

# **New York State Department of Health Office of Medicaid Management 837 Health Care Claim: Dental Companion Guide**

**HIPAA V4010X097A1 837: Health Care Claim: Dental  
Version: 1.0 Draft**

**Publication: 1/21/03**

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**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.

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.

**Companion Guide Disclaimer:**

The New York State Department of Health (NYS DOH) has provided DRAFT Medicaid Companion Documents for the 837 Dental ASC X12N (004010X097A1), 837 Professional ASC X12N (004010X098A1), 837 Institutional ASC X12N (004010X096A1) Transactions and the 835 Payment/Advice Remittance ASC X12N (004010X091A1) Transaction to assist Providers, Clearinghouses and all Covered Entities in preparing HIPAA compliant transactions. These documents were prepared using the Addenda versions of each transaction. NYS DOH has focused primarily on the rules and policies regulating the submission of Medicaid data that are provided within each Companion Guide document. NYS DOH has provided the information on this website as a tool to make the Provider's job easier in preparing electronic transactions in a HIPAA compliant manner.

NYS DOH does not offer individual training to assist Providers in the use of the ASC X12N transactions provided on this website. However, training will be offered to meet the individual needs of Providers in preparing their transactions to follow NYS Medicaid policy. Additional information regarding training dates and locations will be posted on this website as it becomes available.

The information provided herein is believed to be true and correct based on the Addenda Version of the HIPAA guidelines. These regulations are continuing to evolve, therefore NYS Medicaid makes no guarantee, expressed or implied, as to the accuracy of the information provided herein. Furthermore, this is a living document and the information provided herein is subject to change as NYS DOH policy changes or as HIPAA legislation is updated or revised.

**NYS MEDICAID NOTE:**

The ASC X12N 837 Dental (004010X097A1) Implementation Guide for a Health Care Claim Transaction has been established by Health and Human Services as the standard for Dental Claim compliance.

The Companion Guide provided by the New York State Department of Health (NYS DOH) outlines the required format for the New York State Medicaid Dental Health Care Claim. It is important that Providers study the Companion Guide and become familiar with the data that will be received by NYS Medicaid in transmission of an 837 Health Care Claim Dental Transaction.

This Companion Guide does not modify the standards; rather, it puts forth the subset of information from the Implementation Guide (IG) that will be required for processing transactions. It is important that providers use this Companion Guide as a supplement to

the IG and the NYS Medicaid Provider Manual. Within the IG, there are data elements, which have many different qualifiers available for use. Each qualifier identifies a different piece of information. This document omits code qualifiers that are not necessary for NYS Medicaid processing. Although not all available codes are listed in this document, NYS Medicaid will accept any code named or listed in the HIPAA implementation guides. When necessary, a "NYS MEDICAID NOTE" is included to describe NYS Medicaid specific requirements. These notes provide guidance to ensure proper adjudication and subsequent claim payment.

For further assistance, NYS DOH and its fiscal agent, Computer Sciences Corporation (CSC), are urging providers to visit a web community, <http://www.hipaadesk.com/>, which will provide WEDI-SNIP level 1 thru 6 testing capabilities, as well as Companion Guide updates, and other pertinent information.

### Heading:

<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>
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
<b>LOOP ID - 1000A</b>					<b>1</b>	<b>N1/020L</b>	
020	NM1	Submitter Name	O	1		N1/020	Required
045	PER	Submitter Contact Information	O	2			Required
<b>LOOP ID - 1000B</b>					<b>1</b>	<b>N1/020L</b>	
020	NM1	Receiver Name	O	1		N1/020	Required

### Detail:

<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>
<b>LOOP ID - 2000A</b>					<b>&gt;1</b>		
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			Situational
<b>LOOP ID - 2010AA</b>					<b>1</b>	<b>N2/015L</b>	
015	NM1	Billing Provider Name	O	1		N2/015	Required
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	Billing Provider Secondary Identification Number	O	5			Situational
<b>LOOP ID - 2010AB</b>					<b>1</b>	<b>N2/015L</b>	
015	NM1	Pay-to Provider's Name	O	1		N2/015	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
<b>LOOP ID - 2000B</b>					<b>&gt;1</b>		
001	HL	Subscriber Hierarchical Level	M	1			Required
005	SBR	Subscriber Information	O	1			Required
<b>LOOP ID - 2010BA</b>					<b>1</b>	<b>N2/015L</b>	
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
<b>LOOP ID - 2010BB</b>				<b>1</b>	<b>N2/015L</b>	
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
<b>LOOP ID - 2300</b>				<b>100</b>		
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
180	REF	Predetermination Identification	O	5		Situational
180	REF	Service Authorization Exception Code	O	1		Situational
180	REF	Original Reference Number (ICN/DCN)	O	1		Situational
180	REF	Prior Authorization or Referral Number	O	2		Situational
190	NTE	Claim Note	O	20		Situational
<b>LOOP ID - 2310A</b>				<b>2</b>	<b>N2/250L</b>	
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
<b>LOOP ID - 2310B</b>				<b>1</b>	<b>N2/250L</b>	
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
271	REF	Rendering Provider Secondary Identification	O	5		Situational
<b>LOOP ID - 2310C</b>				<b>1</b>	<b>N2/250L</b>	
250	NM1	Service Facility Location	O	1	N2/250	Situational
271	REF	Service Facility Location Secondary Identification	O	5		Situational
<b>LOOP ID - 2310D</b>				<b>1</b>	<b>N2/250L</b>	
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

<b>LOOP ID - 2320</b>					<b>10</b>	<b><u>N2/290L</u></b>	
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
<b>LOOP ID - 2330A</b>					<b>1</b>	<b><u>N2/325L</u></b>	
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
<b>LOOP ID - 2330B</b>					<b>1</b>	<b><u>N2/325L</u></b>	
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
<b>LOOP ID - 2330C</b>					<b>1</b>	<b><u>N2/325L</u></b>	
325	NM1	Other Payer Patient Information	O	1		N2/325	Situational
355	REF	Other Payer Patient Identification	O	3			Situational
<b>LOOP ID - 2330D</b>					<b>1</b>	<b><u>N2/325L</u></b>	
325	NM1	Other Payer Referring Provider	O	1		N2/325	Situational
355	REF	Other Payer Referring Provider Identification	O	3			Situational
<b>LOOP ID - 2330E</b>					<b>1</b>	<b><u>N2/325L</u></b>	
325	NM1	Other Payer Rendering Provider	O	1		N2/325	Situational
355	REF	Other Payer Rendering Provider Identification	O	3			Situational
<b>LOOP ID - 2400</b>					<b>50</b>	<b><u>N2/365L</u></b>	
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	Prior Authorization or Referral Number	O	2		Situational
470	REF	Line Item Control Number	O	1		Situational
475	AMT	Approved Amount	O	1		Situational
475	AMT	Sales Tax Amount	O	1		Situational
485	NTE	Line Note	O	10		Situational
<b>LOOP ID - 2420A</b>				<b>1</b>	<b>N2/500L</b>	
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
525	REF	Rendering Provider Secondary Identification	O	5		Situational
<b>LOOP ID - 2420B</b>				<b>1</b>	<b>N2/500L</b>	
500	NM1	Other Payer Prior Authorization or Referral Number	O	1	N2/500	Situational
525	REF	Other Payer Prior Authorization or Referral Number	O	2		Situational
<b>LOOP ID - 2420C</b>				<b>1</b>	<b>N2/500L</b>	
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
525	REF	Assistant Surgeon Secondary Identification	O	1		Situational
<b>LOOP ID - 2430</b>				<b>25</b>	<b>N2/540L</b>	
540	SVD	Line Adjudication Information	O	1	N2/540	Situational
545	CAS	Service Adjustment	O	99		Situational
550	DTP	Line Adjudication Date	O	1		Required
<b>LOOP ID - 2000C</b>				<b>&gt;1</b>		
001	HL	Patient Hierarchical Level	O	1		Situational
555	SE	Transaction Set Trailer	M	1		Required

# 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

**Example:**

ST\*837\*987654~

**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	<b>Transaction Set Identifier Code</b> <b>Description:</b> Code uniquely identifying a Transaction Set	M	ID	3/3	Required
		<b>Code</b> <b>Name</b> 837                Health Care Claim REQUIRED				
ST02	329	<b>Transaction Set Control Number</b> <b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set <b>Alias:</b> Transaction Set Control Number <b>HIPAA IG Note:</b> 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.	M	AN	4/9	Required

# 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

**Example:**

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

**Element Summary:**

Ref	Id	Element Name	Req	Type	Min/Max	Usage						
BHT01	1005	<b>Hierarchical Structure Code</b> <b>Description:</b> Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	M	ID	4/4	Required						
		<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>0019</td> <td>Information Source, Subscriber, Dependent</td> </tr> </tbody> </table>	Code	Name	0019	Information Source, Subscriber, Dependent						
Code	Name											
0019	Information Source, Subscriber, Dependent											
BHT02	353	<b>Transaction Set Purpose Code</b> <b>Description:</b> Code identifying purpose of transaction set <b>NYS MEDICAID NOTE:</b> NYS will process code '18' as an original transmission. <b>NSF Reference:</b> AA0-23.0 <b>HIPAA IG Note:</b> 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.	M	ID	2/2	Required						
		<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>Original</td> </tr> <tr> <td>18</td> <td>Reissue</td> </tr> </tbody> </table>	Code	Name	00	Original	18	Reissue				
Code	Name											
00	Original											
18	Reissue											
BHT03	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Originator Application Transaction Identifier <b>NSF Reference:</b> AA0-05.0 <b>HIPAA IG Note:</b> 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.	O	AN	1/30	Required						
BHT04	373	<b>Date</b> <b>Description:</b> Date expressed as CCYYMMDD <b>Industry:</b> Transaction Set Creation Date	O	DT	8/8	Required						

BHT05	337	<p><b>NSF Reference:</b> AA0-15.0  <b>HIPAA IG Note:</b> Use this date to identify the date on which the submitter created the file.</p> <p><b>Time</b>  <b>Description:</b> 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)</p>	O	TM	4/8	Required	
BHT06	640	<p><b>Industry:</b> Transaction Set Creation Time  <b>NSF Reference:</b> AA0-16.0  <b>HIPAA IG Note:</b> Use the time to identify the time of day that the submitter created the file.</p> <p><b>Transaction Type Code</b>  <b>Description:</b> Code specifying the type of transaction  <b>Industry:</b> Claim or Encounter Identifier  <b>Alias:</b> Claim or Encounter Indicator  <b>NYS MEDICAID NOTE:</b> NYS will only process transactions with a qualifier of 'CH'. Reporting transactions are not supported.  <b>HIPAA IG Note:</b> 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.</p>	O	ID	2/2	Required	
		<p><b>Code</b> CH</p>		<p><b>Name</b> Chargeable</p>			<p>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.</p>

# REF Transmission Type Identification

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

User Option (Usage): Required

To specify identifying information

## HIPAA IG 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~

## Element Summary:

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

# 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

## HIPAA IG 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~

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

**Industry:** Submitter Identifier  
**Alias:** Submitter Primary Identification Number  
**NYS MEDICAID NOTE:** NYS will return the 835 to the ETIN (Electronic Transmitter Identification Number) provided here. This number is assigned to the submitter by NYS Medicaid.  
**NSF Reference:** AA0-02.0, ZA0-02.0

# 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

## HIPAA IG 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~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

## 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	<b>Contact Function Code</b> <b>Description:</b> Code identifying the major duty or responsibility of the person or group named <b>Code</b> <b>Name</b> IC                Information Contact	M	ID	2/2	Required
PER02	93	<b>Name</b> <b>Description:</b> Free-form name <b>Industry:</b> Submitter Contact Name <b>NSF Reference:</b> AA0-13.0 <b>HIPAA IG Note:</b> 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).	O	AN	1/60	Required
PER03	365	<b>Communication Number Qualifier</b> <b>Description:</b> Code identifying the type of communication number <b>Code</b> <b>Name</b> ED                Electronic Data Interchange Access Number EM                Electronic Mail FX                Facsimile TE                Telephone	C	ID	2/2	Required
PER04	364	<b>Communication Number</b> <b>Description:</b> Complete communications number including country or area code when applicable <b>NSF Reference:</b> AA0-14.0	C	AN	1/80	Required
PER05	365	<b>Communication Number Qualifier</b> <b>Description:</b> Code identifying the type of communication number <b>HIPAA IG Note:</b> Used at the discretion of the submitter.	C	ID	2/2	Situational

		<u>Code</u>	<u>Name</u>				
		ED	Electronic Data Interchange Access Number				
		EM	Electronic Mail				
		EX	Telephone Extension				
		FX	Facsimile				
		TE	Telephone				
PER06	364	<b>Communication Number</b>		C	AN	1/80	Situational
		<b>Description:</b> Complete communications number including country or area code when applicable					
		<b>HIPAA IG Note:</b> Used at the discretion of the submitter.					
PER07	365	<b>Communication Number Qualifier</b>		C	ID	2/2	Situational
		<b>Description:</b> Code identifying the type of communication number					
		<b>HIPAA IG Note:</b> Used at the discretion of the submitter.					
		<u>Code</u>	<u>Name</u>				
		ED	Electronic Data Interchange Access Number				
		EM	Electronic Mail				
		EX	Telephone Extension				
		FX	Facsimile				
		TE	Telephone				
PER08	364	<b>Communication Number</b>		C	AN	1/80	Situational
		<b>Description:</b> Complete communications number including country or area code when applicable					
		<b>HIPAA IG Note:</b> Used at the discretion of the submitter.					

# 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

## HIPAA IG 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\*UNION MUTUAL OF OREGON\*\*\*\*\*46\*111222333~

## 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	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>Code</b> <b>Name</b> 40                  Receiver	M	ID	2/3	Required
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <b>Code</b> <b>Name</b> 2                  Non-Person Entity	M	ID	1/1	Required
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> Receiver Name <b>NYS MEDICAID NOTE:</b> NYS expects to receive 'NYS DOH'.	O	AN	1/35	Required
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Code</b> <b>Name</b> 46                  Electronic Transmitter Identification Number (ETIN)	C	ID	1/2	Required
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> Receiver Primary Identifier <b>Alias:</b> Receiver Primary Identification Number <b>NYS MEDICAID NOTE:</b> NYS expects to receive '95-2043126'. <b>NSF Reference:</b> AA0-17.0, ZA0-04.0	C	AN	2/80	Required

# 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

## HIPAA IG 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~

## Element Summary:

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

# 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

## HIPAA IG 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\*PT\*ZZ\*1223S0112Y~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV01	1221	<b>Provider Code</b> Description: Code identifying the type of provider <u>Code</u> <u>Name</u> BI            Billing PT            Pay-To	M	ID	1/3	Required
PRV02	128	<b>Reference Identification Qualifier</b> Description: Code qualifying the Reference Identification <u>Code</u> <u>Name</u> ZZ            Mutually Defined	M	ID	2/3	Required
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: <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a> . This taxonomy is maintained by the Blue Cross Blue Shield Association and ANSI ASC X12N TG2 WG15.						
PRV03	127	<b>Reference Identification</b> Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Provider Taxonomy Code Alias: Provider Specialty Code NSF Reference: BA0-22.0 <u>ExternalCodeList</u> Name: HCPT Description: Health Care Provider Taxonomy	M	AN	1/30	Required

# CUR Foreign Currency Information

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

**User Option (Usage):** Situational

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

## HIPAA IG 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~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

## 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	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> 85                  Billing Provider				
CUR02	100	<b>Currency Code</b> <b>Description:</b> Code (Standard ISO) for country in whose currency the charges are specified	M	ID	3/3	Required
		<b>ExternalCodeList</b> <b>Name:</b> 5 <b>Description:</b> Countries, Currencies and Funds				

# 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

### HIPAA IG 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~

### NYS MEDICAID NOTE:

NYS expects the performing/servicing provider to be identified here. The group provider will be reported in the Pay-to-Provider loop (Loop ID-2010AB).

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>HIPAA IG Note:</b> Use this code to indicate billing provider, billing submitter and encounter reporting entity. <b>Code</b> <b>Name</b> 85                  Billing Provider	M	ID	2/3	Required
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <b>Code</b> <b>Name</b> 1                    Person 2                    Non-Person Entity	M	ID	1/1	Required
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> Billing Provider Last or Organizational Name <b>Alias:</b> Billing Provider Name	O	AN	1/35	Required
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name <b>Industry:</b> Billing Provider First Name <b>Alias:</b> Billing Provider Name <b>HIPAA IG Note:</b> Required if NM102 = 1 (person).	O	AN	1/25	Situational
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> Billing Provider Middle Name <b>Alias:</b> Billing Provider Name <b>HIPAA IG Note:</b> Required if NM102 = 1 and the middle name/initial of the person is known.	O	AN	1/25	Situational
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> Billing Provider Name Suffix	O	AN	1/10	Situational

NM108	66	<p><b>Alias:</b> Billing Provider Name  <b>HIPAA IG Note:</b> Required if known.</p> <p><b>Identification Code Qualifier</b>  <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)  <b>HIPAA IG Note:</b> 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.</p> <table border="1"> <thead> <tr> <th data-bbox="349 409 430 430"><u>Code</u></th> <th data-bbox="527 409 592 430"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="349 441 381 462">24</td> <td data-bbox="527 441 885 462">Employer's Identification Number</td> </tr> <tr> <td data-bbox="349 472 381 493">34</td> <td data-bbox="527 472 787 493">Social Security Number</td> </tr> <tr> <td data-bbox="349 504 381 525">XX</td> <td data-bbox="527 504 1226 525">Health Care Financing Administration National Provider Identifier</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	24	Employer's Identification Number	34	Social Security Number	XX	Health Care Financing Administration National Provider Identifier	C	ID	1/2	Required
<u>Code</u>	<u>Name</u>													
24	Employer's Identification Number													
34	Social Security Number													
XX	Health Care Financing Administration National Provider Identifier													
NM109	67	<p><b>Identification Code</b>  <b>Description:</b> Code identifying a party or other code  <b>Industry:</b> Billing Provider Identifier  <b>Alias:</b> Billing Provider's Primary Identification Number  <b>NSF Reference:</b> BA0-02.0, BA0-06.0, BA0-09.0, BA1-02.0, YA0-02.0, YA0-06.0</p> <p><b>ExternalCodeList</b>  <b>Name:</b> 537  <b>Description:</b> Health Care Financing Administration National Provider Identifier</p>	C	AN	2/80	Required								

# 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

**Example:**

N3\*225 MAIN STREET\*BARKLEY BUILDING~

**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	<b>Address Information</b> 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	<b>Address Information</b> Description: Address information Industry: Billing Provider Address Line Alias: Billing Provider Address 1 NSF Reference: BA1-08.0, BA1-14.0 HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational

# 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

### Example:

N4\*CENTERVILLE\*PA\*17111~

### Element Summary:

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

# REF Billing Provider Secondary Identification Number

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

User Option (Usage): Situational

To specify identifying information

### HIPAA IG 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~

### NYS MEDICAID NOTE:

This REF segment is repeated in this companion document to satisfy NYS business requirements. It is necessary to receive both the Medicaid Provider ID and the Location Code in order to process a claim. This iteration will report the NYS Medicaid Provider ID.

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage				
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>1D</td> <td>Medicaid Provider Number</td> </tr> </tbody> </table>	Code	Name	1D	Medicaid Provider Number	M	ID	2/3	Required
Code	Name									
1D	Medicaid Provider Number									
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Billing Provider Additional Identifier <b>Alias:</b> Billing Provider's Secondary Identification Number <b>NSF Reference:</b> 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				

# REF Billing Provider Secondary Identification Number

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

User Option (Usage): Situational

To specify identifying information

### HIPAA IG 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~

### NYS MEDICAID NOTE:

This REF segment is repeated in this companion document to satisfy NYS business requirements. It is necessary to receive both the Medicaid Provider ID and the Location Code in order to process a claim. This iteration will report the Location Code.

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage				
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification  <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>LU</td> <td>Location Number</td> </tr> </tbody> </table>	Code	Name	LU	Location Number	M	ID	2/3	Required
Code	Name									
LU	Location Number									
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Billing Provider Additional Identifier <b>Alias:</b> Billing Provider's Secondary Identification Number <b>NSF Reference:</b> 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				

# 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

### HIPAA IG 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~

### NYS MEDICAID NOTE:

NYS expects to receive the Group Provider information in this loop.

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage						
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>87</td> <td>Pay-to Provider</td> </tr> </tbody> </table>	Code	Name	87	Pay-to Provider	M	ID	2/3	Required		
Code	Name											
87	Pay-to Provider											
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> </tr> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </tbody> </table> <p>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.</p> <p>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.</p>	Code	Name	1	Person	2	Non-Person Entity	M	ID	1/1	Required
Code	Name											
1	Person											
2	Non-Person Entity											
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> Pay-to Provider Last or Organizational Name <b>NSF Reference:</b> BA0-18.0, BA0-19.0 <b>HIPAA IG Note:</b> Pay-to Provider Last Name or Organization Name	O	AN	1/35	Required						
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name <b>Industry:</b> Pay-to Provider First Name <b>NSF Reference:</b> BA0-20.0 <b>HIPAA IG Note:</b> Pay-to Provider First Name Required if NM102 = 1 (person).	O	AN	1/25	Situational						
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> Pay-to Provider Middle Name <b>NSF Reference:</b> BA0-21.0 <b>HIPAA IG Note:</b> Pay-to Provider Middle Initial Required if NM102 = 1 and the middle name/initial of the person is known.	O	AN	1/25	Situational						

NM107	1039	<p><b>Name Suffix</b>  <b>Description:</b> Suffix to individual name  <b>Industry:</b> Pay-to Provider Name Suffix  <b>HIPAA IG Note:</b> Pay-to Provider Name Suffix Required if known.</p>	O	AN	1/10	Situational								
NM108	66	<p><b>Identification Code Qualifier</b>  <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)  <b>HIPAA IG Note:</b> 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.</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>24</td> <td>Employer's Identification Number</td> </tr> <tr> <td>34</td> <td>Social Security Number</td> </tr> <tr> <td>XX</td> <td>Health Care Financing Administration National Provider Identifier</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	24	Employer's Identification Number	34	Social Security Number	XX	Health Care Financing Administration National Provider Identifier	C	ID	1/2	Required
<u>Code</u>	<u>Name</u>													
24	Employer's Identification Number													
34	Social Security Number													
XX	Health Care Financing Administration National Provider Identifier													
NM109	67	<p><b>Identification Code</b>  <b>Description:</b> Code identifying a party or other code  <b>Industry:</b> Pay-to Provider Identifier  <b>NSF Reference:</b> BA0-09.0, CA0-28.0, BA0-02.0, BA1-02.0, YA0-02.0, YA0-06.0  <b>HIPAA IG Note:</b> Pay-to Provider's Primary Identification Number</p> <p><b>ExternalCodeList</b>  <b>Name:</b> 537  <b>Description:</b> Health Care Financing Administration National Provider Identifier</p>	C	AN	2/80	Required								

# 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

### Example:

N3\*225 MAIN STREET\*BARKLEY BUILDING~

### 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	<b>Address Information</b> 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	<b>Address Information</b> Description: Address information Industry: Pay-to Provider Address Line Alias: Pay-to Provider's Address 2 NSF Reference: BA1-08.0, BA1-14.0 HIPAA IG Note: Required if second address line exists.	O	AN	1/55	Situational

# 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

### Example:

N4\*CENTERVILLE\*PA\*17111~

### Element Summary:

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

# 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

### HIPAA IG 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~

### NYS MEDICAID NOTE:

NYS expects to receive the Medicaid Group Provider ID in this segment.

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage				
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification  <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>1D</td> <td>Medicaid Provider Number</td> </tr> </tbody> </table>	Code	Name	1D	Medicaid Provider Number	M	ID	2/3	Required
Code	Name									
1D	Medicaid Provider Number									
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Pay-to Provider Identifier <b>NSF Reference:</b> 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	C	AN	1/30	Required				

**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

**HIPAA IG 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~

**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	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required				
HL02	734	<b>Hierarchical Parent ID Number</b> <b>Description:</b> 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	<b>Hierarchical Level Code</b> <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>22</td> <td>Subscriber</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	22	Subscriber	M	ID	1/2	Required
<u>Code</u>	<u>Name</u>									
22	Subscriber									
HL04	736	<b>Hierarchical Child Code</b> <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described <b>HIPAA IG Note:</b> 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	O	ID	1/1	Required				

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.

**All valid standard codes are used.**

# 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

**Example:**

SBR\*P\*\*GRP01020102\*\*\*6\*\*\*CI~

**Element Summary:**

Ref	Id	Element Name	Req	Type	Min/Max	Usage								
SBR01	1138	<b>Payer Responsibility Sequence Number Code</b> <b>Description:</b> Code identifying the insurance carrier's level of responsibility for a payment of a claim <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Primary NSF Reference: DA0-02.0-Pri</td> </tr> <tr> <td>S</td> <td>Secondary NSF Reference: DA1-02.0-Sec</td> </tr> <tr> <td>T</td> <td>Tertiary Use to indicate payer of last resort.</td> </tr> </tbody> </table>	Code	Name	P	Primary NSF Reference: DA0-02.0-Pri	S	Secondary NSF Reference: DA1-02.0-Sec	T	Tertiary Use to indicate payer of last resort.	M	ID	1/1	Required
Code	Name													
P	Primary NSF Reference: DA0-02.0-Pri													
S	Secondary NSF Reference: DA1-02.0-Sec													
T	Tertiary Use to indicate payer of last resort.													
SBR02	1069	<b>Individual Relationship Code</b> <b>Description:</b> Code indicating the relationship between two individuals or entities <b>NSF Reference:</b> DA0-17.0 <b>HIPAA IG Note:</b> 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.	O	ID	2/2	Situational								
SBR03	127	<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>18</td> <td>Self</td> </tr> </tbody> </table> <b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Insured Group or Policy Number <b>NSF Reference:</b> DA0-10.0 <b>HIPAA IG Note:</b> 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).	Code	Name	18	Self	O	AN	1/30	Situational				
Code	Name													
18	Self													
SBR04	93	<b>Name</b> <b>Description:</b> Free-form name <b>Industry:</b> Insured Group Name <b>Alias:</b> Plan Name <b>NSF Reference:</b> DA0-11.0 <b>HIPAA IG Note:</b> Required if the Subscriber's payer identification includes Plan Name.	O	AN	1/60	Situational								
SBR06	1143	<b>Coordination of Benefits Code</b> <b>Description:</b> Code identifying whether there is a coordination of benefits	O	ID	1/1	Required								

		<u>Code</u>	<u>Name</u>			
		1	Coordination of Benefits			
		6	No Coordination of Benefits			
SBR09	1032	<b>Claim Filing Indicator Code</b>		O	ID	1/2 Situational
<b>Description:</b> Code identifying type of claim						
<b>NYS MEDICAID NOTE:</b> NYS expects to receive 'MC'.						
<b>HIPAA IG Note:</b> Required prior to mandated use of PlanID. Not used after PlanID is mandated.						
		<u>Code</u>	<u>Name</u>			
		MC	Medicaid			
<b>NSF Reference:</b>						
CA0-23.0 (D), DA0-05.0 (D)						

# 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

## HIPAA IG 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~

## Element Summary:

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

**Description:** Code designating the system/method of code structure used for Identification Code (67)  
**HIPAA IG Note:** Required if NM102 = 1 (person).

<u>Code</u>	<u>Name</u>
MI	<p>Member Identification Number</p> <p>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.</p> <p>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).</p> <p>In the event that a Social Security Number is also available on an IHS/CHS claim, put the SSN in the REF02.</p>

NM109	67	<b>Identification Code</b>	C	AN	2/80	Situational
<p><b>Description:</b> Code identifying a party or other code  <b>Industry:</b> Subscriber Primary Identifier  <b>NSF Reference:</b> DA0-18.0  <b>HIPAA IG Note:</b> Required if NM102 = 1 (person).</p>						

# 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

### HIPAA IG 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~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### 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	<b>Address Information</b> Description: Address information Industry: Subscriber Address Line Alias: Subscriber's Address 1 NSF Reference: CA0-11.0, DA2-04.0	M	AN	1/55	Required
N302	166	<b>Address Information</b> Description: Address information Industry: Subscriber Address Line Alias: Subscriber's Address 2 NSF Reference: CA0-12.0, DA2-05.0 HIPAA IG Note: Required if second address line exists.	O	AN	1/55	Situational

# 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

### HIPAA IG 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~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### Element Summary:

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

# DMG Subscriber Demographic Information

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

User Option (Usage): Situational

To supply demographic information

## HIPAA IG 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~

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG01	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format	C	ID	2/3	Required
		<b>Code</b> <b>Name</b>				
		D8                  Date Expressed in Format CCYYMMDD				
DMG02	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times	C	AN	1/35	Required
		<b>Industry:</b> Subscriber Birth Date				
		<b>Alias:</b> Date of Birth - Patient				
		<b>NSF Reference:</b> CA0-08.0, DA0-24.0				
DMG03	1068	<b>Gender Code</b> <b>Description:</b> Code indicating the sex of the individual	O	ID	1/1	Required
		<b>Industry:</b> Subscriber Gender Code				
		<b>Alias:</b> Gender - Patient				
		<b>NYS MEDICAID NOTE:</b> NYS cannot process code 'U' (Unknown). Claims received with an unknown gender will be denied.				
		<b>NSF Reference:</b> CA0-09.0, DA0-23.0				
		<b>Code</b> <b>Name</b>				
		F                  Female				
		M                  Male				
		U                  Unknown				

# REF Subscriber Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

## HIPAA IG 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~

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
		<b>Code</b> <b>Name</b>				
		1W      Member Identification Number May not be used when NM108 of this loop has a value of MI.				
		23      Client Number 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.				
		IG      Insurance Policy Number				
		SY      Social Security Number The Social Security Number may not be used for Medicare.				
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Subscriber Supplemental Identifier	C	AN	1/30	Required

# NM1 Payer Name

<b>Pos:</b> 015	<b>Max:</b> 1
<b>Detail - Optional</b>	
<b>Loop:</b> 2010BB	<b>Elements:</b> 5

**User Option (Usage):** Required

To supply the full name of an individual or organizational entity

## HIPAA IG 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\*Union Mutual of Oregon\*\*\*\*PI\*123123123~

## 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	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>Code</b> <b>Name</b> PR                  Payer	M	ID	2/3	Required
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <b>Code</b> <b>Name</b> 2                  Non-Person Entity	M	ID	1/1	Required
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> Payer Name <b>NYS MEDICAID NOTE:</b> NYS expects to receive 'NYSDOH'. <b>NSF Reference:</b> DA0-09.0	O	AN	1/35	Required
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Code</b> <b>Name</b> PI                  Payor Identification XV                  Health Care Financing Administration National Payer Identification Number (PAYERID)	C	ID	1/2	Required
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> Payer Identifier <b>Alias:</b> Payer Primary Identification Number <b>NYS MEDICAID NOTE:</b> NYS expects to receive '141797357'. <b>NSF Reference:</b> DA0-07.0 <b>ExternalCodeList</b> <b>Name:</b> 540 <b>Description:</b> Health Care Financing Administration National PlanID	C	AN	2/80	Required

# N3 Payer Address

<b>Pos:</b> 025	<b>Max:</b> 1
Detail - Optional	
<b>Loop:</b> 2010BB	<b>Elements:</b> 2

**User Option (Usage):** Situational

To specify the location of the named party

### HIPAA IG 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~

### 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	<b>Address Information</b> <b>Description:</b> Address information <b>Industry:</b> Payer Address Line <b>Alias:</b> Payer's Address 1 <b>NSF Reference:</b> DA1-04.0	M	AN	1/55	Required
N302	166	<b>Address Information</b> <b>Description:</b> Address information <b>Industry:</b> Payer Address Line <b>Alias:</b> Payer's Address 2 <b>NSF Reference:</b> DA1-05.0 <b>HIPAA IG Note:</b> Required if a second address line exists.	O	AN	1/55	Situational

**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

**HIPAA IG 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~

**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	<b>City Name</b> <b>Description:</b> Free-form text for city name <b>Industry:</b> Payer City Name <b>Alias:</b> Payer's City <b>NSF Reference:</b> DA1-06.0	O	AN	2/30	Required
N402	156	<b>State or Province Code</b> <b>Description:</b> Code (Standard State/Province) as defined by appropriate government agency <b>Industry:</b> Payer State Code <b>Alias:</b> Payer's State <b>NSF Reference:</b> DA1-07.0 <b>HIPAA IG Note:</b> N402 is required only if city name (N401) is in the U.S. or Canada.	O	ID	2/2	Required
N403	116	<b>Postal Code</b> <b>Description:</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <b>Industry:</b> Payer Postal Zone or ZIP Code <b>Alias:</b> Payer's Zip Code <b>NSF Reference:</b> DA1-08.0	O	ID	3/15	Required
N404	26	<b>Country Code</b> <b>Description:</b> Code identifying the country <b>Industry:</b> Payer Postal Zone or ZIP Code <b>Alias:</b> Payer Country Code <b>HIPAA IG Note:</b> Required if the address is out of the U.S.	O	ID	2/3	Situational

# REF Payer Secondary Identification Number

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

User Option (Usage): Situational

To specify identifying information

## HIPAA IG Notes:

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

## Example:

REF\*2U\*435261708~

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <b>Alias:</b> Payer Secondary Identification Number	M	ID	2/3	Required
		<b>Code</b> <b>Name</b>				
		2U      Payer Identification Number 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.				
		FY      Claim Office Number				
		NF      National Association of Insurance Commissioners (NAIC) Code				
		TJ      Federal Taxpayer's Identification Number				
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Payer Additional Identifier <b>NSF Reference:</b> DA0-08.0	C	AN	1/30	Required
		<b>ExternalCodeList</b> <b>Name:</b> 245 <b>Description:</b> National Association of Insurance Commissioners (NAIC) Code				

# CLM Claim Information

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

**User Option (Usage):** Required

To specify basic data about the claim

## HIPAA IG 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~

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CLM01	1028	<b>Claim Submitter's Identifier</b> <b>Description:</b> Identifier used to track a claim from creation by the health care provider through payment <b>Industry:</b> Patient Account Number <b>NSF Reference:</b> 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 <b>HIPAA IG Note:</b> 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.	M	AN	1/38	Required
CLM02	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> Total Claim Charge Amount <b>Alias:</b> Total Claim Charges <b>NSF Reference:</b> XA0-12.0 <b>HIPAA IG Note:</b> For encounter transmissions, zero (0) may be a valid amount.	O	R	1/18	Required

CLM05	C023	<p><b>Health Care Service Location Information</b>  <b>Description:</b> 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  <b>Alias:</b> Place of Service Code  <b>NSF Reference:</b> FA0-07.0  <b>HIPAA IG Note:</b> CLM05 applies to all service lines unless it is over written at the line level.</p>	O	Comp		Required						
	1331	<p><b>Facility Code Value</b>  <b>Description:</b> 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  <b>Industry:</b> Facility Type Code  <b>HIPAA IG Note:</b> 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.</p> <p>11 Office  12 Home  21 Inpatient Hospital  22 Outpatient Hospital  31 Skilled Nursing Facility  35 Adult Living Care Facility</p> <p><b>ExternalCodeList</b>  <b>Name:</b> 237</p>	M	AN	1/2	Required						
	1325	<p><b>Claim Frequency Type Code</b>  <b>Description:</b> Place of Service from Health Care Financing Administration Claim Form  <b>Description:</b> Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type  <b>Industry:</b> Claim Submission Reason Code  <b>NYS MEDICAID NOTE:</b> NYS will process all values as original claims with the exception of codes '7' (Replacement) and '8' (Void).  <b>ExternalCodeList</b>  <b>Name:</b> 235</p>	O	ID	1/1	Required						
CLM06	1073	<p><b>Yes/No Condition or Response Code</b>  <b>Description:</b> Claim Frequency Type Code  <b>Description:</b> Code indicating a Yes or No condition or response  <b>Industry:</b> Provider or Supplier Signature Indicator  <b>Alias:</b> Provider Signature on File Code  <b>NSF Reference:</b> EA0-35.0</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>Y</td> <td>Yes</td> </tr> </tbody> </table>	Code	Name	N	No	Y	Yes	O	ID	1/1	Required
Code	Name											
N	No											
Y	Yes											
CLM07	1359	<p><b>Provider Accept Assignment Code</b>  <b>Description:</b> Code indicating whether the provider accepts assignment  <b>Industry:</b> Medicare Assignment Code  <b>NSF Reference:</b> EA0-34.0, FA0-59.0  <b>HIPAA IG Note:</b> The NSF mapping to FA0-59.0 occurs only in payer-to-payer COB situations. Required for Medicare claims only.</p>	O	ID	1/1	Situational						

		<u>Code</u>	<u>Name</u>				
		A	Assigned				
		C	Not Assigned				
		P	Patient Refuses to Assign Benefits				
CLM08	1073	<b>Yes/No Condition or Response Code</b>		O	ID	1/1	Required
		<b>Description:</b> Code indicating a Yes or No condition or response					
		<b>Industry:</b> Benefits Assignment Certification Indicator					
		<b>Alias:</b> Assignment of Benefits Code					
		<b>NSF Reference:</b> DA0-15.0					
		<u>Code</u>	<u>Name</u>				
		N	No				
		Y	Yes				
CLM09	1363	<b>Release of Information Code</b>		O	ID	1/1	Required
		<b>Description:</b> Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations					
		<b>NSF Reference:</b> EA0-13.0					
		<u>Code</u>	<u>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				
CLM11	C024	<b>Related Causes Information</b>		O	Comp		Situational
		<b>Description:</b> To identify one or more related causes and associated state or country information					
		<b>HIPAA IG Note:</b> 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.					
	1362	<b>Related-Causes Code</b>		M	ID	2/3	Required
		<b>Description:</b> Code identifying an accompanying cause of an illness, injury or an accident					
		<b>Industry:</b> Related Causes Code					
		<b>NSF Reference:</b> EA0-05.0, EA0-04.0					
		<u>Code</u>	<u>Name</u>				
		AA	Auto Accident				
		<b>NSF Reference:</b> EA0-05.0					
		EM	Employment				
		<b>NSF Reference:</b> EA0-04.0					
		OA	Other Accident				
		<b>NSF Reference:</b> EA0-05.0					
	1362	<b>Related-Causes Code</b>		O	ID	2/3	Situational
		<b>Description:</b> Code identifying an accompanying cause of an illness, injury or an accident					
		<b>Industry:</b> Related Causes Code					
		<b>NSF Reference:</b> EA0-05.0, EA0-04.0					
		<b>HIPAA IG Note:</b> Used if more than one code applies.					
		<u>Code</u>	<u>Name</u>				
		AA	Auto Accident				
		EM	Employment				
		OA	Other Accident				
	1362	<b>Related-Causes Code</b>		O	ID	2/3	Situational
		<b>Description:</b> Code identifying an accompanying					

cause of an illness, injury or an accident

**Industry:** Related Causes Code

**NSF Reference:** EA0-05.0, EA0-04.0

**HIPAA IG Note:** Used if more than one code applies.

<u>Code</u>	<u>Name</u>
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:** Auto Accident State or Province Code

**Alias:** Accident State

**NSF Reference:** EA0-10.0

**HIPAA IG Note:** Required if CLM11-1, CLM11-2 or CLM11-3 has a value of "AA".

**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

**HIPAA IG Note:** Required if the automobile accident occurred out of the U.S. to identify the country in which the accident occurred.

**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:** Special Program Indicator

**NSF Reference:** EA0-43.0

**HIPAA IG Note:** Required if the services were rendered under one of the following circumstances/programs/projects.

<u>Code</u>	<u>Name</u>
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 Situational

**Description:** Code identifying reason for claim submission

**Alias:** Predetermination of Benefits Code

**NYS MEDICAID NOTE:** NYS does not support the business process of predetermination of benefits.

**HIPAA IG Note:** CLM19 is required when the entire claim is being submitted for Predetermination of Benefits.

<u>Code</u>	<u>Name</u>
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

**HIPAA IG Note:** 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.  
Required when claim is submitted late (past contracted date of filing limitations) and any of the codes below apply.

<b><u>Code</u></b>	<b><u>Name</u></b>
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

# 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

### HIPAA IG Notes:

1. Required on inpatient visit claims.

### Example:

DTP\*435\*D8\*19980108~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### 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	<b>Date/Time Qualifier</b> <b>Description:</b> Code specifying type of date or time, or both date and time <b>Industry:</b> Date Time Qualifier	M	ID	3/3	Required
		<b>Code</b> <b>Name</b> 435          Admission				
DTP02	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> D8          Date Expressed in Format CCYYMMDD				
DTP03	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> Related Hospitalization Admission Date <b>NSF Reference:</b> EA0-26.0	M	AN	1/35	Required

# 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

### HIPAA IG Notes:

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

### Example:

DTP\*096\*D8\*19980108~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

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

# 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

### HIPAA IG Notes:

1. Required when claim includes a referral.

### Example:

DTP\*330\*D8\*19980617~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### 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	<b>Date/Time Qualifier</b> <b>Description:</b> Code specifying type of date or time, or both date and time <b>Industry:</b> Date Time Qualifier	M	ID	3/3	Required
		<b>Code</b> <b>Name</b> 330          Referral Date				
DTP02	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> D8          Date Expressed in Format CCYYMMDD				
DTP03	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> Referral Date	M	AN	1/35	Required

# 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

**HIPAA IG Notes:**

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

**Example:**

DTP\*439\*D8\*19980108~

**NYS MEDICAID NOTE:**

NYS will ignore data when provided.

**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	<b>Date/Time Qualifier</b> <b>Description:</b> Code specifying type of date or time, or both date and time <b>Industry:</b> Date Time Qualifier	M	ID	3/3	Required
		<b>Code</b> <b>Name</b> 439          Accident				
DTP02	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> D8          Date Expressed in Format CCYYMMDD				
DTP03	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> Accident Date <b>NSF Reference:</b> EA0-07.0	M	AN	1/35	Required

# 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

## HIPAA IG 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~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

## Element Summary:

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

# 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

## HIPAA IG 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~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

## Element Summary:

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

# DN1 Orthodontic Total Months of Treatment

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

User Option (Usage): Situational

To supply orthodontic information

### HIPAA IG 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~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### 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	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> Orthodontic Treatment Months Count <b>Alias:</b> Orthodontic Total Months of Treatment <b>NSF Reference:</b> FD0-18.0 <b>HIPAA IG Note:</b> This data element should be used to report the total months of orthodontic treatment.	O	R	1/15	Situational				
DN102	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> Orthodontic Treatment Months Remaining Count <b>Alias:</b> Orthodontic Treatment Months Remaining <b>NSF Reference:</b> FD0-23.0 <b>HIPAA IG Note:</b> This data element should be used to report the treatment months remaining for a transfer patient.	O	R	1/15	Situational				
DN103	1073	<b>Yes/No Condition or Response Code</b> <b>Description:</b> Code indicating a Yes or No condition or response <b>Industry:</b> Question Response <b>HIPAA IG Note:</b> Required to indicate that services reported on the claim are for orthodontic purposes when the DN101 and DN102 are not used.	O	ID	1/1	Situational				
		<table border="0"> <tr> <td><b><u>Code</u></b></td> <td><b><u>Name</u></b></td> </tr> <tr> <td>Y</td> <td>Yes</td> </tr> </table>	<b><u>Code</u></b>	<b><u>Name</u></b>	Y	Yes				
<b><u>Code</u></b>	<b><u>Name</u></b>									
Y	Yes									

# DN2 Tooth Status

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

User Option (Usage): Situational

To specify the status of individual teeth

### HIPAA IG Notes:

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

### Example:

DN2\*8\*E~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### Element Summary:

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

# 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

## HIPAA IG 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~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage																				
PWK01	755	<b>Report Type Code</b> <b>Description:</b> Code indicating the title or contents of a document, report or supporting item <b>Industry:</b> Attachment Report Type Code <b>NSF Reference:</b> EA0-41.0	M	ID	2/2	Required																				
		<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr><td>B4</td><td>Referral Form</td></tr> <tr><td>DA</td><td>Dental Models</td></tr> <tr><td>DG</td><td>Diagnostic Report</td></tr> <tr><td>EB</td><td>Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)</td></tr> <tr><td>OB</td><td>Operative Note</td></tr> <tr><td>OZ</td><td>Support Data for Claim</td></tr> <tr><td>P6</td><td>Periodontal Charts</td></tr> <tr><td>RB</td><td>Radiology Films</td></tr> <tr><td>RR</td><td>Radiology Reports</td></tr> </tbody> </table>	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				
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OB	Operative Note																									
OZ	Support Data for Claim																									
P6	Periodontal Charts																									
RB	Radiology Films																									
RR	Radiology Reports																									
PWK02	756	<b>Report Transmission Code</b> <b>Description:</b> Code defining timing, transmission method or format by which reports are to be sent <b>Industry:</b> Attachment Transmission Code <b>NSF Reference:</b> EA0-40.0	O	ID	1/2	Required																				
		<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>AA</td> <td>Available on Request at Provider Site 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.</td> </tr> <tr><td>BM</td><td>By Mail</td></tr> <tr><td>EL</td><td>Electronically Only</td></tr> <tr><td>EM</td><td>E-Mail</td></tr> <tr><td>FX</td><td>By Fax</td></tr> </tbody> </table>	Code	Name	AA	Available on Request at Provider Site 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.	BM	By Mail	EL	Electronically Only	EM	E-Mail	FX	By Fax												
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BM	By Mail																									
EL	Electronically Only																									
EM	E-Mail																									
FX	By Fax																									
PWK05	66	<b>Identification Code Qualifier</b>	C	ID	1/2	Recommended																				

**Description:** Code designating the system/method of code structure used for Identification Code (67)  
**HIPAA IG Note:** Required if PWK02 = EM, EL, BM or FX.

<u>Code</u>	<u>Name</u>
AC	Attachment Control Number

PWK06	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> Attachment Control Number <b>HIPAA IG Note:</b> 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. Required if PWK02 = EM, EL BM, or FX.	C	AN	2/80	Recommended
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# AMT Patient Amount Paid

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

User Option (Usage): Situational

To indicate the total monetary amount

### HIPAA IG 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~

### 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	<b>Amount Qualifier Code</b> Description: Code to qualify amount	M	ID	1/3	Required
		<u>Code</u> <u>Name</u> F5              Patient Amount Paid				
AMT02	782	<b>Monetary Amount</b> Description: Monetary amount Industry: Patient Amount Paid NSF Reference: XA0-19.0	M	R	1/18	Required

# REF Predetermination Identification

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

User Option (Usage): Situational

To specify identifying information

## HIPAA IG 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~

## NYS MEDICAID NOTE:

NYS does not support the business process of predetermination of benefits.

## Element Summary:

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

# REF Service Authorization Exception Code

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

User Option (Usage): Situational

To specify identifying information

### HIPAA IG 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~

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
		<b>Code</b> <b>Name</b>				
		4N      Special Payment Reference Number				
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Service Authorization Exception Code	C	AN	1/30	Required
		<b>Code</b> <b>Name</b>				
		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				

# REF Original Reference Number (ICN/DCN)

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

User Option (Usage): Situational

To specify identifying information

### HIPAA IG 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~

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage				
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>F8</td> <td>Original Reference Number</td> </tr> </tbody> </table>	Code	Name	F8	Original Reference Number	M	ID	2/3	Required
Code	Name									
F8	Original Reference Number									
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Claim Original Reference Number <b>NYS MEDICAID NOTE:</b> NYS expects to receive the previous CRN number to replace or void a previously paid claim. <b>NSF Reference:</b> EA0-47.0	C	AN	1/30	Required				

# REF Prior Authorization or Referral Number

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

User Option (Usage): Situational

To specify identifying information

## HIPAA IG 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~

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage				
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <b>NYS MEDICAID NOTE:</b> NYS expects to receive 'G1' for all claims a prior approval number has been assigned to.	M	ID	2/3	Required				
		<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>G1</td> <td>Prior Authorization Number</td> </tr> </tbody> </table>	Code	Name	G1	Prior Authorization Number				
Code	Name									
G1	Prior Authorization Number									
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Referral Number <b>NYS MEDICAID NOTE:</b> If applicable, enter Prior Authorization Number. <b>HIPAA IG Note:</b> NYS expects to receive the prior authorization/approval number for all claims a prior approval number has been assigned to.	C	AN	1/30	Required				

# 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

## HIPAA IG Notes:

1. Required when: (1) State regulations mandate information not identified elsewhere within the claim set; or (2) to report periodontal charting information.
2. 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.
3. 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
4. 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~

## Element Summary:

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

# 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

## HIPAA IG 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~

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage						
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>NYS MEDICAID NOTE:</b> NYS expects to receive 'DN' to indicate the Referring Provider number is entered in Loop 2310A, REF02. <b>HIPAA IG Note:</b> The entity identifier in NM101 applies to all segments in Loop ID-2310. <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>DN</td> <td>Referring Provider</td> </tr> </tbody> </table>	Code	Name	DN	Referring Provider	M	ID	2/3	Required		
Code	Name											
DN	Referring Provider											
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> </tr> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </tbody> </table>	Code	Name	1	Person	2	Non-Person Entity	M	ID	1/1	Required
Code	Name											
1	Person											
2	Non-Person Entity											
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> Referring Provider Last Name <b>NSF Reference:</b> EA0-22.0	O	AN	1/35	Required						
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name <b>Industry:</b> Referring Provider First Name <b>NSF Reference:</b> EA0-23.0 <b>HIPAA IG Note:</b> Required if NM102 = 1 (person).	O	AN	1/25	Situational						
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> Referring Provider Middle Name <b>NSF Reference:</b> EA0-24.0 <b>HIPAA IG Note:</b> Required if NM102 = 1 and the middle name/initial of the person is known.	O	AN	1/25	Situational						
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> Referring Provider Name Suffix	O	AN	1/10	Situational						

NM108	66	<p><b>HIPAA IG Note:</b> Required if known.</p> <p><b>Identification Code Qualifier</b></p> <p><b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)</p> <p><b>HIPAA IG Note:</b> Required if the Employer's Identification Number, Social Security Number or National Provider Identifier is known.</p>	C	ID	1/2	Situational								
		<table border="1"> <thead> <tr> <th data-bbox="350 352 412 378"><u>Code</u></th> <th data-bbox="526 352 594 378"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="350 386 380 411">24</td> <td data-bbox="526 386 886 411">Employer's Identification Number</td> </tr> <tr> <td data-bbox="350 415 380 441">34</td> <td data-bbox="526 415 781 441">Social Security Number</td> </tr> <tr> <td data-bbox="350 449 380 474">XX</td> <td data-bbox="526 449 1227 474">Health Care Financing Administration National Provider Identifier</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	24	Employer's Identification Number	34	Social Security Number	XX	Health Care Financing Administration National Provider Identifier				
<u>Code</u>	<u>Name</u>													
24	Employer's Identification Number													
34	Social Security Number													
XX	Health Care Financing Administration National Provider Identifier													
NM109	67	<p><b>Identification Code</b></p> <p><b>Description:</b> Code identifying a party or other code</p> <p><b>Industry:</b> Referring Provider Identifier</p> <p><b>NSF Reference:</b> EA0-20.0</p> <p><b>HIPAA IG Note:</b> Required if the Employer's Identification Number, Social Security Number or National Provider Identifier is known.</p> <p>Referring Provider Primary Identification Number</p>	C	AN	2/80	Situational								
		<p><b>ExternalCodeList</b></p> <p><b>Name:</b> 537</p> <p><b>Description:</b> Health Care Financing Administration National Provider Identifier</p>												

# 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

### HIPAA IG Notes:

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

### Example:

PRV\*RF\*ZZ\*1223E0200Y~

### NYS MEDICAID NOTE:

NYS will ignore data when Provided.

### Element Summary:

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

# REF Referring Provider Secondary Identification

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

**User Option (Usage):** Situational

To specify identifying information

### HIPAA IG 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~

### 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	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <b>NYS MEDICAID NOTE:</b> NYS expects to receive '0B' to indicate the Referring Provider number in REF02 is a state license number preceded by a 2 digit license type code, or '1D' to indicate the Referring Provider's Medicaid ID number is entered in REF02.	M	ID	2/3	Required						
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>0B</td> <td>State License Number</td> </tr> <tr> <td>1D</td> <td>Medicaid Provider Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	0B	State License Number	1D	Medicaid Provider Number				
<u>Code</u>	<u>Name</u>											
0B	State License Number											
1D	Medicaid Provider Number											
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Referring Provider Secondary Identifier	C	AN	1/30	Required						

# 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

## HIPAA IG 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 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~

## 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	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>HIPAA IG Note:</b> The entity identifier in NM101 applies to all segments in Loop ID-2310.	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> 82                Rendering Provider				
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity	M	ID	1/1	Required
		<b>Code</b> <b>Name</b> 1                 Person 2                 Non-Person Entity				
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> Rendering Provider Last or Organization Name <b>Alias:</b> Rendering Provider Last Name <b>NSF Reference:</b> FB1-14.0	O	AN	1/35	Required
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name <b>Industry:</b> Rendering Provider First Name <b>NSF Reference:</b> FB1-15.0 <b>HIPAA IG Note:</b> Required if NM102 = 1 (person).	O	AN	1/25	Situational
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> Rendering Provider Middle Name <b>NSF Reference:</b> FB1-16.0 <b>HIPAA IG Note:</b> Required when middle name/initial of person is known.	O	AN	1/25	Situational
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> Rendering Provider Name Suffix <b>HIPAA IG Note:</b> Required if known.	O	AN	1/10	Situational
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)	C	ID	1/2	Required

<u>Code</u>	<u>Name</u>				
24	Employer's Identification Number				
34	Social Security Number				
XX	Health Care Financing Administration National Provider Identifier				
NM109	67	<b>Identification Code</b>	C	AN	2/80
		<b>Description:</b> Code identifying a party or other code			Required
		<b>Industry:</b> Rendering Provider Identifier			
		<b>NSF Reference:</b> FA0-23.0, FA0-57.0			
		<b>HIPAA IG Note:</b> NSF Reference: FA0-58.0, FA0-57.0 crosswalk is only used in Medicare COB payer-to-payer claims.			
		<b>ExternalCodeList</b>			
		<b>Name:</b> 537			
		<b>Description:</b> Health Care Financing Administration National Provider Identifier			

# 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

## HIPAA IG 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~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

## 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	<b>Provider Code</b> <b>Description:</b> Code identifying the type of provider	M	ID	1/3	Required
		<b>Code</b> <b>Name</b> PE          Performing				
PRV02	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> ZZ          Mutually Defined				
		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: <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a> . This taxonomy is maintained by the Blue Cross Blue Shield Association and ANSI ASC X12N TG2 WG15.				
PRV03	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Provider Taxonomy Code <b>Alias:</b> Provider Specialty Code <b>NSF Reference:</b> FA0-37.0	M	AN	1/30	Required
		<b>ExternalCodeList</b> <b>Name:</b> HCPT <b>Description:</b> Health Care Provider Taxonomy				

# REF Rendering Provider Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

## HIPAA IG 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~

## NYS MEDICAID NOTE:

This REF segment is repeated in this companion document to satisfy NYS business requirements. It is necessary to receive both the Medicaid Provider ID and the Location Code in order to process a claim. This iteration will report the NYS Medicaid Provider ID.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage				
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <b>NYS MEDICAID NOTE:</b> NYS expects to receive '0B' to indicate the state license number of the teacher in charge (for Dental Schools only) in REF02 is a state license number preceded by a 2 digit license type code, or '1D' to indicate the Referring Provider's Medicaid ID number is entered in REF02. <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>1D</td> <td>Medicaid Provider Number</td> </tr> </tbody> </table>	Code	Name	1D	Medicaid Provider Number	M	ID	2/3	Required
Code	Name									
1D	Medicaid Provider Number									
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Rendering Provider Secondary Identifier	C	AN	1/30	Required				

# REF Rendering Provider Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

## HIPAA IG 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~

## NYS MEDICAID NOTE:

This REF segment is repeated in this companion document to satisfy NYS business requirements. It is necessary to receive both the Medicaid Provider ID and the Location Code in order to process a claim. This iteration will report the Location Code.

## 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	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <b>NYS MEDICAID NOTE:</b> NYS expects to receive '0B' to indicate the state license number of the teacher in charge (for Dental Schools only) in REF02 is a state license number preceded by a 2 digit license type code, or '1D' to indicate the Referring Provider's Medicaid ID number is entered in REF02.	M	ID	2/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>LU</td> <td>Location Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	LU	Location Number				
<u>Code</u>	<u>Name</u>									
LU	Location Number									
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Rendering Provider Secondary Identifier	C	AN	1/30	Required				

# 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

### HIPAA IG 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~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### Element Summary:

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

# REF Service Facility Location Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

### HIPAA IG 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~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### Element Summary:

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

# 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

## HIPAA IG 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~

## 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	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>HIPAA IG Note:</b> The entity identifier in NM101 applies to all segments in Loop ID-2310. <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>DD</td> <td>Assistant Surgeon</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	DD	Assistant Surgeon	M	ID	2/3	Required		
<u>Code</u>	<u>Name</u>											
DD	Assistant Surgeon											
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> </tr> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1	Person	2	Non-Person Entity	M	ID	1/1	Required
<u>Code</u>	<u>Name</u>											
1	Person											
2	Non-Person Entity											
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> Assistant Last or Organization Name <b>Alias:</b> Assistant Surgeon Last Name	O	AN	1/35	Required						
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name <b>Industry:</b> Assistant Surgeon First Name <b>HIPAA IG Note:</b> Required if NM102 = 1 (person).	O	AN	1/25	Situational						
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> Assistant Surgeon Middle Name <b>HIPAA IG Note:</b> Required when middle name/initial of person is known.	O	AN	1/25	Situational						
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> Assistant Surgeon Name Suffix <b>HIPAA IG Note:</b> Required if known.	O	AN	1/10	Situational						
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>24</td> <td>Employer's Identification Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	24	Employer's Identification Number	C	ID	1/2	Required		
<u>Code</u>	<u>Name</u>											
24	Employer's Identification Number											

NM109	67	34 Social Security Number XX Health Care Financing Administration National Provider Identifier <b>Identification Code</b> C AN 2/80 <b>Description:</b> Code identifying a party or other code <b>Industry:</b> Assistant Surgeon Identifier <b>Alias:</b> Assistant Surgeon's Primary Identification Number <u><b>ExternalCodeList</b></u> <b>Name:</b> 537 <b>Description:</b> Health Care Financing Administration National Provider Identifier	Required
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# 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

### HIPAA IG 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. Required when the Assistant Surgeon specialty information is needed to facilitate reimbursement of the claim.

### Example:

PRV\*AS\*ZZ\*1223S0112Y~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### Element Summary:

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

# REF Assistant Surgeon Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

### HIPAA IG 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~

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage				
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>1D</td> <td>Medicaid Provider Number</td> </tr> </tbody> </table>	Code	Name	1D	Medicaid Provider Number	M	ID	2/3	Required
Code	Name									
1D	Medicaid Provider Number									
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Assistant Surgeon Secondary Identifier <b>Alias:</b> Assistant Surgeon Secondary Identification Number <b>NYS MEDICAID NOTE:</b> NYS expects to receive the Medicaid Provider ID.	C	AN	1/30	Required				

# 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

## HIPAA IG 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 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. 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~

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage																		
SBR01	1138	<b>Payer Responsibility Sequence Number Code</b> <b>Description:</b> Code identifying the insurance carrier's level of responsibility for a payment of a claim <b>NSF Reference:</b> DA0-02.0 <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Primary</td> </tr> <tr> <td>S</td> <td>Secondary</td> </tr> <tr> <td>T</td> <td>Tertiary</td> </tr> </tbody> </table>	Code	Name	P	Primary	S	Secondary	T	Tertiary	M	ID	1/1	Required										
Code	Name																							
P	Primary																							
S	Secondary																							
T	Tertiary																							
SBR02	1069	<b>Individual Relationship Code</b> <b>Description:</b> Code indicating the relationship between two individuals or entities <b>NSF Reference:</b> DA0-17.0 <b>HIPAA IG Note:</b> Use this code to specify the relationship to the person insured. <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Spouse</td> </tr> <tr> <td>18</td> <td>Self</td> </tr> <tr> <td>19</td> <td>Child</td> </tr> <tr> <td>20</td> <td>Employee</td> </tr> <tr> <td>21</td> <td>Unknown</td> </tr> <tr> <td>22</td> <td>Handicapped Dependent</td> </tr> <tr> <td>29</td> <td>Significant Other</td> </tr> <tr> <td>76</td> <td>Dependent</td> </tr> </tbody> </table>	Code	Name	01	Spouse	18	Self	19	Child	20	Employee	21	Unknown	22	Handicapped Dependent	29	Significant Other	76	Dependent	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	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Insured Group or Policy Number <b>NSF Reference:</b> DA0-10.0 <b>HIPAA IG Note:</b> 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).	O	AN	1/30	Situational																		
SBR04	93	<b>Name</b>	O	AN	1/60	Situational																		

**Description:** Free-form name  
**Industry:** Policy Name  
**Alias:** Plan Name  
**HIPAA IG Note:** Required if the Subscriber's payer identification includes Plan Name.

SBR09 1032

**Claim Filing Indicator Code**

O ID 1/2 Situational

**Description:** Code identifying type of claim  
**NSF Reference:** DA0-05.0  
**HIPAA IG Note:** Required prior to mandated use of PlanID. Not used after PlanID is mandated.

<u>Code</u>	<u>Name</u>
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
	Refers to Veteran's Affairs Plan.
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined
	Unknown

# 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

## HIPAA IG 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~

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS01	1033	<b>Claim Adjustment Group Code</b> <b>Description:</b> Code identifying the general category of payment adjustment	M	ID	1/2	Required
		<b>Code</b> <b>Name</b>				
		CO                Contractual Obligations				
		CR                Correction and Reversals				
		OA                Other adjustments				
		PI                Payor Initiated Reductions				
		PR                Patient Responsibility				
CAS02	1034	<b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> Adjustment Reason Code <b>NSF Reference:</b> 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	M	ID	1/5	Required
		<b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code				

CAS03	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> Adjustment Amount <b>NSF Reference:</b> 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	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> Adjustment Quantity <b>HIPAA IG Note:</b> Used as needed to show payer adjustments.	O	R	1/15	Situational
CAS05	1034	<b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> Adjustment Reason Code <b>NSF Reference:</b> 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 <b>HIPAA IG Note:</b> Used as needed to show payer adjustments. <b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code	C	ID	1/5	Situational
CAS06	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> Adjustment Amount <b>NSF Reference:</b> 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 <b>HIPAA IG Note:</b> Used as needed to show payer adjustments.	C	R	1/18	Situational
CAS07	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> Adjustment Quantity <b>HIPAA IG Note:</b> Used as needed to show payer adjustments.	C	R	1/15	Situational
CAS08	1034	<b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> Adjustment Reason Code <b>NSF Reference:</b> 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 <b>HIPAA IG Note:</b> Used as needed to show payer adjustments. <b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code	C	ID	1/5	Situational
CAS09	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> Adjustment Amount <b>NSF Reference:</b> 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 <b>HIPAA IG Note:</b> Used as needed to show payer adjustments.	C	R	1/18	Situational
CAS10	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> Adjustment Quantity <b>HIPAA IG Note:</b> Used as needed to show payer adjustments.	C	R	1/15	Situational

CAS11	1034	<p><b>Claim Adjustment Reason Code</b>  <b>Description:</b> Code identifying the detailed reason the adjustment was made  <b>Industry:</b> Adjustment Reason Code  <b>NSF Reference:</b> DA1-30.0, DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14. 0, DA3-16.0  <b>HIPAA IG Note:</b> Used as needed to show payer adjustments.  <u>ExternalCodeList</u>  <b>Name:</b> 139  <b>Description:</b> Claim Adjustment Reason Code</p>	C	ID	1/5	Situational
CAS12	782	<p><b>Monetary Amount</b>  <b>Description:</b> Monetary amount  <b>Industry:</b> Adjustment Amount  <b>NSF Reference:</b> 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  <b>HIPAA IG Note:</b> Used as needed to show payer adjustments.</p>	C	R	1/18	Situational
CAS13	380	<p><b>Quantity</b>  <b>Description:</b> Numeric value of quantity  <b>Industry:</b> Adjustment Quantity  <b>HIPAA IG Note:</b> Used as needed to show payer adjustments.</p>	C	R	1/15	Situational
CAS14	1034	<p><b>Claim Adjustment Reason Code</b>  <b>Description:</b> Code identifying the detailed reason the adjustment was made  <b>Industry:</b> Adjustment Reason Code  <b>NSF Reference:</b> DA1-30.0, DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14. 0, DA3-16.0  <b>HIPAA IG Note:</b> Used as needed to show payer adjustments.  <u>ExternalCodeList</u>  <b>Name:</b> 139  <b>Description:</b> Claim Adjustment Reason Code</p>	C	ID	1/5	Situational
CAS15	782	<p><b>Monetary Amount</b>  <b>Description:</b> Monetary amount  <b>Industry:</b> Adjustment Amount  <b>NSF Reference:</b> 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  <b>HIPAA IG Note:</b> Used as needed to show payer adjustments.</p>	C	R	1/18	Situational
CAS16	380	<p><b>Quantity</b>  <b>Description:</b> Numeric value of quantity  <b>Industry:</b> Adjustment Quantity  <b>HIPAA IG Note:</b> Used as needed to show payer adjustments.</p>	C	R	1/15	Situational
CAS17	1034	<p><b>Claim Adjustment Reason Code</b>  <b>Description:</b> Code identifying the detailed reason the adjustment was made  <b>Industry:</b> Adjustment Reason Code  <b>NSF Reference:</b> DA1-30.0, DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14. 0, DA3-16.0  <b>HIPAA IG Note:</b> Used as needed to show payer adjustments.  <u>ExternalCodeList</u>  <b>Name:</b> 139</p>	C	ID	1/5	Situational

**Description:** Claim Adjustment Reason Code

CAS18	782	<p><b>Monetary Amount</b>  <b>Description:</b> Monetary amount  <b>Industry:</b> Adjustment Amount  <b>NSF Reference:</b> 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  <b>HIPAA IG Note:</b> Used as needed to show payer adjustments.</p>	C	R	1/18	Situational
CAS19	380	<p><b>Quantity</b>  <b>Description:</b> Numeric value of quantity  <b>Industry:</b> Adjustment Quantity  <b>HIPAA IG Note:</b> Used as needed to show payer adjustments.</p>	C	R	1/15	Situational

# 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

### HIPAA IG 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~

### 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	<b>Amount Qualifier Code</b> <b>Description:</b> Code to qualify amount	M	ID	1/3	Required
		<b>Code</b> <b>Name</b> D                    Payor Amount Paid				
AMT02	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> Payer Paid Amount <b>HIPAA IG Note:</b> This amount is a crosswalk from CLP04 in the 835 when doing COB.	M	R	1/18	Required

# 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

### HIPAA IG 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~

### 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	<b>Amount Qualifier Code</b> Description: Code to qualify amount <b>Code</b> <b>Name</b> AAE                Approved Amount	M	ID	1/3	Required
AMT02	782	<b>Monetary Amount</b> Description: Monetary amount Industry: Approved Amount NSF Reference: DA1-27.0	M	R	1/18	Required

# 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

### HIPAA IG 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~

### Element Summary:

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

# 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

### HIPAA IG 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~

### Element Summary:

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

# 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

### HIPAA IG 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~

### Element Summary:

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

# 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

### HIPAA IG Notes:

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

### Example:

AMT\*D8\*35~

### Element Summary:

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

# 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

### HIPAA IG Notes:

1. Required if claim has been adjudicated by the payer indentified 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~

### 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	<b>Amount Qualifier Code</b> Description: Code to qualify amount <u>Code</u> <u>Name</u> F5              Patient Amount Paid	M	ID	1/3	Required
AMT02	782	<b>Monetary Amount</b> Description: Monetary amount Industry: Other Payer Patient Paid Amount HIPAA IG Note: This amount is a crosswalk from AMT in the 835 (Loop CLP, position 062) when AMT01 = F5.	M	R	1/18	Required

# DMG Other Insured Demographic Information

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

User Option (Usage): Situational

To supply demographic information

### HIPAA IG Notes:

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

### Example:

DMG\*D8\*19561105\*M~

### Element Summary:

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

# 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

### HIPAA IG 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~

### Element Summary:

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

# 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

### HIPAA IG 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~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### Element Summary:

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

24 Employer's Identification Number  
 MI Member Identification Number  
 ZZ Mutually Defined

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	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> Other Insured Identifier <b>Alias:</b> Other Insured's Identification Number	C	AN	2/80	Required
-------	----	--	---	----	------	----------

# 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

### HIPAA IG Notes:

1. Required when information is available.

### Example:

N3\*4320 WASHINGTON ST\*SUITE 100~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### Element Summary:

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

**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

**HIPAA IG Notes:**

1. Required when information is available.

**Example:**

N4\*PALISADES\*OR\*23119~

**NYS MEDICAID NOTE:**

NYS will ignore data when provided.

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

# REF Other Subscriber Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

### HIPAA IG Notes:

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

### Example:

REF\*SY\*528446666~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### Element Summary:

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

# 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

### HIPAA IG 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~

### Element Summary:

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

# 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

## HIPAA IG 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~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

## Element Summary:

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

		FX TE	Facsimile Telephone				
PER06	364	<b>Communication Number</b>		C	AN	1/80	Situational
		<b>Description:</b> Complete communications number including country or area code when applicable					
		<b>HIPAA IG Note:</b> Used only when additional communications numbers need to be transmitted.					
PER07	365	<b>Communication Number Qualifier</b>		C	ID	2/2	Situational
		<b>Description:</b> Code identifying the type of communication number					
		<b>HIPAA IG Note:</b> Used only when additional communications numbers need to be transmitted.					
		<b>Code</b>	<b>Name</b>				
		ED	Electronic Data Interchange Access Number				
		EM	Electronic Mail				
		EX	Telephone Extension				
		FX	Facsimile				
		TE	Telephone				
PER08	364	<b>Communication Number</b>		C	AN	1/80	Situational
		<b>Description:</b> Complete communications number including country or area code when applicable					
		<b>HIPAA IG Note:</b> Used only when additional communications numbers need to be transmitted.					

# 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

## HIPAA IG Notes:

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

## Example:

DTP\*573\*D8\*19991212~

## 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	<b>Date/Time Qualifier</b> <b>Description:</b> Code specifying type of date or time, or both date and time <b>Industry:</b> Date Time Qualifier	M	ID	3/3	Required
		<b>Code</b> <b>Name</b> 573                Date Claim Paid				
DTP02	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> D8                Date Expressed in Format CCYYMMDD				
DTP03	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>Industry:</b> Date Claim Paid	M	AN	1/35	Required

# REF Other Payer Secondary Identifier

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

User Option (Usage): Situational

To specify identifying information

## HIPAA IG 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~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

## Element Summary:

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

# 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

## HIPAA IG 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~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

## 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	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>9F</td> <td>Referral Number</td> </tr> <tr> <td>G1</td> <td>Prior Authorization Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	9F	Referral Number	G1	Prior Authorization Number	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>											
9F	Referral Number											
G1	Prior Authorization Number											
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Other Payer Prior Authorization or Referral Number	C	AN	1/30	Required						

# 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

## HIPAA IG 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~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

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

# REF Other Payer Patient Identification

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

User Option (Usage): Situational

To specify identifying information

### HIPAA IG 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~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### Element Summary:

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

# 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

## HIPAA IG 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~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

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

# REF Other Payer Referring Provider Identification

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

User Option (Usage): Situational

To specify identifying information

### HIPAA IG Notes:

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

### Example:

REF\*EI\*RF446~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
		<b>Code</b>		<b>Name</b>		
		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		
		The social Security Number may not be used for Medicare.				
		TJ		Federal Taxpayer's Identification Number		
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		<b>Industry:</b> Other Payer Referring Provider Identifier				
		<b>Alias:</b> Other Payer Referring Provider Identification				

# 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

### HIPAA IG 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~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### Element Summary:

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

# REF Other Payer Rendering Provider Identification

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

User Option (Usage): Situational

To specify identifying information

### HIPAA IG Notes:

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

### Example:

REF\*LU\*SLC987~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
		<b>Code</b> <b>Name</b>				
		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				
		The social Security Number may not be used for Medicare.				
		TJ                      Federal Taxpayer's Identification Number				
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Other Payer Rendering Provider Identifier	C	AN	1/30	Required

# LX Line Counter

<b>Pos: 365</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2400</b>	<b>Elements: 1</b>

**User Option (Usage):** Required

To reference a line number in a transaction set

### HIPAA IG 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~

### 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	<b>Assigned Number</b> <b>Description:</b> Number assigned for differentiation within a transaction set <b>Alias:</b> Line Counter <b>NSF Reference:</b> 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 <b>HIPAA IG Note:</b> The service line number is incremented by one for each service line.	M	N0	1/6	Required

# 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

### Example:

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

### Element Summary:

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

		<p><b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p><b>Alias:</b> Procedure Code Modifier</p> <p><b>NSF Reference:</b> FA0-12.0</p> <p><b>HIPAA IG Note:</b> Use this modifier for the third procedure code modifier.</p> <p>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.</p>				
1339		<p><b>Procedure Modifier</b></p> <p><b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p><b>Alias:</b> Procedure Code Modifier</p> <p><b>NSF Reference:</b> FA0-36.0</p> <p><b>HIPAA IG Note:</b> Use this modifier for the fourth procedure code modifier.</p> <p>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.</p>	O	AN	2/2	Situational
SV302	782	<p><b>Monetary Amount</b></p> <p><b>Description:</b> Monetary amount</p> <p><b>Industry:</b> Line Item Charge Amount</p> <p><b>Alias:</b> Line Charge Amount</p> <p><b>NSF Reference:</b> FA0-13.0</p> <p><b>HIPAA IG Note:</b> Zero "0" is an acceptable value for this element.</p>	O	R	1/18	Required
SV303	1331	<p><b>Facility Code Value</b></p> <p><b>Description:</b> 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><b>Industry:</b> Facility Type Code</p> <p><b>HIPAA IG Note:</b> Required if the Place of Service is different than the Place of Service reported in the CLM segment in the 2300 loop.</p> <p>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.</p> <p>11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 31 Skilled Nursing Facility 35 Adult Living Care Facility</p> <p><b>ExternalCodeList</b></p> <p><b>Name:</b> 237</p> <p><b>Description:</b> Place of Service from Health Care Financing Administration Claim Form</p>	O	AN	1/2	Situational
SV304	C006	<p><b>Oral Cavity Designation</b></p> <p><b>Description:</b> To identify one or more areas of the oral cavity</p> <p><b>NYS MEDICAID NOTE:</b> NYS requires at least one</p>	O	Comp		Situational

tooth number be reported in the TOO segment when the value '09' is reported as an oral cavity designation in SV304. The tooth number(s) reported will be used to derive whether the quadrant depicted is the Upper Anterior or Lower Anterior Quadrant/Sextant.

**HIPAA IG Note:** Required to report areas of the mouth that are being treated.

1361 **Oral Cavity Designation Code** M ID 1/3 Required

**Description:** Code Identifying the area of the oral cavity in which service is rendered

**NYS MEDICAID NOTE:** To process Upper Anterior Quadrant/Sextant or Lower Anterior Quadrant/Sextant refer to Appendix A.

**NSF Reference:** FDO-62.0

<u>Code</u>	<u>Name</u>
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

1361 **Oral Cavity Designation Code** O ID 1/3 Situational

**Description:** Code Identifying the area of the oral cavity in which service is rendered

**NSF Reference:** FDO-62.0

**HIPAA IG Note:** 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.

<u>Code</u>	<u>Name</u>
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

1361 **Oral Cavity Designation Code** O ID 1/3 Situational

**Description:** Code Identifying the area of the oral cavity in which service is rendered

**NSF Reference:** FDO-62.0

**HIPAA IG Note:** 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.

<u>Code</u>	<u>Name</u>
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				
1361	<b>Oral Cavity Designation Code</b>		O	ID	1/3	Situational
	<b>Description:</b> Code Identifying the area of the oral cavity in which service is rendered					
	<b>NSF Reference:</b> FD0-62.0					
	<b>HIPAA IG Note:</b> 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.					
	<u>Code</u>	<u>Name</u>				
	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				

1361	<b>Oral Cavity Designation Code</b>		O	ID	1/3	Situational
	<b>Description:</b> Code Identifying the area of the oral cavity in which service is rendered					
	<b>NSF Reference:</b> FD0-62.0					
	<b>HIPAA IG Note:</b> 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.					
	<u>Code</u>	<u>Name</u>				
	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				

SV305	1358	<b>Prosthesis, Crown or Inlay Code</b>	O	ID	1/1	Situational
	<b>Description:</b> Code specifying the placement status for the dental work					
	<b>Industry:</b> Prosthesis, Crown, or Inlay Code					
	<b>NSF Reference:</b> FD0-13.0					
	<b>HIPAA IG Note:</b> Required to indicate the placement status of the prosthetic on this line.					
	<u>Code</u>	<u>Name</u>				
	I	Initial Placement				
	R	Replacement				
	If the SV305 = R, then the DTP segment in the 2400 loop for Prior Placement is Required.					

SV306	380	<b>Quantity</b>	O	R	1/15	Required
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**Description:** Numeric value of quantity

**Industry:** Procedure Count

**NSF Reference:** FA0-18.0

**HIPAA IG Note:** Number of procedures

# 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

### HIPAA IG Notes:

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

### Example:

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

### NYS MEDICAID NOTE:

NYS requires at least one tooth number be reported in the TOO segment when the value '09' is reported as an oral cavity designation in SV304. The tooth number(s) reported will be used to derive whether the quadrant depicted is the Upper Anterior or Lower Anterior Quadrant/Sextant.

### Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
TOO01	1270	<b>Code List Qualifier Code</b> <b>Description:</b> Code identifying a specific industry code list	C	ID	1/3	Required
		<b>Code</b> <b>Name</b> JP                              National Standard Tooth Numbering System				
TOO02	1271	<b>Industry Code</b> <b>Description:</b> Code indicating a code from a specific industry code list <b>Industry:</b> Tooth Code <b>Alias:</b> Tooth Number <b>NSF Reference:</b> FD0-05.0, FD0-07.0, FD0-09.0, FD0-11.0 <b>HIPAA IG Note:</b> See Appendix C for code source 135: American Dental Association Codes. <b>ExternalCodeList</b> <b>Name:</b> 135 <b>Description:</b> American Dental Association Codes	C	AN	1/30	Situational
TOO03	C005	<b>Tooth Surface</b> <b>Description:</b> To identify one or more tooth surface codes <b>NYS MEDICAID NOTE:</b> The Tooth Surface Codes should include values D, L, M, B or F (not both on same service line), and I or O (not both on same service line). <b>HIPAA IG Note:</b> Required if the procedure code requires tooth surface codes.	O	Comp		Situational
	1369	<b>Tooth Surface Code</b> <b>Description:</b> Code identifying the area of the tooth that was treated <b>NSF Reference:</b> FD0-06.0, FD0-08.0, FD0-10.0, FD0-12.0 <b>All valid standard codes are used.</b>	M	ID	1/2	Required
	1369	<b>Tooth Surface Code</b> <b>Description:</b> Code identifying the area of the tooth that was treated <b>HIPAA IG Note:</b> Additional tooth surface codes can	O	ID	1/2	Situational

	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. <b>All valid standard codes are used.</b>				
1369	<b>Tooth Surface Code</b> <b>Description:</b> Code identifying the area of the tooth that was treated <b>HIPAA IG Note:</b> Required to report a third tooth surface. <b>All valid standard codes are used.</b>	O	ID	1/2	Situational
1369	<b>Tooth Surface Code</b> <b>Description:</b> Code identifying the area of the tooth that was treated <b>HIPAA IG Note:</b> Required to report a third tooth surface. <b>All valid standard codes are used.</b>	O	ID	1/2	Situational
1369	<b>Tooth Surface Code</b> <b>Description:</b> Code identifying the area of the tooth that was treated <b>HIPAA IG Note:</b> Required to report a third tooth surface. <b>All valid standard codes are used.</b>	O	ID	1/2	Situational

# 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

## HIPAA IG Notes:

1. 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~

## Element Summary:

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

# 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

### HIPAA IG 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~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### Element Summary:

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

# 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

### HIPAA IG 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~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### Element Summary:

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

# 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

### HIPAA IG Notes:

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

### Example:

DTP\*446\*D8\*19980108~

### NYS MEDICAID NOTE:

NYS will ignore data when provided.

### Element Summary:

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

# QTY Anesthesia Quantity

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

User Option (Usage): Situational

To specify quantity information

## HIPAA IG 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~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
QTY01	673	<b>Quantity Qualifier</b> <b>Description:</b> Code specifying the type of quantity	M	ID	2/2	Required
		<b>Code</b> <b>Name</b>				
		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	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> Anesthesia Unit Count	C	R	1/15	Required

# REF Prior Authorization or Referral Number

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

User Option (Usage): Situational

To specify identifying information

### HIPAA IG 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~

### 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	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <b>NYS MEDICAID NOTE:</b> NYS expects to receive value 'G1'. <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>G1</td> <td>Prior Authorization Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	G1	Prior Authorization Number	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>									
G1	Prior Authorization Number									
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Referral Number <b>NYS MEDICAID NOTE:</b> This Referral Number overrides the Referral Number reported in the REF segment in Loop 2300.	C	AN	1/30	Required				

# REF Line Item Control Number

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

User Option (Usage): Situational

To specify identifying information

### HIPAA IG 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~

### 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	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>6R</td> <td>Provider Control Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	6R	Provider Control Number	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>									
6R	Provider Control Number									
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Line Item Control Number <b>NSF Reference:</b> FA0-04.4, FB0-04.0, FB1-04.0, FB2-04.0, FD0-04.0, FE0-04.0, HA0-04.0	C	AN	1/30	Required				

# AMT Approved Amount

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

User Option (Usage): Situational

To indicate the total monetary amount

## HIPAA IG 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~

## 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	<b>Amount Qualifier Code</b> Description: Code to qualify amount	M	ID	1/3	Required
		<u>Code</u> <u>Name</u> AAE                Approved Amount				
AMT02	782	<b>Monetary Amount</b> Description: Monetary amount Industry: Approved Amount	M	R	1/18	Required

# AMT Sales Tax Amount

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

User Option (Usage): Situational

To indicate the total monetary amount

### HIPAA IG 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~

### 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	<b>Amount Qualifier Code</b> Description: Code to qualify amount	M	ID	1/3	Required
		<u>Code</u> <u>Name</u> T                    Tax				
AMT02	782	<b>Monetary Amount</b> Description: Monetary amount Industry: Sales Tax Amount	M	R	1/18	Required

# 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

## HIPAA IG Notes:

1. 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~

## Element Summary:

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

# 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

## HIPAA IG 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~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

## 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	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>HIPAA IG Note:</b> The entity identifier in NM101 applies to all segments in Loop ID-2420.	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> 82            Rendering Provider				
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity	M	ID	1/1	Required
		<b>Code</b> <b>Name</b> 1            Person 2            Non-Person Entity				
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> Rendering Provider Last or Organization Name <b>NSF Reference:</b> FB1-14.0	O	AN	1/35	Required
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name <b>Industry:</b> Rendering Provider First Name <b>NSF Reference:</b> FB1-15.0 <b>HIPAA IG Note:</b> Required if NM102 = 1 (person).	O	AN	1/25	Situational
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> Rendering Provider Middle Name <b>NSF Reference:</b> FB1-16.0 <b>HIPAA IG Note:</b> Required if NM102 = 1 and the middle name/initial of the person is known.	O	AN	1/25	Situational
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> Rendering Provider Name Suffix <b>HIPAA IG Note:</b> Required if known.	O	AN	1/10	Not recommended
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method	C	ID	1/2	Required

of code structure used for Identification Code (67)

<u>Code</u>	<u>Name</u>
24	Employer's Identification Number
34	Social Security Number

The Social Security Number may not be used for Medicare.

XX	Health Care Financing Administration National Provider Identifier
----	---

NM109 67

<b>Identification Code</b>	C	AN	2/80	Required
XX				

**Description:** Code identifying a party or other code

**Industry:** Rendering Provider Identifier

**Alias:** Rendering Provider Primary Identification Number

**NSF Reference:** FA0-23.0

**ExternalCodeList**

**Name:** 537

**Description:** Health Care Financing Administration National Provider Identifier

# 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

## HIPAA IG Notes:

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

## Example:

PRV\*PE\*ZZ\*1223P0300Y~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

## 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	<b>Provider Code</b> <b>Description:</b> Code identifying the type of provider	M	ID	1/3	Required
		<b>Code</b> <b>Name</b> PE          Performing				
PRV02	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> ZZ          Mutually Defined				
		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: <a href="http://www.wpc-edi.com">http://www.wpc-edi.com</a> . This taxonomy is maintained by the Blue Cross Blue Shield Association and ANSI ASC X12N TG2 WG15.				
PRV03	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Provider Taxonomy Code <b>Alias:</b> Provider Specialty Code	M	AN	1/30	Required
		<b>ExternalCodeList</b> <b>Name:</b> HCPT <b>Description:</b> Health Care Provider Taxonomy				

# REF Rendering Provider Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

## HIPAA IG 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~

## NYS MEDICAID NOTE:

This REF segment is repeated in this companion document to satisfy NYS business requirements. It is necessary to receive both the Medicaid Provider ID and the Location Code in order to process a claim. This iteration will report the NYS Medicaid Provider ID, when different than claim level Provider ID.

## 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	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <b>NYS MEDICAID NOTE:</b> NYS expects to receive value '1D'.	M	ID	2/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1D</td> <td>Medicaid Provider Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1D	Medicaid Provider Number				
<u>Code</u>	<u>Name</u>									
1D	Medicaid Provider Number									
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Rendering Provider Secondary Identifier	C	AN	1/30	Required				

# REF Rendering Provider Secondary Identification

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

**User Option (Usage):** Situational

To specify identifying information

## HIPAA IG 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~

## NYS MEDICAID NOTE:

This REF segment is repeated in this companion document to satisfy NYS business requirements. It is necessary to receive both the Medicaid Provider ID and the Locator Code in order to process a claim. This iteration will report the Location Code, when different than claim level Location Code.

## 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	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> LU                    Location Number				
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Rendering Provider Secondary Identifier	C	AN	1/30	Required

# 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

## HIPAA IG 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\*AAAAAA~  
 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~

## NYS MEDICAID NOTE:

NYS will ignore data when provided.

## Element Summary:

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

**Description:** Health Care Financing Administration National PlanID

# 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

**HIPAA IG 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~

**NYS MEDICAID NOTE:**

NYS will ignore data when provided.

**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	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification  <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>9F</td> <td>Referral Number</td> </tr> <tr> <td>G1</td> <td>Prior Authorization Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	9F	Referral Number	G1	Prior Authorization Number	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>											
9F	Referral Number											
G1	Prior Authorization Number											
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Other Payer Prior Authorization or Referral Number	C	AN	1/30	Required						

# 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

## HIPAA IG 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~

## 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	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>HIPAA IG Note:</b> The entity identifier in NM101 applies to all segments in Loop ID-2420. <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>DD</td> <td>Assistant Surgeon</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	DD	Assistant Surgeon	M	ID	2/3	Required		
<u>Code</u>	<u>Name</u>											
DD	Assistant Surgeon											
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> </tr> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1	Person	2	Non-Person Entity	M	ID	1/1	Required
<u>Code</u>	<u>Name</u>											
1	Person											
2	Non-Person Entity											
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>Industry:</b> Assistant Surgeon Last or Organization Name <b>Alias:</b> Assistant Surgeon Last Name	O	AN	1/35	Required						
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name <b>Industry:</b> Assistant Surgeon First Name <b>HIPAA IG Note:</b> Required if NM102 = 1 (person).	O	AN	1/25	Situational						
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial <b>Industry:</b> Assistant Surgeon Middle Name <b>HIPAA IG Note:</b> Required when middle name/initial of person is known.	O	AN	1/25	Situational						
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name <b>Industry:</b> Assistant Surgeon Name Suffix <b>HIPAA IG Note:</b> Required if known.	O	AN	1/10	Situational						
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> </table>	<u>Code</u>	<u>Name</u>	C	ID	1/2	Required				
<u>Code</u>	<u>Name</u>											

	24	Employer's Identification Number				
	34	Social Security Number				
	XX	Health Care Financing Administration National Provider Identifier				
NM109	67	<b>Identification Code</b>	C	AN	2/80	Required
		<b>Description:</b> Code identifying a party or other code				
		<b>Industry:</b> Assistant Surgeon Identifier				
		<b>Alias:</b> Assistant Surgeon's Primary Identification Number				
		<b>ExternalCodeList</b>				
		<b>Name:</b> 537				
		<b>Description:</b> Health Care Financing Administration National Provider Identifier				

# 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

**HIPAA IG 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~

**NYS MEDICAID NOTE:**

NYS will ignore data when provided.

**Element Summary:**

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

# REF Assistant Surgeon Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

### HIPAA IG 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~

### NYS MEDICAID NOTE:

This REF segment is repeated in this companion document to satisfy NYS business requirements. It is necessary to receive both the Medicaid Provider ID and the Location Code in order to process a claim. This iteration will report the NYS Medicaid Provider ID, when different than claim level Provider ID.

### 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	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1D</td> <td>Medicaid Provider Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1D	Medicaid Provider Number	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>									
1D	Medicaid Provider Number									
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Assistant Surgeon Secondary Identifier <b>Alias:</b> Assistant Surgeon Secondary Identification Number	C	AN	1/30	Required				

# REF Assistant Surgeon Secondary Identification

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

**User Option (Usage):** Situational

To specify identifying information

### HIPAA IG 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~

### NYS MEDICAID NOTE:

This REF segment is repeated in this companion document to satisfy NYS business requirements. It is necessary to receive both the Medicaid Provider ID and the Location Code in order to process a claim. This iteration will report the Location Code, when different than claim level Location Code.

### 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	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification	M	ID	2/3	Required
		<b>Code</b> <b>Name</b> LU                    Location Number				
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>Industry:</b> Assistant Surgeon Secondary Identifier <b>Alias:</b> Assistant Surgeon Secondary Identification Number	C	AN	1/30	Required

# SVD Line Adjudication Information

Pos: 540	Max: 1
Detail - Optional	
Loop: 2430	Elements: 5

User Option (Usage): Situational

To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

## HIPAA IG Notes:

1. To show unbundled lines: If, in the original claim, line 3 is unbundled into (for examples) 2 additional lines, then the SVD for line 3 is used 3 times: once for the original adjustment to line 3 and then two more times for the additional unbundled lines. If a line item control number (REF01 = 6R) exists for the line, that number may be used in SVD06 instead of the LX number when a line is unbundled.
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 if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.

## Example:

SVD\*43\*55\*AD:D0330\*\*1~

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage						
SVD01	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>Industry:</b> Other Payer Primary Identifier <b>Alias:</b> Payer Identification Code <b>HIPAA IG Note:</b> This number shown matches NM109 in the Loop ID-2330B Identifying other payer. Crosswalked from 004010 835 Loop 1000A N104 (if PlanID is used) or REF02.	M	AN	2/80	Required						
SVD02	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> Service Line Paid Amount <b>Alias:</b> Amount Paid for This Service Line <b>NSF Reference:</b> FA0-52.0 <b>HIPAA IG Note:</b> Zero "0" is an acceptable value for this element. The FA0-52.0 NSF crosswalk is only used in payer-to-payer COB situations. Crosswalked from 004010 835 SVC03.	M	R	1/18	Required						
SVD03	C003	<b>Composite Medical Procedure Identifier</b> <b>Description:</b> To identify a medical procedure by its standardized codes and applicable modifiers <b>HIPAA IG Note:</b> This element contains the procedure code that was used to pay this service line. It crosswalks from SVC01 in the 835 transaction. Crosswalked from 004010 835 SVC01.	O	Comp		Required						
	235	<b>Product/Service ID Qualifier</b> <b>Description:</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234) <b>Industry:</b> Product or Service ID Qualifier	M	ID	2/2	Required						
		<table border="0"> <tr> <td><b>Code</b></td> <td><b>Name</b></td> </tr> <tr> <td>AD</td> <td>American Dental Association Codes</td> </tr> <tr> <td>ZZ</td> <td>Mutually Defined</td> </tr> </table>	<b>Code</b>	<b>Name</b>	AD	American Dental Association Codes	ZZ	Mutually Defined				
<b>Code</b>	<b>Name</b>											
AD	American Dental Association Codes											
ZZ	Mutually Defined											

Jurisdictionally Defined Procedure and Supply Codes (used for Worker's Compensation claims).

234	<p><b>Product/Service ID</b>  <b>Description:</b> Identifying number for a product or service  <b>Industry:</b> Procedure Code  <b>ExternalCodeList</b>  <b>Name:</b> 135  <b>Description:</b> American Dental Association Codes</p>	M	AN	1/48	Required
1339	<p><b>Procedure Modifier</b>  <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners  <b>HIPAA IG Note:</b> Use this modifier for the first procedure code modifier.                  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.                  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.</p>	O	AN	2/2	Situational
1339	<p><b>Procedure Modifier</b>  <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners  <b>HIPAA IG Note:</b> Use this modifier for the second procedure code modifier.                  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.                  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.</p>	O	AN	2/2	Situational
1339	<p><b>Procedure Modifier</b>  <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners  <b>HIPAA IG Note:</b> Use this modifier for the third procedure code modifier.                  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.                  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.</p>	O	AN	2/2	Situational
1339	<p><b>Procedure Modifier</b>  <b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners  <b>HIPAA IG Note:</b> Use this modifier for the fourth procedure code modifier.                  Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.                  A modifier must be from code source 135 (American Dental Association) found in the 'Code on Dental</p>	O	AN	2/2	Situational

		Procedures and Nomenclature', if such modifier is available.				
	352	<b>Description</b> <b>Description:</b> A free-form description to clarify the related data elements and their content <b>Industry:</b> Procedure Code Description <b>HIPAA IG Note:</b> Required if SVC01-7 was returned in the 835 transaction.	O	AN	1/80	Situational
SVD05	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>Industry:</b> Paid Service Unit Count <b>HIPAA IG Note:</b> Crosswalk from SVC05 in 835 or, if not present in 835, use original billed units. Crosswalked from 004010 835 SVC05.	O	R	1/15	Required
SVD06	554	<b>Assigned Number</b> <b>Description:</b> Number assigned for differentiation within a transaction set <b>Industry:</b> Bundled or Unbundled Line Number <b>Alias:</b> Bundled/Unbundled Line Number <b>HIPAA IG Note:</b> Use the line item control number (REF01 = 6R) or the LX from this transaction which points to the bundled line. Required if payer bundled the service line.	O	N0	1/6	Situational

# CAS Service Adjustment

Pos: 545	Max: 99
Detail - Optional	
Loop: 2430	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

## HIPAA IG Notes:

1. Required if the payer identified in loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged.
2. Mapping CAS information into a flat file format may involve reading specific Claim Adjustment Reason Codes and then mapping the subsequent Monetary Amount and/or Quantity elements to specified fields in the flat file.
3. There are some NSF COB elements which are covered through the use of the CAS segment. Please see the claim level CAS segment for a note on handling those crosswalks at the claim level. Some of that information may apply at the line level. Further information is given below which is more specific to line level issues. Balance bill limiting charge (FA0-54.0). The adjustment for this information would be conveyed in a CAS amount element if the provider billed for more than they were allowed under contract.
4. The Claim Adjustment Reason codes are located on the Washington Publishing Company web site: <http://www.wpc-edi.com>.

## Example:

CAS\*PR\*1\*793~  
CAS\*OA\*93\*0~

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage												
CAS01	1033	<b>Claim Adjustment Group Code</b> <b>Description:</b> Code identifying the general category of payment adjustment <b>Alias:</b> Adjustment Group Code <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>CO</td> <td>Contractual Obligations</td> </tr> <tr> <td>CR</td> <td>Correction and Reversals</td> </tr> <tr> <td>OA</td> <td>Other adjustments</td> </tr> <tr> <td>PI</td> <td>Payor Initiated Reductions</td> </tr> <tr> <td>PR</td> <td>Patient Responsibility</td> </tr> </tbody> </table>	Code	Name	CO	Contractual Obligations	CR	Correction and Reversals	OA	Other adjustments	PI	Payor Initiated Reductions	PR	Patient Responsibility	M	ID	1/2	Required
Code	Name																	
CO	Contractual Obligations																	
CR	Correction and Reversals																	
OA	Other adjustments																	
PI	Payor Initiated Reductions																	
PR	Patient Responsibility																	
CAS02	1034	<b>Claim Adjustment Reason Code</b> <b>Description:</b> Code identifying the detailed reason the adjustment was made <b>Industry:</b> Adjustment Reason Code <b>Alias:</b> Adjustment Reason Code - Line Level <b>NSF Reference:</b> FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0 <b>HIPAA IG Note:</b> Use the Claim Adjustment Reason code list (see Appendix C). <b>ExternalCodeList</b> <b>Name:</b> 139 <b>Description:</b> Claim Adjustment Reason Code	M	ID	1/5	Required												
CAS03	782	<b>Monetary Amount</b> <b>Description:</b> Monetary amount <b>Industry:</b> Adjustment Amount <b>Alias:</b> Adjusted Amount - Line Level <b>NSF Reference:</b> FA0-027.0, FA0-28.0, FA0-35.0, FA0-48.0, FB0-06.0, FB0-07.0, FB0-08.0, FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0 <b>HIPAA IG Note:</b> Use this amount for the adjustment amount.	M	R	1/18	Required												

CAS04	380	<p><b>Quantity</b>  <b>Description:</b> Numeric value of quantity  <b>Industry:</b> Adjustment Quantity  <b>Alias:</b> Adjusted Units - Line Level  <b>HIPAA IG Note:</b> Use this quantity for the units of service being adjusted. Use as needed to show payer adjustments.</p>	O	R	1/15	Situational
CAS05	1034	<p><b>Claim Adjustment Reason Code</b>  <b>Description:</b> Code identifying the detailed reason the adjustment was made  <b>Industry:</b> Adjustment Reason Code  <b>Alias:</b> Adjustment Reason Code - Line Level  <b>NSF Reference:</b> FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0  <b>HIPAA IG Note:</b> Use the Claim Adjustment Reason Code list (see Appendix C). Use as needed to show payer adjustments.</p> <p><b>ExternalCodeList</b>  <b>Name:</b> 139  <b>Description:</b> Claim Adjustment Reason Code</p>	C	ID	1/5	Situational
CAS06	782	<p><b>Monetary Amount</b>  <b>Description:</b> Monetary amount  <b>Industry:</b> Adjustment Amount  <b>Alias:</b> Adjusted Amount - Line Level  <b>NSF Reference:</b> FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0  <b>HIPAA IG Note:</b> Use this amount for the adjustment amounts. Use as needed to show payer adjustments.</p>	C	R	1/18	Situational
CAS07	380	<p><b>Quantity</b>  <b>Description:</b> Numeric value of quantity  <b>Industry:</b> Adjustment Quantity  <b>Alias:</b> Adjusted Units - Line Level  <b>HIPAA IG Note:</b> Use this quantity for the units of service being adjusted. Use as needed to show payer adjustments.</p>	C	R	1/15	Situational
CAS08	1034	<p><b>Claim Adjustment Reason Code</b>  <b>Description:</b> Code identifying the detailed reason the adjustment was made  <b>Industry:</b> Adjustment Reason Code  <b>Alias:</b> Adjustment Reason Code - Line Level  <b>NSF Reference:</b> FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0  <b>HIPAA IG Note:</b> Use the Claim Adjustment Reason Code list (see Appendix C). Use as needed to show payer adjustments.</p> <p><b>ExternalCodeList</b>  <b>Name:</b> 139  <b>Description:</b> Claim Adjustment Reason Code</p>	C	ID	1/5	Situational
CAS09	782	<p><b>Monetary Amount</b>  <b>Description:</b> Monetary amount  <b>Industry:</b> Adjustment Amount  <b>Alias:</b> Adjusted Amount - Line Level  <b>NSF Reference:</b> FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0  <b>HIPAA IG Note:</b> Use this amount for the adjustment amounts. Use as needed to show payer adjustments.</p>	C	R	1/18	Situational
CAS10	380	<p><b>Quantity</b>  <b>Description:</b> Numeric value of quantity  <b>Industry:</b> Adjustment Quantity  <b>Alias:</b> Adjusted Units - Line Level</p>	C	R	1/15	Situational

CAS11	1034	<p><b>HIPAA IG Note:</b> Use this quantity for the units of service being adjusted. Use as needed to show payer adjustments.</p> <p><b>Claim Adjustment Reason Code</b>  <b>Description:</b> Code identifying the detailed reason the adjustment was made  <b>Industry:</b> Adjustment Reason Code  <b>Alias:</b> Adjustment Reason Code - Line Level  <b>NSF Reference:</b> FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0  <b>HIPAA IG Note:</b> Use the Claim Adjustment Reason Code list (see Appendix C). Use as needed to show payer adjustments.</p> <p><b>ExternalCodeList</b>  <b>Name:</b> 139  <b>Description:</b> Claim Adjustment Reason Code</p>	C	ID	1/5	Situational
CAS12	782	<p><b>Monetary Amount</b>  <b>Description:</b> Monetary amount  <b>Industry:</b> Adjustment Amount  <b>Alias:</b> Adjusted Amount - Line Level  <b>NSF Reference:</b> FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0  <b>HIPAA IG Note:</b> Use this amount for the adjustment amounts. Use as needed to show payer adjustments.</p>	C	R	1/18	Situational
CAS13	380	<p><b>Quantity</b>  <b>Description:</b> Numeric value of quantity  <b>Industry:</b> Adjustment Quantity  <b>Alias:</b> Adjusted Units - Line Level  <b>HIPAA IG Note:</b> Use this quantity for the units of service being adjusted. Use as needed to show payer adjustments.</p>	C	R	1/15	Situational
CAS14	1034	<p><b>Claim Adjustment Reason Code</b>  <b>Description:</b> Code identifying the detailed reason the adjustment was made  <b>Industry:</b> Adjustment Reason Code  <b>Alias:</b> Adjustment Reason Code - Line Level  <b>NSF Reference:</b> FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0  <b>HIPAA IG Note:</b> Use the Claim Adjustment Reason Code list (see Appendix C). Use as needed to show payer adjustments.</p> <p><b>ExternalCodeList</b>  <b>Name:</b> 139  <b>Description:</b> Claim Adjustment Reason Code</p>	C	ID	1/5	Situational
CAS15	782	<p><b>Monetary Amount</b>  <b>Description:</b> Monetary amount  <b>Industry:</b> Adjustment Amount  <b>Alias:</b> Adjusted Amount - Line Level  <b>NSF Reference:</b> FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0  <b>HIPAA IG Note:</b> Use this amount for the adjustment amounts. Use as needed to show payer adjustments.</p>	C	R	1/18	Situational
CAS16	380	<p><b>Quantity</b>  <b>Description:</b> Numeric value of quantity  <b>Industry:</b> Adjustment Quantity  <b>Alias:</b> Adjusted Units - Line Level  <b>HIPAA IG Note:</b> Use this quantity for the units of service being adjusted. Use as needed to show payer adjustments.</p>	C	R	1/15	Situational
CAS17	1034	<p><b>Claim Adjustment Reason Code</b></p>	C	ID	1/5	Situational

**Description:** Code identifying the detailed reason the adjustment was made  
**Industry:** Adjustment Reason Code  
**Alias:** Adjustment Reason Code - Line Level  
**NSF Reference:** FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0  
**HIPAA IG Note:** Use the Claim Adjustment Reason Code list (see Appendix C). Use as needed to show payer adjustments.  
**ExternalCodeList**  
**Name:** 139  
**Description:** Claim Adjustment Reason Code

CAS18	782	<p><b>Monetary Amount</b>  <b>Description:</b> Monetary amount  <b>Industry:</b> Adjustment Amount  <b>Alias:</b> Adjusted Amount - Line Level  <b>NSF Reference:</b> FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0  <b>HIPAA IG Note:</b> Use this amount for the adjustment amounts. Use as needed to show payer adjustments.</p>	C	R	1/18	Situational
CAS19	380	<p><b>Quantity</b>  <b>Description:</b> Numeric value of quantity  <b>Industry:</b> Adjustment Quantity  <b>Alias:</b> Adjusted Units - Line Level  <b>HIPAA IG Note:</b> Use this quantity for the units of service being adjusted. Use as needed to show payer adjustments.</p>	C	R	1/15	Situational

# DTP Line Adjudication Date

Pos: 550	Max: 1
Detail - Optional	
Loop: 2430	Elements: 3

User Option (Usage): Required

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

**Example:**

DTP\*573\*D8\*19961131~

**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	<b>Date/Time Qualifier</b> Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required
		<u>Code</u> <u>Name</u> 573            Date Claim Paid				
DTP02	1250	<b>Date Time Period Format Qualifier</b> Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		<u>Code</u> <u>Name</u> D8            Date Expressed in Format CCYYMMDD				
DTP03	1251	<b>Date Time Period</b> Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Adjudication or Payment Date	M	AN	1/35	Required

**HL****Patient Hierarchical Level**

Pos: 001	Max: 1
Detail - Optional	
Loop: 2000C	Elements: 4

**User Option (Usage):** Situational

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

**HIPAA IG Notes:**

1. This HL is required when the patient is a different person than the subscriber. There are no HLs subordinate to the Patient HL.
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. 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 Patient Hierarchical Level loops, there is an implied maximum of 5000.

**Example:**

HL\*3\*2\*23\*0~

**NYS MEDICAID NOTE:**

NYS will reject any claim that reports this HL segment, due to the implementation guide restriction of repeating patient information. Within the Medicaid program, the patient always equals the subscriber.

**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	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	<b>Hierarchical Parent ID Number</b> <b>Description:</b> 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	<b>Hierarchical Level Code</b> <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure <b>HIPAA IG Note:</b> The code DEPENDENT is meant to convey that the information in this HL applies to the patient when the subscriber and the patient are not the same person.	M	ID	1/2	Required
		<b>Code</b> <b>Name</b> 23                Dependent				
HL04	736	<b>Hierarchical Child Code</b> <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required
		<b>Code</b> <b>Name</b> 0                 No Subordinate HL Segment in This Hierarchical Structure.				

# 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)

## Example:

SE\*211\*987654~

## 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	<b>Number of Included Segments</b> <b>Description:</b> Total number of segments included in a transaction set including ST and SE segments <b>Industry:</b> Transaction Segment Count	M	N0	1/10	Required
SE02	329	<b>Transaction Set Control Number</b> <b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set <b>Alias:</b> Transaction Set Control Number <b>HIPAA IG Note:</b> 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.	M	AN	4/9	Required