

## Scripps Health Plan Services

Trading Partner guidelines for 837 5010 professional and institutional submissions.

### Items covered by this document:

- ✓ ST / SE Standards
- ✓ ISA / GS Standards (claims)
- ✓ Provider ID – Mandatory Required Fields

#### ST / SE Standards

Scripps Health Plans Services requires at least one ST and one SE record per Submitter ID within a submission.

This means that Scripps Health Plans Services requires one ST and one SE for each unique occurrence of the 1000A NM109 Submitter ID field.

Some submitters send a unique instance of ST / SE records for every claim / encounter within the submission. Our translator is able to process a unique instance ST / SE combination.

## ISA / GS Standards

Our standards are shown below.

### 837 Inbound Transaction (Scripps Health Plans Services is the receiver)

| X12 Data Element | Description | Values Used | Comments |
|------------------|-------------|-------------|----------|
|------------------|-------------|-------------|----------|

#### Direct or Clearinghouse Rule – for receiver ID

|       |                    |                |      |
|-------|--------------------|----------------|------|
| ISA07 | Receiver Qualifier | ZZ             | ZZ   |
| ISA08 | Receiver ID        | As agreed upon | SHPS |

#### Direct or Clearinghouse Rule – for GS03 field

|      |                 |                |   |
|------|-----------------|----------------|---|
| GS03 | Receiver's Code | As agreed upon | Identifies SHPS health plan encounters submission |
|------|-----------------|----------------|---|

## Professional 837

### Provider Id – Professional (See tables below)

1. **Billing Provider Name** and **NPI** is required in Loop 2010AA. The Billing Provider state and zip code is required when the address is in the United States.
2. **Referring Provider Name** and **NPI** is required in loop 2310A if referred.
3. **Rendering Provider Name** and **NPI** is required in loop 2310B if different than Billing Provider. In absence of a valid Rendering Provider Name or NPI (i.e. PA, PT, or nurse) please use the Physician Name and NPI that the services were provided under or the Physician Name and NPI that the member is assigned to.
4. **Service Facility Name** and **NPI** is required in loop 2310C for all claims with exception of Ambulance (POS 41&42)

#### Billing Provider

#### REQUIRED

| Loop ID | Segment ID | Reference Designator | Values   | Descriptions                      |
|---------|------------|----------------------|----------|-----------------------------------|
| 2000A   | PRV        | PRV01                | BI       | Provider Code                     |
| 2000A   | PRV        | PRV02                | PXC      | Reference Qualifier               |
| 2000A   | PRV        | PRV03                |          | Billing Provider Taxonomy Code    |
| 2010AA  | NM1        | NM108                | XX       | Qualifier                         |
| 2010AA  | NM1        | NM109                |          | Billing Provider NPI              |
| 2010AA  | REF        | REF01                | EI or SY | ID Qualifier                      |
| 2010AA  | REF        | REF02                |          | Tax ID No.<br>Social Security No. |
| 2010AA  | REF        | N301                 |          | Billing Provider Address          |
| 2010AA  | REF        | N401                 |          | Billing Provider City             |
| 2010AA  | N4         | N402                 |          | Billing Provider State            |
| 2010AA  | N4         | N403                 |          | Billing Provider Zip Code         |

#### Referring Provider (Claim Loop)

Entity Type 1 = Person

#### REQUIRED if Referred

| Loop ID | Segment ID | Reference Designator | Values | Descriptions  |
|---------|------------|----------------------|--------|---|
| 2310A   | NM1        | NM108                | XX     | Qualifier   |
| 2310A   | NM1        | NM109                |        | Referring Provider NPI  |
| 2310A   | REF        | REF01                | G2     | Provider Commercial Number  |
| 2310A   | REF        | REF02                | 9999   | Referring Provider Tribal Indicator<br>- Used to identify a Tribal Provider |

#### Rendering Provider (Claim Loop) Entity Type 1 = Person REQUIRED if different than billing

| Loop ID | Segment ID | Reference Designator | Values | Descriptions  |
|---------|------------|----------------------|--------|---|
| 2310B   | NM1        | NM108                | XX     | Qualifier   |
| 2310B   | NM1        | NM109                |        | Rendering Provider NPI  |
| 2310B   | PRV        | PRV01                | PE     | Provider Code   |
| 2310B   | PRV        | PRV02                | PXC    | Reference Qualifier   |
| 2310B   | PRV        | PRV03                |        | Rendering Provider Taxonomy Code  |
| 2310B   | REF        | REF01                | G2     | Provider Commercial Number  |
| 2310B   | REF        | REF02                | 9999   | Rendering Provider Tribal Indicator<br>- Used to identify a Tribal Provider |

**Service Facility** (Claim Loop) Entity Type 2 = Non-Person

**REQUIRED even when same as billing**
**Exception: Not Required for POS 41,42 (ambulance claims)**

| Loop ID | Segment ID | Reference Designator | Values | Descriptions  |
|---------|------------|----------------------|--------|---|
| 2010C   | NM1        | NM108                | XX     | Qualifier (not required for POS 2,12,15)            |
| 2010C   | NM1        | NM109                |        | Service Facility NPI (not required for POS 2,12,15) |
| 2010C   | N3         | N301                 |        | Service Facility Address                            |
| 2010C   | N4         | N401                 |        | Service Facility City                               |
| 2010C   | N4         | N402                 |        | Service Facility State                              |
| 2010C   | N4         | N403                 |        | Service Facility Zip Code                           |

**Professional: Ambulance Transport and National Drug Code (Physician Administered Drugs [PAD]) - Professional (See tables below)**

1. Ambulance Transport is required on all professional encounters when billing for ambulance or non-emergency transportation. (CLM05-01 is '41' or '42').
2. Service lines that have a 340B PAD should include the "UD" modifier in one of the four available modifier positions (2400 SV101-03,04,05,06).
3. National Drug Code (NDC) is required on all outpatient PADs. A PAD is any covered drug provided or administered to a patient, which is billed by a provider other than a pharmacy. Includes any method of administration and is not limited to injectable drugs.

**Claim Information (Claim Loop)**

| Loop ID | Segment ID | Reference Designator | Values | Descriptions  |
|---------|------------|----------------------|--------|---|
| 2300    | CLM        | CLM05-03             | 1,7,8  | Frequency Type Code<br>1 = Original<br>7 = Replacement/Adjustment<br>8 = Void |

**Payer Claim Control Number (Claim Loop)**

| Loop ID | Segment ID | Reference Designator | Values | Descriptions  |
|---------|------------|----------------------|--------|---|
| 2300    | REF        | REF01                | F8     | Original Reference ID Number<br>– Required if Frequency Code 7 or 8 is sent in CLM05-03 |
| 2300    | REF        | REF02                |        | Payer Original Claim Control Number   |

**Ambulance Transport Information (Claim Loop required when CLM05-01 is '41' or '42')**

| Loop ID | Segment ID | Reference Designator | Values          | Descriptions   |
|---------|------------|----------------------|-----------------|--|
| 2300    | CR1        | CR101                | LB              | Unit or Basis for Measurement Code (Pound) – Required if known |
| 2300    | CR1        | CR102                |                 | Patient Weight - Required if known                             |
| 2300    | CR1        | CR104                | (A,B,C,D, or E) | Ambulance Transport Reason                                     |
| 2300    | CR1        | CR105                | DH              | Unit or Basis for Measurement Code (Miles)                     |
| 2300    | CR1        | CR106                |                 | Transport Distance   |

**Condition Information** (Claim Loop required when condition information applies to claim)

| Loop ID | Segment ID | Reference Designator | Values | Descriptions   |
|---------|------------|----------------------|--------|----------------|
| 2300    | HI         | HI01                 | BG     | Qualifier      |
| 2300    | HI         | HI02                 |        | Condition Code |

**Ambulance Transport Pick-Up Location** (Claim Loop required when CLM05-01 is '41')

| Loop ID | Segment ID | Reference Designator | Values | Descriptions                             |
|---------|------------|----------------------|--------|--|
| 2310E   | NM1        | NM101                | PW     | Entity Identifier Code                   |
| 2310E   | NM1        | NM102                | 2      | Entity Type Qualifier (Non-Person)       |
| 2310E   | N3         | N301                 |        | Pick-up Address                          |
| 2310E   | N4         | N401                 |        | Pick-up City                             |
| 2310E   | N4         | N402                 |        | Pick-up State if in USA or Canada        |
| 2310E   | N4         | N403                 |        | Pick-up Zip Code if in USA or Canada     |
| 2310E   | N4         | N404                 |        | Pick-up Country if outside USA or Canada |

**Ambulance Transport Drop-Off** (Claim Loop required when CLM05-01 is '41')

| Loop ID | Segment ID | Reference Designator | Values | Descriptions  |
|---------|------------|----------------------|--------|---|
| 2310F   | NM1        | NM101                | 45     | Entity Identifier Code  |
| 2310F   | NM1        | NM102                | 2      | Entity Type Qualifier (Non-Person)  |
| 2310F   | NM1        | NM103                |        | Last Name or Organization Name of Ambulance transport drop-off location (Required if known) |

**Other Subscriber Information** (Claim Level)

| Loop ID | Segment ID | Reference Designator | Values  | Descriptions   |
|---------|------------|----------------------|---------|--|
| 2000B   | SBR        | SBR01                | S       | S = Secondary  |
| 2000B   | SBR        | SBR02                | 18      | Required if loop 2000C is NOT present  |
| 2000B   | SBR        | SBR09                |         | Insurance Type Code<br><br>16 = HMO Medicare Risk<br>CI = Commercial<br>HM = Health Maintenance Org  |
| 2320    | SBR        | SBR01                | P       | Payer Responsibility Sequence Number Code  |
| 2320    | AMT        | AMT01                | D       | Payor Amount Paid Qualifier  |
| 2320    | AMT        | AMT02                |         | Payer Paid Amount (0 or greater)<br><br>Must balance to the sum of the SVD service line(s) amount in Loop 2340<br><br>NOTE: If Loop 2320 CAS is present Loop 2430 SVD02 minus (-) Loop 2320 CAS Monetary Amount(s) = AMT D |
| 2320    | OI         | OI03                 | N, Y, W | Yes/No Condition or Response<br>Crosswalk of CLM08   |
| 2320    | OI         | OI06                 | I, Y    | Release of Information Code<br>Crosswalk of CLM09  |
| 2320    | MOA        | MOA02                |         | HCPCS Payable Amount<br>Required to report Medicare 100% Allowed Amount  |

**Other Subscriber Information**

| Loop ID | Segment ID | Reference Designator | Values | Descriptions   |
|---------|------------|----------------------|--------|--|
| 2330A   | NM1        | NM1                  |        | Other Subscriber Name  |
| 2330A   | NM1        | NM108                |        | Identification Code Qualifier  |
| 2330A   | NM1        | NM109                |        | Identification Code<br>Delegated Medical Groups<br>Member ID / Subscriber ID |
| 2330B   | NM1        | NM103                |        | Payer Name Last or Organization Name   |
| 2330B   | NM1        | NM108                | PI     | Identification Code Qualifier  |
| 2330B   | NM1        | NM109                |        | Identification Code  |

**Line Pricing / Repricing Information**

| Loop ID | Segment ID | Reference Designator | Values | Descriptions   |
|---------|------------|----------------------|--------|--|
| 2400    | SV1        | SV101-03,04,05,06    | UD     | Service lines that have a 340B PAD should include the "UD" modifier in one of the four available modifier positions. |
| 2400    | K3         | K301                 | EHB    | Essential Health Benefit Indicator   |
| 2400    | HCP        | HCP01                | 10     | Other Pricing  |
| 2400    | HCP        | HCP02                |        | Service Line Allowed Amount  |

**Line Adjudication Information (Line Loop)**

| Loop ID | Segment ID | Reference Designator                                    | Values             | Descriptions  |
|---------|------------|---|--------------------|---|
| 2430    | SVD        | SVD01   |                    | Other Payer Primary Identifier (same as Loop 2330B NM109)   |
| 2430    | SVD        | SVD02   |                    | Monetary Amount – Cannot be a negative number<br><br>NOTE: Loop 2400 SV103 (Prof) Line Item Charge Amount Loop minus (-) Loop 2340 CAS Monetary Amount(s) = SVD02   |
| 2430    | SVD        | SVD03   |                    | Procedure Code  |
| 2430    | SVD        | SVD05   |                    | Quantity  |
| 2430    | CAS        | CAS01   | CO, CR, OA, PI, PR | Line Adjustment Group Code<br><br>CO = Contractual Obligation<br>CR = Correction and Reversals<br>OA = Other Adjustment<br>PI = Payer Initiated Reductions<br><b>PR = Patient Responsibility</b><br><br>NOTE: When submitting <b>Member Cost Share</b> use code <b>PR</b> and include the appropriate Claim Adjustment Reason Code in (CAS02) as listed below.  |
| 2430    | CAS        | CAS02,<br>CAS05,<br>CAS08,<br>CAS11,<br>CAS14,<br>CAS17 |                    | Line Adjustment Reason Code<br><br>CAS*PR*1,2,3<br><b>Member Cost Share (PR qualifier), reason codes:</b><br>1 = Deductible Amount<br>2 = Coinsurance Amount<br>3 = Co-payment Amount<br><br>Claim Adjustment Reason Codes are available via Washington Publishing: <a href="http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/">http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/</a> |
| 2430    | CAS        | CAS03,<br>CAS06,<br>CAS09<br>CAS12,<br>CAS15,<br>CAS18  |                    | Monetary Amount   |
| 2430    | DTP        | DTP01   | 573                | Payment Date  |
| 2430    | DTP        | DTP02   | D8                 |   |
| 2430    | DTP        | DTP03   |                    | CCYYMMDD Payment/Remittance Date  |

**Drug Identification (Line Loop)**

| Loop ID | Segment ID | Reference Designator | Values           | Descriptions                                |
|---------|------------|----------------------|------------------|---|
| 2410    | LIN        | LIN02                | N4               | Qualifier                                   |
| 2410    | LIN        | LIN03                |                  | 11 digit National Drug Code without hyphens |
| 2410    | CTP        | CTP04                |                  | National Drug Unit Count                    |
| 2410    | CTP        | CTP05                |                  | Composite Unit of Measure                   |
| 2410    | CTP        | CTP05-1              | F2,GR,ME, ML, UN | Unit or Basis for Measurement code          |

## Institutional 837

### Provider Id scenarios – Institutional (See tables below)

1. **Billing Provider Name** and **NPI** is required in loop 2010AA. The Billing Provider state and zip code is required when the address is in the United States.
2. **Attending Provider Name** and **NPI** must be provided in the loop 2310A when the encounter record contains any service other than non-scheduled transportation.
3. **Service Facility Name** and **NPI** is required in loop 2310E if different than Billing Provider.
4. **Referring Provider Name** and **NPI** is required in loop 2310F when known.
5. **Rendering Provider Name** and **NPI** is required in loop 2310D if different than Attending Provider.

#### Billing Provider Required

| Loop ID | Segment ID | Reference Designator | Values | Descriptions                   |
|---------|------------|----------------------|--------|--------------------------------|
| 2000A   | PRV        | PRV01                | BI     | Provider Code                  |
| 2000A   | PRV        | PRV02                | PXC    | Reference Qualifier            |
| 2000A   | PRV        | PRV03                |        | Billing Provider Taxonomy Code |
| 2010AA  | NM1        | NM108                | XX     | Qualifier                      |
| 2010AA  | NM1        | NM109                |        | Billing Provider NPI           |
| 2010AA  | REF        | REF01                | EI     | Employer's ID No. Qualifier    |
| 2010AA  | REF        | REF02                |        | Tax ID                         |
| 2010AA  | N3         | N301                 |        | Billing Provider Address       |
| 2010AA  | N4         | N401                 |        | Billing Provider City          |
| 2010AA  | N4         | N402                 |        | Billing Provider State         |
| 2010AA  | N4         | N403                 |        | Billing Provider Zip Code      |

#### Attending Physician (Claim Loop) Entity Type 1 = Person Required when the claim contains any services other than non-scheduled transportation.

| Loop ID | Segment ID | Reference Designator | Values | Descriptions                     |
|---------|------------|----------------------|--------|----------------------------------|
| 2310A   | NM1        | NM108                | XX     | Qualifier                        |
| 2310A   | NM1        | NM109                |        | Referring Provider NPI           |
| 2310A   | PRV        | PRV01                | AT     | Provider Code                    |
| 2310A   | PRV        | PRV02                | PXC    | Reference Qualifier              |
| 2310A   | PRV        | PRV03                |        | Rendering Provider Taxonomy Code |

#### Operating Physician (Claim Loop) Entity Type 1 = Person

| Loop ID | Segment ID | Reference Designator | Values | Descriptions           |
|---------|------------|----------------------|--------|------------------------|
| 2310B   | NM1        | NM108                | XX     | Qualifier              |
| 2310B   | NM1        | NM109                |        | Operating Provider NPI |



## Rendering Provider (Claim Loop) Entity Type 1 = Person (If different than Attending)

| Loop ID | Segment ID | Reference Designator | Values | Descriptions   |
|---------|------------|----------------------|--------|--|
| 2310D   | NM1        | NM108                | XX     | Qualifier  |
| 2310D   | NM1        | NM109                |        | Rendering Provider NPI   |
| 2310D   | REF        | REF01                | G2     | Provider Commercial Qualifier  |
| 2310D   | REF        | REF02                | 9999   | Rendering Provider Tribal Indicator<br>- Used to identify a Tribal Provider. |

## Service Facility (Claim Loop- Required if different than Loop 2010AA)

| Loop ID | Segment ID | Reference Designator | Values | Descriptions              |
|---------|------------|----------------------|--------|---------------------------|
| 2310E   | NM1        | NM108                | XX     | Qualifier                 |
| 2310E   | NM1        | NM109                |        | Service Facility NPI      |
| 2310E   | N3         | N301                 |        | Billing Provider Address  |
| 2310E   | N4         | N402                 |        | Billing Provider State    |
| 2310E   | N4         | N403                 |        | Billing Provider Zip Code |

## Referring Provider (Claim Loop) Entity Type 1 = Person

| Loop ID | Segment ID | Reference Designator | Values | Descriptions  |
|---------|------------|----------------------|--------|---|
| 2310F   | NM1        | NM108                | XX     | Qualifier   |
| 2310F   | NM1        | NM109                |        | Referring Provider NPI  |
| 2310F   | REF        | REF01                | G2     | Provider Commercial Qualifier   |
| 2310F   | REF        | REF02                | 9999   | Referring Provider Tribal Indicator<br>- Used to identify a Tribal Provider |

## Institutional: Patient Responsibility, Admission Date, Admitting Diagnosis, Patient Reason for Visit Code, Present on Admission, In and Out of Network Indicator, Allowed Amount, Patient Responsibility, National Drug Code (PAD), and HIPPS Codes

1. The patient responsibility amount AMT\*F3 is required if Loop 2430 CAS PR 1,2,3 is on any service line in Loop 2430. If no Loop 2430 CAS PR 1,2,3 is submitted do not send.
2. Admission Date and Admitting Diagnosis Code is required on all inpatient visits. Patient Reason for Visit is required on certain outpatient visits.
3. Present on Admission (POA) Indicator is required on Inpatient claims Principle Diagnosis, Other Diagnosis, and External Cause of Injury Diagnosis Codes.
4. In and Out of Network is required in Loop 2300 HCP15 in the x12 837 when known.
5. Service lines that have a 340B PAD should include the "UD" modifier in one of the four available modifier positions (2400 SV202-03,04,05,06).
6. The National Drug Code (NDC) is required on all outpatient Physicians Administered Drugs (PAD). A PAD is any covered drug provided or administered to a patient which is billed by a provider other than a pharmacy. Includes any method of administration and is not limited to injectable drugs.

7. Skilled nursing facility and home health services must be submitted in the 837-institutional format with at least one HIPPS code on the encounter.

**Claim Information (Claim Loop)**

| Loop ID | Segment ID | Reference Designator | Values        | Descriptions  |
|---------|------------|----------------------|---------------|---|
| 2300    | CLM        | CLM05-03             | 1,2,3,4,6,7,8 | Frequency Type Code<br>1 = Original<br>2 = Interim – First Claim<br>3 = Interim – Continuing Claim<br>4 = Interim – Last Claim<br>6 = Adjustment<br>7 = Replacement<br>8 = Void |

**Admission Date (Claim Loop required on inpatient claims)**

| Loop ID | Segment ID | Reference Designator | Values                              | Descriptions                      |
|---------|------------|----------------------|-------------------------------------|-----------------------------------|
| 2300    | DTP        | DTP01                | 435                                 | Admission Qualifier               |
| 2300    | DTP        | DTP02                | D8 (CCYYMMDD),<br>DT (CCYYMMDDHHMM) | Date Time Period Format Qualifier |
| 2300    | DTP        | DTP03                |                                     | Admission Date and Hour           |

**Payer Claim Control Number (Claim Loop)**

| Loop ID | Segment ID | Reference Designator | Values | Descriptions   |
|---------|------------|----------------------|--------|--|
| 2300    | REF        | REF01                | F8     | Original Reference ID Number<br>– Required if Frequency Code 6, 7 or 8 is sent in CLM05-03 |
| 2300    | REF        | REF02                |        | Payer Original Claim Control Number  |

**Principle Diagnosis (Claim Loop required on all claims)**

| Loop ID | Segment ID | Reference Designator | Values      | Descriptions                   |
|---------|------------|----------------------|-------------|--------------------------------|
| 2300    | HI         | -01                  | ABJ or BJ   | Qualifier                      |
| 2300    | HI         | -02                  |             | Admitting Diagnosis Code       |
| 2300    | HI         | -09                  | N , Y, U, W | Present on Admission Indicator |

**Admitting Diagnosis (Claim Loop required on inpatient claims)**

| Loop ID | Segment ID | Reference Designator | Values    | Descriptions             |
|---------|------------|----------------------|-----------|--------------------------|
| 2300    | HI         | -01                  | ABJ or BJ | Qualifier                |
| 2300    | HI         | -02                  |           | Admitting Diagnosis Code |

**Patient Reason for Visit (Claim Loop required on outpatient visits)**

| Loop ID | Segment ID | Reference Designator | Values    | Descriptions             |
|---------|------------|----------------------|-----------|--------------------------|
| 2300    | HI         | -01                  | APR or PR | Qualifier                |
| 2300    | HI         | -02                  |           | Patient Reason for Visit |

**External Cause of Injury (Claim Loop - report external cause of injury, poisoning, or adverse effect – series of 3 required)**

| Loop ID | Segment ID | Reference Designator | Values      | Descriptions                   |
|---------|------------|----------------------|-------------|--------------------------------|
| 2300    | HI         | -01                  | ABN or BN   | Qualifier                      |
| 2300    | HI         | -02                  |             | External Cause of Injury Code  |
| 2300    | HI         | -09                  | N , Y, U, W | Present on Admission Indicator |

**Diagnosis Related Group (DRG) Information (Claim Loop required when under DRG contract)**

| Loop ID | Segment ID | Reference Designator | Values | Descriptions             |
|---------|------------|----------------------|--------|--------------------------|
| 2300    | HI         | -01                  | DR     | Condition Code Qualifier |
| 2300    | HI         | -02                  |        | Condition Code           |

**Condition Code (Claim Loop required when condition information applies to claim)**

| Loop ID | Segment ID | Reference Designator | Values | Descriptions             |
|---------|------------|----------------------|--------|--------------------------|
| 2300    | HI         | -01                  | BG     | Condition Code Qualifier |
| 2300    | HI         | -02                  |        | Condition Code           |

**Claim Pricing Repricing Information (Claim Loop required if known)**

| Loop ID | Segment ID | Reference Designator | Values | Descriptions   |
|---------|------------|----------------------|--------|--|
| 2300    | HCP        | 15                   | 3, 6   | In and Out of Network Indicator<br>1 or 3 = Out of Network<br>6 = In Network |

**Other Subscriber Information (Claim Level)**

| Loop ID | Segment ID | Reference Designator | Values   | Descriptions  |
|---------|------------|----------------------|----------|---|
| 2000B   | SBR        | SBR01                | S        | S = Secondary   |
| 2000B   | SBR        | SBR02                | CI or 16 | Insurance Type Code<br><br>16 = HMO Medicare Risk<br>CI = Commercial<br>HM = Health Maintenance Org             |
| 2320    | SBR        | SBR01                | P        | Payer Responsibility Sequence Number Code   |
| 2320    | AMT        | AMT01                | D        | Payor Amount Paid Qualifier   |
| 2320    | AMT        | AMT02                |          | Payer Paid Amount ( 0 or greater)<br><br>Must balance to the sum of the SVD service line(s) amount in Loop 2340 |
| 2320    | OI         | OI03                 | N, Y, W  | Yes/No Condition or Response<br><br>NOTE: Crosswalk of Loop 2300 CLM08  |
| 2320    | OI         | OI06                 | I, Y     | Release of Information Code<br><br>NOTE: Crosswalk of Loop 2300 CLM09   |
| 2320    | MOA        | MOA02                |          | HCPCS Payable Amount<br>Required to report Medicare Allowed Amount  |

**Other Subscriber Information**

| Loop ID | Segment ID | Reference Designator | Values | Descriptions   |
|---------|------------|----------------------|--------|--|
| 2330A   | NM1        | NM1                  |        | Other Subscriber Name  |
| 2330A   | NM1        | NM108                |        | Identification Code Qualifier  |
| 2330A   | NM1        | NM109                |        | Identification Code<br>Delegated Medical Groups<br>Member ID / Subscriber ID |
| 2330B   | NM1        | NM103                |        | Payer Name Last or Organization Name   |
| 2330B   | NM1        | NM108                | PI     | Identification Code Qualifier  |
| 2330B   | NM1        | NM109                |        | Payer Identification Code  |
| 2330B   | DTP        | DTP01                | 573    | Date Time Qualifier  |
| 2330B   | DTP        | DTP02                | D8     | Format Qualifier   |
| 2330B   | DTP        | DTP03                |        | CCYYMMDD Payment/Process Date  |

**Line Pricing / Repricing Information**

| Loop ID | Segment ID | Reference Designator | Values | Descriptions   |
|---------|------------|----------------------|--------|--|
| 2400    | SV1        | SV202-03,04,05,06    | UD     | Service lines that have a 340B PAD should include the "UD" modifier in one of the four available modifier positions. |
| 2400    | HCP        | HCP                  |        | Other Subscriber Name  |
| 2400    | HCP        | HCP01                | 10     | Other Pricing  |
| 2400    | HCP        | HCP02                |        | Service Line Allowed Amount  |

**Line Adjudication Information (Line Level)**

| Loop ID | Segment ID | Reference Designator                                   | Values                | Descriptions  |
|---------|------------|--|-----------------------|---|
| 2430    | SVD        | SVD01  |                       | Payer Primary Identifier<br><br>NOTE: Must match Loop 2330B NM109 Payer Identification Code   |
| 2430    | SVD        | SVD02  |                       | Monetary Amount – Cannot be a negative number<br><br>NOTE: Loop 2430 CAS03 and SVD02 must balance to Loop 2400 SV203 (Insti) Line Item Charge Amount  |
| 2430    | SVD        | SVD03  |                       | Procedure Code  |
| 2430    | SVD        | SVD04  |                       | Revenue Code  |
| 2430    | SVD        | SVD05  |                       | Quantity  |
| 2430    | CAS        | CAS01  | CO, CR, OA,<br>PI, PR | Line Adjustment Group Code<br><br>CO = Contractual Obligation<br>CR = Correction and Reversals<br>OA = Other Adjustment<br>PI = Payer Initiated Reductions<br><b>PR = Patient Responsibility</b><br><br>NOTE: When submitting <b>Member Cost Share</b> use code <b>PR</b> and include the appropriate Claim Adjustment Reason Code in (CAS02) (1,2,3) as listed below.  |
| 2430    | CAS        | CAS02,<br>CAS05,<br>CAS08<br>CAS11,<br>CAS14,<br>CAS17 |                       | Line Adjustment Reason Code<br><br>PR (1, 2, 3)<br><b>Member Cost Share (PR qualifier), appropriate reason codes:</b><br>1 = Deductible Amount<br>2 = Coinsurance Amount<br>3 = Co-payment Amount<br><br>Claim Adjustment Reason Codes are available via Washington Publishing: <a href="http://www.wpc-edi.com/reference/codelist/healthcare/claim-adjustment-reason-codes/">http://www.wpc-edi.com/reference/codelist/healthcare/claim-adjustment-reason-codes/</a> |
| 2430    | CAS        | CAS03,<br>CAS06,<br>CAS09<br>CAS12,<br>CAS15,<br>CAS18 |                       | Monetary Amount<br><br>NOTE: Loop 2430 CAS03 and SVD02 must balance to Loop 2400 SV103 (Prof) or SV203 (Insti) Line Item Charge Amount  |
| 2430    | DTP        | DTP01  | 573                   | Date Time Qualifier   |
| 2430    | DTP        | DTP02  | D8                    | Format Qualifier  |
| 2430    | DTP        | DTP03  |                       | CCYYMMDD Payment Date   |

**Drug Identification** (Line Loop) (Required on all PADs)

| Loop ID | Segment ID | Reference Designator | Values             | Descriptions                                |
|---------|------------|----------------------|--------------------|---|
| 2410    | LIN        | LIN02                | N4                 | Qualifier                                   |
| 2410    | LIN        | LIN03                |                    | 11 digit National Drug Code without hyphens |
| 2410    | CTP        | CTP03                |                    | Unit Price                                  |
| 2410    | CTP        | CTP04                |                    | National Drug Unit Count                    |
| 2410    | CTP        | CTP05                |                    | Composite Unit of Measure                   |
| 2410    | CTP        | CTP05-1              | F2, GR, ME, ML, UN | Unit or Basis for Measurement Code          |