HIPAA 837I (Institutional) Companion Guide

Prepared for Health Care Providers

For use with the Eastpointe claims processing system

Version 1.0
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Introduction

This companion guide is designed to be used in conjunction with the *HIPAA Implementation Guide*. The companion guide specifications define current functions and other information specific to this MCO. The Division of Medical Assistance's (DMA) solution for Health Insurance Portability and Accountability Act (HIPAA) recommends suggested methods for utilizing the transactions.

This guide includes the transaction set and layout for the ASC X12N 837 005010X223A1 Health Care Claim Institutional transaction set.

All Medicaid claims can be reported using the 837 transaction set

Electronic submission of claims will follow these guidelines:

- Claims currently filed on CMS-1500 format will be filed on the 837P
- Claims currently filed on UB-04 format will be filed on the 837I
- Medicaid ID has to be submitted in the files.
- ICD 9 primary diagnosis required. Additional diagnoses can be reported if applicable.

These providers must be reported on the claim:

- **Billing provider** - files claims and receives payments, used to route claim to best financial payer.
- **Attending / Rendering provider** - agency / clinician that renders the service.

** IMPORTANT NOTE -- The submission of these values does not guarantee a payment.
All claims are subject to the MCO's edits and audits.

Approval Procedures

Providers who wish to submit electronic Health Care Claims must incorporate the attached specifications into their systems. They must also satisfactorily complete testing. Upon successful completion of testing, providers will be approved for submitting electronic claims.

Providers must complete a Trading Partner Agreement for approval for electronic submission of claims.

Approval Tasks:

- Complete the Trading Partner Agreement Form.
- Contact support@eastpointe.net to set up testing.
- Set up your EDI software using the specifications included in this document.
- You MUST work in coordination with our IT Support Team.
- Send password protected test data in a .txt file via e-mail to the IT support Team.
- The test transmission must include a minimum of 10 transactions of various complexities per batch to complete the testing process.
- IT Support will evaluate the test data and advise of any errors. This process will continue until the file is acceptable.
- IT Support will notify the provider upon successful completion of testing. The provider will then be approved for 837 processing.

Claims Processing

This Companion Document is meant to illustrate the data needed by Eastpointe claims processing system. All segments, data elements, and codes supported in the HIPAA Implementation Guide are acceptable. However, all data may not be used in the processing of this transaction.

- When the NPI is obtained from CMS, it must be communicated to us so that it can be loaded to internal processing tables. This will allow for adequate processing of your transaction.

- An Acknowledgement response (997 and 824 text transaction) will be available the same business day. If you do not receive the Acknowledgement response timely or if it does not represent all the transactions submitted, contact the IT Support team.

- Rejected Claims contained in the Acknowledgement transaction will not be forwarded to the Eastpointe claims processing system. A batch containing rejected claims will forward only the accepted claims to the Eastpointe claims processing system. Submitter must correct rejected claim and resubmit for consideration.

- A 997 will be utilized to indicate functional acknowledgement when a file/transaction is rejected for non-compliance. When a 997 is returned for non-compliance, an error status will appear to indicate the error location, allowing the submitter to correct and resubmit the claim.

- The Eastpointe claims processing system will process secondary COB claims received from a provider. These claims are defined as a primary carrier has processed the claim, and it is being submitted for secondary consideration.

- The HIPAA Implementation Guide clearly states that the credit/debit card information must never be sent to a payer. This information is only for use between a provider and a patient collection organization. For privacy reasons, we strongly support this and requests that this information not be sent.

- The Original Reference Number (ICN/DCN) (Loop 2300) is required for adjustments claims and late charges claims. If not submitted, the claim(s) will be rejected.

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- The File Information (Loop 2300 Segment K3) has no specific use and should not be sent.
- At this time, Eastpointe claims processing system will not utilize information submitted in the PWK segment of this transaction.
- All claims submitted for secondary/tertiary consideration should only be submitted after the previous payer(s) have processed the claim.
- Patient Responsibility information should be submitted on secondary/tertiary claims, when appropriate.

Claims Submission

All X12 837 transactions will be received into the EDI Gateway.
The X12 837 transaction responses will be generated by the EDI Gateway back to the requestor.

The transaction 837 is transmitted using the following communication protocols:

- **Sharefile FTP(s) –** This program can be used via the web or by using a client based FTP program. The IT Support Team will detail the connection information once the provider/clearinghouse has been approved to submit EDI files.

837 Transaction Map

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
				HEADER INFORMATION	
Header	**ISA**		**R**	**INTERCHANGE CONTROL HEADER**	
		ISA01	R	Authorization Information Qualifier	00
		ISA02	R	Authorization Information	10 Spaces
		ISA03	R	Security Information Qualifier	00
		ISA04	R	Security Information	10 Spaces
		ISA05	R	Interchange ID Qualifier	ZZ
		ISA06	R	Interchange Sender ID	Submitter ID assigned by MCO followed by trailing spaces up to 15 bytes
		ISA07	R	Interchange ID Qualifier	ZZ
		ISA08	R	Receiver ID	Receiver ID provided by MCO
		ISA09	R	Interchange Date	YYMMDD
		ISA10	R	Interchange Time	HHMM
		ISA11	R	Interchange Control Standards Identifier	U
		ISA12	R	Interchange Control Version Number	00501
		ISA13	R	Interchange Control Number	Follow rules of the Implementation Guide
		ISA14	R	Acknowledgment Requested	Follow rules of the Implementation Guide
		ISA15	R	Usage Indicator	P
		ISA16	R	Component Element Separator	:
Header	**GS**		**R**	**FUNCTIONAL GROUP HEADER**	
		GS01	R	Healthcare Claim	HC
		GS02	R	Application Sender's Code	Submitter ID assigned by LME
		GS03	R	Application Receiver's Code	Receiver ID provided by LME
		GS04	R	Creation Date	CCYYMMDD

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Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		GS05	R	Creation Time	HHMM
		GS06	R	Group Control Number	First GS in ISA = 1 Subsequent GS will increment +1 per file
		GS07	R	Accredited Standards Committee X12	X
		GS08	R	Version / Release Industry ID Code	005010X223A1
Header	**ST**		**R**	**TRANSACTION SET HEADER**	
		ST01	R	Healthcare Claim	837
		ST02	R	Transaction Set Control Number	First ST in GS = 0001 Subsequent ST will increment +1 per GS
		ST03	R	Implementation Convention Reference	005010X223A1
Header	**BHT**		**R**	**BEGINNING OF HIERARCHICAL TRANSACTION**	
		BHT01	R	Hierarchical Structure Code	0019
		BHT02	R	Transaction Set Purpose Code	00
		BHT03	R	Originator Application Transaction Identifier	First BHT in ST = 1 Subsequent BHT will increment +1 per ST
		BHT04	R	Transaction Set Creation Date	CCYYMMDD
		BHT05	R	Transaction Set Creation Time	HHMM
		BHT06	R	Claim or Encounter Identifier	Follow rules of the Implementation Guide
				1000A - SUBMITTER NAME	
1000A	**NM1**		**R**	**SUBMITTER NAME INFORMATION**	
		NM101	R	Entity Identifier Code	41
		NM102	R	Entity Type Qualifier	2
		NM103	R	Submitter Last or Organization Name	Follow rules of the Implementation Guide
		NM104	S	Submitter First Name	Follow rules of the Implementation Guide
		NM105	S	Submitter Middle Name	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	46
		NM109	R	Submitter Identifier	Assigned by MCO

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
1000A	**PER**		**R**	**SUBMITTER CONTACT INFORMATION**	
		PER01	R	Contact Function Code	IC
		PER02	R	Submitter Contact Name	Follow rules of the Implementation Guide
		PER03	R	Communication Number Qualifier	TE
		PER04	R	Communication Number	Follow rules of the Implementation Guide
		PER05	S	Communication Number Qualifier	Element not used
		PER06	S	Communication Number	Element not used
		PER07	S	Communication Number Qualifier	Element not used
		PER08	S	Communication Number	Element not used
				1000B - RECEIVER NAME	
1000B	**NM1**		**R**	**RECEIVER NAME INFORMATION**	
		NM101	R	Entity Identifier Code	40
		NM102	R	Entity Type Qualifier	2
		NM103	R	Receiver Name	Eastpointe Human Services
		NM108	R	Identification Code Qualifier	46
		NM109	R	Receiver Primary Identifier	Receiver ID provided by MCO
				2000A - BILLING PAY-TO-PROVIDER HIERARCHY	
2000A	**HL**		**R**	**HIERARCHICAL LEVEL**	
		HL01	R	Hierarchical ID Number	1st HL within ST will begin with 1 and increments +1 for each HL within the ST
		HL03	R	Hierarchical Level Code	20
		HL04	R	Hierarchical Child Code	1
2000A	**PRV**		**S**	**BILLING/PAY-TO SPECIALTY INFORMATION**	
		PRV01	R	Provider Code	BI

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Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		PRV02	R	Reference Identification Qualifier	PXC
		PRV03	R	Provider Taxonomy Code	Provider Taxonomy Codes, as maintained by the National Uniform Claim Committee, can be obtained from www.wpc-edi.com/hipaa. Submit the Provider Taxonomy that best fits provider type and specialty for the billing provider
2000A	**CUR**		**S**	**FOREIGN CURRENCY CODE**	**Segment not used**
				2010AA - BILLING PROVIDER NAME	
2010AA	**NM1**		**R**	**BILLING PROVIDER NAME INFORMATION**	
		NM101	R	Entity Identifier Code	85
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Billing Provider Last or Organization Name	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	XX
		NM109	R	ID Code	Billing Provider National Provider Identifier (NPI)
2010AA	**N3**		**R**	**Billing Provider Address**	
		N301	R	Billing Provider Address Line 1	Follow rules of the Implementation Guide
		N302	S	Billing Provider Address Line 2	Follow rules of the Implementation Guide
2010AA	**N4**		**R**	**Billing Provider City/State/Zip Code Name**	
		N401	R	Billing Provider City Name	Follow rules of the Implementation Guide
		N402	R	Billing Provider State or Province Code	Follow rules of the Implementation Guide
		N403	R	Billing Provider Postal Zone or ZIP Code	Follow rules of the Implementation Guide
		N404	S	Billing Provider Country Code	Segment not used
2010AA	**REF**		**S**	**BILLING PROVIDER SECONDARY IDENTIFICATION**	
		REF01	R	Reference Identification Qualifier	EI – Employer's Identification Number or

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Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
					SY– Social Security Number
		REF02	R	Billing Provider Additional Identifier	Follow rules of the Implementation Guide
2010AA	**REF**		**S**	**CREDIT/DEBIT CARD BILLING INFORMATION**	**SEGMENT NOT USED**
2010AA	**PER**		**S**	**BILLING PROVIDER CONTACT INFORMATION**	
		PER01	R	Contact Function Code	IC
		PER02	R	Billing Provider Contact Name	If Contact Name is not submitted, the Billing Provider Organization /Last Name will be used
		PER03	R	Communication Number Qualifier	TE
		PER04	R	Communication Number	Follow rules of the Implementation Guide
		PER05	S	Communication Number Qualifier	Element not used
		PER06	S	Communication Number	Element not used
		PER07	S	Communication Number Qualifier	Element not used
		PER08	S	Communication Number	Element not used
				2010AB - PAY-TO PROVIDER NAME	**LOOP NOT USED**
				2010AC - PAY-TO PLAN NAME	**LOOP NOT USED**
				2010AC - PAY-TO PLAN ADDRESS	**LOOP NOT USED**
				2010AC - PAY-TO PLAN CITY/STATE/ZIP	**LOOP NOT USED**
				2010AC - PAY-TO SECONDARY IDENTIFICATION	**LOOP NOT USED**
				2010AC - PAY-TO PLAN TAX IDENTIFICATION	**LOOP NOT USED**
				2000B - SUBSCRIBER HIERARCHICAL LEVEL	
2000B	**HL**		**R**	**HIERARCHICAL LEVEL**	
		HL01	R	Hierarchical ID Number	Increment +1 from previous HL Segment
		HL02	R	Hierarchical Parent ID Number	Must = HL01 from previous Loop 2000A

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Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		HL03	R	Hierarchical Level Code	22
		HL04	R	Hierarchical Child Code	Follow rules of the Implementation Guide
2000B	**SBR**		**R**	**SUBSCRIBER INFORMATION**	
		SBR01	R	Payer Responsibility Sequence Number Code	Follow rules of the Implementation Guide
		SBR02	S	Individual Relationship Code	Follow rules of the Implementation Guide
		SBR03	S	Insured Group or Policy Number	Follow rules of the Implementation Guide
		SBR04	S	Insured Group Name	Follow rules of the Implementation Guide
		SBR09	R	Claim Filing Indicator Code	For NC Medicaid, use MC – Medicaid; for State Claims, use ZZ
				2010BA - SUBSCRIBER NAME	
2010BA	**NM1**		**R**	**SUBSCRIBER NAME INFORMATION**	
		NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Subscriber Last Name	Follow rules of the Implementation Guide
		NM104	S	Subscriber First Name	Follow rules of the Implementation Guide
		NM105	S	Subscriber Middle Name	Follow rules of the Implementation Guide
		NM107	S	Subscriber Name Suffix	Follow rules of the Implementation Guide
		NM108	S	Identification Code Qualifier	For NC Medicaid, use MI – Member Identification Number
		NM109	S	Subscriber Primary Identifier	Enter Medicaid ID number
2010BA	**N3**		**R**	**Subscriber Address**	
		N301	R	Subscriber Address Line 1	Follow rules of the Implementation Guide
		N302	S	Subscriber Address Line 2	Follow rules of the Implementation Guide
2010BA	**N4**		**R**	**Subscriber City/State/Zip Code**	
		N401	R	Subscriber City Name	Follow rules of the Implementation Guide

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Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		N402	R	Subscriber State Code	Follow rules of the Implementation Guide
		N403	R	Subscriber Postal Zone or ZIP Code	Follow rules of the Implementation Guide
		N404	S	Subscriber Country Code	Element not used
		N407	S	Country Subdivision Code	Element not used
2010BA	**DMG**		**R**	**Subscriber Demographic Information**	
		DMG01	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DMG02	R	Subscriber Birth Date	Follow rules of the Implementation Guide
		DMG03	R	Subscriber Gender Code	Follow rules of the Implementation Guide
2010BA	**REF**		**R**	**SUBSCRIBER SECONDARY IDENTIFIERS**	**SEGMENT NOT USED**
2010BA	**REF**		**R**	**PROPERTY CASUALTY CLAIM NUMBER**	**SEGMENT NOT USED**
				2010BB - PAYER NAME	
2010BB	**NM1**		**R**	**PAYER NAME INFORMATION**	
		NM101	R	Entity Identifier Code	PR
		NM102	R	Entity Type Qualifier	2
		NM103	R	Payer Name	LME Name
		NM108	R	Identification Code Qualifier	For NC Medicaid, use PI – Payor Identification
		NM109	R	Payer Identifier	Receiver ID provided by LME - For NC Medicaid, use MC
2010BB	**N3**		**S**	**PAYER ADDRESS**	
		N301	R	Payer Address Line 1	Follow rules of the Implementation Guide
		N302	S	Payer Address Line 2	Follow rules of the Implementation Guide
2010BB	**N4**		**S**	**PAYER CITY STATE AND ZIP**	

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		N401	R	Payer City Name	Follow rules of the Implementation Guide
		N402	R	Payer State Code	Follow rules of the Implementation Guide
		N403	R	Payer Postal Zone or ZIP Code	Follow rules of the Implementation Guide
		N404	S	Payer Country Code	Element not used
2010BB	**REF**		**S**	**PAYER SECONDARY IDENTIFICATION**	
		REF01	R	Reference Identification Qualifier	Use 'G2' to report Atypical provider data
		REF02	R	Payer Additional Identifier	Used by Atypical providers to report Medical Provider Number.
				2000C - PATIENT HIERARCHICAL LEVEL	
				2000CA - PATIENT NAME	**LOOP NOT USED**
				2300 - CLAIM INFORMATION	
2300	**CLM**		**R**	**HEALTH CLAIM**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
		CLM01	R	Patient Account Number	Follow rules of the Implementation Guide
		CLM02	R	Total Claim Charge Amount	Follow rules of the Implementation Guide
		CLM05	R	Health Care Service Location Information	Follow rules of the Implementation Guide
		CLM05-1	R	Facility Type Code	Follow rules of the Implementation Guide
		CLM05-2	R	Facility Code Qualifier	Follow rules of the Implementation Guide
		CLM05-3	R	Claim Frequency Code	Follow rules of the Implementation Guide
		CLM06	R	Provider or Supplier Signature on File Indicator	Follow rules of the Implementation Guide
		CLM07	S	Medicare Assignment Code	Follow rules of the Implementation Guide
		CLM08	R	Benefits Assignment Certification Indicator	Follow rules of the Implementation Guide
		CLM09	R	Release of Information Code	For NC Medicaid, use Y – Yes or I – No
		CLM11	S	Related Causes Information	Follow rules of the Implementation Guide
		CLM11-1	R	Related Causes Code	Follow rules of the Implementation Guide
		CLM11-2	R	Related Causes Code	Follow rules of the Implementation Guide

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Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		CLM11-3	R	Related Causes Code	Follow rules of the Implementation Guide
		CLM12	S	Special Program Indicator	Follow rules of the Implementation Guide
		CLM18	R	Explanation of Benefits Indicator	Follow rules of the Implementation Guide
		CLM20	S	Delay Reason Code	Follow rules of the Implementation Guide
2300	**DTP**		**S**	**DISCHARGE TIME**	**SEGMENT NOT USED**
		DTP01	R	Date/Time Qualifier	434
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Statement From or To Date	Follow rules of the Implementation Guide
2300	**DTP**		**S**	**ADMISSION TIME/HOUR**	
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Admission Date and Hour	Follow rules of the Implementation Guide
		DTP01	R	Admission Type Code	Follow rules of the Implementation Guide
		DTP02	R	Admission Source Code	Follow rules of the Implementation Guide
		DTP03	R	Patient Status Code	Follow rules of the Implementation Guide
2300	**PWK**		**S**	**CLAIM SUPPLEMENTAL INFORMATION - PAPERWORK**	**SEGMENT NOT USED**
2300	**CN1**		**S**	**CLAIM INFORMATION CONTRACT INFORMATION**	**SEGMENT NOT USED**
2300	**REF**		**S**	**SERVICE AUTHORIZATION EXCEPTION CODE**	**SEGMENT NOT USED**
2300	**REF**		**S**	**REFERRAL NUMBER**	**SEGMENT NOT USED**

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Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		REF01	R	Reference Identification Qualifier	'G1'
		REF02	R	Prior Authorization Number	Follow rules of the Implementation Guide
2300	**REF**		**S**	**PAYER CLAIM CONTROL NUMBER**	
		REF01	R	Reference Identification Qualifier	'F8'
		REF02	R	Prior Authorization Number	Follow rules of the Implementation Guide
2300	**REF**		**S**	**REPRICED CLAIM NUMBER**	**SEGMENT NOT USED**
2300	**REF**		**S**	**ADJUSTED REPRICED CLAIM NUMBER**	**SEGMENT NOT USED**
2300	**REF**		**S**	**INVESTIGATIONAL DEVICE EXAMPTION NUMBER**	**SEGMENT NOT USED**
2300	**REF**		**S**	**CLAIM IDENTIFIFIER FOR TRANSMISSION INTERMEDIARIES**	**SEGMENT NOT USED**
2300	**REF**		**S**	**AUTO ACCIDENT STATE**	**SEGMENT NOT USED**
2300	**REF**		**S**	**MEDICAL RECORD NUMBER**	**SEGMENT NOT USED**
2300	**REF**		**S**	**DEMONSTRATION PROJECT IDENTIFIER**	**SEGMENT NOT USED**
2300	**REF**		**S**	**PEER REVIEW ORGANIZATION (PRO) APPROVAL NUMBER**	**SEGMENT NOT USED**
2300	**K3**		**S**	**FILE INFORMATION**	**SEGMENT NOT USED**
2300	**NTE**		**S**	**CLAIM NOTES/SPECIAL INSTRUCTIONS**	**SEGMENT NOT USED**
2300	**NTE**		**S**	**BILLING NOTES/SPECIAL INSTRUCTIONS**	**SEGMENT NOT USED**
2300	**CRC**		**S**	**EPSDT REFERRAL**	**SEGMENT NOT USED**
2300	**HI**		**S**	**PRINCIPAL, ADMITTING AND E-CODE DIAGNOSIS**	
		HI01-1	R	Code List Qualifier Code	BK
		HI01-2	R	Principal Diagnosis Industry Code	Follow rules of the Implementation Guide

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Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		HI02-1	R	Code List Qualifier Code	BF
		HI02-2	R	Admitting Diagnosis	Follow rules of the Implementation Guide
		HI03-1	R	Code List Qualifier Code	Element not used
		HI03-2	R	Principal Diagnosis Industry Code	Element not used
2300	**HI**		**S**	**ADMITTING DIAGNOSIS**	**SEGMENT NOT USED**
2300	**HI**		**S**	**PATIENT REASON FOR VISIT**	**SEGMENT NOT USED**
2300	**HI**		**S**	**EXTERNAL CAUSE OF INJURY**	**SEGMENT NOT USED**
2300	**HI**		**S**	**DIAGNOSIS RELATED GROUP (DRG) INFORMATION**	**SEGMENT NOT USED**
2300	**HI**		**S**	**OTHER DIAGNOSIS INFORMATION CODES**	**SEGMENT NOT USED**
2300	**HI**		**S**	**PRINCIPAL PROCEDURE INFORMATION CODES**	**SEGMENT NOT USED**
2300	**HI**		**S**	**OTHER PROCEDURE INFORMATION CODES**	**SEGMENT NOT USED**
2300	**HI**		**S**	**OCCURRENCE SPAN INFORMATION CODES**	**SEGMENT NOT USED**
2300	**HI**		**S**	**OCCURRENCE INFORMATION CODES**	**SEGMENT NOT USED**
2300	**HI**		**S**	**VALUE INFORMATION CODES**	
		HI01-1	R	Code List Qualifier Code	BE
		HI01-2	R	Value Code	Follow rules of the Implementation Guide
		HI01-5	R	Monetary Amount	Follow rules of the Implementation Guide
		HI02-1	R	Code List Qualifier Code	BE
		HI02-2	R	Value Code	Follow rules of the Implementation Guide
		HI02-5	R	Monetary Amount	Follow rules of the Implementation Guide
		HI03-1	R	Code List Qualifier Code	BE
		HI03-2	R	Value Code	Follow rules of the Implementation Guide

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Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		HI03-5	R	Monetary Amount	Follow rules of the Implementation Guide
		HI04-1	R	Code List Qualifier Code	BE
		HI04-2	S	Value Code	Follow rules of the Implementation Guide
		HI04-5	R	Monetary Amount	Follow rules of the Implementation Guide
		HI05-1	R	Code List Qualifier Code	BE
		HI05-2	S	Value Code	Follow rules of the Implementation Guide
		HI05-5	R	Monetary Amount	Follow rules of the Implementation Guide
		HI06-1	S	Code List Qualifier Code	BE
		HI06-2	R	Value Code	Follow rules of the Implementation Guide
		HI06-5	R	Monetary Amount	Follow rules of the Implementation Guide
		HI07-1	S	Code List Qualifier Code	BE
		HI07-2	R	Value Code	Follow rules of the Implementation Guide
		HI07-5	R	Monetary Amount	Follow rules of the Implementation Guide
		HI08-1	S	Code List Qualifier Code	BE
		HI08-2	R	Value Code	Follow rules of the Implementation Guide
		HI08-5	R	Monetary Amount	Follow rules of the Implementation Guide
		HI09-1	S	Code List Qualifier Code	BE
		HI09-2	R	Value Code	Follow rules of the Implementation Guide
		HI09-5	R	Monetary Amount	Follow rules of the Implementation Guide
		HI010-1	S	Code List Qualifier Code	BE
		HI010-2	R	Value Code	Follow rules of the Implementation Guide
		HI010-5	R	Monetary Amount	Follow rules of the Implementation Guide
		HI011-1	S	Code List Qualifier Code	BE
		HI011-2	R	Value Code	Follow rules of the Implementation Guide
		HI011-5	R	Monetary Amount	Follow rules of the Implementation Guide
		HI012-1	S	Code List Qualifier Code	BE
		HI012-2	R	Value Code	Follow rules of the Implementation Guide
		HI012-5	R	Monetary Amount	Follow rules of the Implementation Guide

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Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
2300	**HI**		**S**	**HEALTH CARE CONDITION INFORMATION CODES**	**SEGMENT NOT USED**
2300	**HI**		**S**	**HEALTH CARE TREATMENT CODE INFORMATION**	**SEGMENT NOT USED**
2300	**HCP**		**S**	**CLAIM PRICING/REPRICING INFORMATION**	**SEGMENT NOT USED**
				2310A - ATTENDING PHYSICIAN NAME	
2310A	**NM1**		**S**	**ATTENDING PHYSICIAN INDIVIDUAL OR ORGANIZATION**	
		NM101	R	Entity Identifier Code	71
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Attending Physician Last Name	Follow rules of the Implementation Guide
		NM104	S	Attending Physician First Name	Follow rules of the Implementation Guide
		NM105	S	Attending Physician Middle Name	Follow rules of the Implementation Guide
		NM107	S	Attending Physician Name Suffix	Follow rules of the Implementation Guide
		NM108	S	ID Code Qualifier	Use XX to provide NPI number
		NM109	S	ID Code	NPI Number to be included here
2310A	**PRV**		**S**	**ATTENDING PHYSICIAN SPECIALTY INFORMATION**	
		PRV01	R	Provider Code	Follow rules of the Implementation Guide
		PRV02	R	Reference Identification Qualifier	PXC
		PRV03	R	Provider Taxonomy Code	Provider Taxonomy Codes, as maintained by the National Uniform Claim Committee, can be obtained from www.wpc-edi.com/hipaa. Submit the Provider Taxonomy that best fits provider type and specialty for the attending provider
2310A	**REF**		**S**	**ATTENDING PHYSICIAN SECONDARY IDENTIFICATION**	**SEGMENT NOT USED**
				2310C - OTHER PROVIDER NAME	**LOOP NOT USED**
				2310D - SUPERVISING PROVIDER NAME	**LOOP NOT USED**

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
				2310E - SERVICE FACILITY NAME	**LOOP NOT USED**
				2310F– REFERRING PROVIDER NAME	
2310F	**NM**		**S**	**REFERRING PROVIDER NAME**	
		NM103	R	Name Last or Organization	Follow rules of the Implementation Guide
		NM109	R	Identification Code	Follow rules of the Implementation Guide
2310F	**REF**		**S**	**REFERRING PROVIDER SECONDARY IDENTIFICATION**	
		REF01	R	Reference Identification Qualifier	Use 'G2' to report Atypical provider data
		REF02	R	Payer Additional Identifier	Used by Atypical providers to report Medical Provider Number.
				2320 - OTHER SUBSCRIBER INFORMATION	
2320	**AMT**		**S**	**PAYER PRIOR PAYMENT**	
		AMT02	R	Monetary Amount	Follow rules of the Implementation Guide
				2330A - OTHER SUBSCRIBER NAME	**LOOP NOT USED**
2330B	**NM1**		**R**	**OTHER PAYER INDIVIDUAL/ORGANIZATION NAME**	
		NM101	R	Entity Identifier Code	PR
		NM102	R	Entity Type Qualifier	2
		NM103	R	Other Payer Last or Organization Name	Follow rules of the Implementation Guide
		NM108	R	ID Code Qualifier	PI
		NM109	R	Other Payer Identification	Follow rules of the Implementation Guide

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Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
2330B	N3		S	OTHER PAYER ADDRESS	SEGMENT NOT USED
2330B	N4		S	OTHER PAYER CITY/STATE/ZIP CODE	SEGMENT NOT USED
2330B	DTP		S	CLAIM ADJUDICATION DATE	SEGMENT NOT USED
2330B	REF		S	OTHER PAYER SECONDARY IDENTIFICATION AND REFERENCE NUMBER	SEGMENT NOT USED
2330B	REF		S	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL	SEGMENT NOT USED
				2330C - OTHER PAYER ATTENDING PROVIDER	LOOP NOT USED
				2330D - OTHER PAYER OPERATING PROVIDER	LOOP NOT USED
				2330E - OTHER PAYER OTHER PROVIDER	LOOP NOT USED
				2330F - OTHER PAYER SERVICE FACILITY	LOOP NOT USED
				2400 - SERVICE LINE NUMBER	
2400	LX		R	SERVICE LINE ASSIGNED NUMBER	
		LX01	R	Assigned Number	Will begin with 1 and increment +1 for each subsequent LX within the CLM. Resets back to 1 with each new claim (CLM)
2400	SV2		R	INSTITUTIONAL SERVICE LINE	
		SV201	R	Service Line Revenue Code	Follow rules of the Implementation Guide
		SV202	R	Composite Medical Procedure Identifier	Follow rules of the Implementation Guide
		SV202-1	R	Service Line Procedure Type Code	Follow rules of the Implementation Guide
		SV202-2	R	Service Line Procedure Code	Follow rules of the Implementation Guide
		SV202-3	S	Service Line Procedure Modifier 1	Follow rules of the Implementation Guide
		SV202-4	S	Service Line Procedure Modifier 2	Follow rules of the Implementation Guide
		SV202-5	S	Service Line Procedure Modifier 3	Follow rules of the Implementation Guide

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Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		SV202-6	R	Service Line Procedure Modifier 4	Follow rules of the Implementation Guide
		SV203	R	Service Line Item Charge Amount	Follow rules of the Implementation Guide
		SV204	R	Unit or Basis for Measurement Code	Follow rules of the Implementation Guide
		SV205	R	Service Line Units	Follow rules of the Implementation Guide
		SV206	NU	Service Line Rate Amount	Element not used
		SV207	S	Service Line Item Denied Charge or Non-Covered Charge Amount	Follow rules of the Implementation Guide
2400	**PWK**		**S**	**LINE SUPPLEMENTAL INFORMATION PAPERWORK**	**SEGMENT NOT USED**
2400	**DTP**		**S**	**SERVICE LINE DATE OR TIME OR PERIOD**	**SEGMENT NOT USED**
2400	**DTP**		**S**	**SERVICE TAX AMOUNT**	**SEGMENT NOT USED**
2400	**DTP**		**S**	**FACILITY TAX AMOUNT**	**SEGMENT NOT USED**
2400	**DTP**		**S**	**LINE ITEM CONTROL NUMBER**	**SEGMENT NOT USED**
2400	**DTP**		**S**	**REFERENCE NUMBER**	**SEGMENT NOT USED**
2400	**DTP**		**S**	**ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER**	**SEGMENT NOT USED**
2400	**NTE**		**S**	**THIRD PARTY ORGANIZATION NOTES**	**SEGMENT NOT USED**
2400	**HCP**		**S**	**HEALTH CARE PRICING**	**SEGMENT NOT USED**
				2410 - DRUG IDENTIFICATION	
2410	**LIN**		**S**	**DRUG IDENTIFICATION**	
		LIN03	R	National Drug Code	Follow rules of the Implementation Guide
2410	**CTP**		**S**	**DRUG QUANTITY**	

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Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		CTP04	R	National Drug Unit Code	Follow rules of the Implementation Guide
		CTP05-1	R	Code Qualifier	Follow rules of the Implementation Guide
2410	**REF**		**S**	**Prescription or Compound Drug Association Number**	
		REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide - "VY"
		CTP05-1	R	Reference Number	Follow rules of the Implementation Guide
				2420A - OPERATING PHYSICIAN NAME	**LOOP NOT USED**
				2420B - OTHER OPERATING PHYSICIAN	**LOOP NOT USED**
				2420C RENDERING PROVIDER	**LOOP NOT USED**
				2420B REFERRING PROVIDER NAME	**LOOP NOT USED**
				2430 - SERVICE LINE ADJUDICATION INFORMATION	**LOOP NOT USED**
				2430 – REMAINING PATIENT LIABILITY	**LOOP NOT USED**
				TRAILER INFORMATION	
Trailer	**SE**		**R**	**TRANSACTION SET TRAILER**	
		SE01	R	Transaction Segment Count	Follow rules of the Implementation Guide
		SE02	R	Transaction Set Control Number	Follow rules of the Implementation Guide
Trailer	**GE**		**R**	**FUNCTIONAL GROUP TRAILER**	
		GE01	R	Number Of Transactions Sets Included	Follow rules of the Implementation Guide
		GE02	R	Group Control Number	Follow rules of the Implementation Guide
Trailer	**IEA**		**R**	**INTERCHANGE CONTROL TRAILER**	
		IEA01	R	Number Of Included Functional Groups	Follow rules of the Implementation Guide

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		IEA02	R	Interchange Control Number	Follow rules of the Implementation Guide

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Change History

Version	Issued	Updater	Comments
1.0	1/1/2013	C. Wood	Creation

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