

New York State Department of Health Office of Medicaid Management 837 Health Care Claim: Professional Companion Guide

HIPAA V4010X098A1 837: Health Care Claim: Professional

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837

Health Care Claim: Professional

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.

HIPAA IG NOTE:

1. The 837 transaction is designed to transmit one or more claims for each billing provider. The hierarchy of the looping structure is billing provider, subscriber, patient, claim level, and claim service line level. Billing providers who sort claims using this hierarchy will use the 837 more efficiently because information that applies to all lower levels in the hierarchy will not have to be repeated within the transaction.
2. This standard is also recommended for the submission of similar data within a pre-paid 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 pre-paid and request for payment services. This standard will allow for the submission of data from providers of health care products and services to a Managed Care Organization or other payer. This standard may also be used by payers to share data with plan sponsors, employers, regulatory entities and Community Health Information Networks.
3. This standard can, also be used as a transaction set in support of the coordination of benefits 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 (NYSDOH) has provided this DRAFT Medicaid Companion Guide for the 837 Professional ASC X12N Transaction and associated addendum (004010X098A1) to assist Providers, Clearinghouses and all Covered Entities in preparing HIPAA compliant transactions. This document was prepared using the Addenda version of the transaction. NYSDOH has focused primarily on the rules and policies regulating the submission of NYS Medicaid data that is provided within this Companion Guide. NYSDOH 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.

NYSDOH 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 NYSDOH 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 NYSDOH 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 NYSDOH policy changes or as HIPAA legislation is updated or revised.

NYS MEDICAID NOTE:

The 837, Health Care Claim ASC X12N Professional (004010X098A1) Implementation Guide (IG), Transaction has been established by Health and Human Services as the standard for Professional Claim compliance.

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

This Companion Guide does not modify the standards; rather, it puts forth the subset of information from the IG that will be required for processing transactions. It is important that providers use this Companion Guide as a supplement to the IG. 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, NYSDOH will accept any codes named or listed in the HIPAA IG. When necessary, a "NYS MEDICAID NOTE" is included to describe NYSDOH specific requirements. These notes provide guidance to ensure proper adjudication and subsequent claim payment.

It is important to understand that NYSDOH has provided "NYS MEDICAID NOTE(s)" stating "NYSDOH will ignore data when provided" in some segments ("required" or "situational"). The intent here is to advise the submitting entity to submit data (for "required" segments), but that the data will not be used for NYS Medicaid adjudication processing. The IG lists all loops, segments, and elements. The Companion Guide may omit some of the previously mentioned IG items, unless they are defined as required in the IG, or the situation requires their use for NYS Medicaid processing. Although not all IG items are listed in the Companion Guide, NYS Medicaid will accept all transactions that comply with the HIPAA IG. Providers are encouraged to use the IG to understand the positioning of the data examples provided for every segment, since our Companion Guide may not list all the elements.

For further assistance, NYSDOH 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.

The ASC X12N Implementation Guides and their associated addenda are available in electronic format at: www.wpc-edi.com/hipaa. Pharmacy Providers can acquire the NCPDP Implementation Guide from www.ncpdp.org.

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
LOOP ID - 1000A					1	N1/020L	
020	NM1	Submitter Name	O	1		N1/020	Required
045	PER	Submitter EDI Contact Information	O	2			Required
LOOP ID - 1000B					1	N1/020L	
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>
LOOP ID - 2000A					≥1		
001	HL	Billing/Pay-to Provider Hierarchical Level	M	1			Required
003	PRV	Billing/Pay-to Provider Specialty Information	O	1			Situational
010	CUR	Foreign Currency Information	O	1			Situational
LOOP ID - 2010AA					1	N2/015L	
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		N2/030	Required
035	REF	Billing Provider Secondary Identification	O	1			Situational
035	REF	Billing Provider Secondary Identification	O	1			Situational
040	PER	Billing Provider Contact Information	O	2			Situational
LOOP ID - 2010AB					1	N2/015L	
015	NM1	Pay-to Provider Name	O	1		N2/015	Situational
025	N3	Pay-to Provider Address	O	1			Required
030	N4	Pay-to Provider City/State/ZIP Code	O	1			Required
035	REF	Pay-to-Provider Secondary Identification	O	5			Situational
LOOP ID - 2000B					≥1		
001	HL	Subscriber Hierarchical Level	M	1			Required
005	SBR	Subscriber Information	O	1			Required
007	PAT	Patient Information	O	1			Situational
LOOP ID - 2010BA					1	N2/015L	
015	NM1	Subscriber Name	O	1		N2/015	Required
025	N3	Subscriber Address	O	1			Situational
030	N4	Subscriber City/State/ZIP Code	O	1			Situational
032	DMG	Subscriber Demographic Information	O	1			Situational
035	REF	Subscriber Secondary Identification	O	4			Situational
LOOP ID - 2010BB					1	N2/015L	
015	NM1	Payer Name	O	1		N2/015	Required

025	N3	Payer Address	O	1	Situational
030	N4	Payer City/State/ZIP Code	O	1	Situational
035	REF	Payer Secondary Identification	O	3	Situational

LOOP ID - 2300			100		
130	CLM	Claim Information	O	1	Required
135	DTP	Date - Initial Treatment	O	1	Situational
135	DTP	Date - Date Last Seen	O	1	Situational
135	DTP	Date - Onset of Current Illness/Symptom	O	1	Situational
135	DTP	Date - Acute Manifestation	O	5	Situational
135	DTP	Date - Similar Illness/Symptom Onset	O	10	Situational
135	DTP	Date - Accident	O	10	Situational
135	DTP	Date - Last Menstrual Period	O	1	Situational
135	DTP	Date - Last X-ray	O	1	Situational
135	DTP	Date - Hearing and Vision Prescription Date	O	1	Situational
135	DTP	Date - Disability Begin	O	5	Situational
135	DTP	Date - Disability End	O	5	Situational
135	DTP	Date - Last Worked	O	1	Situational
135	DTP	Date - Authorized Return to Work	O	1	Situational
135	DTP	Date - Admission	O	1	Situational
135	DTP	Date - Discharge	O	1	Situational
135	DTP	Date - Assumed and Relinquished Care Dates	O	2	Situational
155	PWK	Claim Supplemental Information	O	10	Situational
160	CN1	Contract Information	O	1	Situational
175	AMT	Patient Amount Paid	O	1	Situational
175	AMT	Total Purchased Service Amount	O	1	Situational
180	REF	Service Authorization Exception Code	O	1	Situational
180	REF	Mammography Certification Number	O	1	Situational
180	REF	Prior Authorization or Referral Number	O	2	Situational
180	REF	Original Reference Number (ICN/DCN)	O	1	Situational
180	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	3	Situational
180	REF	Investigational Device Exemption Number	O	1	Situational
180	REF	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries	O	1	Situational
180	REF	Ambulatory Patient Group (APG)	O	4	Situational
180	REF	Medical Record Number	O	1	N2/180 Situational
180	REF	Demonstration Project Identifier	O	1	Situational
185	K3	File Information	O	10	Situational
190	NTE	Claim Note	O	1	Situational
195	CR1	Ambulance Transport Information	O	1	N2/195 Situational
200	CR2	Spinal Manipulation Service Information	O	1	Situational
220	CRC	Ambulance Certification	O	3	Situational
220	CRC	Patient Condition Information:	O	3	Situational

		Vision				
220	CRC	Homebound Indicator	O	1		Situational
220	CRC	EPSDT Referral	O	1		Situational
231	HI	Health Care Diagnosis Code	O	1		Situational
LOOP ID - 2305				6		
242	CR7	Home Health Care Plan Information	O	1		Situational
243	HSD	Health Care Services Delivery	O	3		Situational
LOOP ID - 2310A				2	N2/250L	
250	NM1	Referring Provider Name	O	1	N2/250	Situational
255	PRV	Referring Provider Specialty Information	O	1		Situational
271	REF	Referring Provider Secondary Identification	O	5		Situational
LOOP ID - 2310A				2	N2/250L	
250	NM1	Referring Provider Name	O	1	N2/250	Situational
255	PRV	Referring Provider Specialty Information	O	1		Situational
271	REF	Referring Provider Secondary Identification	O	5		Situational
LOOP ID - 2310B				1	N2/250L	
250	NM1	Rendering Provider Name	O	1	N2/250	Situational
255	PRV	Rendering Provider Specialty Information	O	1		Situational
271	REF	Rendering Provider Secondary Identification	O	5		Situational
LOOP ID - 2310C				1	N2/250L	
250	NM1	Purchased Service Provider Name	O	1	N2/250	Situational
271	REF	Purchased Service Provider Secondary Identification	O	5		Situational
LOOP ID - 2310D				1	N2/250L	
250	NM1	Service Facility Location	O	1	N2/250	Situational
265	N3	Service Facility Location Address	O	1		Required
270	N4	Service Facility Location City/State/ZIP	O	1		Required
271	REF	Service Facility Location Secondary Identification	O	5		Situational
LOOP ID - 2320				10	N2/290L	
290	SBR	Other Subscriber Information	O	1	N2/290	Situational
295	CAS	Claim Level Adjustments	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)	O	1		Situational

300	AMT	Discount Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Per Day Limit Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Patient Paid Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Tax Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Total Claim Before Taxes Amount	O	1		Situational
305	DMG	Subscriber Demographic Information	O	1		Situational
310	OI	Other Insurance Coverage Information	O	1		Required
320	MOA	Medicare Outpatient Adjudication Information	O	1		Situational
LOOP ID - 2330A				1	N2/325L	
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
LOOP ID - 2330B				1	N2/325L	
325	NM1	Other Payer Name	O	1	N2/325	Required
345	PER	Other Payer Contact Information	O	2		Situational
350	DTP	Claim Adjudication Date	O	1		Situational
355	REF	Other Payer Secondary Identifier	O	2		Situational
355	REF	Other Payer Prior Authorization or Referral Number	O	2		Situational
355	REF	Other Payer Claim Adjustment Indicator	O	2		Situational
LOOP ID - 2330C				1	N2/325L	
325	NM1	Other Payer Patient Information	O	1	N2/325	Situational
355	REF	Other Payer Patient Identification	O	3		Situational
LOOP ID - 2330D				2	N2/325L	
325	NM1	Other Payer Referring Provider	O	1	N2/325	Situational
355	REF	Other Payer Referring Provider Identification	O	3		Required
LOOP ID - 2330E				1	N2/325L	
325	NM1	Other Payer Rendering Provider	O	1	N2/325	Situational
355	REF	Other Payer Rendering Provider Secondary Identification	O	3		Required
LOOP ID - 2330F				1	N2/325L	
325	NM1	Other Payer Purchased Service Provider	O	1	N2/325	Situational
355	REF	Other Payer Purchased Service Provider Identification	O	3		Required
LOOP ID - 2330G				1	N2/325L	
325	NM1	Other Payer Service Facility Location	O	1	N2/325	Situational
355	REF	Other Payer Service Facility Location Identification	O	3		Required

LOOP ID - 2330H				1	N2/325L	
325	NM1	Other Payer Supervising Provider	O	1	N2/325	Situational
355	REF	Other Payer Supervising Provider Identification	O	3		Required
LOOP ID - 2400				50	N2/365L	
365	LX	Service Line	O	1	N2/365	Required
370	SV1	Professional Service	O	1		Required
400	SV5	Durable Medical Equipment Service	O	1		Situational
420	PWK	DMERC CMN Indicator	O	1		Situational
425	CR1	Ambulance Transport Information	O	1	N2/425	Situational
430	CR2	Spinal Manipulation Service Information	O	5		Situational
435	CR3	Durable Medical Equipment Certification	O	1		Situational
445	CR5	Home Oxygen Therapy Information	O	1		Situational
450	CRC	Ambulance Certification	O	3		Situational
450	CRC	Hospice Employee Indicator	O	1		Situational
450	CRC	DMERC Condition Indicator	O	2		Situational
455	DTP	Date - Service Date	O	1		Required
455	DTP	Date - Certification Revision Date	O	1		Situational
455	DTP	Date - Begin Therapy Date	O	1		Situational
455	DTP	Date - Last Certification Date	O	1		Situational
455	DTP	Date - Date Last Seen	O	1		Situational
455	DTP	Date - Test	O	2		Situational
455	DTP	Date - Oxygen Saturation/Arterial Blood Gas Test	O	3		Situational
455	DTP	Date - Shipped	O	1		Situational
455	DTP	Date - Onset of Current Symptom/Illness	O	1		Situational
455	DTP	Date - Last X-ray	O	1		Situational
455	DTP	Date - Acute Manifestation	O	1		Situational
455	DTP	Date - Initial Treatment	O	1		Situational
455	DTP	Date - Similar Illness/Symptom Onset	O	1		Situational
462	MEA	Test Result	O	20		Situational
465	CN1	Contract Information	O	1		Situational
470	REF	Prior Authorization or Referral Number	O	2		Situational
470	REF	Line Item Control Number	O	1		Situational
470	REF	Mammography Certification Number	O	1		Situational
470	REF	Clinical Laboratory Improvement Amendment (CLIA) Identification	O	1		Situational
470	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	O	1		Situational
470	REF	Oxygen Flow Rate	O	1		Situational
475	AMT	Sales Tax Amount	O	1		Situational
475	AMT	Approved Amount	O	1		Situational
475	AMT	Postage Claimed Amount	O	1		Situational

480	K3	File Information	O	10		Situational
485	NTE	Line Note	O	1		Situational
488	PS1	Purchased Service Information	O	1		Situational
491	HSD	Health Care Services Delivery	O	1		Situational
LOOP ID - 2410				25	<u>N2/493L</u>	
493	LIN	Drug Identification	O	1	N2/493	Situational
494	CTP	Drug Pricing	O	1		Situational
495	REF	Prescription Number	O	1		Situational
LOOP ID - 2420A				1	<u>N2/500L</u>	
500	NM1	Rendering Provider Name	O	1	N2/500	Situational
505	PRV	Rendering Provider Specialty Information	O	1		Situational
525	REF	Rendering Provider Secondary Identification	O	5		Situational
LOOP ID - 2420B				1	<u>N2/500L</u>	
500	NM1	Purchased Service Provider Name	O	1	N2/500	Situational
525	REF	Purchased Service Provider Secondary Identification	O	5		Situational
LOOP ID - 2420C				1	<u>N2/500L</u>	
500	NM1	Service Facility Location	O	1	N2/500	Situational
514	N3	Service Facility Location Address	O	1		Required
520	N4	Service Facility Location City/State/ZIP	O	1		Required
525	REF	Service Facility Location Secondary Identification	O	5		Situational
LOOP ID - 2420D				1	<u>N2/500L</u>	
500	NM1	Supervising Provider Name	O	1	N2/500	Situational
525	REF	Supervising Provider Secondary Identification	O	5	N2/525	Situational
LOOP ID - 2420E				1	<u>N2/500L</u>	
500	NM1	Ordering Provider Name	O	1	N2/500	Situational
514	N3	Ordering Provider Address	O	1		Situational
520	N4	Ordering Provider City/State/ZIP Code	O	1		Situational
525	REF	Ordering Provider Secondary Identification	O	5		Situational
530	PER	Ordering Provider Contact Information	O	1		Situational
LOOP ID - 2420F				2	<u>N2/500L</u>	
500	NM1	Referring Provider Name	O	1	N2/500	Situational
505	PRV	Referring Provider Specialty Information	O	1		Situational
525	REF	Referring Provider Secondary Identification	O	5		Situational
LOOP ID - 2420G				4	<u>N2/500L</u>	
500	NM1	Other Payer Prior Authorization or Referral Number	O	1	N2/500	Situational
525	REF	Other Payer Prior Authorization or Referral Number	O	2		Required
LOOP ID - 2430				25	<u>N2/540L</u>	

540	SVD	Line Adjudication Information	O	1	N2/540	Situational
545	CAS	Line Adjustment	O	99		Situational
550	DTP	Line Adjudication Date	O	1		Required
LOOP ID - 2440				5	N2/551L	
551	LQ	Form Identification Code	O	1	N2/551	Situational
552	FRM	Supporting Documentation	O	99	N2/552	Required
LOOP ID - 2000C				≥1		
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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep				
ST01	143	Transaction Set Identifier Code Description: Code uniquely identifying a Transaction Set HIPAA IG Note: The only valid value within this transaction set for ST01 is 837.	M	ID	3/3	Required	1				
		<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>837</td> <td>Health Care Claim</td> </tr> </tbody> </table> HIPAA IG NOTE: REQUIRED	Code	Name	837	Health Care Claim					
Code	Name										
837	Health Care Claim										
ST02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set Alias: Transaction Set Control Number HIPAA IG Note: 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	1				

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

Notes:

- 1. The second example denotes the case where the entire transaction set contains ENCOUNTERS.

Example:

BHT*0019*00*0123*19970618*0932*CH~
 BHT*0019*00*44445*19970213*0345*RP~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
BHT01	1005	Hierarchical Structure Code Description: 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	1
		<u>Code</u> <u>Name</u> 0019 Information Source, Subscriber, Dependent					
BHT02	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction set Alias: Transaction Set Purpose Code NYS MEDICAID NOTE: NYSDOH expects code '00' however will process code '18' as an original transmission if it is submitted. NSF Reference: AA0-23.0 HIPAA IG Note: 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. ORIGINAL: Original transmissions are claims/encounters which have never been sent to the receiver. Generally nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original. REISSUE: In the case where a transmission was disrupted the receiver can request that the batch be sent again. Use "Reissue" when resending transmission batches that have been previously sent.	M	ID	2/2	Required	1
		<u>Code</u> <u>Name</u> 00 Original 18 Reissue					
BHT03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification	O	AN	1/30	Required	1

		Qualifier					
BHT04	373	<p>Industry: Originator Application Transaction Identifier NYS MEDICAID NOTE: For provider inquiries, NYSDOH will use the first six characters as part of the key used to track the transaction. NSF Reference: AA0-05.0 HIPAA IG Note: The inventory file number of the tape or 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 ST02.</p> <p>Date Description: Date expressed as CCYYMMDD</p> <p>Industry: Transaction Set Creation Date NYS MEDICAID NOTE: NYSDOH expects to receive Billing Date in this field. NSF Reference: AA0-15.0 HIPAA IG Note: Identifies the date that the submitter created the file.</p>	O	DT	8/8	Required	1
BHT05	337	<p>Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)</p> <p>Industry: Transaction Set Creation Time NSF Reference: AA0-16.0 HIPAA IG Note: Use this time to identify the time of day that the submitter created the file.</p>	O	TM	4/8	Required	1
BHT06	640	<p>Transaction Type Code Description: Code specifying the type of transaction Industry: Claim or Encounter Identifier Alias: Claim or Encounter Indicator NYS MEDICAID NOTE: NYSDOH will only process transactions with a qualifier of 'CH'. HIPAA IG Note: 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, if an ST-SE envelope contains both claims and encounters use CH. Some trading partner agreements may specify using only one code.</p> <p>Code Name CH Chargeable</p> <p>HIPAA IG NOTE: Use this code when the transaction contains only fee-for-service claims or claims with at least one chargeable line item. If it is not clear whether a transaction contains claims or encounters, or if the transaction contains a mix of claims and encounters, the developers of this implementation guide recommend using code CH.</p>	O	ID	2/2	Required	1

REF Transmission Type Identification

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

User Option (Usage): Required

To specify identifying information

Example:

REF*87*004010X098A1~

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>	<u>Rep</u>				
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>87</td> <td>Functional Category</td> </tr> </table>	<u>Code</u>	<u>Name</u>	87	Functional Category	M	ID	2/3	Required	1
<u>Code</u>	<u>Name</u>										
87	Functional Category										
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Transmission Type Code HIPAA IG Note: When piloting the transaction set, this value is 004010X098DA1. When sending the transaction set in a production mode, this value is 004010X098A1.	C	AN	1/30	Required	1				

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

Notes:

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

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>	<u>Rep</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name 41 Submitter	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Submitter Last or Organization Name Alias: Submitter Name NSF Reference: AA0-06.0	O	AN	1/35	Required	1
NM104	1036	Name First Description: Individual first name Industry: Submitter First Name Alias: Submitter Name HIPAA IG Note: Required if NM102=1 (person).	O	AN	1/25	Situational	1
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Submitter Middle Name Alias: Submitter Name HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.	O	AN	1/25	Situational	1
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67)	C	ID	1/2	Required	1

<u>Code</u>	<u>Name</u>
46	Electronic Transmitter Identification Number (ETIN)
	HIPAA IG NOTE: Established by trading partner agreement.

NM109	67	Identification Code	C	AN	2/80	Required	1
		Description: Code identifying a party or other code					
		Industry: Submitter Identifier					
		Alias: Submitter Primary Identification Number					
		NYS MEDICAID NOTE: NYSDOH will return the remittance advice to the ETIN (Electronic Transmitter Identification Number) provided here. This number is assigned to the submitter by NYS Medicaid. In past implementations, this code was known as the Tape Supplier Number (TSN).					
		NSF Reference: AA0-02.0, ZA0-02.0					

PER Submitter EDI 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

Notes:

1. 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.
2. The contact information in this segment should point to the person in the submitter organization who deals with data transmission issues. If data transmission problems arise, this is the person to contact in the submitter organization.
3. There are 2 repetitions of the PER segment to allow for six possible combination of communication numbers including extensions.

Example:

PER*IC*JANE DOE*TE*900555555~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named <u>Code</u> <u>Name</u> IC Information Contact	M	ID	2/2	Required	1
PER02	93	Name Description: Free-form name Industry: Submitter Contact Name NSF Reference: AA0-13.0 HIPAA IG Note: 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	1
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number <u>Code</u> <u>Name</u> ED Electronic Data Interchange Access Number EM Electronic Mail FX Facsimile TE Telephone	C	ID	2/2	Required	1
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable NSF Reference: AA0-14.0	C	AN	1/80	Required	1
PER05	365	Communication Number Qualifier	C	ID	2/2	Situational	1

Description: Code identifying the type of communication number

HIPAA IG Note: 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

PER06	364	Communication Number	C	AN	1/80	Situational	1
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Description: Complete communications number including country or area code when applicable

HIPAA IG Note: Used at the discretion of the submitter.

PER07	365	Communication Number Qualifier	C	ID	2/2	Situational	1
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Description: Code identifying the type of communication number

HIPAA IG Note: 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	Communication Number	C	AN	1/80	Situational	1
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Description: Complete communications number including country or area code when applicable

HIPAA IG Note: 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

Notes:

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

Example:

NM1*40*2*CSC*****46*95-2043126~

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>	<u>Rep</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name 40 Receiver	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Receiver Name NYS MEDICAID NOTE: NYSDOH expects to receive 'NYSDOH'.	O	AN	1/35	Required	1
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name 46 Electronic Transmitter Identification Number (ETIN)	C	ID	1/2	Required	1
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Receiver Primary Identifier Alias: Receiver Primary Identification Number NYS MEDICAID NOTE: NYSDOH expects to receive '141797357'. NSF Reference: AA0-17.0, ZA0-04.0	C	AN	2/80	Required	1

HL Billing/Pay-to Provider Hierarchical Level

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

User Option (Usage): Required

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

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 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 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	Rep
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure HIPAA IG Note: 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	1
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required	1
		Code Name 20 Information Source					
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required	1
		Code Name 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

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. This PRV is not used when the Billing or Pay-to Provider is a group and the individual Rendering Provider is in loop 2310B. The PRV segment is then coded with the Rendering Provider in loop 2310B.
3. PRV02 qualifies PRV03.

Example:

PRV*BI*ZZ*203BA050N~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
PRV01	1221	Provider Code Description: Code identifying the type of provider Code Name BI Billing PT Pay-To	M	ID	1/3	Required	1
PRV02	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification HIPAA IG Note: ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15. Code Name ZZ Mutually Defined HIPAA IG NOTE: Health Care Provider Taxonomy Code list	M	ID	2/3	Required	1
PRV03	127	Reference Identification 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 ExternalCodeList Name: HCPT Description: Health Care Provider Taxonomy	M	AN	1/30	Required	1

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

Notes:

1. The CUR segment is required if financial amounts submitted in this ST-SE envelop are for services provided in a currency that is NOT 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. Claims submitted by Canadian providers to U.S. receivers are assumed to be in Canadian dollars. In that case the CUR would be used to indicate that the billed amounts are in Canadian dollars. 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:

NYSDOH 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>	<u>Rep</u>
CUR01	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required	1
		Code Name 85 Billing Provider					
CUR02	100	Currency Code Description: Code (Standard ISO) for country in whose currency the charges are specified	M	ID	3/3	Required	1
		ExternalCodeList Name: 5 Description: 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

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 this 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 syntax rules.

Example:

NM1*85*2*CRAMMER, DOLE, PALMER, AND JOHNSON*****24*111223333~

NYS MEDICAID NOTE:

NYSDOH expects the billing provider to be identified here.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name 85 Billing Provider HIPAA IG NOTE: Use this code to indicate billing provider, billing submitter, and encounter reporting entity.	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Billing Provider Last or Organizational Name Alias: Billing Provider Name NSF Reference: BA0-18.0 or BA0-19.0	O	AN	1/35	Required	1
NM104	1036	Name First Description: Individual first name Industry: Billing Provider First Name Alias: Billing Provider Name NSF Reference: BA0-20.0 HIPAA IG Note: Required if NM102=1 (person).	O	AN	1/25	Situational	1
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Billing Provider Middle Name Alias: Billing Provider Name	O	AN	1/25	Situational	1

		NSF Reference: BA0-21.0 HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.					
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Billing Provider Name Suffix Alias: Billing Provider Name HIPAA IG Note: Required if known.	O	AN	1/10	Situational	1
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: If "XX - NPI" is used, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.	C	ID	1/2	Required	1
		Code		Name			
		24		Employer's Identification Number			
		34		Social Security Number			
		XX		Health Care Financing Administration National Provider Identifier			
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Billing Provider Identifier Alias: Billing Provider Primary Identification Number NSF Reference: BA0-09.0, CA0-28.0, BA0-02.0, BA1-02.0, YA0-02.0, BA0-06.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, BA0-17.0, BA0-24.0, YA0-06.0 ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier	C	AN	2/80	Required	1

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~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
N301	166	Address Information Description: Address information Industry: Billing Provider Address Line Alias: Billing Provider Address 1 NSF Reference: BA1-07.0, BA1-13.0	M	AN	1/55	Required	1
N302	166	Address Information Description: Address information Industry: Billing Provider Address Line Alias: Billing Provider Address 2 NSF Reference: BA1-08.0, BA1-14.0 HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational	1

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~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
N401	19	City Name Description: Free-form text for city name Industry: Billing Provider City Name Alias: Billing Provider's City NSF Reference: BA1-09.0, BA1-15.0	O	AN	2/30	Required	1
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Billing Provider State or Province Code Alias: Billing Provider's State NSF Reference: BA1-10.0, BA1-16.0 <u>ExternalCodeList</u> Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required	1
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Billing Provider Postal Zone or ZIP Code Alias: Billing Provider's Zip Code NSF Reference: BA1-11.0, BA1-17.0 <u>ExternalCodeList</u> Name: 51 Description: ZIP Code	O	ID	3/15	Required	1
N404	26	Country Code Description: Code identifying the country Alias: Billing Provider Country Code HIPAA IG Note: Required if the address is out of the U.S. <u>ExternalCodeList</u> Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational	1

REF Billing Provider Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM108/9 in this loop.
2. If the reason the number is being used in this REF can be met by the NPI, carried in the NM108/09 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 or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 8 times.

Example:

REF*1G*98765~

NYS MEDICAID NOTE:

This REF segment is repeated in this Companion Document to satisfy NYS Medicaid business requirements. It is necessary to receive both the NYS Medicaid Provider ID and the Location Code in order to process a claim. This iteration will process NYS Medicaid 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name 1D Medicaid Provider Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Billing Provider Additional Identifier Alias: Billing Provider Secondary Identification Number NSF Reference: CA0-28.0, BA0-02.0, BA1-02.0, YA0-06.0, BA0-06.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, BA0-17.0, BA0-24.0, BA0-08.0, YA0-02.0					

REF Billing Provider Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM108/9 in this loop.
2. If the reason the number is being used in this REF can be met by the NPI, carried in the NM108/09 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 or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 8 times.

Example:

REF*1D*98765~

NYS MEDICAID NOTE:

This REF segment is repeated in this Companion Document to satisfy NYS Medicaid business requirements. It is necessary to receive both the NYS Medicaid Provider ID and the Location Code in order to process a claim. This iteration will process 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name LU Location Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Billing Provider Additional Identifier Alias: Billing Provider Secondary Identification Number NSF Reference: CA0-28.0, BA0-02.0, BA1-02.0, YA0-06.0, BA0-06.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, BA0-17.0, BA0-24.0, BA0-08.0, YA0-02.0					

PER Billing Provider Contact Information

Pos: 040	Max: 2
Detail - Optional	
Loop: 2010AA	Elements: 8

User Option (Usage): Situational

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

Notes:

1. Required if this information is different that that contained in the Loop 1000A - Submitter PER segment.
2. 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.
3. There are 2 repetitions of the PER segment to allow for six possible combination of communication numbers including extensions.

Example:

PER*IC*JIM*TE*8007775555~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named	M	ID	2/2	Required	1
		Code Name IC Information Contact					
PER02	93	Name Description: Free-form name Industry: Billing Provider Contact Name HIPAA IG Note: 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	1
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Required	1
		Code Name EM Electronic Mail FX Facsimile TE Telephone					
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable NSF Reference: BA1-12.0, BA1-18.0	C	AN	1/80	Required	1
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number HIPAA IG Note: Used at the discretion of	C	ID	2/2	Situational	1

the billing provider.

<u>Code</u>	<u>Name</u>
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
TE	Telephone

PER06	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Situational	1
-------	-----	--	---	----	------	-------------	---

HIPAA IG Note: Used at the discretion of the billing provider.

PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Situational	1
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HIPAA IG Note: Used at the discretion of the billing provider.

<u>Code</u>	<u>Name</u>
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
TE	Telephone

PER08	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Situational	1
-------	-----	--	---	----	------	-------------	---

HIPAA IG Note: Used at the discretion of the billing provider.

NM1 Pay-to Provider 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

Notes:

1. Required if the Pay-to Provider is a different entity than the Billing Provider.
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*87*1*CRAMMER*JOSEPH****XX*09876543~

NYS MEDICAID NOTE:

NYSDOH expects to receive the Group Provider Id only if Provider wishes payment to go to the group.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required	1
		Code Name 87 Pay-to Provider					
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required	1
		Code Name 1 Person					
		HIPAA IG NOTE: If Person is used and if the pay-to provider is the same person as the rendering provider, it is not necessary to use the Rendering Provider NM1 loop at the claim loop (Loop ID-2300).					
		2 Non-Person Entity					
		HIPAA IG NOTE: If Non-Person Entity is used then the rendering provider NM1 loop (Loop ID-2310B) must be used when appropriate to identify the person who rendered the services.					
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name	O	AN	1/35	Required	1
		Industry: Pay-to Provider Last or Organizational Name NSF Reference: BA0-18.0 or BA0-19.0					
NM104	1036	Name First Description: Individual first name	O	AN	1/25	Situational	1
		Industry: Pay-to Provider First Name NSF Reference: BA0-20.0 HIPAA IG Note: Required if NM102=1 (person).					
NM105	1037	Name Middle Description: Individual middle name or initial	O	AN	1/25	Situational	1

		<p>Industry: Pay-to Provider Middle Name NSF Reference: BA0-21.0 HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.</p>																	
NM107	1039	<p>Name Suffix Description: Suffix to individual name Industry: Pay-to Provider Name Suffix HIPAA IG Note: Required if known.</p>	O	AN	1/10	Situational	1												
NM108	66	<p>Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: If "XX - NPI" is used, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.</p>	C	ID	1/2	Required	1												
		<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 colspan="2">HIPAA IG NOTE:</td> </tr> <tr> <td colspan="2">The social security number may not be used for Medicare.</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	HIPAA IG NOTE:		The social security number may not be used for Medicare.		XX	Health Care Financing Administration National Provider Identifier					
<u>Code</u>	<u>Name</u>																		
24	Employer's Identification Number																		
34	Social Security Number																		
HIPAA IG NOTE:																			
The social security number may not be used for Medicare.																			
XX	Health Care Financing Administration National Provider Identifier																		
NM109	67	<p>Identification Code Description: Code identifying a party or other code Industry: Pay-to Provider Identifier Alias: Pay-to Provider Primary Identification Number NSF Reference: BA0-09.0, CA0-28.0, BA0-02.0, BA1-02.0, YA0-02.0, BA0-06.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, BA0-17.0, BA0-24.0, YA0-06.0</p>	C	AN	2/80	Required	1												
		<p>ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier</p>																	

N3 Pay-to Provider 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~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
N301	166	Address Information Description: Address information Industry: Pay-to Provider Address Line Alias: Pay-to Provider Address 1 NSF Reference: BA1-13.0, BA1-07.0	M	AN	1/55	Required	1
N302	166	Address Information Description: Address information Industry: Pay-to Provider Address Line Alias: Pay-to Provider Address 2 NSF Reference: BA1-14.0, BA1-08.0 HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational	1

N4

Pay-to Provider City/State/ZIP Code

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~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N401	19	City Name Description: Free-form text for city name Industry: Pay-to Provider City Name NSF Reference: BA1-15.0, BA1-09.0	O	AN	2/30	Required	1
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Pay-to Provider State Code NSF Reference: BA1-16.0, BA1-10.0 <u>ExternalCodeList</u> Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required	1
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Pay-to Provider Postal Zone or ZIP Code Alias: Pay-to Provider Zip Code NSF Reference: BA1-17.0, BA1-11.0 <u>ExternalCodeList</u> Name: 51 Description: ZIP Code	O	ID	3/15	Required	1
N404	26	Country Code Description: Code identifying the country Alias: Pay-to Provider Country Code HIPAA IG Note: Required if the address is out of the U.S. <u>ExternalCodeList</u> Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational	1

REF Pay-to-Provider Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.
2. If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 5 times.

Example:

REF*1G*98765~

NYS MEDICAID NOTE:

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

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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name 1D Medicaid Provider Number	M	ID	2/3	Required	1
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Pay-to Provider Identifier Alias: Pay-to Provider Additional Identifier NSF Reference: BA0-09.0, CA0-28.0, BA0-02.0, BA1-02.0, YA0-02.0, BA0-06.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, BA0-17.0, BA0-24.0, YA0-06.0	C	AN	1/30	Required	1

HL Subscriber Hierarchical Level

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

User Option (Usage): Required

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

Notes:

1. If the insured and the patient are the same person, use this HL to identify the insured/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), his or her insurance (Loop ID-2010BB), and responsible party (Loop ID-2010BC). In addition, information about the credit/debit card holder is placed in this HL (Loop ID-2010BD). The credit/debit card holder may or may not be the subscriber. See Appendix G, Credit/Debit Card Use, for a description of using Loop ID-2010BD.
3. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.
4. 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.

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>	<u>Rep</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required	1
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required	1
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required	1
		Code Name					
		22 Subscriber					
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described NYS MEDICAID NOTE: NYSDOH expects to receive a value of '0' here. HIPAA IG Note: The claim loop (Loop ID-2300) can be used both when HL04 has no subordinate levels (HL04 = 0) 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	O	ID	1/1	Required	1

HL (e.g., a father and son are both involved in the same automobile accident and are treated by the same provider). In that case, the subscriber HL04 = 1 because there is a dependent to this subscriber, but the 2300 loop for the subscriber/patient (father) would begin after the subscriber HL. The dependent HL (son) would then be run and the 2300 loop for the dependent/patient would be run after that HL. HL04=1 would also be used when a claim/encounter for a only a dependent is being sent.

<u>Code</u>	<u>Name</u>
0	No Subordinate HL Segment in This Hierarchical Structure.

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*****MB~
 SBR**P**GRP01020102*****MC~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep								
SBR01	1138	Payer Responsibility Sequence Number Code Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim Alias: Payer Responsibility Sequence Number Code NSF Reference: DA1-02.0, DA0-02.0, DA2-02.0 <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	1
Code	Name														
P	Primary														
S	Secondary														
T	Tertiary														
SBR02	1069	Individual Relationship Code Description: Code indicating the relationship between two individuals or entities Alias: Relationship Code NSF Reference: DA0-17.0 HIPAA IG Note: 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. <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>18</td> <td>Self</td> </tr> </tbody> </table>	Code	Name	18	Self	O	ID	2/2	Situational	1				
Code	Name														
18	Self														
SBR03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Insured Group or Policy Number Alias: Group or Policy Number NSF Reference: DA0-10.0 HIPAA IG Note: 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	1								

SBR04	93	<p>Name</p> <p>Description: Free-form name</p> <p>Industry: Insured Group Name</p> <p>Alias: Group or Plan Name</p> <p>NSF Reference: DA0-11.0</p> <p>HIPAA IG Note: Required if the subscriber's payer identification includes a Group or Plan Name.</p>	O	AN	1/60	Situational	1
SBR05	1336	<p>Insurance Type Code</p> <p>Description: Code identifying the type of insurance policy within a specific insurance program</p> <p>Alias: Insurance type code</p> <p>NSF Reference: DA0-06.0</p> <p>HIPAA IG Note: Required when the destination payer (Loop 2010BB) is Medicare and Medicare is not the primary payer (SBR01 equals "S" or "T").</p> <p>Code Name</p> <p>12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan</p> <p>13 Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan</p> <p>14 Medicare Secondary, No-fault Insurance including Auto is Primary</p> <p>15 Medicare Secondary Worker's Compensation</p> <p>16 Medicare Secondary Public Health Service (PHS)or Other Federal Agency</p> <p>41 Medicare Secondary Black Lung</p> <p>42 Medicare Secondary Veteran's Administration</p> <p>43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)</p> <p>47 Medicare Secondary, Other Liability Insurance is Primary</p>	O	ID	1/3	Situational	1
SBR09	1032	<p>Claim Filing Indicator Code</p> <p>Description: Code identifying type of claim</p> <p>Alias: Claim Filing Indicator Code</p> <p>NYS MEDICAID NOTE: NYSDOH expects to receive 'MC'.</p> <p>HIPAA IG Note: Required prior to mandated used of PlanID. Not used after PlanID is mandated.</p> <p>Code Name</p> <p>MC Medicaid</p> <p> NSF Reference:</p> <p> CA0-23.0 (D), DA0-05.0 (D)</p>	O	ID	1/2	Situational	1

PAT Patient Information

Pos: 007	Max: 1
Detail - Optional	
Loop: 2000B	Elements: 5

User Option (Usage): Situational

To supply patient information

Notes:

1. Required if the subscriber is the same person as the patient (Loop ID-2000B SBR02=18), and information in this PAT segment (date of death, and/or patient weight) is necessary to file the claim/encounter (see PAT05, 06, 07, and 08).

Example:

PAT*****D8*19970314*01*146~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PAT05	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format HIPAA IG Note: Required if patient is known to be deceased and the date of death is available to the provider billing system.	C	ID	2/3	Situational	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
PAT06	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Insured Individual Death Date Alias: Date of Death NSF Reference: CA0-21.0 HIPAA IG Note: Required if patient is known to be deceased and the date of death is available to the provider billing system.	C	AN	1/35	Situational	1
PAT07	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken HIPAA IG Note: Required when PAT08 is used.	C	ID	2/2	Situational	1
		Code Name 01 Actual Pounds					
PAT08	81	Weight Description: Numeric value of weight Industry: Patient Weight NSF Reference: FA0-44.0, GU0-17.0 HIPAA IG Note: Required on: 1) claims/encounters involving EPO (epoetin) for patients on dialysis. 2) Medicare Durable Medical Equipment Regional Carriers certificate of medical necessity (DMERC CMN) 02.03 and 10.02.	C	R	1/10	Situational	1
PAT09	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response	O	ID	1/1	Situational	1

Industry: Pregnancy Indicator
HIPAA IG Note: Required when mandated by law. The determination of pregnancy should be completed in compliance with applicable law. The "Y" code indicates that the patient is pregnant. If PAT09 is not used it means the patient is not pregnant.

<u>Code</u>	<u>Name</u>
Y	Yes

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

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 syntax rules.

Example:

NM1*IL*1*DOE*JOHN*T**JR*MI*123456~

NYS MEDICAID NOTE:

NYSDOH expects client/recipient information here.

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>	<u>Rep</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name IL Insured or Subscriber	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity NYS MEDICAID NOTE: NYSDOH expects to receive value '1'. Code Name 1 Person	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Subscriber Last Name NSF Reference: CA0-04.0, DA0-19.0	O	AN	1/35	Required	1
NM104	1036	Name First Description: Individual first name Industry: Subscriber First Name NSF Reference: CA0-05.0, DA0-20.0 HIPAA IG Note: Required if NM102=1 (person).	O	AN	1/25	Situational	1
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Subscriber Middle Name NSF Reference: CA0-06.0, 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	1
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Subscriber Name Suffix	O	AN	1/10	Situational	1

NM108	66	<p>Alias: Subscriber Generation NSF Reference: CA0-07.0, DA0-22.0 HIPAA IG Note: Required if known. Examples: I, II, III, IV, Jr, Sr</p> <p>Identification Code Qualifier</p> <p>Description: Code designating the system/method of code structure used for Identification Code (67)</p> <p>HIPAA IG Note: Required if NM102 = 1 (person)</p>	C	ID	1/2	Situational	1
		<p>Code Name</p> <p>MI Member Identification Number</p> <p>HIPAA IG NOTE:</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 Professional 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 REF02.</p>					
NM109	67	<p>Identification Code</p> <p>Description: Code identifying a party or other code</p> <p>Industry: Subscriber Primary Identifier</p> <p>NYS MEDICAID NOTE: NYSDOH expects to receive client/recipient ID number here.</p> <p>NSF Reference: DA0-18.0, CA1-05.0, CA1-06.0</p> <p>HIPAA IG Note: Required if the Subscriber is the patient. If the subscriber is not the patient, use if known. An identifier must be present in either the subscriber or the patient loop.</p>	C	AN	2/80	Situational	1

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

Notes:

1. Required if 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:

NYSDOH 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>	<u>Rep</u>
N301	166	Address Information Description: Address information Industry: Subscriber Address Line Alias: Subscriber Address 1 NSF Reference: CA0-11.0, DA2-04.0	M	AN	1/55	Required	1
N302	166	Address Information Description: Address information Industry: Subscriber Address Line Alias: Subscriber Address 2 NSF Reference: CA0-12.0, DA2-05.0 HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational	1

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

Notes:

1. Required if 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:

NYSDOH 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>	<u>Rep</u>
N401	19	City Name Description: Free-form text for city name Industry: Subscriber City Name NSF Reference: DA2-06.0, CA0-13.0	O	AN	2/30	Required	1
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Subscriber State Code NSF Reference: CA0-14.0, DA2-07.0 ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required	1
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Subscriber Postal Zone or ZIP Code Alias: Subscriber Zip Code NSF Reference: CA0-15.0, DA2-08.0 ExternalCodeList Name: 51 Description: ZIP Code	O	ID	3/15	Required	1
N404	26	Country Code Description: Code identifying the country Alias: Subscriber Country Code HIPAA IG Note: Required if the address is out of the U.S. ExternalCodeList Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational	1

DMG Subscriber Demographic Information

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

User Option (Usage): Situational

To supply demographic information

Notes:

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

Example:

DMG*D8*19330706*M~

NYS MEDICAID NOTE:

NYSDOH expects to receive client/recipient date of birth and gender here.

Element Summary:

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

REF Subscriber Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Notes:

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

Example:

REF*SY*528446666~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code		Name			
		1W		Member Identification Number			
				HIPAA IG NOTE:			
				If NM108 = M1 do not use this code.			
		23		Client Number			
				HIPAA IG NOTE:			
				This code is intended to be used only in claims submitted to the Indian Health Service/Contract Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number.			
		IG		Insurance Policy Number			
		SY		Social Security Number			
				HIPAA IG NOTE:			
				The social security number may not be used for Medicare.			
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Subscriber Supplemental Identifier					

NM1 Payer Name

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

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Notes:

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

Example:

NM1*PR*2*UNION MUTUAL OF OREGON*****PI*11122333~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name PR Payer	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Payer Name NYS MEDICAID NOTE: NYSDOH expects to receive 'NYSDOH'. NSF Reference: DA0-09.0	O	AN	1/35	Required	1
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name PI Payor Identification XV Health Care Financing Administration National Payer Identification Number (PAYERID)	C	ID	1/2	Required	1
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Payer Identifier Alias: Payer Primary Identifier NYS MEDICAID NOTE: NYSDOH expects to receive '141797357'. NSF Reference: DA0-07.0 ExternalCodeList Name: 540 Description: Health Care Financing Administration National PlanID	C	AN	2/80	Required	1

N3 Payer Address

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

User Option (Usage): Situational

To specify the location of the named party

Notes:

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

Example:

N3*225 MAIN STREET*BARKLEY BUILDING~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
N301	166	Address Information Description: Address information Industry: Payer Address Line Alias: Payer Address 1 NSF Reference: DA1-04.0	M	AN	1/55	Required	1
N302	166	Address Information Description: Address information Industry: Payer Address Line Alias: Payer Address 2 NSF Reference: DA1-05.0 HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational	1

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

Notes:

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

Example:

N4*CENTERVILLE*PA*17111~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
N401	19	City Name Description: Free-form text for city name Industry: Payer City Name NSF Reference: DA1-06.0	O	AN	2/30	Required	1
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Payer State Code NSF Reference: DA1-07.0 ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required	1
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Payer Postal Zone or ZIP Code Alias: Payer Zip Code NSF Reference: DA1-08.0 ExternalCodeList Name: 51 Description: ZIP Code	O	ID	3/15	Required	1
N404	26	Country Code Description: Code identifying the country Alias: Payer Country Code HIPAA IG Note: Required if the address is out of the U.S. ExternalCodeList Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational	1

REF Payer Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required if additional identification numbers other than the primary identification number in NM108/09 in this loop are necessary to adjudicate the claim/encounter.

Example:

REF*FY*435261708~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code		Name			
		2U		Payer Identification Number			
				HIPAA IG NOTE:			
				Used to identify any payer.			
		FY		Claim Office Number			
		NF		National Association of Insurance Commissioners (NAIC) Code			
		TJ		Federal Taxpayer's Identification Number			
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Payer Additional Identifier					
		NSF Reference: DA0-08.0					
		ExternalCodeList					
		Name: 245					
		Description: National Association of Insurance Commissioners (NAIC) Code					

CLM Claim Information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2300	Elements: 12

User Option (Usage): Required

To specify basic data about the claim

Notes:

1. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.
2. 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. 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 2010BD 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*A37YH556*500***11::1*Y*A*Y*Y*C~

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>	<u>Rep</u>
CLM01	1028	Claim Submitter's Identifier Description: Identifier used to track a claim from creation by the health care provider through payment Industry: Patient Account Number NYS MEDICAID NOTE: NYSDOH will process as patient/office account number. NSF Reference: CA0-03.0, CB0-03.0, DA0-03.0, DA1-03.0, DA2-03.0, EA0-03.0, EA1-03.0, EA2-03.0, FA0-03.0, FB0-03.0, FB1-03.0, FB2-03.0, FD0-03.0, FE0-03.0, GA0-03.0, GC0-03.0, GX0-03.0, GX2-03.0, XA0-03.0, CA1-03.0, GU0-03.0, HA0-03.0 HIPAA IG Note: The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned 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	M	AN	1/38	Required	1

		any responding system is '20'. Characters beyond 20 are not required to be stored nor returned by any 837-receiving system.					
CLM02	782	<p>Monetary Amount Description: Monetary amount Industry: Total Claim Charge Amount Alias: Total Submitted Charges NYS MEDICAID NOTE: NYSDOH expects total claim charge amount here. NSF Reference: XA0-12.0 HIPAA IG Note: For encounter transmissions, zero (0) may be a valid amount.</p>	O	R	1/18	Required	1
CLM05	C023	<p>Health Care Service Location Information Description: To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered Alias: Place of Service Code NSF Reference: FA0-07.0 HIPAA IG Note: CLM05 applies to all service lines unless it is over written at the line level.</p>	O	Comp		Required	1
	1331	<p>Facility Code Value Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Industry: Facility Type Code NYS MEDICAID NOTE: NYSDOH will process as place of service code. HIPAA IG Note: 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 guideline. 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 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Ambulance - Land 42 Ambulance - Air or Water 51 Inpatient Psychiatric Facility 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally</p>	M	AN	1/2	Required	1

Retarded
 55 Residential Substance Abuse Treatment Facility
 56 Psychiatric Residential Treatment Center
 50 Federally Qualified Health Center
 60 Mass Immunization Center
 61 Comprehensive Inpatient Rehabilitation Facility
 62 Comprehensive Outpatient Rehabilitation Facility
 65 End Stage Renal Disease Treatment Facility
 71 State or Local Public Health Clinic
 72 Rural Health Clinic
 81 Independent Laboratory
 99 Other Unlisted Facility

ExternalCodeList

Name: 237

Description: Place of Service from Health Care Financing Administration Claim Form

1325	Claim Frequency Type Code	O	ID	1/1	Required	1
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Description: Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type

Industry: Claim Frequency Code

Alias: Claim Submission Reason Code

NYS MEDICAID NOTE: NYSDOH will process all values as original claims with the exception of codes '7' (Replacement) and '8' (Void).

ExternalCodeList

Name: 235

Description: Claim Frequency Type Code

CLM06	1073	Yes/No Condition or Response Code	O	ID	1/1	Required	1
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Description: Code indicating a Yes or No condition or response

Industry: Provider or Supplier Signature Indicator

Alias: Provider Signature on File

NYS MEDICAID NOTE: NYSDOH will use this field to serve as the certification indicator.

NSF Reference: EA0-37.0

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

N	No
---	----

Y	Yes
---	-----

CLM07	1359	Provider Accept Assignment Code	O	ID	1/1	Required	1
-------	------	--	---	----	-----	----------	---

Description: Code indicating whether the provider accepts assignment

Industry: Medicare Assignment Code

HIPAA IG Note: CLM07 indicates whether the provider accepts Medicare assignment. The NSF mapping to FA0-59.0 occurs only in payer-to-payer COB situations.

All valid standard codes are used.

CLM08	1073	Yes/No Condition or Response Code	O	ID	1/1	Required	1
-------	------	--	---	----	-----	----------	---

Description: Code indicating a Yes or No condition or response

Industry: Benefits Assignment Certification Indicator

Alias: Assignment of Benefits Indicator

NSF Reference: DA0-15.0

		<u>Code</u>	<u>Name</u>					
		N	No					
		Y	Yes					
CLM09	1363	Release of Information Code		O	ID	1/1	Required	1
		Description: Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations						
		Alias: Release of Information Code						
		NSF Reference: EA0-13.0						
		All valid standard codes are used.						
CLM10	1351	Patient Signature Source Code		O	ID	1/1	Situational	1
		Description: Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider						
		Alias: Patient Signature Source Code						
		NSF Reference: DA0-16.0						
		HIPAA IG Note: CLM10 is required except in cases where code "N" is used in CLM09.						
		All valid standard codes are used.						
CLM11	C024	Related Causes Information		O	Comp		Situational	1
		Description: To identify one or more related causes and associated state or country information						
		Alias: Accident/Employment/Related Causes						
		HIPAA IG Note: CLM11-1, CLM11-2, or CLM11-3 are required when the condition being reported is accident or employment related. If CLM11-1, CLM11-2, or CLM11-3 equals AP, then map Yes to EA0-09.0. 2440 If DTP - Date of Accident (DTP01=439) is used, then CLM11 is required.						
	1362	Related-Causes Code		M	ID	2/3	Required	1
		Description: Code identifying an accompanying cause of an illness, injury or an accident						
		Industry: Related Causes Code						
		NYS MEDICAID NOTE: NYSDOH will process as accident code.						
		NSF Reference: EA0-05.0 - Auto Accident or Other Accident, EA0-04.0 -Employment, EA0-09.0 - Responsibility Indicator						
		<u>Code</u>	<u>Name</u>					
		AA	Auto Accident					
		AP	Another Party Responsible					
		EM	Employment					
		OA	Other Accident					
	1362	Related-Causes Code		O	ID	2/3	Situational	1
		Description: Code identifying an accompanying cause of an illness, injury or an accident						
		Industry: Related Causes Code						
		NYS MEDICAID NOTE: NYSDOH will process as accident code.						
		NSF Reference: EA0-05.0 - Auto Accident or Other Accident, EA0-04.0 -Employment, EA0-09.0 - Responsibility Indicator						
		HIPAA IG Note: Used if more than one code applies.						
		<u>Code</u>	<u>Name</u>					

AA Auto Accident
 AP Another Party Responsible
 EM Employment
 OA Other Accident

1362 **Related-Causes Code** O ID 2/3 Situational 1

Description: Code identifying an accompanying cause of an illness, injury or an accident

Industry: Related Causes Code
NYS MEDICAID NOTE: NYSDOH will process as accident code.
NSF Reference: EA0-05.0 - Auto Accident or Other Accident, EA0-04.0 -Employment, EA0-09.0 - Responsibility Indicator
HIPAA IG Note: Used if more than one code applies.

<u>Code</u>	<u>Name</u>
AA	Auto Accident
AP	Another Party Responsible
EM	Employment
OA	Other Accident

156 **State or Province Code** O ID 2/2 Situational 1

Description: Code (Standard State/Province) as defined by appropriate government agency

Industry: Auto Accident State or Province Code
NSF Reference: EA0-10.0
HIPAA IG Note: Required if CLM11-1, -2, or -3 = AA to identify the state in which the automobile accident occurred. Use state postal code (CA = California, UT = Utah, etc).

ExternalCodeList

Name: 22

Description: States and Outlying Areas of the U.S.

26 **Country Code** O ID 2/3 Situational 1

Description: Code identifying the country
HIPAA IG Note: Required if the automobile accident occurred out of the United States 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 1

Description: Code indicating the Special Program under which the services rendered to the patient were performed

Industry: Special Program Indicator
Alias: Special Program Code
NYS MEDICAID NOTE: As HIPAA allows the submission of only one value here, NYSDOH has provided guidance as to how these values will be used when provided.

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) NYS MEDICAID NOTE: NYSDOH will ignore this value. Please refer to segment CRC EPSDT Referral if this value is submitted.
02	Physically Handicapped Children's Program NYS MEDICAID NOTE: This value will be processed.
03	Special Federal Funding HIPAA IG NOTE: This code is used for Medicaid claims only. NYS MEDICAID NOTE: NYSDOH will ignore this value.
05	Disability HIPAA IG NOTE: This code is used for Medicaid claims only. NYS MEDICAID NOTE: This value will be processed.
07	Induced Abortion - Danger to Life HIPAA IG NOTE: This code is used for Medicaid claims only. NYS MEDICAID NOTE: These values are acceptable, but if this field (CLM12) is needed for another value (i.e., "02"), then use Loop 2300 NTE segment to report abortion.
08	Induced Abortion - Rape or Incest HIPAA IG NOTE: This code is used for Medicaid claims only. NYS MEDICAID NOTE: These values are acceptable, but if this field (CLM12) is needed for another value (i.e., "02"), then use Loop 2300 NTE segment to report abortion.
09	Second Opinion or Surgery HIPAA IG NOTE: This code is used for Medicaid claims only. NYS MEDICAID NOTE: NYSDOH will ignore this value.

CLM16	1360	Provider Agreement Code Description: Code indicating the type of agreement under which the provider is submitting this claim Industry: Participation Agreement HIPAA IG Note: Required if a non-participating (non-par) provider is submitting a participating (par) claim/encounter. Sending the "P" code indicates that a non-par provider is sending a par claim as allowed under certain plans.	O	ID	1/1	Situational	1
		Code Name P Participation Agreement					
CLM20	1514	Delay Reason Code Description: Code indicating the reason	O	ID	1/2	Situational	1

why a request was delayed

Alias: Delay Reason Code

NYS MEDICAID NOTE: NYSDOH will process as Over 90 Day Indicator and deny a code value of "6" for business purposes.

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.

<u>Code</u>	<u>Name</u>
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 - Initial Treatment

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

Notes:

1. 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 on all claims involving spinal manipulation for Medicare Part B.

Example:

DTP*454*D8*19970115~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 454 Initial Treatment					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Initial Treatment Date NSF Reference: GC0-05.0	M	AN	1/35	Required	1

DTP Date - Date Last Seen

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

Notes:

1. Required when claims involve services from an independent physical therapist, occupational therapist, or physician services involving routine foot care and it is known to impact the payer's adjudication process.
2. This is the date that the patient was seen by the attending/supervising physician for the qualifying medical condition related to the services performed.

Example:

DTP*304*D8*19970115~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 304 Latest Visit or Consultation					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Last Seen Date NSF Reference: EA0-48.0	M	AN	1/35	Required	1

DTP Date - Onset of Current Illness/Symptom

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

Notes:

1. 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 when information is available and if different than the date of service. If not used, claim/service date is assumed to be the date of onset of illness/symptoms.

Example:

DTP*431*D8*19970115~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 431 Onset of Current Symptoms or Illness					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Onset of Current Illness or Injury Date NSF Reference: EA0-07.0	M	AN	1/35	Required	1

DTP Date - Acute Manifestation

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

Notes:

1. 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 when Loop 2300 CR208 = "A" or "M", the claim involves spinal manipulation, and the payer is Medicare.

Example:

DTP*453*D8*19970115~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 453 Acute Manifestation of a Chronic Condition					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Acute Manifestation Date NSF Reference: GC0-12.0	M	AN	1/35	Required	1

DTP Date - Similar Illness/Symptom Onset

Pos: 135	Max: 10
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

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

Notes:

1. 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 when claim involves services to a patient experiencing symptoms similar or identical to previously reported symptoms.

Example:

DTP*438*D8*19970115~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 438 Onset of Similar Symptoms or Illness					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Similar Illness or Symptom Date NSF Reference: EA0-16.0	M	AN	1/35	Required	1

DTP Date - Accident

Pos: 135	Max: 10
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

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

Notes:

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

Example:

DTP*439*D8*19970114~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 439 Accident					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD DT Date and Time Expressed in Format CCYYMMDDHHMM					
		HIPAA IG NOTE: Required if accident hour is known.					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Accident Date NSF Reference: EA0-07.0 - Accident Date, EA0-11.0 Accident Hour (no minutes)	M	AN	1/35	Required	1

DTP Date - Last Menstrual Period

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

Notes:

1. Required when claim involves pregnancy.

Example:

DTP*484*D8*19961113~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 484 Last Menstrual Period					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Last Menstrual Period Date NSF Reference: EA0-07.0	M	AN	1/35	Required	1

DTP Date - Last X-ray

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

Notes:

1. 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 when claim involves spinal manipulation if an x-ray was taken.

Example:

DTP*455*D8*19970114~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 455 Last X-Ray					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Last X-Ray Date NSF Reference: GC0-06.0	M	AN	1/35	Required	1

DTP Date - Hearing and Vision Prescription Date

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

Notes:

1. Required on claims where a prescription has been written for hearing devices or vision frames and lenses and it is being billed on this claim.

Example:

DTP*471*D8*19970115~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 471 Prescription					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Prescription Date	M	AN	1/35	Required	1

DTP Date - Disability Begin

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

Notes:

1. Required on claims involving disability where, in the opinion of the provider, the patient was or will be unable to perform the duties normally associated with his/her work.
2. Not required for HIPAA but may be required for other uses. (The statutory definition of a health plan does not specifically include workers compensation programs, property and casualty programs, or disability insurance programs.)

Example:

DTP*360*D8*19970114~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 360 Disability Begin					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Disability From Date NSF Reference: EA0-18.0	M	AN	1/35	Required	1

DTP Date - Disability End

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

Notes:

1. Required on claims/encounters involving disability where, in the opinion of the provider, the patient, after having been absent from work for reasons related to the disability, was or will be able to perform the duties normally associated with his/her work.
2. Not required for HIPAA but may be required for other uses. (The statutory definition of a health plan does not specifically include workers compensation programs, property and casualty programs, or disability insurance programs.)

Example:

DTP*361*D8*19970613~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 361 Disability End					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Disability To Date NSF Reference: EA0-19.0	M	AN	1/35	Required	1

DTP Date - Last Worked

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

Notes:

1. Required on claims where this information is necessary for adjudication of the claim (e.g., workers compensation claims involving absence from work).

Example:

DTP*297*D8*19970114~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 297 Date Last Worked					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Last Worked Date	M	AN	1/35	Required	1

DTP Date - Authorized Return to Work

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

Notes:

1. Required on claims where this information is necessary for adjudication of the claim (e.g., workers compensation claims involving absence from work).

Example:

DTP*296*D8*19970620~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 296 Return to Work					
		HIPAA IG NOTE: This is the date the provider has authorized the patient to return to work.					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Work Return Date NSF Reference: EA1-12.0	M	AN	1/35	Required	1

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

Notes:

1. Required on all ambulance claims/encounters when the patient was known to be admitted to the hospital. Also required on inpatient medical visits claims/encounters.

Example:

DTP*435*D8*19970114~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 435 Admission					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Related Hospitalization Admission Date NSF Reference: GA0-23.0 (for ambulance claims only), EA0-28.0	M	AN	1/35	Required	1

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

Notes:

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

Example:

DTP*096*D8*19970115~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 096 Discharge					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Related Hospitalization Discharge Date NSF Reference: GA0-22.0 (for Ambulance Claims only), EA0-29.0	M	AN	1/35	Required	1

DTP Date - Assumed and Relinquished Care Dates

Pos: 135	Max: 2
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

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

Notes:

1. Required on Medicare claims to indicate "assumed care date" and "relinquished care date" for situations where providers share post-operative care (global surgery claims). Assumed Care Date is the date care was assumed by another provider during post-operative care. Relinquished Care Date is the date the provider filing this claim ceased post-operative care. See Medicare guidelines for further explanation of these dates.
2. Example: Surgeon "A" relinquished post-operative care to Physician "B" five days after surgery. When Surgeon "A" submits a claim/encounter "A" will use code "091 - Report End" to indicate the day the surgeon relinquished care of this patient to Physician "B". When Physician "B" submits a claim/encounter "B" will use code "090 - Report Start" to indicate the date they assumed care of this patient from Surgeon "A".

Example:

DTP*090*D8*19970214~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name					
		090 Report Start					
		HIPAA IG NOTE: Assumed Care Date - Use code 090 to indicate the date the provider filing this claim assumed care from another provider during post-operative care.					
		091 Report End					
		HIPAA IG NOTE: Relinquished Care Date - Use code 091 to indicate the date the provider filing this claim relinquished post-operative care to another provider.					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name					
		D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Assumed or Relinquished Care Date NSF Reference: EA1-25.0 - Provider Assumed Care Date, HA0-05.0 - Provider Relinquished Care Date	M	AN	1/35	Required	1

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

Notes:

1. The PWK segment is required if there is 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 segment 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*OB*BM***AC*DMN0012~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
PWK01	755	Report Type Code Description: Code indicating the title or contents of a document, report or supporting item Industry: Attachment Report Type Code NSF Reference: EA0-41.0	M	ID	2/2	Required	1
		Code		Name			
		77		Support Data for Verification			
				HIPAA IG NOTE: REFERRAL. Use this code to indicate a completed referral form.			
		AS		Admission Summary			
		B2		Prescription			
		B3		Physician Order			
		B4		Referral Form			
		CT		Certification			
		DA		Dental Models			
		DG		Diagnostic Report			
		DS		Discharge Summary			
		EB		Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)			
		MT		Models			
		NN		Nursing Notes			
		OB		Operative Note			
		OZ		Support Data for Claim			
		PN		Physical Therapy Notes			
		PO		Prosthetics or Orthotic Certification			
		PZ		Physical Therapy Certification			
		RB		Radiology Films			
		RR		Radiology Reports			
		RT		Report of Tests and Analysis Report			

PWK02	756	Report Transmission Code Description: Code defining timing, transmission method or format by which reports are to be sent Industry: Attachment Transmission Code NSF Reference: EA0-40.0	O	ID	1/2	Required	1
		Code					
		Name					
		AA				Available on Request at Provider Site	
						HIPAA IG NOTE: This means that the paperwork is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request.	
		BM				By Mail	
		EL				Electronically Only	
						HIPAA IG NOTE: Use to indicate that attachment is being transmitted in a separate X12 functional group.	
		EM				E-Mail	
		FX				By Fax	
PWK05	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: Required if PWK02 = "BM", "EL", "EM" or "FX".	C	ID	1/2	Situational	1
		Code					
		Name					
		AC				Attachment Control Number	
PWK06	67	Identification Code Description: Code identifying a party or other code Industry: Attachment Control Number HIPAA IG Note: Required if PWK02 = "BM", "EL", "EM" or "FX".	C	AN	2/80	Situational	1

CN1 Contract Information

Pos: 160	Max: 1
Detail - Optional	
Loop: 2300	Elements: 6

User Option (Usage): Situational

To specify basic data about the contract or contract line item

Notes:

1. The developers of this implementation guide recommend that for non-capitated situations, contract information be maintained in the receiver's files and not be transmitted with each claim whenever possible. It is recommended that submitters always include CN1 for encounters that include only capitated services.
2. Required if the provider is contractually obligated to provide contract information on this claim.

Example:

CN1*02*550~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
CN101	1166	Contract Type Code Description: Code identifying a contract type Alias: Contract Type Code	M	ID	2/2	Required	1
		Code Name					
		02 Per Diem					
		03 Variable Per Diem					
		04 Flat					
		05 Capitated					
		06 Percent					
		09 Other					
CN102	782	Monetary Amount Description: Monetary amount Industry: Contract Amount HIPAA IG Note: Required if the provider is required by contract to supply this information on the claim.	O	R	1/18	Situational	1
CN103	332	Percent Description: Percent expressed as a percent Industry: Contract Percentage Alias: Contract Percent HIPAA IG Note: Allowance or charge percent Required if the provider is required by contract to supply this information on the claim.	O	R	1/6	Situational	1
CN104	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Contract Code HIPAA IG Note: Required if the provider is	O	AN	1/30	Situational	1

CN105	338	required by contract to supply this information on the claim.	O	R	1/6	Situational	1
		Terms Discount Percent Description: Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date Industry: Terms Discount Percentage Alias: Terms Discount Percent HIPAA IG Note: Required if the provider is required by contract to supply this information on the claim.					
CN106	799	Version Identifier	O	AN	1/30	Situational	1
		Description: Revision level of a particular format, program, technique or algorithm Industry: Contract Version Identifier HIPAA IG Note: Required if the provider is required by contract to supply this information on the claim.					

AMT Patient Amount Paid

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

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. Required when patient has made payment specifically toward this claim.
2. Patient Amount Paid refers to the sum of all amounts paid on the claim by the patient or his/her representative(s).

Example:

AMT*F5*152.45~

NYS MEDICAID NOTE:

NYSDOH expects to receive patient participation amount here.

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>	<u>Rep</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required	1
		<u>Code</u> <u>Name</u> F5 Patient Amount Paid					
AMT02	782	Monetary Amount Description: Monetary amount Industry: Patient Amount Paid NSF Reference: XA0-19.0	M	R	1/18	Required	1

AMT Total Purchased Service Amount

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

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. Required if there are purchased service components to this claim.
2. Use this segment on vision claims when the acquisition cost of lenses is known to impact adjudication or reimbursement.
3. Required on service lines when the purchased service charge amount is necessary for processing.

Example:

AMT*NE*57.35~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required	1
		<u>Code</u> <u>Name</u> NE Net Billed					
		HIPAA IG NOTE: Use this code to indicate Total Purchased Service Charges.					
AMT02	782	Monetary Amount Description: Monetary amount Industry: Total Purchased Service Amount NSF Reference: EA0-31.0	M	R	1/18	Required	1

REF

Service Authorization Exception Code

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when 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 service without obtaining the service authorization. Check with your state Medicaid to see if this applies in your state.

Example:

REF*4N*1~

NYS MEDICAID NOTE:

NYSDOH will process information 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name 4N Special Payment Reference Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Service Authorization Exception Code	C	AN	1/30	Required	1
		Code Name 1 Immediate/Urgent Care 2 Services Rendered in a Retroactive Period 3 Emergency Care 4 Client as Temporary Medicaid 5 Request from County for Second Opinion to Recipient can Work 6 Request for Override Pending 7 Special Handling					

REF Mammography Certification Number

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when mammography services are rendered by a certified mammography provider.

Example:

REF*EW*T554~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name EW Mammography Certification Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Mammography Certification Number NSF Reference: FA0-31.0	C	AN	1/30	Required	1

REF Prior Authorization or Referral Number

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

User Option (Usage): Situational

To specify identifying information

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 UMO (Utilization Management Organization) is generally the entity empowered to make a decision regarding the outcome of a health services review or the owner of information. 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.

Example:

REF*G1*13579~

NYS MEDICAID NOTE:

NYSDOH expects to receive prior authorization number whenever it is assigned. For DME services, the prescription/order number is the last six digits of the PA number. When a PA number is not required for DME services, the six digit prescription/order number will be expected in place of the prior authorization number.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep				
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification NYS MEDICAID NOTE: NYSDOH will only process a code value of "G1". <table border="1"> <tr> <th>Code</th> <th>Name</th> </tr> <tr> <td>G1</td> <td>Prior Authorization Number</td> </tr> </table>	Code	Name	G1	Prior Authorization Number	M	ID	2/3	Required	1
Code	Name										
G1	Prior Authorization Number										
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Prior Authorization or Referral Number NSF Reference: DA0-14.0	C	AN	1/30	Required	1				

REF Original Reference Number (ICN/DCN)

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

User Option (Usage): Situational

To specify identifying information

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. In this case the payer is expecting the provider to give them back their (the payer's) claim 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~

NYS MEDICAID NOTE:

NYSDOH expects this field when the submitter desires to replace or void a previously paid claim.

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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name F8 Original Reference Number	M	ID	2/3	Required	1
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Claim Original Reference Number Alias: Claim Original Reference Number (ICN/DCN) NSF Reference: EA0-47.0	C	AN	1/30	Required	1

REF Clinical Laboratory Improvement Amendment (CLIA) Number

Pos: 180	Max: 3
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required on Medicare and Medicaid claims for any laboratory performing tests covered by the CLIA Act.
2. If a CLIA number is indicated at the line level (Loop ID-2400) in addition to the claim level (Loop ID-2300), that would indicate an exception to the CLIA number at the claim level for that individual line.
3. In cases where this claim contains both in-house and outsourced laboratory services: For laboratory services performed by the billing or rendering provider the CLIA number is reported here; for laboratory services which were outsourced, report that CLIA number at the 2400 loop.

Example:

REF*X4*12D4567890~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name X4 Clinical Laboratory Improvement Amendment Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Clinical Laboratory Improvement Amendment Number NSF Reference: FA0-34.0	C	AN	1/30	Required	1

REF Investigational Device Exemption Number

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when claim involves an FDA assigned investigational device exemption (IDE) number. Only one IDE per claim is to be reported.

Example:

REF*LX*TG334~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name LX Qualified Products List					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Investigational Device Exemption Identifier NSF Reference: EA0-54.0	C	AN	1/30	Required	1

REF

Claim Identification Number for Clearing Houses and Other Transmission Intermediaries

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Used only by transmission intermediaries (Automated Clearing Houses, and others) who need to attach their own unique claim number.
2. Although this REF is supplied for transmission intermediaries to attach their own unique claim number to a claim/encounter, 837-recipients are not required under HIPAA to return this number in any HIPAA transaction. Trading partners may voluntarily agree to this interaction if they wish.

Example:

REF*D9*TJ98UU321~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>				
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification HIPAA IG Note: Number assigned by clearinghouse/van/etc. <table border="1"> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> <tr> <td>D9</td> <td>Claim Number</td> </tr> </table>	<u>Code</u>	<u>Name</u>	D9	Claim Number	M	ID	2/3	Required	1
<u>Code</u>	<u>Name</u>										
D9	Claim Number										
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Clearinghouse Trace Number HIPAA IG Note: The value carried in this element is limited to a maximum of 20 positions.	C	AN	1/30	Required	1				

REF Ambulatory Patient Group (APG)

Pos: 180	Max: 4
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

- 1. Required if the contractual reimbursement arrangement between provider and payer is based on APG and their contractual arrangement requires that the provider send APG information to the payer on each claim.

Example:

REF*1S*XXXXX~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name 1S Ambulatory Patient Group (APG) Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Ambulatory Patient Group Number					

REF Medical Record Number

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

User Option (Usage): Situational

To specify identifying information

Notes:

- 1. Used at discretion of submitter.

Example:

REF*EA*44444TH56~

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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name EA Medical Record Identification Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Medical Record Number					

REF

Demonstration Project Identifier

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required on claims/encounters where a demonstration project is being billed/reported. 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*P4*THJ1222~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name P4 Project Code					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Demonstration Project Identifier NSF Reference: EA0-43.0					

K3 File Information

Pos: 185	Max: 10
Detail - Optional	
Loop: 2300	Elements: 1

User Option (Usage): Situational

To transmit a fixed-format record or matrix contents

Notes:

1. At the time of publication K3 segments have no specific use. However, they have been included in this implementation guide to be used as an emergency kludge (fix-it) in the case of an unexpected data requirement by a state regulatory authority. This data element can only be required if the specific use is a result of a state law or a regulation issued by a state agency after the publication of this implementation guide, and only if the appropriate national body (X12N, HCPCS, NUBC, NUCC, etc) cannot offer an alternative solution within the current structure of the implementation guide.
2. This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.

Example:

K3*STATE DATA REQUIREMENT~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
K301	449	Fixed Format Information Description: Data in fixed format agreed upon by sender and receiver NSF Reference: HA0-05.0	M	AN	1/80	Required	1

NTE Claim Note

Pos: 190	Max: 1
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

Notes:

- Information in the NTE segment in Loop ID-2300 applies to the entire claim unless overridden by information in the NTE segment in Loop ID-2400. Information is considered to be overridden when the value in NTE01 in Loop ID-2400 is the same as the value in NTE01 in Loop ID-2300. The developers of this implementation guide discourage using narrative information within the 837. Trading partners who require narrative information with claims are encouraged to codify that information within the ASC X12 environment.
- Required when: (1) State regulations mandate information not identified elsewhere within the claim set; or (2) in the opinion of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set.

Example:

NTE*ADD*SURGERY WAS UNUSUALLY LONG BECAUSE [FILL INREASON]-

NYS MEDICAID NOTE:

NYSDOH requires abortion condition codes to be reported here for all abortion related services. The following two character code values are to be reported in NTE02. ADD is to be used for the qualifier in NTE01.

- AA Abortion performed due to rape
- AB Abortion performed due to incest
- AC Abortion due to serious fetal defect or serious deformity or abnormality
- AD Abortion due to life endangering physical condition caused by or arising from pregnancy
- AE Abortion due to life endangering
- AF Abortion due to emotional/physiological health of mother
- AG Abortion due to social or economic reasons
- AH Elective Abortion
- AI Sterilization

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>	<u>Rep</u>
NTE01	363	Note Reference Code Description: Code identifying the functional area or purpose for which the note applies NYS MEDICAID NOTE: NYSDOH will only process a value of "add" here. Code Name ADD Additional Information	O	ID	3/3	Required	1
NTE02	352	Description Description: A free-form description to clarify the related data elements and their content Industry: Claim Note Text NSF Reference: HA0-05.0	M	AN	1/80	Required	1

CR1 Ambulance Transport Information

Pos: 195	Max: 1
Detail - Optional	
Loop: 2300	Elements: 8

User Option (Usage): Situational

To supply information related to the ambulance service rendered to a patient

Notes:

1. The CR1 segment in Loop ID-2300 applies to the entire claim unless an exception is reported in the CR1 segment in Loop ID-2400.
2. Required on all claims involving ambulance services.

Example:

CR1*LB*140*I*A*DH*12****UNCONSCIOUS~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
CR101	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken HIPAA IG Note: Required if needed to justify extra ambulance services.	C	ID	2/2	Situational	1
		Code Name LB Pound					
CR102	81	Weight Description: Numeric value of weight Industry: Patient Weight NSF Reference: GA0-05.0 HIPAA IG Note: Required if needed to justify extra ambulance services.	C	R	1/10	Situational	1
CR103	1316	Ambulance Transport Code Description: Code indicating the type of ambulance transport Alias: Ambulance Transport Code NSF Reference: GA0-07.0 All valid standard codes are used.	O	ID	1/1	Required	1
CR104	1317	Ambulance Transport Reason Code Description: Code indicating the reason for ambulance transport Alias: Ambulance Transport Reason Code NSF Reference: GA0-15.0	O	ID	1/1	Required	1
		Code Name A Patient was transported to nearest facility for care of symptoms, complaints, or both HIPAA IG NOTE: Can be used to indicate that the patient was transferred to a residential facility. B Patient was transported for the benefit of a preferred physician C Patient was transported for the nearness of family members D Patient was transported for the care of a specialist or for availability of specialized equipment E Patient Transferred to Rehabilitation Facility					
CR105	355	Unit or Basis for Measurement Code Description: Code specifying the units in	C	ID	2/2	Required	1

which a value is being expressed, or manner in which a measurement has been taken

<u>Code</u>	<u>Name</u>
DH	Miles

CR106	380	<p>Quantity Description: Numeric value of quantity Industry: Transport Distance NSF Reference: GA0-17.0, FA0-50.0 HIPAA IG Note: NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-payer COB situations.</p>	C	R	1/15	Required	1
CR109	352	<p>Description Description: A free-form description to clarify the related data elements and their content Industry: Round Trip Purpose Description NSF Reference: GA0-20.0 HIPAA IG Note: Required if CR103 (Ambulance Transport Code) = "X - Round Trip"; otherwise not used.</p>	O	AN	1/80	Situational	1
CR110	352	<p>Description Description: A free-form description to clarify the related data elements and their content Industry: Stretcher Purpose Description NSF Reference: GA0-21.0 HIPAA IG Note: Required if needed to justify usage of stretcher.</p>	O	AN	1/80	Situational	1

CR2 Spinal Manipulation Service Information

Pos: 200	Max: 1
Detail - Optional	
Loop: 2300	Elements: 4

User Option (Usage): Situational

To supply information related to the chiropractic service rendered to a patient

Notes:

1. The CR2 segment in Loop ID-2300 applies to the entire claim unless overridden by the presence of a CR2 segment in Loop ID-2400.
2. Required on chiropractic claims involving spinal manipulation and known to impact payer's adjudication process.

Example:

CR2*****M****Y~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR208	1342	Nature of Condition Code Description: Code indicating the nature of a patient's condition Industry: Patient Condition Code Alias: Nature of Condition Code. Spinal Manipulation NSF Reference: GC0-11.0 All valid standard codes are used.	O	ID	1/1	Required	1
CR210	352	Description Description: A free-form description to clarify the related data elements and their content Industry: Patient Condition Description NSF Reference: GC0-14.0 HIPAA IG Note: Used at discretion of submitter.	O	AN	1/80	Situational	1
CR211	352	Description Description: A free-form description to clarify the related data elements and their content Industry: Patient Condition Description Alias: Patient Condition Description. Spinal Manipulation NSF Reference: GC0-14.0 HIPAA IG Note: Used at discretion of submitter.	O	AN	1/80	Situational	1
CR212	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: X-ray Availability Indicator Alias: X-ray Availability Indicator. Spinal Manipulation NSF Reference: GC0-15.0 HIPAA IG Note: Required for service dates prior to January 1, 2000.	O	ID	1/1	Situational	1

<u>Code</u>	<u>Name</u>
N	No
Y	Yes

CRC Ambulance Certification

Pos: 220	Max: 3
Detail - Optional	
Loop: 2300	Elements: 7

User Option (Usage): Situational

To supply information on conditions

Notes:

1. The CRC segment in Loop ID-2300 applies to the entire claim unless overridden by a CRC segment at the service line level in Loop ID-2400 with the same value in CRC01.
2. Required on ambulance claims/encounters, i.e. when CR1 segment is used.

Example:

CRC*07*Y*01~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
CRC01	1136	Code Category Description: Specifies the situation or category to which the code applies	M	ID	2/2	Required	1
		Code Name 07 Ambulance Certification					
CRC02	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response	M	ID	1/1	Required	1
		Industry: Certification Condition Indicator Alias: Certification Condition Code Applies Indicator					
		Code Name N No Y Yes					
CRC03	1321	Condition Indicator Description: Code indicating a condition	M	ID	2/2	Required	1
		Industry: Condition Code Alias: Condition Indicator HIPAA IG Note: The codes for CRC03 also can be used for CRC04 through CRC07.					
		Code Name 01 Patient was admitted to a hospital					
		NSF Reference: GA0-06.0					
		02 Patient was bed confined before the ambulance service					
		NSF Reference: GA0-08.0					
		03 Patient was bed confined after the ambulance service					
		NSF Reference: GA0-09.0					
		04 Patient was moved by stretcher					
		NSF Reference: GA0-10.0					
		05 Patient was unconscious or in shock					

		NSF Reference: GA0-11.0
06		Patient was transported in an emergency situation
		NSF Reference: GA0-12.0
07		Patient had to be physically restrained
		NSF Reference: GA0-13.0
08		Patient had visible hemorrhaging
		NSF Reference: GA0-14.0
09		Ambulance service was medically necessary
		NSF Reference: GA0-16.0
60		Transportation Was To the Nearest Facility
		NSF Reference: GA0-24.0

CRC04 1321 **Condition Indicator** O ID 2/2 Situational 1

Description: Code indicating a condition
Industry: Condition Code
Alias: Condition Indicator
HIPAA IG Note: Required if additional condition codes are needed. Use the codes listed in CRC03.

<u>Code</u>	<u>Name</u>
01	Patient was admitted to a hospital
	NSF Reference: GA0-06.0
02	Patient was bed confined before the ambulance service
	NSF Reference: GA0-08.0
03	Patient was bed confined after the ambulance service
	NSF Reference: GA0-09.0
04	Patient was moved by stretcher
	NSF Reference: GA0-10.0
05	Patient was unconscious or in shock
	NSF Reference: GA0-11.0
06	Patient was transported in an emergency situation
	NSF Reference: GA0-12.0
07	Patient had to be physically restrained
	NSF Reference: GA0-13.0
08	Patient had visible hemorrhaging
	NSF Reference: GA0-14.0
09	Ambulance service was medically necessary
	NSF Reference: GA0-16.0
60	Transportation Was To the Nearest Facility
	NSF Reference: GA0-24.0

CRC05	1321	Condition Indicator	O	ID	2/2	Situational	1
Description: Code indicating a condition Industry: Condition Code Alias: Condition Indicator HIPAA IG Note: Required if additional condition codes are needed. Use the codes listed in CRC03.							
		Code	Name				
		01	Patient was admitted to a hospital NSF Reference: GA0-06.0				
		02	Patient was bed confined before the ambulance service NSF Reference: GA0-08.0				
		03	Patient was bed confined after the ambulance service NSF Reference: GA0-09.0				
		04	Patient was moved by stretcher NSF Reference: GA0-10.0				
		05	Patient was unconscious or in shock NSF Reference: GA0-11.0				
		06	Patient was transported in an emergency situation NSF Reference: GA0-12.0				
		07	Patient had to be physically restrained NSF Reference: GA0-13.0				
		08	Patient had visible hemorrhaging NSF Reference: GA0-14.0				
		09	Ambulance service was medically necessary NSF Reference: GA0-16.0				
		60	Transportation Was To the Nearest Facility NSF Reference: GA0-24.0				

CRC06	1321	Condition Indicator	O	ID	2/2	Situational	1
Description: Code indicating a condition Industry: Condition Code Alias: Condition Indicator HIPAA IG Note: Required if additional condition codes are needed. Use the codes listed in CRC03.							
		Code	Name				
		01	Patient was admitted to a hospital NSF Reference: GA0-06.0				
		02	Patient was bed confined before the ambulance service NSF Reference: GA0-08.0				
		03	Patient was bed confined after the ambulance service NSF Reference: GA0-09.0				
		04	Patient was moved by stretcher				

	NSF Reference:	
	GA0-10.0	
05	Patient was unconscious or in shock	
	NSF Reference:	
	GA0-11.0	
06	Patient was transported in an emergency situation	
	NSF Reference:	
	GA0-12.0	
07	Patient had to be physically restrained	
	NSF Reference:	
	GA0-13.0	
08	Patient had visible hemorrhaging	
	NSF Reference:	
	GA0-14.0	
09	Ambulance service was medically necessary	
	NSF Reference:	
	GA0-16.0	
60	Transportation Was To the Nearest Facility	
	NSF Reference:	
	GA0-24.0	

CRC07 1321 **Condition Indicator** O ID 2/2 Situational 1

Description: Code indicating a condition
Industry: Condition Code
Alias: Condition Indicator
HIPAA IG Note: Required if additional condition codes are needed. Use the codes listed in CRC03.

<u>Code</u>	<u>Name</u>
01	Patient was admitted to a hospital
	NSF Reference:
	GA0-06.0
02	Patient was bed confined before the ambulance service
	NSF Reference:
	GA0-08.0
03	Patient was bed confined after the ambulance service
	NSF Reference:
	GA0-09.0
04	Patient was moved by stretcher
	NSF Reference:
	GA0-10.0
05	Patient was unconscious or in shock
	NSF Reference:
	GA0-11.0
06	Patient was transported in an emergency situation
	NSF Reference:
	GA0-12.0
07	Patient had to be physically restrained
	NSF Reference:
	GA0-13.0
08	Patient had visible hemorrhaging
	NSF Reference:
	GA0-14.0
09	Ambulance service was medically necessary
	NSF Reference:
	GA0-16.0

60

Transportation Was To the Nearest Facility

NSF Reference:

GA0-24.0

CRC Patient Condition Information: Vision

Pos: 220	Max: 3
Detail - Optional	
Loop: 2300	Elements: 7

User Option (Usage): Situational

To supply information on conditions

Notes:

1. Required on vision claims/encounters involving replacement lenses or frames when this information is known to impact reimbursement.

Example:

CRC*E1*Y*L1~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
CRC01	1136	Code Category Description: Specifies the situation or category to which the code applies Code Name E1 Spectacle Lenses E2 Contact Lenses E3 Spectacle Frames	M	ID	2/2	Required	1
CRC02	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Certification Condition Indicator Alias: Certification Condition Code Applies Indicator Code Name N No Y Yes	M	ID	1/1	Required	1
CRC03	1321	Condition Indicator Description: Code indicating a condition Industry: Condition Code Alias: Condition Indicator Code Name L1 General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met L2 Replacement Due to Loss or Theft L3 Replacement Due to Breakage or Damage L4 Replacement Due to Patient Preference L5 Replacement Due to Medical Reason	M	ID	2/2	Required	1
CRC04	1321	Condition Indicator Description: Code indicating a condition Industry: Condition Code HIPAA IG Note: Use codes listed in CRC03. Required if additional condition codes are needed. Code Name L1 General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met	O	ID	2/2	Situational	1

		L2	Replacement Due to Loss or Theft					
		L3	Replacement Due to Breakage or Damage					
		L4	Replacement Due to Patient Preference					
		L5	Replacement Due to Medical Reason					
CRC05	1321	Condition Indicator		O	ID	2/2	Situational	1
		Description: Code indicating a condition						
		Industry: Condition Code						
		HIPAA IG Note: Use codes listed in CRC03. Required if additional condition codes are needed.						
		Code	Name					
		L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met					
		L2	Replacement Due to Loss or Theft					
		L3	Replacement Due to Breakage or Damage					
		L4	Replacement Due to Patient Preference					
		L5	Replacement Due to Medical Reason					
CRC06	1321	Condition Indicator		O	ID	2/2	Situational	1
		Description: Code indicating a condition						
		Industry: Condition Code						
		HIPAA IG Note: Use codes listed in CRC03. Required if additional condition codes are needed.						
		Code	Name					
		L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met					
		L2	Replacement Due to Loss or Theft					
		L3	Replacement Due to Breakage or Damage					
		L4	Replacement Due to Patient Preference					
		L5	Replacement Due to Medical Reason					
CRC07	1321	Condition Indicator		O	ID	2/2	Situational	1
		Description: Code indicating a condition						
		Industry: Condition Code						
		HIPAA IG Note: Use codes listed in CRC03. Required if additional condition codes are needed.						
		Code	Name					
		L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met					
		L2	Replacement Due to Loss or Theft					
		L3	Replacement Due to Breakage or Damage					
		L4	Replacement Due to Patient Preference					
		L5	Replacement Due to Medical Reason					

CRC Homebound Indicator

Pos: 220	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

To supply information on conditions

Notes:

1. Required for Medicare claims/encounters when an independent laboratory renders an EKG tracing or obtains a specimen from a homebound or institutionalized patient.

Example:

CRC*75*Y*IH~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
CRC01	1136	Code Category Description: Specifies the situation or category to which the code applies	M	ID	2/2	Required	1
		Code Name 75 Functional Limitations					
CRC02	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response	M	ID	1/1	Required	1
		Code Name Y Yes					
CRC03	1321	Condition Indicator Description: Code indicating a condition Industry: Homebound Indicator	M	ID	2/2	Required	1
		Code Name IH Independent at Home					
		NSF Reference: EA0-50.0					

CRC EPSDT Referral

Pos: 220	Max: 1
Detail - Optional	
Loop: 2300	Elements: 5

User Option (Usage): Situational

To supply information on conditions

Notes:

1. Required on Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) claims/encounters.

Example:

CRC*ZZ*Y*ST~

NYS MEDICAID NOTE:

NYSDOH expects to receive CHAP information here.

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>	<u>Rep</u>
CRC01	1136	Code Category Description: Specifies the situation or category to which the code applies <u>Code</u> <u>Name</u> ZZ Mutually Defined HIPAA IG NOTE: EPSDT Screening referral information.	M	ID	2/2	Required	1
CRC02	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Certification Condition Indicator Alias: Certification Condition Code Applies Indicator HIPAA IG Note: Was an EPSDT referral given to the patient? <u>Code</u> <u>Name</u> N No HIPAA IG NOTE: If no, then choose "NU" in CRC03 indicating no referral given.	M	ID	1/1	Required	1
CRC03	1321	Condition Indicator Description: Code indicating a condition Industry: Condition Code Alias: Condition Indicator HIPAA IG Note: The codes for CRC03 also can be used for CRC04 through CRC07. <u>Code</u> <u>Name</u> AV Available - Not Used HIPAA IG NOTE: Patient refused referral. NU Not Used HIPAA IG NOTE: This conditioner indicator must be used when the submitter answers "N" in CRC02. S2 Under Treatment HIPAA IG NOTE: Patient is currently under treatment for referred diagnostic or corrective health problem.	M	ID	2/2	Required	1

ST New Services Requested
HIPAA IG NOTE:
 Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including dental referrals).

CRC04 1321 **Condition Indicator** O ID 2/2 Situational 1
Description: Code indicating a condition
Industry: Condition Code
HIPAA IG Note: Use codes listed in CRC03. Required if additional condition codes are needed.

Code **Name**
 AV Available - Not Used
HIPAA IG NOTE:
 Patient refused referral.

NU Not Used
HIPAA IG NOTE:
 This conditioner indicator must be used when the submitter answers "N" in CRC02.

S2 Under Treatment
HIPAA IG NOTE:
 Patient is currently under treatment for referred diagnostic or corrective health problem.

ST New Services Requested
HIPAA IG NOTE:
 Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including dental referrals).

CRC05 1321 **Condition Indicator** O ID 2/2 Situational 1
Description: Code indicating a condition
Industry: Condition Code
HIPAA IG Note: Use codes listed in CRC03. Required if additional condition codes are needed.

Code **Name**
 AV Available - Not Used
HIPAA IG NOTE:
 Patient refused referral.

NU Not Used
HIPAA IG NOTE:
 This conditioner indicator must be used when the submitter answers "N" in CRC02.

S2 Under Treatment
HIPAA IG NOTE:
 Patient is currently under treatment for referred diagnostic or corrective health problem.

ST New Services Requested
HIPAA IG NOTE:
 Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including dental referrals).

HI**Health Care Diagnosis Code**

Pos: 231	Max: 1
Detail - Optional	
Loop: 2300	Elements: 8

User Option (Usage): Situational

To supply information related to the delivery of health care

Notes:

1. Required on all claims/encounters except claims for which there are no diagnoses (e.g., taxi claims).
2. Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.

Example:

HI*BK:8901*BF:87200*BF:5559~

NYS MEDICAID NOTE:

NYSDOH will process diagnosis information provided here. Additionally, please refer to the NYS Medicaid Note in Loop 2400 segment SV1 Professional Service for further information regarding primary and secondary diagnosis.

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>	<u>Rep</u>
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities Alias: Principal Diagnosis HIPAA IG Note: With a few exceptions, it is not recommended to put E codes in HI01. E codes may be put in any other HI element using BF as the qualifier. The diagnosis listed in this element is assumed to be the principal diagnosis.	M	Comp		Required	1
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: Diagnosis Type Code Code Name BK Principal Diagnosis HIPAA IG NOTE: ICD-9 Codes	M	ID	1/3	Required	1
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Diagnosis Code NSF Reference: EA0-32.0, GX0-31.0, GU0-12.0 ExternalCodeList Name: 131	M	AN	1/30	Required	1
HI02	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities Alias: Diagnosis HIPAA IG Note: Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.	O	Comp		Situational	1

		Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.					
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: Diagnosis Type Code	M	ID	1/3	Required	1
		Code Name BF Diagnosis					
		HIPAA IG NOTE: ICD-9 Codes					
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Diagnosis Code NSF Reference: EA0-33.0, GX0-32.0, GU0-13.0	M	AN	1/30	Required	1
		ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
HI03	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities Alias: Diagnosis HIPAA IG Note: Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03. Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.	O	Comp		Situational	1
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: Diagnosis Type Code	M	ID	1/3	Required	1
		Code Name BF Diagnosis					
		HIPAA IG NOTE: ICD-9 Codes					
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Diagnosis Code NSF Reference: EA0-34.0, GX0-33.0, GU0-14.0	M	AN	1/30	Required	1
		ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
HI04	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities Alias: Diagnosis HIPAA IG Note: Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03. Required if needed to report an additional diagnoses and if the preceeding HI data	O	Comp		Situational	1

		elements have been used to report other diagnoses.					
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: Diagnosis Type Code	M	ID	1/3	Required	1
		Code Name BF Diagnosis					
		HIPAA IG NOTE: ICD-9 Codes					
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Diagnosis Code NSF Reference: EA0-35.0, GX0-34.0, GU0-15.0	M	AN	1/30	Required	1
		ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
HI05	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities Alias: Diagnosis HIPAA IG Note: Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03. Required if needed to report an additional diagnoses and if the preceding HI data elements have been used to report other diagnoses.	O	Comp		Situational	1
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: Diagnosis Type Code	M	ID	1/3	Required	1
		Code Name BF Diagnosis					
		HIPAA IG NOTE: ICD-9 Codes					
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Diagnosis Code	M	AN	1/30	Required	1
		ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
HI06	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities Alias: Diagnosis HIPAA IG Note: Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03. Required if needed to report an additional diagnoses and if the preceding HI data elements have been used to report other diagnoses.	O	Comp		Situational	1
	1270	Code List Qualifier Code Description: Code identifying a specific	M	ID	1/3	Required	1

industry code list

Industry: Diagnosis Type Code

<u>Code</u>	<u>Name</u>
BF	Diagnosis

HIPAA IG NOTE:

ICD-9 Codes

1271	Industry Code	M	AN	1/30	Required	1
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Description: Code indicating a code from a specific industry code list

Industry: Diagnosis Code

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

HI07	C022	Health Care Code Information	O	Comp	Situational	1
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Description: To send health care codes and their associated dates, amounts and quantities

Alias: Diagnosis

HIPAA IG Note: Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.

Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.

1270	Code List Qualifier Code	M	ID	1/3	Required	1
------	---------------------------------	---	----	-----	----------	---

Description: Code identifying a specific industry code list

Industry: Diagnosis Type Code

<u>Code</u>	<u>Name</u>
BF	Diagnosis

HIPAA IG NOTE:

ICD-9 Codes

1271	Industry Code	M	AN	1/30	Required	1
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Description: Code indicating a code from a specific industry code list

Industry: Diagnosis Code

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

HI08	C022	Health Care Code Information	O	Comp	Situational	1
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Description: To send health care codes and their associated dates, amounts and quantities

Alias: Diagnosis

HIPAA IG Note: Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.

Required if needed to report an additional diagnoses and if the preceeding HI data elements have been used to report other diagnoses.

1270	Code List Qualifier Code	M	ID	1/3	Required	1
------	---------------------------------	---	----	-----	----------	---

Description: Code identifying a specific industry code list

Industry: Diagnosis Type Code

<u>Code</u>	<u>Name</u>
BF	Diagnosis

HIPAA IG NOTE:

ICD-9 Codes

ICD-9 Codes						
1271	Industry Code	M	AN	1/30	Required	1
	Description: Code indicating a code from a specific industry code list					
	Industry: Diagnosis Code					
	<u>ExternalCodeList</u>					
	Name: 131					
	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					

CR7 Home Health Care Plan Information

Pos: 242	Max: 1
Detail - Optional	
Loop: 2305	Elements: 3

User Option (Usage): Situational

To supply information related to the home health care plan of treatment and services

Notes:

1. Required on home health claims/encounters that involve billing/reporting home health visits.

Example:

CR7*PT*4*12~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
CR701	921	Discipline Type Code Description: Code indicating disciplines ordered by a physician Alias: Discipline type code All valid standard codes are used.	M	ID	2/2	Required	1
CR702	1470	Number Description: A generic number Industry: Total Visits Rendered Count Alias: Total visits rendered, home health	M	N0	1/9	Required	1
CR703	1470	Number Description: A generic number Industry: Certification Period Projected Visit Count Alias: Total visits projected, home health	M	N0	1/9	Required	1

HSD Health Care Services Delivery

Pos: 243	Max: 3
Detail - Optional	
Loop: 2305	Elements: 8

User Option (Usage): Situational

To specify the delivery pattern of health care services

Notes:

1. Required on claims/encounters billing/reporting home health visits where further detail is necessary to clearly substantiate medical treatment.
2. The HSD segment is used to specify the delivery pattern of the health care services. This is how it is used:
 HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit".
 Between HSD02 and HSD03 verbally insert a "per every."
 HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means "three days."
 Between HSD04 and HSD05 verbally insert a "for."
 HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means "21 days."
 The total message reads:
 HSD*VS*1*DA*3*7*21~ = "One visit per every three days for 21 days."
 Another similar data string of HSD*VS*2*DA*4*7*20~ = Two visits per every four days for 20 days.
 An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD*VS*1*****SX*D~ means "1 visit on Wednesday and Thursday morning."

Example:

HSD*VS*1*DA*1*7*10~ (This indicates "1 visit every (per) 1 day (daily) for 10 days")
 HSD*VS*1*DA****W~ (This indicates "1 visit per day whenever necessary")

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
HSD01	673	Quantity Qualifier Description: Code specifying the type of quantity Industry: Visits HIPAA IG Note: Required if the order/prescription for the service contains the data.	C	ID	2/2	Situational	1
		Code Name VS Visits					
HSD02	380	Quantity Description: Numeric value of quantity Industry: Number of Visits HIPAA IG Note: Required if the order/prescription for the service contains the data.	C	R	1/15	Situational	1
HSD03	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Industry: Frequency Period Alias: Modulus, Unit HIPAA IG Note: Required if the order/prescription for the service contains the data.	O	ID	2/2	Situational	1
		Code Name DA Days					

		MO	Months					
			HIPAA IG NOTE:					
			Month					
		Q1	Quarter (Time)					
		WK	Week					
HSD04	1167		Sample Selection Modulus	O	R	1/6	Situational	1
			Description: To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes					
			Industry: Frequency Count					
			Alias: Modulus, Amount					
			HIPAA IG Note: Required if the order/prescription for the service contains the data.					
HSD05	615		Time Period Qualifier	C	ID	1/2	Situational	1
			Description: Code defining periods					
			Industry: Duration of Visits Units					
			HIPAA IG Note: Required if the order/prescription for the service contains the data.					
		Code	Name					
		7	Day					
		35	Week					
HSD06	616		Number of Periods	O	N0	1/3	Situational	1
			Description: Total number of periods					
			Industry: Duration of Visits, Number of Units					
			HIPAA IG Note: Required if the order/prescription for the service contains the data.					
HSD07	678		Ship/Delivery or Calendar Pattern Code	O	ID	1/2	Situational	1
			Description: Code which specifies the routine shipments, deliveries, or calendar pattern					
			Industry: Ship, Delivery or Calendar Pattern Code					
			Alias: Pattern Code					
			HIPAA IG Note: Required if the order/prescription for the service contains the data.					
		Code	Name					
		1	1st Week of the Month					
		2	2nd Week of the Month					
		3	3rd Week of the Month					
		4	4th Week of the Month					
		5	5th Week of the Month					
		6	1st & 3rd Weeks of the Month					
		7	2nd & 4th Weeks of the Month					
		A	Monday through Friday					
		B	Monday through Saturday					
		C	Monday through Sunday					
		D	Monday					
		E	Tuesday					
		F	Wednesday					
		G	Thursday					
		H	Friday					
		J	Saturday					
		K	Sunday					

- L Monday through Thursday
- N As Directed
- O Daily Mon. through Fri.
- S Once Anytime Mon. through Fri.
- W Whenever Necessary
- SA Sunday, Monday, Thursday, Friday, Saturday
- SB Tuesday through Saturday
- SC Sunday, Wednesday, Thursday, Friday, Saturday
- SD Monday, Wednesday, Thursday, Friday, Saturday
- SG Tuesday through Friday
- SL Monday, Tuesday and Thursday
- SP Monday, Tuesday and Friday
- SX Wednesday and Thursday
- SY Monday, Wednesday and Thursday
- SZ Tuesday, Thursday and Friday

HSD08 679 **Ship/Delivery Pattern Time Code** O ID 1/1 Situational 1

Description: Code which specifies the time for routine shipments or deliveries

Industry: Delivery Pattern Time Code

Alias: Time Code

HIPAA IG Note: Required if the order/prescription for the service contains the data.

<u>Code</u>	<u>Name</u>
D	A.M.
E	P.M.
F	As Directed

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

Notes:

1. Information in 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 NM101.
2. When there is only one referral on the claim, use code "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.
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.
4. Required if claim involved a referral.
5. When reporting the provider who ordered services such as diagnostic and lab utilize the 2310A loop at the claim level. For ordered services such as DMERC utilize the 2420E Loop at the line level.

Example:

NM1*DN*1*WELBY*MARCUS*W**JR*34*444332222~

NYS MEDICAID NOTE:

NYSDOH will process referring provider information here. Two iterations of this Loop (2310A) may be required in certain cases. The first iteration will process referring provider information using the qualifier "DN" (NM101). Please refer to the following Loop 2310A segment NM1 for second iteration.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep						
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual HIPAA IG Note: The entity identifier in NM101 applies to all segments in this Loop ID-2310.	M	ID	2/3	Required	1						
		<table border="0"> <tr> <th>Code</th> <th>Name</th> </tr> <tr> <td>DN</td> <td>Referring Provider</td> </tr> </table> HIPAA IG NOTE: Use on first iteration of this loop. Use if loop is used only once.	Code	Name	DN	Referring Provider							
Code	Name												
DN	Referring Provider												
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required	1						
		<table border="0"> <tr> <th>Code</th> <th>Name</th> </tr> <tr> <td>1</td> <td>Person</td> </tr> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </table>	Code	Name	1	Person	2	Non-Person Entity					
Code	Name												
1	Person												
2	Non-Person Entity												
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Referring Provider Last Name NSF Reference: EA0-24.0	O	AN	1/35	Required	1						
NM104	1036	Name First Description: Individual first name Industry: Referring Provider First Name	O	AN	1/25	Situational	1						

NM105	1037	<p>NSF Reference: EA0-25.0 HIPAA IG Note: Required if NM102=1 (person).</p>	O	AN	1/25	Situational	1								
		<p>Name Middle Description: Individual middle name or initial</p>													
		<p>Industry: Referring Provider Middle Name NSF Reference: EA0-26.0 HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.</p>													
NM107	1039			O	AN	1/10	Situational	1							
		<p>Name Suffix Description: Suffix to individual name Industry: Referring Provider Name Suffix Alias: Referring Provider Generation HIPAA IG Note: Required if known.</p>													
NM108	66			C	ID	1/2	Situational	1							
		<p>Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: Required if Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.</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					
<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			C	AN	2/80	Situational	1							
		<p>Identification Code Description: Code identifying a party or other code Industry: Referring Provider Identifier Alias: Referring Provider Primary Identifier NSF Reference: EA0-20.0 HIPAA IG Note: Required if Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.</p>													
		<p>ExternalCodeList Name: 537 Description: 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

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 a PRV segment with the same value in PRV01.
2. Required when adjudication is known to be impacted by provider taxonomy code.
3. PRV02 qualifies PRV03.

Example:

PRV*RF*ZZ*363LP0200N~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

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

Notes:

1. Required if NM108/09 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*1D*A12345~

NYS MEDICAID NOTE:

NYSDOH expects to receive either the state license number or the NYS Medicaid ID number. If the state license number is submitted, it must be preceded by the two character license type. For Ordered Services (DME), utilize Loop 2420E at the line level.

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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name					
		0B State License Number					
		1D Medicaid Provider Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Referring Provider Secondary Identifier					
		NYS MEDICAID NOTE: The referring provider can be identified by either the state license number or the NYS Medicaid ID number. If state license number is submitted, it must be preceded by license type.					
		NSF Reference: EA0-20.0					

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

Notes:

1. Information in 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 NM101.
2. When there is only one referral on the claim, use code "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.
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.
4. Required if claim involved a referral.
5. When reporting the provider who ordered services such as diagnostic and lab utilize the 2310A loop at the claim level. For ordered services such as DMERC utilize the 2420E Loop at the line level.

Example:

NM1*DN*1*WELBY*MARCUS*W**JR*34*444332222~

NYS MEDICAID NOTE:

NYSDOH will process other referring provider information here. This would be the second iteration of this Loop (2310A) if applicable in certain cases. The first iteration will process referring provider information using the qualifier "DN" (NM101). This iteration will process qualifier "P3" (NM101). (Please refer to the previous Loop 2310A segment NM1 for first iteration.)

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual HIPAA IG Note: The entity identifier in NM101 applies to all segments in this Loop ID-2310.	M	ID	2/3	Required	1
		Code Name P3 Primary Care Provider HIPAA IG NOTE: Use only if loop is used twice. Use only on second iteration of this loop.					
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required	1
		Code Name 1 Person 2 Non-Person Entity					
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Referring Provider Last Name NSF Reference: EA0-24.0	O	AN	1/35	Required	1
NM104	1036	Name First Description: Individual first name Industry: Referring Provider First Name	O	AN	1/25	Situational	1

NM105	1037	<p>NSF Reference: EA0-25.0 HIPAA IG Note: Required if NM102=1 (person).</p>	O	AN	1/25	Situational	1								
		<p>Name Middle Description: Individual middle name or initial</p>													
		<p>Industry: Referring Provider Middle Name NSF Reference: EA0-26.0 HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.</p>													
NM107	1039	<p>Name Suffix Description: Suffix to individual name Industry: Referring Provider Name Suffix Alias: Referring Provider Generation HIPAA IG Note: Required if known.</p>	O	AN	1/10	Situational	1								
NM108	66	<p>Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: Required if Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.</p>	C	ID	1/2	Situational	1								
		<table border="0"> <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					
<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>Identification Code Description: Code identifying a party or other code Industry: Referring Provider Identifier Alias: Referring Provider Primary Identifier NSF Reference: EA0-20.0 HIPAA IG Note: Required if Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.</p>	C	AN	2/80	Situational	1								
		<p>ExternalCodeList Name: 537 Description: 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

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 a PRV segment with the same value in PRV01.
2. Required when adjudication is known to be impacted by provider taxonomy code.
3. PRV02 qualifies PRV03.

Example:

PRV*RF*ZZ*363LP0200N~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

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

Notes:

1. Required if NM108/09 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*1D*A12345~

NYS MEDICAID NOTE:

NYSDOH expects to receive either the NYS Medicaid Provider ID or the state license number. If the state license number is submitted, it must be preceded by the two character license type. For Ordered Services (DME), utilize Loop 2420E at the line level.

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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name					
		0B State License Number					
		1D Medicaid Provider Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Referring Provider Secondary Identifier					
		NYS MEDICAID NOTE: The referring provider can be identified by either the state license number or the NYS Medicaid ID number.					
		NSF Reference: EA0-20.0					

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

Notes:

1. Information in 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 NM101.
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.
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 respectively.
4. Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

Example:

NM1*82*1*BEATTY*GARY*C**SR*XX*12345678~

NYS MEDICAID NOTE:

NYSDOH will process Service Provider information here.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual HIPAA IG Note: The entity identifier in NM101 applies to all segments in this Loop ID-2310.	M	ID	2/3	Required	1
		Code Name 82 Rendering Provider					
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required	1
		Code Name 1 Person 2 Non-Person Entity					
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Rendering Provider Last or Organization Name Alias: Rendering Provider Last Name NSF Reference: FB1-14.0	O	AN	1/35	Required	1
NM104	1036	Name First Description: Individual first name Industry: Rendering Provider First Name NSF Reference: FB1-15.0 HIPAA IG Note: Required if NM102=1 (person).	O	AN	1/25	Situational	1
NM105	1037	Name Middle Description: Individual middle name or	O	AN	1/25	Situational	1

		initial					
		Industry: Rendering Provider Middle Name NSF Reference: FB1-16.0 HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.					
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Rendering Provider Name Suffix Alias: Rendering Provider Generation HIPAA IG Note: Required if known.	O	AN	1/10	Situational	1
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) NSF Reference: FA0-57.0 HIPAA IG Note: FA0-57.0 crosswalk is only used in Medicare COB payer-to-payer claims.	C	ID	1/2	Required	1
		Code Name					
		24 Employer's Identification Number					
		34 Social Security Number					
		XX Health Care Financing Administration National Provider Identifier					
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Rendering Provider Identifier Alias: Rendering Provider Primary Identifier NSF Reference: FA0-23.0, FA0-58.0 HIPAA IG Note: FA0-58.0 crosswalk is only used in Medicare COB payer-to-payer claims.	C	AN	2/80	Required	1
		ExternalCodeList Name: 537 Description: 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

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 a 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*203BA0200N~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

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

Notes:

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

Example:

REF*1D*A12345~

NYS MEDICAID NOTE:

NYSDOH expects to receive either the NYS Medicaid Provider ID or the state license number. If the state license number is submitted, it must be preceded by the two character license type. For Ordering Services (DME), utilize Loop 2420E at the line level.

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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification NSF Reference: FA0-57.0	M	ID	2/3	Required	1
		Code Name					
		0B State License Number					
		1D Medicaid Provider Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Rendering Provider Secondary Identifier NSF Reference: FA0-58.0	C	AN	1/30	Required	1

NM1 Purchased Service Provider Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310C	Elements: 7

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

- Information in 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 NM101.
- 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.
- Required if purchased services are being billed/reported on this claim. Purchased services are situations where (for example) a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

Example:

NM1*QB*2*****FI*111223333~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name QB Purchase Service Provider	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name	O	AN	1/35	Required	1
NM104	1036	Name First Description: Individual first name HIPAA IG Note: Required if NM102 = 1.	O	AN	1/25	Situational	1
NM105	1037	Name Middle Description: Individual middle name or initial HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.	O	AN	1/25	Situational	1
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: Required if either Employer's Identification/Social Security Number or National Provider Identifier is	C	ID	1/2	Situational	1

known.

<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 **Identification Code** C AN 2/80 Situational 1

Description: Code identifying a party or other code

Industry: Purchased Service Provider Identifier

Alias: Purchased Service Provider Primary Identifier

NSF Reference: FB0-11.0

HIPAA IG Note: Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

REF Purchased Service Provider Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM108/9 in this loop.

Example:

REF*1D*A12345~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		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			
		EI		Employer's Identification Number			
		G2		Provider Commercial Number			
		LU		Location Number			
		N5		Provider Plan Network Identification Number			
		SY		Social Security Number			
		HIPAA IG NOTE:					
		The social security number may not be used for Medicare.					
		U3		Unique Supplier Identification Number (USIN)			
		X5		State Industrial Accident Provider Number			
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Purchased Service Provider Secondary Identifier					
		NSF Reference: FB0-11.0					

NM1 Service Facility Location

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

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. Information in 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 NM101.
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.
3. This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay-to Provider) loops.
4. Required if the service was rendered in a Health Professional Shortage Area (QB or QU modifier billed) and the place of service is different than the HPSA billing address.
5. The purpose of this loop is to identify specifically where the service was rendered. In cases where it was rendered at the patient's home, do not use this loop. In that case, the place of service code in CLM05- 1 should indicate that the service occurred in the patient's home.

Example:

NM1*TL*2*A-OK MOBILE CLINIC*****24*11122333~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> 77 Service Location HIPAA IG NOTE: Use when other codes in this element do not apply.	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <u>Code</u> <u>Name</u> 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Laboratory or Facility Name Alias: Laboratory/Facility Name NSF Reference: EA0-39.0 HIPAA IG Note: Required except when service was rendered in the patient's home.	O	AN	1/35	Situational	1
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67)	C	ID	1/2	Situational	1

HIPAA IG Note: Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.

<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	Identification Code	C	AN	2/80	Situational	1
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Description: Code identifying a party or other code

Industry: Laboratory or Facility Primary Identifier

Alias: Laboratory/Facility Primary Identifier

NSF Reference: EA1-04.0, EA0-53.0

HIPAA IG Note: Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

N3 Service Facility Location Address

Pos: 265	Max: 1
Detail - Optional	
Loop: 2310D	Elements: 2

User Option (Usage): Required

To specify the location of the named party

Notes:

1. If service facility location is in an area where there are no street addresses, enter a description of where the service was rendered (e.g., "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)

Example:

N3*123 MAIN STREET~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
N301	166	Address Information Description: Address information Industry: Laboratory or Facility Address Line Alias: Laboratory/Facility Address 1 NSF Reference: EA1-06.0	M	AN	1/55	Required	1
N302	166	Address Information Description: Address information Industry: Laboratory or Facility Address Line Alias: Laboratory/Facility Address 2 NSF Reference: EA1-07.0 HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational	1

N4

Service Facility Location City/State/ZIP

Pos: 270	Max: 1
Detail - Optional	
Loop: 2310D	Elements: 4

User Option (Usage): Required

To specify the geographic place of the named party

Notes:

1. If service facility location is in an area where there are no street addresses, enter the name of the nearest town, state and zip of where the service was rendered.

Example:

N4*ANY TOWN*TX*75123~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
N401	19	City Name Description: Free-form text for city name Industry: Laboratory or Facility City Name Alias: Laboratory/Facility City NSF Reference: EA1-08.0	O	AN	2/30	Required	1
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Laboratory or Facility State or Province Code Alias: Laboratory/Facility State NSF Reference: EA1-09.0 <u>ExternalCodeList</u> Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required	1
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Laboratory or Facility Postal Zone or ZIP Code Alias: Laboratory/Facility Zip Code NSF Reference: EA1-10.0 <u>ExternalCodeList</u> Name: 51 Description: ZIP Code	O	ID	3/15	Required	1
N404	26	Country Code Description: Code identifying the country Alias: Laboratory/Facility Country Code HIPAA IG Note: Required if the address is out of the U.S. <u>ExternalCodeList</u> Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational	1

REF Service Facility Location Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Notes:

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

Example:

REF*1D*A12345~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>																												
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1																												
		<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>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>N5</td><td>Provider Plan Network Identification 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>	<u>Code</u>	<u>Name</u>	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	N5	Provider Plan Network Identification Number	TJ	Federal Taxpayer's Identification Number	X4	Clinical Laboratory Improvement Amendment Number	X5	State Industrial Accident Provider Number					
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X5	State Industrial Accident Provider Number																																		
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Laboratory or Facility Secondary Identifier Alias: Laboratory/Facility Secondary Identification Number NSF Reference: EA1-04.0, EA0-53.0	C	AN	1/30	Required	1																												

SBR Other Subscriber Information

Pos: 290	Max: 1
Detail - Optional	
Loop: 2320	Elements: 6

User Option (Usage): Situational

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

Notes:

1. Required if other payers are known to potentially be involved in paying on this claim.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC 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 it's respective 2330 Loops.
See Section 1.4.4 for more information on handling COB.
4. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

SBR*S*01*GR00786**MC****OF~

NYS MEDICAID NOTE:

NYSDOH will process this information 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>	<u>Rep</u>																						
SBR01	1138	Payer Responsibility Sequence Number Code Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim Alias: Payer responsibility sequence number code NSF Reference: DA0-02.0, DA1-02.0, DA2-02.0	M	ID	1/1	Required	1																						
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></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>	<u>Code</u>	<u>Name</u>	P	Primary	S	Secondary	T	Tertiary																			
<u>Code</u>	<u>Name</u>																												
P	Primary																												
S	Secondary																												
T	Tertiary																												
SBR02	1069	Individual Relationship Code Description: Code indicating the relationship between two individuals or entities Alias: Individual relationship code NSF Reference: DA0-17.0	O	ID	2/2	Required	1																						
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Spouse</td> </tr> <tr> <td>04</td> <td>Grandfather or Grandmother</td> </tr> <tr> <td>05</td> <td>Grandson or Granddaughter</td> </tr> <tr> <td>07</td> <td>Nephew or Niece</td> </tr> <tr> <td>10</td> <td>Foster Child</td> </tr> <tr> <td>15</td> <td>Ward</td> </tr> <tr> <td>17</td> <td>Stepson or Stepdaughter</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> </tbody> </table>	<u>Code</u>	<u>Name</u>	01	Spouse	04	Grandfather or Grandmother	05	Grandson or Granddaughter	07	Nephew or Niece	10	Foster Child	15	Ward	17	Stepson or Stepdaughter	18	Self	19	Child	20	Employee					
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10	Foster Child																												
15	Ward																												
17	Stepson or Stepdaughter																												
18	Self																												
19	Child																												
20	Employee																												

- 21 Unknown
- 22 Handicapped Dependent
- 23 Sponsored Dependent
- 24 Dependent of a Minor Dependent
- 29 Significant Other
- 32 Mother
- 33 Father
- 36 Emancipated Minor
- 39 Organ Donor
- 40 Cadaver Donor
- 41 Injured Plaintiff
- 43 Child Where Insured Has No Financial Responsibility
- 53 Life Partner
- G8 Other Relationship

SBR03 127 **Reference Identification** O AN 1/30 Situational 1

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: Insured Group or Policy Number
Alias: Group or Policy Number
NSF Reference: DA0-10.0
HIPAA IG Note: 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).

SBR04 93 **Name** O AN 1/60 Situational 1

Description: Free-form name
Industry: Other Insured Group Name
Alias: Group or Plan Name
NSF Reference: DA0-11.0
HIPAA IG Note: Required if the subscriber's payer identification includes a Group or Plan Name.

SBR05 1336 **Insurance Type Code** O ID 1/3 Required 1

Description: Code identifying the type of insurance policy within a specific insurance program
Alias: Insurance type code
NSF Reference: DA0-06.0

<u>Code</u>	<u>Name</u>
AP	Auto Insurance Policy
C1	Commercial
CP	Medicare Conditionally Primary
GP	Group Policy
HM	Health Maintenance Organization (HMO)
IP	Individual Policy
LD	Long Term Policy
LT	Litigation
MB	Medicare Part B
MC	Medicaid
MI	Medigap Part B
MP	Medicare Primary
OT	Other
PP	Personal Payment (Cash - No Insurance)

Code	Name	O	ID	1/2	Situational	1
SP	Supplemental Policy					
SBR09	1032					
	Claim Filing Indicator Code					
	Description: Code identifying type of claim					
	Alias: Claim filing indicator code					
	NSF Reference: DA0-05.0					
	HIPAA IG Note: Required prior to mandated used of PlanID. Not used after PlanID is mandated.					
	Code					
	Name					
09	Self-pay					
10	Central Certification					
	NSF Reference:					
	CA0-23.0 (K), DA0-05.0 (K)					
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					
AM	Automobile Medical					
BL	Blue Cross/Blue Shield					
CH	Champus					
CI	Commercial Insurance Co.					
DS	Disability					
HM	Health Maintenance Organization					
LI	Liability					
LM	Liability Medical					
MB	Medicare Part B					
MC	Medicaid					
OF	Other Federal Program					
TV	Title V					
VA	Veteran Administration Plan					
	HIPAA IG NOTE:					
	Refers to Veterans Affairs Plan.					
WC	Workers' Compensation Health Claim					
ZZ	Mutually Defined					
	HIPAA IG NOTE:					
	Unknown					

CAS Claim Level Adjustments

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

Notes:

1. Submitters should use this CAS segment to report prior payers' claim level adjustments that cause the amount paid to differ from the amount originally charged.
2. Only one Group Code is allowed per CAS. If it is necessary to send more than one Group Code at the claim level, repeat the CAS segment again.
3. Codes and associated amounts should come from 835s (Remittance Advice) received on the claim. If no previous payments have been made, omit this segment.
4. Required if claim has been adjudicated by payer identified in this loop and has claim level adjustment information.
5. To locate the claim adjustment group codes (CAS01) and claim adjustment reason codes (CAS02, 05, 08, 11, 14, and 17) see the Washington Publishing Company web site: <http://www.wpc-edi.com>. Follow the buttons to Code Lists - Claim Adjustment Reason Codes.
6. There 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 adjustment 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 amount (FA0-53.0) This amount would equal the sum of all the adjustment amounts in 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 COB claim by subtracting all claim adjustments carried in the claim and line level CAS from the original billed amount.

Example:

CAS*PR*1*7.93~
CAS*OA*93*15.06~

NYS MEDICAID NOTE:

NYSDOH will process other insurance or Medicare information as received by the submitter in a remittance advice.

Element Summary:

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

		<p>NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-16.0, DA1-30.0</p> <p>ExternalCodeList</p> <p>Name: 139</p> <p>Description: Claim Adjustment Reason Code</p>					
CAS03	782	<p>Monetary Amount</p> <p>Description: Monetary amount</p> <p>Industry: Adjustment Amount</p> <p>Alias: Adjusted Amount - Claim Level</p> <p>NSF Reference: DA1-09.0, DA1-10.0, DA1-11.0, DA1-12.0, DA1-13.0, DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0</p>	M	R	1/18	Required	1
CAS04	380	<p>Quantity</p> <p>Description: Numeric value of quantity</p> <p>Industry: Adjustment Quantity</p> <p>Alias: Adjusted Units - Claim Level</p> <p>HIPAA IG Note: Use as needed to show payer adjustment.</p>	O	R	1/15	Situational	1
CAS05	1034	<p>Claim Adjustment Reason Code</p> <p>Description: Code identifying the detailed reason the adjustment was made</p> <p>Industry: Adjustment Reason Code</p> <p>Alias: Adjustment Reason Code - Claim Level</p> <p>NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-17.0, DA1-30.0</p> <p>HIPAA IG Note: Use as needed to show payer adjustment.</p> <p>ExternalCodeList</p> <p>Name: 139</p> <p>Description: Claim Adjustment Reason Code</p>	C	ID	1/5	Situational	1
CAS06	782	<p>Monetary Amount</p> <p>Description: Monetary amount</p> <p>Industry: Adjustment Amount</p> <p>Alias: Adjusted Amount - Claim Level</p> <p>NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0</p> <p>HIPAA IG Note: Use as needed to show payer adjustment.</p>	C	R	1/18	Situational	1
CAS07	380	<p>Quantity</p> <p>Description: Numeric value of quantity</p> <p>Industry: Adjustment Quantity</p> <p>Alias: Adjusted Units - Claim Level</p> <p>HIPAA IG Note: Use as needed to show payer adjustment.</p>	C	R	1/15	Situational	1
CAS08	1034	<p>Claim Adjustment Reason Code</p> <p>Description: Code identifying the detailed reason the adjustment was made</p> <p>Industry: Adjustment Reason Code</p> <p>Alias: Adjustment Reason Code - Claim Level</p> <p>NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-30.0, DA1-18.0</p> <p>HIPAA IG Note: Use as needed to show payer adjustment.</p>	C	ID	1/5	Situational	1

		<u>ExternalCodeList</u>					
		Name: 139					
		Description: Claim Adjustment Reason Code					
CAS09	782	Monetary Amount	C	R	1/18	Situational	1
		Description: Monetary amount					
		Industry: Adjustment Amount					
		Alias: Adjusted Amount - Claim Level					
		NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0					
		HIPAA IG Note: Use as needed to show payer adjustment.					
CAS10	380	Quantity	C	R	1/15	Situational	1
		Description: Numeric value of quantity					
		Industry: Adjustment Quantity					
		Alias: Adjusted Units - Claim Level					
		HIPAA IG Note: Use as needed to show payer adjustment.					
CAS11	1034	Claim Adjustment Reason Code	C	ID	1/5	Situational	1
		Description: Code identifying the detailed reason the adjustment was made					
		Industry: Adjustment Reason Code					
		Alias: Adjustment Reason Code - Claim Level					
		NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-30.0					
		HIPAA IG Note: Use as needed to show payer adjustment.					
		<u>ExternalCodeList</u>					
		Name: 139					
		Description: Claim Adjustment Reason Code					
CAS12	782	Monetary Amount	C	R	1/18	Situational	1
		Description: Monetary amount					
		Industry: Adjustment Amount					
		Alias: Adjusted Amount - Claim Level					
		NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0					
		HIPAA IG Note: Use as needed to show payer adjustment.					
CAS13	380	Quantity	C	R	1/15	Situational	1
		Description: Numeric value of quantity					
		Industry: Adjustment Quantity					
		Alias: Adjusted Units - Claim Level					
		HIPAA IG Note: Use as needed to show payer adjustment.					
CAS14	1034	Claim Adjustment Reason Code	C	ID	1/5	Situational	1
		Description: Code identifying the detailed reason the adjustment was made					
		Industry: Adjustment Reason Code					
		Alias: Adjustment Reason Code - Claim Level					
		NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-30.0					
		HIPAA IG Note: Use as needed to show payer adjustment.					
		<u>ExternalCodeList</u>					
		Name: 139					

CAS15	782	Description: Claim Adjustment Reason Code Monetary Amount Description: Monetary amount Industry: Adjustment Amount Alias: Adjusted Amount - Claim Level NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0 HIPAA IG Note: Use as needed to show payer adjustment.	C	R	1/18	Situational	1
CAS16	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity Alias: Adjusted Units - Claim Level HIPAA IG Note: Use as needed to show payer adjustment.	C	R	1/15	Situational	1
CAS17	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code Alias: Adjustment Reason Code - Claim Level NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-14.0, DA3-16.0, DA1-30.0 HIPAA IG Note: Use as needed to show payer adjustment. ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code	C	ID	1/5	Situational	1
CAS18	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount Alias: Adjusted Amount - Claim Level NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0 HIPAA IG Note: Use as needed to show payer adjustment.	C	R	1/18	Situational	1
CAS19	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity Alias: Adjusted Units - Claim Level HIPAA IG Note: Use as needed to show payer adjustment.	C	R	1/15	Situational	1

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

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~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required	1
		<u>Code</u> <u>Name</u> D Payor Amount Paid					
AMT02	782	Monetary Amount Description: Monetary amount Industry: Payer Paid Amount HIPAA IG Note: This is a crosswalk from CLP04 in 835 when doing COB.	M	R	1/18	Required	1

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

Notes:

1. Used primarily in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers (in a provider-to-payer COB situation) do not usually complete this information but may do so if the information is available.
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*500.35~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required	1
		<u>Code</u> <u>Name</u> AAE Approved Amount					
AMT02	782	Monetary Amount Description: Monetary amount Industry: Approved Amount NSF Reference: DA1-37.0	M	R	1/18	Required	1

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

Notes:

1. Used primarily in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers (in a provider-to-payer COB situation) do not usually complete this information but may do so if the information is available.
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*519.21~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required	1
		Code Name B6 Allowed - Actual					
AMT02	782	Monetary Amount Description: Monetary amount Industry: Allowed Amount	M	R	1/18	Required	1

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

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~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required	1
		Code Name F2 Patient Responsibility - Actual					
AMT02	782	Monetary Amount Description: Monetary amount Industry: Other Payer Patient Responsibility Amount HIPAA IG Note: This is a crosswalk from CLP05 in 835 when doing COB.	M	R	1/18	Required	1

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

Notes:

1. Used primarily in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers (in a provider-to-payer COB situation) do not usually complete this information but may do so if the information is available.
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*50~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required	1
		<u>Code</u> <u>Name</u> AU Coverage Amount					
AMT02	782	Monetary Amount Description: Monetary amount Industry: Other Payer Covered Amount HIPAA IG Note: This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = AU.	M	R	1/18	Required	1

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

Notes:

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

Example:

AMT*D8*35~

NYS MEDICAID NOTE:

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

AMT Coordination of Benefits (COB) Per Day Limit Amount

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

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

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

Example:

AMT*DY*46~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required	1
		Code Name DY Per Day Limit					
AMT02	782	Monetary Amount Description: Monetary amount Industry: Other Payer Per Day Limit Amount HIPAA IG Note: This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = DY.	M	R	1/18	Required	1

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

Notes:

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

Example:

AMT*F5*152.45~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

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

AMT Coordination of Benefits (COB) Tax Amount

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

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

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

Example:

AMT*T*45~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required	1
		<u>Code</u> <u>Name</u>					
		T Tax					
AMT02	782	Monetary Amount Description: Monetary amount Industry: Other Payer Tax Amount HIPAA IG Note: This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = T.	M	R	1/18	Required	1

AMT Coordination of Benefits (COB) Total Claim Before Taxes Amount

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

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

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

Example:

AMT*T2*456~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required	1
		<u>Code</u> <u>Name</u>					
		T2 Total Claim Before Taxes					
AMT02	782	Monetary Amount Description: Monetary amount Industry: Other Payer Pre-Tax Claim Total Amount HIPAA IG Note: This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = T2.	M	R	1/18	Required	1

DMG Subscriber Demographic Information

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

User Option (Usage): Situational

To supply demographic information

Notes:

1. Required when 2330A NM102 = 1 (person).
2. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

DMG*D8*19671105*F~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Other Insured Birth Date Alias: Date of Birth - Subscriber NSF Reference: DA0-24.0	C	AN	1/35	Required	1
DMG03	1068	Gender Code Description: Code indicating the sex of the individual Industry: Other Insured Gender Code Alias: Gender - Subscriber NYS MEDICAID NOTE: NYSDOH cannot process code 'U' (Unknown) and if present the claim will be denied. NSF Reference: DA0-23.0	O	ID	1/1	Required	1
		Code Name F Female M Male					

OI Other Insurance Coverage Information

Pos: 310	Max: 1
Detail - Optional	
Loop: 2320	Elements: 3

User Option (Usage): Required

To specify information associated with other health insurance coverage

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.
2. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

OI***Y*B**Y~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>						
OI03	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Benefits Assignment Certification Indicator Alias: Assignment of Benefits Indicator NSF Reference: DA0-15.0 HIPAA IG Note: This is a crosswalk from CLM08 when doing COB.	O	ID	1/1	Required	1						
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>Y</td> <td>Yes</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	N	No	Y	Yes					
<u>Code</u>	<u>Name</u>												
N	No												
Y	Yes												
OI04	1351	Patient Signature Source Code Description: Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider Alias: Patient Signature Source Code NSF Reference: DA0-16.0 HIPAA IG Note: Required except in cases where "N" is used in OI06. This is a crosswalk from CLM10 when doing COB. All valid standard codes are used.	O	ID	1/1	Situational	1						
OI06	1363	Release of Information Code Description: Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations Alias: Release of Information Code HIPAA IG Note: This is a crosswalk from CLM09 when doing COB. All valid standard codes are used.	O	ID	1/1	Required	1						

MOA Medicare Outpatient Adjudication Information

Pos: 320	Max: 1
Detail - Optional	
Loop: 2320	Elements: 9

User Option (Usage): Situational

To convey claim-level data related to the adjudication of Medicare claims not related to an inpatient setting

Notes:

1. Required if returned in the electronic remittance advice (835).

Example:

MOA***A4~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
MOA01	954	Percent Description: Percentage expressed as a decimal Industry: Reimbursement Rate Alias: Outpatient Reimbursement Rate HIPAA IG Note: Required if returned in the electronic remittance advice (835).	O	R	1/10	Situational	1
MOA02	782	Monetary Amount Description: Monetary amount Industry: HCPCS Payable Amount HIPAA IG Note: Required if returned in the electronic remittance advice (835).	O	R	1/18	Situational	1
MOA03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code Alias: Remarks Code NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0 HIPAA IG Note: Required if returned in the electronic remittance advice (835). ExternalCodeList Name: 411 Description: Remittance Remark Codes	O	AN	1/30	Situational	1
MOA04	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code Alias: Remarks Code NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0 HIPAA IG Note: Required if returned in the electronic remittance advice (835). ExternalCodeList	O	AN	1/30	Situational	1

MOA05	127	<p>Name: 411 Description: Remittance Remark Codes Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code Alias: Remarks Code NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0 HIPAA IG Note: Required if returned in the electronic remittance advice (835). ExternalCodeList Name: 411 Description: Remittance Remark Codes</p>	O	AN	1/30	Situational	1
MOA06	127	<p>Name: 411 Description: Remittance Remark Codes Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code Alias: Remarks Code NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0 HIPAA IG Note: Required if returned in the electronic remittance advice (835). ExternalCodeList Name: 411 Description: Remittance Remark Codes</p>	O	AN	1/30	Situational	1
MOA07	127	<p>Name: 411 Description: Remittance Remark Codes Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code Alias: Remarks Code NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0 HIPAA IG Note: Required if returned in the electronic remittance advice (835). ExternalCodeList Name: 411 Description: Remittance Remark Codes</p>	O	AN	1/30	Situational	1
MOA08	782	<p>Monetary Amount Description: Monetary amount Industry: End Stage Renal Disease Payment Amount Alias: ESRD Paid Amount HIPAA IG Note: Required if returned in the electronic remittance advice (835).</p>	O	R	1/18	Situational	1
MOA09	782	<p>Monetary Amount Description: Monetary amount Industry: Non-Payable Professional Component Billed Amount Alias: Professional Component HIPAA IG Note: Required if returned in the electronic remittance advice (835).</p>	O	R	1/18	Situational	1

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

Notes:

1. Submitters are required to send information on all known other subscribers in Loop ID-2330.
2. This 2330 loop is required when Loop ID-2320 - Other Subscriber Information is used. Otherwise, this loop is not used.
3. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

NM1*IL*1*DOE*JOHN*T**JR*MI*123456~

NYS MEDICAID NOTE:

NYSDOH will process other insurance or Medicare information received by the submitter on a remittance advice.

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>	<u>Rep</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name IL Insured or Subscriber	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Other Insured Last Name Alias: Subscriber Last Name NSF Reference: DA0-19.0	O	AN	1/35	Required	1
NM104	1036	Name First Description: Individual first name Industry: Other Insured First Name Alias: Subscriber First Name NSF Reference: DA0-20.0 HIPAA IG Note: Required if NM102=1 (person).	O	AN	1/25	Situational	1
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Other Insured Middle Name Alias: Subscriber 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	1
NM107	1039	Name Suffix Description: Suffix to individual name	O	AN	1/10	Situational	1

NM108	66	<p>Industry: Other Insured Name Suffix Alias: Subscriber Generation NSF Reference: DA0-22.0 HIPAA IG Note: Required if known. Examples: I, II, III, IV, Jr, Sr</p>	C	ID	1/2	Required	1
		<p>Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67)</p>					
		Code	Name				
		MI	Member Identification Number				
		<p>HIPAA IG NOTE: 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 Professional 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>					
		ZZ	Mutually Defined				
		<p>HIPAA IG NOTE: 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.</p>					
NM109	67	<p>Identification Code Description: Code identifying a party or other code Industry: Other Insured Identifier Alias: Other Subscriber Primary Identifier NSF Reference: DA0-18.0</p>	C	AN	2/80	Required	1

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

Notes:

1. Required when information is available.
2. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

N3*4320 WASHINGTON ST*SUITE 100~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
N301	166	Address Information Description: Address information Industry: Other Insured Address Line Alias: Subscriber Address 1 NSF Reference: DA2-04.0	M	AN	1/55	Required	1
N302	166	Address Information Description: Address information Industry: Other Insured Address Line Alias: Subscriber Address 2 NSF Reference: DA2-05.0 HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational	1

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

Notes:

1. Required when information is available.
2. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

N4*PALISADES*OR*23119~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
N401	19	City Name Description: Free-form text for city name Industry: Other Insured City Name Alias: Subscriber City Name NSF Reference: DA2-06.0 HIPAA IG Note: Required when information is available.	O	AN	2/30	Situational	1
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Other Insured State Code Alias: Subscriber State Code NSF Reference: DA2-07.0 HIPAA IG Note: Required when information is available.	O	ID	2/2	Situational	1
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Other Insured Postal Zone or ZIP Code Alias: Subscriber Zip Code NSF Reference: DA2-08.0 HIPAA IG Note: Required when information is available.	O	ID	3/15	Situational	1
N404	26	Country Code Description: Code identifying the country Alias: Subscriber Country Code HIPAA IG Note: Required if the address is out of the U.S.	O	ID	2/3	Situational	1

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

REF Other Subscriber Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required if additional identification numbers are necessary to adjudicate the claim/encounter.
2. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

REF*SY*528446666~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code		Name			
		1W		Member Identification Number			
		23		Client Number			
				HIPAA IG NOTE:			
				This code is intended to be used only in claims submitted to the Indian Health Service/Contract Health Services (IHC/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number.			
		IG		Insurance Policy Number			
		SY		Social Security Number			
				HIPAA IG NOTE:			
				The social security number may not be used for Medicare.			
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Insured Additional Identifier Alias: Other Subscriber Secondary Identification	C	AN	1/30	Required	1

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

Notes:

1. Submitters are required to send all known information on other payers in this Loop ID-2330.
2. This 2330 loop is required when Loop ID-2320 - Other Subscriber Information is used. Otherwise, this loop is not used.
3. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

NM1*PR*2*UNION MUTUAL OF OREGON*****PI*11122333~

NYS MEDICAID NOTE:

NYSDOH will process other insurance or Medicare information received by the submitter on a remittance advice.

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>	<u>Rep</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name PR Payer	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Other Payer Last or Organization Name Alias: Payer Name NSF Reference: DA0-09.0	O	AN	1/35	Required	1
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name PI Payor Identification XV Health Care Financing Administration National Payer Identification Number (PAYERID)	C	ID	1/2	Required	1
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Other Payer Primary Identifier Alias: Other Payer Primary Identification Number NSF Reference: DA0-07.0 HIPAA IG Note: This number must be identical to SVD01 (Loop ID-2430) for COB. ExternalCodeList Name: 540	C	AN	2/80	Required	1

Description: Health Care Financing Administration National PlanID

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

Notes:

1. This segment is used only in payer-to-payer COB situations. This segment may be completed by a payer who has adjudicated the claim and is passing it on to a secondary payer. It is not completed by submitting providers.
2. 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.
3. There are 2 repetitions of the PER segment to allow for six possible combination of communication numbers including extensions.

Example:

PER*IC*SHELLY*TE*5552340000~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named	M	ID	2/2	Required	1
		Code Name					
		IC Information Contact					
PER02	93	Name Description: Free-form name Industry: Other Payer Contact Name	O	AN	1/60	Required	1
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Required	1
		Code Name					
		ED Electronic Data Interchange Access Number					
		EM Electronic Mail					
		FX Facsimile					
		TE Telephone					
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Required	1
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number HIPAA IG Note: Used at the discretion of the submitter.	C	ID	2/2	Situational	1
		Code Name					
		ED Electronic Data Interchange Access Number					
		EM Electronic Mail					

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

DTP Claim Adjudication 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

Notes:

1. This segment is required when the payer identified in this iteration of the 2330 loop has previously adjudicated the claim and Loop-ID 2430 (Line Adjudication Information) is not used.

Example:

DTP*573*D8*19980314~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 573 Date Claim Paid					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Adjudication or Payment Date NSF Reference: DA1-27.0	M	AN	1/35	Required	1

REF Other Payer Secondary Identifier

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.
2. Used when it is necessary to identify the 'other' payer's claim number in a payer-to-payer COB situation (use code F8). Code F8 is not used by providers.
3. There can only be a maximum of three REF segments in any one iteration of the 2330 loop.
4. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

REF*FY*435261708~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

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

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

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. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

REF*G1*AB333-Y5~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

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

REF Other Payer Claim Adjustment Indicator

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

User Option (Usage): Situational

To specify identifying information

Notes:

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

Example:

REF*T4*Y~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

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

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

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 2330 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. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling non-destination payer patient identifiers and other COB elements.
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:

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

REF Other Payer Patient Identification

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

User Option (Usage): Situational

To specify identifying information

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 or 2010CA loop.
2. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

REF*AZ*B333-Y5~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name					
		1W Member Identification Number					
		HIPAA IG NOTE: If NM108 = M1 do not use this code.					
		23 Client Number					
		HIPAA IG NOTE: This code is intended to be used only in claims submitted to the Indian Health Service/Contract Health Services (IHC/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number.					
		IG Insurance Policy Number					
		SY Social Security Number					
		HIPAA IG NOTE: Do not use for Medicare.					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Other Payer Patient Secondary Identifier					
		Alias: Patient's Other Payer Secondary Identifier					

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

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.
3. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

NM1*DN*1~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required	1
		Code Name					
		DN Referring Provider					
		HIPAA IG NOTE:					
		Use on first iteration of this loop. Use if loop is used only once.					
		P3 Primary Care Provider					
		HIPAA IG NOTE:					
		Use only if loop is used twice. Use only on second iteration of this loop.					
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required	1
		Code Name					
		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): Required

To specify identifying information

Notes:

1. Non-destination (COB) payers' provider identification number(s).
2. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

REF*N5*RF446~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>																
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1																
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <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>EI</td> <td>Employer's 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>N5</td> <td>Provider Plan Network Identification Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1B	Blue Shield Provider Number	1C	Medicare Provider Number	1D	Medicaid Provider Number	EI	Employer's Identification Number	G2	Provider Commercial Number	LU	Location Number	N5	Provider Plan Network Identification Number					
<u>Code</u>	<u>Name</u>																						
1B	Blue Shield Provider Number																						
1C	Medicare Provider Number																						
1D	Medicaid Provider Number																						
EI	Employer's Identification Number																						
G2	Provider Commercial Number																						
LU	Location Number																						
N5	Provider Plan Network Identification Number																						
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Payer Referring Provider Identifier Alias: Other Payer Referring Provider Identification	C	AN	1/30	Required	1																

NM1 Other Payer Rendering Provider

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

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

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.
3. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

NM1*82*1~

NYS MEDICAID NOTE:

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

REF Other Payer Rendering Provider Secondary Identification

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

User Option (Usage): Required

To specify identifying information

Notes:

1. Non-destination (COB) payers' provider identification number(s).
2. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

REF*LU*SLC987~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>																
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1																
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <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>EI</td> <td>Employer's 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>N5</td> <td>Provider Plan Network Identification Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1B	Blue Shield Provider Number	1C	Medicare Provider Number	1D	Medicaid Provider Number	EI	Employer's Identification Number	G2	Provider Commercial Number	LU	Location Number	N5	Provider Plan Network Identification Number					
<u>Code</u>	<u>Name</u>																						
1B	Blue Shield Provider Number																						
1C	Medicare Provider Number																						
1D	Medicaid Provider Number																						
EI	Employer's Identification Number																						
G2	Provider Commercial Number																						
LU	Location Number																						
N5	Provider Plan Network Identification Number																						
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Payer Rendering Provider Secondary Identifier HIPAA IG Note: Other Payer Rendering Provider Secondary Identification	C	AN	1/30	Required	1																

NM1 Other Payer Purchased Service Provider

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

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. 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.
2. Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.
3. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

NM1*QB*2~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

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

REF Other Payer Purchased Service Provider Identification

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

User Option (Usage): Required

To specify identifying information

Notes:

1. Non-destination (COB) payers' provider identification number(s).
2. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

REF*G2*8893U21~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>																		
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1																		
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <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>EI</td> <td>Employer's 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>N5</td> <td>Provider Plan Network Identification Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1A	Blue Cross Provider Number	1B	Blue Shield Provider Number	1C	Medicare Provider Number	1D	Medicaid Provider Number	EI	Employer's Identification Number	G2	Provider Commercial Number	LU	Location Number	N5	Provider Plan Network Identification Number					
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1A	Blue Cross Provider Number																								
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LU	Location Number																								
N5	Provider Plan Network Identification Number																								
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Payer Purchased Service Provider Identifier HIPAA IG Note: Other Payer Purchased Service Provider Identification	C	AN	1/30	Required	1																		

NM1 Other Payer Service Facility Location

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

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. 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.
2. Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.
3. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

NM1*TL*2~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required	1
		Code Name					
		77 Service Location					
		HIPAA IG NOTE: Use when other codes in this element do not apply.					
		FA Facility					
		LI Independent Lab					
		TL Testing Laboratory					
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required	1
		Code Name					
		2 Non-Person Entity					

REF Other Payer Service Facility Location Identification

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

User Option (Usage): Required

To specify identifying information

Notes:

1. Non-destination (COB) payers' provider identification number(s).
2. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

REF*G2*LAB1234~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>																
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1																
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <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>G2</td> <td>Provider Commercial Number</td> </tr> <tr> <td>LU</td> <td>Location Number</td> </tr> <tr> <td>N5</td> <td>Provider Plan Network Identification Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1A	Blue Cross Provider Number	1B	Blue Shield Provider Number	1C	Medicare Provider Number	1D	Medicaid Provider Number	G2	Provider Commercial Number	LU	Location Number	N5	Provider Plan Network Identification Number					
<u>Code</u>	<u>Name</u>																						
1A	Blue Cross Provider Number																						
1B	Blue Shield Provider Number																						
1C	Medicare Provider Number																						
1D	Medicaid Provider Number																						
G2	Provider Commercial Number																						
LU	Location Number																						
N5	Provider Plan Network Identification Number																						
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Payer Service Facility Location Identifier Alias: Other Payer Service Facility Location Identification	C	AN	1/30	Required	1																

NM1 Other Payer Supervising Provider

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

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. 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.
2. Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.
3. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

NM1*DQ*1~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required	1
		Code Name DQ Supervising Physician					
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required	1
		Code Name 1 Person					

REF Other Payer Supervising Provider Identification

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

User Option (Usage): Required

To specify identifying information

Notes:

1. Non-destination (COB) payers' provider identification number(s).
2. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Example:

REF*G2*53334~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name					
		1B Blue Shield Provider Number					
		1C Medicare Provider Number					
		1D Medicaid Provider Number					
		EI Employer's Identification Number					
		G2 Provider Commercial Number					
		N5 Provider Plan Network Identification Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Other Payer Supervising Provider Identifier					
		Alias: Other Payer Supervising Provider Identification					

LX

Service Line

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

User Option (Usage): Required

To reference a line number in a transaction set

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 datum in the LX is not usually returned in the 835 (Remittance Advice) transaction. LX01 may be used as a line item control number by the payer in the 835 if a line item control number has not been submitted on the service line. See that REF for more information. LX01 is used to indicate bundling/unbundling in SVC06. See Section 1.4.3 for more information on bundling and unbundling.
3. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC 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>	<u>Rep</u>
LX01	554	Assigned Number Description: Number assigned for differentiation within a transaction set Alias: Line Counter NSF Reference: 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 HIPAA IG Note: The service line number incremented by 1 for each service line.	M	N0	1/6	Required	1

SV1 Professional Service

Pos: 370	Max: 1
Detail - Optional	
Loop: 2400	Elements: 10

User Option (Usage): Required

To specify the claim service detail for a Health Care professional

Example:

SV1*HC:99211:25*12.25*UN*1*11**1:2:3**N~

NYS MEDICAID NOTE:

NYSDOH expects to receive procedure codes and modifiers here.

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>	<u>Rep</u>
SV101	C003	Composite Medical Procedure Identifier Description: To identify a medical procedure by its standardized codes and applicable modifiers Alias: Procedure identifier	M	Comp		Required	1
	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Industry: Product or Service ID Qualifier NYS MEDICAID NOTE: NYSDOH expects to receive qualifier "HC" here. HIPAA IG Note: The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410 only.	M	ID	2/2	Required	1
		Code Name HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HIPAA IG NOTE: Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.					
	234	Product/Service ID Description: Identifying number for a product or service Industry: Procedure Code NSF Reference: FA0-09.0, FB0-15.0, GU0-07.0 ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 513 Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List	M	AN	1/48	Required	1
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of	O	AN	2/2	Situational	1

the service, as defined by trading partners
Alias: Procedure Modifier 1
NSF Reference: FA0-10.0, GU0-08.0
HIPAA IG Note: Use this modifier for the first procedure code modifier.
 Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

1339 **Procedure Modifier** O AN 2/2 Situational 1

Description: This identifies special circumstances related to the performance of the service, as defined by trading partners
Alias: Procedure Modifier 2
NSF Reference: FA0-11.0
HIPAA IG Note: Use this modifier for the second procedure code modifier.
 Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

1339 **Procedure Modifier** O AN 2/2 Situational 1

Description: This identifies special circumstances related to the performance of the service, as defined by trading partners
Alias: Procedure Modifier 3
NSF Reference: FA0-12.0
HIPAA IG Note: Use this modifier for the third procedure code modifier.
 Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

1339 **Procedure Modifier** O AN 2/2 Situational 1

Description: This identifies special circumstances related to the performance of the service, as defined by trading partners
Alias: Procedure Modifier 4
NSF Reference: FA0-36.0
HIPAA IG Note: Use this modifier for the fourth procedure code modifier.
 Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

SV102 782 **Monetary Amount** O R 1/18 Required 1

Description: Monetary amount
Industry: Line Item Charge Amount
Alias: Submitted charge amount
NSF Reference: FA0-13.0
HIPAA IG Note: For encounter transmissions, zero (0) may be a valid amount.

SV103 355 **Unit or Basis for Measurement Code** C ID 2/2 Required 1

Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken
NSF Reference: FA0-50.0
HIPAA IG Note: FA0-50.0 is only used in Medicare COB payer-to-payer situations.

Code **Name**
 F2 International Unit

HIPAA IG NOTE:
 International Unit is used to indicate dosage amount. Dosage amount is only used for drug claims when the dosage of the drug is variable within a single NDC number (e.g., blood factors).

		MJ	Minutes					
		UN	Unit					
SV104	380	Quantity		C	R	1/15	Required	1
		<p>Description: Numeric value of quantity Industry: Service Unit Count Alias: Units or Minutes NYS MEDICAID NOTE: NYSDOH expects to receive units here. NSF Reference: FA0-18.0, FA0-19.0, FB0-16.0 HIPAA IG Note: Note: If a decimal is needed to report units, include it in this element, e.g., "15.6".</p>						
SV105	1331	Facility Code Value		O	AN	1/2	Situational	1
		<p>Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Industry: Place of Service Code Alias: Place of Service Code NSF Reference: FA0-07.0, GU0-05.0 HIPAA IG Note: Required if value is different than value carried in CLM05-1 in Loop ID-2300. 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 guideline. 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> <ul style="list-style-type: none"> 11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Ambulance - Land 42 Ambulance - Air or Water 51 Inpatient Psychiatric Facility 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center 50 Federally Qualified Health Center 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation 						

Facility
 62 Comprehensive Outpatient Rehabilitation Facility
 65 End Stage Renal Disease Treatment Facility
 71 State or Local Public Health Clinic
 72 Rural Health Clinic
 81 Independent Laboratory
 99 Other Unlisted Facility

ExternalCodeList

Name: 237

Description: Place of Service from Health Care Financing Administration Claim Form

SV107	C004	Composite Diagnosis Code Pointer	O	Comp		Situational	1
-------	------	---	---	------	--	-------------	---

Description: To identify one or more diagnosis code pointers

Alias: Diagnosis Code Pointer

NYS MEDICAID NOTE: NYSDOH expects to receive Primary and Secondary Diagnosis code pointers in SV107-1 and in SV107-2 respectively. NYSDOH will be unable to determine the appropriate diagnosis codes without these pointers.

HIPAA IG Note: Required if HI segment in Loop ID-2300 is used.

1328	Diagnosis Code Pointer	M	NO	1/2		Required	1
------	-------------------------------	---	----	-----	--	----------	---

Description: A pointer to the claim diagnosis code in the order of importance to this service

NSF Reference: FA0-14.0

HIPAA IG Note: Use this pointer for the first diagnosis code pointer (primary diagnosis for this service line). Use remaining diagnosis pointers in declining level of importance to service line. Acceptable values are 1 through 8, inclusive.

1328	Diagnosis Code Pointer	O	NO	1/2		Situational	1
------	-------------------------------	---	----	-----	--	-------------	---

Description: A pointer to the claim diagnosis code in the order of importance to this service

NSF Reference: FA0-15.0

HIPAA IG Note: Use this pointer for the second diagnosis code pointer. Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.

1328	Diagnosis Code Pointer	O	NO	1/2		Situational	1
------	-------------------------------	---	----	-----	--	-------------	---

Description: A pointer to the claim diagnosis code in the order of importance to this service

NSF Reference: FA0-16.0

HIPAA IG Note: Use this pointer for the third diagnosis code pointer. Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.

1328	Diagnosis Code Pointer	O	NO	1/2		Situational	1
------	-------------------------------	---	----	-----	--	-------------	---

Description: A pointer to the claim diagnosis code in the order of importance to this service

NSF Reference: FA0-17.0

HIPAA IG Note: Use this pointer for the

		fourth diagnosis code pointer. Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.						
SV109	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Emergency Indicator NYS MEDICAID NOTE: NYSDOH expects to receive emergency indicator here. NSF Reference: FA0-20.0 HIPAA IG Note: Required when the service is known to be an emergency by the provider. Emergency definition: The patient requires immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions.	O	ID	1/1	Situational	1	
		Code Name Y Yes						
SV111	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: EPSDT Indicator NSF Reference: FB0-22.0 HIPAA IG Note: Required if Medicaid services are the result of a screening referral.	O	ID	1/1	Situational	1	
		Code Name Y Yes						
SV112	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Family Planning Indicator NYS MEDICAID NOTE: NYSDOH expects to receive Family Planning Indicator here. NSF Reference: FB0-23.0 HIPAA IG Note: Required if applicable for Medicaid claims.	O	ID	1/1	Situational	1	
		Code Name Y Yes						
SV115	1327	Copay Status Code Description: Code indicating whether or not co-payment requirements were met on a line by line basis Industry: Co-Pay Status Code Alias: Co-Pay Waiver NYS MEDICAID NOTE: NYSDOH expects to receive Co-Pay Bypass Indicator here. NSF Reference: FB0-21.0 HIPAA IG Note: Required if patient was exempt from co-pay.	O	ID	1/1	Situational	1	
		Code Name 0 Copay exempt						

SV5 Durable Medical Equipment Service

Pos: 400	Max: 1
Detail - Optional	
Loop: 2400	Elements: 6

User Option (Usage): Situational

To specify the claim service detail for durable medical equipment

Notes:

1. Required when reporting rental and purchase price information for durable medical equipment.

Example:

SV5*HC:A4631*DA*30*50*5000*4~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SV501	C003	Composite Medical Procedure Identifier Description: To identify a medical procedure by its standardized codes and applicable modifiers	M	Comp		Required	1
	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Industry: Procedure Identifier	M	ID	2/2	Required	1
	234	Code Name HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes Product/Service ID Description: Identifying number for a product or service Industry: Procedure Code HIPAA IG Note: This value must be the same as that reported in SV101-2. ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System	M	AN	1/48	Required	1
SV502	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Code Name DA Days	M	ID	2/2	Required	1
SV503	380	Quantity Description: Numeric value of quantity Industry: Length of Medical Necessity	M	R	1/15	Required	1
SV504	782	Monetary Amount Description: Monetary amount Industry: DME Rental Price	X	R	1/18	Situational	1
SV505	782	Monetary Amount Description: Monetary amount Industry: DME Purchase Price	X	R	1/18	Situational	1
SV506	594	Frequency Code Description: Code indicating frequency or	O	ID	1/1	Situational	1

type of payment

Industry: Rental Unit Price Indicator

<u>Code</u>	<u>Name</u>
1	Weekly
4	Monthly
6	Daily

PWK DMERC CMN Indicator

Pos: 420	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Situational

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

Notes:

1. Required on Medicare claims when DMERC CMN is included in this claim.

Example:

PWK*CT*AB~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>												
PWK01	755	Report Type Code Description: Code indicating the title or contents of a document, report or supporting item Industry: Attachment Report Type Code Alias: DMERC Report Type Code	M	ID	2/2	Required	1												
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>CT</td> <td>Certification</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	CT	Certification													
<u>Code</u>	<u>Name</u>																		
CT	Certification																		
PWK02	756	Report Transmission Code Description: Code defining timing, transmission method or format by which reports are to be sent Industry: Attachment Transmission Code NSF Reference: EA0-40.0	O	ID	1/2	Required	1												
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>AB</td> <td>Previously Submitted to Payer</td> </tr> <tr> <td>AD</td> <td>Certification Included in this Claim</td> </tr> <tr> <td>AF</td> <td>Narrative Segment included in this Claim</td> </tr> <tr> <td>AG</td> <td>No Documentation is Required</td> </tr> <tr> <td>NS</td> <td>Not Specified</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	AB	Previously Submitted to Payer	AD	Certification Included in this Claim	AF	Narrative Segment included in this Claim	AG	No Documentation is Required	NS	Not Specified					
<u>Code</u>	<u>Name</u>																		
AB	Previously Submitted to Payer																		
AD	Certification Included in this Claim																		
AF	Narrative Segment included in this Claim																		
AG	No Documentation is Required																		
NS	Not Specified																		

HIPAA IG NOTE:

NS = Paperwork is available on request at the provider's site. This means that the paperwork is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request.

CR1 Ambulance Transport Information

Pos: 425	Max: 1
Detail - Optional	
Loop: 2400	Elements: 8

User Option (Usage): Situational

To supply information related to the ambulance service rendered to a patient

Notes:

1. Required on all ambulance claims if the information is different than in the CR1 at the claim level (Loop ID-2300).

Example:

CR1*LB*140*I*A*DH*12****UNCONSCIOUS~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>				
CR101	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken HIPAA IG Note: Required if CR102 is present.	C	ID	2/2	Situational	1				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>LB</td> <td>Pound</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	LB	Pound					
<u>Code</u>	<u>Name</u>										
LB	Pound										
CR102	81	Weight Description: Numeric value of weight Industry: Patient Weight NSF Reference: GA0-05.0 HIPAA IG Note: Required if it is necessary to justify the medical necessity of the level of ambulance services.	C	R	1/10	Situational	1				
CR103	1316	Ambulance Transport Code Description: Code indicating the type of ambulance transport Alias: Ambulance transport code NSF Reference: GA0-07.0 All valid standard codes are used.	O	ID	1/1	Required	1				
CR104	1317	Ambulance Transport Reason Code Description: Code indicating the reason for ambulance transport Alias: Ambulance Transport Reason Code NSF Reference: GA0-15.0 All valid standard codes are used.	O	ID	1/1	Required	1				
CR105	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>DH</td> <td>Miles</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	DH	Miles	C	ID	2/2	Required	1
<u>Code</u>	<u>Name</u>										
DH	Miles										
CR106	380	Quantity Description: Numeric value of quantity Industry: Transport Distance NSF Reference: GA0-17.0, FA0-50.0	C	R	1/15	Required	1				

CR109	352	<p>HIPAA IG Note: NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-payer COB situations.</p>	O	AN	1/80	Situational	1
		<p>Description Description: A free-form description to clarify the related data elements and their content</p>					
		<p>Industry: Round Trip Purpose Description Alias: Transport purpose description NSF Reference: GA0-20.0 HIPAA IG Note: Required if CR103 (Ambulance Transport Code) = "X - Round Trip"; otherwise not used.</p>					
CR110	352	<p>Description Description: A free-form description to clarify the related data elements and their content</p>	O	AN	1/80	Situational	1
		<p>Industry: Stretcher Purpose Description NSF Reference: GA0-21.0 HIPAA IG Note: Required if needed to justify usage of stretcher.</p>					

CR2 Spinal Manipulation Service Information

Pos: 430	Max: 5
Detail - Optional	
Loop: 2400	Elements: 4

User Option (Usage): Situational

To supply information related to the chiropractic service rendered to a patient

Notes:

1. Required on chiropractic claims involving spinal manipulation and known to impact payer's adjudication process.

Example:

CR2*****M****Y~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
CR208	1342	Nature of Condition Code Description: Code indicating the nature of a patient's condition Industry: Patient Condition Code Alias: Nature of Condition Code. Spinal Manipulation NSF Reference: GC0-11.0 All valid standard codes are used.	O	ID	1/1	Required	1
CR210	352	Description Description: A free-form description to clarify the related data elements and their content Industry: Patient Condition Description Alias: Patient Condition Description, Chiropractic NSF Reference: GC0-14.0 HIPAA IG Note: Used at discretion of submitter.	O	AN	1/80	Situational	1
CR211	352	Description Description: A free-form description to clarify the related data elements and their content Industry: Patient Condition Description Alias: Patient Condition Description, Chiropractic NSF Reference: GC0-14.0 HIPAA IG Note: Used at discretion of submitter.	O	AN	1/80	Situational	1
CR212	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: X-ray Availability Indicator Alias: X-ray Availability Indicator, Chiropractic NSF Reference: GC0-15.0 HIPAA IG Note: Required for service dates prior to January 1, 2000.	O	ID	1/1	Situational	1

N	No
Y	Yes

CR3 Durable Medical Equipment Certification

Pos: 435	Max: 1
Detail - Optional	
Loop: 2400	Elements: 3

User Option (Usage): Situational

To supply information regarding a physician's certification for durable medical equipment

Notes:

1. Required if it is necessary to include supporting documentation in an electronic form for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician.

Example:

CR3*I*MO*6~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>								
CR301	1322	Certification Type Code Description: Code indicating the type of certification NSF Reference: GU0-04.0 <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>I</td> <td>Initial</td> </tr> <tr> <td>R</td> <td>Renewal</td> </tr> <tr> <td>S</td> <td>Revised</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	I	Initial	R	Renewal	S	Revised	O	ID	1/1	Required	1
<u>Code</u>	<u>Name</u>														
I	Initial														
R	Renewal														
S	Revised														
CR302	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>MO</td> <td>Months</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	MO	Months	C	ID	2/2	Required	1				
<u>Code</u>	<u>Name</u>														
MO	Months														
CR303	380	Quantity Description: Numeric value of quantity Industry: Durable Medical Equipment Duration Alias: DME Duration NSF Reference: GU0-21.0 HIPAA IG Note: Length of time DME equipment is needed.	C	R	1/15	Required	1								

CR5 Home Oxygen Therapy Information

Pos: 445	Max: 1
Detail - Optional	
Loop: 2400	Elements: 8

User Option (Usage): Situational

To supply information regarding certification of medical necessity for home oxygen therapy

Notes:

1. Required on all initial, renewal, and revision home oxygen therapy claims.

Example:

CR5*I*6*****56**R*1~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>								
CR501	1322	Certification Type Code Description: Code indicating the type of certification Alias: Certification Type Code. Oxygen Therapy NSF Reference: GX0-04.0	O	ID	1/1	Required	1								
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>I</td> <td>Initial</td> </tr> <tr> <td>R</td> <td>Renewal</td> </tr> <tr> <td>S</td> <td>Revised</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	I	Initial	R	Renewal	S	Revised					
<u>Code</u>	<u>Name</u>														
I	Initial														
R	Renewal														
S	Revised														
CR502	380	Quantity Description: Numeric value of quantity Industry: Treatment Period Count Alias: Certification Period, Home Oxygen Therapy NSF Reference: GX0-06.0	O	R	1/15	Required	1								
CR510	380	Quantity Description: Numeric value of quantity Industry: Arterial Blood Gas Quantity Alias: Arterial Blood Gas NSF Reference: GX0-22.0 HIPAA IG Note: Either CR510 or CR511 is required. Required on claims which report arterial blood gas.	O	R	1/15	Situational	1								
CR511	380	Quantity Description: Numeric value of quantity Industry: Oxygen Saturation Quantity Alias: Oxygen Saturation NSF Reference: GX0-23.0 HIPAA IG Note: Either CR510 or CR511 is required. Required on claims which report oxygen saturation quantity.	O	R	1/15	Situational	1								
CR512	1349	Oxygen Test Condition Code Description: Code indicating the conditions under which a patient was tested Alias: Oxygen test condition code	O	ID	1/1	Required	1								

NSF Reference: GX0-26.0

<u>Code</u>	<u>Name</u>
E	Exercising
R	At rest on room air
S	Sleeping

CR513	1350	Oxygen Test Findings Code	O	ID	1/1	Situational	1
-------	------	----------------------------------	---	----	-----	-------------	---

Description: Code indicating the findings of oxygen tests performed on a patient

Alias: Oxygen test finding code

NSF Reference: GX0-27.0

HIPAA IG Note: Required if patient's arterial PO2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.

<u>Code</u>	<u>Name</u>
1	Dependent edema suggesting congestive heart failure

CR514	1350	Oxygen Test Findings Code	O	ID	1/1	Situational	1
-------	------	----------------------------------	---	----	-----	-------------	---

Description: Code indicating the findings of oxygen tests performed on a patient

Alias: Oxygen test finding code

NSF Reference: GX0-27.0

HIPAA IG Note: Required if patient's arterial PO2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.

<u>Code</u>	<u>Name</u>
2	"P" Pulmonale on Electrocardiogram (EKG)

CR515	1350	Oxygen Test Findings Code	O	ID	1/1	Situational	1
-------	------	----------------------------------	---	----	-----	-------------	---

Description: Code indicating the findings of oxygen tests performed on a patient

Alias: Oxygen test finding code

NSF Reference: GX0-27.0

HIPAA IG Note: Required if patient's arterial PO2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.

<u>Code</u>	<u>Name</u>
3	Erythrocythemia with a hematocrit greater than 56 percent

CRC Ambulance Certification

Pos: 450	Max: 3
Detail - Optional	
Loop: 2400	Elements: 7

User Option (Usage): Situational

To supply information on conditions

Notes:

1. The maximum number of CRC segments which can occur per 2400 loop is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing/reporting needs but no more than a total of 3 CRC segments per 2400 loop are allowed.
2. Required on all service lines which bill/report ambulance services if the information is different when CRC01=07 in Loop ID-2300.

Example:

CRC*07*Y*08~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
CRC01	1136	Code Category Description: Specifies the situation or category to which the code applies	M	ID	2/2	Required	1
		Code Name					
		07 Ambulance Certification					
CRC02	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Certification Condition Indicator Alias: Certification Condition Code, Ambulance Certification	M	ID	1/1	Required	1
		Code Name					
		N No					
		Y Yes					
CRC03	1321	Condition Indicator Description: Code indicating a condition Industry: Condition Code Alias: Condition Indicator HIPAA IG Note: The codes for CRC03 also can be used for CRC04 through CRC07.	M	ID	2/2	Required	1
		Code Name					
		01 Patient was admitted to a hospital NSF Reference: GA0-06.0					
		02 Patient was bed confined before the ambulance service NSF Reference: GA0-08.0					
		03 Patient was bed confined after the ambulance service NSF Reference: GA0-09.0					
		04 Patient was moved by stretcher NSF Reference: GA0-10.0					

- 05 Patient was unconscious or in shock
NSF Reference:
GA0-11.0
- 06 Patient was transported in an emergency situation
NSF Reference:
GA0-12.0
- 07 Patient had to be physically restrained
NSF Reference:
GA0-13.0
- 08 Patient had visible hemorrhaging
NSF Reference:
GA0-14.0
- 09 Ambulance service was medically necessary
NSF Reference:
GA0-16.0
- 60 Transportation Was To the Nearest Facility
NSF Reference:
GA0-24.0

CRC04 1321 **Condition Indicator** O ID 2/2 Situational 1

Description: Code indicating a condition
Industry: Condition Code
Alias: Condition Indicator
HIPAA IG Note: Required if additional condition codes are needed. Use the codes listed in CRC03.

- | <u>Code</u> | <u>Name</u> |
|-------------|--|
| 01 | Patient was admitted to a hospital
NSF Reference:
GA0-06.0 |
| 02 | Patient was bed confined before the ambulance service
NSF Reference:
GA0-08.0 |
| 03 | Patient was bed confined after the ambulance service
NSF Reference:
GA0-09.0 |
| 04 | Patient was moved by stretcher
NSF Reference:
GA0-10.0 |
| 05 | Patient was unconscious or in shock
NSF Reference:
GA0-11.0 |
| 06 | Patient was transported in an emergency situation
NSF Reference:
GA0-12.0 |
| 07 | Patient had to be physically restrained
NSF Reference:
GA0-13.0 |
| 08 | Patient had visible hemorrhaging
NSF Reference:
GA0-14.0 |
| 09 | Ambulance service was medically necessary
NSF Reference:
GA0-16.0 |
| 60 | Transportation Was To the Nearest Facility
NSF Reference: |

		GA0-24.0					
CRC05	1321	Condition Indicator	O	ID	2/2	Situational	1
		Description: Code indicating a condition Industry: Condition Code Alias: Condition Indicator HIPAA IG Note: Required if additional condition codes are needed. Use the codes listed in CRC03.					
		Code	Name				
		01	Patient was admitted to a hospital				
		NSF Reference:					
		GA0-06.0					
		02	Patient was bed confined before the ambulance service				
		NSF Reference:					
		GA0-08.0					
		03	Patient was bed confined after the ambulance service				
		NSF Reference:					
		GA0-09.0					
		04	Patient was moved by stretcher				
		NSF Reference:					
		GA0-10.0					
		05	Patient was unconscious or in shock				
		NSF Reference:					
		GA0-11.0					
		06	Patient was transported in an emergency situation				
		NSF Reference:					
		GA0-12.0					
		07	Patient had to be physically restrained				
		NSF Reference:					
		GA0-13.0					
		08	Patient had visible hemorrhaging				
		NSF Reference:					
		GA0-14.0					
		09	Ambulance service was medically necessary				
		NSF Reference:					
		GA0-16.0					
		60	Transportation Was To the Nearest Facility				
		NSF Reference:					
		GA0-24.0					

		GA0-24.0					
CRC06	1321	Condition Indicator	O	ID	2/2	Situational	1
		Description: Code indicating a condition Industry: Condition Code Alias: Condition Indicator HIPAA IG Note: Required if additional condition codes are needed. Use the codes listed in CRC03.					
		Code	Name				
		01	Patient was admitted to a hospital				
		NSF Reference:					
		GA0-06.0					
		02	Patient was bed confined before the ambulance service				
		NSF Reference:					
		GA0-08.0					
		03	Patient was bed confined after the ambulance service				
		NSF Reference:					
		GA0-09.0					

04	Patient was moved by stretcher NSF Reference: GA0-10.0
05	Patient was unconscious or in shock NSF Reference: GA0-11.0
06	Patient was transported in an emergency situation NSF Reference: GA0-12.0
07	Patient had to be physically restrained NSF Reference: GA0-13.0
08	Patient had visible hemorrhaging NSF Reference: GA0-14.0
09	Ambulance service was medically necessary NSF Reference: GA0-16.0
60	Transportation Was To the Nearest Facility NSF Reference: GA0-24.0

CRC07 1321 **Condition Indicator** O ID 2/2 Situational 1

Description: Code indicating a condition
Industry: Condition Code
Alias: Condition Indicator
HIPAA IG Note: Required if additional condition codes are needed. Use the codes listed in CRC03.

<u>Code</u>	<u>Name</u>
01	Patient was admitted to a hospital NSF Reference: GA0-06.0
02	Patient was bed confined before the ambulance service NSF Reference: GA0-08.0
03	Patient was bed confined after the ambulance service NSF Reference: GA0-09.0
04	Patient was moved by stretcher NSF Reference: GA0-10.0
05	Patient was unconscious or in shock NSF Reference: GA0-11.0
06	Patient was transported in an emergency situation NSF Reference: GA0-12.0
07	Patient had to be physically restrained NSF Reference: GA0-13.0
08	Patient had visible hemorrhaging NSF Reference: GA0-14.0
09	Ambulance service was medically necessary NSF Reference:

60

GA0-16.0

Transportation Was To the Nearest Facility

NSF Reference:

GA0-24.0

CRC Hospice Employee Indicator

Pos: 450	Max: 1
Detail - Optional	
Loop: 2400	Elements: 3

User Option (Usage): Situational

To supply information on conditions

Notes:

1. The example shows the method used to indicate whether the rendering provider is an employee of the hospice.
2. The maximum number of CRC segments which can occur per 2400 loop is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing/reporting needs but no more than a total of 3 CRC segments per 2400 loop are allowed.
3. Required on all Medicare claims involving physician services to hospice patients.

Example:

CRC*70*Y*65~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CRC01	1136	Code Category Description: Specifies the situation or category to which the code applies	M	ID	2/2	Required	1
		<u>Code</u> <u>Name</u> 70 Hospice					
CRC02	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response	M	ID	1/1	Required	1
		Industry: Hospice Employed Provider Indicator Alias: Hospice Employee Indicator NSF Reference: FA0-40.0 HIPAA IG Note: A "Y" value indicates the provider is employed by the hospice. A "N" value indicates the provider is not employed by the hospice.					
		<u>Code</u> <u>Name</u> N No Y Yes					
CRC03	1321	Condition Indicator Description: Code indicating a condition	M	ID	2/2	Required	1
		<u>Code</u> <u>Name</u> 65 Open					
		HIPAA IG NOTE: Use this code as a place holder (element is mandatory) when reporting whether the provider is a hospice employee.					

CRC DMERC Condition Indicator

Pos: 450	Max: 2
Detail - Optional	
Loop: 2400	Elements: 7

User Option (Usage): Situational

To supply information on conditions

Notes:

1. Required on all oxygen therapy and DME claims that require a certificate of medical necessity (CMN).
2. The maximum number of CRC segments which can occur per 2400 loop is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing/reporting needs but no more than a total of 3 CRC segments per 2400 loop are allowed.
3. The first example shows a case where an item billed was not a replacement item.

Example:

CRC*09*N*ZV~
 CRC*11*Y*37*38*P1~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep						
CRC01	1136	Code Category Description: Specifies the situation or category to which the code applies <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>09</td> <td>Durable Medical Equipment Certification</td> </tr> <tr> <td>11</td> <td>Oxygen Therapy Certification</td> </tr> </tbody> </table>	Code	Name	09	Durable Medical Equipment Certification	11	Oxygen Therapy Certification	M	ID	2/2	Required	1
Code	Name												
09	Durable Medical Equipment Certification												
11	Oxygen Therapy Certification												
CRC02	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Certification Condition Indicator Alias: Certification Condition Code Applies Indicator <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	M	ID	1/1	Required	1
Code	Name												
N	No												
Y	Yes												
CRC03	1321	Condition Indicator Description: Code indicating a condition Alias: Condition Indicator HIPAA IG Note: Use "P1" (GX0-20.0) to answer the Medicare Oxygen CMN question: "The test was performed either with the patient in a chronic stable state as an outpatient or within two days prior to discharge from an inpatient facility to home." Code ZV was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entities who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this exception code.	M	ID	2/2	Required	1						

<u>Code</u>	<u>Name</u>
37	Oxygen delivery equipment is stationary NSF Reference: GX0-05.0
38	Certification signed by the physician is on file at the supplier's office HIPAA IG NOTE: GX0-35.0 GU0-24.0
AL	Ambulation Limitations NSF Reference: GX0-05.0
P1	Patient was Discharged from the First Facility NSF Reference: GX0-20.0
ZV	Replacement Item NSF Reference: GU0-06.0

CRC04 1321 **Condition Indicator** O ID 2/2 Situational 1
Description: Code indicating a condition
Alias: Condition Indicator
HIPAA IG Note: Required if additional condition codes are needed. Use the codes listed in CRC03.

<u>Code</u>	<u>Name</u>
37	Oxygen delivery equipment is stationary NSF Reference: GX0-05.0
38	Certification signed by the physician is on file at the supplier's office NSF Reference: GX0-35.0 GU0-24.0
AL	Ambulation Limitations NSF Reference: GX0-05.0
P1	Patient was Discharged from the First Facility NSF Reference: GX0-20.0
ZV	Replacement Item NSF Reference: GU0-06.0

CRC05 1321 **Condition Indicator** O ID 2/2 Situational 1
Description: Code indicating a condition
Alias: Condition Indicator
HIPAA IG Note: Required if additional condition codes are needed. Use the codes listed in CRC03.

<u>Code</u>	<u>Name</u>
37	Oxygen delivery equipment is stationary NSF Reference: GX0-05.0
38	Certification signed by the physician is on file at the supplier's office NSF Reference: GX0-35.0 GU0-24.0
AL	Ambulation Limitations NSF Reference:

DTP Date - Service Date

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

User Option (Usage): Required

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

Notes:

1. The total number of DTP segments in the 2400 loop cannot exceed 15.
2. In cases where a drug is being billed on a service line, the Date of Service DTP may be used to indicate the range of dates through which the drug will be used by the patient. Use RD8 for this purpose.
3. In cases where a drug is being billed on a service line, the Date of Service DTP is used to indicate the date the prescription was written (or otherwise communicated by the prescriber if not written).

Example:

DTP*472*RD8*19970607-19970608~

NYS MEDICAID NOTE:

NYSDOH expects to see Date of Service Information here.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 472 Service					
		HIPAA IG NOTE: Use RD8 in DTP02 to indicate begin/end or from/to dates.					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format NYS MEDICAID NOTE: NYSDOH expects to receive qualifier "D8" here.	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Service Date NSF Reference: FA0-05.0, FA0-06.0	M	AN	1/35	Required	1

DTP Date - Certification Revision Date

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

Notes:

1. Required if CR301 (DMERC Certification) = "R" or "S".
2. The total number of DTP segments in the 2400 loop cannot exceed 15.

Example:

DTP*607*D8*19970519~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 607 Certification Revision					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Certification Revision Date NSF Reference: GU0-20.0, GX0-11.0	M	AN	1/35	Required	1

DTP Date - Begin Therapy Date

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

Notes:

1. Required if it is necessary to include supporting documentation in an electronic form for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician.
2. The total number of DTP segments in the 2400 loop cannot exceed 15.

Example:

DTP*463*D8*19970519~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 463 Begin Therapy					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Begin Therapy Date NSF Reference: GU0-19.0, GX0-10.0	M	AN	1/35	Required	1

DTP Date - Last Certification Date

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

Notes:

1. Required if it is necessary to include supporting documentation in an electronic form for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician.
2. Required on oxygen therapy certificates of medical necessity (CMN). This is the date the ordering physician signed the CMN.
3. The total number of DTP segments in the 2400 loop cannot exceed 15.

Example:

DTP*461*D8*19970519~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 461 Last Certification					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Last Certification Date NSF Reference: GX0-11.0, GU0-22.0	M	AN	1/35	Required	1

DTP Date - Date Last Seen

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

Notes:

1. Required when a claim involves services from an independent physical therapist, occupational therapist, or physician service involving routine foot care and is different than the date listed at the claim level and is known to impact the payer's adjudication process.
2. The total number of DTP segments in the 2400 loop cannot exceed 15.

Example:

DTP*304*D8*19970813~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time	M	ID	3/3	Required	1
		Code Name 304 Latest Visit or Consultation					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Last Seen Date NSF Reference: EA0-48.0	M	AN	1/35	Required	1

DTP Date - Test

Pos: 455	Max: 2
Detail - Optional	
Loop: 2400	Elements: 3

User Option (Usage): Situational

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

Notes:

1. Required on initial EPO claims service lines for dialysis patients where test results are being billed/reported.
2. The total number of DTP segments in the 2400 loop cannot exceed 15.

Example:

DTP*738*D8*19970615~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 738 Most Recent Hemoglobin or Hematocrit or Both 739 Most Recent Serum Creatine					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Test Performed Date NSF Reference: FA0-41.0, FA0-46.0	M	AN	1/35	Required	1

DTP Date - Oxygen Saturation/Arterial Blood Gas Test

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

User Option (Usage): Situational

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

Notes:

1. Required on initial oxygen therapy service line(s) involving certificate of medical necessity (CMN).
2. The total number of DTP segments in the 2400 loop cannot exceed 15.

Example:

DTP*480*D8*19970615~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name					
		119 Test Performed HIPAA IG NOTE: Use for any 4 liter/minute test date. Results for this test date are reported in MEA03 using either the GRA or ZO qualifiers in MEA02.					
		480 Arterial Blood Gas Test HIPAA IG NOTE: Do not use to report any 4 liter/minute test date. Results for the arterial blood gas test are reported in CR510.					
		481 Oxygen Saturation Test HIPAA IG NOTE: Do not use to report any 4 liter/minute test date. Results for the oxygen saturation test are reported in CR511.					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name					
		D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Oxygen Saturation Test Date NSF Reference: GX0-19.0, GX0-24.0	M	AN	1/35	Required	1

DTP Date - Shipped

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

Notes:

1. Required when billing/reporting shipped products.
2. The total number of DTP segments in the 2400 loop cannot exceed 15.

Example:

DTP*011*D8*19970526~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 011 Shipped					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Shipped Date	M	AN	1/35	Required	1

DTP Date - Onset of Current Symptom/Illness

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

Notes:

1. Required if different from that entered at claim level (Loop ID-2300).
2. Required on claims involving services to a patient experiencing symptoms similar or identical to previously reported symptoms.
3. The total number of DTP segments in the 2400 loop cannot exceed 15.

Example:

DTP*431*D8*19971112~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 431 Onset of Current Symptoms or Illness					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Onset Date NSF Reference: EA0-07.0, EA0-16.0	M	AN	1/35	Required	1

DTP Date - Last X-ray

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

Notes:

1. Required for spinal manipulation certifications if different than information at claim level (Loop ID-2300).
2. The total number of DTP segments in the 2400 loop cannot exceed 15.

Example:

DTP*455*D8*19970220~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 455 Last X-Ray					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Last X-Ray Date NSF Reference: GC0-06.0	M	AN	1/35	Required	1

DTP Date - Acute Manifestation

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

Notes:

1. Required for spinal manipulation certifications if different than information at claim level (Loop ID-2300).
2. The total number of DTP segments in the 2400 loop cannot exceed 15.

Example:

DTP*453*D8*19961230~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 453 Acute Manifestation of a Chronic Condition					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required	1
		Code Name D8 Date Expressed in Format CCYYMMDD					
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Acute Manifestation Date NSF Reference: GC0-12.0	M	AN	1/35	Required	1

DTP Date - Initial Treatment

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

Notes:

1. Required on all claims involving spinal manipulation for Medicare Part B if different than information at the claim level (Loop ID-2300).
2. The total number of DTP segments in the 2400 loop cannot exceed 15.

Example:

DTP*454*D8*19970112~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 454 Initial Treatment					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Initial Treatment Date NSF Reference: GC0-05.0	M	AN	1/35	Required	1

DTP Date - Similar Illness/Symptom Onset

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

Notes:

1. Required if line value is different than value given at claim level (Loop ID-2300) and claim involves services to a patient experiencing symptoms similar or identical to previously reported symptoms.
2. The total number of DTP segments in the 2400 loop cannot exceed 15.

Example:

DTP*438*D8*19970115~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 438 Onset of Similar Symptoms or Illness					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Similar Illness or Symptom Date	M	AN	1/35	Required	1

MEA Test Result

Pos: 462	Max: 20
Detail - Optional	
Loop: 2400	Elements: 3

User Option (Usage): Situational

To specify physical measurements or counts, including dimensions, tolerances, variances, and weights(See Figures Appendix for example of use of C001)

Notes:

1. Required on service lines for Dialysis for ESRD. Use R1, R2, R3, or R4 to qualify the Hemoglobin, Hematocrit, Epoetin Starting Dosage and Creatinine test results.
2. Required on Oxygen Therapy service lines to report the Oxygen Saturation measurement from the Certificate of Medical Necessity (CMN). Use ZO qualifier.
3. Required on Oxygen Therapy service lines to report the Arterial Blood Gas measurement from the Certificate of Medical Necessity (CMN). Use GRA qualifier.
4. Required on DMERC service lines to report the Patient's Height from the Certificate of Medical Necessity (CMN). Use HT qualifier.

Example:

MEA*TR*R1*113.4~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>																
MEA01	737	Measurement Reference ID Code Description: Code identifying the broad category to which a measurement applies Industry: Measurement Reference Identification Code Alias: Measurement identifier <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>OG</td> <td>Original</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	OG	Original	O	ID	2/2	Required	1												
<u>Code</u>	<u>Name</u>																						
OG	Original																						
		TR Test Results HIPAA IG NOTE: Starting dosage																					
MEA02	738	Measurement Qualifier Description: Code identifying a specific product or process characteristic to which a measurement applies <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>HT</td> <td>Height</td> </tr> <tr> <td>R1</td> <td>Hemoglobin</td> </tr> <tr> <td>R2</td> <td>Hematocrit</td> </tr> <tr> <td>R3</td> <td>Epoetin Starting Dosage</td> </tr> <tr> <td>R4</td> <td>Creatin</td> </tr> <tr> <td>ZO</td> <td>Oxygen</td> </tr> <tr> <td>GRA</td> <td>Gas Test Rate</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	HT	Height	R1	Hemoglobin	R2	Hematocrit	R3	Epoetin Starting Dosage	R4	Creatin	ZO	Oxygen	GRA	Gas Test Rate	O	ID	1/3	Required	1
<u>Code</u>	<u>Name</u>																						
HT	Height																						
R1	Hemoglobin																						
R2	Hematocrit																						
R3	Epoetin Starting Dosage																						
R4	Creatin																						
ZO	Oxygen																						
GRA	Gas Test Rate																						
MEA03	739	Measurement Value Description: The value of the measurement Industry: Test Results NSF Reference: FA0-42.0 - Hemoqlobin,	C	R	1/20	Required	1																

FA0-43.0 - Hematocrit, FA0-45.0 - Epoetin Starting Dosage, FA0-47.0 - Creatin, GX0-17.0 - Arterial Blood Gas on 4 liters/minute, GX0-18.0 - Oxygen Saturation on 4 liters/minute, GU0-16.0 - Patient Height

CN1 Contract Information

Pos: 465	Max: 1
Detail - Optional	
Loop: 2400	Elements: 6

User Option (Usage): Situational

To specify basic data about the contract or contract line item

Notes:

- Information contained at this level overwrites CN1 information at the claim level for this specific service line.

Example:

CN1*04*410.5~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>																
CN101	1166	Contract Type Code Description: Code identifying a contract type Alias: Contract type code HIPAA IG Note: The developers of this implementation guide recommend always providing CN101 for capitated encounters.	M	ID	2/2	Required	1																
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Diagnosis Related Group (DRG)</td> </tr> <tr> <td>02</td> <td>Per Diem</td> </tr> <tr> <td>03</td> <td>Variable Per Diem</td> </tr> <tr> <td>04</td> <td>Flat</td> </tr> <tr> <td>05</td> <td>Capitated</td> </tr> <tr> <td>06</td> <td>Percent</td> </tr> <tr> <td>09</td> <td>Other</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	01	Diagnosis Related Group (DRG)	02	Per Diem	03	Variable Per Diem	04	Flat	05	Capitated	06	Percent	09	Other					
<u>Code</u>	<u>Name</u>																						
01	Diagnosis Related Group (DRG)																						
02	Per Diem																						
03	Variable Per Diem																						
04	Flat																						
05	Capitated																						
06	Percent																						
09	Other																						
CN102	782	Monetary Amount Description: Monetary amount Industry: Contract Amount HIPAA IG Note: Required if information is different than that given at claim level (Loop ID-2300).	O	R	1/18	Situational	1																
CN103	332	Percent Description: Percent expressed as a percent Industry: Contract Percentage Alias: Contract Allowance or Charge Percent HIPAA IG Note: Required if information is different than that given at claim level (Loop ID-2300).	O	R	1/6	Situational	1																
CN104	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Contract Code HIPAA IG Note: Required if information is	O	AN	1/30	Situational	1																

CN105	338	different than that given at claim level (Loop ID-2300).	O	R	1/6	Situational	1
		<p>Terms Discount Percent Description: Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date Industry: Terms Discount Percentage Alias: Terms discount percent HIPAA IG Note: Required if information is different than that given at claim level (Loop ID-2300).</p>					
CN106	799	Version Identifier	O	AN	1/30	Situational	1
		<p>Description: Revision level of a particular format, program, technique or algorithm Industry: Contract Version Identifier Alias: Contract Version HIPAA IG Note: Required if information is different than that given at claim level (Loop ID-2300).</p>					

REF Prior Authorization or Referral Number

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

User Option (Usage): Situational

To specify identifying information

Notes:

Required if service line involved a prior authorization number or referral number that is different than the number reported at the claim level (Loop-ID 2300).

Example:

REF*9F*12345678~

NYS MEDICAID NOTE:

NYSDOH expects to receive prior authorization number whenever it is assigned. For DME services, the prescription/order number is the last six digits of the PA number. When a PA number is not required for DME services, the six digit prescription/order number will be expected in place of the prior authorization number. NYSDOH will process this number as an override to the number provided at the Loop 2300 CLM segment level.

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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name G1 Prior Authorization Number	M	ID	2/3	Required	1
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Prior Authorization or Referral Number	C	AN	1/30	Required	1

REF

Line Item Control Number

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required if it is necessary to send a line control or inventory number. Providers are STRONGLY encouraged to routinely send a unique line item control number on all service lines, particularly if the provider automatically posts their remittance advice. Submitting a unique line item control number gives providers the capability to automatically post by service line. The line item control number should be unique within a patient control number (CLM01). Payers are required to return this number in the remittance advice transaction (835) if the providers sends it to them in the 837.

Example:

REF*6R*54321~

NYS MEDICAID NOTE:

NYSDOH expects a unique line item control number on all service lines.

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

REF Mammography Certification Number

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when mammography services are rendered by a certified mammography provider.

Example:

REF*EW*T554~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name EW Mammography Certification Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Mammography Certification Number NSF Reference: FA0-31.0	C	AN	1/30	Required	1

REF Clinical Laboratory Improvement Amendment (CLIA) Identification

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required for all CLIA certified facilities performing CLIA covered laboratory services and if number is different than CLIA number reported at claim level (Loop ID-2300).

Example:

REF*X4*12D4567890~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name X4 Clinical Laboratory Improvement Amendment Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Clinical Laboratory Improvement Amendment Number NSF Reference: FA0-34.0					

REF Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required for Medicare claims for any laboratory that referred tests to another laboratory covered by the CLIA Act that is billed on this line.

Example:

REF*F4*34D1234567~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name F4 Facility Certification Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Referring CLIA Number					

REF Oxygen Flow Rate

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

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required on oxygen therapy certificate of medical necessity (CMN) claim where service line reports oxygen flow rate.

Example:

REF*TP*002~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <u>Code</u> <u>Name</u> TP Test Specification Number HIPAA IG NOTE: Oxygen Flow Rate	M	ID	2/3	Required	1
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Oxygen Flow Rate NSF Reference: GX0-14.0 HIPAA IG Note: Valid values are 1 - 999 liters per minute and X for less than 1 liter per minute.	C	AN	1/30	Required	1

AMT Sales Tax Amount

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

User Option (Usage): Situational

To indicate the total monetary amount

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~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required	1
		<u>Code</u> <u>Name</u>					
		T Tax					
AMT02	782	Monetary Amount Description: Monetary amount Industry: Sales Tax Amount	M	R	1/18	Required	1

AMT Approved Amount

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

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. Used primarily in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers (in a provider-to-payer COB situation) do not usually complete this information but may do so if the information is available.
2. The allowed amount equals the amount for the service line that was approved by the payer sending this 837 to another payer.

Example:

AMT*AAE*125~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required	1
		<u>Code</u> <u>Name</u> AAE Approved Amount					
AMT02	782	Monetary Amount Description: Monetary amount Industry: Approved Amount NSF Reference: FA0-51.0	M	R	1/18	Required	1

AMT Postage Claimed Amount

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

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

- 1. Required if service line charge (SV102) includes postage amount claimed in this service line.

Example:

AMT*F4*56.78~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount <u>Code</u> <u>Name</u> F4 Postage Claimed	M	ID	1/3	Required	1
AMT02	782	Monetary Amount Description: Monetary amount Industry: Postage Claimed Amount	M	R	1/18	Required	1

K3 File Information

Pos: 480	Max: 10
Detail - Optional	
Loop: 2400	Elements: 1

User Option (Usage): Situational

To transmit a fixed-format record or matrix contents

Notes:

1. This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate

Example:

K3*STATE DATA REQUIREMENT~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
K301	449	Fixed Format Information Description: Data in fixed format agreed upon by sender and receiver NSF Reference: HA0-05.0	M	AN	1/80	Required	1

NTE

Line Note

Pos: 485	Max: 1
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

Notes:

- 1. Required if submitter used a "not otherwise classified" (NOC) procedure code on this service line (use ADD in NTE01). Otherwise, use at providers discretion.

Example:

NTE*DCP*PATIENT GOAL TO BE OFF OXYGEN BY END OF MONTH~

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>	<u>Rep</u>										
NTE01	363	Note Reference Code Description: Code identifying the functional area or purpose for which the note applies	O	ID	3/3	Required	1										
		<table border="0"> <tr> <td>Code</td> <td>Name</td> </tr> <tr> <td>ADD</td> <td>Additional Information</td> </tr> <tr> <td>DCP</td> <td>Goals, Rehabilitation Potential, or Discharge Plans</td> </tr> <tr> <td>PMT</td> <td>Payment</td> </tr> <tr> <td>TPO</td> <td>Third Party Organization Notes</td> </tr> </table>	Code	Name	ADD	Additional Information	DCP	Goals, Rehabilitation Potential, or Discharge Plans	PMT	Payment	TPO	Third Party Organization Notes					
Code	Name																
ADD	Additional Information																
DCP	Goals, Rehabilitation Potential, or Discharge Plans																
PMT	Payment																
TPO	Third Party Organization Notes																
NTE02	352	Description Description: A free-form description to clarify the related data elements and their content Industry: Line Note Text NSF Reference: HA0-05.0	M	AN	1/80	Required	1										

PS1 Purchased Service Information

Pos: 488	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Situational

To specify the information about services that are purchased

Notes:

1. Using the PS1 segment indicates that services were purchased from another source.
2. Required on service lines when the purchased service charge amount is necessary for processing.
3. Use this segment on vision claims when the acquisition cost of lenses is known to impact adjudication or reimbursement.

Example:

PS1*PN222222*110~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
PS101	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Purchased Service Provider Identifier NSF Reference: FB0-11.0	M	AN	1/30	Required	1
PS102	782	Monetary Amount Description: Monetary amount Industry: Purchased Service Charge Amount NSF Reference: FB0-05.0	M	R	1/18	Required	1

HSD Health Care Services Delivery

Pos: 491	Max: 1
Detail - Optional	
Loop: 2400	Elements: 8

User Option (Usage): Situational

To specify the delivery pattern of health care services

Notes:

- The HSD segment is used to specify the delivery pattern of the health care services. This is how it is used:
 HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit".
 Between HSD02 and HSD03 verbally insert a "per every."
 HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means "three days."
 Between HSD04 and HSD05 verbally insert a "for."
 HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means "21 days."
 The total message reads:
 HSD*VS*1*DA*3*7*21~ = "One visit per every three days for 21 days."
 Another similar data string of HSD*VS*2*DA*4*7*20~ = Two visits per every four days for 20 days.
 An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD*VS*1*****SX*D~ means "1 visit on Wednesday and Thursday morning."
 2. Required on claims/encounters billing/reporting home health visits where further detail is necessary to clearly substantiate medical treatment and if information is different than that given at claim level (Loop ID-2300).

Example:

HSD*VS*1*DA*1*7*10~ (This indicates "1 visit every (per) 1 day (daily) for 10 days")
 HSD*VS*1*DA****W~ (This indicates "1 visit per day whenever necessary")

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>				
HSD01	673	Quantity Qualifier Description: Code specifying the type of quantity Industry: Visits HIPAA IG Note: Required if information is different than that given at claim level (Loop ID-2300). <table border="1"> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> <tr> <td>VS</td> <td>Visits</td> </tr> </table>	<u>Code</u>	<u>Name</u>	VS	Visits	C	ID	2/2	Situational	1
<u>Code</u>	<u>Name</u>										
VS	Visits										
HSD02	380	Quantity Description: Numeric value of quantity Industry: Number of Visits HIPAA IG Note: HSD02 qualifies HSD01. Required if information is different than that given at claim level (Loop ID-2300).	C	R	1/15	Situational	1				
HSD03	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Industry: Frequency Period HIPAA IG Note: Required if information is different than that given at claim level (Loop ID-2300). <table border="1"> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> <tr> <td>DA</td> <td>Days</td> </tr> </table>	<u>Code</u>	<u>Name</u>	DA	Days	O	ID	2/2	Situational	1
<u>Code</u>	<u>Name</u>										
DA	Days										

		MO	Months					
			HIPAA IG NOTE:					
			Month					
		Q1	Quarter (Time)					
		WK	Week					
HSD04	1167		Sample Selection Modulus	O	R	1/6	Situational	1
			Description: To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes					
			Industry: Frequency Count					
			HIPAA IG Note: Required if information is different than that given at claim level (Loop ID-2300).					
HSD05	615		Time Period Qualifier	C	ID	1/2	Situational	1
			Description: Code defining periods					
			Industry: Duration of Visits Units					
			HIPAA IG Note: Required if information is different than that given at claim level (Loop ID-2300).					
		Code	Name					
		7	Day					
		34	Month					
		35	Week					
HSD06	616		Number of Periods	O	NO	1/3	Situational	1
			Description: Total number of periods					
			Industry: Duration of Visits, Number of Units					
			HIPAA IG Note: Required if information is different than that given at claim level (Loop ID-2300).					
HSD07	678		Ship/Delivery or Calendar Pattern Code	O	ID	1/2	Situational	1
			Description: Code which specifies the routine shipments, deliveries, or calendar pattern					
			Industry: Ship, Delivery or Calendar Pattern Code					
			HIPAA IG Note: Required if information is different than that given at claim level (Loop ID-2300).					
		Code	Name					
		1	1st Week of the Month					
		2	2nd Week of the Month					
		3	3rd Week of the Month					
		4	4th Week of the Month					
		5	5th Week of the Month					
		6	1st & 3rd Weeks of the Month					
		7	2nd & 4th Weeks of the Month					
		A	Monday through Friday					
		B	Monday through Saturday					
		C	Monday through Sunday					
		D	Monday					
		E	Tuesday					
		F	Wednesday					
		G	Thursday					
		H	Friday					
		J	Saturday					
		K	Sunday					
		L	Monday through Thursday					

N	As Directed
O	Daily Mon. through Fri.
W	Whenever Necessary
SA	Sunday, Monday, Thursday, Friday, Saturday
SB	Tuesday through Saturday
SC	Sunday, Wednesday, Thursday, Friday, Saturday
SD	Monday, Wednesday, Thursday, Friday, Saturday
SG	Tuesday through Friday
SL	Monday, Tuesday and Thursday
SP	Monday, Tuesday and Friday
SX	Wednesday and Thursday
SY	Monday, Wednesday and Thursday
SZ	Tuesday, Thursday and Friday

HSD08 679 **Ship/Delivery Pattern Time Code** O ID 1/1 Situational 1

Description: Code which specifies the time for routine shipments or deliveries

Industry: Delivery Pattern Time Code

HIPAA IG Note: Required if information is different than that given at claim level (Loop ID-2300).

<u>Code</u>	<u>Name</u>
D	A.M.
E	P.M.
F	As Directed

LIN Drug Identification

Pos: 493	Max: 1
Detail - Optional	
Loop: 2410	Elements: 2

User Option (Usage): Situational

To specify basic item identification data

Notes:

1. The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim eporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410.
2. Use Loop ID 2410 to specify billing/reporting for drugs provided that may be part of the service(s) described in SV1.

Example:

LIN**N4*01234567891~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
LIN02	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Industry: Product or Service ID Qualifier	M	ID	2/2	Required	1
LIN03	234	Product/Service ID Description: Identifying number for a product or service Industry: National Drug Code Alias: National Drug Code ExternalCodeList Name: 240 Description: National Drug Code by Format	M	AN	1/48	Required	1

CTP Drug Pricing

Pos: 494	Max: 1
Detail - Optional	
Loop: 2410	Elements: 3

User Option (Usage): Situational

To specify pricing information

Notes:

1. Required when it is necessary to provide a price specific to the NDC provided in LIN03 that is different than the price reported in SV102.

Example:

CTP***1.15*2*UN~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
CTP03	212	Unit Price Description: Price per unit of product, service, commodity, etc. Industry: Drug Unit Price Alias: Drug Unit Price	X	R	1/17	Required	1
CTP04	380	Quantity Description: Numeric value of quantity Industry: National Drug Unit Count Alias: National Drug Unit Count	X	R	1/15	Required	1
CTP05	C001	Composite Unit of Measure Description: To identify a composite unit of measure(See Figures Appendix for examples of use) Industry: Unit or Basis of Measurement Alias: Unit or Basis of Measurement	X	Comp		Required	1
	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Alias: Code qualifier	M	ID	2/2	Required	1
		Code Name					
		F2 International Unit					
		GR Gram					
		ML Milliliter					
		UN Unit					

REF Prescription Number

Pos: 495	Max: 1
Detail - Optional	
Loop: 2410	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required if dispensing of the drug has been done with an assigned Rx number.
2. In cases where a compound drug is being billed, the components of the compound will all have the same prescription number. Payers receiving the claim can relate all the components by matching the prescription number.

Example:

REF*XZ*123456~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Alias: Code qualifier	M	ID	2/3	Required	1
		Code Name XZ Pharmacy Prescription Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Prescription Number Alias: Prescription Number	X	AN	1/30	Required	1

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

Notes:

1. 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.
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. The identifying payer-specific numbers are those that belong to the destination payer identified in loop 2010BB.
3. Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

Example:

NM1*82*1*SMITH*JUNE*L***XX*87654321~

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>	<u>Rep</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual HIPAA IG Note: The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420.	M	ID	2/3	Required	1
		Code Name 82 Rendering Provider					
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required	1
		Code Name 1 Person 2 Non-Person Entity					
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Rendering Provider Last or Organization Name Alias: Rendering Provider Last Name NSF Reference: FB1-14.0	O	AN	1/35	Required	1
NM104	1036	Name First Description: Individual first name Industry: Rendering Provider First Name NSF Reference: FB1-15.0 HIPAA IG Note: Required if NM102=1 (person).	O	AN	1/25	Situational	1
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Rendering Provider Middle Name NSF Reference: FB1-16.0	O	AN	1/25	Situational	1

NM107	1039	<p>HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.</p>	O	AN	1/10	Situational	1										
		<p>Name Suffix Description: Suffix to individual name Industry: Rendering Provider Name Suffix Alias: Rendering Provider Generation HIPAA IG Note: Required if known.</p>															
NM108	66	<p>Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) NSF Reference: FA0-57.0</p>	C	ID	1/2	Required	1										
		<table border="1"> <thead> <tr> <th data-bbox="349 525 414 552"><u>Code</u></th> <th data-bbox="527 525 592 552"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="349 556 381 583">24</td> <td data-bbox="527 556 876 583">Employer's Identification Number</td> </tr> <tr> <td data-bbox="349 588 381 615">34</td> <td data-bbox="527 588 779 615">Social Security Number</td> </tr> <tr> <td colspan="2" data-bbox="527 619 1510 688"> <p>HIPAA IG NOTE: Social Security Number cannot be used for Medicare claims.</p> </td> </tr> <tr> <td data-bbox="349 693 381 720">XX</td> <td data-bbox="527 693 1209 720">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	<p>HIPAA IG NOTE: Social Security Number cannot be used for Medicare claims.</p>		XX	Health Care Financing Administration National Provider Identifier					
<u>Code</u>	<u>Name</u>																
24	Employer's Identification Number																
34	Social Security Number																
<p>HIPAA IG NOTE: Social Security Number cannot be used for Medicare claims.</p>																	
XX	Health Care Financing Administration National Provider Identifier																
NM109	67	<p>Identification Code Description: Code identifying a party or other code Industry: Rendering Provider Identifier Alias: Rendering Provider Primary Identifier NSF Reference: FA0-23.0, FA0-58.0</p> <p><u>ExternalCodeList</u> Name: 537 Description: Health Care Financing Administration National Provider Identifier</p>	C	AN	2/80	Required	1										

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

Notes:

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

Example:

PRV*PE*ZZ*203BA050N~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

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

Notes:

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

Example:

REF*1D*A12345~

NYS MEDICAID NOTE:

NYSDOH expects to receive either the NYS Medicaid Provider ID or the state license number. If the state license number is submitted, it must be preceded by the two character license type. For Ordering Services (DME), utilize Loop 2420E at the line level.

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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name					
		0B State License Number					
		1D Medicaid Provider Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Rendering Provider Secondary Identifier	C	AN	1/30	Required	1

NM1 Purchased Service Provider Name

Pos: 500	Max: 1
Detail - Optional	
Loop: 2420B	Elements: 4

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. 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.
2. Required if purchased services are being billed/reported on this claim. Purchased services are situations where (for example) a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

Example:

NM1*QB*2*XYZ HOLTER MONITOR INC*****34*444556666~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual HIPAA IG Note: The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420.	M	ID	2/3	Required	1
		Code Name QB Purchase Service Provider					
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required	1
		Code Name 1 Person 2 Non-Person Entity					
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.	C	ID	1/2	Situational	1
		Code Name 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier					
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Purchased Service Provider Identifier Alias: Purchased Service Provider's Primary	C	AN	2/80	Situational	1

Identification Number

NSF Reference: FB0-11.0

HIPAA IG Note: Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

REF Purchased Service Provider Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Notes:

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

Example:

REF*1D*A12345~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>																										
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1																										
		<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>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>EI</td><td>Employer's 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>N5</td><td>Provider Plan Network Identification Number</td></tr> <tr><td>SY</td><td>Social Security Number</td></tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	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	EI	Employer's Identification Number	G2	Provider Commercial Number	LU	Location Number	N5	Provider Plan Network Identification Number	SY	Social Security Number					
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EI	Employer's Identification Number																																
G2	Provider Commercial Number																																
LU	Location Number																																
N5	Provider Plan Network Identification Number																																
SY	Social Security Number																																
		HIPAA IG NOTE: The social security number may not be used for Medicare.																															
		U3 Unique Supplier Identification Number (USIN)																															
		X5 State Industrial Accident Provider Number																															
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1																										
		Industry: Purchased Service Provider Secondary Identifier NSF Reference: FB0-11.0																															

NM1 Service Facility Location

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

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. 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.
2. Required when the location of health care service for this service line is different than that carried in the 2010AA (Billing Provider), 2010AB (Pay-to Provider), or 2310D Service Facility Location loops. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

Example:

NM1*TL*2*A-OK MOBILE CLINIC*****24*11122333~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual HIPAA IG Note: The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420.	M	ID	2/3	Required	1
		Code Name 77 Service Location HIPAA IG NOTE: Use when other codes in this element do not apply.					
		FA Facility LI Independent Lab TL Testing Laboratory					
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required	1
		Code Name 2 Non-Person Entity					
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Laboratory or Facility Name Alias: Service Facility Location Name NSF Reference: GX0-25.0 HIPAA IG Note: Required except when service was rendered in the patient's home.	O	AN	1/35	Situational	1
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: Required if either Employer's Identification/Social Security Number (tax ID of service location) or	C	ID	1/2	Situational	1

National Provider Identifier is known.

Code	Name
24	Employer's Identification Number
34	Social Security Number

HIPAA IG NOTE:
Do not use for Medicare claims.

XX Health Care Financing Administration National Provider Identifier

NM109	67	Identification Code	C	AN	2/80	Situational	1
-------	----	----------------------------	---	----	------	-------------	---

Description: Code identifying a party or other code

Industry: Laboratory or Facility Primary Identifier

Alias: Service Facility Location Identification Number

HIPAA IG Note: Required if either Employer's Identification/Social Security Number (tax ID of service location) or National Provider Identifier is known.

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

N3 Service Facility Location Address

Pos: 514	Max: 1
Detail - Optional	
Loop: 2420C	Elements: 2

User Option (Usage): Required

To specify the location of the named party

Notes:

1. If service facility location is in an area where there are no street addresses, enter a description of where the service was rendered (e.g., "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)

Example:

N3*2400 HEALTHY WAY~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
N301	166	Address Information Description: Address information Industry: Laboratory or Facility Address Line Alias: Service Facility Location Address 1 NSF Reference: GX2-04.0	M	AN	1/55	Required	1
N302	166	Address Information Description: Address information Industry: Laboratory or Facility Address Line Alias: Service Facility Location Address 2 NSF Reference: GX2-05.0 HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational	1

N4 Service Facility Location City/State/ZIP

Pos: 520	Max: 1
Detail - Optional	
Loop: 2420C	Elements: 4

User Option (Usage): Required

To specify the geographic place of the named party

Notes:

1. If service facility location is in an area where there are no street addresses, enter the name of the nearest town, state and zip of where the service was rendered.

Example:

N4*HYANNIS*MA*02601~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N401	19	City Name Description: Free-form text for city name Industry: Laboratory or Facility City Name Alias: Service Facility Location City NSF Reference: GX2-06.0	O	AN	2/30	Required	1
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Laboratory or Facility State or Province Code Alias: Service Facility Location State NSF Reference: GX2-07.0 <u>ExternalCodeList</u> Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required	1
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Laboratory or Facility Postal Zone or ZIP Code Alias: Service Facility Location ZIP Code NSF Reference: GX2-08.0 <u>ExternalCodeList</u> Name: 51 Description: ZIP Code	O	ID	3/15	Required	1
N404	26	Country Code Description: Code identifying the country Alias: Service Facility Location Country Code HIPAA IG Note: Required if the address is out of the U.S. <u>ExternalCodeList</u> Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational	1

REF Service Facility Location Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Notes:

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

Example:

REF*1D*A12345~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		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					
		N5 Provider Plan Network Identification Number					
		TJ Federal Taxpayer's Identification Number					
		X4 Clinical Laboratory Improvement Amendment Number					
		X5 State Industrial Accident Provider Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Service Facility Location Secondary Identifier					
		Alias: Service Facility Location Secondary Identification Number					

NM1 Supervising Provider Name

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

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. 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.
2. Required when rendering provider is supervised by a physician and the supervising physician is different than that listed at the claim level for this service line. All paye-specific identifying numbers belong to the destination payer identified in loop 2010BB.

Example:

NM1*DQ*1*KILLIAN*BART*B**I*24*222334444~

NYS MEDICAID NOTE:

NYSDOH will process Supervising Provider information if provided at this level; it will override what was provided at the Loop 2300 CLM segment level.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name DQ Supervising Physician	M	ID	2/3	Required	1
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person	M	ID	1/1	Required	1
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Supervising Provider Last Name NSF Reference: FB1-18.0	O	AN	1/35	Required	1
NM104	1036	Name First Description: Individual first name Industry: Supervising Provider First Name NSF Reference: FB1-19.0	O	AN	1/25	Required	1
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Supervising Provider Middle Name NSF Reference: FB1-20.0 HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.	O	AN	1/25	Situational	1
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Supervising Provider Name Suffix Alias: Supervising Provider Generation HIPAA IG Note: Required if known.	O	AN	1/10	Situational	1

NM108	66	<p>Identification Code Qualifier</p> <p>Description: Code designating the system/method of code structure used for Identification Code (67)</p> <p>HIPAA IG Note: Required if either Employer's Identification/Social Security Number (Supervising provider's tax ID) or National Provider Identifier is known.</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Code</u></th> <th style="text-align: left;"><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> </tbody> </table> <p>HIPAA IG NOTE: The social security number may not be used for Medicare.</p>	<u>Code</u>	<u>Name</u>	24	Employer's Identification Number	34	Social Security Number	C	ID	1/2	Situational	1
<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>Identification Code</p> <p>Description: Code identifying a party or other code</p> <p>Industry: Supervising Provider Identifier</p> <p>Alias: Supervising Provider's Identification Number</p> <p>NSF Reference: FB1-21.0</p> <p>HIPAA IG Note: Required if either Employer's Identification/Social Security Number (Supervising provider's tax ID) or National Provider Identifier is known.</p> <p>ExternalCodeList</p> <p>Name: 537</p> <p>Description: Health Care Financing Administration National Provider Identifier</p>	C	AN	2/80	Situational	1						

REF Supervising Provider Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Notes:

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

Example:

REF*1D*A12345~

NYS MEDICAID NOTE:

NYSDOH will process Supervising Provider information if provided at this level; it will override what was provided at the Loop 2300 CLM segment level.

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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		<u>Code</u> <u>Name</u>					
		0B State License Number					
		1D Medicaid Provider Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Supervising Provider Secondary Identifier					
		NSF Reference: FB1-21.0					

NM1 Ordering Provider Name

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

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. 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.
2. Required if a service or supply was ordered by a provider and that provider is a different entity than the rendering provider for this service line. All payer-specific identifiers belong to the destination payer identified in the 2010BB loop.

Example:

NM1*DK*1*RICHARDSON*TRENT****34*555667778~

NYS MEDICAID NOTE:

NYSDOH expects to receive the ordering provider for DME services in this loop.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual HIPAA IG Note: The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420.	M	ID	2/3	Required	1
		Code Name DK Ordering Physician					
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required	1
		Code Name 1 Person					
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Ordering Provider Last Name NSF Reference: FB1-06.0	O	AN	1/35	Required	1
NM104	1036	Name First Description: Individual first name Industry: Ordering Provider First Name NSF Reference: FB1-07.0	O	AN	1/25	Required	1
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Ordering Provider Middle Name NSF Reference: FB1-08.0 HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.	O	AN	1/25	Situational	1
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Ordering Provider Name Suffix	O	AN	1/10	Situational	1

NM108	66	<p>Alias: Ordering Provider Generation HIPAA IG Note: Required if known.</p> <p>Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: Required if either Employer's Identification/Social Security Number (Ordering provider's tax ID) or National Provider Identifier is known.</p> <table border="1"> <thead> <tr> <th data-bbox="349 443 415 470"><u>Code</u></th> <th data-bbox="526 443 592 470"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="349 476 380 504">24</td> <td data-bbox="526 476 878 504">Employer's Identification Number</td> </tr> <tr> <td data-bbox="349 510 380 537">34</td> <td data-bbox="526 510 781 537">Social Security Number</td> </tr> </tbody> </table> <p>HIPAA IG NOTE: The social security number may not be used for Medicare.</p>	<u>Code</u>	<u>Name</u>	24	Employer's Identification Number	34	Social Security Number	C	ID	1/2	Situational	1
<u>Code</u>	<u>Name</u>												
24	Employer's Identification Number												
34	Social Security Number												
NM109	67	<p>XX Health Care Financing Administration National Provider Identifier</p> <p>Identification Code Description: Code identifying a party or other code Industry: Ordering Provider Identifier Alias: Ordering Provider Primary Identifier NSF Reference: FB0-09.0, FB1-09.0, GX0-29.0 HIPAA IG Note: Required if either Employer's Identification/Social Security Number (Ordering provider's tax ID) or National Provider Identifier is known.</p> <p>ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier</p>	C	AN	2/80	Situational	1						

N3 Ordering Provider Address

Pos: 514	Max: 1
Detail - Optional	
Loop: 2420E	Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Notes:

1. Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (Medicare DMERC CMN) is used on service line for Medicare claims.

Example:

N3*2400 HEALTHY WAY~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
N301	166	Address Information Description: Address information Industry: Ordering Provider Address Line Alias: Ordering Provider Address 1 NSF Reference: FB2-06.0	M	AN	1/55	Required	1
N302	166	Address Information Description: Address information Industry: Ordering Provider Address Line Alias: Ordering Provider Address 2 NSF Reference: FB2-07.0 HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational	1

N4**Ordering Provider City/State/ZIP Code**

Pos: 520	Max: 1
Detail - Optional	
Loop: 2420E	Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Notes:

1. Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (Medicare DMERC CMN) is used on service line for Medicare claims.

Example:

N4*HYANNIS*MA*02601~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
N401	19	City Name Description: Free-form text for city name Industry: Ordering Provider City Name Alias: Ordering Provider City NSF Reference: FB2-08.0	O	AN	2/30	Required	1
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Ordering Provider State Code Alias: Ordering Provider State NSF Reference: FB0-10.0, FB2-09.0 ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required	1
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Ordering Provider Postal Zone or ZIP Code Alias: Ordering Provider Zip Code NSF Reference: FB2-10.0 ExternalCodeList Name: 51 Description: ZIP Code	O	ID	3/15	Required	1
N404	26	Country Code Description: Code identifying the country Alias: Ordering Provider Country Code HIPAA IG Note: Required if the address is out of the U.S. ExternalCodeList Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational	1

REF Ordering Provider Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Notes:

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

Example:

REF*1D*A12345~

NYS MEDICAID NOTE:

NYSDOH expects to receive either the NYS Medicaid Provider ID or the state license number. If the state license number is submitted, it must be preceded by the two character license type. For Ordering Services (DME), utilize Loop 2420E at the line level.

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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name					
		0B State License Number					
		1D Medicaid Provider Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Ordering Provider Secondary Identifier					
		NYS MEDICAID NOTE: NYSDOH expects to receive either the state license number or the Medicaid provider ID of the ordering provider.					

PER Ordering Provider Contact Information

Pos: 530	Max: 1
Detail - Optional	
Loop: 2420E	Elements: 8

User Option (Usage): Situational

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

Notes:

1. 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.
2. Required when services involving an oxygen therapy certificate of medical necessity (CMN) is being billed/reported on this service line.
3. By definition of the standard, if PER03 is used, PER04 is required.

Example:

PER*IC*JOHN SMITH*TE*2015551212~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named	M	ID	2/2	Required	1
		Code Name					
		IC Information Contact					
PER02	93	Name Description: Free-form name Industry: Ordering Provider Contact Name	O	AN	1/60	Required	1
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Required	1
		Code Name					
		EM Electronic Mail					
		FX Facsimile					
		TE Telephone					
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable NSF Reference: GX0-30.0, GU0-23.0	C	AN	1/80	Required	1
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number HIPAA IG Note: Used at discretion of submitter.	C	ID	2/2	Situational	1
		Code Name					
		EM Electronic Mail					
		EX Telephone Extension					
		FX Facsimile					

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

NM1 Referring Provider Name

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

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. 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.
2. Required if this service line involves a referral and the referring provider is different than the rendering provider and if the referring provider differs from that reported at the claim level (loop 2310A). All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.
3. When there is only one referral on the service line use code "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 service line. 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.

Example:

NM1*DN*1*WELBY*MARCUS*W**JR*34*444332222~

NYS MEDICAID NOTE:

NYSDOH will process qualifier "DN" or "P3" (NM101) referring provider information here. NYSDOH will process this information as an override to the information provided in Loop 2300 segment CLM.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required	1
		Code Name					
		DN Referring Provider					
		HIPAA IG NOTE:					
		Use on the first iteration of this loop. Use if loop is used only once.					
		P3 Primary Care Provider					
		HIPAA IG NOTE:					
		Use only if loop is used twice. Use only on second iteration of this loop.					
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required	1
		Code Name					
		1 Person					
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name	O	AN	1/35	Required	1
		Industry: Referring Provider Last Name					
		NSF Reference: FB1-10.0					
NM104	1036	Name First Description: Individual first name	O	AN	1/25	Required	1
		Industry: Referring Provider First Name					
		NSF Reference: FB1-11.0					
NM105	1037	Name Middle Description: Individual middle name or initial	O	AN	1/25	Situational	1

		Industry: Referring Provider Middle Name NSF Reference: FB1-12.0 HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.					
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Referring Provider Name Suffix Alias: Referring Provider Generation HIPAA IG Note: Required if known.	O	AN	1/10	Situational	1
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: Required if either Employer's Identification/Social Security Number (Referring Provider tax ID) or National Provider Identifier is known.	C	ID	1/2	Situational	1
		Code		Name			
		24		Employer's Identification Number			
		34		Social Security Number			
				HIPAA IG NOTE:			
				The social security number may not be used for Medicare.			
		XX		Health Care Financing Administration National Provider Identifier			
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Referring Provider Identifier Alias: Referring Provider's Identification Number NSF Reference: FB1-13.0, FA0-24.0 HIPAA IG Note: Required if either Employer's Identification/Social Security Number (Referring Provider tax ID) or National Provider Identifier is known.	C	AN	2/80	Situational	1
		ExternalCodeList					
		Name: 537					
		Description: Health Care Financing Administration National Provider Identifier					

PRV Referring Provider Specialty Information

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

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Notes:

- 1. Required if required under provider-payer contract.
- 2. PRV02 qualifies PRV03.

Example:

PRV*RF*ZZ*363LP0200N~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

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

REF Referring Provider Secondary Identification

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

User Option (Usage): Situational

To specify identifying information

Notes:

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

Example:

REF*1D*A12345~

NYS MEDICAID NOTE:

NYSDOH expects to receive either the NYS Medicaid Provider ID or the state license number. If the state license number is submitted, it must be preceded by the two character license type. For Ordered Services (DME), utilize Loop 2420E at the line level.

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>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required	1
		Code Name					
		0B State License Number					
		1D Medicaid Provider Number					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required	1
		Industry: Referring Provider Secondary Identifier					
		NYS MEDICAID NOTE: NYSDOH expects to receive either the state license number or the Medicaid Provider ID.					

NM1 Other Payer Prior Authorization or Referral Number

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

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. Required when it is necessary, in COB situations, to send a payer-specific line level referral number or prior authorization number. The payer-specific numbers carried in the REF in this loop belong to the non-destination (COB) payers.
2. The strategy in using this loop is to use NM109 to identify which payer the prior authorization/referral number carried in the REF of this loop belongs to. For example, if there are 2 COB payers (non-destination payers) who have additional referral numbers for this service line the data string for the 2420G loop would look like his: NM1*PR*2*****PI*PAYER #1 ID~ (This payer ID would be identified in an iteration of loop 2330B in it's own 2320 loop) REF*9F*AAAAAAA~ NM1*PR*2*****PI*PAYER#2 ID~ (This payer ID would also be identified in an interation of loop 2330B in it's own 2320 loop) REF*9F*2BBBBBB~
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*UNION MUTUAL OF OREGON*****PI*223345~

NYS MEDICAID NOTE:

NYSDOH will ignore data when provided.

Element Summary:

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

Other Payer Identifier in NM109 in 2330B
loop(s).

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

REF Other Payer Prior Authorization or Referral Number

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

User Option (Usage): Required

To specify identifying information

Notes:

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

Example:

REF*G1*AB333-Y5~

NYS MEDICAID NOTE:

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

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

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 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.
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*HC:84550**3~

NYS MEDICAID NOTE:

NYSDOH expects to receive other insurance or Medicare information as provided to the submitter on an 835 or paper remittance advice.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SVD01	67	Identification Code Description: Code identifying a party or other code Industry: Other Payer Primary Identifier Alias: Other Payer identification code HIPAA IG Note: This number should match NM109 in Loop ID-2330B identifying Other Payer.	M	AN	2/80	Required	1
SVD02	782	Monetary Amount Description: Monetary amount Industry: Service Line Paid Amount Alias: Paid Amount NSF Reference: FA0-52.0 HIPAA IG Note: Zero "0" is an acceptable value for this element. The FA0-52.0 NSF crosswalk is only used in payer-to-payer COB situations.	M	R	1/18	Required	1
SVD03	C003	Composite Medical Procedure Identifier Description: To identify a medical procedure by its standardized codes and applicable modifiers Alias: Procedure identifier HIPAA IG Note: This element contains the procedure code that was used to pay this service line. It crosswalks from SVC01 in the 835 transmission.	O	Comp		Required	1
	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Industry: Product or Service ID Qualifier	M	ID	2/2	Required	1

HIPAA IG Note: The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410 only.

<u>Code</u>	<u>Name</u>
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HIPAA IG NOTE: Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.
IV	Home Infusion EDI Coalition (HIEC) Product/Service Code HIPAA IG NOTE: This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.
ZZ	Mutually Defined HIPAA IG NOTE: Jurisdictionally Defined Procedure and Supply Codes. (Used for Worker's Compensation claims). Contact your local (State) Jurisdiction for a list of these codes.

234	Product/Service ID Description: Identifying number for a product or service Industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 513 Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List	M	AN	1/48	Required	1
1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Alias: Procedure Modifier 1 HIPAA IG Note: Use this modifier for the first procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	O	AN	2/2	Situational	1
1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Alias: Procedure Modifier 2 HIPAA IG Note: Use this modifier for the second procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	O	AN	2/2	Situational	1
1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Alias: Procedure Modifier 3 HIPAA IG Note: Use this modifier for the third procedure code modifier. Required when a modifier clarifies/improves	O	AN	2/2	Situational	1

		the reporting accuracy of the associated procedure code.					
	1339	<p>Procedure Modifier</p> <p>Description: This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p>Alias: Procedure Modifier 4</p> <p>HIPAA IG Note: Use this modifier for the fourth procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.</p>	O	AN	2/2	Situational	1
	352	<p>Description</p> <p>Description: A free-form description to clarify the related data elements and their content</p> <p>Industry: Procedure Code Description</p> <p>HIPAA IG Note: Required if SVC01-7 was returned in the 835 transaction.</p>	O	AN	1/80	Situational	1
SVD05	380	<p>Quantity</p> <p>Description: Numeric value of quantity</p> <p>Industry: Paid Service Unit Count</p> <p>Alias: Paid units of service</p> <p>HIPAA IG Note: Crosswalk from SVC05 in 835 or, if not present in 835, use original billed units.</p>	O	R	1/15	Required	1
SVD06	554	<p>Assigned Number</p> <p>Description: Number assigned for differentiation within a transaction set</p> <p>Industry: Bundled Line Number</p> <p>Alias: Bundled Line Number</p> <p>HIPAA IG Note: Use the LX from this transaction which points to the bundled line. Required if payer bundled this service line.</p>	O	N0	1/6	Situational	1

CAS Line 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

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 specific 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 to 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*7.93~
CAS*OA*93*15.06~

NYS MEDICAID NOTE:

NYSDOH will process other insurance or Medicare information as received by the submitter in a remittance advice.

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>	<u>Rep</u>
CAS01	1033	Claim Adjustment Group Code Description: Code identifying the general category of payment adjustment Alias: Adjustment Group Code	M	ID	1/2	Required	1
		Code Name CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payor Initiated Reductions PR Patient Responsibility					
CAS02	1034	Claim Adjustment Reason Code 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).	M	ID	1/5	Required	1
		ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code					
CAS03	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount Alias: Adjusted Amount - Line Level NSF Reference: FA0-27.0, FA0-28.0, FA0-35.0, FA0-48.0, FB0-06.0, FB0-07.0, FB0-	M	R	1/18	Required	1

CAS04	380	<p>08.0, FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0</p> <p>HIPAA IG Note: Use this amount for the adjustment amount.</p> <p>Quantity Description: Numeric value of quantity Industry: Adjustment Quantity Alias: Adjusted Units - Line Level HIPAA IG Note: Use this quantity for the units of service being adjusted. Use as needed to show payer adjustment.</p>	O	R	1/15	Situational	1
CAS05	1034	<p>Claim Adjustment Reason Code 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 0 HIPAA IG Note: Use as needed to show payer adjustment. Use the Claim Adjustment Reason Code list (See Appendix C).</p> <p>ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code</p>	C	ID	1/5	Situational	1
CAS06	782	<p>Monetary Amount Description: Monetary amount Industry: Adjustment Amount Alias: Adjusted Amount - Line Level NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0 HIPAA IG Note: Use this amount for the adjustment amount. Use as needed to show payer adjustment.</p>	C	R	1/18	Situational	1
CAS07	380	<p>Quantity Description: Numeric value of quantity Industry: Adjustment Quantity Alias: Adjusted Units - Line Level HIPAA IG Note: Use this quantity for the units of service being adjusted. Use as needed to show payer adjustment.</p>	C	R	1/15	Situational	1
CAS08	1034	<p>Claim Adjustment Reason Code 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 as needed to show payer adjustment. Use the Claim Adjustment Reason Code list (See Appendix C).</p> <p>ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code</p>	C	ID	1/5	Situational	1
CAS09	782	<p>Monetary Amount Description: Monetary amount</p>	C	R	1/18	Situational	1

CAS10	380	<p>Industry: Adjustment Amount Alias: Adjusted Amount - Line Level NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0 HIPAA IG Note: Use this amount for the adjustment amount. Use as needed to show payer adjustment.</p>	C	R	1/15	Situational	1
CAS11	1034	<p>Quantity Description: Numeric value of quantity Industry: Adjustment Quantity Alias: Adjusted Units - Line Level HIPAA IG Note: Use this quantity for the units of service being adjusted. Use as needed to show payer adjustment.</p>	C	ID	1/5	Situational	1
CAS12	782	<p>Claim Adjustment Reason Code 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 as needed to show payer adjustment. Use the Claim Adjustment Reason Code list (See Appendix C). <u>ExternalCodeList</u> Name: 139 Description: Claim Adjustment Reason Code</p>	C	R	1/18	Situational	1
CAS13	380	<p>Monetary Amount Description: Monetary amount Industry: Adjustment Amount Alias: Adjusted Amount - Line Level NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0 HIPAA IG Note: Use this amount for the adjustment amount. Use as needed to show payer adjustment.</p>	C	R	1/15	Situational	1
CAS14	1034	<p>Quantity Description: Numeric value of quantity Industry: Adjustment Quantity Alias: Adjusted Units - Line Level HIPAA IG Note: Use this quantity for the units of service being adjusted. Use as needed to show payer adjustment.</p>	C	ID	1/5	Situational	1
		<p>Claim Adjustment Reason Code 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 as needed to show payer adjustment. Use the Claim Adjustment Reason Code list (See Appendix C). <u>ExternalCodeList</u> Name: 139 Description: Claim Adjustment Reason Code</p>					

CAS15	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount Alias: Adjusted Amount - Line Level NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0 HIPAA IG Note: Use this amount for the adjustment amount. Use as needed to show payer adjustment.	C	R	1/18	Situational	1
CAS16	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity Alias: Adjusted Units - Line Level HIPAA IG Note: Use this quantity for the units of service being adjusted. Use as needed to show payer adjustment.	C	R	1/15	Situational	1
CAS17	1034	Claim Adjustment Reason Code 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 as needed to show payer adjustment. Use the Claim Adjustment Reason Code list (See Appendix C). ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code	C	ID	1/5	Situational	1
CAS18	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount Alias: Adjusted Amount - Line Level NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0 HIPAA IG Note: Use this amount for the adjustment amount. Use as needed to show payer adjustment.	C	R	1/18	Situational	1
CAS19	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity Alias: Adjusted Units - Line Level HIPAA IG Note: Use this quantity for the units of service being adjusted. Use as needed to show payer adjustment.	C	R	1/15	Situational	1

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*19970131~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required	1
		Code Name 573 Date Claim Paid					
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1
DTP03	1251	Date Time Period 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	1

LQ Form Identification Code

Pos: 551	Max: 1
Detail - Optional	
Loop: 2440	Elements: 2

User Option (Usage): Situational

Code to transmit standard industry codes

Notes:

1. Required if the provider is required to routinely include supporting documentation (a standardized paper form) in electronic format. An example is for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician. Medicare or other payers may require other supporting documentation for other types of claims (e.g., home health). 266 4 2. The 2440 loop is designed to allow providers to attach any type of standardized supplemental information to the claim when required to do so by the payer. The LQ segment contains information to identify the form (LQ01) and the specific form number (LQ02). In the example given below, LQ01=UT which identifies the form as a Medicare DMERC CMN form. LQ02=0102A identifies which DMERC CMN form is being used. See Appendix K and the FRM segment for further notes on use of this loop.
3. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then the LQ and FRM segments are "Required".
4. Loop 2440 was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entities who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this loop.

Example:

LQ*UT*0102A~

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
LQ01	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Alias: Form Identification Code	O	ID	1/3	Required	1
		Code Name AS Form Type Code					
		HIPAA IG NOTE: Use code AS to indicate that a Home Health form is being identified.					
		UT Health Care Financing Administration (HCFA) Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN) Forms					
LQ02	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Form Identifier NSF Reference: GU0-25.0	C	AN	1/30	Required	1

FRM Supporting Documentation

Pos: 552	Max: 99
Detail - Optional	
Loop: 2440	Elements: 5

User Option (Usage): Required

To specify information in response to a codified questionnaire document

Notes:

1. The LQ segment is used to identify the general (LQ01) and specific type (LQ02) for the form being reported in the 2440. The FRM segment is used to answer specific questions on the form identified in the LQ. FRM01 is used to indicate the question being answered. Answers can take one of 4 forms: FRM02 for Yes/No questions, FRM03 for text/uncodified answers, FRM04 for answers which use dates, and FRM05 for answers which are percents. For each FRM01 (question) use a remaining FRM element, choosing the element which has the most appropriate format. One FRM segment is used for each question/answer pair.

The example below shows how the FRM can be used to answer all the pertinent questions on DMERC form 0802 (LQ*UT*0802~). See Appendix K - Supporting Documentation Example, for a more detailed explanation of how to use the 2440 Loop.

2. Loop 2440 was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entities who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this loop.

Example:

```
FRM*1A**J0234~
FRM*1B**500~
FRM*1C**4~
FRM*4*Y~
FRM*5A**5~
FRM*5B**3~
FRM*8*METHODIST HOSPITAL~
FRM*9*INDIANAPOLIS~
FRM*10**INDIANA~
FRM*11***19971101~
FRM*12*Y~
FRM*1*N~
```

NYS MEDICAID NOTE:

NYSDOH 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>	<u>Rep</u>
FRM01	350	Assigned Identification Description: Alphanumeric characters assigned for differentiation within a transaction set Industry: Question Number/Letter	M	AN	1/20	Required	1
FRM02	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Question Response NSF Reference: GU0-26.0, GU0-27.0, GU0-28.0, GU0-29.0, GU0-30.0, GU0-31.0, GU0-32.0, GU0-33.0, GU0-34.0, GU0-35.0, GU0-36.0, GU0-37.0, GU0-38.0, GU0-39.0, GU0-40.0, GU0-43.0, GU0-44.0 HIPAA IG Note: FRM02, 03, 04, or 05 is required. Used to answer question identified in FRM01 which utilizes a Yes/No response format.	C	ID	1/1	Situational	1
		Code Name					

N No
 W Not Applicable
 Y Yes

FRM03	127	<p>Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Question Response NSF Reference: GU0-28.0, GU0-31.0, GU0-33.0, GU0-45.0, GU0-46.0, GU0-47.0, GU0-48.0, GU0-49.0, GU0-50.0, GU0-51.0, GU0-57.0, GU0-58.0, GU0-59.0, GU0-60.0, GU0-61.0, GU0-62.0, GU0-63.0, GU0-64.0, GU0-65.0, GU0-66.0, GU0-67.0, GU0-68.0 HIPAA IG Note: FRM02, 03, 04, or 05 is required. Used to answer question identified in FRM01 which utilizes a text or uncodified response format.</p>	C	AN	1/30	Situational	1
FRM04	373	<p>Date Description: Date expressed as CCYYMMDD Industry: Question Response NSF Reference: GU0-53.0, GU0-54.0, GU0-55.0, GU0-56.0 HIPAA IG Note: FRM02, 03, 04, or 05 is required. Used to answer question identified in FRM01 which utilizes a date response format.</p>	C	DT	8/8	Situational	1
FRM05	332	<p>Percent Description: Percent expressed as a percent Industry: Question Response NSF Reference: GU0-69.0, GU0-70.0, GU0-71.0 HIPAA IG Note: FRM02, 03, 04, or 05 is required. Used to answer question identified in FRM01 which utilizes a percent response format.</p>	C	R	1/6	Situational	1

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

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 this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC 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:

NYSDOH will reject any claim that reports the Patient HL segment. The patient is always the subscriber for NYS Medicaid claims. The HIPAA IG prohibits submission of the Patient HL when the patient and subscriber are the same person.

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>	<u>Rep</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required	1
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required	1
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required	1
		<u>Code</u> 23		<u>Name</u> Dependent			
		HIPAA IG NOTE: 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.					
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required	1
		<u>Code</u> 0		<u>Name</u> 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>	<u>Rep</u>
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments Industry: Transaction Segment Count Alias: Segment Count	M	N0	1/10	Required	1
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set Alias: Transaction Set Control Number HIPAA IG Note: 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	1