Healthy Blue
Companion Document

837P

837 Professional 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 — 837P Professional Health Care Claim: basic instructions

Section 2 — 837P Professional Health Care Claim: enveloping

Section 3 — 837P Professional 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

EDI interchanges 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 one — 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 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) have 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
- 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 837P 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 setup. 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 9999 and greater than or equal to zero.

If a negative service line charge (SV102) or negative units (SV104) are used, a 277CA and an 864 level 2 status report will be returned to the submitter identifying which claim(s) have failed.

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-G 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. (For example, 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.

Since version 5010 has made changes to COB reporting, Healthy Blue strongly encourages in-depth review of TR3 front matter. Healthy Blue adjudicates and pays professional services at the line level. Therefore, when Healthy Blue has any payment position other than primary, line level payments (SVD02) and line level adjustments (CAS) must be conveyed when known by the submitter.

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 SV102 (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, which 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 barcoded 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, **wpc-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 Professional Health Care Claim Envelope
Specific to Healthy Blue
(TR3, Appendix C)

ISA—Interchange Control Header	
ISA01	00
ISA02	*refer to TR3*
ISA03	00
ISA04	*refer to TR3*
ISA05	ZZ
ISA06	***SENDER ID***
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***
GS03	BCBSCAIDLA
GS04	*refer to TR3*
GS05	*refer to TR3*
GS06	*refer to TR3*
GS07	X
GS08	005010X222A1

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 Professional Health Care Claim				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes - Specific to Healthy Blue**
P.70	**ST** Transaction Set Header	**ST03** Implementation Convention Ref	***005010X222A1***	005010X222A1 - Health Care Claim, Professional
P.71	**BHT** Beginning of Hierarchical Trx	**BHT06** Transaction Type Code	***CH***	CH - Chargeable
Loop ID 1000A—Submitter Name				
P.74	**NM1** Submitter Name	**NM109** Identification Code	***(Submitter Identifier) UPPERCASE***	▪ EDI assigned Sender ID. ▪ Equals the value entered in ISA06 and GS02.
P.76	**PER**	*Submitter EDI Contact Information - Refer to TR3*		
Loop ID 1000B—Receiver Name				
P.79	**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.81	**HL**	*Billing Provider Hierarchical Level - Refer to TR3*		
P.83	**PRV** Billing Provider Specialty Info	**PRV03** Reference Identification	***(Provider Taxonomy Code)***	Enter the taxonomy code to uniquely identify the provider.
P.84	**CUR** Foreign Currency Information	**CUR02** Currency Code	***USD***	USD - US dollars ▪ Monetary amounts recognized in U.S. dollars only.
Loop ID 2010AA—Billing Provider Name				
P.87	**NM1**	*Billing Provider Name - Refer to TR3*		
P.91	**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.92	**N4**	*Billing Prov City, State, ZIP Code – Refer to TR3*		
P.94	**REF**	*Billing Provider Tax Identification Number - Refer to TR3*		
P.96	**REF**	*Billing Provider UPIN/License Information - Refer to TR3*		
P.98	**PER**	*Billing Provider Contact Information - Refer to TR3*		

Loop ID 2010AB—Pay-To Address Name					
P.101	**NM1**	*Pay-to Address Name- Refer to TR3*			
P.103	**N3** Pay-to Address	**N301** Address Information	***(Pay-to Provider Address Line)***	Enter the address to uniquely identify the provider. If payment expected to be remitted to P.O. Box/Lock Box, submit in Pay-to loop.	
P.104	**N4**	*Pay-To Address City, State, ZIP Code - Refer to TR3*			
Loop ID 2010AC—Pay-To Plan Name					
P.106	**NM1**	*Pay-to Plan Name - Refer to TR3*			
P.108	**N3**	*Pay-to Plan Address - Refer to TR3*			
P.109	**N4**	*Pay-to Plan City, State, ZIP Code - Refer to TR3*			
P.111	**REF**	*Pay-to Plan Secondary Identification - Refer to TR3*			
P.113	**REF**	*Pay-to Plan Tax Identification Number - Refer to TR3*			
Loop ID 2000B—Subscriber Hierarchical Level					
P.114	**HL**	*Subscriber Hierarchical Level - Refer to TR3*			
P.116	**SBR** Subscriber Information	**SBR03** 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.		
P.119	**PAT**	*Patient Information - Refer to TR3*			
Loop ID 2010BA—Subscriber Name					
P.121	**NM1** Subscriber Name	**NM109** Identification Code	Subscriber ID - 8-20 bytes *****ALL ALPHA CHARACTERS MUST BE IN UPPERCASE LETTERS.** ***Enter the ID Number exactly as it appears on the front of the ID card, including ANY PREFIX.*** 3-character alpha prefix (uppercase) followed by 9-character alphanumeric subscriber ID code ***(XXX9999999999) e.g. XYZ123456789***		
P.124	**N3**	*Subscriber Address - Refer to TR3*			
P.125	**N4**	*Subscriber City, State, ZIP Code - Refer to TR3*			
P.127	**DMG**	*Subscriber Demographic Information - Refer to TR3*			
P.129	**REF**	*Subscriber Secondary Identification - Refer to TR3*			
P.130	**REF**	*Property and Casualty Claim Number - Refer to TR3*			
P.131	**REF**	*Property and Casualty Subscriber Contact Information - Refer to TR3*			
Loop ID 2010BB—Payer Name					
P.133	**NM1** Payer Name	**NM108** ID Code Qualifier	***PI***	PI - Payer Identification	
		NM109 Identification Code	***661***	661 - represents Healthy Blue	
P.135	**N3**	*Payer Address - Refer to TR3*			
P.136	**N4**	*Payer City, State, ZIP Code - Refer to TR3*			
P.138	**REF**	*Payer Secondary Identification - Refer to TR3*			
P.140	**REF**	*Billing Provider Secondary Identification - Refer to TR3*			
Loop ID 2000C—Patient Hierarchical Level					
P.142	**HL**	*Patient Hierarchical Level - Refer to TR3*			
P.144	**PAT**	*Patient Information - Refer to TR3*			

Loop ID 2010CA—Patient Name				
P.147	**NM1**	*Patient Name - Refer to TR3*		
P.149	**N3**	*Patient Address - Refer to TR3*		
P.150	**N4**	*Patient City, State, ZIP Code - Refer to TR3*		
P.152	**DMG**	*Patient Demographic Information - Refer to TR3*		
P.154	**REF**	*Property and Casualty Claim Number - Refer to TR3*		
P.155	**REF**	*Property and Casualty Patient Contact Information - Refer to TR3*		
Loop ID 2300—Claim Information				
P.157	**CLM** Claim Information	**CLM01** Claim Submitter's Identifier	***(Patient Account Number)***	▪ Maximum of 20 alphanumeric characters. ▪ Value is returned on outbound 835 and other transactions.
		CLM02 Monetary Amount	***(Total Claim Charge Amt)***	Value must equal the sum of submitted service line charges in Loop 2400 SV102.
		CLM05-3 Claim Frequency Type Code	***7, 8***	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.204	**REF**	*Medical Record Number - Refer to TR3*		
P.205	**REF**	*Demonstration Project Identifier - Refer to TR3*		
P.206	**REF**	*Care Plan Oversight - Refer to TR3*		
P.207	**K3**	*File Information - Refer to TR3*		
P.209	**NTE**	*Claim Note - Refer to TR3*		
P.211	**CR1**	*Ambulance Transport Information - Refer to TR3*		
P.214	**CR2**	*Spinal Manipulation Service Information - Refer to TR3*		
P.216	**CRC**	*Ambulance Certification - Refer to TR3*		
P.219	**CRC**	*Patient Condition Information: Vision - Refer to TR3*		
P.221	**CRC**	*Homebound Indicator - Refer to TR3*		
P.223	**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.226	**HI**	*Health Care Diagnosis Code - Refer to TR3*		
P.239	**HI**	*Anesthesia Related Procedure - Refer to TR3*		
P.242	**HI**	*Condition Information - Refer to TR3*		
P.252	**HCP**	*Claim Pricing/Repricing Information - Refer to TR3*		
Loop ID 2310A—Referring Provider Name				
P.257	**NM1**	*Referring Provider Name - Refer to TR3*		
P.260	**REF**	*Referring Provider Secondary Identification - Refer to TR3*		
Loop ID 2310B—Rendering Provider Name				
P.262	**NM1**	*Rendering Provider Name - Refer to TR3*		
P.265	**PRV** Rendering Provider Specialty Info	**PRV03** Reference Identification	***(Provider Taxonomy Code)***	Enter the taxonomy code to uniquely identify the provider.
P.267	**REF**	*Rendering Provider Secondary Identification - Refer to TR3*		

Loop ID 2310C—Service Facility Location Name		
P.269	**NM1**	*Service Facility Location Name - Refer to TR3*
P.272	**N3**	*Service Facility Location Address - Refer*
P.273	**N4**	*Serv Fac Loc City, State, ZIP - Refer*
P.275	**REF**	*Service Facility Secondary Identification - Refer to TR3*
P.277	**PER**	*Service Facility Contact Information - Refer to TR3*
Loop ID 2310D—Supervising Provider Name		
P.280	**NM1**	*Supervising Provider Name - Refer to TR3*
P.283	**REF**	*Supervising Provider Secondary Identification - Refer to TR3*
Loop ID 2310E—Ambulance Pick-Up Location		
P.285	**NM1**	*Ambulance Pick-up Location - Refer to TR3*
P.287	**N3**	*Ambulance Pick-up Location Address - Refer to TR3*
P.288	**N4**	*Ambulance Pick-up Location City, State, ZIP Code - Refer to TR3*
Loop ID 2310F—Ambulance Drop-Off Location		
P.290	**NM1**	*Ambulance Drop-off Location - Refer to TR3*
P.292	**N3**	*Ambulance Drop-off Location Address - Refer to TR3*
P.293	**N4**	*Ambulance Drop-off Location City, State, ZIP Code - Refer to TR3*
Loop ID 2320—Other Subscriber Information		
P.295	**SBR**	*Other Subscriber Information - Refer to TR3*
P.299	**CAS**	*Claim Level Adjustments - Refer to TR3*
P.305	**AMT**	*COB Payer Paid Amount - Refer to TR3*
P.306	**AMT**	*COB Total Non-Covered Amount - Refer to TR3*
P.307	**AMT**	*Remaining Patient Liability - Refer to TR3*
P.308	**OI**	*Other Insurance Coverage Information - Refer to TR3*
P.310	**MOA**	*Outpatient Adjudication Information - Refer to TR3*
Loop ID 2330A—Other Subscriber Name		
P.313	**NM1**	*Other Subscriber Name - Refer to TR3*
P.316	**N3**	*Other Subscriber Address - Refer to TR3*
P.317	**N4**	*Other Subscriber City, State, ZIP Code - Refer to TR3*
P.319	**REF**	*Other Subscriber Secondary Identification - Refer to TR3*
Loop ID 2330B—Other Payer Name		
P.320	**NM1**	*Other Payer Name - Refer to TR3*
P.322	**N3**	*Other Payer Address - Refer to TR3*
P.323	**N4**	*Other Payer City, State, ZIP Code - Refer to TR3*
P.325	**DTP**	*Claim Check or Remittance Date - Refer to TR3*
P.326	**REF**	*Other Payer Secondary Identifier - Refer to TR3*
P.328	**REF**	*Other Payer Prior Authorization Number - Refer to TR3*
P.329	**REF**	*Other Payer Referral Number - Refer to TR3*
P.330	**REF**	*Other Payer Claim Adjustment Indicator - Refer to TR3*
P.331	**REF**	*Other Payer Claim Control Number - Refer to TR3*
Loop ID 2330C—Other Payer Referring Provider		
P.332	**NM1**	*Other Payer Referring Provider - Refer to TR3*
P.334	**REF**	*Other Payer Referring Provider Secondary Identification - Refer to TR3*
Loop ID 2330D—Other Payer Rendering Provider		
P.336	**NM1**	*Other Payer Rendering Provider - Refer to TR3*
P.338	**REF**	*Other Payer Rendering Provider Secondary Identification - Refer to TR3*

Loop ID 2330E—Other Payer Service Facility Location				
P.340	**NM1**	*Other Payer Service Facility Location - Refer to TR3*		
P.342	**REF**	*Other Payer Service Facility Location Secondary Identification - Refer to TR3*		
Loop ID 2330F—Other Payer Supervising Provider				
P.343	**NM1**	*Other Payer Supervising Provider - Refer to TR3*		
P.345	**REF**	*Other Payer Supervising Provider Secondary Identification - Refer to TR3*		
Loop ID 2330G—Other Payer Billing Provider				
P.347	**NM1**	*Other Payer Billing Provider - Refer to TR3*		
P.349	**REF**	*Other Payer Billing Provider Secondary Identification - Refer to TR3*		
Loop ID 2400—Service Line				
P.350	**LX**	*Service Line Number - Refer to TR3*		
P.351	**SV1** Professional Service	**SV102** Monetary Amount	***(Line Item Charge Amount)***	Sum of service line charges must equal the Total Claim Charge Amount in Loop 2300 CLM02.
		SV107-1—4 Diagnosis Code Pointer	***(Diagnosis Code Pointer)***	Pointer must reference diagnosis due to responsibility of provider to send "minimum necessary" data to represent claim.
P.359	**SV5**	*Durable Medical Equipment Service - Refer to TR3*		
P.362	**PWK**	*Line Supplemental Information - Refer to TR3*		
P.366	**PWK**	*Durable Medical Equipment Certificate of Medical Necessity Indicator - Refer to TR3*		
P.368	**CR1**	*Ambulance Transport Information - Refer to TR3*		
P.371	**CR3**	*Durable Medical Equipment Certification - Refer to TR3*		
P.373	**CRC**	*Ambulance Certification - Refer to TR3*		
P.376	**CRC**	*Hospice Employee Indicator - Refer to TR3*		
P.378	**CRC**	*Condition Indicator/Durable Medical Equipment - Refer to TR3*		
P.380	**DTP**	*Date - Service Date - Refer to TR3*		
P.382	**DTP**	*Date - Prescription Date - Refer to TR3*		
P.383	**DTP**	*Date - Certification Revision/Recertification Date - Refer to TR3*		
P.384	**DTP**	*Date - Begin Therapy Date - Refer to TR3*		
P.385	**DTP**	*Date - Last Certification Date - Refer to TR3*		
P.386	**DTP**	*Date - Last Seen Date - Refer to TR3*		
P.387	**DTP**	*Date - Test Date - Refer to TR3*		
P.388	**DTP**	*Date - Shipped Date - Refer to TR3*		
P.389	**DTP**	*Date - Last X-ray Date - Refer to TR3*		
P.390	**DTP**	*Date - Initial Treatment Date - Refer to TR3*		
P.391	**QTY**	*Ambulance Patient Count - Refer to TR3*		
P.392	**QTY**	*Obstetric Anesthesia Additional Units - Refer to TR3*		
P.393	**MEA**	*Test Result - Refer to TR3*		
P.395	**CN1**	*Contract Information - Refer to TR3*		
P.397	**REF**	*Repriced Line Item Reference Number - Refer to TR3*		
P.398	**REF**	*Adjusted Repriced Line Item Reference Number - Refer to TR3*		
P.399	**REF**	*Prior Authorization - Refer to TR3*		
P.401	**REF**	*Line Item Control Number - Refer to TR3*		
P.403	**REF**	*Mammography Certification Number - Refer to TR3*		
P.404	**REF**	*CLIA Number - Refer to TR3*		
P.405	**REF**	*Referring CLIA Facility Identification - Refer to TR3*		
P.406	**REF**	*Immunization Batch Number - Refer to TR3*		
P.407	**REF**	*Referral Number - Refer to TR3*		

P.409	**AMT**	*Service Tax Amount - Refer to TR3*		
P.410	**AMT**	*Postage Claimed Amount - Refer to TR3*		
P.411	**K3**	*File Information - Refer to TR3*		
P.413	**NTE**	*Line Note - Refer to TR3*		
P.414	**NTE**	*Third Party Organization Notes - Refer to TR3*		
P.415	**PS1**	*Purchased Service Information - Refer to TR3*		
P.416	**HCP**	*Line Pricing/Repricing Information - Refer to TR3*		
Loop ID 2410—Drug Identification				
P.423	**LIN** Drug Identification	**LIN03** Product/Service ID	***(National Drug Code)***	NDC # for prescribed drugs and biologics when required by government regulation.
P.426	**CTP**	*Drug Quantity - Refer to TR3*		
P.428	**REF**	*Prescription of Compound Drug Association Number - Refer to TR3*		
Loop ID 2420A—Rendering Provider Name				
P.430	**NM1**	*Rendering Provider Name - Refer to TR3*		
P.433	**PRV**	*Rendering Provider Specialty Information - Refer to TR3*		
P.434	**REF**	*Rendering Provider Secondary Identification - Refer to TR3*		
Loop ID 2420B—Purchased Service Provider Name				
P.436	**NM1**	*Purchased Service Provider Name - Refer to TR3*		
P.439	**REF**	*Purchased Service Provider Secondary Identification - Refer to TR3*		
Loop ID 2420C—Service Facility Location Name				
P.441	**NM1**	*Service Facility Location Name - Refer to TR3*		
P.444	**N3**	*Service Facility Location Address - Refer to TR3*		
P.445	**N4**	*Service Facility Location City, State, ZIP Code - Refer to TR3*		
P.447	**REF**	*Service Facility Location Secondary Identification - Refer to TR3*		
Loop ID 2420D—Supervising Provider Name				
P.449	**NM1**	*Supervising Provider Name - Refer to TR3*		
P.452	**REF**	*Supervising Provider Secondary Identification - Refer to TR3*		
Loop ID 2420E—Ordering Provider Name				
P.454	**NM1**	*Ordering Provider Name - Refer to TR3*		
P.457	**N3**	*Ordering Provider Address - Refer to TR3*		
P.458	**N4**	*Ordering Provider City, State, ZIP Code - Refer to TR3*		
P.460	**REF**	*Ordering Provider Secondary Identification - Refer to TR3*		
P.462	**PER**	*Ordering Provider Contact Information - Refer to TR3*		
Loop ID 2420F—Referring Provider Name				
P.465	**NM1**	*Referring Provider Name - Refer to TR3*		
P.468	**REF**	*Referring Provider Secondary Identification - Refer to TR3*		
Loop ID 2420G—Ambulance Pick-Up Location				
P.470	**NM1**	*Ambulance Pick-up Location - Refer to TR3*		
P.472	**N3**	*Ambulance Pick-up Location Address - Refer to TR3*		
P.473	**N4**	*Ambulance Pick-up Location City, State, ZIP Code - Refer to TR3*		
Loop ID 2420H—Ambulance Drop-Off Location				
P.475	**NM1**	*Ambulance Drop-off Location - Refer to TR3*		
P.477	**N3**	*Ambulance Drop-off Location Address - Refer to TR3*		
P.478	**N4**	*Ambulance Drop-off Location City, State, ZIP Code - Refer to TR3*		

Loop ID 2430—Line Adjudication Information		
P.480	**SVD**	*Line Adjudication Information - Refer to TR3*
P.484	**CAS**	*Line Adjustment - Refer to TR3*
P.490	**DTP**	*Line Check or Remittance Date - Refer to TR3*
P.491	**AMT**	*Remaining Patient Liability - Refer to TR3*
Loop ID 2440—Form Identification Code		
P.492	**LQ**	*Form Identification Code - Refer to TR3*
P.494	**FRM**	*Supporting Documentation - Refer to TR3*
P.496	**SE**	*Transaction Set Trailer - Refer to TR3*