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.

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

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

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

NYS MEDICAID NOTE:

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

The Companion Guide provided by the NYS DOH 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 NYS Medicaid 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 Implementation Guide

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

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

Heading:

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

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000A					**>1**		
001	HL	Billing/Pay-to Provider Hierarchical Level	M	1			Required
003	PRV	Billing/Pay-to Provider Specialty Information	O	1			Situational
010	CUR	Foreign Currency Information	O	1			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			Required
035	REF	Billing Provider Secondary Identification	O	8			Situational
035	REF	Billing Provider Secondary Identification	O	8			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			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: Vision	O	3			Situational
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 - 2310E					**1**	**N2/250L**	
250	NM1	Supervising Provider Name	O	1		N2/250	Situational
271	REF	Supervising Provider Secondary	O	5			Situational

		Identification					
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) 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**	**N2/493L**	
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**	**N2/500L**	
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**	**N2/500L**	
500	NM1	Purchased Service Provider Name	O	1		N2/500	Situational
525	REF	Purchased Service Provider Secondary Identification	O	5		N2/525	Situational
LOOP ID - 2420C					**1**	**N2/500L**	
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**	**N2/500L**	
500	NM1	Supervising Provider Name	O	1		N2/500	Situational
525	REF	Supervising Provider Secondary Identification	O	5			Situational
LOOP ID - 2420E					**1**	**N2/500L**	
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	O	5			Situational

		Identification					
530	PER	Ordering Provider Contact Information	O	1			Situational
LOOP ID - 2420F					**2**	**N2/500L**	
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**	**N2/500L**	
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**	**N2/540L**	
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. **Code** / **Name** 837 / Health Care Claim REQUIRED	M	ID	3/3	Required	1
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 **Code** / **Name** 0019 Information Source, Subscriber, Dependent	M	ID	4/4	Required	1
BHT02	353	**Transaction Set Purpose Code** **Description:** Code identifying purpose of transaction set **Alias:** Transaction Set Purpose Code **NYS MEDICAID NOTE:** NYS will process code '18' as an original transmission. **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. **Code** / **Name** 00 Original 18 Reissue	M	ID	2/2	Required	1
BHT03	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** Originator Application Transaction	O	AN	1/30	Required	1

		Identifier **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.					
BHT04	373	**Date** **Description:** Date expressed as CCYYMMDD **Industry:** Transaction Set Creation Date **NSF Reference:** AA0-15.0 **HIPAA IG Note:** Identifies the date that the submitter created the file.	O	DT	8/8	Required	1
BHT05	337	**Time** **Description:** Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) **Industry:** 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.	O	TM	4/8	Required	1
BHT06	640	**Transaction Type Code** **Description:** Code specifying the type of transaction **Industry:** Claim or Encounter Identifier **Alias:** Claim or Encounter Indicator **NYS MEDICAID NOTE:** NYS will only process transactions with a qualifier of 'CH'. Reporting transactions are not supported **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.	O	ID	2/2	Required	1

Code	Name
CH	Chargeable

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.

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Code** / **Name** 87 / Functional Category	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:** 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:

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** 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) **Code** / **Name**	C	ID	1/2	Required	1

		46 Electronic Transmitter Identification Number (ETIN) Established by trading partner agreement.					
NM109	67	**Identification Code** **Description:** Code identifying a party or other code **Industry:** Submitter Identifier **Alias:** Submitter Primary Identification Number **NYS MEDICAID NOTE:** NYS will return the 835 to the ETIN (Electronic Transmitter Identification Number) provided here. This number is assigned to the submitter by NYS Medicaid. In past implementations, this code was known as the Tape Supplier Number (TSN). **NSF Reference:** AA0-02.0, ZA0-02.0	C	AN	2/80	Required	1

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*9005555555~

NYS MEDICAID NOTE:

NYS 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 **Code** — **Name** 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 **Code** — **Name** 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** **Description:** Code identifying the type of	C	ID	2/2	Situational	1

		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					
PER06	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable **HIPAA IG Note:** Used at the discretion of the submitter.	C	AN	1/80	Situational	1
PER07	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					
PER08	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable **HIPAA IG Note:** Used at the discretion of the submitter.	C	AN	1/80	Situational	1

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:

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** 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:** NYS expects to receive 'NYS DOH'.	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:** NYS expects to receive '95-2043126'. **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 **Code** **Name** 20 Information Source	M	ID	1/2	Required	1
HL04	736	**Hierarchical Child Code** **Description:** Code indicating if there are hierarchical child data segments subordinate to the level being described **Code** **Name** 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	O	ID	1/1	Required	1

PRV Billing/Pay-to Provider Specialty Information

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

User Option (Usage): Situational

To specify the identifying characteristics of a provider

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:

NYS 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 **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 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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CUR01	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual **Code** / **Name** 85 / Billing Provider	M	ID	2/3	Required	1
CUR02	100	**Currency Code** **Description:** Code (Standard ISO) for country in whose currency the charges are specified **ExternalCodeList** **Name:** 5 **Description:** Countries, Currencies and Funds	M	ID	3/3	Required	1

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 JOHNANSE*****24*111223333~

NYS MEDICAID NOTE:

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual **Code** / **Name** 85 Billing Provider 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 **NSF Reference:** BA0-21.0	O	AN	1/25	Situational	1

		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	C	AN	2/80	Required	1
		ExternalCodeList **Name:** 537 **Description:** Health Care Financing Administration National Provider Identifier					

N3 Billing Provider Address

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

User Option (Usage): Required

To specify the location of the named party

Example:

N3*225 MAIN STREET*BARKLEY BUILDING~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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 **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:** Billing Provider Postal Zone or ZIP Code **Alias:** Billing Provider's Zip Code **NSF Reference:** BA1-11.0, BA1-17.0 **ExternalCodeList** **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. **ExternalCodeList** **Name:** 5 **Description:** Countries, Currencies and Funds	O	ID	2/3	Situational	1

REF Billing Provider Secondary Identification

Pos: 035	Max: 8
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 business requirements. It is necessary to receive both the Medicaid Provider ID and the Location Code in order to process a claim. This iteration will report NYS Medicaid Provider ID.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:** 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	C	AN	1/30	Required	1

REF Billing Provider Secondary Identification

Pos: 035	Max: 8
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 business requirements. It is necessary to receive both the Medicaid Provider ID and the Location Code in order to process a claim. This iteration will report the Location Code.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Code** / **Name** LU / Location 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:** 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	C	AN	1/30	Required	1

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:

NYS 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 **Code** / **Name** IC Information Contact	M	ID	2/2	Required	1
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 **Code** / **Name** 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:** 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 the billing provider.	C	ID	2/2	Situational	1

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

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:

NYS expects to receive the Group Provider information 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 **Code** / **Name** 87 Pay-to Provider	M	ID	2/3	Required	1
NM102	1065	**Entity Type Qualifier** **Description:** Code qualifying the type of entity **Code** / **Name** 1 Person 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 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.	M	ID	1/1	Required	1
NM103	1035	**Name Last or Organization Name** **Description:** Individual last name or organizational name **Industry:** Pay-to Provider Last or Organizational Name **NSF Reference:** BA0-18.0 or BA0-19.0	O	AN	1/35	Required	1
NM104	1036	**Name First** **Description:** Individual first name **Industry:** Pay-to Provider First 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:** Pay-to Provider Middle Name **NSF Reference:** BA0-21.0 **HIPAA IG Note:** Required if NM102=1 and	O	AN	1/25	Situational	1

		the middle name/initial of the person is known.					
NM107	1039	**Name Suffix** **Description:** Suffix to individual name **Industry:** Pay-to Provider Name Suffix **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 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:** 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 **ExternalCodeList** **Name:** 537 **Description:** Health Care Financing Administration National Provider Identifier	C	AN	2/80	Required	1

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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:

NYS 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 **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:** Pay-to Provider Postal Zone or ZIP Code **Alias:** Pay-to Provider Zip Code **NSF Reference:** BA1-17.0, BA1-11.0 **ExternalCodeList** **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. **ExternalCodeList** **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:

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

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:

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	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 **Code** — **Name** 22 — Subscriber	M	ID	1/2	Required	1
HL04	736	**Hierarchical Child Code** **Description:** Code indicating if there are hierarchical child data segments subordinate to the level being described **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 HL (e.g., a father and son are both involved in the same automobile accident and are	O	ID	1/1	Required	1

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.
All valid standard codes are used.

SBR Subscriber Information

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

User Option (Usage): Required

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

Example:

SBR*P**GRP01020102******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 **Code** / **Name** P Primary S Secondary T Tertiary Use to indicate 'payer of last resort'.	M	ID	1/1	Required	1
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. **Code** / **Name** 18 Self	O	ID	2/2	Situational	1
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	**Name** **Description:** Free-form name	O	AN	1/60	Situational	1

Industry: 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** **Description:** Code identifying the type of insurance policy within a specific insurance program **Alias:** Insurance type code **NSF Reference:** DA0-06.0 **HIPAA IG Note:** Required when the destination payer (Loop 2010BB) is Medicare and Medicare is not the primary payer (SBR01 equals "S" or "T").	O	ID	1/3	Situational	1

Code	Name
12	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
13	Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan
14	Medicare Secondary, No-fault Insurance including Auto is Primary
15	Medicare Secondary Worker's Compensation
16	Medicare Secondary Public Health Service (PHS)or Other Federal Agency
41	Medicare Secondary Black Lung
42	Medicare Secondary Veteran's Administration
43	Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
47	Medicare Secondary, Other Liability Insurance is Primary

SBR09	1032	**Claim Filing Indicator Code** **Description:** Code identifying type of claim **Alias:** Claim Filing Indicator Code **NYS MEDICAID NOTE:** NYS expects to receive 'MC'. **HIPAA IG Note:** Required prior to mandated used of PlanID. Not used after PlanID is mandated.	O	ID	1/2	Situational	1

Code	Name
MC	Medicaid

NSF Reference:
CA0-23.0 (D), DA0-05.0 (D)

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:

NYS 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. **Code** / **Name** D8 / Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational	1
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. **Code** / **Name** 01 / Actual Pounds	C	ID	2/2	Situational	1
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.

Code	Name
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~

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** 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:** NYS 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 **Alias:** Subscriber Generation **NSF Reference:** CA0-07.0, DA0-22.0 **HIPAA IG Note:** Required if known. Examples: I, II, III, IV, Jr, Sr	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 NM102 = 1 (person)	C	ID	1/2	Situational	1

Code	**Name**
MI	Member Identification Number

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.
MI is also intended to be used in claims submitted to the Indian Health Service/Contract Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Tribe Residency Code (Tribe County State).
In the event that a Social Security Number is also available on an IHS/CHS claim, put the SSN in
REF02.

NM109	67	**Identification Code** **Description:** Code identifying a party or other code **Industry:** Subscriber Primary Identifier **NSF Reference:** DA0-18.0, CA1-05.0, CA1-06.0 **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.	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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:

NYS 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:** 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~

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:** NYS 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 U Unknown	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:

NYS 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
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** Subscriber Supplemental Identifier	C	AN	1/30	Required	1

Code	Name
1W	Member Identification Number If NM108 = M1 do not use this code.
23	Client Number 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 The social security number may not be used for Medicare.

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:** NYS 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:** NYS 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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:

NYS 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:** 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:

NYS 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 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 **Industry:** Payer Additional Identifier **NSF Reference:** DA0-08.0 **ExternalCodeList** **Name:** 245 **Description:** National Association of Insurance Commissioners (NAIC) Code	C	AN	1/30	Required	1

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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 **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 any responding system is '20'. Characters beyond 20 are not required to be stored nor returned by any 837-receiving system.	M	AN	1/38	Required	1

CLM02	782	**Monetary Amount** **Description:** Monetary amount **Industry:** Total Claim Charge Amount **Alias:** Total Submitted Charges **NSF Reference:** XA0-12.0 **HIPAA IG Note:** For encounter transmissions, zero (0) may be a valid amount.	O	R	1/18	Required	1
CLM05	C023	**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.	O	Comp		Required	1
	1331	**Facility Code Value** **Description:** Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format **Industry:** Facility Type Code **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. 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	M	AN	1/2	Required	1

		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** **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:** NYS 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	O	ID	1/1	Required	1
CLM06	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response **Industry:** Provider or Supplier Signature Indicator **Alias:** Provider Signature on File **NSF Reference:** EA0-37.0 **Code** **Name** N No Y Yes	O	ID	1/1	Required	1
CLM07	1359	**Provider Accept Assignment Code** **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.**	O	ID	1/1	Required	1
CLM08	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 **Code** **Name** N No Y Yes	O	ID	1/1	Required	1
CLM09	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 **NSF Reference:** EA0-13.0 **All valid standard codes are used.**	O	ID	1/1	Required	1
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** **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.	O	Comp		Situational	1
	1362	**Related-Causes Code** **Description:** Code identifying an accompanying cause of an illness, injury or an accident **Industry:** Related Causes Code **NSF Reference:** EA0-05.0 - Auto Accident or Other Accident, EA0-04.0 -Employment, EA0-09.0 - Responsibility Indicator **Code** — **Name** AA — Auto Accident AP — Another Party Responsible EM — Employment OA — Other Accident	M	ID	2/3	Required	1
	1362	**Related-Causes Code** **Description:** Code identifying an accompanying cause of an illness, injury or an accident **Industry:** Related Causes 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. **Code** — **Name** AA — Auto Accident AP — Another Party Responsible EM — Employment OA — Other Accident	O	ID	2/3	Situational	1
	1362	**Related-Causes Code** **Description:** Code identifying an accompanying cause of an illness, injury or an accident **Industry:** Related Causes 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. **Code** — **Name**	O	ID	2/3	Situational	1

		AA Auto Accident AP Another Party Responsible EM Employment OA Other Accident					
	156	**State or Province Code** **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.	O	ID	2/2	Situational	1
	26	**Country Code** **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	O	ID	2/3	Situational	1
CLM12	1366	**Special Program Code** **Description:** Code indicating the Special Program under which the services rendered to the patient were performed **Industry:** Special Program Indicator **Alias:** Special Program Code **NSF Reference:** EA0-43.0 **HIPAA IG Note:** Required if the services were rendered under one of the following circumstances/programs/projects.	O	ID	2/3	Situational	1
		Code **Name** 01 Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP) 02 Physically Handicapped Children's Program 03 Special Federal Funding This code is used for Medicaid claims only. 05 Disability This code is used for Medicaid claims only. 07 Induced Abortion - Danger to Life This code is used for Medicaid claims only. 08 Induced Abortion - Rape or Incest This code is used for Medicaid claims only. 09 Second Opinion or Surgery This code is used for Medicaid claims only.					
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	O	ID	1/1	Situational	1

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.

Code	Name
P	Participation Agreement

CLM20	1514	**Delay Reason Code** **Description:** Code indicating the reason why a request was delayed **Alias:** Delay Reason Code **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.	O	ID	1/2	Situational	1

Code	Name
1	Proof of Eligibility Unknown or Unavailable
2	Litigation
3	Authorization Delays
4	Delay in Certifying Provider
5	Delay in Supplying Billing Forms
6	Delay in Delivery of Custom-made Appliances
7	Third Party Processing Delay
8	Delay in Eligibility Determination
9	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
10	Administration Delay in the Prior Approval Process
11	Other

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:

NYS 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 **Code** / **Name** 454 / Initial Treatment	M	ID	3/3	Required	1
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:

NYS 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 **Code** / **Name** 304 Latest Visit or Consultation	M	ID	3/3	Required	1
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:

NYS 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 **Code** / **Name** 431 / Onset of Current Symptoms or Illness	M	ID	3/3	Required	1
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:

NYS 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 **Code** / **Name** 453 / Acute Manifestation of a Chronic Condition	M	ID	3/3	Required	1
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:

NYS 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 **Code** / **Name** 438 / Onset of Similar Symptoms or Illness	M	ID	3/3	Required	1
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:

NYS 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 **Code** / **Name** 439 / Accident	M	ID	3/3	Required	1
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 DT / Date and Time Expressed in Format CCYYMMDDHHMM Required if accident hour is known.	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:** 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:

NYS 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 **Code** / **Name** 484 / Last Menstrual Period	M	ID	3/3	Required	1
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:

NYS 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 **Code** / **Name**: 455 / Last X-Ray	M	ID	3/3	Required	1
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:

NYS 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 **Code** / **Name**: 471 / Prescription	M	ID	3/3	Required	1
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:

NYS 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 **Code** / **Name** 360 / Disability Begin	M	ID	3/3	Required	1
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 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:

NYS 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 **Code** / **Name** 361 / Disability End	M	ID	3/3	Required	1
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:

NYS 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 **Code** / **Name** 297 / Date Last Worked	M	ID	3/3	Required	1
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 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:

NYS 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 **Code** / **Name** 296 / Return to Work This is the date the provider has authorized the patient to return to work.	M	ID	3/3	Required	1
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:** 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:

NYS 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 **Code** / **Name** 435 / Admission	M	ID	3/3	Required	1
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 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:

NYS 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 **Code** / **Name** 096 Discharge	M	ID	3/3	Required	1
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:

NYS 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 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 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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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 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,	O	ID	1/2	Required	1

		transmission method or format by which reports are to be sent **Industry:** Attachment Transmission Code **NSF Reference:** EA0-40.0					
		Code **Name** AA Available on Request at Provider Site 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 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”. **Code** **Name** AC Attachment Control Number	C	ID	1/2	Situational	1
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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CN101	1166	**Contract Type Code** **Description:** Code identifying a contract type **Alias:** Contract Type Code **Code** / **Name** 02 Per Diem 03 Variable Per Diem 04 Flat 05 Capitated 06 Percent 09 Other	M	ID	2/2	Required	1
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 required by contract to supply this	O	AN	1/30	Situational	1

		information on the claim.					
CN105	338	**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.	O	R	1/6	Situational	1
CN106	799	**Version Identifier** **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.	O	AN	1/30	Situational	1

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~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code** **Description:** Code to qualify amount **Code** / **Name** F5 Patient Amount Paid	M	ID	1/3	Required	1
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:

NYS 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 **Code** / **Name** NE / Net Billed Use this code to indicate Total Purchased Service Charges.	M	ID	1/3	Required	1
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~

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** 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:

NYS 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 **Code** / **Name** EW / Mammography Certification 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:** 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:

NYS 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 **Code** / **Name** 9F Referral Number 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 **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~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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 preformed 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:

NYS 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 **Code** / **Name** X4 / Clinical Laboratory Improvement Amendment 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:** 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:

NYS 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 **Code** / **Name** LX / Qualified Products List	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:** 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:

NYS 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 **HIPAA IG Note:** Number assigned by clearinghouse/van/etc. **Code** / **Name** D9 / Claim 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:** 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:

NYS 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 **Code** / **Name** 1S / Ambulatory Patient Group (APG) 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:** Ambulatory Patient Group Number	C	AN	1/30	Required	1

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~

NYS MEDICAID NOTE:

NYS 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 **Code** / **Name** EA / Medical Record Identification 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:** Medical Record Number	C	AN	1/30	Required	1

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:

NYS 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 **Code** / **Name** P4 / Project 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:** Demonstration Project Identifier **NSF Reference:** EA0-43.0	C	AN	1/30	Required	1

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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:

1. 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.
2. 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:

NYS 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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NTE01	363	**Note Reference Code** **Description:** Code identifying the functional area or purpose for which the note applies	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

Code	Name
ADD	Additional Information
CER	Certification Narrative
DCP	Goals, Rehabilitation Potential, or Discharge Plans
DGN	Diagnosis Description
PMT	Payment
TPO	Third Party Organization Notes

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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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. **Code** — **Name** LB — Pound	C	ID	2/2	Situational	1
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 **Code** — **Name** A — Patient was transported to nearest facility for care of symptoms, complaints, or both 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	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	C	ID	2/2	Required	1

Code	Name
DH	Miles

CR106	380	**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.	C	R	1/15	Required	1
CR109	352	**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.	O	AN	1/80	Situational	1
CR110	352	**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.	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:

NYS 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

Code	Name
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:

NYS 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 **Code** / **Name** 07 / Ambulance Certification	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 **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:**	M	ID	2/2	Required	1

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** **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.	O	ID	2/2	Situational	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

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

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** **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.	O	ID	2/2	Situational	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

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:

NYS 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
		Code — **Name** E1 — Spectacle Lenses E2 — Contact Lenses E3 — Spectacle Frames					
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	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	M	ID	2/2	Required	1
		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					
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.	O	ID	2/2	Situational	1
		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					
CRC05	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.	O	ID	2/2	Situational	1
		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** **Description:** Code indicating a condition **Industry:** Condition Code **HIPAA IG Note:** Use codes listed in CRC03. Required if additional condition codes are needed.	O	ID	2/2	Situational	1
		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** **Description:** Code indicating a condition **Industry:** Condition Code **HIPAA IG Note:** Use codes listed in CRC03. Required if additional condition codes are needed.	O	ID	2/2	Situational	1
		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:

NYS 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 **Code** / **Name** 75 / Functional Limitations	M	ID	2/2	Required	1
CRC02	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response **Code** / **Name** Y / Yes	M	ID	1/1	Required	1
CRC03	1321	**Condition Indicator** **Description:** Code indicating a condition **Industry:** Homebound Indicator **Code** / **Name** IH / Independent at Home **NSF Reference:** EA0-50.0	M	ID	2/2	Required	1

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:

NYS 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
		Code / **Name** ZZ — Mutually Defined EPSDT Screening referral information.					
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?	M	ID	1/1	Required	1
		Code / **Name** N — No If no, then choose “NU” in CRC03 indicating no referral given. 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** AV — Available - Not Used Patient refused referral. NU — Not Used This conditioner indicator must be used when the submitter answers “N” in CRC02. S2 — Under Treatment Patient is currently under treatment for referred diagnostic or corrective health problem. ST — New Services Requested 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 Patient refused referral.
NU	Not Used This conditioner indicator must be used when the submitter answers “N” in CRC02.
S2	Under Treatment Patient is currently under treatment for referred diagnostic or corrective health problem.
ST	New Services Requested 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 Patient refused referral.
NU	Not Used This conditioner indicator must be used when the submitter answers “N” in CRC02.
S2	Under Treatment Patient is currently under treatment for referred diagnostic or corrective health problem.
ST	New Services Requested 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~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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 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 **Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	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. 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	M	ID	1/3	Required	1

		industry code list **Industry:** Diagnosis Type Code **Code** **Name** BF Diagnosis 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 **ExternalCodeList** **Name:** 131 **Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required	1
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 **Code** **Name** BF Diagnosis 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:** EA0-34.0, GX0-33.0, GU0-14.0 **ExternalCodeList** **Name:** 131 **Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required	1
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 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 **Code** **Name** BF Diagnosis	M	ID	1/3	Required	1

		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 **ExternalCodeList** **Name:** 131 **Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required	1
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 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 **Code** **Name** BF Diagnosis	M	ID	1/3	Required	1
		ICD-9 Codes					
	1271	**Industry Code** **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	M	AN	1/30	Required	1
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 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 **Code** **Name** BF Diagnosis	M	ID	1/3	Required	1
		ICD-9 Codes					
	1271	**Industry Code** **Description:** Code indicating a code from a specific industry code list **Industry:** Diagnosis Code **ExternalCodeList**	M	AN	1/30	Required	1

		Name: 131 **Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
HI07	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 **Code** / **Name** BF / Diagnosis 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 **ExternalCodeList** **Name:** 131 **Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required	1
HI08	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 **Code** / **Name** BF / Diagnosis 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 **ExternalCodeList** **Name:** 131 **Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required	1

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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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. **Code** / **Name**: VS / Visits	C	ID	2/2	Situational	1
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. **Code** / **Name**: DA / Days; MO / Months	O	ID	2/2	Situational	1

		Month					
		Q1 Quarter (Time)					
		WK Week					
HSD04	1167	**Sample Selection Modulus** **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.	O	R	1/6	Situational	1
HSD05	615	**Time Period Qualifier** **Description:** Code defining periods **Industry:** Duration of Visits Units **HIPAA IG Note:** Required if the order/prescription for the service contains the data.	C	ID	1/2	Situational	1
		Code **Name** 7 Day 35 Week					
HSD06	616	**Number of Periods** **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.	O	N0	1/3	Situational	1
HSD07	678	**Ship/Delivery or Calendar Pattern Code** **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.	O	ID	1/2	Situational	1

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** **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. **Code** **Name** D A.M. E P.M. F As Directed	O	ID	1/1	Situational	1

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:

NYS will require two iterations of this loop in certain cases. An example of when this would occur is when the patient is a restricted recipient and a chain of referrals are involved. For instance, the primary care provider refers the patient to an Internal Medicine specialist who subsequently refers to another specialist.

This loop will provide instruction for reporting the referring provider. If the primary care provider is the only referring provider, use this loop only with the value 'DN' reported in NM101.

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. **Code** / **Name** DN / Referring Provider Use on first iteration of this loop. Use if loop is used only once.	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:** Referring Provider Last Name **NSF Reference:** EA0-24.0	O	AN	1/35	Required	1
NM104	1036	**Name First** **Description:** Individual first name	O	AN	1/25	Situational	1

		Industry: Referring Provider First Name **NSF Reference:** EA0-25.0 **HIPAA IG Note:** Required if NM102=1 (person).					
NM105	1037	**Name Middle** **Description:** Individual middle name or initial **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.	O	AN	1/25	Situational	1
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 Employer's Identification/Social Security number (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 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 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.	C	AN	2/80	Situational	1
		ExternalCodeList **Name:** 537 **Description:** Health Care Financing Administration National Provider Identifier					

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~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PRV01	1221	**Provider Code** **Description:** Code identifying the type of provider **Code** / **Name** RF / Referring	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 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 **ExternalCodeList** **Name:** HCPT **Description:** Health Care Provider Taxonomy	M	AN	1/30	Required	1

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:

NYS expects to receive either the state license number or the NYS Medicaid ID number.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Code** / **Name** 0B State License Number 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:** 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	C	AN	1/30	Required	1

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:

NYS will require two iterations of this loop in certain cases. An example of when this would occur is when the patient is a restricted recipient and a chain of referrals are involved. For instance, the primary care provider refers the patient to an Internal Medicine specialist who subsequently refers to another specialist.

This loop will provide instruction for reporting the primary care provider. This loop is used only when the primary care provider is other than the ordering provider.

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. **Code** / **Name** P3 / Primary Care Provider Use only if loop is used twice. Use only on second iteration of this loop.	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:** Referring Provider Last Name **NSF Reference:** EA0-24.0	O	AN	1/35	Required	1
NM104	1036	**Name First** **Description:** Individual first name	O	AN	1/25	Situational	1

		Industry: Referring Provider First Name **NSF Reference:** EA0-25.0 **HIPAA IG Note:** Required if NM102=1 (person).					
NM105	1037	**Name Middle** **Description:** Individual middle name or initial **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.	O	AN	1/25	Situational	1
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 Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known. **Code** — **Name** 24 — Employer's Identification Number 34 — Social Security Number XX — Health Care Financing Administration National Provider Identifier	C	ID	1/2	Situational	1
NM109	67	**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. **ExternalCodeList** **Name:** 537 **Description:** Health Care Financing Administration National Provider Identifier	C	AN	2/80	Situational	1

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:

NYS 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 **Code** / **Name** RF / Referring	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 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 **ExternalCodeList** **Name:** HCPT **Description:** Health Care Provider Taxonomy	M	AN	1/30	Required	1

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:

NYS expects to receive either the NYS Medicaid Provider ID or the state license number.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Code** / **Name** 0B State License Number 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:** 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	C	AN	1/30	Required	1

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 subsitute provider (locum tenans) was used, that person should be entered here.

Example:

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

NYS MEDICAID NOTE:

NYS 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 **HIPAA IG Note:** The entity identifier in NM101 applies to all segments in this Loop ID-2310. **Code** / **Name** 82 Rendering 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 **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	O	AN	1/25	Situational	1

		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:

NYS 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 **Code** / **Name** PE / Performing	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 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:** FA0-37.0 **ExternalCodeList** **Name:** HCPT **Description:** Health Care Provider Taxonomy	M	AN	1/30	Required	1

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:

NYS 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 **NSF Reference:** FA0-57.0 **Code** / **Name** 0B State License Number 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:** 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:

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 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:

NYS will ignore data whenprovided.

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** 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 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 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.	C	AN	2/80	Situational	1

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:

NYS 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
REF02	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 Secondary Identifier **NSF Reference:** FB0-11.0	C	AN	1/30	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 The social security number may not be used for Medicare.
U3	Unique Supplier Identification Number (USIN)
X5	State Industrial Accident Provider Number

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:

NYS will ignore data whenprovided.

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 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:** 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) **HIPAA IG Note:** Required if either Employer’s Identification/Social Security	C	ID	1/2	Situational	1

		Number or National Provider Identifier is known.					
		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:** 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	C	AN	2/80	Situational	1

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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:

NYS 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:** 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 **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:** Laboratory or Facility Postal Zone or ZIP Code **Alias:** Laboratory/Facility Zip Code **NSF Reference:** EA1-10.0 **ExternalCodeList** **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. **ExternalCodeList** **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:

NYS 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
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

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

NM1 Supervising Provider Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310E	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. Required when the rendering provider is supervised by a physician.
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*DQ*1*KILLIAN*BART*B**II*24*222334444~

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:** EA1-18.0	O	AN	1/35	Required	1
NM104	1036	**Name First** **Description:** Individual first name **Industry:** Supervising Provider First Name **NSF Reference:** EA1-19.0	O	AN	1/25	Required	1
NM105	1037	**Name Middle** **Description:** Individual middle name or initial **Industry:** Supervising Provider Middle Name **NSF Reference:** EA1-20.0 **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	**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.

Code	Name
24	Employer's Identification Number
34	Social Security Number
	The social security number may not be used for Medicare.
XX	Health Care Financing Administration National Provider Identifier

NM109	67	**Identification Code** **Description:** Code identifying a party or other code **Industry:** Supervising Provider Identifier **Alias:** Supervising Provider Primary Identifier **NSF Reference:** EA1-16.0 **HIPAA IG Note:** Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.	C	AN	2/80	Situational	1

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

REF Supervising Provider Secondary Identification

Pos: 271 **Max: 5**
Detail - Optional
Loop: 2310E **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:

NYS expects to receive either the Medicaid Provider ID or the state license number.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Code** / **Name** 0B State License Number 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:** Supervising Provider Secondary Identifier **NSF Reference:** EA1-16.0	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~

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:** DA0-02.0, DA1-02.0, DA2-02.0 **Code** / **Name** P Primary S Secondary T Tertiary	M	ID	1/1	Required	1
SBR02	1069	**Individual Relationship Code** **Description:** Code indicating the relationship between two individuals or entities **Alias:** Individual relationship code **NSF Reference:** DA0-17.0 **Code** / **Name** 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 21 Unknown 22 Handicapped Dependent 23 Sponsored Dependent	O	ID	2/2	Required	1

		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** **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	**Name** **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.	O	AN	1/60	Situational	1
SBR05	1336	**Insurance Type Code** **Description:** Code identifying the type of insurance policy within a specific insurance program **Alias:** Insurance type code **NSF Reference:** DA0-06.0	O	ID	1/3	Required	1
		Code **Name** 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) SP Supplemental Policy					
SBR09	1032	**Claim Filing Indicator Code** **Description:** Code identifying type of claim	O	ID	1/2	Situational	1

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
	Refers to Veterans Affairs Plan.
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined
	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~
```

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
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 **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	M	ID	1/5	Required	1

Code	Name
CO	Contractual Obligations
CR	Correction and Reversals
OA	Other adjustments
PI	Payor Initiated Reductions
PR	Patient Responsibility

		ExternalCodeList **Name:** 139 **Description:** Claim Adjustment Reason Code					
CAS03	782	**Monetary Amount** **Description:** Monetary amount **Industry:** Adjustment Amount **Alias:** Adjusted Amount - Claim Level **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	M	R	1/18	Required	1
CAS04	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.	O	R	1/15	Situational	1
CAS05	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, DA1-17.0, 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
CAS06	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
CAS07	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
CAS08	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, DA1-18.0 **HIPAA IG Note:** Use as needed to show payer adjustment. **ExternalCodeList** **Name:** 139 **Description:** Claim Adjustment Reason Code	C	ID	1/5	Situational	1

CAS09	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
CAS10	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
CAS11	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
CAS12	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
CAS13	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
CAS14	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
CAS15	782	**Monetary Amount** **Description:** Monetary amount	C	R	1/18	Situational	1

		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.					
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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code** **Description:** Code to qualify amount **Code** / **Name** D / Payor Amount Paid	M	ID	1/3	Required	1
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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code** **Description:** Code to qualify amount **Code** / **Name** AAE / Approved Amount	M	ID	1/3	Required	1
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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code** **Description:** Code to qualify amount **Code** / **Name** B6 / Allowed - Actual	M	ID	1/3	Required	1
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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code** **Description:** Code to qualify amount **Code** / **Name** F2 / Patient Responsibility - Actual	M	ID	1/3	Required	1
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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code** **Description:** Code to qualify amount **Code** / **Name** AU / Coverage Amount	M	ID	1/3	Required	1
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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code** **Description:** Code to qualify amount **Code** / **Name** D8 / Discount Amount	M	ID	1/3	Required	1
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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code** **Description:** Code to qualify amount **Code** / **Name** DY / Per Day Limit	M	ID	1/3	Required	1
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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code** **Description:** Code to qualify amount **Code** / **Name** 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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code** **Description:** Code to qualify amount **Code** / **Name** T / Tax	M	ID	1/3	Required	1
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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code** **Description:** Code to qualify amount **Code** / **Name** T2 / Total Claim Before Taxes	M	ID	1/3	Required	1
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:

NYS will ignore data whenprovided.

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:** 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 **NSF Reference:** DA0-23.0 **Code** / **Name** F Female M Male U Unknown	O	ID	1/1	Required	1

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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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. **Code** / **Name** N / No Y / Yes	O	ID	1/1	Required	1
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:

NYS will ignore data whenprovided.

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** **Name:** 411	O	AN	1/30	Situational	1

		Description: Remittance Remark Codes					
MOA05	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
MOA06	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
MOA07	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
MOA08	782	**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).	O	R	1/18	Situational	1
MOA09	782	**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).	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:

NYS will ignore data whenprovided.

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** 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 **Industry:** Other Insured Name Suffix	O	AN	1/10	Situational	1

		Alias: Subscriber Generation **NSF Reference:** DA0-22.0 **HIPAA IG Note:** Required if known. Examples: I, II, III, IV, Jr, Sr					
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

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

NM109	67	**Identification Code** **Description:** Code identifying a party or other code **Industry:** Other Insured Identifier **Alias:** Other Subscriber Primary Identifier **NSF Reference:** DA0-18.0	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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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. **ExternalCodeList** **Name:** 22 **Description:** States and Outlying Areas of the U.S.	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. **ExternalCodeList** **Name:** 51 **Description:** ZIP Code	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:

NYS will ignore data whenprovided.

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
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

Code	Name
1W	Member Identification Number
23	Client Number 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 The social security number may not be used for Medicare.

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~

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:** 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 **Description:** Health Care Financing Administration National PlanID	C	AN	2/80	Required	1

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:

NYS will ignore data whenprovided.

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 **Code** — **Name** IC — Information Contact	M	ID	2/2	Required	1
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 **Code** — **Name** 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	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. **Code** — **Name** ED — Electronic Data Interchange Access Number EM — Electronic Mail EX — Telephone Extension	C	ID	2/2	Situational	1

		FX Facsimile TE Telephone					
PER06	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable **HIPAA IG Note:** Used at the discretion of the submitter.	C	AN	1/80	Situational	1
PER07	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					
PER08	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable **HIPAA IG Note:** Used at the discretion of the submitter.	C	AN	1/80	Situational	1

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:

NYS will ignore data whenprovided.

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 **Code** / **Name** 573 / Date Claim Paid	M	ID	3/3	Required	1
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 **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:

NYS will ignore data whenprovided.

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
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 Secondary Identifier **NSF Reference:** DA3-29.0 **HIPAA IG Note:** The DA3-29.0 crosswalk is only used in payer-to-payer COB situations.	C	AN	1/30	Required	1

Code	Name
2U	Payer Identification Number
F8	Original Reference Number
	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

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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Code** / **Name** 9F Referral Number G1 Prior Authorization Number	M	ID	2/3	Required	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 Prior Authorization or Referral Number	C	AN	1/30	Required	1

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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Code** / **Name** 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) forr 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:

NYS will ignore data whenprovided.

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** 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 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.	C	ID	1/2	Required	1
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:

NYS will ignore data whenprovided.

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
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 Patient Secondary Identifier **Alias:** Patient's Other Payer Secondary Identifier	C	AN	1/30	Required	1

Code	Name
1W	Member Identification Number If NM108 = M1 do not use this code.
23	Client Number 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 Do not use for Medicare.

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:

NYS will ignore data whenprovided.

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 Use on first iteration of this loop. Use if loop is used only once. P3 — Primary Care Provider 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:

NYS will ignore data whenprovided.

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
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

Code	Name
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

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:

NYS will ignore data whenprovided.

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** 82 — Rendering 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

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:

NYS will ignore data whenprovided.

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
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

Code	Name
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

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:

NYS will ignore data whenprovided.

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** 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

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:

NYS will ignore data whenprovided.

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
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

Code	Name
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

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:

NYS will ignore data whenprovided.

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 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:

NYS will ignore data whenprovided.

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
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

Code	Name
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

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:

NYS will ignore data whenprovided.

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

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:

NYS will ignore data whenprovided.

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
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 Supervising Provider Identifier **Alias:** Other Payer Supervising Provider Identification	C	AN	1/30	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

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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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 **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 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 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 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 **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**	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 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** **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.	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 **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.	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 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.	O	AN	2/2	Situational	1
SV102	782	**Monetary Amount** **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.	O	R	1/18	Required	1
SV103	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 **NSF Reference:** FA0-50.0 **HIPAA IG Note:** FA0-50.0 is only used in Medicare COB payer-to-payer situations.	C	ID	2/2	Required	1

Code	Name
F2	International Unit

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** **Description:** Numeric value of quantity **Industry:** Service Unit Count **Alias:** Units or Minutes **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".	C	R	1/15	Required	1
SV105	1331	**Facility Code Value** **Description:** Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format **Industry:** 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. 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	O	AN	1/2	Situational	1

		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** **Description:** To identify one or more diagnosis code pointers **Alias:** Diagnosis Code Pointer **HIPAA IG Note:** Required if HI segment in Loop ID-2300 is used.	O	Comp		Situational	1
	1328	**Diagnosis Code Pointer** **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.	M	N0	1/2	Required	1
	1328	**Diagnosis Code Pointer** **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.	O	N0	1/2	Situational	1
	1328	**Diagnosis Code Pointer** **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.	O	N0	1/2	Situational	1
	1328	**Diagnosis Code Pointer** **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.	O	N0	1/2	Situational	1
SV109	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response **Industry:** Emergency Indicator	O	ID	1/1	Situational	1

		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. **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. **Code** **Name** Y Yes	O	ID	1/1	Situational	1
SV112	1073	**Yes/No Condition or Response Code** **Description:** Code indicating a Yes or No condition or response **Industry:** Family Planning Indicator **NSF Reference:** FB0-23.0 **HIPAA IG Note:** Required if applicable for Medicaid claims. **Code** **Name** Y Yes	O	ID	1/1	Situational	1
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 **NSF Reference:** FB0-21.0 **HIPAA IG Note:** Required if patient was exempt from co-pay. **Code** **Name** 0 Copay exempt	O	ID	1/1	Situational	1

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:

NYS 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
		Code / **Name** HC — Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes					
	234	**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.	M	AN	1/48	Required	1
		ExternalCodeList **Name:** 130 **Description:** Health Care Financing Administration Common Procedural Coding System					
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	M	ID	2/2	Required	1
		Code / **Name** DA — Days					
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

Code	Name
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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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
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

PWK01 Report Type Code:

Code	Name
CT	Certification

PWK02 Report Transmission Code:

Code	Name
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

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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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. **Code** / **Name** LB / Pound	C	ID	2/2	Situational	1
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 **Code** / **Name** DH / Miles	C	ID	2/2	Required	1
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

		HIPAA IG Note: NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-payer COB situations.					
CR109	352	**Description** **Description:** A free-form description to clarify the related data elements and their content **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.	O	AN	1/80	Situational	1
CR110	352	**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.	O	AN	1/80	Situational	1

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:

NYS 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 **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. **Code** **Name**	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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR301	1322	**Certification Type Code** **Description:** Code indicating the type of certification **NSF Reference:** GU0-04.0 **Code** / **Name** I Initial R Renewal S Revised	O	ID	1/1	Required	1
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 **Code** / **Name** MO Months	C	ID	2/2	Required	1
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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
CR501	1322	**Certification Type Code** **Description:** Code indicating the type of certification **Alias:** Certification Type Code. Oxygen Therapy **NSF Reference:** GX0-04.0 **Code** / **Name** I / Initial R / Renewal S / Revised	O	ID	1/1	Required	1
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 **NSF Reference:** GX0-26.0	O	ID	1/1	Required	1

		Code	**Name**				
		E	Exercising				
		R	At rest on room air				
		S	Sleeping				
CR513	1350	**Oxygen Test Findings Code** **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.	O	ID	1/1	Situational	1
		Code	**Name**				
		1	Dependent edema suggesting congestive heart failure				
CR514	1350	**Oxygen Test Findings Code** **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.	O	ID	1/1	Situational	1
		Code	**Name**				
		2	"P" Pulmonale on Electrocardiogram (EKG)				
CR515	1350	**Oxygen Test Findings Code** **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.	O	ID	1/1	Situational	1
		Code	**Name**				
		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:

NYS 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
		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** **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.	O	ID	2/2	Situational	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

CRC05	1321	**Condition Indicator** **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.	O	ID	2/2	Situational	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

CRC06	1321	**Condition Indicator** **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.	O	ID	2/2	Situational	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

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

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:

NYS will ignore data whenprovided.

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 **Code** / **Name** 70 Hospice	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:** 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. **Code** / **Name** N No Y Yes	M	ID	1/1	Required	1
CRC03	1321	**Condition Indicator** **Description:** Code indicating a condition **Code** / **Name** 65 Open Use this code as a place holder (element is mandatory) when reporting whether the provider is a hospice employee.	M	ID	2/2	Required	1

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:

NYS 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 **Code** / **Name** 09 Durable Medical Equipment Certification 11 Oxygen Therapy Certification	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 **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. **Code** / **Name**	M	ID	2/2	Required	1

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

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

Code	Name
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

CRC06	1321	**Condition Indicator** **Description:** Code indicating a condition **Alias:** Condition Indicator **HIPAA IG Note:** Required if additional condition codes are needed. Use the codes listed in CRC03.	O	ID	2/2	Situational	1

Code	Name
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

CRC07	1321	**Condition Indicator** **Description:** Code indicating a condition **Alias:** Condition Indicator **HIPAA IG Note:** Required if additional condition codes are needed. Use the codes listed in CRC03.	O	ID	2/2	Situational	1

Code	Name
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

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~

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 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	M	ID	2/3	Required	1
		Code / **Name** D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD Use RD8 if it is necessary to indicate begin/end dates. Date range indicates drug duration for which the supply of drug be will used by the patient. The difference in dates, including both the begin and end dates, are the days supply of the drug. Example: 20000101 - 20000107 (1/1/00 to 1/7/00) is used for a 7 day supply where the first day of the drug used by the patient is 1/1/00. In the event a drug is administered on less than a daily basis (e.g., every other day) the date range would include the entire period during which the drug was supplied, including the last day the drug was used. Example: 20000101 - 20000108 (1/1/00 to 1/8/00) is used for an 8 days supply where the prescription is written for Q48 (every 48 hours), four doses of the drug are dispensed and the first dose is used on 1/1/00.					
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:

NYS will ignore data whenprovided.

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 **Code** / **Name** 607 / Certification Revision	M	ID	3/3	Required	1
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:

NYS will ignore data whenprovided.

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 **Code** / **Name**: 463 / Begin Therapy	M	ID	3/3	Required	1
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:

NYS will ignore data whenprovided.

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 **Code** / **Name** 461 / Last Certification	M	ID	3/3	Required	1
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 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. 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:

NYS will ignore data whenprovided.

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 **Code** / **Name** 304 Latest Visit or Consultation	M	ID	3/3	Required	1
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 - 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:

NYS will ignore data whenprovided.

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** 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:

NYS will ignore data whenprovided.

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** 119 Test Performed 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 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 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:

NYS will ignore data whenprovided.

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 **Code** / **Name** 011 / Shipped	M	ID	3/3	Required	1
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:** 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:

NYS will ignore data whenprovided.

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 **Code** / **Name** 431 / Onset of Current Symptoms or Illness	M	ID	3/3	Required	1
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:

NYS will ignore data whenprovided.

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 **Code** / **Name** 455 / Last X-Ray	M	ID	3/3	Required	1
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 - 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:

NYS will ignore data whenprovided.

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 **Code** / **Name** 453 / Acute Manifestation of a Chronic Condition	M	ID	3/3	Required	1
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 - 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:

NYS will ignore data whenprovided.

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 **Code** / **Name** 454 / Initial Treatment	M	ID	3/3	Required	1
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:

NYS will ignore data whenprovided.

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 **Code** / **Name** 438 / Onset of Similar Symptoms or Illness	M	ID	3/3	Required	1
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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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	O	ID	2/2	Required	1
		Code — **Name** OG — Original Starting dosage TR — Test Results					
MEA02	738	**Measurement Qualifier** **Description:** Code identifying a specific product or process characteristic to which a measurement applies	O	ID	1/3	Required	1
		Code — **Name** 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 - Hemoglobin, FA0-43.0 - Hematocrit, FA0-45.0 - Epoetin Starting Dosage, FA0-47.0 - Creatin, GX0-	C	R	1/20	Required	1

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:

1. 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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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. **Code** / **Name** 01 Diagnosis Related Group (DRG) 02 Per Diem 03 Variable Per Diem 04 Flat 05 Capitated 06 Percent 09 Other	M	ID	2/2	Required	1
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 different than that given at claim level (Loop	O	AN	1/30	Situational	1

		ID-2300).					
CN105	338	**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).	O	R	1/6	Situational	1
CN106	799	**Version Identifier** **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).	O	AN	1/30	Situational	1

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~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Code** / **Name** 9F Referral Number G1 Prior Authorization Number	M	ID	2/3	Required	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~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Code** / **Name** 6R Provider Control 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:** 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	C	AN	1/30	Required	1

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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Code** / **Name** EW / Mammography Certification 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:** 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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Code** / **Name** X4 Clinical Laboratory Improvement Amendment 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:** Clinical Laboratory Improvement Amendment Number **NSF Reference:** FA0-34.0	C	AN	1/30	Required	1

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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Code** / **Name** F4 / Facility Certification 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:** Referring CLIA Number	C	AN	1/30	Required	1

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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Code** / **Name** TP — Test Specification Number 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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code** **Description:** Code to qualify amount **Code** / **Name** T / Tax	M	ID	1/3	Required	1
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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code** **Description:** Code to qualify amount **Code** / **Name** AAE / Approved Amount	M	ID	1/3	Required	1
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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AMT01	522	**Amount Qualifier Code** **Description:** Code to qualify amount **Code** / **Name** 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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NTE01	363	**Note Reference Code** **Description:** Code identifying the functional area or purpose for which the note applies	O	ID	3/3	Required	1
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

Code	Name
ADD	Additional Information
DCP	Goals, Rehabilitation Potential, or Discharge Plans
PMT	Payment
TPO	Third Party Organization Notes

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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:

1. 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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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). **Code** / **Name** VS / Visits	C	ID	2/2	Situational	1
HSD02	380	**Quantity** **Description:** Numeric value of quantity **Industry:** Number of Visits **HIPAA IG Note:** HDS02 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). **Code** / **Name** DA / Days MO / Months	O	ID	2/2	Situational	1

		Month					
		Q1 Quarter (Time)					
		WK Week					
HSD04	1167	**Sample Selection Modulus** **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).	O	R	1/6	Situational	1
HSD05	615	**Time Period Qualifier** **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).	C	ID	1/2	Situational	1
		Code **Name** 7 Day 34 Month 35 Week					
HSD06	616	**Number of Periods** **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).	O	N0	1/3	Situational	1
HSD07	678	**Ship/Delivery or Calendar Pattern Code** **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).	O	ID	1/2	Situational	1
		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** **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).	O	ID	1/1	Situational	1
		Code	**Name**				
		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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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 **Code** / **Name** N4 / National Drug Code in 5-4-2 Format	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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:

NYS 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 **Alias:** Code qualifier **Code** / **Name**: XZ / Pharmacy Prescription 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:** 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 subsitute provider (locum tenans) was used, that person should be entered here.

Example:

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

NYS MEDICAID NOTE:

NYS 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 **HIPAA IG Note:** The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420. **Code** / **Name** 82 / Rendering 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 **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	O	AN	1/25	Situational	1

		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	C	ID	1/2	Required	1
		Code — **Name** 24 — Employer's Identification Number 34 — Social Security Number Social Security Number cannot be used for Medicare claims. 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	C	AN	2/80	Required	1
		ExternalCodeList **Name:** 537 **Description:** Health Care Financing Administration National Provider Identifier					

PRV Rendering Provider Specialty Information

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

User Option (Usage): Situational

To specify the identifying characteristics of a provider

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:

NYS 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 **Code** / **Name** PE / Performing	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 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:** FA0-37.0 **ExternalCodeList** **Name:** HCPT **Description:** Health Care Provider Taxonomy	M	AN	1/30	Required	1

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:

NYS 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
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

Code	Name
0B	State License 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 The social security number may not be used for Medicare.
X5	State Industrial Accident Provider Number

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:

NYS 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 **HIPAA IG Note:** The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420. **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
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. **Code** / **Name** 24 — Employer's Identification Number 34 — Social Security Number XX — Health Care Financing Administration National Provider Identifier	C	ID	1/2	Situational	1
NM109	67	**Identification Code** **Description:** Code identifying a party or other code **Industry:** Purchased Service Provider Identifier **Alias:** Purchased Service Provider’s Primary Identification Number	C	AN	2/80	Situational	1

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~

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
REF02	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 Secondary Identifier **NSF Reference:** FB0-11.0	C	AN	1/30	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 The social security number may not be used for Medicare.
U3	Unique Supplier Identification Number (USIN)
X5	State Industrial Accident Provider Number

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:

NYS 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 **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 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 **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:** 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 National Provider Identifier is known. **Code** — **Name**	C	ID	1/2	Situational	1

		24 Employer's Identification Number 34 Social Security Number Do not use for Medicare claims. XX Health Care Financing Administration National Provider Identifier					
NM109	67	**Identification Code** **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	C	AN	2/80	Situational	1

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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:

NYS 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 **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:** Laboratory or Facility Postal Zone or ZIP Code **Alias:** Service Facility Location ZIP Code **NSF Reference:** GX2-08.0 **ExternalCodeList** **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. **ExternalCodeList** **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:

NYS 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
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** Service Facility Location Secondary Identifier **Alias:** Service Facility Location Secondary Identification Number	C	AN	1/30	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

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**II*24*222334444~

NYS MEDICAID NOTE:

NYS 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** 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	**Identification Code Qualifier** **Description:** Code designating the	C	ID	1/2	Situational	1

system/method of code structure used for Identification Code (67)

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

Code	Name
24	Employer's Identification Number
34	Social Security Number
	The social security number may not be used for Medicare.
XX	Health Care Financing Administration National Provider Identifier

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

Description: Code identifying a party or other code

Industry: Supervising Provider Identifier

Alias: Supervising Provider's Identification Number

NSF Reference: FB1-21.0

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

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

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:

NYS 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
REF02	127	**Reference Identification** **Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Industry:** Supervising Provider Secondary Identifier **NSF Reference:** FB1-21.0	C	AN	1/30	Required	1

Code	Name
0B	State License 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 The social security number may not be used for Medicare.
X5	State Industrial Accident Provider Number

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:

NYS 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. **Code** / **Name** DK / Ordering 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:** 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 **Alias:** Ordering 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 (Ordering provider's 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 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:** 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.	C	AN	2/80	Situational	1

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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:

NYS will ignore data whenprovided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Code** / **Name** 0B State License Number 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:** Ordering Provider Secondary Identifier **NYS MEDICAID NOTE:** NYS expects to receive either the state license number or the Medicaid provider ID of the ordering provider.	C	AN	1/30	Required	1

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:

NYS 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 **Code** / **Name** IC — Information Contact	M	ID	2/2	Required	1
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 **Code** / **Name** 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:** 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. **Code** / **Name** EM — Electronic Mail EX — Telephone Extension FX — Facsimile	C	ID	2/2	Situational	1

		TE Telephone					
PER06	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable **HIPAA IG Note:** Used at discretion of submitter.	C	AN	1/80	Situational	1
PER07	365	**Communication Number Qualifier** **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	C	ID	2/2	Situational	1
PER08	364	**Communication Number** **Description:** Complete communications number including country or area code when applicable **HIPAA IG Note:** Used at discretion of submitter.	C	AN	1/80	Situational	1

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~

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 Use on the first iteration of this loop. Use if loop is used only once. P3 — Primary Care Provider 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 **Industry:** Referring Provider Last Name **NSF Reference:** FB1-10.0	O	AN	1/35	Required	1
NM104	1036	**Name First** **Description:** Individual first name **Industry:** Referring Provider First Name **NSF Reference:** FB1-11.0	O	AN	1/25	Required	1
NM105	1037	**Name Middle** **Description:** Individual middle name or initial **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.	O	AN	1/25	Situational	1
NM107	1039	**Name Suffix**	O	AN	1/10	Situational	1

		Description: Suffix to individual name **Industry:** Referring Provider Name Suffix **Alias:** Referring Provider Generation **HIPAA IG Note:** Required if known.					
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
	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:

NYS 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 **Code** / **Name** RF / Referring	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 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 **ExternalCodeList** **Name:** HCPT **Description:** Health Care Provider Taxonomy	M	AN	1/30	Required	1

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~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	**Reference Identification Qualifier** **Description:** Code qualifying the Reference Identification **Code** / **Name** 0B State License Number 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:** Referring Provider Secondary Identifier **NYS MEDICAID NOTE:** NYS expects to receive either the state license number or the Medicaid Provider ID.	C	AN	1/30	Required	1

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:

NYS 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 Other Payer Identifier in NM109 in 2330B	C	AN	2/80	Required	1

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:

NYS 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 **Code** / **Name** 9F Referral Number 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:** Other Payer Prior Authorization or Referral Number	C	AN	1/30	Required	1

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~

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 **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	M	ID	2/2	Required	1

reporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410 only.

Code	Name
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes 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 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 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	M	AN	1/48	Required	1

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

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 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 4 **HIPAA IG Note:** Use this modifier for the	O	AN	2/2	Situational	1

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

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:** Adjustment Group Code	M	ID	1/2	Required	1
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
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, FB0-08. 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 **HIPAA IG Note:** Use this amount for the	M	R	1/18	Required	1

Code / **Name**

Code	Name
CO	Contractual Obligations
CR	Correction and Reversals
OA	Other adjustments
PI	Payor Initiated Reductions
PR	Patient Responsibility

ExternalCodeList

Name: 139

Description: Claim Adjustment Reason Code

		adjustment amount.					
CAS04	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.	O	R	1/15	Situational	1
CAS05	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
CAS06	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
CAS07	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
CAS08	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
CAS09	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-	C	R	1/18	Situational	1

		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.					
CAS10	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
CAS11	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
CAS12	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
CAS13	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
CAS14	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
CAS15	782	**Monetary Amount** **Description:** Monetary amount **Industry:** Adjustment Amount **Alias:** Adjusted Amount - Line Level	C	R	1/18	Situational	1

		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.					
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:

NYS will ignore data whenprovided.

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 **Code** / **Name** 573 / Date Claim Paid	M	ID	3/3	Required	1
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 entitles 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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
LQ01	1270	**Code List Qualifier Code** **Description:** Code identifying a specific industry code list **Alias:** Form Identification Code	O	ID	1/3	Required	1
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

Code	Name
AS	Form Type Code 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

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 explaination 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 entitles 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:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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. **Code** **Name**	C	ID	1/1	Situational	1

		N No W Not Applicable Y Yes					
FRM03	127	**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.	C	AN	1/30	Situational	1
FRM04	373	**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.	C	DT	8/8	Situational	1
FRM05	332	**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.	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:

NYS 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:

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	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** 23 — Dependent 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
		Code — **Name** 0 — No Subordinate HL Segment in This Hierarchical Structure.					

SE Transaction Set Trailer

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

User Option (Usage): Required

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

Example:

SE*211*987654~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
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