

837 Health Care Claim: Dental

HIPAA/V4010X097A1/837: Health Care Claim: Dental

Military Medical Support Office 837 Dental Companion Guide

Version: 1.0 Draft

Trading Partner: Military Medical Support
Office (MMSO),
Great Lakes, IL

Notes: MMSO has identified
within version
4010X097A1 of the Dental
Health Care Claim (837D)
specific user edits
necessary for
transmitting to this office.

837 Health Care Claim: Dental

Functional Group=HC

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

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

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
005	ST	Transaction Set Header	M	1			Required
010	BHT	Beginning of Hierarchical Transaction	M	1			Required
015	REF	Transmission Type Identification	O	1			Required
LOOP ID - 1000A					1	N1/020L	
020	NM1	Submitter Name	O	1		N1/020	Required
045	PER	Submitter Contact Information	O	2			Required
LOOP ID - 1000B					1	N1/020L	
020	NM1	Receiver Name	O	1		N1/020	Required

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000A					>1		
001	HL	Billing/Pay-to Provider Hierarchical Level	M	1			Required
003	PRV	Billing/Pay-to Provider Specialty Information	O	1			Situational
010	CUR	Foreign Currency Information	O	1			Ignored
LOOP ID - 2010AA					1	N2/015L	
015	NM1	Billing Provider Name	O	1		N2/015	Required
020	N2	Additional Billing Provider Name Information	O	1			Situational
025	N3	Billing Provider Address	O	1			Required
030	N4	Billing Provider City/State/ZIP Code	O	1			Required
035	REF	Billing Provider Secondary Identification Number	O	5			Situational
035	REF	Claim Submitter Credit/Debit Card Information	O	8			Situational
LOOP ID - 2010AB					1	N2/015L	

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
015	NM1	Pay-to Provider's Name	O	1		N2/015	Situational
020	N2	Additional Pay-to Provider Name Information	O	1			Situational
025	N3	Pay-to Provider's Address	O	1			Required
030	N4	Pay-to Provider City/State/Zip	O	1			Required
035	REF	Pay-to Provider Secondary Identification Number	O	5			Situational
LOOP ID - 2000B					>1		
001	HL	Subscriber Hierarchical Level	M	1			Required
005	SBR	Subscriber Information	O	1			Required
LOOP ID - 2010BA					1	N2/015L	
015	NM1	Subscriber Name	O	1		N2/015	Required
025	N3	Subscriber Address	O	1			Situational
030	N4	Subscriber City/State/ZIP Code	O	1			Situational
032	DMG	Subscriber Demographic Information	O	1			Situational
035	REF	Subscriber Secondary Identification	O	4			Situational
035	REF	Property and Casualty Claim Number	O	1			Situational
LOOP ID - 2010BB					1	N2/015L	
015	NM1	Payer Name	O	1		N2/015	Required
025	N3	Payer Address	O	1			Situational
030	N4	Payer City/State/ZIP Code	O	1			Situational
035	REF	Payer Secondary Identification Number	O	3			Situational
LOOP ID - 2010BC					1	N2/015L	
015	NM1	Credit/Debit Card Holder Name	O	1		N2/015	Situational
035	REF	Credit/Debit Card Information	O	3			Situational
LOOP ID - 2300					100		
130	CLM	Claim Information	O	1			Required
135	DTP	Date - Admission	O	1			Situational
135	DTP	Date - Discharge	O	1			Situational
135	DTP	Date - Referral	O	1			Situational
135	DTP	Date - Accident	O	1			Situational
135	DTP	Date - Appliance Placement	O	5			Situational
135	DTP	Date - Service	O	1			Situational
145	DN1	Orthodontic Total Months of Treatment	O	1			Situational
150	DN2	Tooth Status	O	35			Situational
155	PWK	Claim Supplemental Information	O	10			Situational
175	AMT	Patient Amount Paid	O	1			Situational
175	AMT	Credit/Debit Card - Maximum Amount	O	1			Ignored
180	REF	Predetermination Identification	O	5			Situational
180	REF	Service Authorization Exception Code	O	1			Ignored
180	REF	Original Reference Number (ICN/DCN)	O	1			Situational
180	REF	Prior Authorization or	O	2			Situational

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
180	REF	Referral Number Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	O	1			Situational
190	NTE	Claim Note	O	20			Situational
LOOP ID - 2310A					<u>2</u>	<u>N2/250L</u>	
250	NM1	Referring Provider Name	O	1		N2/250	Situational
255	PRV	Referring Provider Specialty Information	O	1			Situational
271	REF	Referring Provider Secondary Identification	O	5			Situational
LOOP ID - 2310B					<u>1</u>	<u>N2/250L</u>	
250	NM1	Rendering Provider Name	O	1		N2/250	Situational
255	PRV	Rendering Provider Specialty Information	O	1			Situational
271	REF	Rendering Provider Secondary Identification	O	5			Situational
LOOP ID - 2310C					<u>1</u>	<u>N2/250L</u>	
250	NM1	Service Facility Location	O	1		N2/250	Situational
271	REF	Service Facility Location Secondary Identification	O	5			Situational
LOOP ID - 2310D					<u>1</u>	<u>N2/250L</u>	
250	NM1	Assistant Surgeon Name	O	1		N2/250	Situational
255	PRV	Assistant Surgeon Specialty Information	O	1			Situational
271	REF	Assistant Surgeon Secondary Identification	O	1			Situational
LOOP ID - 2320					<u>10</u>	<u>N2/290L</u>	
290	SBR	Other Subscriber Information	O	1		N2/290	Situational
295	CAS	Claim Adjustment	O	5			Situational
300	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1			Situational
300	AMT	Coordination of Benefits (COB) Approved Amount	O	1			Situational
300	AMT	Coordination of Benefits (COB) Allowed Amount	O	1			Situational
300	AMT	Coordination of Benefits (COB) Patient Responsibility Amount	O	1			Situational
300	AMT	Coordination of Benefits (COB) Covered Amount	O	1			Situational
300	AMT	Coordination of Benefits (COB) Discount Amount	O	1			Situational
300	AMT	Coordination of Benefits (COB) Patient Paid Amount	O	1			Situational
305	DMG	Other Insured Demographic Information	O	1			Situational
310	OI	Other Insurance Coverage Information	O	1			Required
LOOP ID - 2330A					<u>1</u>	<u>N2/325L</u>	
325	NM1	Other Subscriber Name	O	1		N2/325	Required
332	N3	Other Subscriber Address	O	1			Situational
340	N4	Other Subscriber City/State/Zip Code	O	1			Situational
355	REF	Other Subscriber Secondary Identification	O	3			Situational

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2330B					<u>1</u>	<u>N2/325L</u>	
325	NM1	Other Payer Name	O	1		N2/325	Required
345	PER	Other Payer Contact Information	O	2			Situational
350	DTP	Claim Paid Date	O	1			Situational
355	REF	Other Payer Secondary Identifier	O	3			Situational
355	REF	Other Payer Prior Authorization or Referral Number	O	2			Situational
355	REF	Other Payer Claim Adjustment Indicator	O	1			Situational
LOOP ID - 2330C					<u>1</u>	<u>N2/325L</u>	
325	NM1	Other Payer Patient Information	O	1		N2/325	Situational
355	REF	Other Payer Patient Identification	O	3			Situational
LOOP ID - 2330D					<u>1</u>	<u>N2/325L</u>	
325	NM1	Other Payer Referring Provider	O	1		N2/325	Situational
355	REF	Other Payer Referring Provider Identification	O	3			Situational
LOOP ID - 2330E					<u>1</u>	<u>N2/325L</u>	
325	NM1	Other Payer Rendering Provider	O	1		N2/325	Situational
355	REF	Other Payer Rendering Provider Identification	O	3			Situational
LOOP ID - 2400					<u>50</u>	<u>N2/365L</u>	
365	LX	Line Counter	O	1		N2/365	Required
380	SV3	Dental Service	O	1			Required
382	TOO	Tooth Information	O	32			Situational
455	DTP	Date - Service	O	1			Situational
455	DTP	Date - Prior Placement	O	1			Situational
455	DTP	Date - Appliance Placement	O	1			Situational
455	DTP	Date - Replacement	O	1			Situational
460	QTY	Anesthesia Quantity	O	5			Situational
470	REF	Service Predetermination Identification	O	1			Situational
470	REF	Prior Authorization or Referral Number	O	2			Situational
470	REF	Line Item Control Number	O	1			Situational
475	AMT	Approved Amount	O	1			Ignored
475	AMT	Sales Tax Amount	O	1			Situational
485	NTE	Line Note	O	10			Situational
LOOP ID - 2420A					<u>1</u>	<u>N2/500L</u>	
500	NM1	Rendering Provider Name	O	1		N2/500	Situational
505	PRV	Rendering Provider Specialty Information	O	1			Situational
525	REF	Rendering Provider Secondary Identification	O	5			Situational
LOOP ID - 2420B					<u>1</u>	<u>N2/500L</u>	
500	NM1	Other Payer Prior Authorization or Referral Number	O	1		N2/500	Situational
525	REF	Other Payer Prior Authorization or Referral	O	2			Situational

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u> Number	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2420C					1	N2/500L	
500	NM1	Assistant Surgeon Name	O	1		N2/500	Situational
505	PRV	Assistant Surgeon Specialty Information	O	1			Situational
525	REF	Assistant Surgeon Secondary Identification	O	1			Situational
555	SE	Transaction Set Trailer	M	1			Required

Notes:

- 1/020L Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.
- 1/020 Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.
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- 2/015L Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.
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- 2/015 Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.
- 2/250L Loop 2310 contains information about the rendering, referring, or attending provider.
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- 2/250L Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/250 Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/290L Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber,

- Subscriber of the Other Insurance Carriers, School or Employer Information for that Subscriber.
- 2/290 Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber, Subscriber of the Other Insurance Carriers, School or Employer Information for that Subscriber.
- 2/325L Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.
- 2/325 Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.
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- 2/325L Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.
- 2/325 Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.
- 2/365L Loop 2400 contains Service Line information.
- 2/365 Loop 2400 contains Service Line information.
- 2/500L Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.
- 2/500 Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.
- 2/500L Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.
- 2/500 Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.
- 2/500L Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.
- 2/500 Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.

1. The 837 transaction is designed to transmit one or more claims for each billing provider. The hierarchy of the looping structure is as follows: billing provider, subscriber, patient, claim level, and claim service line level. Billing providers who sort claims using this hierarchy use the 837 more efficiently because information that applies to all lower levels in the hierarchy does not have to be repeated within the transaction.
2. The developers of this implementation guide also recommend this standard for submitting similar data within a prepaid managed care context. Referred to as "capitated encounters," this data usually does not result in a payment, though it is possible to submit a mixed claim that includes both prepaid and request for payment services. This standard allows for the submission of data from providers of health care products and services to a Managed Care Organization or other payer. This standard may be used by payers to share data with plan sponsors, employers, regulatory entities, and Community Health Information Networks.
3. This standard also can be used as a transaction set in support of the Coordination of Benefits (COB) claims process. Additional looped segments can be used within both the claim and service line levels to transfer each payer's adjudication information to subsequent payers.

ST Transaction Set Header

Pos: 005	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	Transaction Set Identifier Code Description: Code uniquely identifying a Transaction Set Code Name 837 Health Care Claim <i>REQUIRED</i>	M	ID	3/3	Required
ST02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set Alias: <i>Transaction Set Control Number</i> <i>The Transaction Set Control Numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Submitters could begin sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges.</i>	M	AN	4/9	Required

Semantics:

1. The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).

Example:

ST*837*987654~

BHT Beginning of Hierarchical Transaction

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 6

User Option (Usage): Required

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT01	1005	Hierarchical Structure Code	M	ID	4/4	Required
		Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set				
		Code Name				
		0019 Information Source, Subscriber, Dependent				
BHT02	353	Transaction Set Purpose Code	M	ID	2/2	Required
		Description: Code identifying purpose of transaction set				
		NSF Reference: AA0-23.0				
		<i>BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms "original" and "reissue" refer to the electronic transmission status of the 837 batch, not the billing status.</i>				
		Code Name				
		00 Original				
		<i>Original transmission are claims/encounters which have never been sent to the receiver. Generally, nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original.</i>				
		18 Reissue				
		<i>In the case where a transmission was disrupted, the receiver can request that the batch be sent again. Use "Reissue" when resending transmission batches that have been previously sent.</i>				
BHT03	127	Reference Identification	O	AN	1/30	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Industry: Originator Application Transaction Identifier				
		NSF Reference: AA0-05.0				
		<i>The inventory file number of the transmission assigned by the submitter's system. This number operates as a batch control number. It may or may not be identical to the number carried in the ST02.</i>				
BHT04	373	Date	O	DT	8/8	Required
		Description: Date expressed as CCYYMMDD				
		Industry: Transaction Set Creation Date				
		NSF Reference: AA0-15.0				
		<i>Use this date to identify the date on which the submitter created the file.</i>				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BHT05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) Industry: <i>Transaction Set Creation Time</i> NSF Reference: AA0-16.0 <i>Use the time to identify the time of day that the submitter created the file.</i>	O	TM	4/8	Required
BHT06	640	Transaction Type Code Description: Code specifying the type of transaction Industry: <i>Claim or Encounter Identifier</i> Alias: <i>Claim or Encounter Indicator</i> <i>Although this element is required, submitters are not necessarily required to accurately batch claims and encounters at this level. Generally, CH is used for claims and RP is used for encounters. However, use "CH" if an ST-SE envelope contains both claims and encounters. Some trading partner agreements may specify using only one code.</i> Code Name CH Chargeable <i>Use this code when the transmission contains only Fee-for-service claims or claims with at least one chargeable item. If it is not clear whether a transaction is a claim or an encounter, the developers of this implementation guide recommend submitting the transaction as a claim.</i>	O	ID	2/2	Required

Semantics:

1. BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.
2. BHT04 is the date the transaction was created within the business application system.
3. BHT05 is the time the transaction was created within the business application system.

Example:

BHT*0019*00*0123*19980108*0932*CH~

REF Transmission Type Identification

Pos: 015	Max: 1
Heading - Optional	
Loop: N/A	Elements: 2

User Option (Usage): Required

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name 87 Functional Category				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: <i>Transmission Type Code</i>				
		<i>When piloting the transaction set, this value is 004010X097DA1.</i>				
		<i>When sending the transaction set in a production mode, this value is 004010X097A1.</i>				

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. The information carried in this REF is identical to that carried in the GS08. Because the commercial translator community is roughly evenly split on where they look for the implementation guide type, this number is carried in both places.

Example:

REF*87*004010X097A1~

Loop 1000A

Pos: 020	Repeat: 1
	Optional
Loop: 1000A	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
020	NM1	Submitter Name	O	1		Required
045	PER	Submitter Contact Information	O	2		Required

Semantics:

- NM102 qualifies NM103.

Comments:

- NM110 and NM111 further define the type of entity in NM101.

Notes:

- See Section 2.4, Loop ID-1000 for a detailed description about using Loop ID-1000. Ignore the Set Notes below.
- Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
- The example in this NM1 and the subsequent N2 demonstrates how a name that is more than 35 characters long could be handled between the NM1 and N2 segments.

Example:

NM1*41*2*CRAMMER, DOLE, PALMER, AND JOHANSON*****46*W7933THU~

NM1 Submitter Name

Pos: 020	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 7

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name 41 Submitter	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Submitter Last or Organization Name Alias: Submitter Name NSF Reference: AA0-06.0	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: Submitter First Name Alias: Submitter Name <i>Required if NM102 = 1 (person).</i>	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Submitter Middle Name Alias: Submitter Name <i>Required if NM102 = 1 and the middle name/initial of the person is known.</i>	O	AN	1/25	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name 46 Electronic Transmitter Identification Number (ETIN) <i>Established by trading partner agreement.</i>	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Submitter Identifier Alias: Submitter Primary Identification Number NSF Reference: AA0-02.0, ZA0-02.0	C	AN	2/80	Required

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. See Section 2.4, Loop ID-1000 for a detailed description about using Loop ID-1000. Ignore the Set Notes below.
2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
3. The example in this NM1 and the subsequent N2 demonstrates how a name that is more than 35 characters long could be handled between the NM1 and N2 segments.

Example:

NM1*41*2*CRAMMER, DOLE, PALMER, AND JOHANSON*****46*W7933THU~

PER Submitter Contact Information

Pos: 045	Max: 2
Heading - Optional	
Loop: 1000A	Elements: 8

User Option (Usage): Required

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

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named Code Name IC Information Contact	M	ID	2/2	Required
PER02	93	Name Description: Free-form name Industry: <i>Submitter Contact Name</i> NSF Reference: <i>AA0-13.0</i> <i>Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).</i>	O	AN	1/60	Required
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name ED Electronic Data Interchange Access Number EM Electronic Mail FX Facsimile TE Telephone	C	ID	2/2	Required
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable NSF Reference: <i>AA0-14.0</i>	C	AN	1/80	Required
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number <i>Used at the discretion of the submitter.</i> Code Name ED Electronic Data Interchange Access Number EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	C	ID	2/2	Situational
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable <i>Used at the discretion of the submitter.</i>	C	AN	1/80	Situational
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number <i>Used at the discretion of the submitter.</i> Code Name	C	ID	2/2	Situational

- ED Electronic Data Interchange Access Number
- EM Electronic Mail
- EX Telephone Extension
- FX Facsimile
- TE Telephone

PER08 364 **Communication Number** C AN 1/80 Situational

Description: Complete communications number including country or area code when applicable

Used at the discretion of the submitter.

Syntax:

1. P0304 - If either PER03,PER04 is present, then all are required
2. P0506 - If either PER05,PER06 is present, then all are required
3. P0708 - If either PER07,PER08 is present, then all are required

Notes:

1. This segment is used to identify the EDI contact person.
2. Each communication number should always include the area code. The extension, when applicable, should be included in the appropriate PER element immediately after the telephone number (e.g., if the telephone number is included in the PER04, then the extension should be in the PER06).
3. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
4. By definition of the standard, if PER03 is used, PER04 is required.

Example:

PER*IC*JANE DOE*TE*9005555555~

Loop 1000B

Pos: 020	Repeat: 1
	Optional
Loop: 1000B	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
020	NM1	Receiver Name	O	1		Required

Semantics:

- NM102 qualifies NM103.

Comments:

- NM110 and NM111 further define the type of entity in NM101.

Notes:

- Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

NM1*40*2*Military Medical Support Office*****46*12-912-9198~

NM1 Receiver Name

Pos: 020	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name 40 Receiver	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Receiver Name MMSO User Note: Value must be "Military Medical Support Office"	O	AN	1/35	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name 46 Electronic Transmitter Identification Number (ETIN)	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Receiver Primary Identifier Alias: Receiver Primary Identification Number NSF Reference: AA0-17.0, ZA0-04.0 MMSO User Note: Value must be MMSO's DUNS number "12-912-9198"	C	AN	2/80	Required

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

NM1*40*2*Military Medical Support Office*****46*12-912-9198~

Loop 2000A

Pos: 001	Repeat: >1
Mandatory	
Loop: 2000A	Elements: N/A

To identify dependencies among and the content of hierarchically related groups of data segments

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
001	HL	Billing/Pay-to Provider Hierarchical Level	M	1		Required
003	PRV	Billing/Pay-to Provider Specialty Information	O	1		Situational
010	CUR	Foreign Currency Information	O	1		Ignored
015		Loop 2010AA	O		1	Required
015		Loop 2010AB	O		1	Ignored

Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:

1. Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BB. The Billing Provider entity may be a health care provider, a billing service or some other representative of the provider.
2. The NSF fields shown in Loop ID-2010AA and Loop ID-2010AB are intended to carry the billing provider information, not billing service information. Refer to your NSF manual for proper use of these fields. If Loop 2010AA contains information on a billing service (rather than a billing provider), do not map the information in that loop to the NSF billing provider fields for Medicare claims.
3. The Billing/Pay-to Provider HL may contain information about the Pay-to Provider entity. If the Pay-to Provider entity is the same as the Billing Provider entity, then only use Loop ID-2010AA.
4. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
5. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Billing/Pay-to Provider Hierarchical Level loops; there is an implied maximum of 5000.
6. If the Billing or Pay-to Provider is also the Rendering Provider and Loop ID-2310A is not used, the Loop ID-2000 PRV must be used to indicate which entity (Billing or Pay-to) is the Rendering Provider.

Example:

HL *1**20*1~

HL Billing/Pay-to Provider Hierarchical Level

Pos: 001	Max: 1
Detail - Mandatory	
Loop: 2000A	Elements: 3

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure <i>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.</i>	M	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
		Code Name 20 Information Source				
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required
		Code Name 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.				

Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:

1. Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BB. The Billing Provider entity may be a health care provider, a billing service or some other representative of the provider.
2. The NSF fields shown in Loop ID-2010AA and Loop ID-2010AB are intended to carry the billing provider information, not billing service information. Refer to your NSF manual for proper use of these fields. If Loop 2010AA contains information on a billing service (rather than a billing provider), do not map the information in that loop to the NSF billing provider fields for Medicare claims.
3. The Billing/Pay-to Provider HL may contain information about the Pay-to Provider entity. If the Pay-to Provider entity is the same as the Billing Provider entity, then only use Loop ID-2010AA.
4. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

5. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Billing/Pay-to Provider Hierarchical Level loops; there is an implied maximum of 5000.
6. If the Billing or Pay-to Provider is also the Rendering Provider and Loop ID-2310A is not used, the Loop ID-2000 PRV must be used to indicate which entity (Billing or Pay-to) is the Rendering Provider.

Example:

HL *1**20*1~

PRV Billing/Pay-to Provider Specialty Information

Pos: 003	Max: 1
Detail - Optional	
Loop: 2000A	Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PRV01	1221	Provider Code Description: Code identifying the type of provider	M	ID	1/3	Required
		Code Name BI Billing				
PRV02	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name ZZ Mutually Defined				
<p><i>ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ANSI ASC X12N TG2 WG15.</i></p>						
PRV03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN	1/30	Required
		Industry: Provider Taxonomy Code				
		Alias: Provider Specialty Code				
		NSF Reference: BA0-22.0				
		ExternalCodeList				
		Name: HCPT				
		Description: Health Care Provider Taxonomy				

Notes:

1. Required when adjudication is known to be impacted by the provider taxonomy code, and the Rendering Provider is the same entity as the Billing and/or Pay-to Provider. In these cases, the Rendering Provider is being identified at this level for all subsequent claims/encounters in this HL and Loop ID-2310B is not used.
2. If the Billing or Pay-to Provider is also the Rendering Provider, and Loop 2310B is not used, this PRV segment is required.
3. This PRV is not used when the Billing or Pay-to Provider is a group and the individual Rendering Provider is in Loop ID-2310B. The PRV segment is then coded with the Rendering Provider in Loop ID-2310B.
4. PRV02 qualifies PRV03.

Example:

PRV*BI*ZZ*1223S0112Y~

CUR Foreign Currency Information

Pos: 010	Max: 1
Detail - Optional	
Loop: 2000A	Elements: 2

User Option (Usage): Ignored

To specify the currency (dollars, pounds, francs, etc.) used in a transaction

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CUR01	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name 85 Billing Provider	M	ID	2/3	Required
CUR02	100	Currency Code Description: Code (Standard ISO) for country in whose currency the charges are specified CODE SOURCE: 5: Countries, Currencies and Funds ExternalCodeList Name: 5 Description: Countries, Currencies and Funds	M	ID	3/3	Required

Syntax:

1. C0807 - If CUR08 is present, then all of CUR07 are required
2. C0907 - If CUR09 is present, then all of CUR07 are required
3. L101112 - If CUR10 is present, then at least one of CUR11,CUR12 is required
4. C1110 - If CUR11 is present, then all of CUR10 are required
5. C1210 - If CUR12 is present, then all of CUR10 are required
6. L131415 - If CUR13 is present, then at least one of CUR14,CUR15 is required
7. C1413 - If CUR14 is present, then all of CUR13 are required
8. C1513 - If CUR15 is present, then all of CUR13 are required
9. L161718 - If CUR16 is present, then at least one of CUR17,CUR18 is required
10. C1716 - If CUR17 is present, then all of CUR16 are required
11. C1816 - If CUR18 is present, then all of CUR16 are required
12. L192021 - If CUR19 is present, then at least one of CUR20,CUR21 is required
13. C2019 - If CUR20 is present, then all of CUR19 are required
14. C2119 - If CUR21 is present, then all of CUR19 are required

Comments:

1. See Figures Appendix for examples detailing the use of the CUR segment.

Notes:

1. The developers of this implementation guide added the CUR segment to allow billing providers and billing services to submit claims for services provided in foreign countries. The absence of the CUR segment indicates that the claim is submitted in the currency that is normally used by the receiver for processing claims. For example, claims submitted by United States (U.S.) providers to U.S. receivers are assumed to be in U.S. dollars. Claims submitted by Canadian providers to Canadian receivers are assumed to be in Canadian dollars.
2. In cases where COB is involved, adjudicated adjustments and amounts must also be in the currency indicated here.

Example:

CUR*85*CAN~

Loop 2010AA

Pos: 015	Repeat: 1
	Optional
Loop: 2010AA	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
015	NM1	Billing Provider Name	O	1		Required
020	N2	Additional Billing Provider Name Information	O	1		Situational
025	N3	Billing Provider Address	O	1		Required
030	N4	Billing Provider City/State/ZIP Code	O	1		Required
035	REF	Billing Provider Secondary Identification Number	O	5		Situational
035	REF	Claim Submitter Credit/Debit Card Information	O	8		Situational

Semantics:

- NM102 qualifies NM103.

Comments:

- NM110 and NM111 further define the type of entity in NM101.

Notes:

- Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use the loop. However, some payers do not accept claims from non-provider billing entities.
- Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

NM1*85*2*DENTAL ASSOCIATES*****34*123456789~

NM1 Billing Provider Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <i>Use this code to indicate billing provider, billing submitter and encounter reporting entity.</i> Code Name 85 Billing Provider <i>Use this code when the provider is a submitting provider in a capitated environment.</i>	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Billing Provider Last or Organizational Name</i> Alias: <i>Billing Provider Name</i>	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: <i>Billing Provider First Name</i> Alias: <i>Billing Provider Name</i> <i>Required if NM102 = 1 (person).</i>	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Billing Provider Middle Name</i> Alias: <i>Billing Provider Name</i> <i>Required if NM102 = 1 and the middle name/initial of the person is known.</i>	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Billing Provider Name Suffix</i> Alias: <i>Billing Provider Name</i> <i>Required if known.</i>	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name 24 Employer's Identification Number 34 Social Security Number	C	ID	1/2	Required

Code	Name				
NM109	67	Identification Code	C	AN	2/80 Required
Description: Code identifying a party or other code					
Industry: <i>Billing Provider Identifier</i>					
Alias:					
NSF Reference: <i>BA0-02.0, BA0-06.0, BA0-09.0, BA1-02.0, YA0-02.0, YA0-06.0</i>					
MMSO User Note: <i>Since there is no Health Care Financing Administration National Provider Identifier. Use the appropriate ID based on qualifier in NM108.</i>					
ExternalCodeList					
Name: 537					
Description: Health Care Financing Administration National Provider Identifier					

Syntax:

1. P0809 - If either NM108, NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use the loop. However, some payers do not accept claims from non-provider billing entities.
2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

NM1*85*2*DENTAL ASSOCIATES*****34*123456789~

N2 Additional Billing Provider Name Information

Pos: 020	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 1

User Option (Usage): Situational

To specify additional names or those longer than 35 characters in length

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N201	93	Name	M	AN	1/60	Required
		Description: Free-form name				
		Industry: <i>Billing Provider Additional Name</i>				

Notes:

1. Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

Example:

N2*N ASSOCIATES, INC~

N3 Billing Provider Address

Pos: 025	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Required

To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: Billing Provider Address Line Alias: Billing Provider Address 1 NSF Reference: BA1-07.0, BA1-13.0	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: Billing Provider Address Line Alias: Billing Provider Address 1 NSF Reference: BA1-08.0, BA1-14.0 Required if a second address line exists.	O	AN	1/55	Situational

Example:

N3*225 MAIN STREET*BARKLEY BUILDING~

N4 Billing Provider City/State/ZIP Code

Pos: 030	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 4

User Option (Usage): Required

To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: <i>Billing Provider City Name</i> Alias: <i>Billing Provider's City</i> NSF Reference: <i>BA1-09.0, BA1-15.0</i>	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Billing Provider State or Province Code</i> Alias: <i>Billing Provider's State</i> CODE SOURCE: <i>22: States and Outlying Areas of the U.S.</i> NSF Reference: <i>BA1-16.0, BA1-10.0</i> ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: <i>Billing Provider Postal Zone or ZIP Code</i> Alias: <i>Billing Provider's ZIP Code</i> CODE SOURCE: <i>51: ZIP Code</i> NSF Reference: <i>BA1-11.0, BA1-17.0</i> ExternalCodeList Name: 51 Description: ZIP Code	O	ID	3/15	Required
N404	26	Country Code Description: Code identifying the country Alias: <i>Billing Provider Country Code</i> CODE SOURCE: <i>5: Countries, Currencies and Funds</i> <i>Required if the address is out of the U.S.</i> ExternalCodeList Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational

Syntax:

1. C0605 - If N406 is present, then all of N405 are required

Comments:

1. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2. N402 is required only if city name (N401) is in the U.S. or Canada.

Example:

N4*CENTERVILLE*PA*17111~

REF Billing Provider Secondary Identification Number

Pos: 035	Max: 5
Detail - Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name 0B State License Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number 1C Medicare Provider Number 1D Medicaid Provider Number 1E Dentist License Number 1H CHAMPUS Identification Number EI Employer's Identification Number G2 Provider Commercial Number G5 Provider Site Number LU Location Number SY Social Security Number <i>The Social Security Number may not be used for Medicare.</i> TJ Federal Taxpayer's Identification Number	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Billing Provider Additional Identifier Alias: Billing Provider's Secondary Identification Number NSF Reference: BA0-02.0, BA0-06.0, BA0-08.0, BA0-09.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, BA0-17.0, BA0-24.0, CA0-28.0, YA0-06.0	C	AN	1/30	Required

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in the NM109.
2. If the reason the number is being used in this REF can be met by the NPI, carried in the NM108/NM109 of this loop, then this REF is not used.
3. If code "XX - NPI" is used in the NM108/NM109 of this loop, then either the Employer's Identification Number, Social Security Number or Federal Tax Identification Number of the Provider must be carried in this REF.

Example:

REF*SY*111222333~

REF Claim Submitter Credit/Debit Card Information

Pos: 035	Max: 8
Detail - Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		06 System Number				
		8U Bank Assigned Security Identifier				
		EM Electronic Payment Reference Number				
		IJ Standard Industry Classification (SIC) Code				
		LU Location Number				
		RB Rate code number				
		ST Store Number				
		TT Terminal Code				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: Billing Provider Credit Card Identifier				

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. See Appendix G for use of this segment.
2. The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the service to remove this segment before forwarding the claim to the payer.

Example:

REF*8U*1112223333~

Loop 2010AB

Pos: 015	Repeat: 1
	Optional
Loop: 2010AB	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
015	NM1	Pay-to Provider's Name	O	1		Situational
020	N2	Additional Pay-to Provider Name Information	O	1		Situational
025	N3	Pay-to Provider's Address	O	1		Required
030	N4	Pay-to Provider City/State/Zip	O	1		Required
035	REF	Pay-to Provider Secondary Identification Number	O	5		Situational

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. If the billing provider and the pay-to provider are the same entity, then it is not necessary to put in the pay-to-provider loop.
2. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

NM1*87*1*JONES*WILLIAM****XX*0987654321~

MMSO User Note:

Pay-to Providers will be ignored. The provider who expects to get paid for the claim must be in the Billing Provider loop.

NM1 Pay-to Provider's Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name	M	ID	2/3	Required
NM102	1065	87 Pay-to Provider Entity Type Qualifier Description: Code qualifying the type of entity Code Name	M	ID	1/1	Required
		1 Person <i>If person is used and if the pay-to provider is the same as the rendering provider, then it is not necessary to use the rendering provider NM1 loop at the claim (2300) loop.</i>				
		2 Non-Person Entity <i>If non-person entity is used, then the rendering provider NM1 loop (Loop 2310B) should be used to supply the name of the rendering (warm body) provider.</i>				
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Pay-to Provider Last or Organizational Name NSF Reference: BA0-18.0, BA0-19.0 <i>Pay-to Provider Last Name or Organization Name</i>	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: Pay-to Provider First Name NSF Reference: BA0-20.0 <i>Pay-to Provider First Name Required if NM102 = 1 (person).</i>	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Pay-to Provider Middle Name NSF Reference: BA0-21.0 <i>Pay-to Provider Middle Initial Required if NM102 = 1 and the middle name/initial of the person is known.</i>	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Pay-to Provider Name Suffix <i>Pay-to Provider Name Suffix Required if known.</i>	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier	C	ID	1/2	Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Description: Code designating the system/method of code structure used for Identification Code (67) <i>If "XX - NPI" is used, then either the Employer's Identification Number, Social Security Number or Federal Tax Identification Number of the Provider must be carried in the REF in this loop.</i>				
		Code Name 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier				
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Pay-to Provider Identifier</i> NSF Reference: <i>BA0-09.0, CA0-28.0, BA0-02.0, BA1-02.0, YA0-02.0, YA0-06.0</i> <i>Pay-to Provider's Primary Identification Number</i> ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier	C	AN	2/80	Required

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. *If the billing provider and the pay-to provider are the same entity, then it is not necessary to put in the pay-to-provider loop.*
2. *Because the usage of this segment is "situational" this is not a syntatically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.*

Example:

NM1*87*1*JONES*WILLIAM****XX*0987654321~

N2 Additional Pay-to Provider Name Information

Pos: 020	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 1

User Option (Usage): Situational

To specify additional names or those longer than 35 characters in length

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N201	93	Name	M	AN	1/60	Required
		Description: Free-form name				
		Industry: Pay-to Provider Additional Name				

Notes:

1. Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names.

Example:

N2*N ASSOCIATES, INC~

N3 Pay-to Provider's Address

Pos: 025	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 2

User Option (Usage): Required

To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: Pay-to Provider Address Line Alias: Pay-to Provider's Address 1 NSF Reference: BA1-07.0, BA1-13.0	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: Pay-to Provider Address Line Alias: Pay-to Provider's Address 2 NSF Reference: BA1-08.0, BA1-14.0 Required if second address line exists.	O	AN	1/55	Situational

Example:

N3*225 MAIN STREET*BARKLEY BUILDING~

N4 Pay-to Provider City/State/Zip

Pos: 030	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 4

User Option (Usage): Required

To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: Pay-to Provider City Name Alias: Pay-to Provider's City NSF Reference: BA1-09.0, BA1-15.0	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Pay-to Provider State Code Alias: Pay-to Provider's State CODE SOURCE: 22: States and Outlying Areas of the U.S. NSF Reference: BA1-16.0, BA1-10.0 ExternalCodeList Name: 22	O	ID	2/2	Required
N403	116	Postal Code Description: States and Outlying Areas of the U.S. Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Pay-to Provider Postal Zone or ZIP Code Alias: Pay-to Provider's Zip Code CODE SOURCE: 51: ZIP Code NSF Reference: BA1-17.0 ExternalCodeList Name: 51	O	ID	3/15	Required
N404	26	Country Code Description: ZIP Code Description: Code identifying the country Alias: Pay-to Provider country code CODE SOURCE: 5: Countries, Currencies and Funds <i>Required if the address is out of the U.S.</i> ExternalCodeList Name: 5	O	ID	2/3	Situational
		Description: Countries, Currencies and Funds				

Syntax:

1. C0605 - If N406 is present, then all of N405 are required

Comments:

1. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2. N402 is required only if city name (N401) is in the U.S. or Canada.

Example:

*N4*CENTERVILLE*PA*17111~*

REF Pay-to Provider Secondary Identification Number

Pos: 035	Max: 5
Detail - Optional	
Loop: 2010AB	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		0B State License Number				
		1A Blue Cross Provider Number				
		1B Blue Shield Provider Number				
		1C Medicare Provider Number				
		1D Medicaid Provider Number				
		1E Dentist License Number				
		1H CHAMPUS Identification Number				
		EI Employer's Identification Number				
		G2 Provider Commercial Number				
		G5 Provider Site Number				
		LU Location Number				
		SY Social Security Number				
		<i>The Social Security Number may not be used for Medicare.</i>				
		TJ Federal Taxpayer's Identification Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: Pay-to Provider Identifier				
		NSF Reference: BA0-02.0, BA0-06.0, BA0-09.0, BA0-10.0, BA0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, BA0-17.0, BA0-24.0, BA0-25.0, BA1-02.0, CA0-28.0, YA0-02.0, YA0-06.0				

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in the NM108/109 of this loop.
2. If the reason the number is being used in this REF can be met by the NPI, carried in the NM108/NM109 of this loop, then this REF is not used.
3. If code "XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number, Social Security Number or Federal Tax Identification Number of the Provider must be carried in this REF. The number sent is the one which is used in the 1099. If additional numbers are needed in the REF it can be run up to 5 times.

Example:

REF*SY*111222333~

Loop 2000B

Pos: 001	Repeat: >1
	Mandatory
Loop: 2000B	Elements: N/A

To identify dependencies among and the content of hierarchically related groups of data segments

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
001	HL	Subscriber Hierarchical Level	M	1		Required
005	SBR	Subscriber Information	O	1		Required
015		Loop 2010BA	O		1	Required
015		Loop 2010BB	O		1	Required
015		Loop 2010BC	O		1	Situational
130		Loop 2300	O		100	Situational

Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:

1. If the subscriber and the patient are the same person, use this HL to identify the subscriber/patient, skip the subsequent (patient) HL and proceed directly to loop ID-2300.
2. The SUBSCRIBER HL contains information about the person who is listed as the subscriber/insured for the destination payer entity (Loop ID-2010BA). The Subscriber HL contains information identifying the Subscriber (Loop ID-2010BA) and his or her insurance (loop ID-2010BB). In addition, information about the credit/debit card holder is placed in this HL (loop ID-2010BC). The credit/debit card holder may or may not be the subscriber. See Appendix G, Credit/Debit card Use, for a description of using the loop ID-2010BC.
3. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Subscriber Hierarchical Level loops, there is an implied maximum of 5000.
4. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

HL*2*1*22*1~

HL Subscriber Hierarchical Level

Pos: 001	Max: 1
Detail - Mandatory	
Loop: 2000B	Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described <i>The claim loop (Loop ID-2300) can be used both when HL04 has no subordinate levels (HL04 = 0 or is not sent) or when HL04 has subordinate levels indicated (HL04=1). In the first case (HL04 = 0), the subscriber is the patient and there are no dependent claims. The second case (HL04 = 1) happens when claims/encounters for both the subscriber and a dependent of theirs are being sent under the same billing provider HL (e.g., a father and son are both involved in the same automobile accident and are treated by the same provider). In that case, the subscriber HL04 = 1 because there is a dependent to this subscriber, but the 2300 loop for the subscriber/patient (father) would begin after the subscriber HL. The dependent HL (son) would then be run and the 2300 loop for the dependent/patient would be run after that HL. HL04 = 1 would also be used when a claim/encounter for a only dependent is being sent.</i>	O	ID	1/1	Required
		Code Name				
		0 No Subordinate HL Segment in This Hierarchical Structure.				
		1 Additional Subordinate HL Data Segment in This Hierarchical Structure.				

Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.

2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:

1. If the subscriber and the patient are the same person, use this HL to identify the subscriber/patient, skip the subsequent (patient) HL and proceed directly to loop ID-2300.
2. The SUBSCRIBER HL contains information about the person who is listed as the subscriber/insured for the destination payer entity (Loop ID-2010BA). The Subscriber HL contains information identifying the Subscriber (Loop ID-2010BA) and his or her insurance (loop ID-2010BB). In addition, information about the credit/debit card holder is placed in this HL (loop ID-2010BC). The credit/debit card holder may or may not be the subscriber. See Appendix G, Credit/Debit card Use, for a description of using the loop ID-2010BC.
3. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Subscriber Hierarchical Level loops, there is an implied maximum of 5000.
4. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

HL*2*1*22*1~

SBR Subscriber Information

Pos: 005	Max: 1
Detail - Optional	
Loop: 2000B	Elements: 6

User Option (Usage): Required

To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SBR01	1138	Payer Responsibility Sequence Number Code Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim Code Name P Primary NSF Reference: DA0-02.0-Pri	M	ID	1/1	Required
SBR02	1069	Individual Relationship Code Description: Code indicating the relationship between two individuals or entities NSF Reference: DA0-17.0 <i>Required when the subscriber is the same person as the patient. If the subscriber is not the same person as the patient, do not use this element.</i>	O	ID	2/2	Situational
SBR03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Insured Group or Policy Number NSF Reference: DA0-10.0 <i>Required if the subscriber's payer identification includes Group or Plan Number. This data element is intended to carry the subscriber's Group Number, not the number that uniquely identifies the subscriber (Subscriber ID, Loop 2010BA-NM109).</i>	O	AN	1/30	Situational
SBR04	93	Name Description: Free-form name Industry: Insured Group Name Alias: Plan Name NSF Reference: DA0-11.0 <i>Required if the Subscriber's payer identification includes Plan Name.</i>	O	AN	1/60	Situational
SBR06	1143	Coordination of Benefits Code Description: Code identifying whether there is a coordination of benefits Code Name 6 No Coordination of Benefits	O	ID	1/1	Situational
SBR09	1032	Claim Filing Indicator Code	O	ID	1/2	Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Description: Code identifying type of claim <i>Required prior to mandated use of PlanID. Not used after PlanID is mandated.</i>				
		Code Name				
	09	Self-pay NSF Reference: <i>DA0-05.0 (A)</i>				
	11	Other Non-Federal Programs <i>Should be used to indicate that the subscriber is enrolled in a state program.</i>				
	12	Preferred Provider Organization (PPO)				
	13	Point of Service (POS)				
	14	Exclusive Provider Organization (EPO)				
	15	Indemnity Insurance				
	16	Health Maintenance Organization (HMO) Medicare Risk				
	17	Dental Maintenance Organization				
	BL	Blue Cross/Blue Shield NSF Reference: <i>CA0-23.0 (G), DA0-05.0 (G), CA0-23.0 (P), DA0-05.0 (P)</i>				
	CH	Champus NSF Reference: <i>CA0-23.0 (H), DA0-05.0 (H)</i>				
	CI	Commercial Insurance Co. NSF Reference: <i>CA0-23.0 (F), DA0-05.0 (F)</i>				
	DS	Disability				
	FI	Federal Employees Program NSF Reference: <i>CA0-23.0 (J), DA0-05.0 (J)</i>				
	HM	Health Maintenance Organization NSF Reference: <i>CA0-23.0 (I), DA0-05.0 (I)</i>				
	LM	Liability Medical				
	MB	Medicare Part B NSF Reference: <i>CA0-23.0 (C), DA0-05.0 (C)</i>				
	MC	Medicaid NSF Reference: <i>CA0-23.0 (D), DA0-05.0 (D)</i>				
	MH	Managed Care Non-HMO NSF Reference: <i>DA0-05.0 (N)</i>				
	OF	Other Federal Program NSF Reference: <i>CA0-23.0 (E), DA0-05.0 (E)</i>				
	SA	Self-administered Group NSF Reference: <i>CA0-23.0 (E), DA0-05.0 (E)</i>				
	VA	Veteran Administration Plan NSF Reference: <i>DA0-05.0 (V)</i>				
	WC	Workers' Compensation Health Claim NSF Reference: <i>CA0-23.0 (Z), DA0-05.0 (Z)</i>				
	ZZ	Mutually Defined <i>Unknown</i> NSF Reference: <i>CA0-23.0 (Z), DA0-05.0 (Z)</i>				

Semantics:

1. SBR02 specifies the relationship to the person insured.
2. SBR03 is policy or group number.
3. SBR04 is plan name.
4. SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.

Example:

```
SBR*P**GRP01020102***6***CI~
```

Loop 2010BA

Pos: 015	Repeat: 1
	Optional
Loop: 2010BA	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
015	NM1	Subscriber Name	O	1		Required
025	N3	Subscriber Address	O	1		Situational
030	N4	Subscriber City/State/ZIP Code	O	1		Situational
032	DMG	Subscriber Demographic Information	O	1		Situational
035	REF	Subscriber Secondary Identification	O	4		Situational
035	REF	Property and Casualty Claim Number	O	1		Situational

Semantics:

- NM102 qualifies NM103.

Comments:

- NM110 and NM111 further define the type of entity in NM101.

Notes:

- In worker's compensation or other property and casualty claims, the "subscriber" may be a non-person entity (i.e., the employer). However, this varies by state.*
- Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.*

Example:

NM1*IL*1*DOE*JOHN*T**JR*MI*123456789~

NM1 Subscriber Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name IL Insured or Subscriber	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Subscriber Last Name</i> Alias: <i>Subscriber's Last Name</i> NSF Reference: <i>CA0-04.0, DA0-19.0</i>	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: <i>Subscriber First Name</i> Alias: <i>Subscriber's First Name</i> NSF Reference: <i>CA0-05.0, DA0-20.0</i> <i>Required if NM102 = 1 (person).</i>	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Subscriber Middle Name</i> Alias: <i>Subscriber's Middle Initial</i> NSF Reference: <i>CA0-06.0, DA0-21.0</i> <i>Required if NM102 = 1 and the middle name/initial of the person is known.</i>	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Subscriber Name Suffix</i> Alias: <i>Subscriber's Generation</i> NSF Reference: <i>CA0-07.0, DA0-22.0</i> <i>Examples: I, II, III, IV, Jr, Sr</i> <i>Required if known.</i>	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <i>Required if NM102 = 1 (person).</i> Code Name MI Member Identification Number	C	ID	1/2	Situational

Code Name

The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Therefore, the 837 Dental Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc. MI is also intended to be used in claims submitted to the Indian Health Service/Contract Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Tribe Residency Code (Tribe County State). In the event that a Social Security Number is also available on an IHS/CHS claim, put the SSN in the REF02.

NM109 67 **Identification Code** C AN 2/80 Situational

Description: Code identifying a party or other code

Industry: Subscriber Primary Identifier

NSF Reference: DA0-18.0

Required if NM102 = 1 (person).

MMSO User Note: This value must be the Patient's Social Security Number.

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. In worker's compensation or other property and casualty claims, the "subscriber" may be a non-person entity (i.e., the employer). However, this varies by state.
2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

NM1*IL*1*DOE*JOHN*T**JR*MI*123456789~

N3 Subscriber Address

Pos: 025	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: <i>Subscriber Address Line</i> Alias: <i>Subscriber's Address 1</i> NSF Reference: <i>CA0-11.0, DA2-04.0</i>	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: <i>Subscriber Address Line</i> Alias: <i>Subscriber's Address 2</i> NSF Reference: <i>CA0-12.0, DA2-05.0</i> <i>Required if second address line exists.</i>	O	AN	1/55	Situational

Notes:

1. Required when the patient is the same person as the subscriber. (Required when Loop ID-2000B, SBR02 = 18 (self)).

Example:

N3*125 CITY AVENUE~

N4 Subscriber City/State/ZIP Code

Pos: 030	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	City Name Description: Free-form text for city name Industry: <i>Subscriber City Name</i> Alias: <i>Subscriber's City</i> NSF Reference: <i>CA0-13.0, DA2-06.0</i>	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Subscriber State Code</i> Alias: <i>Subscriber's State</i> CODE SOURCE: <i>22: States and Outlying Areas of the U.S.</i> NSF Reference: <i>CA0-14.0, DA2-07.0</i> ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: <i>Subscriber Postal Zone or ZIP Code</i> Alias: <i>Subscriber's ZIP Code</i> CODE SOURCE: <i>51: ZIP Code</i> NSF Reference: <i>CA0-15.0, DA2-08.0</i> ExternalCodeList Name: 51 Description: ZIP Code	O	ID	3/15	Required
N404	26	Country Code Description: Code identifying the country CODE SOURCE: <i>5: Countries, Currencies and Funds</i> <i>Required if address is out of the U.S.</i> ExternalCodeList Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational

Syntax:

1. C0605 - If N406 is present, then all of N405 are required

Comments:

1. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2. N402 is required only if city name (N401) is in the U.S. or Canada.

Notes:

1. Required when the patient is the same person as the subscriber. (Required when Loop ID-2000B, SBR02 = 18 (self)).

Example:

N4*CENTERVILLE*PA*17111~

DMG Subscriber Demographic Information

Pos: 032	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 3

User Option (Usage): Situational

To supply demographic information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Required
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Subscriber Birth Date</i> Alias: <i>Date of Birth - Patient</i> NSF Reference: <i>CA0-08.0, DA0-24.0</i>	C	AN	1/35	Required
DMG03	1068	Gender Code Description: Code indicating the sex of the individual Industry: <i>Subscriber Gender Code</i> Alias: <i>Gender - Patient</i> NSF Reference: <i>CA0-09.0, DA0-23.0</i> Code Name F Female M Male U Unknown	O	ID	1/1	Required

Syntax:

1. P0102 - If either DMG01,DMG02 is present, then all are required

Semantics:

1. DMG02 is the date of birth.
2. DMG07 is the country of citizenship.
3. DMG09 is the age in years.

Notes:

1. Required when the patient is the same person as the subscriber. (Required when Loop ID-2000B, SBR02 = 18 (self)).

Example:

DMG*D8*19491117*M~

REF Subscriber Secondary Identification

Pos: 035	Max: 4
Detail - Optional	
Loop: 2010BA	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		1W Member Identification Number <i>May not be used when NM108 of this loop has a value of MI.</i>				
		23 Client Number <i>This code is intended to be used only in claims submitted to the Indian Health Service/Contract Health Service (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number.</i>				
		IG Insurance Policy Number				
		SY Social Security Number <i>The Social Security Number may not be used for Medicare.</i>				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Subscriber Supplemental Identifier</i>	C	AN	1/30	Required

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in the NM109 of this loop.

Example:

REF*1W*98765~

REF Property and Casualty Claim Number

Pos: 035	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name Y4 Agency Claim Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: <i>Property Casualty Claim Number</i>				

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. This is a property and casualty payer-assigned claim number. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer. See Section 4.2, Property and Casualty, for additional information about property and casualty claims.
2. In the case where the patient is the same person as the subscriber, the property and casualty claim number is placed in Loop ID-2010BA. In the case where the patient is a different person than the subscriber, this number is placed in Loop ID-2010CA. This number should be transmitted in only one place.

Example:

REF*Y4*4445555~

Loop 2010BB

Pos: 015	Repeat: 1
	Optional
Loop: 2010BB	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
015	NM1	Payer Name	O	1		Required
025	N3	Payer Address	O	1		Situational
030	N4	Payer City/State/ZIP Code	O	1		Situational
035	REF	Payer Secondary Identification Number	O	3		Situational

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
2. This is the destination payer.

Example:

NM1*PR*2*Military Medical Support Office*****PI*12-912-9198~

NM1 Payer Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010BB	Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name PR Payer	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Payer Name NSF Reference: DA0-09.0 MMSO User Note: Value must be "Military Medical Support Office".	O	AN	1/35	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name PI Payor Identification	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Payer Identifier Alias: Payer Primary Identification Number NSF Reference: DA0-07.0 MMSO User Note: Value must be MMSO's DUNS number "12-912-9198". ExternalCodeList Name: 540 Description: Health Care Financing Administration National PlanID	C	AN	2/80	Required

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
2. This is the destination payer.

Example:

*NM1*PR*2*Military Medical Support Office*****PI*12-912-9198~*

N3 Payer Address

Pos: 025	Max: 1
Detail - Optional	
Loop: 2010BB	Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: <i>Payer Address Line</i> Alias: <i>Payer's Address 1</i> NSF Reference: <i>DA1-04.0</i>	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: <i>Payer Address Line</i> Alias: <i>Payer's Address 2</i> NSF Reference: <i>DA1-05.0</i> <i>Required if a second address line exists.</i>	O	AN	1/55	Situational

Notes:

1. Payer Address is required when the Submitter intends for the claim to be printed to paper at the next EDI location (e.g., clearinghouse).

Example:

N3*225 MAIN STREET*BARKLEY BUILDING~

N4 Payer City/State/ZIP Code

Pos: 030	Max: 1
Detail - Optional	
Loop: 2010BB	Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: <i>Payer City Name</i> Alias: <i>Payer's City</i> NSF Reference: <i>DA1-06.0</i>	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Payer State Code</i> Alias: <i>Payer's State</i> CODE SOURCE: <i>22: States and Outlying Areas of the U.S.</i> NSF Reference: <i>DA1-07.0</i> <i>N402 is required only if city name (N401) is in the U.S. or Canada.</i> ExternalCodeList Name: 22	O	ID	2/2	Required
N403	116	Postal Code Description: States and Outlying Areas of the U.S. Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: <i>Payer Postal Zone or ZIP Code</i> Alias: <i>Payer's Zip Code</i> CODE SOURCE: <i>51: ZIP Code</i> NSF Reference: <i>DA1-08.0</i> ExternalCodeList Name: 51	O	ID	3/15	Required
N404	26	Country Code Description: ZIP Code Description: Code identifying the country Industry: <i>Payer Postal Zone or ZIP Code</i> Alias: <i>Payer Country Code</i> CODE SOURCE: <i>5: Countries, Currencies and Funds</i> <i>Required if the address is out of the U.S.</i> ExternalCodeList Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational

Syntax:

1. C0605 - If N406 is present, then all of N405 are required

Comments:

1. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

2. N402 is required only if city name (N401) is in the U.S. or Canada.

Notes:

1. Payer Address is required when the Submitter intends for the claim to be printed to paper at the next EDI location (e.g., clearinghouse).

Example:

N4*CENTERVILLE*PA*17111~

REF Payer Secondary Identification Number

Pos: 035	Max: 3
Detail - Optional	
Loop: 2010BB	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Alias: <i>Payer Secondary Identification Number</i> Code Name 2U Payer Identification Number <i>This code can be used to identify any payer's identification number (the payer can be Medicaid, A commercial payer, TPA, etc.). Whatever number is used has been defined between trading partners.</i> FY Claim Office Number NF National Association of Insurance Commissioners (NAIC) Code CODE SOURCE: <i>245: National Association of Insurance Commissioners (NAIC) Code</i> TJ Federal Taxpayer's Identification Number	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Payer Additional Identifier</i> NSF Reference: <i>DA0-08.0</i> ExternalCodeList Name: 245 Description: National Association of Insurance Commissioners (NAIC) Code	C	AN	1/30	Required

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Required if additional identification numbers are necessary to adjudicate the claim/encounter.

Example:

REF*2U*435261708~

Loop 2010BC

Pos: 015	Repeat: 1
	Optional
Loop: 2010BC	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
015	NM1	Credit/Debit Card Holder Name	O	1		Situational
035	REF	Credit/Debit Card Information	O	3		Situational

Semantics:

- NM102 qualifies NM103.

Comments:

- NM110 and NM111 further define the type of entity in NM101.

Notes:

- It is not intended that credit/debit card information be conveyed to a health care payer. Trading partners are responsible for ensuring that no federal or state privacy regulations are violated if credit/debit card information is carried in this transmission.*
- The information carried under this segment must never be sent to the payer. This information is only for use between a provider and service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment.*

Example:

NM1*AO*1*SMITH*JANE*L***MI*123456789~

NM1 Credit/Debit Card Holder Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010BC	Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Industry: <i>Location Qualifier</i>	M	ID	2/3	Required
		Code Name AO Account Of				
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Industry: <i>Loop Identifier Code</i>	M	ID	1/1	Required
		Code Name 1 Person 2 Non-Person Entity				
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Credit or Debit Card Holder Last or Organizational Name</i>	O	AN	1/35	Required
		Alias: <i>Credit/Debit Card Holder Name</i>				
NM104	1036	Name First Description: Individual first name Industry: <i>Entity Type Qualifier</i>	O	AN	1/25	Situational
		Alias: <i>Credit/Debit Card Holder Name</i> <i>Required if NM102 = 1 (person).</i>				
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Credit or Debit Card Holder Middle Name</i>	O	AN	1/25	Situational
		Alias: <i>Credit/Debit Card Holder Name</i> <i>Required if NM102 = 1 and middle name/initial is known.</i>				
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Credit or Debit Card Holder Name Suffix</i>	O	AN	1/10	Situational
		Alias: <i>Credit/Debit Card Holder Name</i> <i>Required is Known.</i>				
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name MI Member Identification Number	C	ID	1/2	Required

NM109	67	Code Name Identification Code	C	AN	2/80	Required
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Description: Code identifying a party or other code

Industry: *Credit or Debit Card Number*

Alias: *Credit/Debit Card Account Number*

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. *It is not intended that credit/debit card information be conveyed to a health care payer. Trading partners are responsible for ensuring that no federal or state privacy regulations are violated if credit/debit card information is carried in this transmission.*
2. *The information carried under this segment must never be sent to the payer. This information is only for use between a provider and service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment.*

Example:

*NM1*AO*1*SMITH*JANE*L***MI*123456789~*

REF Credit/Debit Card Information

Pos: 035	Max: 3
Detail - Optional	
Loop: 2010BC	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Alias: <i>Credit or Debit Card Authorization Number</i> Code Name	M	ID	2/3	Required
REF02	127	BB Authorization Number Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Credit or Debit Card Authorization Number</i>	C	AN	1/30	Required

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. The information carried under this segment must never be sent to the payer. This information is only for use between a provider and service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment.

Example:

REF*BB*11122233334~

Loop 2300

Pos: 130	Repeat: 100
	Optional
Loop: 2300	Elements: N/A

To specify basic data about the claim

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
130	CLM	Claim Information	O	1		Required
135	DTP	Date - Admission	O	1		Situational
135	DTP	Date - Discharge	O	1		Situational
135	DTP	Date - Referral	O	1		Situational
135	DTP	Date - Accident	O	1		Situational
135	DTP	Date - Appliance Placement	O	5		Situational
135	DTP	Date - Service	O	1		Situational
145	DN1	Orthodontic Total Months of Treatment	O	1		Situational
150	DN2	Tooth Status	O	35		Situational
155	PWK	Claim Supplemental Information	O	10		Situational
175	AMT	Patient Amount Paid	O	1		Situational
175	AMT	Credit/Debit Card - Maximum Amount	O	1		Ignored
180	REF	Predetermination Identification	O	5		Situational
180	REF	Service Authorization Exception Code	O	1		Ignored
180	REF	Original Reference Number (ICN/DCN)	O	1		Situational
180	REF	Prior Authorization or Referral Number	O	2		Situational
180	REF	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	O	1		Situational
190	NTE	Claim Note	O	20		Situational
250		Loop 2310A	O		2	Situational
250		Loop 2310B	O		1	Situational
250		Loop 2310C	O		1	Situational
250		Loop 2310D	O		1	Ignored
290		Loop 2320	O		10	Ignored
365		Loop 2400	O		50	Required

Semantics:

1. CLM02 is the total amount of all submitted charges of service segments for this claim.
2. CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.
3. CLM08 is assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.
4. CLM13 is CHAMPUS nonavailability indicator. A "Y" value indicates a statement of non-availability is on file; an "N" value indicates statement of nonavailability is not on file or not necessary.
5. CLM15 is charges itemized by service indicator. A "Y" value indicates charges are itemized by service; an "N" value indicates charges are summarized by service.
6. CLM18 is explanation of benefit (EOB) indicator. A "Y" value indicates that a paper EOB is requested; an "N" value indicates that no paper EOB is requested.

Notes:

1. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
2. The developers of this implementation guide recommend that trading partners limit the size of the transaction (SE-ST envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.
3. For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim

information, loop 2300, is placed following loop 2010BC in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.

Example:

*CLM*013193000001*500***11::1*Y*A*Y*Y~*

CLM Claim Information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2300	Elements: 11

User Option (Usage): Required

To specify basic data about the claim

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CLM01	1028	<p>Claim Submitter's Identifier Description: Identifier used to track a claim from creation by the health care provider through payment Industry: <i>Patient Account Number</i> NSF Reference: CA0-03.0, CB0-03.0, DA0-03.0, DA1-03.0, DA2-03.0, EA0-03.0, EA1-03.0, EA2-03.0, FA0-03.0, FB0-03.0, FB1-03.0, FB2-03.0, FD0-03.0, FE0-03.0, GA0-03.0, GC0-03.0, GD0-03.0, GD1-03.0, GE0-03.0, GP0-03.0, GX0-03.0, GX2-03.0, XA0-03.0 <i>The number that the submitter transmits in this position is echoed back to the submitter in the 835 transaction. The two recommended identifiers are either the Patient Account Number or the Claim Number in the billing submitter's patient management system. The developers of this implementation guide strongly recommend that submitters use completely unique numbers for this field for each individual claim. The maximum number of characters to be supported for this field is '20'. A provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system is '20'. Characters beyond '20' are not required to be stored nor returned by any 837 receiving system.</i></p>	M	AN	1/38	Required
CLM02	782	<p>Monetary Amount Description: Monetary amount Industry: <i>Total Claim Charge Amount</i> Alias: <i>Total Claim Charges</i> NSF Reference: XA0-12.0 <i>For encounter transmissions, zero (0) may be a valid amount.</i></p>	O	R	1/18	Required
CLM05	C023	<p>Health Care Service Location Information Description: To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered Alias: <i>Place of Service Code</i> NSF Reference: FA0-07.0 <i>CLM05 applies to all service lines unless it is over written at the line level.</i></p>	O	Comp		Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
	1331	Facility Code Value Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Industry: Facility Type Code <i>Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below; however, the code list is thought to be complete at the time of publication of this implementation guide. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.</i> 11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 31 Skilled Nursing Facility 35 Adult Living Care Facility ExternalCodeList Name: 237	M	AN	1/2	Required
	1325	Claim Frequency Type Code Description: Place of Service from Health Care Financing Administration Claim Form Description: Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type Industry: Claim Submission Reason Code CODE SOURCE: 235: Claim Frequency Type Code ExternalCodeList Name: 235	O	ID	1/1	Required
CLM06	1073	Yes/No Condition or Response Code Description: Claim Frequency Type Code Description: Code indicating a Yes or No condition or response Industry: Provider or Supplier Signature Indicator Alias: Provider Signature on File Code NSF Reference: EA0-35.0 Code Name N No Y Yes	O	ID	1/1	Required
CLM07	1359	Provider Accept Assignment Code Description: Code indicating whether the provider accepts assignment Industry: Medicare Assignment Code NSF Reference: EA0-34.0, FA0-59.0 <i>The NSF mapping to FA0-59.0 occurs only in payer-to-payer COB situations. Required for Medicare claims only.</i> Code Name	O	ID	1/1	Situational

		A	Assigned				
		C	Not Assigned				
		P	Patient Refuses to Assign Benefits				
CLM08	1073		Yes/No Condition or Response Code	O	ID	1/1	Required
			Description: Code indicating a Yes or No condition or response				
			Industry: <i>Benefits Assignment Certification Indicator</i>				
			Alias: <i>Assignment of Benefits Code</i>				
			NSF Reference: <i>DA0-15.0</i>				
			Code Name				
		N	No				
		Y	Yes				
CLM09	1363		Release of Information Code	O	ID	1/1	Required
			Description: Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations				
			NSF Reference: <i>EA0-13.0</i>				
			Code Name				
		N	No, Provider is Not Allowed to Release Data				
		Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim				
CLM11	C024		Related Causes Information	O	Comp		Situational
			Description: To identify one or more related causes and associated state or country information				
			<i>CLM11-1, CLM11-2, or CLM11-3 are required when the condition being reported is accident or employment related. If DTP - Date of Accident (DTP01 = 439) is used, then CLM11 is required.</i>				
	1362		Related-Causes Code	M	ID	2/3	Required
			Description: Code identifying an accompanying cause of an illness, injury or an accident				
			Industry: <i>Related Causes Code</i>				
			NSF Reference: <i>EA0-05.0, EA0-04.0</i>				
			Code Name				
		AA	Auto Accident				
			NSF Reference: <i>EA0-05.0</i>				
		EM	Employment				
			NSF Reference: <i>EA0-04.0</i>				
		OA	Other Accident				
			NSF Reference: <i>EA0-05.0</i>				
	1362		Related-Causes Code	O	ID	2/3	Situational
			Description: Code identifying an accompanying cause of an illness, injury or an accident				
			Industry: <i>Related Causes Code</i>				
			NSF Reference: <i>EA0-05.0, EA0-04.0</i>				
			<i>Used if more than one code applies.</i>				
			Code Name				
		AA	Auto Accident				
		EM	Employment				

		Code Name				
		OA Other Accident				
1362		Related-Causes Code	O	ID	2/3	Situational
		Description: Code identifying an accompanying cause of an illness, injury or an accident				
		Industry: <i>Related Causes Code</i>				
		NSF Reference: <i>EA0-05.0, EA0-04.0</i>				
		<i>Used if more than one code applies.</i>				
		Code Name				
		AA Auto Accident				
		EM Employment				
		OA Other Accident				
156		State or Province Code	O	ID	2/2	Situational
		Description: Code (Standard State/Province) as defined by appropriate government agency				
		Industry: <i>Auto Accident State or Province Code</i>				
		Alias: <i>Accident State</i>				
		NSF Reference: <i>EA0-10.0</i>				
		<i>Required if CLM11-1, CLM11-2 or CLM11-3 has a value of "AA".</i>				
		ExternalCodeList				
		Name: 22				
		Description: States and Outlying Areas of the U.S.				
26		Country Code	O	ID	2/3	Situational
		Description: Code identifying the country				
		CODE SOURCE: <i>5: Countries, Currencies and Funds</i>				
		<i>Required if the automobile accident occurred out of the U.S. to identify the country in which the accident occurred.</i>				
		ExternalCodeList				
		Name: 5				
		Description: Countries, Currencies and Funds				
CLM12	1366	Special Program Code	O	ID	2/3	Situational
		Description: Code indicating the Special Program under which the services rendered to the patient were performed				
		Industry: <i>Special Program Indicator</i>				
		NSF Reference: <i>EA0-43.0</i>				
		<i>Required if the services were rendered under one of the following circumstances/programs/projects.</i>				
		Code Name				
		01 Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP)				
		02 Physically Handicapped Children's Program				
		03 Special Federal Funding				
		05 Disability				
CLM19	1383	Claim Submission Reason Code	O	ID	2/2	Ignored
		Description: Code identifying reason for claim submission				
		Alias: <i>Predetermination of Benefits Code</i>				
		<i>CLM19 is required when the entire claim is being submitted for Predetermination of Benefits.</i>				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		MMSO User Note: Do not send this element. MMSO does not accept predetermination of benefits.				
		Code Name				
		PB Predetermination of Dental Benefits				
CLM20	1514	Delay Reason Code	O	ID	1/2	Situational
		Description: Code indicating the reason why a request was delayed				
		<i>This element may be used if a particular claim is being transmitted in response to a request for information (e.g., a 277), and the response has been delayed.</i>				
		<i>Required when claim is submitted late (past contracted date of filing limitations) and any of the codes below apply.</i>				
		Code Name				
		1 Proof of Eligibility Unknown or Unavailable				
		2 Litigation				
		3 Authorization Delays				
		4 Delay in Certifying Provider				
		5 Delay in Supplying Billing Forms				
		6 Delay in Delivery of Custom-made Appliances				
		7 Third Party Processing Delay				
		8 Delay in Eligibility Determination				
		9 Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules				
		10 Administration Delay in the Prior Approval Process				
		11 Other				

Semantics:

1. CLM02 is the total amount of all submitted charges of service segments for this claim.
2. CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.
3. CLM08 is assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.
4. CLM13 is CHAMPUS nonavailability indicator. A "Y" value indicates a statement of non-availability is on file; an "N" value indicates statement of nonavailability is not on file or not necessary.
5. CLM15 is charges itemized by service indicator. A "Y" value indicates charges are itemized by service; an "N" value indicates charges are summarized by service.
6. CLM18 is explanation of benefit (EOB) indicator. A "Y" value indicates that a paper EOB is requested; an "N" value indicates that no paper EOB is requested.

Notes:

1. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
2. The developers of this implementation guide recommend that trading partners limit the size of the transaction (SE-ST envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.
3. For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BC in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.

Example:

CLM*013193000001*500***11::1*Y*A*Y*Y~

DTP Date - Admission

Pos: 135	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 435 Admission				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Related Hospitalization Admission Date</i> NSF Reference: <i>EA0-26.0</i>	M	AN	1/35	Required

Semantics:

- DTP02 is the date or time or period format that will appear in DTP03.

Notes:

- Required on inpatient visit claims.

Example:

DTP*435*D8*19980108~

DTP Date - Discharge

Pos: 135	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Code Name 096 Discharge	M	ID	3/3	Required
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Discharge or End Of Care Date</i> NSF Reference: <i>EA0-27.0</i>	M	AN	1/35	Required

Semantics:

- DTP02 is the date or time or period format that will appear in DTP03.

Notes:

- Required for inpatient claims when the patient was discharged from the facility and the discharge date is known.

Example:

DTP*096*D8*19980108~

DTP Date - Referral

Pos: 135	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 330 Referral Date				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Referral Date</i>	M	AN	1/35	Required

Semantics:

- DTP02 is the date or time or period format that will appear in DTP03.

Notes:

- Required when claim includes a referral.

Example:

DTP*330*D8*19980617~

DTP Date - Accident

Pos: 135	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 439 Accident				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Accident Date</i> NSF Reference: <i>EA0-07.0</i>	M	AN	1/35	Required

Semantics:

- DTP02 is the date or time or period format that will appear in DTP03.

Notes:

- Required if CLM11-1, CLM11-2 or CLM11-3 = AA, EM or OA.

Example:

DTP*439*D8*19980108~

DTP Date - Appliance Placement

Pos: 135	Max: 5
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 452 Appliance Placement				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Orthodontic Banding Date</i> NSF Reference: <i>FD0-19.0</i>	M	AN	1/35	Required

Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

Notes:

1. The dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.
2. Required to report the date orthodontic appliances were placed.

Example:

DTP*452*D8*19980108~

DTP Date - Service

Pos: 135	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 472 Service				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Service Date</i>	M	AN	1/35	Required

Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

Notes:

1. The dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.
2. Required if all of the services on the claim/encounter were performed. This DTP should not be used if the claim is being submitted for Predetermination of Benefits.

Example:

DTP*472*D8*19980108~

DN1 Orthodontic Total Months of Treatment

Pos: 145	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

To supply orthodontic information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DN101	380	Quantity Description: Numeric value of quantity Industry: Orthodontic Treatment Months Count Alias: Orthodontic Total Months of Treatment NSF Reference: FD0-18.0 <i>This data element should be used to report the total months of orthodontic treatment.</i>	O	R	1/15	Situational
DN102	380	Quantity Description: Numeric value of quantity Industry: Orthodontic Treatment Months Remaining Count Alias: Orthodontic Treatment Months Remaining NSF Reference: FD0-23.0 <i>This data element should be used to report the treatment months remaining for a transfer patient.</i>	O	R	1/15	Situational
DN103	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Question Response <i>Required to indicate that services reported on the claim are for orthodontic purposes when the DN101 and DN102 are not used.</i>	O	ID	1/1	Situational
		Code Name Y Yes				

Semantics:

1. DN101 is the estimated number of treatment months.
2. DN102 is the number of treatment months remaining.
3. DN103 is the extra oral traction device indicator. A "Y" value indicates an extra oral traction device; an "N" value indicates no extra oral traction device.
4. DN104 is the appliance description.

Notes:

1. This segment is required to report the total months of orthodontic treatment (DN101), the treatment months remaining for a transfer patient (DN102) or the indication that services on the claim were performed for orthodontic purposes (DN103).
2. DN101, DN102 or DN103 must be present if reporting this segment.

Example:

DN1*36*27~

DN2 Tooth Status

Pos: 150	Max: 35
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify the status of individual teeth

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DN201	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Tooth Number</i> <i>The National Standard Tooth Numbering System should be used to identify tooth numbers for this data element. See Code Source 135: American Dental Association.</i>	M	AN	1/30	Required
DN202	1368	ExternalCodeList Name: 135 Description: American Dental Association Codes Tooth Status Code Description: Code specifying the status of the tooth Code Name E To Be Extracted I Impacted M Missing	M	ID	1/2	Required

Syntax:

1. P0405 - If either DN204, DN205 is present, then all are required

Semantics:

1. DN201 is the tooth number.
2. DN203 is the measurement expressed in millimeters of the distance between the gingival crest and the base of the tooth pocket.

Notes:

1. This DN2 segment is used to report a tooth status.

Example:

DN2*8*E~

PWK Claim Supplemental Information

Pos: 155	Max: 10
Detail - Optional	
Loop: 2300	Elements: 4

User Option (Usage): Situational

To identify the type or transmission or both of paperwork or supporting information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PWK01	755	Report Type Code Description: Code indicating the title or contents of a document, report or supporting item Industry: Attachment Report Type Code NSF Reference: EA0-41.0 Code Name B4 Referral Form DA Dental Models DG Diagnostic Report EB Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) OB Operative Note OZ Support Data for Claim P6 Periodontal Charts RB Radiology Films RR Radiology Reports	M	ID	2/2	Required
PWK02	756	Report Transmission Code Description: Code defining timing, transmission method or format by which reports are to be sent Industry: Attachment Transmission Code NSF Reference: EA0-40.0 Code Name AA Available on Request at Provider Site <i>Paperwork is available on request at the provider's site. This means the paperwork is not being sent with the claim at this time. Rather, it is available to the payer (or appropriate entity) at their request.</i> BM By Mail EL Electronically Only EM E-Mail FX By Fax	O	ID	1/2	Required
PWK05	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <i>Required if PWK02 = EM, EL, BM or FX.</i> Code Name	C	ID	1/2	Recommended
PWK06	67	AC Attachment Control Number Identification Code Description: Code identifying a party or other code Industry: Attachment Control Number <i>The developers of this implementation guide recommend that the sender identify the attachment with a unique attachment control number so that the recipient can match the attachment to the claim.</i>	C	AN	2/80	Recommended

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Required if PWK02 = EM, EL, BM, or FX.				

Syntax:

1. P0506 - If either PWK05, PWK06 is present, then all are required

Comments:

1. PWK05 and PWK06 may be used to identify the addressee by a code number.
2. PWK07 may be used to indicate special information to be shown on the specified report.
3. PWK08 may be used to indicate action pertaining to a report.

Notes:

1. The PWK segment is required if the provider will be sending paper documentation supporting this claim. The PWK segment should not be used if the information related to the claim is being sent within the 837 ST-SE envelope.
2. The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another functional group (e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be carried in the TRN of the electronic attachment.
3. The PWK can be used to identify paperwork that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but that is not being sent with the claim. Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.

Example:

PWK*DA*BM***AC*DMN0012~

AMT Patient Amount Paid

Pos: 175	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount Code Name	M	ID	1/3	Required
		F5 Patient Amount Paid				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Patient Amount Paid NSF Reference: XA0-19.0	M	R	1/18	Required

Notes:

1. Required if the patient has paid any amount toward the claim.
2. Patient Amount Paid refers to the sum of all amounts paid on the claim by the patient or his/her representative.
3. The Patient amount Paid indicated in this segment applies to the entire claim. It is recommended that the Patient Amount Paid AMT segment be used at either the line or claim level but not at both.

Example:

AMT*F5*8.5~

AMT Credit/Debit Card - Maximum Amount

Pos: 175	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Ignored

To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount Code Name MA Maximum Amount	M	ID	1/3	Required
AMT02	782	Monetary Amount Description: Monetary amount Industry: Credit or Debit Card Maximum Amount	M	R	1/18	Required

Notes:

1. Use this segment only for claims that contain credit/debit card information. This segment indicated the maximum amount that can be credited to the account indicated in the 2010BC - Credit/Debit Card Holder Name.
2. The information carried under this segment must never be sent to the payer. This information is only for use between a provider and service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment.

Example:

AMT*MA*500~

REF Predetermination Identification

Pos: 180	Max: 5
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name G3 Predetermination of Benefits Identification Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: <i>Predetermination of Benefits Identifier</i>				
		NSF Reference: <i>FD0-26.0</i>				

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Reference numbers at this position apply to the entire claim.
2. This REF segment is used to send the Predetermination of Benefits Identification Number for a claim that has been previously predetermined and is now being submitted for payment.

Example:

REF*G3*13579~

REF Service Authorization Exception Code

Pos: 180	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Ignored

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		4N Special Payment Reference Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: Service Authorization Exception Code				
		Code Name				
		1 Immediate/Urgent Care				
		2 Services rendered in a retroactive period				
		3 Emergency care				
		4 Client as temporary Medicaid				
		5 Request from County for second opinion to recipient can work				
		6 Request for override pending				
		7 Special handling				

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Used only in claims where providers are required by state law (e.g., New York State Medicaid) to obtain authorization for specific services but, for the reasons listed in REF02, performed the services without obtaining the service authorization. Check with your state Medicaid to see if this applies in your state.

Example:

REF*4N*1~

REF Original Reference Number (ICN/DCN)

Pos: 180	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name F8 Original Reference Number	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Claim Original Reference Number</i> NSF Reference: <i>EA0-47.0</i>	C	AN	1/30	Required

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Required when CLM05-3 (Claim Submission Reason code) = "6", "7" or "8" and the payer has assigned a payer number to the claim. The resubmission number is assigned to a previously submitted claim/encounter by the destination payer or receiver.
2. This segment can be used for the payer assigned Original Document Control Number/Internal Control Number (DCN/ICN) assigned to this claim by the payer identified in the 2010BB loop of this claim. This number would be received from a payer in a case where the payer had received the original claim and for whatever reason, had (1) asked the provider to resubmit the claim and (2) had given the provider the payer's claim identification number so that the payer can match it in their adjudication system. By matching this number in the adjudication system, the payer knows this is not a duplicate claim.
This information is specific to the destination payer reported in the 2010BB loop. If other payers have a similar number, report that information in the 2330 loop which holds that payer's information.

Example:

REF*F8*R555588~

REF Prior Authorization or Referral Number

Pos: 180	Max: 2
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name 9F Referral Number G1 Prior Authorization Number	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Referral Number</i>	C	AN	1/30	Required

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Numbers at this position apply to the entire claim unless they are overridden in the REF segment in Loop ID-2400. A reference identification is considered to be overridden if the value in REF01 is the same in both the Loop ID-2300 REF segment and the Loop ID-2400 REF segment. In that case, the Loop ID-2400 REF applies only to that specific line.
2. Required where services on this claim were preauthorized or where a referral is involved. Generally, preauthorization/referral numbers are those numbers assigned by the payer/UMO to authorize a service prior to its being performed. The referral or prior authorization number carried in this REF is specific to the destination payer reported in the 2010BB loop. If other payers have similar numbers for this claim, report that information in the 2330 loop REF which holds that payer's information.
3. This segment should not be used for Predetermination of Benefits.

Example:

REF*9F*12345~

REF Claim Identification Number for Clearinghouses and Other Transmission Intermediaries

Pos: 180	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <i>Number assigned by clearinghouse/van/etc.</i>	M	ID	2/3	Required
		Code Name D9 Claim Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Value Added Network Trace Number</i> <i>The value carried in this element is limited to a maximum of 20 positions.</i>	C	AN	1/30	Required

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Used only by transmission intermediaries (Automated clearinghouses, and others) who need to attach their own unique claim number.
2. Although it is possible to send this number, there is no requirement for payers or other transmission intermediaries to return this number in other transactions (835, 277, etc).
3. Although this REF is supplied for transmission intermediaries to attach their own unique claim number to a claim/encounter, 837 recipients are not required under HIPAA to return this number in any HIPAA transaction. Trading Partners may voluntarily agree to this interaction if they wish.

Example:

REF*D9*TJ98UU321~

NTE Claim Note

Pos: 190	Max: 20
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NTE01	363	Note Reference Code Description: Code identifying the functional area or purpose for which the note applies	O	ID	3/3	Required
		Code Name ADD Additional Information				
NTE02	352	Description Description: A free-form description to clarify the related data elements and their content	M	AN	1/80	Required
		Industry: <i>Claim Note Text</i>				
		NSF Reference: <i>HA0-05.0</i>				

Comments:

- The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processable. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

Notes:

- Required when: (1) State regulations mandate information not identified elsewhere within the claim set; or (2) to report periodontal charting information.
- If this segment is being used to report periodontal charting information, up to 6 measurements per tooth may be reported. The suggested format should be tooth number followed by a measurement for Disto-Lingual, Lingual, Mesio-Lingual, Mesio-Buccal, Buccal or Distal-Buccal. If a tooth has been extracted it should be annotated with "ext" following the tooth number.
- Example of Charting for tooth #'s 5, 6 and 7 (extracted tooth):
#5 DL3/L4/ML5/MB4/B4/DB4, #6 DL4/L5/ML5/MB4/B4/DB5, #7 ext
- The following information should also be reported: description of the amount of recession, indication of teeth having furcation involvement and the extent, and the diagnosis.

Example:

NTE*ADD*#5 DL4/L5/ML6/MB4, #6 L6/ML5/MB4/B5, #7 ext~

Loop 2310A

Pos: 250	Repeat: 2
	Optional
Loop: 2310A	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
250	NM1	Referring Provider Name	O	1		Situational
255	PRV	Referring Provider Specialty Information	O	1		Situational
271	REF	Referring Provider Secondary Identification	O	5		Situational

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. When there is only one referral on the claim, use "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code "DN" in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.
2. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
3. Required if claim involved a referral.

Example:

NM1*DN*1*SWANSON*HARRY****24*123123123~

NM1 Referring Provider Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <i>The entity identifier in NM101 applies to all segments in Loop ID-2310.</i> Code Name DN Referring Provider <i>Use on first iteration of this loop. Use if loop is used only once.</i> P3 Primary Care Provider <i>Use only if loop is used twice. Use only on second iteration of this loop.</i>	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Referring Provider Last Name NSF Reference: EA0-22.0	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: Referring Provider First Name NSF Reference: EA0-23.0 <i>Required if NM102 = 1 (person).</i>	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Referring Provider Middle Name NSF Reference: EA0-24.0 <i>Required if NM102 = 1 and the middle name/initial of the person is known.</i>	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Referring Provider Name Suffix <i>Required if known.</i>	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <i>Required if the Employer's Identification Number, Social Security Number or National Provider Identifier is known.</i> Code Name	C	ID	1/2	Situational

	24	Employer's Identification Number				
	34	Social Security Number				
	XX	Health Care Financing Administration National Provider Identifier				
NM109	67	Identification Code	C	AN	2/80	Situational

Description: Code identifying a party or other code

Industry: Referring Provider Identifier

NSF Reference: EA0-20.0

Required if the Employer's Identification Number, Social Security Number or National Provider Identifier is known.

Referring Provider Primary Identification Number

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

Syntax:

1. P0809 - If either NM108, NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. When there is only one referral on the claim, use "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code "DN" in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.
2. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
3. Required if claim involved a referral.

Example:

NM1*DN*1*SWANSON*HARRY****24*123123123~

PRV Referring Provider Specialty Information

Pos: 255	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PRV01	1221	Provider Code Description: Code identifying the type of provider	M	ID	1/3	Required
		Code Name RF Referring				
PRV02	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name ZZ Mutually Defined				
		<i>ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ANSI ASC X12N TG2 WG15.</i>				
PRV03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN	1/30	Required
		Industry: Provider Taxonomy Code				
		Alias: Provider Specialty Code				
		ExternalCodeList				
		Name: HCPT				
		Description: Health Care Provider Taxonomy				

Notes:

1. Required when adjudication is known to be impacted by provider taxonomy code.
2. PRV02 qualifies PRV03.

Example:

PRV*RF*ZZ*1223E0200Y~

REF Referring Provider Secondary Identification

Pos: 271	Max: 5
Detail - Optional	
Loop: 2310A	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		0B State License Number				
		1A Blue Cross Provider Number				
		1B Blue Shield Provider Number				
		1C Medicare Provider Number				
		1D Medicaid Provider Number				
		1E Dentist License Number				
		1H CHAMPUS Identification Number				
		EI Employer's Identification Number				
		G2 Provider Commercial Number				
		G5 Provider Site Number				
		LU Location Number				
		SY Social Security Number				
		<i>The Social Security Number may not be used for Medicare.</i>				
		TJ Federal Taxpayer's Identification Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: Referring Provider Secondary Identifier				

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Required if NM108/NM109 in this loop is not used or if a secondary number is necessary to identify the provider. Until the NPI is mandated for use, this REF may be required if necessary to adjudicate the claim.

Example:

REF*0B*123123311~

Loop 2310B

Pos: 250	Repeat: 1
	Optional
Loop: 2310B	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
250	NM1	Rendering Provider Name	O	1		Situational
255	PRV	Rendering Provider Specialty Information	O	1		Situational
271	REF	Rendering Provider Secondary Identification	O	5		Situational

Semantics:

- NM102 qualifies NM103.

Comments:

- NM110 and NM111 further define the type of entity in NM101.

Notes:

- Information in the Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of loop ID-2420 with the same value in the NM101.
- Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
- Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops.

Example:

NM1*82*1*SMITH*BRAD****34*123456789~

NM1 Rendering Provider Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310B	Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <i>The entity identifier in NM101 applies to all segments in Loop ID-2310.</i> Code Name 82 Rendering Provider	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Rendering Provider Last or Organization Name</i> Alias: <i>Rendering Provider Last Name</i> NSF Reference: <i>FB1-14.0</i>	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: <i>Rendering Provider First Name</i> NSF Reference: <i>FB1-15.0</i> <i>Required if NM102 = 1 (person).</i>	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Rendering Provider Middle Name</i> NSF Reference: <i>FB1-16.0</i> <i>Required when middle name/initial of person is known.</i>	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Rendering Provider Name Suffix</i> <i>Required if known.</i>	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier	C	ID	1/2	Required
NM109	67	Identification Code	C	AN	2/80	Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Description: Code identifying a party or other code Industry: <i>Rendering Provider Identifier</i> NSF Reference: <i>FA0-23.0, FA0-57.0</i> <i>NSF Reference: FA0-58.0, FA0-57.0 crosswalk is only used in Medicare COB payer-to-payer claims.</i> ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier				

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Information in the Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of loop ID-2420 with the same value in the NM101.
2. Because the usage of this segment is "situational" this is not a syntatically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
3. Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops.

Example:

NM1*82*1*SMITH*BRAD****34*123456789~

PRV Rendering Provider Specialty Information

Pos: 255	Max: 1
Detail - Optional	
Loop: 2310B	Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PRV01	1221	Provider Code Description: Code identifying the type of provider	M	ID	1/3	Required
		Code Name PE Performing				
PRV02	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name ZZ Mutually Defined				
		<i>ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ANSI ASC X12N TG2 WG15.</i>				
PRV03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN	1/30	Required
		Industry: Provider Taxonomy Code				
		Alias: Provider Specialty Code				
		NSF Reference: FA0-37.0				
		ExternalCodeList				
		Name: HCPT				
		Description: Health Care Provider Taxonomy				

Notes:

1. The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of the PRV segment with the same value in PRV01.
2. PRV02 qualifies PRV03.
3. Required when adjudication is known to be impacted by provider taxonomy code.

Example:

PRV*PE*ZZ*1223E0200Y~

REF Rendering Provider Secondary Identification

Pos: 271	Max: 5
Detail - Optional	
Loop: 2310B	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		0B State License Number				
		1A Blue Cross Provider Number				
		1B Blue Shield Provider Number				
		1C Medicare Provider Number				
		1D Medicaid Provider Number				
		1E Dentist License Number				
		1H CHAMPUS Identification Number				
		EI Employer's Identification Number				
		G2 Provider Commercial Number				
		G5 Provider Site Number				
		LU Location Number				
		SY Social Security Number				
		<i>The Social Security Number may not be used for Medicare.</i>				
		TJ Federal Taxpayer's Identification Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: Rendering Provider Secondary Identifier				

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Use this REF segment only if a second number is necessary to identify the provider. The primary identification number should be contained in the NM109.

Example:

REF*0B*12312321~

Loop 2310C

Pos: 250	Repeat: 1
	Optional
Loop: 2310C	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
250	NM1	Service Facility Location	O	1		Situational
271	REF	Service Facility Location Secondary Identification	O	5		Situational

Semantics:

- NM102 qualifies NM103.

Comments:

- NM110 and NM111 further define the type of entity in NM101.

Notes:

- Required if the service was rendered in Inpatient Hospital, Outpatient Hospital, Skilled Nursing Facility or Adult Living Care Facility (code values 21, 22, 31 or 35 in CLM05-1).
- Because the usage of this segment is "situational" this is not a syntatically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

NM1*FA*2*GOOD REST NURSING HOME*****24*1234567789~

NM1 Service Facility Location

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310C	Elements: 5

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <i>The entity identifier in NM101 applies to all segments in Loop ID-2310.</i> Code Name FA Facility	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Laboratory or Facility Name</i> NSF Reference: <i>EA0-37.0</i> <i>Facility Name</i>	O	AN	1/35	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Laboratory or Facility Primary Identifier</i> Alias: <i>Facility Primary Identification Number</i> ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier	C	AN	2/80	Required

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Required if the service was rendered in Inpatient Hospital, Outpatient Hospital, Skilled Nursing Facility or Adult Living Care Facility (code values 21, 22, 31 or 35 in CLM05-1).
2. Because the usage of this segment is "situational" this is not a syntatically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

NM1*FA*2*GOOD REST NURSING HOME*****24*1234567789~

REF Service Facility Location Secondary Identification

Pos: 271	Max: 5
Detail - Optional	
Loop: 2310C	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name 0B State License Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number 1C Medicare Provider Number 1D Medicaid Provider Number 1G Provider UPIN Number 1H CHAMPUS Identification Number G2 Provider Commercial Number LU Location Number TJ Federal Taxpayer's Identification Number X4 Clinical Laboratory Improvement Amendment Number X5 State Industrial Accident Provider Number	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Laboratory or Facility Secondary Identifier</i> Alias: <i>Laboratory/Facility Secondary Identification Number.</i> NSF Reference: <i>EA0-53.0, EA1-04.0</i>	C	AN	1/30	Required

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in the NM109.

Example:

REF*0B*12312321~

Loop 2310D

Pos: 250	Repeat: 1
	Optional
Loop: 2310D	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
250	NM1	Assistant Surgeon Name	O	1		Situational
255	PRV	Assistant Surgeon Specialty Information	O	1		Situational
271	REF	Assistant Surgeon Secondary Identification	O	1		Situational

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Information in the Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of loop ID-2420 with the same value in the NM101.
2. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature and X12 syntax rules.
3. Required when the Assistant Surgeon information is needed to facilitate reimbursement of the claim.
4. The Assistant Surgeon information must not be used when the Rendering Provider loop (Loop ID-2310B) is also present for the claim.

Example:

NM1*DD*1*SMITH*JOHN*S***34*123456789~

MMSO User Note:

Loop 2310D will be ignored if sent.

NM1 Assistant Surgeon Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310D	Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <i>The entity identifier in NM101 applies to all segments in Loop ID-2310.</i> Code Name DD Assistant Surgeon	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Assistant Last or Organization Name Alias: Assistant Surgeon Last Name	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: Assistant Surgeon First Name <i>Required if NM102 = 1 (person).</i>	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Assistant Surgeon Middle Name <i>Required when middle name/initial of person is known.</i>	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Assistant Surgeon Name Suffix <i>Required if known.</i>	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Assistant Surgeon Identifier	C	AN	2/80	Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
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Alias: Assistant Surgeon's Primary
Identification Number

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Information in the Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of loop ID-2420 with the same value in the NM101.
2. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature and X12 syntax rules.
3. Required when the Assistant Surgeon information is needed to facilitate reimbursement of the claim.
4. The Assistant Surgeon information must not be used when the Rendering Provider loop (Loop ID-2310B) is also present for the claim.

Example:

NM1*DD*1*SMITH*JOHN*S***34*123456789~

PRV Assistant Surgeon Specialty Information

Pos: 255	Max: 1
Detail - Optional	
Loop: 2310D	Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PRV01	1221	Provider Code Description: Code identifying the type of provider	M	ID	1/3	Required
		Code Name AS Assistant Surgeon				
PRV02	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name ZZ Mutually Defined				
		<i>ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ANSI ASC X12N TG2 WG15.</i>				
PRV03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN	1/30	Required
		Industry: Provider Taxonomy Code				
		Alias: Provider Specialty Code				
		ExternalCodeList				
		Name: HCPT				
		Description: Health Care Provider Taxonomy				

Notes:

- Information in the Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of loop ID-2420 with the same value in the NM101.
- Required when the Assistant Surgeon specialty information is needed to facilitate reimbursement of the claim.

Example:

PRV*AS*ZZ*1223S0112Y~

REF Assistant Surgeon Secondary Identification

Pos: 271	Max: 1
Detail - Optional	
Loop: 2310D	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name 0B State License Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number 1C Medicare Provider Number 1D Medicaid Provider Number 1E Dentist License Number 1H CHAMPUS Identification Number G2 Provider Commercial Number LU Location Number TJ Federal Taxpayer's Identification Number X4 Clinical Laboratory Improvement Amendment Number X5 State Industrial Accident Provider Number	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Assistant Surgeon Secondary Identifier Alias: Assistant Surgeon Secondary Identification Number	C	AN	1/30	Required

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Use this REF segment only if a second number is necessary to identify the provider. The primary identification number should be contained in the NM109.

Example:

REF*0B*12345~

Loop 2320

Pos: 290	Repeat: 10
	Optional
Loop: 2320	Elements: N/A

To record information specific to the primary insured and the insurance carrier for that insured

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat	Usage
290	SBR	Other Subscriber Information	O	1		Situational
295	CAS	Claim Adjustment	O	5		Situational
300	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Approved Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Allowed Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Patient Responsibility Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Covered Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Discount Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Patient Paid Amount	O	1		Situational
305	DMG	Other Insured Demographic Information	O	1		Situational
310	OI	Other Insurance Coverage Information	O	1		Required
325		Loop 2330A	O		1	Required
325		Loop 2330B	O		1	Required
325		Loop 2330C	O		1	Situational
325		Loop 2330D	O		1	Situational
325		Loop 2330E	O		1	Situational

Semantics:

1. SBR02 specifies the relationship to the person insured.
2. SBR03 is policy or group number.
3. SBR04 is plan name.
4. SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.

Notes:

1. Required if other payers are known to potentially be involved in paying on this claim.
2. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
3. All information contained in the 2320 loop applies only to the payer who is identified in the 2330B Loop of this iteration of the 2320 loop. It is specific only to that payer. If information on additional payers is needed to be carried, run the 2320 loop again with its respective 2330 loops.

Example:

SBR*P*01*003450*GOLDEN PLUS*****CI~

MMSO User Note:

MMSO does not handle COB claims. Loop 2320 will be ignored if sent.

SBR Other Subscriber Information

Pos: 290	Max: 1
Detail - Optional	
Loop: 2320	Elements: 5

User Option (Usage): Situational

To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SBR01	1138	Payer Responsibility Sequence Number Code Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim NSF Reference: DA0-02.0	M	ID	1/1	Required
		Code Name P Primary S Secondary T Tertiary				
SBR02	1069	Individual Relationship Code Description: Code indicating the relationship between two individuals or entities NSF Reference: DA0-17.0 <i>Use this code to specify the relationship to the person insured.</i>	O	ID	2/2	Required
		Code Name 01 Spouse 18 Self 19 Child 20 Employee 21 Unknown 22 Handicapped Dependent 29 Significant Other 76 Dependent				
SBR03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Insured Group or Policy Number NSF Reference: DA0-10.0 <i>Required if the subscriber's payer identification includes Group or Plan Number. This data element is intended to carry the subscriber's Group Number, not the number that uniquely identifies the subscriber (Subscriber ID, Loop 2010BA-NM109).</i>	O	AN	1/30	Situational
SBR04	93	Name Description: Free-form name Industry: Policy Name Alias: Plan Name <i>Required if the Subscriber's payer identification includes Plan Name.</i>	O	AN	1/60	Situational
SBR09	1032	Claim Filing Indicator Code Description: Code identifying type of claim	O	ID	1/2	Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NSF Reference: DA0-05.0						
<i>Required prior to mandated use of PlanID. Not used after PlanID is mandated.</i>						
Code Name						
	09	Self-pay				
	11	Other Non-Federal Programs				
	12	Preferred Provider Organization (PPO)				
	13	Point of Service (POS)				
	14	Exclusive Provider Organization (EPO)				
	15	Indemnity Insurance				
	16	Health Maintenance Organization (HMO) Medicare Risk				
	17	Dental Maintenance Organization				
	BL	Blue Cross/Blue Shield				
	CH	Champus				
	CI	Commercial Insurance Co.				
	DS	Disability				
	FI	Federal Employees Program				
	HM	Health Maintenance Organization				
	LM	Liability Medical				
	MB	Medicare Part B				
	MC	Medicaid				
	MH	Managed Care Non-HMO				
	OF	Other Federal Program				
	SA	Self-administered Group				
	VA	Veteran Administration Plan				
		<i>Refers to Veteran's Affairs Plan.</i>				
	WC	Workers' Compensation Health Claim				
	ZZ	Mutually Defined				
		<i>Unknown</i>				

Semantics:

1. SBR02 specifies the relationship to the person insured.
2. SBR03 is policy or group number.
3. SBR04 is plan name.
4. SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.

Notes:

1. *Required if other payers are known to potentially be involved in paying on this claim.*
2. *Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.*
3. *All information contained in the 2320 loop applies only to the payer who is identified in the 2330B Loop of this iteration of the 2320 loop. It is specific only to that payer. If information on additional payers is needed to be carried, run the 2320 loop again with its respective 2330 loops.*

Example:

*SBR*P*01*003450*GOLDEN PLUS*****CI~*

CAS Claim Adjustment

Pos: 295	Max: 5
Detail - Optional	
Loop: 2320	Elements: 19

User Option (Usage): Situational

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CAS01	1033	Claim Adjustment Group Code Description: Code identifying the general category of payment adjustment Code Name CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payor Initiated Reductions PR Patient Responsibility	M	ID	1/2	Required
CAS02	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code CODE SOURCE: 139: Claim Adjustment Reason Code NSF Reference: DA1-16.0, DA1-30.0, DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0 ExternalCodeList Name: 139	M	ID	1/5	Required
CAS03	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount NSF Reference: DA1-09.0, DA1-10.0, DA1-11.0, DA1-12.0, DA1-13.0, DA1-30.0, DA1-33.0, DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA3-25.0, DA3-26.0	M	R	1/18	Required
CAS04	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity <i>Used as needed to show payer adjustments.</i>	O	R	1/15	Situational
CAS05	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code CODE SOURCE: 139: Claim Adjustment Reason Code NSF Reference: DA1-17.0, DA1-30.0, DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0 <i>Used as needed to show payer adjustments.</i> ExternalCodeList Name: 139	C	ID	1/5	Situational

CAS06	782	<p>Description: Claim Adjustment Reason Code Monetary Amount</p> <p>Description: Monetary amount Industry: Adjustment Amount</p> <p>NSF Reference: DA1-30.0, DA1-33.0, DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA3-25.0, DA3-26.0</p> <p>Used as needed to show payer adjustments.</p>	C	R	1/18	Situational
CAS07	380	<p>Quantity</p> <p>Description: Numeric value of quantity Industry: Adjustment Quantity</p> <p>Used as needed to show payer adjustments.</p>	C	R	1/15	Situational
CAS08	1034	<p>Claim Adjustment Reason Code</p> <p>Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code</p> <p>CODE SOURCE: 139: Claim Adjustment Reason Code</p> <p>NSF Reference: DA1-18.0, DA1-30.0, DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0</p> <p>Used as needed to show payer adjustments.</p> <p>ExternalCodeList Name: 139</p>	C	ID	1/5	Situational
CAS09	782	<p>Description: Claim Adjustment Reason Code Monetary Amount</p> <p>Description: Monetary amount Industry: Adjustment Amount</p> <p>NSF Reference: DA1-30.0, DA1-33.0, DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA3-25.0, DA3-26.0</p> <p>Used as needed to show payer adjustments.</p>	C	R	1/18	Situational
CAS10	380	<p>Quantity</p> <p>Description: Numeric value of quantity Industry: Adjustment Quantity</p> <p>Used as needed to show payer adjustments.</p>	C	R	1/15	Situational
CAS11	1034	<p>Claim Adjustment Reason Code</p> <p>Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code</p> <p>CODE SOURCE: 139: Claim Adjustment Reason Code</p> <p>NSF Reference: DA1-30.0, DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0</p> <p>Used as needed to show payer adjustments.</p> <p>ExternalCodeList Name: 139</p>	C	ID	1/5	Situational
CAS12	782	<p>Description: Claim Adjustment Reason Code Monetary Amount</p> <p>Description: Monetary amount Industry: Adjustment Amount</p> <p>NSF Reference: DA1-30.0, DA1-33.0, DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA3-25.0,</p>	C	R	1/18	Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CAS13	380	DA3-26.0	C	R	1/15	Situational
		<i>Used as needed to show payer adjustments.</i>				
		Quantity				
		Description: Numeric value of quantity				
CAS14	1034	Industry: Adjustment Quantity	C	ID	1/5	Situational
		<i>Used as needed to show payer adjustments.</i>				
		Claim Adjustment Reason Code				
		Description: Code identifying the detailed reason the adjustment was made				
CAS15	782	Industry: Adjustment Reason Code	C	R	1/18	Situational
		CODE SOURCE: 139: Claim Adjustment Reason Code				
		NSF Reference: DA1-30.0, DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14. 0, DA3-16.0				
		<i>Used as needed to show payer adjustments.</i>				
CAS16	380	ExternalCodeList	C	R	1/15	Situational
		Name: 139				
		Description: Claim Adjustment Reason Code				
		Monetary Amount				
CAS17	1034	Description: Monetary amount	C	ID	1/5	Situational
		Industry: Adjustment Amount				
		NSF Reference: DA1-30.0, DA1-33.0, DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13. 0, DA3-15.0, DA3-17.0, DA3-25.0, DA3-26.0				
		<i>Used as needed to show payer adjustments.</i>				
CAS18	782	Quantity	C	R	1/18	Situational
		Description: Numeric value of quantity				
		Industry: Adjustment Reason Code				
		CODE SOURCE: 139: Claim Adjustment Reason Code				
CAS19	380	NSF Reference: DA1-30.0, DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14. 0, DA3-16.0	C	R	1/15	Situational
		<i>Used as needed to show payer adjustments.</i>				
		Quantity				
		Description: Numeric value of quantity				
		Industry: Adjustment Quantity				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<i>Used as needed to show payer adjustments.</i>				

Syntax:

1. L050607 - If CAS05 is present, then at least one of CAS06,CAS07 is required
2. C0605 - If CAS06 is present, then all of CAS05 are required
3. C0705 - If CAS07 is present, then all of CAS05 are required
4. L080910 - If CAS08 is present, then at least one of CAS09,CAS10 is required
5. C0908 - If CAS09 is present, then all of CAS08 are required
6. C1008 - If CAS10 is present, then all of CAS08 are required
7. L111213 - If CAS11 is present, then at least one of CAS12,CAS13 is required
8. C1211 - If CAS12 is present, then all of CAS11 are required
9. C1311 - If CAS13 is present, then all of CAS11 are required
10. L141516 - If CAS14 is present, then at least one of CAS15,CAS16 is required
11. C1514 - If CAS15 is present, then all of CAS14 are required
12. C1614 - If CAS16 is present, then all of CAS14 are required
13. L171819 - If CAS17 is present, then at least one of CAS18,CAS19 is required
14. C1817 - If CAS18 is present, then all of CAS17 are required
15. C1917 - If CAS19 is present, then all of CAS17 are required

Semantics:

1. CAS03 is the amount of adjustment.
2. CAS04 is the units of service being adjusted.
3. CAS06 is the amount of the adjustment.
4. CAS07 is the units of service being adjusted.
5. CAS09 is the amount of the adjustment.
6. CAS10 is the units of service being adjusted.
7. CAS12 is the amount of the adjustment.
8. CAS13 is the units of service being adjusted.
9. CAS15 is the amount of the adjustment.
10. CAS16 is the units of service being adjusted.
11. CAS18 is the amount of the adjustment.
12. CAS19 is the units of service being adjusted.

Comments:

1. Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.
2. When the submitted charges are paid in full, the value for CAS03 should be zero.

Notes:

1. Submitters should use the CAS segment to report claim level adjustments from prior payers that cause the amount paid to differ from the amount originally charged.
2. If it is necessary to send more than one Group Code at the claim level, repeat the CAS segment.
3. Codes and associated amounts should come from the 835s (Remittance Advice) received on the claim. If no previous payments have been made, omit this segment. See the 835 for definitions of the group codes (CAS01).
4. Required if the claim has been adjudicated by payer identified in this loop and has claim level adjustment information.
5. To locate the claim adjustment reason codes that are used in CAS02, 05, 08, 11, 14 and 17 see the Washington Publishing Company website: <http://www.wpc-edi.com>. Follow the buttons to Code Lists -Claim Adjustment Reason Codes.
6. There are several NSF fields which are not directly crosswalked from the 837 to NSF, particularly with respect to payer-to-payer COB situations. Below is a list of some of these NSF fields and some suggestions regarding how to handle them in the 837.
 - ... Provider Adjustment Amt (DA3-25.0). This would equal the sum of all the adjustments amounts in CAS03, 06, 09, 12, 15 and 18 at both the claim and the line level. See the 835 for how to balance the CAS adjustments against the total billed amount.
 - ... Beneficiary Liability Amt (FA0-53.0). This amount would equal the sum of all the adjustment amounts in the CAS03, 06, 09, 12, 15 and 18 at both the claim and the line level when CAS01 = PR (patient responsibility).
 - ... Amount Paid to Provider (DA1-33.0). This would be calculated through the use of the CAS codes. Please see the detail on the codes and the discussion of how to use them in the 835 implementation guide.

- · · Balance Bill Limit Charge (FA0-54.0). This would equal any CAS adjustment where CAS01 = CO and one of the adjustment reason code elements equaled "45".
- · · Beneficiary Adjustment Amt (DA3-26.0) Amount Paid to Beneficiary (DA1-30.0). The amount paid to the beneficiary is indicated by the use of CAS code "100 - Payment made to patient/insured/responsible party".
- · · Original Paid Amount (DA3-28.0). The original paid amount can be calculated from the original claim by subtracting all claim adjustments carried in the claim and line level CAS from the original billed amount.

Example:

CAS*PR*1*793~

CAS*OA*93*15.06~

AMT Coordination of Benefits (COB) Payer Paid Amount

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount Code Name	M	ID	1/3	Required
		D Payor Amount Paid				
AMT02	782	Monetary Amount Description: Monetary amount Industry: <i>Payer Paid Amount</i> <i>This amount is a crosswalk from CLP04 in the 835 when doing COB.</i>	M	R	1/18	Required

Notes:

1. Required if claim has been adjudicated by payer identified in this loop. It is acceptable to show "0" amount paid.

Example:

AMT*D*411~

AMT Coordination of Benefits (COB) Approved Amount

Pos: 300 Max: 1
Detail - Optional
Loop: 2320 Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code <i>Description:</i> Code to qualify amount Code Name	M	ID	1/3	Required
		AAE Approved Amount				
AMT02	782	Monetary Amount <i>Description:</i> Monetary amount <i>Industry:</i> Approved Amount <i>NSF Reference:</i> DA1-27.0	M	R	1/18	Required

Notes:

1. Used only in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers do not complete this information.
2. The approved amount equals the amount for the total claim that was approved by the payer sending this 837 to another payer.

Example:

AMT*AAE*500~

AMT Coordination of Benefits (COB) Allowed Amount

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name B6 Allowed - Actual				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Allowed Amount	M	R	1/18	Required

Notes:

1. Used only in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers do not complete this information.
2. The allowed amount equals the amount for the total claim that was allowed by the payer sending this 837 to another payer.

Example:

AMT*B6*500~

AMT Coordination of Benefits (COB) Patient Responsibility Amount

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount Code Name	M	ID	1/3	Required
		F2 Patient Responsibility - Actual				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Patient Responsibility Amount <i>This amount is a crosswalk from CLP05 in the 835 when doing COB.</i>	M	R	1/18	Required

Notes:

1. Required if patient is responsible for payment according to another payer's adjudication. This is the amount of money which is the responsibility of the patient according to the payer identified in this loop (2330B NM1).

Example:

AMT*F2*15~

AMT Coordination of Benefits (COB) Covered Amount

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code <i>Description:</i> Code to qualify amount Code Name	M	ID	1/3	Required
		AU Coverage Amount				
AMT02	782	Monetary Amount <i>Description:</i> Monetary amount <i>Industry:</i> Covered Amount	M	R	1/18	Required

Notes:

1. Used only in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers do not complete this information.
2. The covered amount equals the amount for the total claim that was covered by the payer sending this 837 to another payer.

Example:

AMT*AU*203~

AMT Coordination of Benefits (COB) Discount Amount

Pos: 300 Max: 1
Detail - Optional
Loop: 2320 Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount Code Name	M	ID	1/3	Required
		D8 Discount Amount				
AMT02	782	Monetary Amount Description: Monetary amount Industry: <i>Other Payer Discount Amount</i> <i>This amount is a crosswalk from AMT in the 835 (Loop CLP, position 062) when AMT01 = D8.</i>	M	R	1/18	Required

Notes:

1. Required if claim has been adjudicated by the payer identified in this loop and if this information was included in the remittance advice reporting those adjudication results.

Example:

AMT*D8*35~

AMT Coordination of Benefits (COB) Patient Paid Amount

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name F5 Patient Amount Paid				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Other Payer Patient Paid Amount	M	R	1/18	Required
		<i>This amount is a crosswalk from AMT in the 835 (Loop CLP, position 062) when AMT01 = F5.</i>				

Notes:

1. Required if claim has been adjudicated by the payer identified in this loop and if this information was included in the remittance advice reporting those adjudication results.
2. The amount carried in this segment is the total amount of money paid by the payer to the patient (rather than to the provider) on this claim.

Example:

AMT*F5*15~

DMG Other Insured Demographic Information

Pos: 305	Max: 1
Detail - Optional	
Loop: 2320	Elements: 3

User Option (Usage): Situational

To supply demographic information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Required
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Other Insured Birth Date</i> Alias: <i>Subscriber's Date of Birth</i>	C	AN	1/35	Required
DMG03	1068	Gender Code Description: Code indicating the sex of the individual Industry: <i>Other Insured Gender Code</i> Alias: <i>Subscriber's Gender</i> Code Name F Female M Male U Unknown	O	ID	1/1	Required

Syntax:

1. P0102 - If either DMG01,DMG02 is present, then all are required

Semantics:

1. DMG02 is the date of birth.
2. DMG07 is the country of citizenship.
3. DMG09 is the age in years.

Notes:

1. Required when 2330A NM102 = 1 (person).

Example:

DMG*D8*19561105*M~

OI Other Insurance Coverage Information

Pos: 310 Max: 1
Detail - Optional
Loop: 2320 Elements: 2

User Option (Usage): Required

To specify information associated with other health insurance coverage

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
OI03	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: <i>Benefits Assignment Certification Indicator</i> NSF Reference: <i>DA0-15.0</i> <i>This code is a crosswalk from CLM08 when doing COB.</i> <u>Code Name</u> N No Y Yes	O	ID	1/1	Required
OI06	1363	Release of Information Code Description: Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations Alias: <i>Release of Information</i> <i>This code is a crosswalk from CLM09 when doing COB.</i> <u>Code Name</u> N No, Provider is Not Allowed to Release Data Y Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	O	ID	1/1	Required

Semantics:

- OI03 is the assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.

Notes:

1. All information contained in the OI segment applies only to the payer who is identified in the 2330B loop of this iteration of the 2320 loop. It is specific only to that payer.

Example:

OI***Y***Y~

Loop 2330A

Pos: 325	Repeat: 1
	Optional
Loop: 2330A	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
325	NM1	Other Subscriber Name	O	1		Required
332	N3	Other Subscriber Address	O	1		Situational
340	N4	Other Subscriber City/State/Zip Code	O	1		Situational
355	REF	Other Subscriber Secondary Identification	O	3		Situational

Semantics:

- NM102 qualifies NM103.

Comments:

- NM110 and NM111 further define the type of entity in NM101.

Notes:

- Submitters are required to send information on all known other subscribers in Loop ID-2330.
- The 2330A loop is required when Loop ID-2320 - Other Subscriber Information, is used. Otherwise, the loop is not used.

Example:

NM1*IL*1*DOE*JOHN*T**JR*MI*333224444~

NM1 Other Subscriber Name

Pos: 325	Max: 1
Detail - Optional	
Loop: 2330A	Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name IL Insured or Subscriber	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Other Insured Last Name</i> Alias: <i>Other Insured's Last Name</i> NSF Reference: <i>DA0-19.0</i>	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: <i>Other Insured First Name</i> Alias: <i>Other Insured's First Name</i> NSF Reference: <i>DA0-20.0</i>	O	AN	1/25	Required
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Other Insured Middle Name</i> Alias: <i>Other Insured's Middle Name</i> NSF Reference: <i>DA0-21.0</i> <i>Required if NM102 = 1 and the middle name/initial of the person is known.</i>	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Other Insured Name Suffix</i> Alias: <i>Other Insured's Generation</i> <i>Examples: I, II, III, IV, Jr, Sr</i> <i>Required if known.</i>	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name 24 Employer's Identification Number MI Member Identification Number ZZ Mutually Defined	C	ID	1/2	Required

Code Name

The value "ZZ", when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.

NM109 67 **Identification Code** C AN 2/80 Required

Description: Code identifying a party or other code

Industry: Other Insured Identifier

Alias: Other Insured's Identification Number

Syntax:

1. P0809 - If either NM108, NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Submitters are required to send information on all known other subscribers in Loop ID-2330.
2. The 2330A loop is required when Loop ID-2320 - Other Subscriber Information, is used. Otherwise, the loop is not used.

Example:

NM1*IL*1*DOE*JOHN*T**JR*MI*333224444~

N3 Other Subscriber Address

Pos: 332	Max: 1
Detail - Optional	
Loop: 2330A	Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: <i>Other Insured Address Line</i> NSF Reference: <i>DA2-04.0</i> <i>Other Insured's Address 1</i>	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: <i>Other Insured Address Line</i> Alias: <i>Other Insured's Address 2</i> NSF Reference: <i>DA2-05.0</i> <i>Required if second address line exists.</i>	O	AN	1/55	Situational

Notes:

1. Required when information is available.

Example:

N3*4320 WASHINGTON ST*SUITE 100~

N4 Other Subscriber City/State/Zip Code

Pos: 340	Max: 1
Detail - Optional	
Loop: 2330A	Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: <i>Other Insured City Name</i> Alias: <i>Other Insured's City</i> NSF Reference: <i>DA2-06.0</i>	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Other Insured State Code</i> Alias: <i>Other Insured's State</i> CODE SOURCE: <i>22: States and Outlying Areas of the U.S.</i> NSF Reference: <i>DA2-07.0</i> <u>ExternalCodeList</u> Name: 22	O	ID	2/2	Required
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: <i>Other Insured Postal Zone or ZIP Code</i> Alias: <i>Other Insured's ZIP Code</i> CODE SOURCE: <i>51: ZIP Code</i> NSF Reference: <i>DA2-08.0</i> <u>ExternalCodeList</u> Name: 51	O	ID	3/15	Required
N404	26	Country Code Description: Code identifying the country Alias: <i>Other Insured's Country</i> CODE SOURCE: <i>5: Countries, Currencies and Funds</i> <i>Required if address is out of the U.S.</i> <u>ExternalCodeList</u> Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational

Syntax:

1. C0605 - If N406 is present, then all of N405 are required

Comments:

1. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2. N402 is required only if city name (N401) is in the U.S. or Canada.

Notes:

1. Required when information is available.

Example:

*N4*PALISADES*OR*23119~*

REF Other Subscriber Secondary Identification

Pos: 355	Max: 3
Detail - Optional	
Loop: 2330A	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name 1W Member Identification Number 23 Client Number IG Insurance Policy Number SY Social Security Number <i>The Social Security Number may not be used for Medicare.</i>	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Other Insured Additional Identifier</i>	C	AN	1/30	Required

Syntax:

- R0203 - At least one of REF02,REF03 is required

Semantics:

- REF04 contains data relating to the value cited in REF02.

Notes:

- Required if additional identification numbers are necessary to adjudicate the claim/encounter.

Example:

REF*SY*528446666~

Loop 2330B

Pos: 325	Repeat: 1
	Optional
Loop: 2330B	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
325	NM1	Other Payer Name	O	1		Required
345	PER	Other Payer Contact Information	O	2		Situational
350	DTP	Claim Paid Date	O	1		Situational
355	REF	Other Payer Secondary Identifier	O	3		Situational
355	REF	Other Payer Prior Authorization or Referral Number	O	2		Situational
355	REF	Other Payer Claim Adjustment Indicator	O	1		Situational

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Submitters are required to send all known information on other payers in this loop ID-2330.

Example:

NM1*PR*2*UNION MUTUAL OF OREGON*****XV*43~

NM1 Other Payer Name

Pos: 325	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name PR Payer	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Other Payer Last or Organization Name</i> Alias: <i>Other Payer Name</i> NSF Reference: <i>DA0-09.0</i>	O	AN	1/35	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name PI Payor Identification XV Health Care Financing Administration National Payer Identification Number (PAYERID) CODE SOURCE: <i>540: Health Care Financing Administration National PlanID</i>	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Other Payer Primary Identifier</i> Alias: <i>Other Payer Primary Identification Number</i> NSF Reference: <i>DA0-07.0</i> ExternalCodeList Name: 540 Description: Health Care Financing Administration National PlanID	C	AN	2/80	Required

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Submitters are required to send all known information on other payers in this loop ID-2330.

Example:

NM1*PR*2*UNION MUTUAL OF OREGON*****XV*43~

PER Other Payer Contact Information

Pos: 345	Max: 2
Detail - Optional	
Loop: 2330B	Elements: 8

User Option (Usage): Situational

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

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named Code Name IC Information Contact	M	ID	2/2	Required
PER02	93	Name Description: Free-form name Industry: <i>Other Payer Contact Name</i>	O	AN	1/60	Required
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name ED Electronic Data Interchange Access Number EM Electronic Mail FX Facsimile TE Telephone	C	ID	2/2	Required
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Required
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number <i>Used only when additional communications numbers need to be transmitted.</i> Code Name ED Electronic Data Interchange Access Number EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	C	ID	2/2	Situational
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable <i>Used only when additional communications numbers need to be transmitted.</i>	C	AN	1/80	Situational
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number <i>Used only when additional communications numbers need to be transmitted.</i> Code Name ED Electronic Data Interchange Access Number EM Electronic Mail EX Telephone Extension	C	ID	2/2	Situational

		Code	Name				
		FX	Facsimile				
		TE	Telephone				
PER08	364		Communication Number	C	AN	1/80	Situational
Description: Complete communications number including country or area code when applicable <i>Used only when additional communications numbers need to be transmitted.</i>							

Syntax:

1. P0304 - If either PER03,PER04 is present, then all are required
2. P0506 - If either PER05,PER06 is present, then all are required
3. P0708 - If either PER07,PER08 is present, then all are required

Notes:

1. This segment is used only in payer-to-payer COB situations. This segment may be completed by a payer who had adjudicated the claim and is passing it on to a secondary payer. It is not completed by submitting providers.
2. Each communication number should always include the area code. The extension when applicable, should be included in the appropriate PER element immediately after the telephone number (e.g., if the telephone number is included in PER03, then the extension should be in PER05).
3. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
4. By definition of the standard, if PER03 is used, PER04 is required.

Example:

PER*IC*SHELLY*TE*5552340000~

DTP Claim Paid Date

Pos: 350	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 573 Date Claim Paid				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Date Claim Paid</i>	M	AN	1/35	Required

Semantics:

- DTP02 is the date or time or period format that will appear in DTP03.

Notes:

- This segment is required when Loop ID-2430 (Service Adjudication Information) is not used.

Example:

DTP*573*D8*19991212~

REF Other Payer Secondary Identifier

Pos: 355	Max: 3
Detail - Optional	
Loop: 2330B	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		2U Payer Identification Number				
		D8 Loss Report Number				
		<i>Used to indicate the payer's claim number for this claim for the payer identified in this iteration of the 2330B loop.</i>				
		F8 Original Reference Number				
		FY Claim Office Number				
		NF National Association of Insurance Commissioners (NAIC) Code				
		CODE SOURCE:				
		<i>245: National Association of Insurance Commissioners (NAIC) Code</i>				
		TJ Federal Taxpayer's Identification Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: <i>Other Payer Secondary Identifier</i>				
		NSF Reference: <i>DA3-29.0</i>				
		<i>The DA3-29.0 crosswalk is only used in payer-to-payer COB situations.</i>				
		ExternalCodeList				
		Name: 245				
		Description: National Association of Insurance Commissioners (NAIC) Code				

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in the NM109 of this loop.
2. Used when it is necessary to identify the 'other' payer's claim number.
3. There can only be a maximum of three REF segments in any one iteration of the 2330 loop.
4. See section 1.4.2 Coordination of Benefits for more information on handling COB in the 837.

Example:

REF*FY*435261708~

REF Other Payer Prior Authorization or Referral Number

Pos: 355	Max: 2
Detail - Optional	
Loop: 2330B	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name 9F Referral Number G1 Prior Authorization Number	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Other Payer Prior Authorization or Referral Number</i>	C	AN	1/30	Required

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Used when the payer identified in this loop has given a prior authorization or referral number to this claim. This element is primarily used in payer-to-payer COB situations.
2. There can only be a maximum of three REF segments in any one iteration of the 2330 loop.
3. This segment should not be used for Predetermination of Benefits.

Example:

REF*9F*AB333-Y5~

REF Other Payer Claim Adjustment Indicator

Pos: 355	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name T4 Signal Code	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Other Payer Claim Adjustment Indicator</i> NSF Reference: <i>DA3-24.0</i> <i>Allowable value is "Y" indicating that the payer in this loop has previously adjudicated this claim and sent a record of that adjudication to the destination payer identified in the 2010BB loop. The claim being transmitted in this iteration of the 2300 loop is a readjudication version of that claim.</i>	C	AN	1/30	Required

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Used only in payer-to-payer COB. In that situation, the destination payer is secondary to the payer identified in this loop. Providers/other submitters do not use this segment.
2. Required when the payer identified in this loop has previously paid this claim (and indicated so to the destination payer). In this case, the payer identified in this loop has readjudicated the claim and is sending the adjusted payment information to the destination payer. This REF segment is used to indicate that this claim is an adjustment of a previously adjudicated claim. If the claim has not been previously adjudicated this REF is not used.
3. There can only be a maximum of three REF segments in any one iteration of the 2330 loop.

Example:

REF*T4*Y~

Loop 2330C

Pos: 325	Repeat: 1
	Optional
Loop: 2330C	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
325	NM1	Other Payer Patient Information	O	1		Situational
355	REF	Other Payer Patient Identification	O	3		Situational

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Required when it is necessary, in COB situations, to send one or more payer specific patient identification numbers. The patient identification number(s) carried in this iteration of the 2330C loop are those patient ID's which belong to non-destination (COB) payers. The patient id(s) for the destination payer are carried in the 2010CA loop NM1 and REF segments.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example:

NM1*QC*1*****MI*6677U801~

NM1 Other Payer Patient Information

Pos: 325	Max: 1
Detail - Optional	
Loop: 2330C	Elements: 4

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name QC Patient	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person	M	ID	1/1	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name MI Member Identification Number	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Other Payer Patient Primary Identifier Alias: Patient's Other Payer Primary Identification Number	C	AN	2/80	Required

Syntax:

1. P0809 - If either NM108, NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Required when it is necessary, in COB situations, to send one or more payer specific patient identification numbers. The patient identification number(s) carried in this iteration of the 2330C loop are those patient ID's which belong to non-destination (COB) payers. The patient id(s) for the destination payer are carried in the 2010CA loop NM1 and REF segments.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example:

NM1*QC*1*****MI*6677U801~

REF Other Payer Patient Identification

Pos: 355	Max: 3
Detail - Optional	
Loop: 2330C	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name 1W Member Identification Number 23 Client Number IG Insurance Policy Number SY Social Security Number				
		<i>The Social Security Number may not be used for Medicare.</i>				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: <i>Other Payer Patient Primary Identifier</i>				
		Alias: <i>Other Payer Patient Identification</i>				

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Used when a COB payer (listed in 2330B loop) has one or more proprietary patient identification numbers for this claim. The patient (name, DOB, etc.) is identified in the 2010BA and 2010CA loop.

Example:

REF*AZ*B333-Y5~

Loop 2330D

Pos: 325	Repeat: 1
	Optional
Loop: 2330D	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
325	NM1	Other Payer Referring Provider	O	1		Situational
355	REF	Other Payer Referring Provider Identification	O	3		Situational

Semantics:

- NM102 qualifies NM103.

Comments:

- NM110 and NM111 further define the type of entity in NM101.

Notes:

- Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.
- Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example:

NM1*DN*1~

NM1 Other Payer Referring Provider

Pos: 325	Max: 1
Detail - Optional	
Loop: 2330D	Elements: 2

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name DN Referring Provider <i>Use on first iteration of this loop. Use if loop is only used once.</i> P3 Primary Care Provider <i>Use only if loop is used twice. Use only on second iteration of this loop.</i>	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example:

NM1*DN*1~

REF Other Payer Referring Provider Identification

Pos: 355	Max: 3
Detail - Optional	
Loop: 2330D	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		0B State License Number				
		1A Blue Cross Provider Number				
		1B Blue Shield Provider Number				
		1C Medicare Provider Number				
		1D Medicaid Provider Number				
		1E Dentist License Number				
		1H CHAMPUS Identification Number				
		EI Employer's Identification Number				
		G2 Provider Commercial Number				
		G5 Provider Site Number				
		LU Location Number				
		SY Social Security Number				
		<i>The social Security Number may not be used for Medicare.</i>				
REF02	127	TJ Federal Taxpayer's Identification Number Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: Other Payer Referring Provider Identifier				
		Alias: Other Payer Referring Provider Identification				

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Non-destination (COB) payers' provider identification number(s).

Example:

REF*EI*RF446~

Loop 2330E

Pos: 325	Repeat: 1
	Optional
Loop: 2330E	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
325	NM1	Other Payer Rendering Provider	O	1		Situational
355	REF	Other Payer Rendering Provider Identification	O	3		Situational

Semantics:

- NM102 qualifies NM103.

Comments:

- NM110 and NM111 further define the type of entity in NM101.

Notes:

- Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.
- Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example:

NM1*82*1~

NM1 Other Payer Rendering Provider

Pos: 325	Max: 1
Detail - Optional	
Loop: 2330E	Elements: 2

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name 82 Rendering Provider	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required

Syntax:

1. P0809 - If either NM108, NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example:

NM1*82*1~

REF Other Payer Rendering Provider Identification

Pos: 355	Max: 3
Detail - Optional	
Loop: 2330E	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		0B State License Number				
		1A Blue Cross Provider Number				
		1B Blue Shield Provider Number				
		1C Medicare Provider Number				
		1D Medicaid Provider Number				
		1E Dentist License Number				
		1H CHAMPUS Identification Number				
		EI Employer's Identification Number				
		G2 Provider Commercial Number				
		G5 Provider Site Number				
		LU Location Number				
		SY Social Security Number				
		<i>The social Security Number may not be used for Medicare.</i>				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: Other Payer Rendering Provider Identifier				

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Non-destination (COB) payers' provider identification number(s).

Example:

REF*LU*SLC987~

Loop 2400

Pos: 365	Repeat: 50
	Optional
Loop: 2400	Elements: N/A

To reference a line number in a transaction set

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
365	LX	Line Counter	O	1		Required
380	SV3	Dental Service	O	1		Required
382	TOO	Tooth Information	O	32		Situational
455	DTP	Date - Service	O	1		Situational
455	DTP	Date - Prior Placement	O	1		Situational
455	DTP	Date - Appliance Placement	O	1		Situational
455	DTP	Date - Replacement	O	1		Situational
460	QTY	Anesthesia Quantity	O	5		Situational
470	REF	Service Predetermination Identification	O	1		Situational
470	REF	Prior Authorization or Referral Number	O	2		Situational
470	REF	Line Item Control Number	O	1		Situational
475	AMT	Approved Amount	O	1		Ignored
475	AMT	Sales Tax Amount	O	1		Situational
485	NTE	Line Note	O	10		Situational
500		Loop 2420A	O		1	Situational
500		Loop 2420B	O		1	Ignored
500		Loop 2420C	O		1	Situational

Notes:

1. The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim. The LX functions as a line counter.
2. The data in the LX is not returned in the 835 (Remittance Advice) transaction. It is used to indicate bundling/unbundling in SVC06.
3. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

LX*1~

LX Line Counter

Pos: 365	Max: 1
Detail - Optional	
Loop: 2400	Elements: 1

User Option (Usage): Required

To reference a line number in a transaction set

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
LX01	554	Assigned Number Description: Number assigned for differentiation within a transaction set Alias: <i>Line Counter</i> NSF Reference: <i>FA0-02.0, FB0-02.0, FB1-02.0, GA0-02.0, GC0-02.0, GX0-02.0, GX2-02.0, HA0-02.0, FB2-02.0, GU0-02.0</i> <i>The service line number is incremented by one for each service line.</i>	M	NO	1/6	Required

Notes:

1. The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim. The LX functions as a line counter.
2. The data in the LX is not returned in the 835 (Remittance Advice) transaction. It is used to indicate bundling/unbundling in SVC06.
3. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

LX*1~

SV3 Dental Service

Pos: 380	Max: 1
Detail - Optional	
Loop: 2400	Elements: 6

User Option (Usage): Required

To specify the claim service detail for dental work

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SV301	C003	Composite Medical Procedure Identifier Description: To identify a medical procedure by its standardized codes and applicable modifiers	M	Comp		Required
	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Industry: <i>Product or Service ID Qualifier</i>	M	ID	2/2	Required
		Code Name AD American Dental Association Codes <i>CDT = Current Dental Terminology</i>				
		CODE SOURCE: <i>135: American Dental Association Codes</i>				
	234	Product/Service ID Description: Identifying number for a product or service Industry: <i>Procedure Code</i> NSF Reference: <i>FA0-09.0</i> ExternalCodeList Name: 135	M	AN	1/48	Required
		Description: American Dental Association Codes				
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Alias: <i>Procedure Code Modifier</i> NSF Reference: <i>FA0-10.0</i> <i>Use this modifier for the first procedure code modifier.</i> <i>A modifier must be from code source 135 (American Dental Association) found in the 'Code on Dental Procedures and Nomenclature', if such modifier is available.</i>	O	AN	2/2	Situational
		Description: American Dental Association Codes				
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Alias: <i>Procedure Code Modifier</i> NSF Reference: <i>FA0-11.0</i> <i>Use this modifier for the second procedure code modifier.</i> <i>A modifier must be from code source 135 (American Dental Association) found in the 'Code on Dental Procedures and Nomenclature', if such modifier is available.</i>	O	AN	2/2	Situational
		Description: American Dental Association Codes				
	1339	Procedure Modifier Description: This identifies special	O	AN	2/2	Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
	1339	<p>circumstances related to the performance of the service, as defined by trading partners</p> <p>Alias: Procedure Code Modifier</p> <p>NSF Reference: FA0-12.0</p> <p><i>Use this modifier for the third procedure code modifier.</i></p> <p><i>A modifier must be from code source 135 (American Dental Association) found in the 'Code on Dental Procedures and Nomenclature', if such modifier is available.</i></p> <p>Procedure Modifier</p> <p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p>Alias: Procedure Code Modifier</p> <p>NSF Reference: FA0-36.0</p> <p><i>Use this modifier for the fourth procedure code modifier.</i></p> <p><i>A modifier must be from code source 135 (American Dental Association) found in the 'Code on Dental Procedures and Nomenclature', if such modifier is available.</i></p>	O	AN	2/2	Situational
SV302	782	<p>Monetary Amount</p> <p>Description: Monetary amount</p> <p>Industry: Line Item Charge Amount</p> <p>Alias: Line Charge Amount</p> <p>NSF Reference: FA0-13.0</p> <p><i>Zero "0" is an acceptable value for this element.</i></p>	O	R	1/18	Required
SV303	1331	<p>Facility Code Value</p> <p>Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format</p> <p>Industry: Facility Type Code</p> <p><i>Required if the Place of Service is different than the Place of Service reported in the CLM segment in the 2300 loop.</i></p> <p><i>Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below; however, the code list is thought to be complete at the time of publication of this implementation guide. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.</i></p> <p>11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 31 Skilled Nursing Facility 35 Adult Living Care Facility</p>	O	AN	1/2	Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u> <u>ExternalCodeList</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SV304	C006	<p>Name: 237</p> <p>Description: Place of Service from Health Care Financing Administration Claim Form</p> <p>Oral Cavity Designation</p> <p>Description: To identify one or more areas of the oral cavity</p> <p><i>Required to report areas of the mouth that are being treated.</i></p>	O	Comp		Situational
	1361	<p>Oral Cavity Designation Code</p> <p>Description: Code Identifying the area of the oral cavity in which service is rendered</p> <p>NSF Reference: FD0-62.0</p> <p>Code Name</p> <p>L Left</p> <p>R Right</p> <p>00 Entire Oral Cavity</p> <p>01 Maxillary Area</p> <p>02 Mandibular Area</p> <p>09 Other Area of Oral Cavity</p> <p>10 Upper Right Quadrant</p> <p>20 Upper Left Quadrant</p> <p>30 Lower Left Quadrant</p> <p>40 Lower Right Quadrant</p>	M	ID	1/3	Required
	1361	<p>Oral Cavity Designation Code</p> <p>Description: Code Identifying the area of the oral cavity in which service is rendered</p> <p>NSF Reference: FD0-62.0</p> <p><i>Use this code for the additional oral cavity designation codes. The code values in SV304-1 apply to all occurrences of the oral cavity designation code.</i></p> <p>Code Name</p> <p>L Left</p> <p>R Right</p> <p>00 Entire Oral Cavity</p> <p>01 Maxillary Area</p> <p>02 Mandibular Area</p> <p>09 Other Area of Oral Cavity</p> <p>10 Upper Right Quadrant</p> <p>20 Upper Left Quadrant</p> <p>30 Lower Left Quadrant</p> <p>40 Lower Right Quadrant</p>	O	ID	1/3	Situational
	1361	<p>Oral Cavity Designation Code</p> <p>Description: Code Identifying the area of the oral cavity in which service is rendered</p> <p>NSF Reference: FD0-62.0</p> <p><i>Use this code for the additional oral cavity designation codes. The code values in SV304-1 apply to all occurrences of the oral cavity designation code.</i></p> <p>Code Name</p> <p>L Left</p> <p>R Right</p> <p>00 Entire Oral Cavity</p> <p>01 Maxillary Area</p> <p>02 Mandibular Area</p> <p>09 Other Area of Oral Cavity</p> <p>10 Upper Right Quadrant</p>	O	ID	1/3	Situational

		<p>Code Name 20 Upper Left Quadrant 30 Lower Left Quadrant 40 Lower Right Quadrant</p>				
1361		<p>Oral Cavity Designation Code Description: Code Identifying the area of the oral cavity in which service is rendered NSF Reference: FD0-62.0 Use this code for the additional oral cavity designation codes. The code values in SV304-1 apply to all occurrences of the oral cavity designation code.</p>	O	ID	1/3	Situational
		<p>Code Name L Left R Right 00 Entire Oral Cavity 01 Maxillary Area 02 Mandibular Area 09 Other Area of Oral Cavity 10 Upper Right Quadrant 20 Upper Left Quadrant 30 Lower Left Quadrant 40 Lower Right Quadrant</p>				
1361		<p>Oral Cavity Designation Code Description: Code Identifying the area of the oral cavity in which service is rendered NSF Reference: FD0-62.0 Use this code for the additional oral cavity designation codes. The code values in SV304-1 apply to all occurrences of the oral cavity designation code.</p>	O	ID	1/3	Situational
		<p>Code Name L Left R Right 00 Entire Oral Cavity 01 Maxillary Area 02 Mandibular Area 09 Other Area of Oral Cavity 10 Upper Right Quadrant 20 Upper Left Quadrant 30 Lower Left Quadrant 40 Lower Right Quadrant</p>				
SV305	1358	<p>Prosthesis, Crown or Inlay Code Description: Code specifying the placement status for the dental work Industry: Prosthesis, Crown, or Inlay Code NSF Reference: FD0-13.0 Required to indicate the placement status of the prosthetic on this line.</p>	O	ID	1/1	Situational
		<p>Code Name I Initial Placement R Replacement If the SV305 = R, then the DTP segment in the 2400 loop for Prior Placement is Required.</p>				
SV306	380	<p>Quantity Description: Numeric value of quantity Industry: Procedure Count NSF Reference: FA0-18.0 Number of procedures</p>	O	R	1/15	Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
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Semantics:

1. SV302 is a submitted charge amount.
2. SV303 is the place of service code representing the location where the dental treatment was rendered.
3. SV306 is the number of procedures.
4. SV307 is the reason for replacement.
5. SV310 is the predetermination of benefits indicator. A "Y" value indicates that this service is being submitted for predetermination of benefits.

Example:

SV3*AD:D2150*80****1~

TOO Tooth Information

Pos: 382	Max: 32
Detail - Optional	
Loop: 2400	Elements: 3

User Option (Usage): Situational

To identify a tooth by number and, if applicable, one or more tooth surfaces

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
TOO01	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Code Name JP National Standard Tooth Numbering System CODE SOURCE: 135: American Dental Association Codes	C	ID	1/3	Required
TOO02	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Tooth Code</i> Alias: <i>Tooth Number</i> NSF Reference: <i>FD0-05.0, FD0-07.0, FD0-09.0, FD0-11.0</i> <i>See Appendix C for code source 135: American Dental Association Codes.</i> ExternalCodeList Name: 135	C	AN	1/30	Situational
TOO03	C005	Tooth Surface Description: American Dental Association Codes To identify one or more tooth surface codes <i>Required if the procedure code requires tooth surface codes.</i>	O	Comp		Situational
	1369	Tooth Surface Code Description: Code identifying the area of the tooth that was treated NSF Reference: <i>FD0-06.0, FD0-08.0, FD0-10.0, FD0-12.0</i> Code Name B Buccal D Distal F Facial I Incisal L Lingual M Mesial O Occlusal	M	ID	1/2	Required
	1369	Tooth Surface Code Description: Code identifying the area of the tooth that was treated <i>Additional tooth surface codes can be carried in TOO03-2 through TOO03-5. The code values are the same as in TOO03-1. Required to report a second tooth surface.</i> Code Name B Buccal D Distal F Facial	O	ID	1/2	Situational

	Code	Name				
	I	Incisal				
	L	Lingual				
	M	Mesial				
	O	Occlusal				
1369	Tooth Surface Code		O	ID	1/2	Situational
	Description: Code identifying the area of the tooth that was treated					
	<i>Required to report a third tooth surface.</i>					
	Code	Name				
	B	Buccal				
	D	Distal				
	F	Facial				
	I	Incisal				
	L	Lingual				
	M	Mesial				
	O	Occlusal				
1369	Tooth Surface Code		O	ID	1/2	Situational
	Description: Code identifying the area of the tooth that was treated					
	<i>Required to report a third tooth surface.</i>					
	Code	Name				
	B	Buccal				
	D	Distal				
	F	Facial				
	I	Incisal				
	L	Lingual				
	M	Mesial				
	O	Occlusal				
1369	Tooth Surface Code		O	ID	1/2	Situational
	Description: Code identifying the area of the tooth that was treated					
	<i>Required to report a third tooth surface.</i>					
	Code	Name				
	B	Buccal				
	D	Distal				
	F	Facial				
	I	Incisal				
	L	Lingual				
	M	Mesial				
	O	Occlusal				

Syntax:

1. P0102 - If either TOO01,TOO02 is present, then all are required

Notes:

Required to report tooth number and/or tooth surface related to this procedure line.

Example:

*TOO*JP*12*L:O~*

DTP Date - Service

Pos: 455	Max: 1
Detail - Optional	
Loop: 2400	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 472 Service				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Service Date</i> NSF Reference: <i>FA0-05.0, FA0-06.0</i>	M	AN	1/35	Required

Semantics:

- DTP02 is the date or time or period format that will appear in DTP03.

Notes:

- Required if the service date is different than the service date reported at the DTP segment in the 2300 loop and the service was performed.

Example:

DTP*472*D8*19980108~

DTP Date - Prior Placement

Pos: 455	Max: 1
Detail - Optional	
Loop: 2400	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 441 Prior Placement				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format NSF Reference: <i>FD0-14.0</i>	M	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Prior Placement Date</i>	M	AN	1/35	Required

Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

Notes:

1. Required if the services performed are prosthetic services that were previously placed.
2. If the SV305 data element = "R - Replacement" the Prior Placement date is required.

Example:

DTP*441*D8*19980108~

DTP Date - Appliance Placement

Pos: 455	Max: 1
Detail - Optional	
Loop: 2400	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 452 Appliance Placement				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format NSF Reference: <i>FD0-19.0</i>	M	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Orthodontic Banding Date</i>	M	AN	1/35	Required

Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

Notes:

1. Required if the orthodontic appliance placement date is different than the orthodontic appliance placement date in the DTP segment in the 2300 loop.

Example:

DTP*452*D8*19980108~

DTP Date - Replacement

Pos: 455	Max: 1
Detail - Optional	
Loop: 2400	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 446 Replacement				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format NSF Reference: <i>FD0-22.0</i>	M	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Replacement Date</i>	M	AN	1/35	Required

Semantics:

- DTP02 is the date or time or period format that will appear in DTP03.

Notes:

- This DTP segment should be used to report the date an orthodontic appliance was replaced.

Example:

DTP*446*D8*19980108~

QTY Anesthesia Quantity

Pos: 460	Max: 5
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Situational

To specify quantity information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
QTY01	673	Quantity Qualifier Description: Code specifying the type of quantity	M	ID	2/2	Required
		Code Name				
		BF Age Modifying Units				
		EM Emergency Modifying Units				
		HM Use of Hypothermia				
		HO Use of Hypotension				
		HP Use of Hyperbaric Pressurization				
		P3 Physical Status III				
		P4 Physical Status IV				
		P5 Physical Status V				
		SG Swan-Ganz				
QTY02	380	Quantity Description: Numeric value of quantity Industry: <i>Anesthesia Unit Count</i>	C	R	1/15	Required

Syntax:

1. R0204 - At least one of QTY02,QTY04 is required
2. E0204 - Only one of QTY02,QTY04 may be presented

Semantics:

1. QTY04 is used when the quantity is non-numeric.

Notes:

1. Required on anesthesia service lines if one or more extenuating circumstances, coded in the QTY01, was present at the time of service.

Example:

QTY*BF*3~

REF Service Predetermination Identification

Pos: 470	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name G3 Predetermination of Benefits Identification Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Predetermination of Benefits Identifier</i>	C	AN	1/30	Required

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. This segment should be used to send the line level Predetermination of Benefits Identification Number for a service that was previously predetermined and is now being submitted for payment.

Example:

REF*G3*MCN12345~

REF Prior Authorization or Referral Number

Pos: 470	Max: 2
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name 9F Referral Number G1 Prior Authorization Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: <i>Referral Number</i>				

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Required if service line involved a prior authorization number or referral number that is different than the number reported at the claim.
2. This segment should not be used for Predetermination of Benefits.

Example:

REF*9F*123456567~

REF Line Item Control Number

Pos: 470	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name 6R Provider Control Number	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Line Item Control Number</i> NSF Reference: <i>FA0-04.4, FB0-04.0, FB1-04.0, FB2-04.0, FD0-04.0, FE0-04.0, HA0-04.0</i>	C	AN	1/30	Required

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Required if it is necessary to send a line control or inventory number. It is strongly suggested that providers send this number, particularly if the provider automatically posts their remittance advice. Payers are required to return this number in the remittance advice transaction (835) if the provider sends it to them in the 837.

Example:

REF*6R*543211~

AMT Approved Amount

Pos: 475	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Ignored

To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name AAE Approved Amount				
AMT02	782	Monetary Amount Description: Monetary amount	M	R	1/18	Required
		Industry: <i>Approved Amount</i>				

Notes:

1. Used only in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers do not complete this information.
2. The approved amount equals the amount for the service line that was approved by the payer sending this 837 to another payer.

Example:

AMT*AAE*300~

AMT Sales Tax Amount

Pos: 475	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name T Tax				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Sales Tax Amount	M	R	1/18	Required

Notes:

1. Required if sales tax applies to service line and submitter is required to report that information to the receiver.

Example:

AMT*T*45~

NTE Line Note

Pos: 485	Max: 10
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Situational

To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NTE01	363	Note Reference Code Description: Code identifying the functional area or purpose for which the note applies	O	ID	3/3	Required
		Code Name ADD Additional Information				
NTE02	352	Description Description: A free-form description to clarify the related data elements and their content	M	AN	1/80	Required
		Industry: <i>Claim Note Text</i>				
		NSF Reference: <i>HA0-05.0</i>				

Comments:

- The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processable. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

Notes:

- Required if the submitter used a "Not Otherwise Classified" (NOC) or a "By Report" procedure code or to report the following information on this service line: Date of Initial Impression, Date of Initial Preparation Crown, Initial Preparation Crown Tooth Number or Initial Endodontic Treatment.

Example:

NTE*ADD*PATIENT IS HANDICAPPED AND REQUIRED BEHAVIORAL MANAGEMENT TO COMPLETE TREATMENT~

Loop 2420A

Pos: 500	Repeat: 1
	Optional
Loop: 2420A	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
500	NM1	Rendering Provider Name	O	1		Situational
505	PRV	Rendering Provider Specialty Information	O	1		Situational
525	REF	Rendering Provider Secondary Identification	O	5		Situational

Semantics:

- NM102 qualifies NM103.

Comments:

- NM110 and NM111 further define the type of entity in NM101.

Notes:

- Because the usage of this segment is "situational" this is not a syntatically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
- Required if the Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop, or if the Rendering Provider information is carried at the Billing/Pay-to Provider loop level (2010AA/AB) and this particular service line has a different Rendering Provider that what is given in the 2010AA/AB loop.

Example:

NM1*82*1*DICE*LINDA****34*123456789~

NM1 Rendering Provider Name

Pos: 500	Max: 1
Detail - Optional	
Loop: 2420A	Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <i>The entity identifier in NM101 applies to all segments in Loop ID-2420.</i> Code Name 82 Rendering Provider	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Rendering Provider Last or Organization Name</i> NSF Reference: <i>FB1-14.0</i>	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: <i>Rendering Provider First Name</i> NSF Reference: <i>FB1-15.0</i> <i>Required if NM102 = 1 (person).</i>	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Rendering Provider Middle Name</i> NSF Reference: <i>FB1-16.0</i> <i>Required if NM102 = 1 and the middle name/initial of the person is known.</i>	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Rendering Provider Name Suffix</i> <i>Required if known.</i>	O	AN	1/10	Ignored
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name 24 Employer's Identification Number 34 Social Security Number <i>The Social Security Number may not be used for Medicare.</i> XX Health Care Financing Administration National Provider Identifier	C	ID	1/2	Required
NM109	67	Identification Code	C	AN	2/80	Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Description: Code identifying a party or other code				
		Industry: <i>Rendering Provider Identifier</i>				
		Alias: <i>Rendering Provider Primary Identification Number</i>				
		NSF Reference: <i>FA0-23.0</i>				
		ExternalCodeList				
		Name: 537				
		Description: Health Care Financing Administration National Provider Identifier				

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Because the usage of this segment is "situational" this is not a syntatically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
2. Required if the Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop, or if the Rendering Provider information is carried at the Billing/Pay-to Provider loop level (2010AA/AB) and this particular service line has a different Rendering Provider that what is given in the 2010AA/AB loop.

Example:

NM1*82*1*DICE*LINDA****34*123456789~

PRV Rendering Provider Specialty Information

Pos: 505	Max: 1
Detail - Optional	
Loop: 2420A	Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PRV01	1221	Provider Code Description: Code identifying the type of provider	M	ID	1/3	Required
		Code Name PE Performing				
PRV02	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name ZZ Mutually Defined				
<p><i>ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ANSI ASC X12N TG2 WG15.</i></p>						
PRV03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN	1/30	Required
		Industry: Provider Taxonomy Code				
		Alias: Provider Specialty Code				
		ExternalCodeList				
		Name: HCPT				
		Description: Health Care Provider Taxonomy				

Notes:

1. PRV02 qualifies PRV03.
2. Required when adjudication is known to be impacted by provider taxonomy code.

Example:

PRV*PE*ZZ*1223P0300Y~

REF Rendering Provider Secondary Identification

Pos: 525	Max: 5
Detail - Optional	
Loop: 2420A	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		0B State License Number				
		1A Blue Cross Provider Number				
		1B Blue Shield Provider Number				
		1C Medicare Provider Number				
		1D Medicaid Provider Number				
		1E Dentist License Number				
		1H CHAMPUS Identification Number				
		EI Employer's Identification Number				
		G2 Provider Commercial Number				
		G5 Provider Site Number				
		LU Location Number				
		SY Social Security Number				
		<i>The Social Security Number may not be used for Medicare.</i>				
		TJ Federal Taxpayer's Identification Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: Rendering Provider Secondary Identifier				

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in the NM109.

Example:

REF*0B*A12345~

Loop 2420B

Pos: 500	Repeat: 1
	Optional
Loop: 2420B	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
500	NM1	Other Payer Prior Authorization or Referral Number	O	1		Situational
525	REF	Other Payer Prior Authorization or Referral Number	O	2		Situational

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Required when it is necessary, in COB situations, to send a payer specific line level referral number. The payer-specific numbers carried in the REF in this loop belong to the non-destination (COB) payer.
2. The strategy in using this loop is to use NM109 to identify which payer referral number carried in the REF of this loop belongs to. For example, if there are two COB payers (non-destination payers) who have additional referral numbers for this service line the data string for the 2420C loop would look like this:
 NM1*PR*2*PAYER1****PI*PAYER #1 ID~ (This payer ID would be identified in an iteration of the loop 2330B in it's own 2320 loop) REF*9F*AAAAAAA~
 NM1*PR*2*PAYER2****PI*PAYER #2 ID~ (This payer ID would be identified in an iteration of the loop 2330B in it's own 2320 loop) REF*9F*2*BBBBBB~
3. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example:

NM1*PR*2*PAYER1****PI*111222333~

MMSO User Note:

Loop 2420B will be ignored if sent.

NM1 Other Payer Prior Authorization or Referral Number

Pos: 500	Max: 1
Detail - Optional	
Loop: 2420B	Elements: 5

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name PR Payer	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Other Payer Last or Organization Name</i>	O	AN	1/35	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name PI Payor Identification XV Health Care Financing Administration National Payer Identification Number (PAYERID) CODE SOURCE: <i>540: Health Care Financing Administration National PlanID</i>	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Other Payer Referral Number</i> Alias: <i>Other Payer Referral Identification</i> <i>Must match corresponding Other Payer Identifier in NM109 in 2330B loop(s).</i> ExternalCodeList Name: 540 Description: Health Care Financing Administration National PlanID	C	AN	2/80	Required

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Required when it is necessary, in COB situations, to send a payer specific line level referral number. The payer-specific numbers carried in the REF in this loop belong to the non-destination (COB) payer.

2. The strategy in using this loop is to use NM109 to identify which payer referral number carried in the REF of this loop belongs to. For example, if there are two COB payers (non-destination payers) who have additional referral numbers for this service line the data string for the 2420C loop would look like this:

NM1*PR*2*PAYER1****PI*PAYER #1 ID~ (This payer ID would be identified in an iteration of the loop 2330B in it's own 2320 loop) REF*9F*AAAAAAA~

NM1*PR*2*PAYER2****PI*PAYER #2 ID~ (This payer ID would be identified in an iteration of the loop 2330B in it's own 2320 loop) REF*9F*2*BBBBBB~

3. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example:

NM1*PR*2*PAYER1****PI*11222333~

REF Other Payer Prior Authorization or Referral Number

Pos: 525	Max: 2
Detail - Optional	
Loop: 2420B	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name 9F Referral Number G1 Prior Authorization Number	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Other Payer Prior Authorization or Referral Number</i>	C	AN	1/30	Required

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Used when COB Payer (listed in 2330B loop) has one or more line-level referral numbers for this service line.
2. This segment should not be used for Predetermination of Benefits.

Example:

REF*9F*AB333-Y6~

Loop 2420C

Pos: 500	Repeat: 1
	Optional
Loop: 2420C	Elements: N/A

To supply the full name of an individual or organizational entity

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
500	NM1	Assistant Surgeon Name	O	1		Situational
505	PRV	Assistant Surgeon Specialty Information	O	1		Situational
525	REF	Assistant Surgeon Secondary Identification	O	1		Situational

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Required if the Assistant Surgeon information in this Loop ID-2420C is different from the Assistant Surgeon information supplied in the Loop ID-2310D.
2. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature and X12 syntax rules.
3. Required when the Assistant Surgeon information is needed to facilitate reimbursement of the claim.
4. The Assistant Surgeon information must not be used when the Rendering Provider loop (Loop ID-2420A) is also present for the claim.

Example:

NM1*DD*1*SMITH*JOHN*S***34*123456789~

NM1 Assistant Surgeon Name

Pos: 500	Max: 1
Detail - Optional	
Loop: 2420C	Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <i>The entity identifier in NM101 applies to all segments in Loop ID-2420.</i> Code Name DD Assistant Surgeon	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Assistant Surgeon Last or Organization Name Alias: Assistant Surgeon Last Name	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: Assistant Surgeon First Name <i>Required if NM102 = 1 (person).</i>	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Assistant Surgeon Middle Name <i>Required when middle name/initial of person is known.</i>	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Assistant Surgeon Name Suffix <i>Required if known.</i>	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Assistant Surgeon Identifier	C	AN	2/80	Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
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Alias: Assistant Surgeon's Primary
Identification Number

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

Syntax:

1. P0809 - If either NM108, NM109 is present, then all are required
2. C1110 - If NM111 is present, then all of NM110 are required

Semantics:

1. NM102 qualifies NM103.

Comments:

1. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. Required if the Assistant Surgeon information in this Loop ID-2420C is different from the Assistant Surgeon information supplied in the Loop ID-2310D.
2. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature and X12 syntax rules.
3. Required when the Assistant Surgeon information is needed to facilitate reimbursement of the claim.
4. The Assistant Surgeon information must not be used when the Rendering Provider loop (Loop ID-2420A) is also present for the claim.

Example:

NM1*DD*1*SMITH*JOHN*S***34*123456789~

PRV Assistant Surgeon Specialty Information

Pos: 505	Max: 1
Detail - Optional	
Loop: 2420C	Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PRV01	1221	Provider Code Description: Code identifying the type of provider	M	ID	1/3	Required
		Code Name AS Assistant Surgeon				
PRV02	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name ZZ Mutually Defined				
		<i>ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ANSI ASC X12N TG2 WG15.</i>				
PRV03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN	1/30	Required
		Industry: Provider Taxonomy Code				
		Alias: Provider Specialty Code				
		ExternalCodeList				
		Name: HCPT				
		Description: Health Care Provider Taxonomy				

Notes:

1. PRV02 qualifies PRV03.
2. Required when the Assistant Surgeon specialty information is needed to facilitate reimbursement of the claim.

Example:

PRV*AS*ZZ*1223S0112Y~

REF Assistant Surgeon Secondary Identification

Pos: 525	Max: 1
Detail - Optional	
Loop: 2420C	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		0B State License Number				
		1A Blue Cross Provider Number				
		1B Blue Shield Provider Number				
		1C Medicare Provider Number				
		1D Medicaid Provider Number				
		1E Dentist License Number				
		1H CHAMPUS Identification Number				
		G2 Provider Commercial Number				
		LU Location Number				
		TJ Federal Taxpayer's Identification Number				
		X4 Clinical Laboratory Improvement Amendment Number				
		X5 State Industrial Accident Provider Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: Assistant Surgeon Secondary Identifier				
		Alias: Assistant Surgeon Secondary Identification Number				

Syntax:

1. R0203 - At least one of REF02,REF03 is required

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. Use this REF segment only if a second number is necessary to identify the provider. The primary identification number should be contained in the NM109.

Example:

REF*0B*12345~

SE Transaction Set Trailer

Pos: 555	Max: 1
Detail - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments Industry: <i>Transaction Segment Count</i>	M	NO	1/10	Required
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set Alias: <i>Transaction Set Control Number</i> <i>The Transaction Set Control Numbers in ST02 and SE02 must be identical. The Transaction Set Control Number is assigned by the originator and must be unique within a functional group (GS-GE) and interchange (ISA-IEA). This unique number also aids in error resolution research.</i>	M	AN	4/9	Required

Comments:

- SE is the last segment of each transaction set.

Example:

SE*211*987654~

Table of Contents

Health Care Claim: Dental	3
Transaction Set Header	9
Beginning of Hierarchical Transaction	10
Transmission Type Identification	12
Loop 1000A	13
Submitter Name	14
Submitter Contact Information	16
Loop 1000B	18
Receiver Name	19
Loop 2000A	21
Billing/Pay-to Provider Hierarchical Level	22
Billing/Pay-to Provider Specialty Information	24
Foreign Currency Information	25
Loop 2010AA	26
Billing Provider Name	27
Additional Billing Provider Name Information	29
Billing Provider Address	30
Billing Provider City/State/ZIP Code	31
Billing Provider Secondary Identification Number	33
Claim Submitter Credit/Debit Card Information	35
Loop 2010AB	36
Pay-to Provider's Name	37
Additional Pay-to Provider Name Information	39
Pay-to Provider's Address	40
Pay-to Provider City/State/Zip	41
Pay-to Provider Secondary Identification Number	43
Loop 2000B	44
Subscriber Hierarchical Level	45
Subscriber Information	47
Loop 2010BA	50
Subscriber Name	51
Subscriber Address	53
Subscriber City/State/ZIP Code	54
Subscriber Demographic Information	56
Subscriber Secondary Identification	57
Property and Casualty Claim Number	58
Loop 2010BB	59
Payer Name	60
Payer Address	62
Payer City/State/ZIP Code	63
Payer Secondary Identification Number	65
Loop 2010BC	66
Credit/Debit Card Holder Name	67
Credit/Debit Card Information	69
Loop 2300	70
Claim Information	72
Date - Admission	78
Date - Discharge	79
Date - Referral	80
Date - Accident	81
Date - Appliance Placement	82
Date - Service	83
Orthodontic Total Months of Treatment	84

Tooth Status	85
Claim Supplemental Information	86
Patient Amount Paid	88
Credit/Debit Card - Maximum Amount	89
Predetermination Identification	90
Service Authorization Exception Code	91
Original Reference Number (ICN/DCN)	92
Prior Authorization or Referral Number	93
Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	94
Claim Note	95
Loop 2310A	96
Referring Provider Name	97
Referring Provider Specialty Information	99
Referring Provider Secondary Identification	100
Loop 2310B	101
Rendering Provider Name	102
Rendering Provider Specialty Information	104
Rendering Provider Secondary Identification	105
Loop 2310C	106
Service Facility Location	107
Service Facility Location Secondary Identification	109
Loop 2310D	110
Assistant Surgeon Name	111
Assistant Surgeon Specialty Information	113
Assistant Surgeon Secondary Identification	114
Loop 2320	115
Other Subscriber Information	116
Claim Adjustment	118
Coordination of Benefits (COB) Payer Paid Amount	123
Coordination of Benefits (COB) Approved Amount	124
Coordination of Benefits (COB) Allowed Amount	125
Coordination of Benefits (COB) Patient Responsibility Amount	126
Coordination of Benefits (COB) Covered Amount	127
Coordination of Benefits (COB) Discount Amount	128
Coordination of Benefits (COB) Patient Paid Amount	129
Other Insured Demographic Information	130
Other Insurance Coverage Information	131
Loop 2330A	132
Other Subscriber Name	133
Other Subscriber Address	135
Other Subscriber City/State/Zip Code	136
Other Subscriber Secondary Identification	138
Loop 2330B	139
Other Payer Name	140
Other Payer Contact Information	142
Claim Paid Date	144
Other Payer Secondary Identifier	145
Other Payer Prior Authorization or Referral Number	146
Other Payer Claim Adjustment Indicator	147
Loop 2330C	148
Other Payer Patient Information	149
Other Payer Patient Identification	150
Loop 2330D	151
Other Payer Referring Provider	152
Other Payer Referring Provider Identification	153
Loop 2330E	154

Other Payer Rendering Provider	155
Other Payer Rendering Provider Identification	156
Loop 2400	157
Line Counter	158
Dental Service	159
Tooth Information	164
Date - Service	166
Date - Prior Placement	167
Date - Appliance Placement	168
Date - Replacement	169
Anesthesia Quantity	170
Service Predetermination Identification	171
Prior Authorization or Referral Number	172
Line Item Control Number	173
Approved Amount	174
Sales Tax Amount	175
Line Note	176
Loop 2420A	177
Rendering Provider Name	178
Rendering Provider Specialty Information	180
Rendering Provider Secondary Identification	181
Loop 2420B	182
Other Payer Prior Authorization or Referral Number	183
Other Payer Prior Authorization or Referral Number	185
Loop 2420C	186
Assistant Surgeon Name	187
Assistant Surgeon Specialty Information	189
Assistant Surgeon Secondary Identification	190
Transaction Set Trailer	191