Scripps | Health Plan Services

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.

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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

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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 that 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. 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 - 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 - 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 1 = Original 7 = Replacement/Adjustment 8 = Void

Payer Claim Control Number (Claim Loop)

Loop ID	Segment ID	Reference Designator	Values	Descriptions
2300	REF	REF01	F8	Original Reference ID Number – 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 16 = HMO Medicare Risk CI = Commercial 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) Must balance to the sum of the SVD service line(s) amount in Loop 2340 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 Crosswalk of CLM08
2320	OI	OI06	I, Y	Release of Information Code Crosswalk of CLM09
2320	MOA	MOA02		HCPCS Payable Amount 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 Delegated Medical Groups 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 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 CO = Contractual Obligation CR = Correction and Reversals OA = Other Adjustment PI = Payer Initiated Reductions **PR = Patient Responsibility** NOTE: When submitting **Member Cost Share** use code **PR** and include the appropriate Claim Adjustment Reason Code in (CAS02) as listed below.
2430	CAS	CAS02, CAS05, CAS08, CAS11, CAS14, CAS17		Line Adjustment Reason Code CAS*PR*1,2,3 **Member Cost Share (PR qualifier), reason codes:** 1 = Deductible Amount 2 = Coinsurance Amount 3 = Co-payment Amount Claim Adjustment Reason Codes are available via Washington Publishing: http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/
2430	CAS	CAS03, CAS06, CAS09 CAS12, CAS15, 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

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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 - 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 - 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 1 = Original 2 = Interim – First Claim 3 = Interim – Continuing Claim 4 = Interim – Last Claim 6 = Adjustment 7 = Replacement 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), 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 – 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 1 or 3 = Out of Network 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 16 = HMO Medicare Risk CI = Commercial 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) 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 NOTE: Crosswalk of Loop 2300 CLM08
2320	OI	OI06	I, Y	Release of Information Code NOTE: Crosswalk of Loop 2300 CLM09
2320	MOA	MOA02		HCPCS Payable Amount 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 Delegated Medical Groups 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 NOTE: Must match Loop 2330B NM109 Payer Identification Code
2430	SVD	SVD02		Monetary Amount – Cannot be a negative number 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, PI, PR	Line Adjustment Group Code CO = Contractual Obligation CR = Correction and Reversals OA = Other Adjustment PI = Payer Initiated Reductions **PR = Patient Responsibility** NOTE: When submitting **Member Cost Share** use code **PR** and include the appropriate Claim Adjustment Reason Code in (CAS02) (1,2,3) as listed below.
2430	CAS	CAS02, CAS05, CAS08 CAS11, CAS14, CAS17		Line Adjustment Reason Code PR (1, 2, 3) **Member Cost Share (PR qualifier), appropriate reason codes:** 1 = Deductible Amount 2 = Coinsurance Amount 3 = Co-payment Amount Claim Adjustment Reason Codes are available via Washington Publishing: http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/
2430	CAS	CAS03, CAS06, CAS09 CAS12, CAS15, CAS18		Monetary Amount 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