Companion Document

# 837I

## 837 Institutional Health Care Claim

This companion document is for informational purposes only to describe certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and should be used in conjunction with the Accredited Standards Committee (ASC) X12 Standards for Electronic Data Interchange (EDI) Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

**Section 1 — 837I Institutional Health Care Claim: basic instructions**

**Section 2 — 837I Institutional Health Care Claim: enveloping**

**Section 3 — 837I Institutional Health Care Claim: charts for situational rules**

Please contact E-Solutions with any questions.

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# Section 1 — basic instructions

## 1.1 X12 and HIPAA compliance checking and business edits

EDIs submitted to Healthy Blue for processing pass through compliance edits. HIPAA version 5010 acknowledgments and reports for accepted and rejected files will be placed in the submitter's trading partner mailbox for pickup.

- TA1 interchange acknowledgment — Healthy Blue returns TA1 X12 and proprietary reports to the submitter of inbound 837 files containing envelope errors in the interchange control header (ISA) and functional group header (GS) segments.
- Level 1 — Healthy Blue returns a 999 interchange acknowledgment to the submitter for every inbound 837 transaction received. Each transaction passes through edits to ensure that it is X12 compliant. If the X12 syntax or any other aspect of the 837 is not X12 compliant, the 999 will also report the level 1 errors in AK segments and indicate that the entire transaction set has been rejected.
- Level 2 — In addition to HIPAA TR3 edits, Healthy Blue applies business edits to ensure that the necessary information is populated and complete for efficient processing. When encountering HIPAA compliance (including balancing), code set or business errors, Healthy Blue returns a 277 claims acknowledgment (277CA) and an 864 level 2 status report to the submitter identifying which claim(s) has failed.

## 1.2 HIPAA-compliant codes

Use HIPAA-compliant codes from current versions of the following:

- Physician's Current Procedural Terminology (CPT)
- Health Care Financing Administration Common Procedural Coding System (HCPCS)
- International Classification of Diseases Clinical Mod (ICD-9-CM) Diseases
- National Uniform Billing Committee (NUBC) codes
- Diagnosis-related group number (DRG)
- Provider taxonomy codes
- National drug code

ICD-10 codes will not be accepted any earlier than October 1, 2015.

## 1.3 Diagnosis codes

According to the 837I TR3, a transaction is not X12 compliant if decimal points are used in diagnosis codes. Therefore, should a diagnosis code contain a decimal point, Healthy Blue will return a 999 to the submitter indicating that the transaction has been rejected.

## 1.4 Procedure codes and modifiers

All valid CPT and HCPCS codes and modifiers are accepted for claim adjudication. Refer to your billing guidelines or provider contract for submission of these codes. If submitted codes are invalid, a 277CA and an 864 level 2 status report will be returned to the submitter identifying which claim(s) have failed.

## 1.5 Uppercase letters, special characters and delimiters

As specified in the TR3, the basic character set includes uppercase letters, digits, spaces and other special characters. All alpha characters must be submitted in uppercase letters only. Suggested delimiters for the transaction are assigned as part of the trading partner set up. An EDI representative will discuss options with trading partners if applicable.

| Inbound delimiters | | |
|---|---|---|
| | **Suggested value** | |
| | | |
| Data element separator | ***** | Asterisk |
| Repetition separator | ^ | Caret |
| Subelement separator | : | Colon |
| Segment terminator | ~ | Tilde |

To avoid syntax errors, hyphens, parentheses and spaces are not recommended to be used in values for identifiers.

Examples: ZIP code “123456789” and medical record number “1234567”

Since originally submitted values may be returned on outbound transactions, Healthy Blue encourages trading partners to not use the following special characters as part of the value: asterisk (*), less than/greater than signs (<, >), colon (:) and slash (/). This minimizes the risk for a special character to be recognized as a delimiter.

Example: Provider assigns a patient control number, 12*3456789. Although an asterisk (*) is a valid special character, it adversely affects processing since it is also a common delimiter. The value 12*3456789 may process incorrectly as two separate values — 12 and 3456789.

## 1.6 Decimal “R” data element types

“R” data element types contain a decimal point involving monetary amounts, units, visits, weights and frequency. Healthy Blue recommends using decimal points for monetary amounts and whole numbers for other types of “R” data elements. Except for monetary amounts, if “R” data element type includes a decimal and numbers after the decimal, Healthy Blue adjudicates the claim based on the whole number. Numbers after the decimal will not be considered.

## 1.7 Numeric values, monetary amounts and units

Healthy Blue pays all claims in U.S. dollars and, therefore, accepts monetary amounts in U.S. dollars only. If codes related to foreign currencies are used, a 277CA and an 864 level 2 status report will be returned to the submitter identifying which claim(s) have failed.

Healthy Blue recognizes units in whole numbers only.

Healthy Blue recognizes units in values of less than 9,999 and greater than or equal to zero.

If a negative service line charge or negative units are used, a 277CA and an 864 level 2 status report will be returned to the submitter identifying which claim(s) have failed.

SV203: Monetary amount — line item charge amount
SV205: Quantity — service unit count

## 1.8 Address information

Post office (P.O.) Boxes and Lock Boxes are **not** allowed in the billing provider loop. If submitted in the billing provider loop, a 277CA and an 864 level 2 status report will be returned to the submitter identifying which claim(s) have failed.

The pay-to address loop **does** support P.O. Box and Lock Box addresses. Therefore, if payment is expected to be remitted to a P.O. Box or a Lock Box, submit the P.O. Box or Lock Box address.

Full nine-digit ZIP codes are required in the billing provider and service facility location loops. If five-digit ZIP codes are used in these loops, a 277CA and an 864 level 2 status report will be returned to the submitter identifying which claim(s) have failed.

## 1.9 Coordination of benefits (COB)

Specific 837 data elements work together to coordinate benefits between Healthy Blue and Medicare or other carriers. Following the provider-to-payer-to-provider model:

- The provider sends the 837 to the primary payer.
- The primary payer adjudicates the claim and sends an 835 payment advice to the provider. The 835 includes the claim adjustment reason code and/or remark code for the claim.
- Upon receipt of the 835, the provider sends a second 837 with COB information populated in Loops 2320, 2330A-I and/or 2430 to the secondary payer. The secondary payer adjudicates the claim and sends an 835 payment advice to the provider.

Healthy Blue recognizes submission of an 837 transaction to a sequential payer populated with data from the previous payer's 835. Based on the information provided and the level of policy, the claim will be adjudicated without the paper copy of the explanation of benefits from Medicare or the primary carrier.

When more than one payer is involved on a claim, data elements for all prior payers must be present. (In other words, if a tertiary payer is involved, then all the data elements from the primary and secondary payers must also be present.)

If data elements from previous payer(s) are omitted, Healthy Blue will fail the particular claim.

## 1.10 Claim and COB balancing

For COB claims, balancing is performed at both claim and service line on the payment charges for each payer. If not balanced, a 277CA and an 864 level 2 status report will be returned to the submitter identifying which claim(s) have failed.

- Loop 2300 CLM02 (total claim charge) must equal the sum of Loop 2400 SV203 (line item charge).
- Loop 2320 AMT02 (COB payer paid amount) must equal the sum of Loop 2430 SVD02 (line adjudication information) less the sum of Loop 2300 CAS (claim level adjustments).
- Loop 2400 SV203 (line item charge amount) must equal the sum of Loop 2430 SVD02 (line adjudication information) plus the sum of Loop 2430 CAS (claim level adjustments).

## 1.11 Sending solicited attachments to support a claim

Providers must contract with an attachment vendor approved by Healthy Blue in order to follow the solicited attachment process. This process begins when Healthy Blue requests attachment(s) from the provider to support a claim. Correspondence will contain a barcode that will translate into an alphanumeric value that will be captured and forwarded to the appropriate processing system for claim review and adjudication. The provider's attachment vendor will provide the ability to scan the requested attachment information and send the image of the bar-coded letter and records back to Healthy Blue for processing.

## 1.12 Sending unsolicited attachments to support a claim

Loop 2300 is required in the PWK (paperwork) segment when paper or electronic attachments support a claim. In order to expedite processing of a claim:

- Mail the attachment(s) the day before or the day the claim is submitted.
- Do not send a copy of the claim with the attachment.
- Do not send unnecessary attachments (for instance, do not send a copy of the member ID card).
- Include the attachment control number in the upper right-hand corner of the supporting documentation.

Mailing address: Healthy Blue
P.O. Box 61010
Virginia Beach, VA 23466-2509

## 1.13 Taxonomy codes (PRV)

The health care provider taxonomy code set divides health care providers into hierarchical groupings by type, classification and specialization and assigns a code to each grouping. The taxonomy consists of two parts: individuals (for example, physicians) and nonindividuals (for example, ambulatory health care facilities). All codes are 10 alphanumeric positions in length. Health care providers select the taxonomy code(s) that most closely represents their education, license or certification. If a health care provider has more than one taxonomy code associated with it, a health plan may prefer that the health care provider use one over another when submitting claims for certain services.

It is strongly recommended that the taxonomy be populated in PRV segments for all applicable claims that you are filing. Refer to the CMS website for a listing of codes, **wpec-edi.com/taxonomy**.

## Section 2 — enveloping

EDI envelopes control and track communications between you and Healthy Blue. One envelope may contain many transaction sets grouped into the following:

- Interchange control header (ISA)
- Functional group header (GS)
- Interchange control trailer (IEA)
- Functional group trailer (GE)

**837 Institutional Health Care Claim Envelope**
**Specific to Healthy Blue Medicaid (TR3, Appendix C)**

| ISA—Interchange Control Header | |
|---|---|
| ISA01 | 00 |
| ISA02 | *refer to TR3* |
| ISA03 | 00 |
| ISA04 | *refer to TR3* |
| ISA05 | ZZ |
| ISA06 | ***SENDER ID*** |
| | EDI assigned |
| | Left-justified followed by spaces |
| ISA07 | ZZ |
| ISA08 | BCBSCAIDLA |
| ISA09 | *refer to TR3* |
| ISA10 | *refer to TR3* |
| ISA11 | ^ ***(5E)*** |
| ISA12 | 00501 |
| ISA13 | *refer to TR3* |
| ISA14 | *refer to TR3* |
| ISA15 | *refer to TR3* |
| ISA16 | *refer to TR3* |

| GS—Functional Group Header | |
|---|---|
| GS01 | HC |
| GS02 | ***SENDER ID*** |
| | EDI assigned |
| | Left-justified followed by no zeroes or spaces |
| GS03 | BCBSCAIDLA |
| GS04 | *refer to TR3* |
| GS05 | *refer to TR3* |
| GS06 | *refer to TR3* |
| GS07 | X |
| GS08 | 005010X223A2 |

| GE—Functional Group Trailer | |
|---|---|
| GE01 | *refer to TR3* |
| GE02 | *refer to TR3* |

| IEA—Interchange Control Trailer | |
|---|---|
| IEA01 | *refer to TR3* |
| IEA02 | *refer to TR3* |

***NOTE. Critical Batching and Editing Information***
****Transactions must be batched in separate functional group by GS03.***
****Unique group control number (GS06) MUST NOT be duplicated within 365 days by Trading Partner ID (GS02); files containing duplicate or previously received group control numbers will be rejected.***

## Section 3 — charts for situational rules

Listed below are loops, segments and data elements required for proper processing by Healthy Blue per the situational rules in the 835 TR3.

| 837 Institutional Health Care Claim | | | | |
|---|---|---|---|---|
| **TR3** | **Segment** | **Reference Designator(s)** | **Value** | **Definitions and Notes - Specific to Healthy Blue** |
| | | | | |
| P.67 | **ST** Transaction Set Header | **ST03** Implementation Convention Ref | ***005010X223A2*** | 005010X223A2 - Health Care Claim, Institutional |
| P.68 | **BHT** Beginning of Hierarchical Trx | **BHT06** Transaction Type Code | ***CH*** | CH - Chargeable |
| **Loop ID 1000A—Submitter Name** | | | | |
| P.71 | **NM1** Submitter Name | **NM109** Identification Code | ***(Submitter Identifier) UPPERCASE*** | ▪ EDI assigned Sender ID.<br>▪ Equals the value entered in ISA06 and GS02. |
| P.73 | **PER** | *Submitter EDI Contact Information - Refer to TR3* | | |
| **Loop ID 1000B—Receiver Name** | | | | |
| P.76 | **NM1** Receiver Name | **NM103** Last Name or Organization Name | ***HEALTHY BLUE*** | HEALTHY BLUE - identifies receiver |
| | | **NM109** Identification Code | ***00661*** | 00661 - Represents Healthy Blue |
| **Loop ID 2000A—Billing Provider Hierarchical Level** | | | | |
| P.78 | **HL** | *Billing Provider Hierarchical Level - Refer to TR3* | | |
| P.80 | **PRV** Billing Provider Specialty Info | **PRV03** Reference Identification | ***(Provider Taxonomy Code)*** | Enter the taxonomy code to uniquely identify the provider. |
| P.81 | **CUR** Foreign Currency Information | **CUR02** Currency Code | ***USD*** | USD – U.S. dollars<br>▪ Monetary amounts recognized in U.S. dollars only. |
| **Loop ID 2010AA—Billing Provider Name** | | | | |
| P.84 | **NM1** | *Billing Provider Name - Refer to TR3* | | |
| P.87 | **N3** Billing Provider Address | **N301** Address Information | ***(Billing Provider Address Line)*** | Enter the physical address to uniquely identify the provider. Submitting P.O. Box/Lock Box address will result in claim failure, and return of 277CA and level 2 status report. |
| P.88 | **N4** | *Billing Prov City, State, ZIP Code - Refer to TR3* | | |
| P.90 | **REF** | *Billing Provider Tax Identification Number - Refer to TR3* | | |
| P.91 | **PER** | *Billing Provider Contact Information - Refer to TR3* | | |
| **Loop ID 2010AB—Pay-To Address Name** | | | | |
| P.94 | **NM1** | *Pay-to Address Name - Refer to TR3* | | |

| | | | | |
|---|---|---|---|---|
| P.96 | **N3**<br>Pay-to Address | **N301**<br>Address Information | ***(Pay-to Provider Address Line)*** | Enter the address to uniquely identify the provider. If payment expected to be remitted to PO Box/Lock Box, submit in Pay-to loop. |
| P.97 | **N4** | *Pay-To Address City, State, ZIP Code - Refer to TR3* | | |
| **Loop ID 2010AC—Pay-To Plan Name** | | | | |
| P.99 | **NM1** | *Pay-to Plan Name - Refer to TR3* | | |
| P.101 | **N3** | *Pay-to Plan Address - Refer to TR3* | | |
| P.102 | **N4** | *Pay-to Plan City, State, ZIP Code - Refer to TR3* | | |
| P.104 | **REF** | *Pay-to Plan Secondary Identification - Refer to TR3* | | |
| P.106 | **REF** | *Pay-to Plan Tax Identification Number - Refer to TR3* | | |
| **Loop ID 2000B—Subscriber Hierarchical Level** | | | | |
| P.107 | **HL** | *Subscriber Hierarchical Level - Refer to TR3* | | |
| P.109 | **SBR**<br>Subscriber Information | **SBR03**<br>Group Number | Group number on the card or from eligibility check should be submitted. Do not submit 'ITS' or 'ITS PPO', otherwise the claim may be misrouted and incorrectly priced. | |
| **Loop ID 2010BA—Subscriber Name** | | | | |
| P.112 | **NM1**<br>Subscriber Name | **NM109**<br>Identification Code | Subscriber ID - 8-20 bytes<br>*****ALL ALPHA CHARACTERS MUST BE IN UPPERCASE LETTERS.**<br>***Enter the ID Number exactly as it appears on the front of the ID card, including ANY PREFIX.***<br>3-character alpha prefix (uppercase) followed by 9-character alphanumeric subscriber ID code<br>***(XXX9999999999) e.g. XYZ123456789*** | |
| P.115 | **N3** | *Subscriber Address - Refer to TR3* | | |
| P.116 | **N4** | *Subscriber City, State, ZIP Code - Refer to TR3* | | |
| P.118 | **DMG** | *Subscriber Demographic Information - Refer to TR3* | | |
| P.120 | **REF** | *Subscriber Secondary Identification - Refer to TR3* | | |
| P.121 | **REF** | *Property and Casualty Claim Number - Refer to TR3* | | |
| **Loop ID 2010BB—Payer Name** | | | | |
| P.122 | **NM1**<br>Payer Name | **NM108**<br>ID Code Qualifier | ***PI*** | PI - Payer Identification |
| | | **NM109**<br>Identification Code | ***661*** | 661 - represents Healthy Blue |
| P.124 | **N3** | *Payer Address - Refer to TR3* | | |
| P.125 | **N4** | *Payer City, State, ZIP Code - Refer to TR3* | | |
| P.127 | **REF** | *Payer Secondary Identification - Refer to TR3* | | |
| P.129 | **REF** | *Billing Provider Secondary Identification - Refer to TR3* | | |
| **Loop ID 2000C—Patient Hierarchical Level** | | | | |
| P.131 | **HL** | *Patient Hierarchical Level - Refer to TR3* | | |
| P.133 | **PAT** | *Patient Information - Refer to TR3* | | |
| **Loop ID 2010CA—Patient Name** | | | | |
| P.135 | **NM1** | *Patient Name - Refer to TR3* | | |
| P.137 | **N3** | *Patient Address - Refer to TR3* | | |
| P.138 | **N4** | *Patient City, State, ZIP Code - Refer to TR3* | | |
| P.140 | **DMG** | *Patient Demographic Information - Refer to TR3* | | |
| P.142 | **REF** | *Property and Casualty Claim Number - Refer to TR3* | | |

| **Loop ID 2300—Claim Information** | | | | |
|---|---|---|---|---|
| P.143 | **CLM**<br>Claim Information | **CLM01**<br>Claim Submitter's Identifier | ***(Patient Control Number)*** | ▪ Maximum of 20 alphanumeric characters.<br>▪ Value is returned on outbound 835 and other transactions. |
| | | **CLM02**<br>Monetary Amount | ***(Total Claim Charge Amt)*** | Value must equal the sum of submitted service line charges in Loop 2400 SV203. |
| | | **CLM05-3**<br>Claim Frequency Type Code | ***(Third Position of Uniform Billing Claim Form Bill Type)*** | If '7' (replacement) or '8' (void/cancel) then Loop 2300 REF02 Payer Claim Control # (F8) is required and must contain the originally assigned claim number. |
| P.149 | **DTP** | *Discharge Hour - Refer to TR3* | | |
| P.150 | **DTP**<br>Statement Dates | **DTP03**<br>Date Time Period | ***(Statement From or To Date)*** | Valid medical codes will be based on the "Statement From Date" |
| P.151 | **DTP** | *Admission Date/Hour - Refer to TR3* | | |
| P.152 | **DTP** | *Date-Repricer Received Date - Refer to TR3* | | |
| P.153 | **CL1** | *Institutional Claim Code - Refer to TR3* | | |
| P.154 | **PWK**<br>Claim Supplemental Information | **PWK02**<br>Report Transmission Code | ***BM***<br>***AA***<br>***FX***<br>***EL*** | Illegible information will delay processing. All documentation must be received within 7 calendar days of receipt of the electronic claim. |
| | | **PWK06**<br>Identification Code | ▪ If provider using MEA for claims attachment, please enter "MEA" and all alpha/numeric characters assigned as your tracking number. (Ex: MEA12345B)<br>▪ Field reserved for self-assigned attachment control number - max 10 digit alphanumeric.<br>▪ Digits will be drawn beginning from the left to match the Attachment with the appropriate electronically submitted claim. | |
| P.158 | **CN1** | *Contract Information - Refer to TR3* | | |
| P.160 | **AMT** | *Patient Estimated Amount Due - Refer to TR3* | | |
| P.161 | **REF** | *Service Authorization Exception Code - Refer to TR3* | | |
| P.163 | **REF** | *Referral Number - Refer to TR3* | | |
| P.164 | **REF** | *Prior Authorization - Refer to TR3* | | |
| P.166 | **REF**<br>Payer Claim Control Number | **REF01**<br>Ref ID Qualifier | ***F8*** | F8 - Original Reference Number |
| | | **REF02**<br>Reference Identification | ***(Claim Original Reference Number)*** | Represents the claim # assigned by BlueChoice HealthPlan Medicaid. Providers should submit the original claim # indicated on the 835 when Loop 2300, CLM05-3 equals values of '7' or '8'. |
| P.167 | **REF** | *Repriced Claim Number - Refer to TR3* | | |
| P.168 | **REF** | *Adjusted Repriced Claim Number - Refer to TR3* | | |
| P.169 | **REF** | *Investigational Device Exemption Number - Refer to TR3* | | |
| P.170 | **REF**<br>Claim ID for Transmission Intermediaries | **REF01**<br>Ref ID Qualifier | ***D9*** | D9 - Claim Number |
| | | **REF02**<br>Reference Identification | ***(Value Added Network Trace Number)*** | Will be returned on level 2 status report, if submitted. |
| P.172 | **REF** | *Auto Accident State - Refer to TR3* | | |
| P.173 | **REF** | *Medical Record Number - Refer to TR3* | | |
| P.174 | **REF** | *Demonstration Project Identifier - Refer to TR3* | | |
| P.175 | **REF** | *PRO Approval Number - Refer to TR3* | | |

| | | | | | |
|---|---|---|---|---|---|
| P.176 | **K3** | *File Information - Refer to TR3* | | | |
| P.178 | **NTE** | *Claim Note - Refer to TR3* | | | |
| P.180 | **NTE** | *Billing Note - Refer to TR3* | | | |
| P.181 | **CRC** | *EPSDT Referral - Refer to TR3* | | | |
| ***ICD-10 Codes will not be accepted any earlier than October 1, 2015.*** | | | | | |
| ***ICD-9-CM Guide requires diagnosis codes to the highest level of specificity.*** ***Code is invalid if it has not been coded to the full number of digits required for that code.*** | | | | | |
| P.184 | **HI** | *Principal Diagnosis Information - Refer to TR3* | | | |
| P.187 | **HI** | *Admitting Diagnosis - Refer to TR3* | | | |
| P.189 | **HI** | *Patient's Reason for Visit - Refer to TR3* | | | |
| P.193 | **HI** | *External Cause of Injury - Refer to TR3* | | | |
| P.218 | **HI** | *DRG Information - Refer to TR3* | | | |
| P.220 | **HI** | *Other Diagnosis Information - Refer to TR3* | | | |
| P.239 | **HI** | *Principal Procedure Information - Refer to TR3* | | | |
| P.242 | **HI** | *Other Procedure Information - Refer to TR3* | | | |
| P.258 | **HI** | *Occurrence Span Information - Refer to TR3* | | | |
| P.271 | **HI** | *Occurrence Information - Refer to TR3* | | | |
| P.284 | **HI** | *Value Information - Refer to TR3* | | | |
| P.294 | **HI** | *Condition Information - Refer to TR3* | | | |
| P.304 | **HI** | *Treatment Code Information - Refer to TR3* | | | |
| P.313 | **HCP** | *Claim Pricing/Repricing Information - Refer to TR3* | | | |
| **Loop ID 2310A—Attending Physician Name** | | | | | |
| ***Required for services (non-emergency ambulance transportation) populated in 2400, SV202-2*** | | | | | |
| P.319 | **NM1** | *Attending Provider Name - Refer to TR3* | | | |
| P.322 | **PRV** Attending Physician Specialty Info | | **PRV03** Reference Identification | ***(Provider Taxonomy Code)*** | Enter the taxonomy code to uniquely identify the provider. |
| P.324 | **REF** | *Attending Prov Sec Identification - Refer to TR3* | | | |
| **Loop ID 2310B—Operating Physician Name** | | | | | |
| P.326 | **NM1** | *Operating Physician Name - Refer to TR3* | | | |
| P.329 | **REF** | *Operating Physician Secondary Identification - Refer to TR3* | | | |
| **Loop ID 2310C—Other Operating Physician Name** | | | | | |
| P.331 | **NM1** | *Other Operating Physician Name - Refer to TR3* | | | |
| P.334 | **REF** | *Other Operating Physician Secondary Identification - Refer to TR3* | | | |
| **Loop ID 2310D—Rendering Provider Name** | | | | | |
| P.336 | **NM1** | *Rendering Provider Name - Refer to TR3* | | | |
| P.339 | **REF** | *Rendering Provider Secondary Identification - Refer to TR3* | | | |
| **Loop ID 2310E—Service Facility Location Name** | | | | | |
| P.341 | **NM1** | *Service Facility Location Name - Refer to TR3* | | | |
| P.344 | **N3** | *Service Facility Location Address - Refer to TR3* | | | |
| P.345 | **N4** | *Serv Fac Loc City, State, ZIP - Refer to TR3* | | | |
| P.347 | **REF** | *Service Facility Location Secondary Identification - Refer to TR3* | | | |
| **Loop ID 2310F—Referring Provider Name** | | | | | |
| P.349 | **NM1** | *Referring Provider Name - Refer to TR3* | | | |
| P.352 | **REF** | *Referring Provider Secondary Identification - Refer to TR3* | | | |
| **Loop ID 2320—Other Subscriber Information** | | | | | |
| P.354 | **SBR** | *Other Subscriber Information - Refer to TR3* | | | |
| P.358 | **CAS** | *Claim Level Adjustments - Refer to TR3* | | | |

| | | | | |
|---|---|---|---|---|
| P.364 | **AMT** | *COB Payer Paid Amount - Refer to TR3* | | |
| P.365 | **AMT** | *Remaining Patient Liability - Refer to TR3* | | |
| P.366 | **AMT** | *COB Total Non-Covered Amount - Refer to TR3* | | |
| P.367 | **OI** | *Other Insurance Coverage Information - Refer to TR3* | | |
| P.369 | **MIA** | *Inpatient Adjudication Information - Refer to TR3* | | |
| P.374 | **MOA** | *Outpatient Adjudication Information - Refer to TR3* | | |
| **Loop ID 2330A—Other Subscriber Name** | | | | |
| P.377 | **NM1** | *Other Subscriber Name - Refer to TR3* | | |
| P.380 | **N3** | *Other Subscriber Address - Refer to TR3* | | |
| P.381 | **N4** | *Other Subscriber City, State, ZIP Code - Refer to TR3* | | |
| P.383 | **REF** | *Other Subscriber Secondary Identification - Refer to TR3* | | |
| **Loop ID 2330B—Other Payer Name** | | | | |
| P.384 | **NM1** | *Other Payer Name - Refer to TR3* | | |
| P.386 | **N3** | *Other Payer Address - Refer to TR3* | | |
| P.387 | **N4** | *Other Payer City, State, ZIP Code - Refer to TR3* | | |
| P.389 | **DTP** | *Claim Check or Remittance Date - Refer to TR3* | | |
| P.390 | **REF** | *Other Payer Secondary Identifier - Refer to TR3* | | |
| P.392 | **REF** | *Other Payer Prior Authorization Number - Refer to TR3* | | |
| P.393 | **REF** | *Other Payer Referral Number - Refer to TR3* | | |
| P.394 | **REF** | *Other Payer Claim Adjustment Indicator - Refer to TR3* | | |
| P.395 | **REF** | *Other Payer Claim Control Number - Refer to TR3* | | |
| **Loop ID 2330C—Other Payer Attending Provider** | | | | |
| P.396 | **NM1** | *Other Payer Attending Provider - Refer to TR3* | | |
| P.398 | **REF** | *Other Payer Attending Provider Secondary Identification - Refer to TR3* | | |
| **Loop ID 2330D—Other Payer Operating Physician** | | | | |
| P.400 | **NM1** | *Other Payer Operating Physician - Refer to TR3* | | |
| P.402 | **REF** | *Other Payer Operating Physician Secondary Identification - Refer to TR3* | | |
| **Loop ID 2330E—Other Payer Other Operating Physician** | | | | |
| P.404 | **NM1** | *Other Payer Other Operating Physician - Refer to TR3* | | |
| P.406 | **REF** | *Other Payer Other Operating Physician Secondary Identification - Refer to TR3* | | |
| **Loop ID 2330F—Other Payer Service Facility Location** | | | | |
| P.408 | **NM1** | *Other Payer Service Facility Location - Refer to TR3* | | |
| P.410 | **REF** | *Other Payer Service Facility Location Secondary Identification - Refer to TR3* | | |
| **Loop ID 2330G—Other Payer Rendering Provider Name** | | | | |
| P.412 | **NM1** | *Other Payer Rendering Provider Name - Refer to TR3* | | |
| P.414 | **REF** | *Other Payer Rendering Provider Secondary Identification - Refer to TR3* | | |
| **Loop ID 2330H—Other Payer Referring Provider** | | | | |
| P.416 | **NM1** | *Other Payer Referring Provider - Refer to TR3* | | |
| P.418 | **REF** | *Other Payer Referring Provider Secondary Identification - Refer to TR3* | | |
| **Loop ID 2330I—Other Payer Billing Provider** | | | | |
| P.420 | **NM1** | *Other Payer Billing Provider - Refer to TR3* | | |
| P.422 | **REF** | *Other Payer Billing Provider Secondary Identification - Refer to TR3* | | |
| **Loop ID 2400—Service Line Number** | | | | |
| P.423 | **LX** | *Service Line Number - Refer to TR3* | | |
| P.424 | **SV2** Institutional Service Line | **SV202-2** Product/Service ID | ***(Procedure Code)*** | Attending Provider (2310A) required for non-emergency ambulance transportation codes A0426, A0428 (without modifier QL). |
| P.429 | **PWK** | *Line Supplemental Information - Refer to TR3* | | |

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|---|---|---|---|---|
| P.433 | **DTP** | *Date - Service Date - Refer to TR3* | | |
| P.435 | **REF** | *Line Item Control Number - Refer to TR3* | | |
| P.437 | **REF** | *Repriced Line Item Reference Number - Refer to TR3* | | |
| P.438 | **REF** | *Adjusted Repriced Line Item Reference Number - Refer to TR3* | | |
| P.439 | **AMT** | *Service Tax Amount - Refer to TR3* | | |
| P.440 | **AMT** | *Facility Tax Amount - Refer to TR3* | | |
| P.441 | **NTE** | *Third Party Organization Notes - Refer to TR3* | | |
| P.442 | **HCP** | *Line Pricing/Repricing Information - Refer to TR3* | | |
| **Loop ID 2410—Drug Identification** | | | | |
| P.449 | **LIN**<br>Drug Identification | **LIN03**<br>Product/Service ID | ***(National Drug Code)*** | NDC # for prescribed drugs and biologics when required by government regulation. |
| P.452 | **CTP** | *Drug Quantity - Refer to TR3* | | |
| P.454 | **REF** | *Prescription of Compound Drug Association Number - Refer to TR3* | | |
| **Loop ID 2420A—Operating Physician Name** | | | | |
| P.456 | **NM1** | *Operating Physician Name - Refer to TR3* | | |
| P.459 | **REF** | *Operating Physician Secondary Identification - Refer to TR3* | | |
| **Loop ID 2420B—Other Operating Physician Name** | | | | |
| P.461 | **NM1** | *Other Operating Physician Name - Refer to TR3* | | |
| P.464 | **REF** | *Other Operating Physician Secondary Identification - Refer to TR3* | | |
| **Loop ID 2420C—Rendering Provider Name** | | | | |
| P.466 | **NM1** | *Rendering Provider Name - Refer to TR3* | | |
| P.469 | **REF** | *Rendering Provider Secondary Identification - Refer to TR3* | | |
| **Loop ID 2420D—Referring Provider Name** | | | | |
| P.471 | **NM1** | *Referring Provider Name - Refer to TR3* | | |
| P.474 | **REF** | *Referring Provider Secondary Identification - Refer to TR3* | | |
| **Loop ID 2430—Line Adjudication Information** | | | | |
| P.476 | **SVD** | *Line Adjudication Information - Refer to TR3* | | |
| P.480 | **CAS** | *Line Adjustment - Refer to TR3* | | |
| P.486 | **DTP** | *Line Check or Remittance Date - Refer to TR3* | | |
| P.487 | **AMT** | *Remaining Patient Liability - Refer to TR3* | | |
| | | | | |
| P.488 | **SE** | *Transaction Set Trailer - Refer to TR3* | | |