

# **837 Health Care Claim: Professional**

**Version: 1.0 Final**

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<b>Notes:</b>	<b>EDI Companion Guide</b>

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# 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>
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**Heading:**

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020	NM1	Submitter Name	O	1		N1/020	Required	12
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**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>
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<b>LOOP ID - 2010AA</b>					<b>1</b>	<b>N2/015L</b>		17
015	NM1	Billing Provider Name	O	1		N2/015	Required	18
035	REF	Billing Provider Secondary Identification	O	8			Situational	20
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015	NM1	Pay-to Provider Name	O	1		N2/015	Situational	22
035	REF	Pay-to-Provider Secondary Identification	O	5			Situational	23

<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>
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001	HL	Subscriber Hierarchical Level	M	1			Required	25
005	SBR	Subscriber Information	O	1			Required	26
<b><u>LOOP ID - 2300</u></b>						<b><u>100</u></b>		27
155	PWK	Claim Supplemental Information	O	10			Situational	28
180	REF	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries	O	1			Situational	30
231	HI	Health Care Diagnosis Code	O	1			Situational	31
<b><u>LOOP ID - 2310A</u></b>						<b><u>2</u></b>	<b><u>N2/250L</u></b>	32
250	NM1	Referring Provider Name	O	1		N2/250	Situational	33
255	PRV	Referring Provider Specialty Information	O	1			Situational	35
271	REF	Referring Provider Secondary Identification	O	5			Situational	36
<b><u>LOOP ID - 2310B</u></b>						<b><u>1</u></b>	<b><u>N2/250L</u></b>	37
250	NM1	Rendering Provider Name	O	1		N2/250	Situational	38
255	PRV	Rendering Provider Specialty Information	O	1			Situational	39
271	REF	Rendering Provider Secondary Identification	O	5			Situational	40
<b><u>LOOP ID - 2310C</u></b>						<b><u>1</u></b>	<b><u>N2/250L</u></b>	41
250	NM1	Purchased Service Provider Name	O	1		N2/250	Situational	42
271	REF	Purchased Service Provider Secondary Identification	O	5			Situational	43
<b><u>LOOP ID - 2310D</u></b>						<b><u>1</u></b>	<b><u>N2/250L</u></b>	44
250	NM1	Service Facility Location	O	1		N2/250	Situational	45
265	N3	Service Facility Location Address	O	1			Required	47
271	REF	Service Facility Location Secondary Identification	O	5			Situational	48
<b><u>LOOP ID - 2310E</u></b>						<b><u>1</u></b>	<b><u>N2/250L</u></b>	49
250	NM1	Supervising Provider Name	O	1		N2/250	Situational	50
271	REF	Supervising Provider Secondary Identification	O	5			Situational	51
<b><u>LOOP ID - 2320</u></b>						<b><u>10</u></b>	<b><u>N2/290L</u></b>	52
300	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1			Situational	53
<b><u>LOOP ID - 2330B</u></b>						<b><u>1</u></b>	<b><u>N2/325L</u></b>	54

<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>
350	DTP	Claim Adjudication Date	O	1			Situational	55
<b>LOOP ID - 2400</b>					<b>50</b>	<b>N2/365L</b>		56
370	SV1	Professional Service	O	1			Required	57
<b>LOOP ID - 2410</b>					<b>25</b>	<b>N2/494L</b>		60
494	LIN	Drug Identification	O	1		N2/494	Situational	61
495	CTP	Drug Pricing	O	1			Situational	62
<b>LOOP ID - 2430</b>					<b>25</b>	<b>N2/540L</b>		63
540	SVD	Line Adjudication Information	O	1		N2/540	Situational	64
550	DTP	Line Adjudication Date	O	1			Situational	65

**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	66

**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.
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- 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.
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- 2/290L Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber, Subscriber of the Other Insurance Carriers, School or Employer Information for that Subscriber.
- 2/325L Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.
- 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	Interchange Sender ID	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	Interchange Receiver ID	M	AN	15/15	Required
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**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 Missouri ID is: MHMO431743902*

ISA14	I13	Acknowledgment Requested	M	ID	1/1	Required
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**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.*

**CodeList Summary** (Total Codes: 2, Included: 2)

**Code Name**

0	No Acknowledgment Requested
1	Interchange Acknowledgment Requested

## Notes:

*The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by '.' for clarity.*

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

**Molina Note 1:**

*Molina Healthcare of Missouri ID is: MHMO431743902*

## 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.*

**CodeList Summary** (Total Codes: 446, Included: 2)

**Code Name**

CH Chargeable

RP Reporting

## 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~*

# Loop Submitter Name

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

**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>
020	NM1	Submitter Name	O	1		Required

### 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~

# 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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
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.*

## 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~

# Loop Receiver Name

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

**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>
020	NM1	Receiver Name	O	1		Required

### 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\*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 Missouri*

NM109	67	Identification Code	C	AN	2/80	Required
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Description: Code identifying a party or other code

Alias: Receiver Primary Identification Number

Molina Note 1:

*Molina Healthcare of Missouri ID is: MHMO431743902*

## 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\*UNION MUTUAL OF OREGON\*\*\*\*\*46\*11122333~

# Loop Billing/Pay-to Provider Hierarchical Level

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>
003	PRV	Billing/Pay-to Provider Specialty Information	O	1		Situational
015		Loop 2010AA	O		1	Required
015		Loop 2010AB	O		1	Situational

## 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~

# PRV Billing/Pay-to Provider Specialty Information

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

Loop Path: 2000A

User Option (Usage): Situational

Purpose: To specify the identifying characteristics of a provider

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV01	1221	Provider Code	M	ID	1/3	Required

**Description:** Code identifying the type of provider

**CodeList Summary** (Total Codes: 26, Included: 2)

**Code Name**

BI Billing  
PT Pay-To

PRV02	128	Reference Identification Qualifier	M	ID	2/3	Required
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**Description:** Code qualifying the Reference Identification

**CodeList Summary** (Total Codes: 1503, Included: 1)

**Code Name**

ZZ Mutually Defined

PRV03	127	Reference Identification	M	AN	1/30	Required
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**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

## 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~

# Loop Billing Provider Name

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

### 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 JOHNSANSE\*\*\*\*\*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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
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.*

**CodeList Summary** (Total Codes: 215, Included: 1)

**Code Name**

XX Health Care Financing Administration National Provider Identifier

NM109	67	Identification Code	C	AN	2/80	Required
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**Description:** Code identifying a party or other code

**Industry:** *Billing Provider Identifier*

**Alias:** *Billing Provider Primary Identification Number*

**Molina Note 1:**

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

**ExternalCodeList**

**Name:** 537

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

## Notes:

1. Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However, some payers do not accept claims from non-provider billing entities.
2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

## Example:

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

# 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.*

**CodeList Summary** (Total Codes: 1503, Included: 2)

**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*

**Alias:** *Billing Provider Secondary Identification Number*

**Molina Note 1:**

*EIN (EI) = Tax Identification Number*

*SSN (SY) = Social Security Number*

## 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~

# Loop Pay-to Provider Name

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

### 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~

# 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.*

**CodeList Summary** (Total Codes: 215, Included: 1)

**Code Name**

XX Health Care Financing Administration National Provider Identifier

NM109	67	Identification Code	C	AN	2/80	Required
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**Description:** Code identifying a party or other code

**Industry:** Pay-to Provider Identifier

**Alias:** Pay-to Provider Primary Identification Number

**Molina Note 1:**

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

**ExternalCodeList**

**Name:** 537

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

## 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~

# 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:

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

**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.*

**CodeList Summary** (Total Codes: 1503, Included: 2)

**Code Name**

EI Employer's Identification Number  
 SY Social Security Number

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

**Molina Note 1:**

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

## 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~

# Loop Subscriber Hierarchical Level

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

## 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~

# 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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
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). Medicaid subscriber is always the patient.*

**CodeList Summary** (Total Codes: 2, Included: 2)

**Code Name**

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

**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~

# 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.*

**CodeList Summary** (Total Codes: 6, Included: 3)

**Code Name**

- P Primary
- S Secondary
- T Tertiary

SBR02	1069	Individual Relationship Code	O	ID	2/2	Situational
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**Description:** Code indicating the relationship between two individuals or entities

**Alias:** *Relationship Code*

**Molina Note 1:**

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

**CodeList Summary** (Total Codes: 153, Included: 1)

**Code Name**

- 18 Self

## Example:

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

# Loop Claim Information

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
290		Loop 2320	O		10	Situational
365		Loop 2400	O		50	Required

### 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~

# 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.*

**CodeList Summary** (Total Codes: 522, Included: 20)

**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

**Code Name**

*on and when it should be given*

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.*

**CodeList Summary** (Total Codes: 51, Included: 5)

**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*

**CodeList Summary** (Total Codes: 1503, Included: 1)

**Code Name**

D9 Claim Number

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

### 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~

# 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*

HI01-01	1270	Code List Qualifier Code	M	ID	1/3	Required
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**Description:** Code identifying a specific industry code list

**Industry:** *Diagnosis Type Code*

**Molina Note 1:**

*Use "BK" (Principal Diagnosis)*

**CodeList Summary** (Total Codes: 558, Included: 1)

**Code Name**

BK Principal Diagnosis

## 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~

# Loop Referring Provider Name

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
255	PRV	Referring Provider Specialty Information	O	1		Situational
271	REF	Referring Provider Secondary Identification	O	5		Situational

### 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~

# 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:

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.*

**CodeList Summary** (Total Codes: 215, Included: 1)

**Code Name**

XX Health Care Financing Administration National Provider Identifier

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

## 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~*

# PRV Referring Provider Specialty Information

Pos: 255	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 3

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

**User Option (Usage):** Situational

**Purpose:** To specify the identifying characteristics of a provider

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
PRV01	1221	<b>Provider Code</b>	M	ID	1/3	Required				
<p><b>Description:</b> Code identifying the type of provider</p> <p><b>CodeList Summary</b> (Total Codes: 26, Included: 1)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>RF</td> <td>Referring</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	RF	Referring
<u>Code</u>	<u>Name</u>									
RF	Referring									
PRV02	128	<b>Reference Identification Qualifier</b>	M	ID	2/3	Required				
<p><b>Description:</b> Code qualifying the Reference Identification</p> <p><b>CodeList Summary</b> (Total Codes: 1503, Included: 1)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>ZZ</td> <td>Mutually Defined</td> </tr> </tbody> </table>							<u>Code</u>	<u>Name</u>	ZZ	Mutually Defined
<u>Code</u>	<u>Name</u>									
ZZ	Mutually Defined									
PRV03	127	<b>Reference Identification</b>	M	AN	1/30	Required				
<p><b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</p> <p><b>Industry:</b> <i>Provider Taxonomy Code</i></p> <p><b>Alias:</b> <i>Provider Specialty Code</i></p> <p><b>ExternalCodeList</b></p> <p><b>Name:</b> HCPT</p> <p><b>Description:</b> Health Care Provider Taxonomy</p>										

## 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~

# 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.*

**CodeList Summary** (Total Codes: 1503, Included: 2)

**Code Name**

EI Employer's Identification Number  
SY Social Security Number

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

**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~

# Loop Rendering Provider Name

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
255	PRV	Rendering Provider Specialty Information	O	1		Situational
271	REF	Rendering Provider Secondary Identification	O	5		Situational

## Notes:

1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.
3. Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops respectively.
4. Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

## Example:

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

# 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:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
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.*

**CodeList Summary** (Total Codes: 215, Included: 1)

**Code Name**

XX Health Care Financing Administration National Provider Identifier

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

## Notes:

1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.
3. Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops respectively.
4. Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

## Example:

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

# PRV Rendering Provider Specialty Information

Pos: 255	Max: 1
Detail - Optional	
Loop: 2310B	Elements: 3

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

**User Option (Usage):** Situational

**Purpose:** To specify the identifying characteristics of a provider

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PRV01	1221	Provider Code	M	ID	1/3	Required

**Description:** Code identifying the type of provider

**CodeList Summary** (Total Codes: 26, Included: 1)

**Code Name**

PE Performing

PRV02	128	Reference Identification Qualifier	M	ID	2/3	Required
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**Description:** Code qualifying the Reference Identification

**CodeList Summary** (Total Codes: 1503, Included: 1)

**Code Name**

ZZ Mutually Defined

PRV03	127	Reference Identification	M	AN	1/30	Required
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**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

## 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~

# 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:

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

**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.*

**CodeList Summary** (Total Codes: 1503, Included: 2)

**Code Name**

EI Employer's Identification Number  
 SY Social Security Number

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

**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~

**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 Purchased Service Provider Name

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

### 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~

# 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.*

**CodeList Summary** (Total Codes: 215, Included: 1)

**Code Name**

XX Health Care Financing Administration National Provider Identifier

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

## Notes:

- Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.
- Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.
- Required if purchased services are being billed/reported on this claim. Purchased services are situations where (for example) a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

## Example:

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

# 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:

<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.*

**CodeList Summary** (Total Codes: 1503, Included: 2)

**Code Name**

EI Employer's Identification Number  
 SY Social Security Number

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

**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~

# Loop Service Facility Location

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

## 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~

# 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:

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.*

**CodeList Summary** (Total Codes: 215, Included: 1)

**Code Name**

XX Health Care Financing Administration National Provider Identifier

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

## 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~*

# 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

**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~

**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.*

**CodeList Summary** (Total Codes: 1503, Included: 1)

**Code Name**

TJ Federal Taxpayer's Identification Number

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

**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~

# Loop Supervising Provider Name

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

### 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~

# 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:

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.*

**CodeList Summary** (Total Codes: 215, Included: 1)

**Code Name**

XX Health Care Financing Administration National Provider Identifier

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

## 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~

# 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.*

**CodeList Summary** (Total Codes: 1503, Included: 2)

**Code Name**

EI Employer's Identification Number  
 SY Social Security Number

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

**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~

# Loop Other Subscriber Information

Pos: 290	Repeat: 10
Optional	
Loop: 2320	Elements: N/A

**Loop Path:** 2000B-2300

**User Option (Usage):** Situational

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

## 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>
300	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1		Situational
325		Loop 2330B	O		1	Situational

### 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~

# AMT Coordination of Benefits (COB) Payer Paid Amount

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

Loop Path: 2000B-2300-2320

User Option (Usage): Situational

Purpose: To indicate the total monetary amount

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required
<p><b>Description:</b> Code to qualify amount</p> <p><b>Mode:</b> Automatic</p> <p><b>Control:</b> Text</p> <p><b>CodeList Summary</b> (Total Codes: 1473, Included: 1)</p> <p><b>Code Name</b></p> <p>D Payor Amount Paid</p>						
AMT02	782	Monetary Amount	M	R	1/18	Required
<p><b>Description:</b> Monetary amount</p> <p><b>Industry:</b> <i>Payer Paid Amount</i></p>						

### 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~

### Molina Note 1:

**Encounter submissions:** This is a **required** segment for providers submitting an encounter. Loop **2430-SVD** segment must also contain the information.

# Loop Other Payer Name

Pos: 325	Repeat: 1
Optional	
Loop: 2330B	Elements: N/A

**Loop Path:** 2000B-2300-2320

**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>
350	DTP	Claim Adjudication Date	O	1		Situational

### 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~

# DTP Claim Adjudication Date

Pos: 350	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 3

**Loop Path:** 2000B-2300-2320-2330B

**User Option (Usage):** Situational

**Purpose:** To specify any or all of a date, a time, or a time period

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required

**Description:** Code specifying type of date or time, or both date and time

**Industry:** *Date Time Qualifier*

**CodeList Summary** (Total Codes: 1112, Included: 1)

**Code Name**

573 Date Claim Paid

DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
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**Description:** Code indicating the date format, time format, or date and time format

**CodeList Summary** (Total Codes: 39, Included: 1)

**Code Name**

D8 Date Expressed in Format CCYYMMDD

DTP03	1251	Date Time Period	M	AN	1/35	Required
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**Description:** Expression of a date, a time, or range of dates, times or dates and times

**Industry:** *Adjudication or Payment Date*

### Example:

*DTP\*573\*D8\*19980314~*

### Molina Note 1:

**Encounter submissions:** This segment is **required** if the 'Paid Date' is the same for all service lines. Use Loop **2430-DTP** segment if the 'Paid Date' is different for each service line.

# Loop Service Line

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

### 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~

# 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	<b>Composite Medical Procedure Identifier</b>	M	Comp		Required

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

**Alias:** *Procedure identifier*

SV101-01	235	<b>Product/Service ID Qualifier</b>	M	ID	2/2	Required
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**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.*

**CodeList Summary** (Total Codes: 477, Included: 3)

**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

SV101-03	1339	<b>Procedure Modifier</b>	O	AN	2/2	Situational
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**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

SV101-04 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 2*

**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

SV101-05 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 3*

**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

SV101-06 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 4*

**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

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

**Description:** Monetary amount

**Industry:** *Line Item Charge Amount*

**Alias:** *Submitted charge amount*

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<b>Molina Note 1:</b> <i>When submitting charges, charge is a whole number do not submit 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 Drug Identification

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

### 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 reporting/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~*

# 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

## 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 reporting/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~

## 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	Composite Unit of Measure	X	Comp		Required

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

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

CTP05-01	355	Unit or Basis for Measurement Code	M	ID	2/2	Required
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**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*

**CodeList Summary** (Total Codes: 794, Included: 4)

**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

## 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~

# Loop Line Adjudication Information

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
550	DTP	Line Adjudication Date	O	1		Situational

## 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~

# 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).*

## Notes:

- 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.*
- Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.*
- Required if 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~*

## Molina Note 1:

**Encounter submissions:** This is a **required** segment for providers submitting an encounter.

# DTP Line Adjudication Date

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

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

**User Option (Usage):** Situational

**Purpose:** To specify any or all of a date, a time, or a time period

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required

**Description:** Code specifying type of date or time, or both date and time

**Industry:** *Date Time Qualifier*

**CodeList Summary** (Total Codes: 1112, Included: 1)

**Code Name**

573 Date Claim Paid

DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
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**Description:** Code indicating the date format, time format, or date and time format

**CodeList Summary** (Total Codes: 39, Included: 1)

**Code Name**

D8 Date Expressed in Format CCYYMMDD

DTP03	1251	Date Time Period	M	AN	1/35	Required
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**Description:** Expression of a date, a time, or range of dates, times or dates and times

**Industry:** *Adjudication or Payment Date*

### Example:

*DTP\*573\*D8\*19970131~*

### Molina Note 1:

**Encounter submissions:** This segment is **required** if the 'Paid Date' is different for each service line. Use Loop **2330B-DTP** segment if the 'Paid Date' is the **same** for all service lines.

# 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.*