

# **837 Health Care Claim: Professional**

**HIPAA/V4010X098A1/837: 837 Health Care Claim: Professional**

**Version: 2.0 Final**

<b>Author:</b>	<b>Information Systems</b>
<b>Trading Partner:</b>	<b>MHC330342719</b>
<b>Notes:</b>	<b>EDI Companion Guide</b>

**Molina Healthcare Inc.  
One Golden Shore Drive  
Long Beach, CA 90802  
Telephone: 562-435-3666  
Web: [www.molinahealthcare.com](http://www.molinahealthcare.com)**

# 837 Health Care Claim: Professional

## Functional Group=HC

**Purpose:** 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.

### Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>	<u>Page</u>
	ISA	Interchange Control Header	M	1			Required	5
	GS	Functional Group Header	M	1			Required	6

### Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>	<u>Page</u>
010	BHT	Beginning of Hierarchical Transaction	M	1			Required	7

<b>LOOP ID - 1000A</b>					<u>1</u>	<u>N1/020L</u>		8
020	NM1	Submitter Name	O	1		N1/020	Required	9
<b>LOOP ID - 1000B</b>					<u>1</u>	<u>N1/020L</u>		10
020	NM1	Receiver Name	O	1		N1/020	Required	11

### Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>	<u>Page</u>
<b>LOOP ID - 2000A</b>					<u>≥1</u>			12
<b>LOOP ID - 2010AA</b>					<u>1</u>	<u>N2/015L</u>		13
015	NM1	Billing Provider Name	O	1		N2/015	Required	14
035	REF	Billing Provider Secondary Identification	O	8			Situational	15
<b>LOOP ID - 2010AB</b>					<u>1</u>	<u>N2/015L</u>		16
015	NM1	Pay-to Provider Name	O	1		N2/015	Situational	17
035	REF	Pay-to-Provider Secondary Identification	O	5			Situational	18
<b>LOOP ID - 2000B</b>					<u>≥1</u>			19
001	HL	Subscriber Hierarchical	M	1			Required	20

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>	<u>Page</u>
		Level						
005	SBR	Subscriber Information	O	1			Required	21
<b>LOOP ID - 2300</b>					<b>100</b>			22
155	PWK	Claim Supplemental Information	O	10			Situational	23
180	REF	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries	O	1			Situational	25
231	HI	Health Care Diagnosis Code	O	1			Situational	26
<b>LOOP ID - 2310A</b>					<b>2</b>	<b>N2/250L</b>		27
250	NM1	Referring Provider Name	O	1		N2/250	Situational	28
271	REF	Referring Provider Secondary Identification	O	5			Situational	29
<b>LOOP ID - 2310B</b>					<b>1</b>	<b>N2/250L</b>		30
250	NM1	Rendering Provider Name	O	1		N2/250	Situational	31
271	REF	Rendering Provider Secondary Identification	O	5			Situational	32
<b>LOOP ID - 2310C</b>					<b>1</b>	<b>N2/250L</b>		33
250	NM1	Purchased Service Provider Name	O	1		N2/250	Situational	34
271	REF	Purchased Service Provider Secondary Identification	O	5			Situational	35
<b>LOOP ID - 2310D</b>					<b>1</b>	<b>N2/250L</b>		36
250	NM1	Service Facility Location	O	1		N2/250	Situational	37
265	N3	Service Facility Location Address	O	1			Required	38
271	REF	Service Facility Location Secondary Identification	O	5			Situational	39
<b>LOOP ID - 2310E</b>					<b>1</b>	<b>N2/250L</b>		40
250	NM1	Supervising Provider Name	O	1		N2/250	Situational	41
271	REF	Supervising Provider Secondary Identification	O	5			Situational	42
<b>LOOP ID - 2400</b>					<b>50</b>	<b>N2/365L</b>		43
370	SV1	Professional Service	O	1			Required	44
<b>LOOP ID - 2410</b>					<b>25</b>	<b>N2/494L</b>		47
494	LIN	Drug Identification	O	1		N2/494	Situational	48
495	CTP	Drug Pricing	O	1			Situational	49
<b>LOOP ID - 2430</b>					<b>25</b>	<b>N2/540L</b>		50
540	SVD	Line Adjudication Information	O	1		N2/540	Situational	51

**Not Defined:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>	<u>Page</u>
	GE	Functional Group Trailer	M	1			Required	52

**Notes:**

- 1/020L Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.
- 1/020 Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.
- 1/020L Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.
- 1/020 Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.
- 2/015L Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.
- 2/015 Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.
- 2/015L Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.
- 2/015 Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.
- 2/250L Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/250 Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/250L Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/250 Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/250L Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/250 Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/250L Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/250 Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/250L Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/250 Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/250L Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/250 Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/365L Loop 2400 contains Service Line information.
- 2/494L Loop 2410 contains compound drug components, quantities and prices.
- 2/494 Loop 2410 contains compound drug components, quantities and prices.
- 2/540L SVD01 identifies the payer which adjudicated the corresponding service line and must match DE 67 in the NM109 position 325 for the payer.
- 2/540 SVD01 identifies the payer which adjudicated the corresponding service line and must match DE 67 in the NM109 position 325 for the payer.

**Molina Note 1:**

*Molina cannot accept a quote("") within the file either surrounding a word or phrase or single quote in the file.*

**Molina Note 2:**

*A maximum of 15MB per file can only be accepted by Molina.*

# ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 3

**User Option (Usage):** Required

**Purpose:** To start and identify an interchange of zero or more functional groups and interchange-related control segments

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA06	I06	<b>Interchange Sender ID</b>	M	AN	15/15	Required

**Description:** The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID.

All others - contact your Clearing House for this information.

**Molina Note 1:**

*The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID.*

*All others - contact your Clearing House for this information.*

ISA08	I07	<b>Interchange Receiver ID</b>	M	AN	15/15	Required
-------	-----	--------------------------------	---	----	-------	----------

**Description:** Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them

**Molina Note 1:**

*Molina Healthcare of California ID is: MHC330342719*

ISA14	I13	<b>Acknowledgment Requested</b>	M	ID	1/1	Required
-------	-----	---------------------------------	---	----	-----	----------

**Description:** Zero "0" is preferred. Molina does not support the transmission of TA1, regardless of the value submitted.

**Molina Note 1:**

*Zero "0" is preferred. Molina does not support the transmission of TA1, regardless of the value submitted.*

**Code Name**

0	No Acknowledgment Requested
1	Interchange Acknowledgment Requested

## Example:

```
ISA*00*.....*01*SECRET....*ZZ*SUBMITTERS.ID..*ZZ*RECEIVERS.ID...*930602*
1253*U*00401*000000905*1*T*:~
```

# GS Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

**User Option (Usage):** Required

**Purpose:** To indicate the beginning of a functional group and to provide control information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS02	142	Application Sender's Code	M	AN	2/15	Required

**Description:** The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID.

All others - contact your Clearing House for this information.

**Molina Note 1:**

*The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID.*

*All others - contact your Clearing House for this information.*

GS03	124	Application Receiver's Code	M	AN	2/15	Required
------	-----	-----------------------------	---	----	------	----------

**Description:** Code identifying party receiving transmission; codes agreed to by trading partners

**Molina Note 1:**

*Molina Healthcare of California ID is: MHC330342719*

## Example:

*GS\*HC\*SENDER CODE\*RECEIVER CODE\*19940331\*0802\*1\*X\*004010X097~*

**Molina Note 1:**

*Only "1" GS Functional Group can be accepted per file.*

# BHT Beginning of Hierarchical Transaction

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 1

**User Option (Usage):** Required

**Purpose:** 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

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BHT06	640	Transaction Type Code	O	ID	2/2	Required

**Description:** Code specifying the type of transaction

**Industry:** *Claim or Encounter Identifier*

**Alias:** *Claim or Encounter Indicator*

**Molina Note 1:**

*Use CH for FEE for Service Claims submissions.*

**Molina Note 2:**

*Use RP for Encounter Submissions.*

**Code Name**

CH Chargeable

RP Reporting

## Example:

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

# Loop 1000A

Pos: 020	Repeat: 1
Optional	
Loop: 1000A	Elements: N/A

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
020	NM1	Submitter Name	O	1		Required

### Example:

*NM1\*41\*2\*CRAMMER, DOLE, PALMER, AND JOHANSON\*\*\*\*\*46\*W7933THU~*

# NM1 Submitter Name

Pos: 020	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 1

**Loop Path:** 1000A

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM109	67	Identification Code	C	AN	2/80	Required

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

**Alias:** *Submitter Primary Identification Number*

**Molina Note 1:**

*Trading Partner ID assigned by Molina.*

## Example:

*NM1\*41\*2\*CRAMMER, DOLE, PALMER, AND JOHANSON\*\*\*\*\*46\*W7933THU~*

# Loop 1000B

Pos: 020	Repeat: 1
Optional	
Loop: 1000B	Elements: N/A

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
020	NM1	Receiver Name	O	1		Required

### Example:

*NM1\*40\*2\*UNION MUTUAL OF OREGON\*\*\*\*\*46\*11122333~*

# NM1 Receiver Name

Pos: 020	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 2

Loop Path: 1000B

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	Name Last or Organization Name	O	AN	1/35	Required

Description: Individual last name or organizational name

Molina Note 1:

*Molina Healthcare of California*

NM109	67	Identification Code	C	AN	2/80	Required
-------	----	---------------------	---	----	------	----------

Description: Code identifying a party or other code

Alias: Receiver Primary Identification Number

Molina Note 1:

*Molina Healthcare of California ID is: MHC330342719*

## Example:

NM1\*40\*2\*UNION MUTUAL OF OREGON\*\*\*\*\*46\*11122333~

# Loop 2000A

Pos: 001	Repeat: >1
Mandatory	
Loop: 2000A	Elements: N/A

**User Option (Usage):** Required

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

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
015		Loop 2010AA	O		1	Required
015		Loop 2010AB	O		1	Situational

### Example:

*HL\*1\*\*20\*1~*

# Loop 2010AA

Pos: 015	Repeat: 1
Optional	
Loop: 2010AA	Elements: N/A

**Loop Path:** 2000A

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
015	NM1	Billing Provider Name	O	1		Required
035	REF	Billing Provider Secondary Identification	O	8		Situational

### Example:

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

# NM1 Billing Provider Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 2

**Loop Path:** 2000A-2010AA

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM108	66	Identification Code Qualifier	C	ID	1/2	Required

**Description:** Code designating the system/method of code structure used for Identification Code (67)

**Molina Note 1:**

*If no Pay-To Loop (2010AB) submitted (Pay-to Provider is the same entity as the Billing Provider), the loop 2010AA NM108 must contain the Health Care Financing Administration National Provider Identifier value XX.*

**Molina Note 2:**

**Beginning 5/23/2008**

*The NPI is required in NM108 must contain XX and NM109 NPI.*

**Code Name**

XX Health Care Financing Administration National Provider Identifier

NM109	67	Identification Code	C	AN	2/80	Required
-------	----	---------------------	---	----	------	----------

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

**Industry:** *Billing Provider Identifier*

**Molina Note 1:**

*NPI = 10 digit number assigned by CMS through NPPES*

**ExternalCodeList**

**Name:** 537

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

## Example:

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

# REF Billing Provider Secondary Identification

Pos: 035	Max: 8
Detail - Optional	
Loop: 2010AA	Elements: 2

Loop Path: 2000A-2010AA

User Option (Usage): Situational

Purpose: To specify identifying information

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	Reference Identification Qualifier	O	ID	2/3	Required

**Description:** Code qualifying the Reference Identification

**Mode:** Automatic

**Control:** Text

**Molina Note 1:**

*The NPI is passed in the NM108/09 of this loop, then either the Employer's Identification Number (EI) or the Social Security Number (SY) of the provider must be passed in this REF segment.*

**Code Name**

EI Employer's Identification Number

SY Social Security Number

REF02	127	Reference Identification	C	AN	1/30	Situational
-------	-----	--------------------------	---	----	------	-------------

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

**Industry:** *Billing Provider Additional Identifier*

**Molina Note 1:**

*EIN (EI) = Tax Identification Number*

*SSN (SY) = Social Security Number*

**Example:**

REF\*1G\*98765~

# Loop 2010AB

Pos: 015	Repeat: 1
Optional	
Loop: 2010AB	Elements: N/A

**Loop Path:** 2000A

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
015	NM1	Pay-to Provider Name	O	1		Situational
035	REF	Pay-to-Provider Secondary Identification	O	5		Situational

### Example:

*NM1\*87\*1\*CRAMMER\*JOSEPH\*\*\*\*XX\*09876543~*

# NM1 Pay-to Provider Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 2

**Loop Path:** 2000A-2010AB

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM108	66	Identification Code Qualifier	C	ID	1/2	Required

**Description:** Code designating the system/method of code structure used for Identification Code (67)

**Molina Note 1:**

*If Pay-To Loop (2010AB) exists (Pay-to Provider is a different entity than the Billing Provider), then loop 2010AB must have the Health Care Financing Administration National Provider Identifier.*

*This means NM108 must have value "XX" and NM109 - NPI.*

**Code Name**

XX Health Care Financing Administration National Provider Identifier

NM109	67	Identification Code	C	AN	2/80	Required
-------	----	---------------------	---	----	------	----------

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

**Industry:** *Pay-to Provider Identifier*

**Molina Note 1:**

*NPI = 10 digit number assigned by CMS through NPPES*

**ExternalCodeList**

**Name:** 537

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

## Example:

*NM1\*87\*1\*CRAMMER\*JOSEPH\*\*\*\*XX\*09876543~*

# REF Pay-to-Provider Secondary Identification

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

**Loop Path:** 2000A-2010AB

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	O	ID	2/3	Required

**Description:** Code qualifying the Reference Identification

**Molina Note 1:**

*The NPI is passed in the NM108/09 of this loop, then either the Employer's Identification Number (EI) or the Social Security Number (SY) of the provider must be passed in this REF segment.*

**Code Name**

- EI Employer's Identification Number
- SY Social Security Number

REF02	127	Reference Identification	C	AN	1/30	Situational
-------	-----	--------------------------	---	----	------	-------------

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

**Industry:** *Pay-to Provider Identifier*

**Molina Note 1:**

- EIN (EI) = Tax Identification Number*
- SSN (SY) = Social Security Number*

## Example:

*REF\*1G\*98765~*

# Loop 2000B

Pos: 001	Repeat: >1
Mandatory	
Loop: 2000B	Elements: N/A

**User Option (Usage):** Required

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

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
001	HL	Subscriber Hierarchical Level	M	1		Required
005	SBR	Subscriber Information	O	1		Required
130		Loop 2300	O		100	Situational

### Example:

*HL\*2\*1\*22\*1~*

# HL Subscriber Hierarchical Level

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

**Loop Path:** 2000B

**User Option (Usage):** Required

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

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL04	736	Hierarchical Child Code	O	ID	1/1	Required

**Description:** Code indicating if there are hierarchical child data segments subordinate to the level being described

**Molina Note 1:**  
*Recommended "0" (zero)*

**Code Name**

- 0 No Subordinate HL Segment in This Hierarchical Structure.
- 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.

## Example:

*HL\*2\*1\*22\*1~*

# SBR Subscriber Information

Pos: 005	Max: 1
Detail - Optional	
Loop: 2000B	Elements: 2

Loop Path: 2000B

User Option (Usage): Required

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

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR01	1138	Payer Responsibility Sequence Number Code	M	ID	1/1	Required

**Description:** Code identifying the insurance carrier's level of responsibility for a payment of a claim

**Alias:** *Payer Responsibility Sequence Number Code*

**Molina Note 1:**

*P = Primary when member has no other coverage, other than Molina.*

*S = Secondary when member has primary coverage other than Molina.*

**Code Name**

P Primary

S Secondary

T Tertiary

SBR02	1069	Individual Relationship Code	O	ID	2/2	Situational
-------	------	------------------------------	---	----	-----	-------------

**Description:** Code indicating the relationship between two individuals or entities

**Alias:** *Relationship Code*

**Molina Note 1:**

*18" = Self. Subscriber <> patient do not use.*

**Code Name**

18 Self

## Example:

*SBR\*P\*\*GRP01020102\*\*\*\*\*MB~*

# Loop 2300

Pos: 130      Repeat: 100  
 Optional  
 Loop: 2300 Elements: N/A

**Loop Path:** 2000B

**User Option (Usage):** Situational

**Purpose:** To specify basic data about the claim

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
155	PWK	Claim Supplemental Information	O	10		Situational
180	REF	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries	O	1		Situational
231	HI	Health Care Diagnosis Code	O	1		Situational
250		Loop 2310A	O		2	Situational
250		Loop 2310B	O		1	Situational
250		Loop 2310C	O		1	Situational
250		Loop 2310D	O		1	Situational
250		Loop 2310E	O		1	Situational
365		Loop 2400	O		50	Required

### Example:

*CLM\*A37YH556\*500\*\*\*11::1\*Y\*A\*Y\*Y\*C~*

# PWK Claim Supplemental Information

Pos: 155	Max: 10
Detail - Optional	
Loop: 2300	Elements: 2

**Loop Path:** 2000B-2300

**User Option (Usage):** Situational

**Purpose:** To identify the type or transmission or both of paperwork or supporting information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PWK01	755	Report Type Code	M	ID	2/2	Required

**Description:** Code indicating the title or contents of a document, report or supporting item

**Industry:** Attachment Report Type Code

**Molina Note 1:**

*Electronic attachments are not currently supported by Molina.*

**Code Name**

77 Support Data for Verification

AS Admission Summary

**Description:** A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital

B2 Prescription

B3 Physician Order

B4 Referral Form

CT Certification

DA Dental Models

**Description:** Cast of the teeth; they are usually taken before partial dentures or braces are placed

DG Diagnostic Report

**Description:** Report describing the results of lab tests x-rays or radiology films

DS Discharge Summary

**Description:** Report listing the condition of the patient upon release from the hospital; it usually lists where the patient is being released to, what medication the patient is taking and when to follow-up with the doctor

EB Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)

**Description:** Summary of benefits paid on the claim

MT Models

NN Nursing Notes

**Description:** Notes kept by the nurse regarding a patient's physical and mental condition, what medication the patient is on and when it should be given

**Code Name**

OB Operative Note  
**Description:** *Step-by-step notes of exactly what takes place during an operation*

OZ Support Data for Claim  
**Description:** *Medical records that would support procedures performed; tests given and necessary for a claim*

PN Physical Therapy Notes

PO Prosthetics or Orthotic Certification

PZ Physical Therapy Certification

RB Radiology Films

**Description:** *X-rays, videos, and other radiology diagnostic tests*

RR Radiology Reports

**Description:** *Reports prepared by a radiologists after the films or x-rays have been reviewed*

RT Report of Tests and Analysis Report

PWK02 756 **Report Transmission Code** O ID 1/2 Required

**Description:** Code defining timing, transmission method or format by which reports are to be sent

**Industry:** *Attachment Transmission Code*

**Molina Note 1:**

*Electronic attachments are not currently supported by Molina.*

**Code Name**

AA Available on Request at Provider Site

BM By Mail

EL Electronically Only

EM E-Mail

FX By Fax

# REF Claim Identification Number for Clearing Houses and Other Transmission Intermediaries

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

**Loop Path:** 2000B-2300

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

**Description:** Code qualifying the Reference Identification

**Mode:** Automatic

**Control:** Text

**Molina Note 1:**

*Use "D9" for Clearinghouses*

**Code Name**

D9 Claim Number

**Description:** *Sequence number to track the number of claims opened within a particular line of business*

## Example:

*REF\*D9\*TJ98UU321~*

# HI Health Care Diagnosis Code

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

**Loop Path:** 2000B-2300

**User Option (Usage):** Situational

**Purpose:** To supply information related to the delivery of health care

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI01	C022	Health Care Code Information	M	Comp		Required

**Description:** To send health care codes and their associated dates, amounts and quantities

**Alias:** *Principal Diagnosis*

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

**Description:** Code identifying a specific industry code list

**Industry:** *Diagnosis Type Code*

**Molina Note 1:**

*Use "BK" (Principal Diagnosis)*

**Code Name**

BK Principal Diagnosis

## Example:

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

# Loop 2310A

Pos: 250	Repeat: 2
Optional	
Loop: 2310A	Elements: N/A

**Loop Path:** 2000B-2300

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
250	NM1	Referring Provider Name	O	1		Situational
271	REF	Referring Provider Secondary Identification	O	5		Situational

### Example:

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

# NM1 Referring Provider Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 2

**Loop Path:** 2000B-2300-2310A

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM108	66	Identification Code Qualifier	C	ID	1/2	Situational

**Description:** Code designating the system/method of code structure used for Identification Code (67)

**Molina Note 1:**

**Beginning 5/23/2008**

*The NPI is required in NM108 must contain XX and NM109 NPI.*

**Code Name**

XX Health Care Financing Administration National Provider Identifier

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

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

**Alias:** Referring Provider Primary Identifier

**Molina Note 1:**

**NPI = 10 digit number assigned by CMS through NPPES**

**ExternalCodeList**

**Name:** 537

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

## Example:

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

# REF Referring Provider Secondary Identification

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

Loop Path: 2000B-2300-2310A

User Option (Usage): Situational

Purpose: To specify identifying information

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

**Description:** Code qualifying the Reference Identification

**Molina Note 1:**

*The NPI is passed in the NM108/09 of this loop, then either the Employer's Identification Number (EI) or the Social Security Number (SY) of the provider must be passed in this REF segment.*

**Code Name**

- EI Employer's Identification Number
- SY Social Security Number

REF02	127	Reference Identification	C	AN	1/30	Required
-------	-----	--------------------------	---	----	------	----------

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

**Industry:** Referring Provider Secondary Identifier

**Molina Note 1:**

- EIN (EI) = Tax Identification Number*
- SSN (SY) = Social Security Number*

**Example:**

REF\*1D\*A12345~

# Loop 2310B

Pos: 250	Repeat: 1
Optional	
Loop: 2310B	Elements: N/A

**Loop Path:** 2000B-2300

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
250	NM1	Rendering Provider Name	O	1		Situational
271	REF	Rendering Provider Secondary Identification	O	5		Situational

### Example:

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

# NM1 Rendering Provider Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310B	Elements: 2

**Loop Path:** 2000B-2300-2310B

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM108	66	Identification Code Qualifier	C	ID	1/2	Required

**Description:** Code designating the system/method of code structure used for Identification Code (67)

**Molina Note 1:**

**Beginning 5/23/2008**

*The NPI is required in NM108 must contain XX and NM109 NPI.*

**Code Name**

XX Health Care Financing Administration National Provider Identifier

NM109	67	Identification Code	C	AN	2/80	Required
-------	----	---------------------	---	----	------	----------

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

**Alias:** *Rendering Provider Primary Identifier*

**Molina Note 1:**

**NPI = 10 digit number assigned by CMS through NPPES**

**ExternalCodeList**

**Name:** 537

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

## Example:

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

# REF Rendering Provider Secondary Identification

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

**Loop Path:** 2000B-2300-2310B

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	O	ID	2/3	Required

**Description:** Code qualifying the Reference Identification

**Molina Note 1:**

*The NPI is passed in the NM108/09 of this loop, then either the Employer's Identification Number (EI) or the Social Security Number (SY) of the provider must be passed in this REF segment.*

**Code Name**

- EI Employer's Identification Number
- SY Social Security Number

REF02	127	Reference Identification	C	AN	1/30	Situational
-------	-----	--------------------------	---	----	------	-------------

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

**Industry:** *Rendering Provider Secondary Identifier*

**Molina Note 1:**

*EIN (EI) = Tax Identification Number*  
*SSN (SY) = Social Security Number*

**Example:**

REF\*1D\*A12345~

**Molina Note 1:**

*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.*

# Loop 2310C

Pos: 250	Repeat: 1
Optional	
Loop: 2310C	Elements: N/A

**Loop Path:** 2000B-2300

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
250	NM1	Purchased Service Provider Name	O	1		Situational
271	REF	Purchased Service Provider Secondary Identification	O	5		Situational

### Example:

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

# NM1 Purchased Service Provider Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310C	Elements: 2

Loop Path: 2000B-2300-2310C

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM108	66	Identification Code Qualifier	C	ID	1/2	Situational

**Description:** Code designating the system/method of code structure used for Identification Code (67)

**Molina Note 1:**

**Beginning 5/23/2008**

*The NPI is required in NM108 must contain XX and NM109 NPI.*

**Code Name**

XX Health Care Financing Administration National Provider Identifier

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

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

**Alias:** *Purchased Service Provider Primary Identifier*

**Molina Note 1:**

**NPI = 10 digit number assigned by CMS through NPPES**

**ExternalCodeList**

**Name:** 537

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

## Example:

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

# REF Purchased Service Provider Secondary Identification

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

Loop Path: 2000B-2300-2310C

User Option (Usage): Situational

Purpose: To specify identifying information

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

**Description:** Code qualifying the Reference Identification

**Molina Note 1:**

*The NPI is passed in the NM108/09 of this loop, then either the Employer's Identification Number (EI) or the Social Security Number (SY) of the provider must be passed in this REF segment.*

**Code Name**

- EI Employer's Identification Number
- SY Social Security Number

REF02	127	Reference Identification	C	AN	1/30	Required
-------	-----	--------------------------	---	----	------	----------

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

**Industry:** *Purchased Service Provider Secondary Identifier*

**Molina Note 1:**

- EIN (EI) = Tax Identification Number*
- SSN (SY) = Social Security Number*

**Example:**

*REF\*1D\*A12345~*

# Loop 2310D

Pos: 250	Repeat: 1
Optional	
Loop: 2310D	Elements: N/A

**Loop Path:** 2000B-2300

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
250	NM1	Service Facility Location	O	1		Situational
265	N3	Service Facility Location Address	O	1		Required
271	REF	Service Facility Location Secondary Identification	O	5		Situational

### Example:

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

# NM1 Service Facility Location

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310D	Elements: 2

**Loop Path:** 2000B-2300-2310D

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM108	66	Identification Code Qualifier	C	ID	1/2	Situational

**Description:** Code designating the system/method of code structure used for Identification Code (67)

**Molina Note 1:**

**Beginning 5/23/2008**

*The NPI is required in NM108 must contain XX and NM109 NPI.*

**Code Name**

XX Health Care Financing Administration National Provider Identifier

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

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

**Industry:** *Laboratory or Facility Primary Identifier*

**Molina Note 1:**

*NPI = 10 digit number assigned by CMS through NPPES*

**ExternalCodeList**

**Name:** 537

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

## Example:

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

# N3 Service Facility Location Address

Pos: 265	Max: 1
Detail - Optional	
Loop: 2310D	Elements: 0

**Loop Path:** 2000B-2300-2310D

**User Option (Usage):** Required

**Purpose:** To specify the location of the named party

**Example:**

*N3\*123 MAIN STREET~*

**Molina Note 1:**

*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.*

*If this loop is not provided, Service Location information will be pulled from the Billing Provider loop.*

# REF Service Facility Location Secondary Identification

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

**Loop Path:** 2000B-2300-2310D

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

**Description:** Code qualifying the Reference Identification

**Molina Note 1:**

*The NPI is passed in the NM108/09 of this loop, then the Federal Taxpayer's Identification Number (TJ) of the provider must be passed in this REF segment.*

**Code Name**

TJ Federal Taxpayer's Identification Number

REF02	127	Reference Identification	C	AN	1/30	Required
-------	-----	--------------------------	---	----	------	----------

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

**Industry:** *Laboratory or Facility Secondary Identifier*

**Molina Note 1:**

*(TJ) = Federal Taxpayer's Identification Number*

## Example:

REF\*1D\*A12345~

# Loop 2310E

Pos: 250	Repeat: 1
Optional	
Loop: 2310E	Elements: N/A

**Loop Path:** 2000B-2300

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
250	NM1	Supervising Provider Name	O	1		Situational
271	REF	Supervising Provider Secondary Identification	O	5		Situational

### Example:

*NM1\*DQ\*1\*KILLIAN\*BART\*B\*\*II\*24\*222334444~*

# NM1 Supervising Provider Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310E	Elements: 2

**Loop Path:** 2000B-2300-2310E

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM108	66	Identification Code Qualifier	C	ID	1/2	Situational

**Description:** Code designating the system/method of code structure used for Identification Code (67)

**Molina Note 1:**

**Beginning 5/23/2008**

*The NPI is required in NM108 must contain XX and NM109 NPI.*

**Code Name**

XX Health Care Financing Administration National Provider Identifier

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

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

**Alias:** *Supervising Provider Primary Identifier*

**Molina Note 1:**

**NPI = 10 digit number assigned by CMS through NPPES**

**ExternalCodeList**

**Name:** 537

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

## Example:

*NM1\*DQ\*1\*KILLIAN\*BART\*B\*\*II\*24\*222334444~*

# REF Supervising Provider Secondary Identification

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

**Loop Path:** 2000B-2300-2310E

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

**Description:** Code qualifying the Reference Identification

**Molina Note 1:**

*The NPI is passed in the NM108/09 of this loop, then either the Employer's Identification Number (EI) or the Social Security Number (SY) of the provider must be passed in this REF segment.*

**Code Name**

- EI Employer's Identification Number
- SY Social Security Number

REF02	127	Reference Identification	C	AN	1/30	Required
-------	-----	--------------------------	---	----	------	----------

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

**Industry:** *Supervising Provider Secondary Identifier*

**Molina Note 1:**

- EIN (EI) = Tax Identification Number*
- SSN (SY) = Social Security Number*

**Example:**

*REF\*1D\*A12345~*

# Loop 2400

Pos: 365      Repeat: 50  
 Optional  
 Loop: 2400 Elements: N/A

**Loop Path:** 2000B-2300

**User Option (Usage):** Required

**Purpose:** To reference a line number in a transaction set

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
370	SV1	Professional Service	O	1		Required
494		Loop 2410	O		25	Situational
540		Loop 2430	O		25	Situational

## Example:

*LX\*1~*

# SV1 Professional Service

Pos: 370	Max: 1
Detail - Optional	
Loop: 2400	Elements: 3

**Loop Path:** 2000B-2300-2400

**User Option (Usage):** Required

**Purpose:** To specify the claim service detail for a Health Care professional

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SV101	C003	Composite Medical Procedure Identifier	M	Comp		Required

**Description:** To identify a medical procedure by its standardized codes and applicable modifiers

**Alias:** *Procedure identifier*

235		Product/Service ID Qualifier	M	ID	2/2	Required
-----	--	------------------------------	---	----	-----	----------

**Description:** Code identifying the type/source of the descriptive number used in Product/Service ID (234)

**Industry:** *Product or Service ID Qualifier*

**Molina Note 1:**

*Submit the corresponding HCPCS codes in SV1 segment with HC.*

**Code Name**

HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

**Description:** *HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments*

IV Home Infusion EDI Coalition (HIEC) Product/Service Code

ZZ Mutually Defined

1339		Procedure Modifier	O	AN	2/2	Situational
------	--	--------------------	---	----	-----	-------------

**Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners

**Alias:** *Procedure Modifier 1*

**Molina Note 1:**

*Submit up to four modifiers per service line.*

**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	O	AN	2/2	Situational
------	--	--------------------	---	----	-----	-------------

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<p><b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p><b>Alias:</b> <i>Procedure Modifier 2</i></p> <p><b>Molina Note 1:</b>  <i>Submit up to four modifiers per service line.</i></p> <p><b>ExternalCodeList</b>  <b>Name:</b> 130  <b>Description:</b> Health Care Financing Administration Common Procedural Coding System</p> <p><b>ExternalCodeList</b>  <b>Name:</b> 513  <b>Description:</b> Home Infusion EDI Coalition (HIEC) Product/Service Code List</p>				
1339		<b>Procedure Modifier</b>	O	AN	2/2	Situational
		<p><b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p><b>Alias:</b> <i>Procedure Modifier 3</i></p> <p><b>Molina Note 1:</b>  <i>Submit up to four modifiers per service line.</i></p> <p><b>ExternalCodeList</b>  <b>Name:</b> 130  <b>Description:</b> Health Care Financing Administration Common Procedural Coding System</p> <p><b>ExternalCodeList</b>  <b>Name:</b> 513  <b>Description:</b> Home Infusion EDI Coalition (HIEC) Product/Service Code List</p>				
1339		<b>Procedure Modifier</b>	O	AN	2/2	Situational
		<p><b>Description:</b> This identifies special circumstances related to the performance of the service, as defined by trading partners</p> <p><b>Alias:</b> <i>Procedure Modifier 4</i></p> <p><b>Molina Note 1:</b>  <i>Submit up to four modifiers per service line.</i></p> <p><b>ExternalCodeList</b>  <b>Name:</b> 130  <b>Description:</b> Health Care Financing Administration Common Procedural Coding System</p> <p><b>ExternalCodeList</b>  <b>Name:</b> 513  <b>Description:</b> Home Infusion EDI Coalition (HIEC) Product/Service Code List</p>				
SV102	782	<b>Monetary Amount</b>	O	R	1/18	Required
		<p><b>Description:</b> Monetary amount</p> <p><b>Industry:</b> <i>Line Item Charge Amount</i></p> <p><b>Molina Note 1:</b>  <i>When submitting charges, charge is a whole number do not submit</i></p>				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<i>with trailing zeros (example: 2315 = \$2315.00).</i>				
		<b>Molina Note 2:</b>				
		<i>When submitting charges, charge has dollars with cents, submit with decimal to separate (example: 23.15 = \$23.15).</i>				
		<b>Molina Note 3:</b>				
		<i>Monetary Amount, enter 0 if dollars billed are included in other procedure(s).</i>				
SV107	C004	<b>Composite Diagnosis Code Pointer</b>	O	Comp		Situational
		<b>Description:</b> To identify one or more diagnosis code pointers				
		<b>Alias:</b> <i>Diagnosis Code Pointer</i>				
		<b>Molina Note 1:</b>				
		<i>Submit up to four diagnosis pointers per service line.</i>				

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

# Loop 2410

Pos: 494      Repeat: 25  
 Optional  
 Loop: 2410 Elements: N/A

**Loop Path:** 2000B-2300-2400

**User Option (Usage):** Situational

**Purpose:** To specify basic item identification data

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
494	LIN	Drug Identification	O	1		Situational
495	CTP	Drug Pricing	O	1		Situational

### Example:

*LIN\*\*N4\*01234567891~*

# LIN Drug Identification

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

**Loop Path:** 2000B-2300-2400-2410

**User Option (Usage):** Situational

**Purpose:** To specify basic item identification data

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
LIN03	234	Product/Service ID	M	AN	1/48	Required

**Description:** Identifying number for a product or service

**Industry:** *National Drug Code*

**Molina Note 1:**

*Use the 11-digit NDC*

**ExternalCodeList**

**Name:** 240

**Description:** National Drug Code by Format

## Example:

*LIN\*\*N4\*01234567891~*

## Molina Note 1:

*Molina cannot accept dashes (-) within any NDC in the file.*

# CTP Drug Pricing

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

**Loop Path:** 2000B-2300-2400-2410

**User Option (Usage):** Situational

**Purpose:** To specify pricing information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CTP05	C001	<b>Composite Unit of Measure</b>	X	Comp		Required

**Description:** To identify a composite unit of measure(See Figures Appendix for examples of use)

**Industry:** *Unit or Basis of Measurement*

355		<b>Unit or Basis for Measurement Code</b>	M	ID	2/2	Required
-----	--	---	---	----	-----	----------

**Description:** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

**Alias:** *Code qualifier*

**Molina Note 1:**

*UN = Unit, GR = Gram, ML = Milliliter*

**Code Name**

F2 International Unit

**Description:** *A unit accepted by an international agency; potency of a drug/vitamin based on a specific weight of that drug/vitamin*

GR Gram

ML Milliliter

UN Unit

## Example:

*CTP\*\*\*1.15\*2\*UN~*

# Loop 2430

Pos: 540      Repeat: 25  
 Optional  
 Loop: 2430 Elements: N/A

**Loop Path:** 2000B-2300-2400

**User Option (Usage):** Situational

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

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
540	SVD	Line Adjudication Information	O	1		Situational

### Example:

*SVD\*43\*55\*HC:84550\*\*3~*

# SVD Line Adjudication Information

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

**Loop Path:** 2000B-2300-2400-2430

**User Option (Usage):** Situational

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

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SVD02	782	Monetary Amount	M	R	1/18	Required

**Description:** Monetary amount

**Industry:** *Service Line Paid Amount*

**Alias:** *Paid Amount*

**Molina Note 1:**

*When submitting prior paid information, paid amount is a whole number do not submit with trailing zeros (example: 2315 = \$2315.00)*

**Molina Note 2:**

*When submitting prior paid information, paid amount has dollars with cents, submit with decimal to separate (example: 23.15 = \$23.15)*

**Molina Note 3:**

*Monetary Amount, enter 0 if prior paid dollars are included in other procedure(s).*

## Example:

*SVD\*43\*55\*HC:84550\*\*3~*

# GE Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 0

**User Option (Usage):** Required

**Purpose:** To indicate the end of a functional group and to provide control information

**Example:**

*GE\*1\*1~*

**Molina Note 1:**

*Only "1" GE Functional Group can be accepted per file.*