

837 Health Care Claim: Dental

HIPAA/V4010X097A1/837: 837 Health Care Claim: Dental

Version: 2.0 Final

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Notes:	EDI Companion Guide

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837 Health Care Claim: Dental

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	7

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	8

LOOP ID - 1000A					<u>1</u>	<u>N1/020L</u>		9
020	NM1	Submitter Name	O	1		N1/020	Required	10
LOOP ID - 1000B					<u>1</u>	<u>N1/020L</u>		11
020	NM1	Receiver Name	O	1		N1/020	Required	12

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>
LOOP ID - 2000A					<u>>1</u>			13
LOOP ID - 2010AA					<u>1</u>	<u>N2/015L</u>		14
015	NM1	Billing Provider Name	O	1		N2/015	Required	15
035	REF	Billing Provider Secondary Identification Number	O	5			Situational	16
LOOP ID - 2010AB					<u>1</u>	<u>N2/015L</u>		17
015	NM1	Pay-to Provider's Name	O	1		N2/015	Situational	18
035	REF	Pay-to Provider Secondary Identification Number	O	5			Situational	19
LOOP ID - 2000B					<u>>1</u>			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>
001	HL	Subscriber Hierarchical Level	M	1			Required	21
005	SBR	Subscriber Information	O	1			Required	22
LOOP ID - 2010BA					<u>1</u>	<u>N2/015L</u>		23
015	NM1	Subscriber Name	O	1		N2/015	Required	24
LOOP ID - 2300					<u>100</u>			25
155	PWK	Claim Supplemental Information	O	10			Situational	26
LOOP ID - 2310A					<u>2</u>	<u>N2/250L</u>		28
250	NM1	Referring Provider Name	O	1		N2/250	Situational	29
271	REF	Referring Provider Secondary Identification	O	5			Situational	30
LOOP ID - 2310B					<u>1</u>	<u>N2/250L</u>		31
250	NM1	Rendering Provider Name	O	1		N2/250	Situational	32
271	REF	Rendering Provider Secondary Identification	O	5			Situational	33
LOOP ID - 2310C					<u>1</u>	<u>N2/250L</u>		34
250	NM1	Service Facility Location	O	1		N2/250	Situational	35
271	REF	Service Facility Location Secondary Identification	O	5			Situational	36
LOOP ID - 2310D					<u>1</u>	<u>N2/250L</u>		37
250	NM1	Assistant Surgeon Name	O	1		N2/250	Situational	38
271	REF	Assistant Surgeon Secondary Identification	O	1			Situational	39
LOOP ID - 2400					<u>50</u>	<u>N2/365L</u>		40
380	SV3	Dental Service	O	1			Required	41
382	TOO	Tooth Information	O	32			Situational	46
455	DTP	Date - Service	O	1			Situational	50
455	DTP	Date - Prior Placement	O	1			Situational	51
455	DTP	Date - Appliance Placement	O	1			Situational	52
455	DTP	Date - Replacement	O	1			Situational	53
460	QTY	Anesthesia Quantity	O	5			Situational	54
470	REF	Service Predetermination Identification	O	1			Situational	56
470	REF	Line Item Control Number	O	1			Situational	57
475	AMT	Approved Amount	O	1			Situational	58
LOOP ID - 2430					<u>25</u>	<u>N2/540L</u>		59
540	SVD	Line Adjudication Information	O	1		N2/540	Situational	60

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	61

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.
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- 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.
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- 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.
- 2/540L 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: 4

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>
ISA05	I05	Interchange ID Qualifier	M	ID	2/2	Required

Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

Molina Note 1:

Value "30" is required.

Code Name

- 01 Duns (Dun & Bradstreet)
- 14 Duns Plus Suffix
- 20 Health Industry Number (HIN)

CODE SOURCE:

121: Health Industry Identification Number

- 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
- 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
- 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
- 30 U.S. Federal Tax Identification Number
- 33 National Association of Insurance Commissioners Company Code (NAIC)
- ZZ Mutually Defined

ISA06	I06	Interchange Sender ID	M	AN	15/15	Required
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Description: The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID.

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.

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 New Mexico ID is: MHNM850408506

ISA14	I13	Acknowledgment Requested	M	ID	1/1	Required
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<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
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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.

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.

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.

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 New Mexico ID is: MHNM850408506

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 RP for Encounter Submissions.

Code Name

CH Chargeable

RP Reporting

Example:

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

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

Notes:

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

Example:

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

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

Industry: *Submitter Identifier*

Alias: *Submitter Primary Identification Number*

Molina Note 1:

Trading Partner ID assigned by Molina.

Notes:

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

Example:

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

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

Notes:

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

Example:

NM1*40*2*UNION MUTUAL OF OREGON*****46*111222333~

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:

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

Description: Individual last name or organizational name

Industry: Receiver Name

Molina Note 1:

Molina Healthcare of New Mexico

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

Industry: Receiver Primary Identifier

Alias: Receiver Primary Identification Number

Molina Note 1:

Molina Healthcare of New Mexico ID is: MHNM850408506

Notes:

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

Example:

NM1*40*2*UNION MUTUAL OF OREGON*****46*111222333~

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

Notes:

1. Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BB. The Billing Provider entity may be a health care provider, a billing service or some other representative of the provider.
2. The NSF fields shown in Loop ID-2010AA and Loop ID-2010AB are intended to carry the billing provider information, not billing service information. Refer to your NSF manual for proper use of these fields. If Loop 2010AA contains information on a billing service (rather than a billing provider), do not map the information in that loop to the NSF billing provider fields for Medicare claims.
3. The Billing/Pay-to Provider HL may contain information about the Pay-to Provider entity. If the Pay-to Provider entity is the same as the Billing Provider entity, then only use Loop ID-2010AA.
4. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
5. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Billing/Pay-to Provider Hierarchical Level loops; there is an implied maximum of 5000.
6. If the Billing or Pay-to Provider is also the Rendering Provider and Loop ID-2310A is not used, the Loop ID-2000 PRV must be used to indicate which entity (Billing or Pay-to) is the Rendering Provider.

Example:

HL*1**20*1~

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 Number	O	5		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 the loop. However, some payers do not accept claims from non-provider billing entities.
2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

NM1*85*2*DENTAL ASSOCIATES*****34*123456789~

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
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Description: Code identifying a party or other code

Industry: Billing Provider Identifier

Alias: Billing Provider's 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 the loop. However, some payers do not accept claims from non-provider billing entities.

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

Example:

NM1*85*2*DENTAL ASSOCIATES*****34*123456789~

REF Billing Provider Secondary Identification Number

Pos: 035	Max: 5
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	Required
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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's 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 the NM109.
2. If the reason the number is being used in this REF can be met by the NPI, carried in the NM108/NM109 of this loop, then this REF is not used.
3. If code "XX - NPI" is used in the NM108/NM109 of this loop, then either the Employer's Identification Number, Social Security Number or Federal Tax Identification Number of the Provider must be carried in this REF.

Example:

REF*SY*111222333~

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's Name	O	1		Situational
035	REF	Pay-to Provider Secondary Identification Number	O	5		Situational

Notes:

- 1. If the billing provider and the pay-to provider are the same entity, then it is not necessary to put in the pay-to-provider loop.*
- 2. Because the usage of this segment is "situational" this is not a syntatically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.*

Example:

*NM1*87*1*JONES*WILLIAM****XX*0987654321~*

NM1 Pay-to Provider's 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
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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

Notes:

1. If the billing provider and the pay-to provider are the same entity, then it is not necessary to put in the pay-to-provider loop.
2. Because the usage of this segment is "situational" this is not a syntatically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

NM1*87*1*JONES*WILLIAM****XX*0987654321~

REF Pay-to Provider Secondary Identification Number

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.

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: Pay-to Provider 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 the NM108/109 of this loop.
2. If the reason the number is being used in this REF can be met by the NPI, carried in the NM108/NM109 of this loop, then this REF is not used.
3. If code "XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number, Social Security Number or Federal Tax Identification Number of the Provider must be carried in this REF. The number sent is the one which is used in the 1099. If additional numbers are needed in the REF it can be run up to 5 times.

Example:

REF*SY*111222333~

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
015		Loop 2010BA	O		1	Situational
130		Loop 2300	O		100	Situational

Notes:

1. If the subscriber and the patient are the same person, use this HL to identify the subscriber/patient, skip the subsequent (patient) HL and proceed directly to loop ID-2300.
2. The SUBSCRIBER HL contains information about the person who is listed as the subscriber/insured for the destination payer entity (Loop ID-2010BA). The Subscriber HL contains information identifying the Subscriber (Loop ID-2010BA) and his or her insurance (loop ID-2010BB). In addition, information about the credit/debit card holder is placed in this HL (loop ID-2010BC). The credit/debit card holder may or may not be the subscriber. See Appendix G, Credit/Debit card Use, for a description of using the loop ID-2010BC.
3. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Subscriber Hierarchical Level loops, there is an implied maximum of 5000.
4. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

HL *2*1*22*1~

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.

Notes:

1. If the subscriber and the patient are the same person, use this HL to identify the subscriber/patient, skip the subsequent (patient) HL and proceed directly to loop ID-2300.
2. The SUBSCRIBER HL contains information about the person who is listed as the subscriber/insured for the destination payer entity (Loop ID-2010BA). The Subscriber HL contains information identifying the Subscriber (Loop ID-2010BA) and his or her insurance (loop ID-2010BB). In addition, information about the credit/debit card holder is placed in this HL (loop ID-2010BC). The credit/debit card holder may or may not be the subscriber. See Appendix G, Credit/Debit card Use, for a description of using the loop ID-2010BC.
3. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Subscriber Hierarchical Level loops, there is an implied maximum of 5000.
4. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

HL*2*1*22*1~

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

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

NSF Reference:

DA0-02.0-Pri

S Secondary

NSF Reference:

DA1-02.0-Sec

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

Molina Note 1:

This field must always be used and = '18'. For New Mexico Medicaid, the subscriber is always the same person as the patient. Submitters must not submit a Patient Loop. Files with Patient Loop 2000C will be rejected as not valid format.

Molina Note 2:

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

Code Name

18 Self

Example:

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

Loop 2010BA

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

Loop Path: 2000B

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	Subscriber Name	O	1		Required

Notes:

1. In worker's compensation or other property and casualty claims, the "subscriber" may be a non-person entity (i.e., the employer). However, this varies by state.
2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

*NM1*IL*1*DOE*JOHN*T**JR*MI*123456789~*

NM1 Subscriber Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 1

Loop Path: 2000B-2010BA

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	Situational

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

Molina Note 1:

Value "MI" is required.

Code Name

MI	Member Identification Number
ZZ	Mutually Defined

Notes:

- 1. In worker's compensation or other property and casualty claims, the "subscriber" may be a non-person entity (i.e., the employer). However, this varies by state.*
- 2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.*

Example:

*NM1*IL*1*DOE*JOHN*T**JR*MI*123456789~*

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
250		Loop 2310A	O		2	Situational
250		Loop 2310B	O		1	Situational
250		Loop 2310C	O		1	Situational
250		Loop 2310D	O		1	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 nomenclature X12 syntax rules.
2. The developers of this implementation guide recommend that trading partners limit the size of the transaction (SE-ST envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.
3. For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BC in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.

Example:

CLM*013193000001*500***11::1*Y*A*Y*Y~

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

B4 Referral Form

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

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

Description: Summary of benefits paid on the claim

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

P6 Periodontal Charts

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

PWK02	756	Report Transmission Code	O	ID	1/2	Required
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Description: Code defining timing, transmission method or format by which reports are to be sent

Industry: Attachment Transmission Code

Molina Note 1:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<i>Electronic attachments are not currently supported by Molina.</i>				

Code Name

- AA Available on Request at Provider Site
- BM By Mail
- EL Electronically Only
- EM E-Mail
- FX By Fax

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

Notes:

1. When there is only one referral on the claim, use “DN - Referring Provider”. When more than one referral exists and there is a requirement to report the additional referral, use code “DN” in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code “P3 - Primary Care Provider” in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient’s episode of care being billed/reported in this transaction.
2. Because the usage of this segment is “situational” this is not a syntatically required loop. If the loop is used, then it is a “required” segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
3. Required if claim involved a referral.

Example:

NM1*DN*1*SWANSON*HARRY****24*123123123~

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.

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: Referring 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

Notes:

1. When there is only one referral on the claim, use "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code "DN" in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.
2. Because the usage of this segment is "situational" this is not a syntatically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
3. Required if claim involved a referral.

Example:

NM1*DN*1*SWANSON*HARRY****24*123123123~

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:

<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
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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/NM109 in this loop is not used or if a secondary number is necessary to identify the provider. Until the NPI is mandated for use, this REF may be required if necessary to adjudicate the claim.

Example:

REF*0B*123123311~

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

Notes:

1. Information in the Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of loop ID-2420 with the same value in the NM101.
2. Because the usage of this segment is "situational" this is not a syntatically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
3. Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops.

Example:

NM1*82*1*SMITH*BRAD****34*123456789~

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
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Description: Code identifying a party or other code

Industry: *Rendering 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

Notes:

1. Information in the Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of loop ID-2420 with the same value in the NM101.
2. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
3. Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops.

Example:

NM1*82*1*SMITH*BRAD****34*123456789~

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	Required
-------	-----	--------------------------	---	----	------	----------

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. Use this REF segment only if a second number is necessary to identify the provider. The primary identification number should be contained in the NM109.

Example:

REF*0B*12312321~

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	Service Facility Location	O	1		Situational
271	REF	Service Facility Location Secondary Identification	O	5		Situational

Notes:

1. Required if the service was rendered in Inpatient Hospital, Outpatient Hospital, Skilled Nursing Facility or Adult Living Care Facility (code values 21, 22, 31 or 35 in CLM05-1).
2. Because the usage of this segment is "situational" this is not a syntatically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

NM1*FA*2*GOOD REST NURSING HOME*****24*1234567789~

NM1 Service Facility Location

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:

<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

Industry: *Laboratory or Facility Primary Identifier*

Alias: *Facility 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 service was rendered in Inpatient Hospital, Outpatient Hospital, Skilled Nursing Facility or Adult Living Care Facility (code values 21, 22, 31 or 35 in CLM05-1).
2. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.

Example:

NM1*FA*2*GOOD REST NURSING HOME*****24*1234567789~

REF Service Facility Location 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 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*

Alias: *Laboratory/Facility Secondary Identification Number.*

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 the NM109.

Example:

REF*0B*12312321~

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	Assistant Surgeon Name	O	1		Situational
271	REF	Assistant Surgeon Secondary Identification	O	1		Situational

Notes:

1. Information in the Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of loop ID-2420 with the same value in the NM101.
2. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature and X12 syntax rules.
3. Required when the Assistant Surgeon information is needed to facilitate reimbursement of the claim.
4. The Assistant Surgeon information must not be used when the Rendering Provider loop (Loop ID-2310B) is also present for the claim.

Example:

NM1*DD*1*SMITH*JOHN*S***34*123456789~

NM1 Assistant Surgeon Name

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	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

Industry: Assistant Surgeon Identifier

Alias: Assistant Surgeon's 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. Information in the Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of loop ID-2420 with the same value in the NM101.
2. Because the usage of this segment is "situational" this is not a syntactically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature and X12 syntax rules.
3. Required when the Assistant Surgeon information is needed to facilitate reimbursement of the claim.
4. The Assistant Surgeon information must not be used when the Rendering Provider loop (Loop ID-2310B) is also present for the claim.

Example:

NM1*DD*1*SMITH*JOHN*S***34*123456789~

REF Assistant Surgeon Secondary Identification

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

Loop Path: 2000B-2300-2310D

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

Industry: Assistant Surgeon Secondary Identifier

Alias: Assistant Surgeon Secondary Identification Number

Molina Note 1:

EIN (EI) = Tax Identification Number

SSN (SY) = Social Security Number

Notes:

1. Use this REF segment only if a second number is necessary to identify the provider. The primary identification number should be contained in the NM109.

Example:

REF*0B*12345~

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>
380	SV3	Dental Service	O	1		Required
382	TOO	Tooth Information	O	32		Situational
455	DTP	Date - Service	O	1		Situational
455	DTP	Date - Prior Placement	O	1		Situational
455	DTP	Date - Appliance Placement	O	1		Situational
455	DTP	Date - Replacement	O	1		Situational
460	QTY	Anesthesia Quantity	O	5		Situational
470	REF	Service Predetermination Identification	O	1		Situational
470	REF	Line Item Control Number	O	1		Situational
475	AMT	Approved Amount	O	1		Situational
540		Loop 2430	O		25	Situational

Example:

LX*1~

Molina Note 1:

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

SV3 Dental Service

Pos: 380	Max: 1
Detail - Optional	
Loop: 2400	Elements: 11

Loop Path: 2000B-2300-2400

User Option (Usage): Required

Purpose: To specify the claim service detail for dental work

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>
SV301	C003	Composite Medical Procedure Identifier	M	Comp		Required

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

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*

Code Name

AD American Dental Association Codes

Description: *This association's membership consists of U.S. dentists. It sets standards for the dental profession*

CODE SOURCE:

135: American Dental Association Codes

Molina Note 1:

CDT = Current Dental Terminology

234		Product/Service ID	M	AN	1/48	Required
-----	--	---------------------------	---	----	------	----------

Description: Identifying number for a product or service

Industry: *Procedure Code*

ExternalCodeList

Name: 135

Description: American Dental Association Codes

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 Code Modifier*

Molina Note 1:

Submit up to four modifiers per service line.

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 Code Modifier*

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Molina Note 1: <i>Submit up to four modifiers per service line.</i>				
	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: <i>Procedure Code Modifier</i>				
		Molina Note 1: <i>Submit up to four modifiers per service line.</i>				
	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: <i>Procedure Code Modifier</i>				
		Molina Note 1: <i>Submit up to four modifiers per service line.</i>				
	352	Description	O	AN	1/80	Not used
		Description: A free-form description to clarify the related data elements and their content				
SV302	782	Monetary Amount	O	R	1/18	Required
		Description: Monetary amount				
		Industry: <i>Line Item Charge Amount</i>				
		Alias: <i>Line Charge Amount</i>				
		Molina Note 1: <i>When submitting charges, charge is a whole number do not submit with trailing zeros (example: 2315 = \$2315.00).</i>				
		Molina Note 2: <i>When submitting charges, charge has dollars with cents, submit with decimal to separate (example: 23.15 = \$23.15).</i>				
		Molina Note 3: <i>Monetary Amount, enter 0 if dollars billed are included in other procedure(s).</i>				
SV303	1331	Facility Code Value	O	AN	1/2	Situational
		Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format				
		Industry: <i>Facility Type Code</i>				
		ExternalCodeList				
		Name: 237				
		Description: Place of Service from Health Care Financing Administration Claim Form				
SV304	C006	Oral Cavity Designation	O	Comp		Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Description: To identify one or more areas of the oral cavity				
1361		Oral Cavity Designation Code	M	ID	1/3	Required
		Description: Code Identifying the area of the oral cavity in which service is rendered				
		<u>Code</u> <u>Name</u>				
	L	Left				
		Description: <i>Refers to the oral and skeletal structures on the left side</i>				
	R	Right				
		Description: <i>Refers to the oral and skeletal structures on the right side</i>				
	00	Entire Oral Cavity				
	01	Maxillary Area				
	02	Mandibular Area				
	09	Other Area of Oral Cavity				
		Description: <i>An area specified in an annexed document or further explanation available</i>				
	10	Upper Right Quadrant				
	20	Upper Left Quadrant				
	30	Lower Left Quadrant				
	40	Lower Right Quadrant				
1361		Oral Cavity Designation Code	O	ID	1/3	Situational
		Description: Code Identifying the area of the oral cavity in which service is rendered				
		<u>Code</u> <u>Name</u>				
	L	Left				
		Description: <i>Refers to the oral and skeletal structures on the left side</i>				
	R	Right				
		Description: <i>Refers to the oral and skeletal structures on the right side</i>				
	00	Entire Oral Cavity				
	01	Maxillary Area				
	02	Mandibular Area				
	09	Other Area of Oral Cavity				
		Description: <i>An area specified in an annexed document or further explanation available</i>				
	10	Upper Right Quadrant				
	20	Upper Left Quadrant				
	30	Lower Left Quadrant				
	40	Lower Right Quadrant				
1361		Oral Cavity Designation Code	O	ID	1/3	Situational
		Description: Code Identifying the area of the oral cavity in which service is rendered				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<u>Code</u> <u>Name</u>				
	L	Left <i>Description: Refers to the oral and skeletal structures on the left side</i>				
	R	Right <i>Description: Refers to the oral and skeletal structures on the right side</i>				
	00	Entire Oral Cavity				
	01	Maxillary Area				
	02	Mandibular Area				
	09	Other Area of Oral Cavity <i>Description: An area specified in an annexed document or further explanation available</i>				
	10	Upper Right Quadrant				
	20	Upper Left Quadrant				
	30	Lower Left Quadrant				
	40	Lower Right Quadrant				

1361 **Oral Cavity Designation Code** O ID 1/3 Situational
Description: Code Identifying the area of the oral cavity in which service is rendered

<u>Code</u>	<u>Name</u>
L	Left <i>Description: Refers to the oral and skeletal structures on the left side</i>
R	Right <i>Description: Refers to the oral and skeletal structures on the right side</i>
00	Entire Oral Cavity
01	Maxillary Area
02	Mandibular Area
09	Other Area of Oral Cavity <i>Description: An area specified in an annexed document or further explanation available</i>
10	Upper Right Quadrant
20	Upper Left Quadrant
30	Lower Left Quadrant
40	Lower Right Quadrant

1361 **Oral Cavity Designation Code** O ID 1/3 Situational
Description: Code Identifying the area of the oral cavity in which service is rendered

<u>Code</u>	<u>Name</u>
L	Left <i>Description: Refers to the oral and skeletal structures on the left</i>

Code Name

side

R Right

Description: *Refers to the oral and skeletal structures on the right side*

00 Entire Oral Cavity

01 Maxillary Area

02 Mandibular Area

09 Other Area of Oral Cavity

Description: *An area specified in an annexed document or further explanation available*

10 Upper Right Quadrant

20 Upper Left Quadrant

30 Lower Left Quadrant

40 Lower Right Quadrant

SV305 1358 **Prosthesis, Crown or Inlay Code** O ID 1/1 Situational

Description: Code specifying the placement status for the dental work

Industry: *Prosthesis, Crown, or Inlay Code*

Code Name

I Initial Placement

R Replacement

SV306 380 **Quantity** O R 1/15 Required

Description: Numeric value of quantity

Industry: *Procedure Count*

SV307 352 **Description** O AN 1/80 Not used

Description: A free-form description to clarify the related data elements and their content

SV308 1327 **Copay Status Code** O ID 1/1 Not used

Description: Code indicating whether or not co-payment requirements were met on a line by line basis

SV309 1360 **Provider Agreement Code** O ID 1/1 Not used

Description: Code indicating the type of agreement under which the provider is submitting this claim

SV310 1073 **Yes/No Condition or Response Code** O ID 1/1 Not used

Description: Code indicating a Yes or No condition or response

SV311 C004 **Composite Diagnosis Code Pointer** O Comp Not used

Description: To identify one or more diagnosis code pointers

Example:

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

TOO Tooth Information

Pos: 382	Max: 32
Detail - Optional	
Loop: 2400	Elements: 3

Loop Path: 2000B-2300-2400

User Option (Usage): Situational

Purpose: To identify a tooth by number and, if applicable, one or more tooth surfaces

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>
TOO01	1270	Code List Qualifier Code	X	ID	1/3	Required

Description: Code identifying a specific industry code list

Code Name

JP National Standard Tooth Numbering System

CODE SOURCE:

135: American Dental Association Codes

TOO02	1271	Industry Code	X	AN	1/30	Situational
-------	------	---------------	---	----	------	-------------

Description: Code indicating a code from a specific industry code list

Industry: *Tooth Code*

Alias: *Tooth Number*

TOO03	C005	Tooth Surface	O	Comp		Situational
-------	------	---------------	---	------	--	-------------

Description: To identify one or more tooth surface codes

1369	Tooth Surface Code	M	ID	1/2	Required
------	--------------------	---	----	-----	----------

Description: Code identifying the area of the tooth that was treated

Code Name

B Buccal

Description: *The surface of the tooth which is closest to the cheek*

D Distal

Description: *The surface of the tooth facing away from an invisible line drawn vertically through the center of the face*

F Facial

Description: *The surface of a tooth that is directed towards the face*

I Incisal

Description: *The cutting edges of the anterior teeth*

L Lingual

Description: *The surface of the tooth that is directed towards the tongue*

M Mesial

Description: *The surface of a tooth which faces toward an invisible line drawn vertically through the center of the face*

O Occlusal

Code Name

Description: *The surfaces of the posterior (back) teeth which provides the chewing function*

1369 **Tooth Surface Code** O ID 1/2 Situational

Description: Code identifying the area of the tooth that was treated

Code Name

B Buccal

Description: *The surface of the tooth which is closest to the cheek*

D Distal

Description: *The surface of the tooth facing away from an invisible line drawn vertically through the center of the face*

F Facial

Description: *The surface of a tooth that is directed towards the face*

I Incisal

Description: *The cutting edges of the anterior teeth*

L Lingual

Description: *The surface of the tooth that is directed towards the tongue*

M Mesial

Description: *The surface of a tooth which faces toward an invisible line drawn vertically through the center of the face*

O Occlusal

Description: *The surfaces of the posterior (back) teeth which provides the chewing function*

1369 **Tooth Surface Code** O ID 1/2 Situational

Description: Code identifying the area of the tooth that was treated

Code Name

B Buccal

Description: *The surface of the tooth which is closest to the cheek*

D Distal

Description: *The surface of the tooth facing away from an invisible line drawn vertically through the center of the face*

F Facial

Description: *The surface of a tooth that is directed towards the face*

I Incisal

Description: *The cutting edges of the anterior teeth*

L Lingual

Description: *The surface of the tooth that is directed towards the tongue*

M Mesial

Code Name

Description: *The surface of a tooth which faces toward an invisible line drawn vertically through the center of the face*

O Occlusal

Description: *The surfaces of the posterior (back) teeth which provides the chewing function*

1369 **Tooth Surface Code** O ID 1/2 Situational

Description: Code identifying the area of the tooth that was treated

Code Name

B Buccal

Description: *The surface of the tooth which is closest to the cheek*

D Distal

Description: *The surface of the tooth facing away from an invisible line drawn vertically through the center of the face*

F Facial

Description: *The surface of a tooth that is directed towards the face*

I Incisal

Description: *The cutting edges of the anterior teeth*

L Lingual

Description: *The surface of the tooth that is directed towards the tongue*

M Mesial

Description: *The surface of a tooth which faces toward an invisible line drawn vertically through the center of the face*

O Occlusal

Description: *The surfaces of the posterior (back) teeth which provides the chewing function*

1369 **Tooth Surface Code** O ID 1/2 Situational

Description: Code identifying the area of the tooth that was treated

Code Name

B Buccal

Description: *The surface of the tooth which is closest to the cheek*

D Distal

Description: *The surface of the tooth facing away from an invisible line drawn vertically through the center of the face*

F Facial

Description: *The surface of a tooth that is directed towards the face*

I Incisal

Description: *The cutting edges of the anterior teeth*

L Lingual

Code Name

Description: *The surface of the tooth that is directed towards the tongue*

M Mesial

Description: *The surface of a tooth which faces toward an invisible line drawn vertically through the center of the face*

O Occlusal

Description: *The surfaces of the posterior (back) teeth which provides the chewing function*

Notes:

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

Example:

*T00*JP*12*L:O~*

DTP Date - Service

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

Loop Path: 2000B-2300-2400

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

Mode: Automatic

Control: Text

Industry: *Date Time Qualifier*

Code Name

472 Service

DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
-------	------	-----------------------------------	---	----	-----	----------

Description: Code indicating the date format, time format, or date and time format

Code Name

D8 Date Expressed in Format CCYYMMDD

DTP03	1251	Date Time Period	M	AN	1/35	Required
-------	------	------------------	---	----	------	----------

Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: *Service Date*

Notes:

1. Required if the service date is different than the service date reported at the DTP segment in the 2300 loop and the service was performed.

Example:

*DTP*472*D8*19980108~*

DTP Date - Prior Placement

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

Loop Path: 2000B-2300-2400

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

Mode: Automatic

Control: Text

Industry: *Date Time Qualifier*

Code Name

441 Prior Placement

Description: *Date medical device was last placed or arranged*

DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
-------	------	-----------------------------------	---	----	-----	----------

Description: Code indicating the date format, time format, or date and time format

Code Name

D8 Date Expressed in Format CCYYMMDD

DTP03	1251	Date Time Period	M	AN	1/35	Required
-------	------	------------------	---	----	------	----------

Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: *Prior Placement Date*

Notes:

1. Required if the services performed are prosthetic services that were previously placed.
2. If the SV305 data element = "R - Replacement" the Prior Placement date is required.

Example:

*DTP*441*D8*19980108~*

DTP Date - Appliance Placement

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

Loop Path: 2000B-2300-2400

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

Mode: Automatic

Control: Text

Industry: *Date Time Qualifier*

Code Name

452 Appliance Placement

Description: *Date orthodontic devices were arranged*

DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
-------	------	-----------------------------------	---	----	-----	----------

Description: Code indicating the date format, time format, or date and time format

Code Name

D8 Date Expressed in Format CCYYMMDD

DTP03	1251	Date Time Period	M	AN	1/35	Required
-------	------	------------------	---	----	------	----------

Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: *Orthodontic Banding Date*

Notes:

1. Required if the orthodontic appliance placement date is different than the orthodontic appliance placement date in the DTP segment in the 2300 loop.

Example:

*DTP*452*D8*19980108~*

DTP Date - Replacement

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

Loop Path: 2000B-2300-2400

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

Mode: Automatic

Control: Text

Industry: *Date Time Qualifier*

Code Name

446 Replacement

Description: *Date medical device was reinstalled or rearranged*

DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
-------	------	-----------------------------------	---	----	-----	----------

Description: Code indicating the date format, time format, or date and time format

Code Name

D8 Date Expressed in Format CCYYMMDD

DTP03	1251	Date Time Period	M	AN	1/35	Required
-------	------	------------------	---	----	------	----------

Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: *Replacement Date*

Notes:

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

Example:

*DTP*446*D8*19980108~*

QTY Anesthesia Quantity

Pos: 460	Max: 5
Detail - Optional	
Loop: 2400	Elements: 4

Loop Path: 2000B-2300-2400

User Option (Usage): Situational

Purpose: To specify quantity information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
QTY01	673	Quantity Qualifier	M	ID	2/2	Required

Description: Code specifying the type of quantity

Code Name

BF Age Modifying Units

Description: *Anesthesia modifying units requested for anesthesia complicated by extreme age of patient, under one year or over seventy years*

EM Emergency Modifying Units

Description: *Anesthesia modifying units requested for anesthesia complicated by emergency conditions; an emergency is defined as existing when delay in treatment of the patient would lead to a significant threat to life or body part*

HM Use of Hypothermia

Description: *Anesthesia modifying units requested for anesthesia complicated by total body hypothermia*

HO Use of Hypotension

Description: *Anesthesia modifying units requested for anesthesia complicated by utilization of controlled hypotension*

HP Use of Hyperbaric Pressurization

Description: *Anesthesia modifying units requested for anesthesia complicated by use of hyperbaric pressure*

P3 Physical Status III

Description: *Anesthesia modifying units requested for Physical Status III patient, as defined by the American Society of Anesthesiologists*

P4 Physical Status IV

Description: *Anesthesia modifying units requested for Physical Status IV patient, as defined by the American Society of Anesthesiologists*

P5 Physical Status V

Description: *Anesthesia modifying units requested for Physical Status V, as defined by the American Society of Anesthesiologists*

Code Name

SG Swan-Ganz

Description: *Anesthesia modifying units requested for the insertion of a Swan-Ganz catheter attendant to the administration of anesthesia*

QTY02	380	Quantity	X	R	1/15	Required
-------	-----	-----------------	---	---	------	----------

Description: Numeric value of quantity

Industry: *Anesthesia Unit Count*

QTY03	C001	Composite Unit of Measure	O	Comp		Not used
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Description: To identify a composite unit of measure(See Figures Appendix for examples of use)

QTY04	61	Free-Form Message	X	AN	1/30	Not used
-------	----	--------------------------	---	----	------	----------

Description: Free-form information

Notes:

1. Required on anesthesia service lines if one or more extenuating circumstances, coded in the QTY01, was present at the time of service.

Example:

*QTY*BF*3~*

REF Service Predetermination Identification

Pos: 470	Max: 1
Detail - Optional	
Loop: 2400	Elements: 4

Loop Path: 2000B-2300-2400

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

Mode: Automatic

Control: Text

Code Name

G3 Predetermination of Benefits Identification Number

Description: *A number assigned by a third-party payer identifying the pre-treatment estimate*

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

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

Industry: *Predetermination of Benefits Identifier*

REF03	352	Description	X	AN	1/80	Not used
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Description: A free-form description to clarify the related data elements and their content

REF04	C040	Reference Identifier	O	Comp		Situational
-------	------	----------------------	---	------	--	-------------

Description: To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier

Notes:

1. This segment should be used to send the line level Predetermination of Benefits Identification Number for a service that was previously predetermined and is now being submitted for payment.

Example:

REF*G3*MCN12345~

REF Line Item Control Number

Pos: 470	Max: 1
Detail - Optional	
Loop: 2400	Elements: 4

Loop Path: 2000B-2300-2400

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

Code Name

6R Provider Control Number

Description: *Number assigned by information provider company for tracking and billing purposes*

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

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

Industry: *Line Item Control Number*

REF03	352	Description	X	AN	1/80	Situational
-------	-----	-------------	---	----	------	-------------

Description: A free-form description to clarify the related data elements and their content

REF04	C040	Reference Identifier	O	Comp		Not used
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Description: To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier

Notes:

1. Required if it is necessary to send a line control or inventory number. It is strongly suggested that providers send this number, particularly if the provider automatically posts their remittance advice. Payers are required to return this number in the remittance advice transaction (835) if the provider sends it to them in the 837.

Example:

REF*6R*543211~

AMT Approved Amount

Pos: 475	Max: 1
Detail - Optional	
Loop: 2400	Elements: 3

Loop Path: 2000B-2300-2400

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

Description: Code to qualify amount

Code Name

AAE Approved Amount

AMT02	782	Monetary Amount	M	R	1/18	Required
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Description: Monetary amount

Industry: *Approved 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).

AMT03	478	Credit/Debit Flag Code	O	ID	1/1	Not used
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Description: Code indicating whether amount is a credit or debit

Notes:

1. Used only in payer-to-payer COB situations by the payer who is sending this claim to another payer. Providers do not complete this information.
2. The approved amount equals the amount for the service line that was approved by the payer sending this 837 to another payer.

Example:

AMT*AAE*300~

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

Notes:

1. To show unbundled lines: If, in the original claim, line 3 is unbundled into (for examples) 2 additional lines, then the SVD for line 3 is used 3 times: once for the original adjustment to line 3 and then two more times for the additional unbundled lines. If a line item control number (REF01 = 6R) exists for the line, that number may be used in SVD06 instead of the LX number when a line is unbundled.
2. Because the usage of this segment is "situational" this is not a syntatically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.
3. Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.

Example:

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

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: *Amount Paid for This Service Line*

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 syntatically required loop. If the loop is used, then it is a "required" segment. See Appendix A for further details on ASC X12 nomenclature X12 syntax rules.*
- Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.*

Example:

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

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.