HIPAA 837P (Professional) Companion Guide

Prepared for Health Care Providers
For use with Eastpointe claims processing system

Version 1.0
January 2013

Table of Contents

1. Introduction
2. Approval Procedures
3. Claims Processing
4. Claims Submission
5. 837 Transaction Set .
6. Change History

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 LME. 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 005010X222A1 Health Care Claim Professional 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
-
- 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 the 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.

The electronic version of this document is controlled.
All paper copies are uncontrolled.

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.

The electronic version of this document is controlled.
All paper copies are uncontrolled.

- The File Information (Loop 2300 Segment K3) has no specific use and should not be sent.
- At this time, the 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 MCO
		GS03	R	Application Receiver's Code	Receiver ID provided by MCO
		GS04	R	Creation Date	CCYYMMDD

The electronic version of this document is controlled.
All paper copies are uncontrolled.

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	005010X222A1
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	005010X222A1
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	Follow rules of the Implementation Guide
		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

The electronic version of this document is controlled.
All paper copies are uncontrolled.

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		NM109	R	Submitter Identifier	Follow rules of the Implementation Guide
1000A	**PER**		**R**	**SUBMITTER CONTACT INFORMATION**	
		PER01	R	Contact Function Code	IC
		PER02	S	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

The electronic version of this document is controlled.
All paper copies are uncontrolled.

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
2000A	**PRV**		**S**	**BILLING/PAY-TO SPECIALTY INFORMATION**	
		PRV01	R	Provider Code	BI
		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	This element is the equivalent of: CMS-1500 Field Number (F#) 33 Electronic Commerce Services (ECS) CMS-1500 Record Type (RT) 1R – Billing Provider Name
		NM104	S	Billing Provider First Name	Follow rules of the Implementation Guide
		NM105	S	Billing Provider Middle Name	Follow rules of the Implementation Guide
		NM107	S	Billing Provider Name Suffix	Follow rules of the Implementation Guide
		NM108	S	Identification Code Qualifier	XX
		NM109	S	Billing Provider Identifier	Billing Provider National Provider Identifier (NPI)
2010AA	**N3**		**R**	**BILLING PROVIDER ADDRESS**	
		N301	R	Billing Provider Address Line	Follow rules of the Implementation Guide
		N302	S	Billing Provider Address Line	Follow rules of the Implementation Guide
2010AA	**N4**		**R**	**BILLING PROVIDER CITY STATE AND ZIP**	

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		N401	R	Billing Provider City Name	Follow rules of the Implementation Guide
		N402	S	Billing Provider State or Province Code	Follow rules of the Implementation Guide
		N403	S	Billing Provider Postal Zone or ZIP Code	Follow rules of the Implementation Guide
		N404	S	Billing Provider Country Code	Segment not used
		N407	S	Country Subdivision Code	Segment not used
2010AA	**REF**		**S**	**BILLING PROVIDER SECONDARY IDENTIFIERS**	
		REF01	R	Reference Identification Qualifier	Use EI – Employer's Identification Number or 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	S	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	**LOOP NOT USED**
				2000B - SUBSCRIBER HIERARCHICAL LEVEL	
2000B	**HL**		**R**	**HIERARCHICAL LEVEL**	

The electronic version of this document is controlled.
All paper copies are uncontrolled.

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		HL01	R	Hierarchical ID Number	Increment +1 from previous HL Segment
		HL02	R	Hierarchical Parent ID Number	Must = HL01 from previous Loop 2000A
		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
		SBR05	S	Insurance Type Code	Follow rules of the Implementation Guide
		SBR09	S	Claim Filing Indicator Code	Follow rules of the Implementation Guide
2000B	**PAT**		**S**	**PATIENT INFORMATION**	**SEGMENT NOT USED**
				2010BA - SUBSCRIBER NAME	
2010BA	**NM1**		**R**	**SUBSCRIBER NAME INFORMATION**	
		NM101	R	Entity Identifier Code	IL
		NM102	R	Entity Type Qualifier	1
		NM103	R	Subscriber Last Name	This element is the equivalent of: CMS-1500 F# 2 ECS CMS-1500 Specifications RT 1R – Patient Last Name
		NM104	S	Subscriber First Name	This element is the equivalent of: CMS-1500 F# 2 ECS CMS-1500 Specifications RT 1R – Patient First Initial
		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	Patient Medicaid ID number –
2010BA	**N3**		**S**	**SUBSCRIBER ADDRESS**	

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		N301	R	Subscriber Address Line	Follow rules of the Implementation Guide
		N302	S	Subscriber Address Line	Follow rules of the Implementation Guide
2010BA	**N4**		**S**	**SUBSCRIBER CITY STATE AND ZIP**	
		N401	R	Subscriber City Name	Follow rules of the Implementation Guide
		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**		**S**	**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**		**S**	**SUBSCRIBER SECONDARY IDENTIFIERS**	**SEGMENT NOT USED**
2010BA	**REF**		**S**	**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	Eastpointe Human Services
		NM108	R	Identification Code Qualifier	For NC Medicaid, use PI – Payor Identification
		NM109	R	Payer Identifier	Payer ID provided by MCO
2010BB	**N3**		**S**	**PAYER ADDRESS**	

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		N301	R	Payer Address Line	Follow rules of the Implementation Guide
		N302	S	Payer Address Line	Follow rules of the Implementation Guide
2010BB	**N4**		**S**	**PAYER CITY STATE AND ZIP**	
		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 IDENTIFIERS**	**SEGMENT NOT USED**
2010BB	**REF**		**S**	**BILLING PROVIDER SECONDARY ID**	
		REF01	S	Reference Identification Qualifier/Billing Provider Secondary ID	Use “G2” to report Atypical provider data.
		REF02	S	Reference Identification	Used by Atypical providers to report Medicaid Provider Number.
				2000C - PATIENT HIERARCHICAL LEVEL	**LOOP NOT USED**
				2300 - CLAIM INFORMATION	**1 PER CLAIM, UP TO 5000 CLAIMS PER BATCH**
2300	**CLM**		**R**	**HEALTH CLAIM**	
		CLM01	R	Patient Account Number	Follow rules of the Implementation Guide
		CLM02	R	Total Claim Charge Amount	This element is the equivalent of: CMS-1500 F# 28 ECS CMS-1500 Specifications RT 2R – Total Charge
		CLM05-1	R	Facility Type Code	This element is the equivalent of: CMS-1500 F# 24B ECS CMS-1500 Specifications RT D1 – Place of Service Reference Code Source 237 for valid codes and NC Medicaid billing requirements for allowable Place Of Service (POS) codes for professional claims
		CLM05-2	R	Facility Code Qualifier	“B”
		CLM05-3	R	Claim Frequency Code	For NC Medicaid, use 1– Original, 7– Replacement, or 8 – Void NOTE: for codes 7 and 8, the Internal Control Number (ICN) of the original claim must be provided in a

The electronic version of this document is controlled.
All paper copies are uncontrolled.

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
					REF segment in this loop in the Claim Original Reference Number element
		CLM06	R	Provider or Supplier Signature on File	Follow rules of the Implementation Guide
		CLM07	S	Provider Accept 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	Follow rules of the Implementation Guide
		CLM10	S	Patient Signature Source Code	Follow rules of the Implementation Guide
		CLM11-1	R	Related Causes Code	Value AA is the equivalent of: CMS-1500 F# 10 ECS CMS-1500 Specifications RT 1R - Auto Accident Value EM is the equivalent of: CMS-1500 F# 10 ECS CMS-1500 Specifications RT 1R – On the Job Injury Value OA is the equivalent of: CMS-1500 F# 10 ECS CMS-1500 Specifications RT 1R – Accidental Injury
		CLM11-2	S	Related Causes Code	Value AA is the equivalent of: CMS-1500 F# 10 ECS CMS-1500 Specifications RT 1R - Auto Accident Value EM is the equivalent of: CMS-1500 F# 10 ECS CMS-1500 Specifications RT 1R – On the Job Injury Value OA is the equivalent of: CMS-1500 F# 10 ECS CMS-1500 Specifications RT 1R – Accidental Injury
		CLM11-3	S	Related Causes Code	Segment not used
		CLM11-4	S	Auto Accident State or Province Code	Follow rules of the Implementation Guide
		CLM11-5	S	Country Code	Follow rules of the Implementation Guide
		CLM12	S	Special Program Indicator	For NC Medicaid, use 01 – EPSDT
		CLM16	S	Participation Agreement	Follow rules of the Implementation Guide
		CLM20	S	Delay Reason Code	Follow rules of the Implementation Guide
2300	**DTP**		**S**	**INITIAL TREATMENT DATE**	
		DTP01	R	Date / Time Qualifier	454 Used to report the first treatment / date first seen.
2300	**DTP**		**S**	**LAST SEEN DATE**	**SEGMENT NOT USED**
2300	**DTP**		**S**	**ONSET OF CURRENT SYMPTOM/ ILLNESS DATE**	**SEGMENT NOT USED**
2300	**DTP**		**S**	**ACUTE MANIFESTATION DATE**	**SEGMENT NOT USED**

The electronic version of this document is controlled.
All paper copies are uncontrolled.

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
2300	DTP		S	SIMILAR ILLNESS OR SYMPTOM DATE	SEGMENT NOT USED
2300	DTP		S	ACCIDENT DATE	SEGMENT NOT USED
2300	DTP		S	LAST MENSTRUAL PERIOD DATE	SEGMENT NOT USED
2300	DTP		S	LAST X-RAY DATE	SEGMENT NOT USED
2300	DTP		S	HEARING AND VISION PRESCRIPTION DATE	SEGMENT NOT USED
2300	DTP		S	DISABILITY DATES	SEGMENT NOT USED
2300	DTP		S	LAST WORKED DATE	SEGMENT NOT USED
2300	DTP		S	AUTHORIZED RETURN TO WORK DATE	SEGMENT NOT USED
2300	DTP		S	ADMISSION DATE	SEGMENT NOT USED
2300	DTP		S	DISCHARGE DATE	SEGMENT NOT USED
2300	DTP		S	ASSUMED AND RELINQUISHED CARE DATE	SEGMENT NOT USED
2300	DTP		S	PROPERTY AND CASUALTY DATE OF FIRST CONTACT	SEGMENT NOT USED
2300	DTP		S	REPRICER RECEIVED DATE	SEGMENT NOT USED
2300	PWK		S	CLAIM SUPPLEMENTAL INFORMATION	SEGMENT NOT USED
2300	CN		S	CONTACT INFORMATION	SEGMENT NOT USED
2300	AMT		S	CREDIT/DEBIT CARD MAXIMUM AMOUNT	SEGMENT NOT USED
2300	AMT		S	PATIENT AMOUNT PAID	
	AMT/S 230	AMT01	R	Amount Qualifier Code	F5
		AMT02	R	Patient Amount Paid	Follow rules of the Implementation Guide

The electronic version of this document is controlled.
All paper copies are uncontrolled.

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
2300	**REF**		**S**	**SERVICE AUTHORIZATION EXCEPTION CODE**	**SEGMENT NOT USED**
2300	**REF**		**S**	**MEDICARE (SECTION 4081) CROSSOVER INDICATOR**	**SEGMENT NOT USED**
2300	**REF**		**S**	**MAMMOGRAPHY CERTIFICATION NUMBER**	**SEGMENT NOT USED**
2300	**REF**		**S**	**PRIOR AUTHORIZATION REFERRAL NUMBER**	
		REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Prior Authorization or Referral Number	This element is the equivalent of: CMS-1500 F# 23 ECS CMS-1500 Specifications RT 1R – Prior Authorization Number/- provider can leave this blank and system will find auth
2300	**REF**		**S**	**CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER**	**SEGMENT NOT USED**
2300	**REF**		**S**	**REPRICED CLAIM NUMBER**	**SEGMENT NOT USED**
2300	**REF**		**S**	**ADJUSTED REPRICED CLAIM NUMBER**	**SEGMENT NOT USED**
2300	**REF**		**S**	**INVESTIGATIONAL DEVICE EXEMPTION NUMBER**	**SEGMENT NOT USED**
2300	**REF**		**S**	**CLAIM ID CLEARINGHOUSE NUMBER**	
		REF01	R	Reference Identification Qualifier	D9
		REF02	R	Clearinghouse Trace Number	Follow rules of the Implementation Guide
2300	**REF**		**S**	**MEDICAL RECORD NUMBER**	**SEGMENT NOT USED**
2300	**REF**		**S**	**DEMONSTRATION PROJECT IDENTIFIER**	**SEGMENT NOT USED**
2300	**REF**		**S**	**CARE PLAN OVERSIGHT**	**SEGMENT NOT USED**
2300	**K3**		**S**	**FILE INFORMATION**	**SEGMENT NOT USED**
2300	**NTE**		**S**	**CLAIM NOTE**	**SEGMENT NOT USED**

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
2300	**CR1**		**S**	**AMBULANCE TRANSPORT INFORMATION**	**SEGMENT NOT USED**
2300	**CR2**		**S**	**SPINAL MANIPULATION SERVICE INFORMATION**	**SEGMENT NOT USED**
2300	**CRC**		**S**	**AMBULANCE CERTIFICATION**	**SEGMENT NOT USED**
2300	**CRC**		**S**	**VISION CONDITIONS INFORMATION**	**SEGMENT NOT USED**
2300	**CRC**		**S**	**HOMEBOUND INDICATOR**	**SEGMENT NOT USED**
2300	**CRC**		**S**	**ESPDT REFERRAL**	**SEGMENT NOT USED**
2300	**HI**		**S**	**HEALTH CARE DIAGNOSIS CODE**	
		HI01-1	R	Diagnosis Type Code	BK
		HI01-2	R	Diagnosis Code	This element is the equivalent of: CMS-1500 F# 21 ECS CMS-1500 Specifications RT 2R – Principal Diagnosis Code
		HI02-1	R	Diagnosis Type Code	BF
		HI02-2	R	Diagnosis Code	This element is the equivalent of: CMS-1500 F# 21 ECS CMS-1500 Specifications RT 2R – Second Diagnosis Code
		HI03-1	R	Diagnosis Type Code	BF
		HI03-2	R	Diagnosis Code	This element is the equivalent of: CMS-1500 F# 21 ECS CMS-1500 Specifications RT 2R – Third Diagnosis Code
		HI04-1	R	Diagnosis Type Code	BF
		HI04-2	R	Diagnosis Code	This element is the equivalent of: CMS-1500 F# 21 ECS CMS-1500 Specifications RT 2R – Fourth Diagnosis Code
		HI05-1	R	Diagnosis Type Code	Element not used
		HI05-2	R	Diagnosis Code	Element not used
		HI06-1	R	Diagnosis Type Code	Element not used
		HI06-2	R	Diagnosis Code	Element not used
		HI07-1	R	Diagnosis Type Code	Element not used
		HI07-2	R	Diagnosis Code	Element not used
		HI08-1	R	Diagnosis Type Code	Element not used

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		HI08-2	R	Diagnosis Code	Element not used
2300	**HCP**		**S**	**CLAIM PRICING/REPRICING INFORMATION**	**SEGMENT NOT USED**
				2305 - HOME HEALTH CARE PLAN	**LOOP NOT USED**
				2310A - REFERRING PROVIDER NAME	
2310A	**NM1**		**S**	**REFERRING PROVIDER NAME**	
		NM101	R	Entity Identifier Code	DN
2310A	**REF**		**S**	**REFERRING PROVIDER SECONDARY ID**	
		REF02	S	Reference Identification	For NC Medicaid, use the NC Medicaid issued provider number.
				2310B - RENDERING PROVIDER NAME	
2310B	**NM1**		**S**	**RENDERING PROVIDER NAME INFORMATION**	
		NM101	R	Entity Identifier Code	82
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Rendering Provider Last or Organization Name	Follow rules of the Implementation Guide
		NM104	S	Rendering Provider First Name	Follow rules of the Implementation Guide
		NM105	S	Rendering Provider Middle Name	Follow rules of the Implementation Guide
		NM107	S	Rendering Provider Name Suffix	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	XX
		NM109	R	Rendering Provider Identifier	National Provider Identifier (NPI) Number
2310B	**PRV**		**S**	**RENDERING PROVIDER SPECIALTY INFORMATION**	

The electronic version of this document is controlled.
All paper copies are uncontrolled.

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		PRV01	R	Provider Code	PE
		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
2310B	**REF**		**S**	**RENDERING PROVIDER SECONDARY ID**	
		REF01	S	Reference Qualifier Identifier	G2
		REF02	S	Reference Identification	For NC Medicaid, use the NC Medicaid issued provider number.
				2310C - SERVICE FACILITY LOCATION	
2310C	**NM1**		**S**	**SERVICE FACILITY LOCATION 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	S	Service Facility Name	Follow rules of the Implementation Guide
		NM108	S	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	S	Service Facility Primary Identifier	Follow rules of the Implementation Guide
2310C	**N3**		**R**	**SERVICE FACILITY LOCATION ADDRESS**	
		N301	R	Service Facility Address Line	Follow rules of the Implementation Guide
		N302	S	Service Facility Address Line	Follow rules of the Implementation Guide
2310C	**N4**		**R**	**SERVICE FACILITY LOCATION CITY STATE AND ZIP**	
		N401	R	Service Facility City Name	Follow rules of the Implementation Guide

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		N402	R	Service Facility State or Province Code	Follow rules of the Implementation Guide
		N403	R	Service Facility Postal Zone or ZIP Code	Follow rules of the Implementation Guide
		N404	S	Country Code	Element not used
2310C	**REF**		**S**	**SERVICE FACILITY LOCATION SECONDARY IDENTIFIER**	**SEGMENT NOT USED**
				2310D - SUPERVISING PROVIDER NAME	**LOOP NOT USED**
				2320 - OTHER SUBSCRIBER INFORMATION	
2320	**SBR**		**S**	**Other Subscriber Information**	
		SBR01	R	Payer Responsibility Sequence Number Code	Follow rules of the Implementation Guide
		SBR02	R	Individual Relationship Code	Follow rules of the Implementation Guide
		SBR03	S	Reference Identification	Follow rules of the Implementation Guide
		SBR04	S	Name	Follow rules of the Implementation Guide
		SBR05	R	Insurance Type Code	Follow rules of the Implementation Guide
		SBR09	S	Claim Filing Indicator Code	Follow rules of the Implementation Guide
2320	**AMT**		**S**	**COB - PAYER PAID AMOUNT**	
		AMT01	R	Amount Qualifier Code	“D”
		AMT02	R	Monetary Amount	Follow rules of the Implementation Guide
2320	**OI**		**R**	**OTHER INSURANCE COVERAGE INFORMATION**	
		OI03	R	Yes/No Condition or Response Code	Follow rules of the Implementation Guide
		OI04	S	Patient Signature Source Code	Follow rules of the Implementation Guide
		OI06	R	Release of Information Code	Follow rules of the Implementation Guide
				2330A - OTHER SUBSCRIBER NAME	**LOOP NOT USED**

The electronic version of this document is controlled.
All paper copies are uncontrolled.

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
				2330B - OTHER PAYER NAME	
2330B	**NM1**		**R**	**OTHER PAYER NAME INFORMATION**	
		NM101	R	Entity Identifier Code	PR
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Other Payer Last or Organization Name	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	R	Other Payer Primary Identifier	Follow rules of the Implementation Guide
2330B	**DTP**		**S**	**CLAIM CHECK OR REMITTANCE DATE**	**SEGMENT NOT USED**
2330B	**REF**		**S**	**OTHER PAYER SECONDARY IDENTIFIERS**	**SEGMENT NOT USED**
2330B	**REF**		**S**	**PRIOR AUTHORIZATION OR REFERRAL NUMBER**	**SEGMENT NOT USED**
2330B	**REF**		**S**	**OTHER PAYER REFERRAL NUMBER**	**SEGMENT NOT USED**
2330B	**REF**		**S**	**OTHER PAYER CLAIM ADJUSTMENT INDICATOR**	**SEGMENT NOT USED**
				2330C - OTHER PAYER REFERRING PROVIDER	**LOOP NOT USED**
				2330D - OTHER PAYER RENDERING PROVIDER	**LOOP NOT USED**
				2330E - OTHER PAYER SERVICE FACILITY LOCATION	**LOOP NOT USED**
				2330F - OTHER PAYER SUPERVISING PROVIDER	**LOOP NOT USED**
				2330F - OTHER PAYER BILLING PROVIDER	**LOOP NOT USED**
				2400 - SERVICE LINE	
2400	**LX**		**R**	**SERVICE LINE**	
		LX01	R	Service Line Count	Will begin with 1 and increment+1 for each subsequent LX within the CLM. Resets back to 1 with each new

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
					claim (CLM)
2400	**SV1**		**R**	**PROFESSIONAL SERVICE**	
		SV101	R	Composite Medical Procedure Identifier	Follow rules of the Implementation Guide
		SV101-1	R	Procedure Type Code	Follow rules of the Implementation Guide
		SV101-2	R	Procedure Code	This element is the equivalent of: CMS-1500 F# 24D ECS CMS-1500 Specifications RT D1 – Procedure Code
		SV101-3	S	Procedure Modifier 1	This element is the equivalent of: CMS-1500 F# 24D ECS CMS-1500 Specifications RT D1 – Modifier 1
		SV101-4	S	Procedure Modifier 2	This element is the equivalent of: CMS-1500 F# 24D ECS CMS-1500 Specifications RT D1 – Modifier 2
		SV101-5	S	Procedure Modifier 3	This element is the equivalent of: CMS-1500 F# 24D ECS CMS-1500 Specifications RT D1 – Modifier 3
		SV101-6	S	Procedure Modifier 4	This element is the equivalent of: CMS-1500 F# 24D ECS CMS-1500 Specifications RT D1 – Modifier 4
		SV102	R	Line Item Charge Amount	This element is the equivalent of: CMS-1500 F# 24F ECS CMS-1500 Specifications RT D1 – Detail Charge
		SV103	R	Unit or Basis of Measurement Code	Follow rules of the Implementation Guide
		SV104	R	Service Unit Count	This element is the equivalent of: CMS-1500 F# 24G ECS CMS-1500 Specifications RT D1 – Detail Units
		SV105	S	Place of Service Code	This element is the equivalent of: CMS-1500 F# 24B ECS CMS-1500 Specifications RT D1 – POS Reference Code Source 237 for valid codes and NC Medicaid billing requirements for allowable POS codes for Professional claims
		SV107-1	R	Diagnosis Code Pointer	Follow rules of the Implementation Guide
		SV107-2	S	Diagnosis Code Pointer	Follow rules of the Implementation Guide
		SV107-3	S	Diagnosis Code Pointer	Follow rules of the Implementation Guide
		SV107-4	S	Diagnosis Code Pointer	Follow rules of the Implementation Guide
		SV109	S	Emergency Indicator	Follow rules of the Implementation Guide
		SV111	S	EPSDT Indicator	Follow rules of the Implementation Guide
		SV112	S	Family Planning Indicator	This element is the equivalent of: CMS-1500 F# 24H ECS CMS-1500 Specifications RT D1 – EPSDT/Family Planning
		SV115	S	Co-pay Status Code	Follow rules of the Implementation Guide
2400	**SV5**		**S**	**DURABLE MEDICAL EQUIPMENT SERVICE**	**SEGMENT NOT USED**

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
2400	**PWK**		**S**	**DMERC CMN INDICATOR**	**SEGMENT NOT USED**
2400	**PWK**		**S**	**LINE SUPPLEMENTAL INFORMATION**	**SEGMENT NOT USED**
2400	**CR1**		**S**	**AMBULANCE TRANSPORT INFORMATION**	**SEGMENT NOT USED**
2400	**CR3**		**S**	**DURABLE MEDICAL EQUIPMENT CERTIFICATION**	**SEGMENT NOT USED**
2400	**CRC**		**S**	**AMBULANCE CONDITION INDICATORS**	**SEGMENT NOT USED**
2400	**CRC**		**S**	**HOSPICE EMPLOYEE INDICATOR**	**SEGMENT NOT USED**
2400	**CRC**		**S**	**DMERC CONDITION INDICATOR**	**SEGMENT NOT USED**
2400	**DTP**		**R**	**SERVICE LINE DATE**	
		DTP01	R	Date Time Qualifier	472
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Service Date	This element is the equivalent of: CMS-1500 F# 24A ECS CMS-1500 Specifications RT D1 – From Date of Service (FDOS) and To Date of Service (TDOS)
2400	**DTP**		**S**	**CERTIFICATION REVISION DATE**	**SEGMENT NOT USED**
2400	**DTP**		**S**	**BEGIN THERAPY DATE**	**SEGMENT NOT USED**
2400	**DTP**		**S**	**LAST CERTIFICATION DATE**	**SEGMENT NOT USED**
2400	**DTP**		**S**	**LAST SEEN DATE**	**SEGMENT NOT USED**
2400	**DTP**		**S**	**TEST DATE**	**SEGMENT NOT USED**
2400	**DTP**		**S**	**SHIPPED DATE**	**SEGMENT NOT USED**
2400	**DTP**		**S**	**LAST X-RAY DATE**	**SEGMENT NOT USED**
2400	**DTP**		**S**	**INITIAL TREATMENT DATE**	**SEGMENT NOT USED**

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
2400	DTP		S	AMBULANCE PATIENT COUNT	SEGMENT NOT USED
2400	MEA		S	TEST RESULT	SEGMENT NOT USED
2400	CN1		S	CONTRACT INFORMATION	SEGMENT NOT USED
2400	REF		S	ADJUSTED REPRICED CLAIM LINE ITEM NUMBER	SEGMENT NOT USED
2400	REF		S	PRIOR AUTHORIZATION OR REFERRAL NUMBER	SEGMENT NOT USED
2400	REF		S	LINE ITEM CONTROL NUMBER	
		REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Line Item Control Number	Follow rules of the Implementation Guide
2400	REF		S	MAMMOGRAPHY CERTIFICATION NUMBER	SEGMENT NOT USED
2400	REF		S	CLIA NUMBER	SEGMENT NOT USED
2400	REF		S	REFERING CLIA NUMBER	SEGMENT NOT USED
2400	REF		S	IMMUNIZATION BATH NUMBER	SEGMENT NOT USED
2400	REF		S	REFERRAL NUMBER	SEGMENT NOT USED
2400	AMT		S	SALES TAX AMOUNT	SEGMENT NOT USED
2400	AMT		S	POSTAGE CLAIMEDAMOUNT	SEGMENT NOT USED
2400	K3		S	FILE INFORMATION	SEGMENT NOT USED
2400	NTE		S	LINE NOTE	SEGMENT NOT USED
2400	NTE		S	THIRD PARTY ORGANIZATION NAME	SEGMENT NOT USED
2400	PS1		S	PURCHASED SERVICE INFORMATION	SEGMENT NOT USED

The electronic version of this document is controlled.
All paper copies are uncontrolled.

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
2400	**HCP**		**S**	**LINE PRICING/REPRICING INFORMATION**	**SEGMENT NOT USED**
				2410 - DRUG IDENTIFICATION	**LOOP NOT USED**
				2420A - RENDERING PROVIDER NAME	**LOOP NOT USED**
				2420B - PURCHASED SERVICE PROVIDER	**LOOP NOT USED**
				2420C - SERVICE FACILITY LOCATION	**LOOP NOT USED**
				2420D - SUPERVISING PROVIDER NAME	**LOOP NOT USED**
				2420E - ORDERING PROVIDER NAME	**LOOP NOT USED**
				2420F - REFERRING PROVIDER NAME	**LOOP NOT USED**
				2420G - AMBULANCE PICKUP INFORMATION	**LOOP NOT USED**
				2420H AMBULANCE DROP OFF INFORMATION	**LOOP NOT USED**
				2430 - LINE ADJUDICATION INFORMATION	
2430	**SVD**		**S**	**SERVICE LINE ADJUDICATION INFORMATION**	
		SVD01	R	Other Payer Primary Identifier	Follow rules of the Implementation Guide
		SVD02	R	Service Line Paid Amount	Follow rules of the Implementation Guide
		SVD03-1	R	Product or Service ID Qualifier	Follow rules of the Implementation Guide
		SVD03-2	R	Procedure Code	Follow rules of the Implementation Guide
		SVD03-3	S	Procedure Modifier 1	Follow rules of the Implementation Guide
		SVD03-4	S	Procedure Modifier 2	Follow rules of the Implementation Guide
		SVD03-5	S	Procedure Modifier 3	Follow rules of the Implementation Guide
		SVD03-6	S	Procedure Modifier 4	Follow rules of the Implementation Guide
		SVD03-7	S	Procedure Code Description	Follow rules of the Implementation Guide

Loop	SEG ID	Element	Element Requirement	Industry Name	Specifications
		SVD05	R	Paid Service Unit Count	Follow rules of the Implementation Guide
		SVD06	S	Bundled or Unbundled Line Number	Follow rules of the Implementation Guide
2430	**CAS**		**S**	**LINE LEVEL ADJUSTMENTS**	
		CAS02	R	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS03	R	Adjustment Amount	Follow rules of the Implementation Guide
		CAS04	S	Adjustment Quantity	Follow rules of the Implementation Guide
		CAS05	S	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS06	S	Adjustment Amount	Follow rules of the Implementation Guide
		CAS07	S	Adjustment Quantity	Follow rules of the Implementation Guide
		CAS08	S	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS09	S	Adjustment Amount	Follow rules of the Implementation Guide
		CAS10	S	Adjustment Quantity	Follow rules of the Implementation Guide
		CAS11	S	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS12	S	Adjustment Amount	Follow rules of the Implementation Guide
		CAS13	S	Adjustment Quantity	Follow rules of the Implementation Guide
		CAS14	S	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS15	S	Adjustment Amount	Follow rules of the Implementation Guide
		CAS16	S	Adjustment Quantity	Follow rules of the Implementation Guide
		CAS17	S	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS18	S	Adjustment Amount	Follow rules of the Implementation Guide
		CAS19	S	Adjustment Quantity	Follow rules of the Implementation Guide
2430	**DTP**		**S**	**LINE ADJUDICATION DATE**	**SEGMENT NOT USED**
2430	**AMT**		**S**	**REMAINING PATIENT LIABILITY**	**SEGMENT NOT USED**
				2440 – FORM IDENTIFICATION CODE	**LOOP NOT USED**

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

The electronic version of this document is controlled.
All paper copies are uncontrolled.

Change History

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