbr; Invalid Prv; Invalid Diag; Invalid Proc
- 60 Mbr not valid at DOS; Invalid Diag; Invalid Proc
- 61 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Diag; Invalid Proc
- 63 Prv not valid at DOS; Invalid Diag; Invalid Proc
- 64 Invalid Mbr DOB; Prv not valid at DOS; Invalid Diag; Invalid Proc
- 65 Invalid Mbr; Prv not valid at DOS; Invalid Diag; Invalid Proc
- 66 Mbr not valid at DOS; Invalid Prv; Invalid Diag; Invalid Proc
- 67 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv; Invalid Diag; Invalid Proc
- 72 Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag; Invalid Proc
- 73 Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag; Invalid Proc
- 74 Rejected. Date of service prior to 6/1/2006.
- 75 Invalid Units of service
- 81 Invalid Units, Invalid Prv