



## HIPAA 837 Institutional 4010X096 and 4010X096A1 Companion Document - Inbound

Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
<b>CONTROL</b>	<b>ISA</b>	<b>INTERCHANGE CONTROL HEADER</b>			<b>R</b>	<b>1</b>		
	ISA01	AUTHORIZATION INFORMATION QUALIFIER	ID	2/2	R		"00"-No authorization information is present	
	ISA02	AUTHORIZATION INFORMATION	AN	10/10	R		10 Spaces	
	ISA03	SECURITY INFORMATION QUALIFIER	ID	2/2	R		"00"-No security information is present	
	ISA04	SECURITY INFORMATION	AN	10/10	R		10 Spaces	
	ISA05	INTERCHANGE ID QUALIFIER	ID	2/2	R		"ZZ"	
	ISA06	SUBMITTER ID	AN	15/15	R		Submitter ID assigned by PHC	
	ISA07	INTERCHANGE ID QUALIFIER	ID	2/2	R		"ZZ"	
	ISA08	RECEIVER ID	AN	15/15	R		"PHC100680301406" PHC's receiver ID	
	ISA09	INTERCHANGE DATE	DT	6/6	R		Interchange date in YYMMDD	
	ISA10	INTERCHANGE TIME	TM	4/4	R		Interchange time in HHMM	
	ISA11	INTERCHANGE CONTROL STANDARD IDENTIFIER	ID	1/1	R		"U"-US EDI Community of X12	
	ISA12	INTERCHANGE CONTROL VERSION NUMBER	ID	5/5	R		"00401" Draft Standard	
	ISA13	INTERCHANGE CONTROL NUMBER	N0	9/9	R		Sender assigned interchange control number which must be equivalent of control number of IEA segment.	
	ISA14	ACKNOWLEDGEMENT	ID	1/1	R		"0" - No acknowledgement requested or "1"-Acknowledgement is requested.	
	ISA15	USAGE INDICATOR	ID	1/1	R		"P"-Production data or "T"-Test data	
	ISA16	COMPONENT SUB ELEMENT SEPARATOR		1/1	R		":"	
	<b>GS</b>	<b>FUNCTIONAL GROUP HEADER</b>			<b>R</b>	<b>1</b>		
	GS01	FUNCTIONAL IDENTIFIER CODE	ID	2/2	R		"HC"- Healthcare Claim 837	
	GS02	SUBMITTER ID	AN	2/15	R		Submitter ID assigned by PHC	
	GS03	RECEIVER ID	AN	2/15	R		"PHC100680301406" PHC's receiver ID	
	GS04	CREATION DATE	DT	8/8	R		Creation date in CCYYMMDD	
	GS05	CREATION TIME	TM	4/8	R		Creation time in HHMM	
	GS06	GROUP CONTROL NUMBER	N0	1/9	R		Group control number must be equivalent to GE02.	
	GS07	RESPONSIBLE AGENCY CODE	ID	1/2	R		"X" - ASC X12 Code	
	GS08	VERSION / RELEASE INDUSTRY ID CODE	AN	1/12	R		"004010X096A1"	

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HEADER						>1	<p><b>Separate Transaction Sets for Every Claim:</b>            You may want to consider sending a separate ST/SE transaction set for every claim that you submit in a functional group. Utilizing separate transaction sets within a functional group may prevent the rejection of an entire functional group when only one or a few claims within that group contain errors. If a separate transaction set is used for every claim within a functional group, only the claims with syntactical errors will be rejected and the good claims will be accepted.</p> <p><b>Single Transaction Set for Entire File:</b>            If a single ST/SE transaction set is used to send multiple claims and one or a few claims contain errors, then all claims within that single transaction set will be rejected.</p>	
	<b>ST</b>	<b>TRANSACTION SET HEADER</b>			<b>R</b>	<b>1</b>		<b>62</b>
	ST01	TRANSACTION SET IDENTIFIER CODE	ID	3	R		"837"	
	ST02	TRANSACTION SET CONTROL NUMBER	AN	4/9	R		Sequential number assigned by the originator and must be equal to SE02	
	<b>BHT</b>	<b>BEGINNING OF HIERARCHICAL TRANSACTION</b>			<b>R</b>	<b>1</b>		<b>63</b>
	BHT01	HIERARCHICAL STRUCTURE CODE	ID	4/4	R		"0019" - Source, Subscriber and Dependent	
	BHT02	TRANSACTION SET PURPOSE CODE	ID	2/2	R		"00"-Original	
	BHT03	REFERENCE IDENTIFICATION	AN	1/30	R		Sequence number assigned by the originator	
	BHT04	DATE	DT	8/8	R		Transaction set creation date in CCYYMMDD	
	BHT05	TIME	TM	4/8	R		Transaction set creation time in HHMM	
	BHT06	TRANSACTION TYPE CODE	ID	2/2	R		"CH"-Chargeable or "RP"-Reporting (Encounters)	
	<b>REF</b>	<b>TRANSMISSION TYPE IDENTIFICATION</b>			<b>R</b>	<b>1</b>		
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2/3	R		"87" - Functional Category	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		"004010X096DA1" for test or "004010X096A1" for production	
<b>1000A</b>						<b>1</b>		

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	<b>NM1</b>	<b>SUBMITTER NAME</b>			<b>R</b>	<b>1</b>		<b>61</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"41" - Submitter	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"-Person or "2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Submitter name	
	NM104	NAME FIRST	AN	1/25	S		Required if NM102=1 (Person)	
	NM105	NAME MIDDLE	AN	2/25	S		Required if NM102=1 (Person) and the middle name/initial of the person is known	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	R		"46"	
	NM109	IDENTIFICATION CODE	AN	2/80	R		ETIN	
	<b>PER</b>	<b>SUBMITTER EDI CONTACT INFORMATION</b>			<b>R</b>	<b>2</b>		<b>64</b>
	PER01	CONTACT FUNCTION CODE	ID	2/2	R		"IC" - Information Contact	
	PER02	NAME	AN	1/60	R		Contact Name	
	PER03	COMMUNICATION NUMBER QUALIFIER	ID	2/2	R		"ED" or "EM" or "FX" or "TE"	
	PER04	COMMUNICATION NUMBER	AN	1/80	R		Communication number	
	PER05	COMMUNICATION NUMBER QUALIFIER	ID	2/2	S		"ED" or "EM" or "FX" or "TE"	
	PER06	COMMUNICATION NUMBER	AN	1/80	S		Communication number	
<b>1000B</b>						<b>1</b>		
	<b>NM1</b>	<b>RECEIVER NAME</b>			<b>R</b>	<b>1</b>		<b>67</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"40" - Receiver	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		PARTNERSHIP HEALTHPLAN OF CA	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	R		"46"	
	NM109	IDENTIFICATION CODE	AN	2/80	R		"PHC100680301406"	
<b>2000A</b>						<b>&gt;1</b>	PayTo provider(Payee) is identified in 2010AB or 2010AA. If PayTo provider is same as Billing provider then PayTo provider is identified in loop 2010AA and loop 2010AB is not used. Repeat loop 2000A if you need to identify more than one payee. We require <b>Med-Cal ID</b> to identify the payee.	



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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	<b>HL</b>	<b>BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL</b>			<b>R</b>	<b>1</b>		<b>69</b>
	HL01	HIERARCHICAL ID NUMBER	AN	1/12	R		Start with "1" and increment by "1" subsequently	
	HL02	HIERARCHICAL LEVEL CODE	AN	1/12	R		Parent ID, No value for first HL	
	HL03	HIERARCHICAL LEVEL CODE	AN	1/2	R		"20" Information Source	
	HL04	HIERARCHICAL CHILD CODE	ID	1/1	R		"1" - This HL contains child HLs	
	<b>PRV</b>	<b>BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION</b>			<b>S</b>	<b>1</b>	Required if the service facility provider is same as Billing or Pay To provider.	<b>71</b>
	PRV01	PROVIDER CODE	ID	1/3	R		"BI" - Billing or "PT"-Pay To	
	PRV02	REFERENCE IDENTIFICATION QUALIFIER	ID	2/3	R		"ZZ"	
	PRV03	REFERENCE IDENTIFICATION	AN	1/30	R		Taxonomy Code	
<b>2010AA</b>						<b>1</b>		
	<b>NM1</b>	<b>BILLING PROVIDER NAME</b>			<b>R</b>	<b>1</b>		<b>76</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"85" - Billing Provider	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Billing provider last or organization name	
	NM108	IDENTIFICATION CODE QUALIFIER	AN	1/2	R		"XX" (As of 5/1/08, only XX (NPI) is accepted in this field)	
	NM109	IDENTIFICATION CODE	AN	2/80	R		NPI (As of 5/1/08, only NPI is accepted in this field)	
	<b>N3</b>	<b>BILLING PROVIDER ADDRESS INFORMATION</b>			<b>R</b>	<b>1</b>		<b>79</b>
	N301	ADDRESS INFORMATION	AN	1/55	R		Address Line1	
	N302	ADDRESS INFORMATION	AN	1/55	S		Address Line2	
	<b>N4</b>	<b>BILLING PROVIDER CITY/STATE/ZIP</b>			<b>R</b>	<b>1</b>		<b>80</b>
<b>2010AA</b>	N401	CITY NAME	AN	2/30	R		City	
	N402	STATE CODE	ID	2/2	R		State	
	N403	POSTAL CODE	ID	3/15	R		Zip	

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	<b>REF</b>	<b>BILLING PROVIDER SECONDARY IDENTIFICATION</b>			<b>S</b>	<b>8</b>	PHC requires at least one ID to identify the payto provider. Please submit a valid ID in a REF segment if the ID sent in the previous NM1 segment can't be used by PHC.	<b>82</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		Reference Identification Qualifier <b>(As of 5/1/08, Employer Identification/Tax ID is required with a code EI in this field. The optional Medi_Cal provider ID is sent in a separate REF segment with a code 1D while the Medicare provider ID is sent in a separate REF segment with a code 1C)</b>	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Reference Identification	
	<b>PER</b>	<b>BILLING PROVIDER CONTACT INFORMATION</b>			<b>S</b>	<b>2</b>		<b>87</b>
	PER01	CONTACT FUNCTION CODE	ID	2/2	R		"IC" - Information Contact	
	PER02	NAME	AN	1/60	R		Billing provider contact name	
	PER03	COMMUNICATION NUMBER QUALIFIER	ID	2/2	R		"EM" or "FX" or "TE"	
	PER04	COMMUNICATION NUMBER	AN	1/80	R		Communication number	
<b>2010AB</b>						<b>1</b>		
	<b>NM1</b>	<b>PAY TO PROVIDER NAME</b>			<b>S</b>	<b>1</b>		<b>91</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"87" - Pay To Provider	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Payto provider last or organization name	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	R		"XX" <b>(As of 5/1/08, only XX (NPI) is accepted in this field)</b>	
	NM109	IDENTIFICATION CODE	AN	2/80	R		<b>NPI (As of 5/1/08, only NPI is accepted in this field)</b>	
	<b>N3</b>	<b>PAY TO PROVIDER ADDRESS INFORMATION</b>			<b>R</b>	<b>1</b>		<b>94</b>
	N301	ADDRESS INFORMATION	AN	1/55	R		Address Line1	
<b>2010AB</b>	N302	ADDRESS INFORMATION	AN	1/55	S		Address Line2	
	<b>N4</b>	<b>PAY TO PROVIDER CITY/STATE/ZIP</b>			<b>R</b>	<b>1</b>		<b>95</b>
	N401	CITY NAME	AN	2/30	R		City	

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	N402	STATE CODE	AN	2/2	R		State	
	N403	POSTAL CODE	AN	3/15	R		Zip	
	<b>REF</b>	<b>PAY TO PROVIDER SECONDARY IDENTIFICATION</b>			<b>S</b>	<b>5</b>	PHC requires at least one ID to identify the payto provider. Please submit a valid ID in a REF segment if the ID sent in the previous NM1 segment can't be used by PHC.	<b>97</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		Reference Identification Qualifier <b>(As of 5/1/08, Employer Identification/Tax ID is required with a code EI in this field. The optional Medi_cal provider ID is sent in a separate REF segment with a code 1D while the Medicare provider ID is sent in a separate REF segment with a code 1C)</b>	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Reference Identification	
<b>2000B</b>						<b>&gt;1</b>		
	<b>HL</b>	<b>SUBSCRIBER HIERARCHICAL LEVEL</b>			<b>R</b>	<b>1</b>		<b>99</b>
	HL01	HIERARCHICAL ID NUMBER	AN	1/12	R		Increment by 1	
	HL02	HIERARCHICAL PARENT ID	AN	1/12	R		Parent ID	
	HL03	HIERARCHICAL LEVEL CODE	ID	1/2	R		"22" - Subscriber	
	HL04	HIERARCHICAL CHILD CODE	ID	1/1	R		"0" - No child HL exists in this level	
	<b>SBR</b>	<b>SUBSCRIBER INFORMATION</b>			<b>R</b>	<b>1</b>		<b>101</b>
	SBR01	PAYER RESPONSIBILITY SEQUENCE NUMBER CODE	ID	1	R		"P"-Primary,"S"-Secondary or "T"-Tertiary	
	SBR02	INDIVIDUAL RELATIONSHIP CODE	ID	2/2	S		"18". * The value 18 is required for all claims including the newborn claim billed using the mom's ID .	
	SBR03	REFERENCE IDENTIFICATION	AN	1/30	S			
	SBR04	NAME	AN	1/60	S			
<b>2000B</b>	SBR09	CLAIM FILING INDICATOR CODE	ID	1/2	S		Required prior to mandated use of Plan ID.Not used after Plan ID is mandated.	
<b>2010BA</b>						<b>1</b>		

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	<b>NM1</b>	<b>SUBSCRIBER NAME</b>			<b>R</b>	<b>1</b>	<b>* Newborn claim is billed with mom's ID. The mom's ID is sent in the place of member identification field NM09 while the baby's last, first and middle names are sent in NM103, 04 and 05.</b>	<b>108</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"IL" - Insured or Subscriber	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"- Person	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Subscriber last name(Recipient last name).* <b>For a newborn claim, send the baby's last name in this place.</b>	
	NM104	NAME FIRST	AN	1/25	S		Subscriber first name(Recipient first name).* <b>For a newborn claim, send the baby's first name in this place.</b>	
	NM105	NAME MIDDLE	AN	2/25	S		Subscriber middle name(Recipient middle name).* <b>For a newborn claim, send the baby's middle name in this place.</b>	
	NM107	NAME SUFFIX	AN	1/10	S		Required if known.	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	S		"MI"	
	NM109	IDENTIFICATION CODE	AN	2/80	S		Member Identification number(Med-cal recipient ID).* <b>For a newborn claim, send mom's ID in this place.</b>	
	<b>N3</b>	<b>SUBSCRIBER ADDRESS INFORMATION</b>			<b>S</b>	<b>1</b>	Required when SBR02=18	<b>112</b>
	N301	ADDRESS INFORMATION	AN	1/55	R		Address Line1	
	N302	ADDRESS INFORMATION	AN	1/55	S		Address Line2	
	<b>N4</b>	<b>SUBSCRIBER CITY/STATE/ZIP</b>			<b>S</b>	<b>1</b>	Required when SBR02=18	<b>113</b>
	N401	CITY NAME	AN	2/30	R		City	
	N402	STATE CODE	AN	2/2	R		State	
	N403	POSTAL CODE	AN	3/15	R		Zip	
<b>2010BA</b>	<b>DMG</b>	<b>SUBSCRIBER DEMOGRAPHIC INFORMATION</b>			<b>S</b>	<b>1</b>	Required for all claims. * <b>For a newborn claim, send the baby's DOB &amp; Gender in this segment.</b>	<b>115</b>
	DMG01	DATE TIME FORMAT QUALIFIER	ID	2	R		"D8"	
	DMG02	DATE TIME PERIOD	AN	8	R		Subscriber's Birth Date in CCYYMMDD. * <b>For a newborn claim, send the baby's DOB in this place.</b>	

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	DMG03	GENDER CODE	ID	1	R		"M"- Male or "F"- Female. * For a newborn claim, send the baby's Gender in this place.	
<b>2010BC</b>						<b>1</b>		
	<b>NM1</b>	<b>PAYER NAME</b>			<b>R</b>	<b>1</b>		<b>126</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"PR" - Payer	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"2"-No Person Entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Payer name	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	R		"PI"	
	NM109	IDENTIFICATION CODE	AN	2/80	R		"680301406"	
<b>2300</b>						<b>100</b>		
	<b>CLM</b>	<b>CLAIM INFORMATION</b>			<b>R</b>	<b>1</b>		<b>157</b>
	CLM01	CLAIM SUBMITTER'S IDENTIFIER	AN	1/38	R		Patient account number	
	CLM02	MONETARY AMOUNT	R	1/18	R		Total Claim charge amount('0' Zero may be a valid amount for encounters)	
	CLM05	HEALTHCARE SERVICE LOCATION			R		Type of Bill(Composite)	
	CLM05-1	FACILITY CODE VALUE	AN	1/2	R		Facility Code	
	CLM05-2	FACILITY CODE QUALIFIER	ID	1	R		"A" Uniform Billing Claim Form Bill Type	
	CLM05-3	CLAIM FREQUENCY TYPE	ID	1/1	R		Claim frequency code	
	CLM06	YES/NO CONDITION OR RESPONSE CODE	ID	1/1	R		"Y"-Yes or "N"-No (Provider signature on file)	
	CLM07	PROVIDER ACCEPT ASSIGNMENT CODE	ID	1/1	S		"A" or "C" Medicare assignment code	
	CLM08	YES/NO CONDITION OR RESPONSE CODE	ID	1/1	R		"Y"-Yes or "N"-No (Benefits assignment certification)	
	CLM09	RELEASE OF INFORMATION CODE	ID	1/1	R		Release of information code	
	CLM18	YES/NO CONDITION OR RESPONSE CODE	ID	1/1	R		"Y"-Yes(Paper EOP is requested)) or "N"-No (No paper EOP is requested)	
	CLM20	DELAY REASON CODE	ID	1/2	S		Delay reason code (Billing limit exception code). Required when claim is submitted late.	
	<b>DTP</b>	<b>DATE - DISCHARGE HOUR</b>			<b>S</b>	<b>1</b>	Required on final inpatient claims/Encounters	<b>165</b>
<b>2300</b>	DTP01	DATE/TIME QUALIFIER	ID	3	R		"096"	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"TM"	
	DTP03	DATE	AN	1/35(8)	R		Hour in HHMM	

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	<b>DTP</b>	<b>DATE - STATEMENT DATES</b>			<b>R</b>	<b>1</b>	From and Through dates of service	<b>167</b>
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"434"	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"RD8" Range of dates expressed in format CCMMDD-CCMMDD	
	DTP03	DATE	AN	1/35(8)	R		From and Through Dates in CCYYMMDD-CCYYMMDD	
	<b>DTP</b>	<b>DATE - ADMISSION DATE/HOUR</b>			<b>S</b>	<b>1</b>	Admission date and hour	<b>169</b>
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"435" Admission	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"DT"	
	DTP03	DATE	AN	1/35(8)	R		Date and Time in CCYYMMDDHHMM	
	<b>CL1</b>	<b>INSTITUTIONAL CLAIM CODE</b>			<b>S</b>	<b>1</b>	Required for Inpatient claims	<b>171</b>
	CL01	ADMISSION TYPE CODE	ID	1	S		Admission Type	
	CL02	ADMISSION SOURCE CODE	AN	1	S		Admission Source	
	CL03	PATIENT STATUS CODE	AN	1/2(2)	S		Patient Status	
	<b>AMT</b>	<b>PAYER ESTIMATED AMOUNT DUE</b>			<b>S</b>	<b>1</b>	Required when the payer estimated amount due is applicable.	<b>178</b>
	AMT01	AMOUNT QUALIFIER CODE	ID	2	R		"C5"	
	AMT02	MONETARY AMOUNT	R	1/18	R		Net amount billed (Estimated claim due amount)	
	<b>AMT</b>	<b>PATIENT AMOUNT PAID</b>			<b>S</b>	<b>1</b>	Required if applicable to this claim.	<b>182</b>
	AMT01	AMOUNT QUALIFIER CODE	ID	2	R		"F5"	
	AMT02	MONETARY AMOUNT	R	1/18	R		Patient paid amount (Share of cost)	
	<b>REF</b>	<b>PRIOR AUTHORIZATION OR REFERRAL NUMBER</b>			<b>S</b>	<b>2</b>	Required when services are preauthorized	<b>198</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"G1"-Prior authorization number	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Prior authorization number(TAR Number)	
<b>2300</b>								
	<b>REF</b>	<b>MEDICAL RECORD NUMBER</b>			<b>S</b>	<b>1</b>	Required based on provider's need	<b>200</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"EA"	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Medical record number	

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	<b>K3</b>	<b>FILE INFORMATION</b>			<b>S</b>	<b>10</b>		<b>204</b>
	K301	FIXED FORMAT INFORMATION	AN	1/80	R		Fixed format information	
	<b>NTE</b>	<b>CLAIM NOTE</b>			<b>S</b>	<b>10</b>	Required when provider deems it necessary to transmit information not otherwise supported in this implementation. This segment is also used to convey <b>Newborn</b> name, date of birth and gender information.	<b>205</b>
	NTE01	NOTE REFERENCE CODE	ID	2	R		Note reference code	
	NTE02	DESCRIPTION	AN	1/80	R		Claim note text	
	<b>NTE</b>	<b>BILLING NOTE</b>			<b>S</b>	<b>1</b>		<b>208</b>
	NTE01	NOTE REFERENCE CODE	ID	2	R		"ADD" Additional Information	
	NTE02	DESCRIPTION	AN	1/80	R		Billing note text	
	<b>CR6</b>	<b>HOME HEALTH CARE INFORMATION</b>			<b>S</b>	<b>1</b>	Required for Home Health Claims when applicable	<b>210</b>
	CR601	PROGNOSIS CODE	ID	1/1	R		Prognosis Indicator	
	CR602	DATE	DT	8/8	R		Service From Date	
	CR603	DATE TIME PERIOD QUALIFIER	ID	2/3	S		"RD8" Range of dates expressed in CCYYMMDD-CCYYMMDD	
	CR604	DATE TIME PERIOD	AN	1/35	S		Home health certification period	
	CR605	DATE	DT	8/8	R		Diagnosis date	
	CR606	YES/NO CONDITION RESPONSE CODE	ID	1/1	R		Skilled nursing facility indicator	
	CR607	YES/NO CONDITION RESPONSE CODE	ID	1/1	R		Medicare coverage indicator	
	CR608	CERTIFICATION TYPE CODE	ID	1/1	R		"I" Initial or "R" Renewal or "S" Revised (Certification Type Indicator)	
	CR609	DATE	DT	8/8	S		Surgery date	
	CR610	PRODUCT/SERVICE ID QUALIFIER	ID	1/1	S		Product or Service ID Qualifier	
<b>2300</b>	CR611	MEDICAL CODE VALUE	ID	1/1	S		Surgical procedure code	
	CR612	DATE	DT	8/8	S		Physician order date	
	CR613	DATE	DT	8/8	S		Date physician last saw patient	
	CR614	DATE	DT	8/8	S		Date last contacted by physician	

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	CR615	DATE TIME PERIOD QUALIFIER	ID	2/3	S		"RD8" Range of dates expressed in CCYYMMDD-CCYYMMDD	
	CR616	DATE TIME PERIOD	AN	1/35	S		Last admission period	
	CR617	PATIENT LOCATION CODE	ID	1/1	R		Patient discharge facility code	
	CR618	DATE	DT	8/8	S		Date secondary diagnosis -1	
	CR619	DATE	DT	8/8	S		Date secondary diagnosis -2	
	<b>CRC</b>	<b>HOME HEALTH FUNCTIONAL LIMITATIONS</b>			<b>S</b>	<b>3</b>		<b>218</b>
	CRC01	CODE CATEGORY	ID	2/2	R		"75" Functional limitations	
	CRC02	YES/NO CONDITION OR RESPONSE CODE	ID	1/1	R		Certification condition indicator	
	CRC03	CERTIFICATE CONDITION CODE	ID	2/2	R		Condition Code	
	CRC04	CERTIFICATE CONDITION CODE	ID	2/2	S		Condition Code	
	CRC05	CERTIFICATE CONDITION CODE	ID	2/2	S		Condition Code	
	CRC06	CERTIFICATE CONDITION CODE	ID	2/2	S		Condition Code	
	CRC07	CERTIFICATE CONDITION CODE	ID	2/2	S		Condition Code	
	<b>CRC</b>	<b>HOME HEALTH ACTIVITIES PERMITTED</b>			<b>S</b>	<b>3</b>		<b>221</b>
	CRC01	CODE CATEGORY	ID	2/2	R		"76" Activities permitted	
	CRC02	YES/NO CONDITION OR RESPONSE CODE	ID	1/1	R		Certification condition indicator	
	CRC03	CERTIFICATE CONDITION CODE	ID	2/2	R		Condition Code	
	CRC04	CERTIFICATE CONDITION CODE	ID	2/2	S		Condition Code	
	CRC05	CERTIFICATE CONDITION CODE	ID	2/2	S		Condition Code	
	CRC06	CERTIFICATE CONDITION CODE	ID	2/2	S		Condition Code	
	CRC07	CERTIFICATE CONDITION CODE	ID	2/2	S		Condition Code	
	<b>CRC</b>	<b>HOME HEALTH MENTAL STATUS</b>			<b>S</b>	<b>2</b>		<b>224</b>
	CRC01	CODE CATEGORY	ID	2/2	R		"77" Mental Status	
	CRC02	YES/NO CONDITION OR RESPONSE CODE	ID	1/1	R		Certification condition indicator	
<b>2300</b>	CRC03	CERTIFICATE CONDITION CODE	ID	2/2	R		Condition Code	
	CRC04	CERTIFICATE CONDITION CODE	ID	2/2	S		Condition Code	
	CRC05	CERTIFICATE CONDITION CODE	ID	2/2	S		Condition Code	
	CRC06	CERTIFICATE CONDITION CODE	ID	2/2	S		Condition Code	

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	CRC07	CERTIFICATE CONDITION CODE	ID	2/2	S		Condition Code	
	<b>HI</b>	<b>DIAGNOSIS INFORMATION</b>			<b>R</b>	<b>1</b>	Principal, Admitting, E-Code and Patient reason for visit diagnosis information. Required on all claims and encounters except claims with Bill Types 4XX, 5XX and 14X. Admitting diagnosis is required on all inpatient claims/encounters. An E-Code is required whenever a diagnosis is needed to describe an injury, poisoning or adverse effect.	<b>227</b>
	HI01	HEALTH CARE CODE INFORMATION			R			
	HI01-01	CODE LIST QUALIFIER CODE	ID	2/2	R		"BK" Principal diagnosis	
	HI01-02	INDUSTRY CODE	AN	1/30	R		Principal diagnosis Code	
	HI02	HEALTH CARE CODE INFORMATION			S			
	HI02-01	CODE LIST QUALIFIER CODE	ID	2/2	R		"BJ" or "ZZ"-Mutually defined	
	HI02-02	INDUSTRY CODE	AN	1/30	R		Admitting diagnosis or Patient reason for visit	
	HI03	HEALTH CARE CODE INFORMATION			S			
	HI03-01	CODE LIST QUALIFIER CODE	ID	2/2	R		"BN" E-Code	
	HI03-02	INDUSTRY CODE	AN	1/30	R		E-Code	
	<b>HI</b>	<b>OTHER DIAGNOSIS INFORMATION</b>			<b>S</b>	<b>2</b>		<b>232</b>
	HI01	HEALTH CARE CODE INFORMATION			R			
	HI01-01	CODE LIST QUALIFIER CODE	ID	2/2	R		"BF"	
	HI01-02	INDUSTRY CODE	AN	1/30	R		Other Diagnosis(Secondary Diagnosis)	
	<b>HI</b>	<b>PRINCIPAL PROCEDURE INFORMATION</b>			<b>S</b>	<b>1</b>	Required on inpatient claims/encounters when a procedure was performed. PHC uses this field to identify the surgical procedure code.	<b>242</b>
	HI01	HEALTH CARE CODE INFORMATION			R			
<b>2300</b>	HI01-01	CODE LIST QUALIFIER CODE	ID	2/2	R		"BR" ICD-9-CM or "BP" HCPCS	
	HI01-02	INDUSTRY CODE	AN	1/30	R		Principal procedure code(Primary surgical code)	
	HI01-03	DATE TIME PERIOD FORMAT	ID	2	S		"D8"	
	HI01-04	DATE TIME PERIOD	AN	1/35	S		Principal procedure date in CCYYMMDD	



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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	<b>HI</b>	<b>OTHER PROCEDURE INFORMATION</b>			<b>S</b>	<b>2</b>	Required on inpatient claims/encounters when additional procedures must be reported.	<b>244</b>
	HI01	HEALTH CARE CODE INFORMATION			R			
	HI01-01	CODE LIST QUALIFIER CODE	ID	2/2	R		"BQ" ICD-9-CM or "BO" HCPCS	
	HI01-02	INDUSTRY CODE	AN	1/30	R		Procedure code(Secondary surgical code)	
	HI01-03	DATE TIME PERIOD FORMAT	ID	2	S		"D8"	
	HI01-04	DATE TIME PERIOD	AN	1/35	S		Procedure date in CCYYMMDD	
	HI02	HEALTH CARE CODE INFORMATION			S			
	HI02-01	CODE LIST QUALIFIER CODE	ID	2/2	R		"BQ" ICD-9-CM or "BO" HCPCS	
	HI02-02	INDUSTRY CODE	AN	1/30	R		Procedure code(Additional)	
	HI02-03	DATE TIME PERIOD FORMAT	ID	2	S		"D8"	
	HI02-04	DATE TIME PERIOD	AN	1/35	S		Procedure date in CCYYMMDD	
	HI03	HEALTH CARE CODE INFORMATION			S			
	HI03-01	CODE LIST QUALIFIER CODE	ID	2/2	R		"BQ" ICD-9-CM or "BO" HCPCS	
	HI03-02	INDUSTRY CODE	AN	1/30	R		Procedure code(Additional)	
	HI03-03	DATE TIME PERIOD FORMAT	ID	2	S		"D8"	
	HI03-04	DATE TIME PERIOD	AN	1/35	S		Procedure date in CCYYMMDD	
	HI04	HEALTH CARE CODE INFORMATION			S			
	HI04-01	CODE LIST QUALIFIER CODE	ID	2/2	R		"BQ" ICD-9-CM or "BO" HCPCS	
	HI04-02	INDUSTRY CODE	AN	1/30	R		Procedure code(Additional)	
	HI04-03	DATE TIME PERIOD FORMAT	ID	2	S		"D8"	
	HI04-04	DATE TIME PERIOD	AN	1/35	S		Procedure date in CCYYMMDD	
	<b>HI</b>	<b>OCCURRENCE INFORMATION</b>			<b>S</b>	<b>2</b>	Required if occurrence information applies	<b>267</b>
	HI01	HEALTH CARE CODE INFORMATION			R			
	HI01-01	CODE LIST QUALIFIER CODE	ID	2/2	R		"BH"	
	HI01-02	INDUSTRY CODE	AN	1/30	R		"04" Employment related or "42" Date of discharge	
<b>2300</b>	HI01-03	DATE TIME PERIOD FORMAT	ID	2	S		"D8"	
	HI01-04	DATE TIME PERIOD	AN	1/35	S		Accident/Injury or Discharge date	
	<b>HI</b>	<b>VALUE INFORMATION</b>			<b>S</b>	<b>2</b>	Required if value information applies	<b>280</b>

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	HI01	HEALTH CARE CODE INFORMATION			R			
	HI01-01	CODE LIST QUALIFIER CODE	ID	2/2	R		"BE"	
	HI01-02	INDUSTRY CODE	AN	1/30	R		"23" Recipient share of cost	
	HI01-05	MONETARY AMOUNT	R	1/18	R		Associated amount(Recipient share of cost)	
	<b>HI</b>	<b>CONDITION INFORMATION</b>			<b>S</b>	<b>2</b>	Required if condition information applies.Repeat HI0x-01 through HI0x-02 for additional conditions.	<b>290</b>
	HI01	HEALTH CARE CODE INFORMATION			R			
	HI01-01	CODE LIST QUALIFIER CODE	ID	2/2	R		"BG" Condition	
	HI01-02	INDUSTRY CODE	AN	1/30	R		"81" Emergency or "A1" EPSDT or "A4" Family Planning or "B3" Pregnancy Indicator	
	HI02-01	CODE LIST QUALIFIER CODE	ID	2/2	R		"BG" Condition	
	HI02-02	INDUSTRY CODE	AN	1/30	R		Condition Code	
	<b>QTY</b>	<b>CLAIM QUANTITY</b>			<b>S</b>	<b>4</b>	Required on inpatient claims/encounters when covered, co-insured, lifetime reserved or Non-covered days are being reported.	<b>306</b>
	QTY01	QUANTITY QUALIFIER	ID	2	R		"CA" Covered actual	
	QTY02	QUANTITY	R	1/15	R		Claim days count	
	QTY03	UNIT OR BASIS FOR MEASUREMENT	ID	2/2	R		"DA" Days	
<b>2310A</b>						<b>1</b>		
	<b>NM1</b>	<b>ATTENDING PHYSICIAN NAME</b>			<b>S</b>	<b>1</b>		<b>321</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"71" - Attending physician	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"-Person or "2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Physician last name	
	NM104	NAME FIRST	AN	1/25	S		Required if NM102=1 (Person)	
	NM105	NAME MIDDLE	AN	2/25	S		Required if NM102=1 (Person) and the middle name/initial of the person is known	
<b>2310A</b>	NM107	NAME SUFFIX	AN	1/10	S		Required if known	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	R		"XX"	
	NM109	IDENTIFICATION CODE	AN	2/80	R		<b>NPI (As of 5/1/08, only NPI is accepted in this field)</b>	

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	<b>PRV</b>	<b>ATTENDING PHYSICIAN SPECIALTY INFORMATION</b>			<b>S</b>	<b>1</b>		<b>324</b>
	PRV01	PROVIDER CODE	ID	1/3	R		"AT" Attending provider or "SU" Supervising	
	PRV02	REFERENCE IDENTIFICATION QUALIFIER	ID	2/3	R		"ZZ"	
	PRV03	REFERENCE IDENTIFICATION	AN	1/30	R		Provider Taxonomy Code (Specialty)	
	<b>REF</b>	<b>ATTENDING PHYSICIAN SECONDARY INFORMATION</b>			<b>S</b>	<b>5</b>		<b>326</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		Reference Identification Qualifier	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Reference Identification	
<b>2310B</b>						<b>1</b>		
	<b>NM1</b>	<b>OPERATING PHYSICIAN NAME</b>			<b>S</b>	<b>1</b>		<b>328</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"72"-Operating physician	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"-Person or "2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Physician last name	
	NM104	NAME FIRST	AN	1/25	S		Required if NM102=1 (Person)	
	NM105	NAME MIDDLE	AN	2/25	S		Required if NM102=1 (Person) and the middle name/initial of the person is known	
	NM107	NAME SUFFIX	AN	1/10	S		Required if known	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	R		"XX"	
	NM109	IDENTIFICATION CODE	AN	2/80	R		<b>NPI (As of 5/1/08, only NPI is accepted in this field)</b>	
	<b>REF</b>	<b>OPERATING PHYSICIAN SECONDARY INFORMATION</b>			<b>S</b>	<b>5</b>		<b>333</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		Reference Identification Qualifier	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Reference Identification	
<b>2310C</b>						<b>1</b>		
	<b>NM1</b>	<b>OTHER PROVIDER NAME</b>			<b>S</b>	<b>1</b>	Required when the claim/encounter involves another provider such as but not limited to Referring, Ordering, Assisting provider etc.	<b>335</b>

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"73" Other physician	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"-Person or "2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Provider last name	
	NM104	NAME FIRST	AN	1/25	S		Required if NM102=1 (Person)	
	NM105	NAME MIDDLE	AN	2/25	S		Required if NM102=1 (Person) and the middle name/initial of the person is known	
	NM107	NAME SUFFIX	AN	1/10	S		Required if known	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	R		"XX"	
	NM109	IDENTIFICATION CODE	AN	2/80	R		<b>NPI (As of 5/1/08, only NPI is accepted in this field)</b>	
	<b>REF</b>	<b>OTHER PROVIDER SECONDARY IDENTIFICATION</b>			<b>S</b>	<b>5</b>		<b>340</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		Reference Identification Qualifier	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Reference Identification	
<b>2310E</b>						<b>1</b>		
	<b>NM1</b>	<b>SERVICE FACILITY NAME</b>			<b>S</b>	<b>1</b>	Required when the service facility is different than that reported in Billing/PayTo provider HL.	<b>349</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"FA" Facility	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Facility name	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	R		"XX"	
	NM109	IDENTIFICATION CODE	AN	2/80	R		<b>NPI (As of 5/1/08, only NPI is accepted in this field)</b>	
	<b>REF</b>	<b>SERVICE FACILITY SECONDARY IDENTIFICATION</b>			<b>S</b>	<b>5</b>		<b>357</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"1D"-Medical provider number or "0B"-State license number	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Medi-cal provider number or State license number	
<b>2400</b>						<b>35</b>		
	<b>LX</b>	<b>SERVICE LINE</b>			<b>R</b>	<b>1</b>		<b>444</b>

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	LX01	ASSIGNED NUMBER	N	1/6	R		Line Number (Start with one, Subsequently increment it by one)	
	<b>SV2</b>	<b>INSTITUTIONAL SERVICE LINE</b>			<b>R</b>	<b>1</b>		<b>445</b>
	SV201	PRODUCT/SERVICE ID	AN	1/48	R		Service Line Revenue Code(Accommodation/Ancillary/LTC Accom Code).PHC currently does not use Revenue Codes on Outpatient claims, Use the appropriate national code (CPT/ HCPCS Code) for the service rendered for outpatient claims.	
	SV202	COMPOSITE MEDICAL PROCEDURE ID			S		Service Line Procedure Code (Required on outpatient claims when appropriate HCPCS exists for the service line)	
	SV202-1	PRODUCT/SERVICE ID QUALIFIER	ID	2/2	R		"HC" ( HCPCS Codes include AMA's CPT codes)	
	SV202-2	PRODUCT/SERVICE ID	AN	1/48	R		Procedure Code	
	SV202-3	PROCEDURE MODIFIER	AN	2/2	S		Modifier1	
	SV202-4	PROCEDURE MODIFIER	AN	2/2	S		Modifier2	
	SV202-5	PROCEDURE MODIFIER	AN	2/2	S		Modifier3	
	SV202-6	PROCEDURE MODIFIER	AN	2/2	S		Modifier4	
	SV203	MONETARY AMOUNT	R	1/18	R		Line item charge amount	
	SV204	UNIT OR BASIS FOR MEASUREMENT	ID	2	R		"DA" or "F2" or "UN"	
	SV205	QUANTITY	R	1/15	R		Service Unit Count	
	SV206	UNIT RATE	R	1/10	S		Service Line Rate	
	SV207	MONETARY AMOUNT	R	1/18	S		Line item denied charge amount or Non-Covered charge amount.	
	<b>DTP</b>	<b>DATE - SERVICE LINE DATE</b>			<b>S</b>	<b>1</b>	Required on outpatient claims.	<b>448</b>
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"472" Service	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Service Line Date in CCYYMMDD	
						<b>&gt;1</b>		
<b>2410</b>	<b>LIN</b>	<b>DRUG IDENTIFICATION</b>			<b>S</b>	<b>1</b>	Required when billing/reporting drugs provided that may be part of the service described in SV2.	<b>68 A1</b>
	LIN02	PRODUCT/SERVICE ID QUALIFIER	ID	2/2	R		"N4"	

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	LIN03	PRODUCT/SERVICE ID	AN	1/48	R		NDC Code in 5-4-2 format	
	<b>CTP</b>	<b>DRUG PRICING</b>			<b>S</b>	<b>1</b>	Required to provide price information specific to LIN03 that is different than the price reported in SV102.	<b>71 A1</b>
	CTP03	UNIT PRICE	R	1/17	R		Drug unit price per unit of product	
	CTP04	QUANTITY	R	1/15	R		Drug unit count	
	CTP05-1	UNIT OR BASE FOR MEASUREMENT CODE	ID	2/2	R		"GR", "ME", "ML" or "UN"	
	<b>REF</b>	<b>PRESCRIPTION NUMBER</b>			<b>S</b>	<b>2</b>	Required if the drug is dispensed with an assigned Rx number.	<b>73 A1</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"XZ" -Pharmacy prescription number	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Prescription number	
<b>2420A</b>						<b>1</b>		
	<b>NM1</b>	<b>ATTENDING PHYSICIAN NAME</b>			<b>S</b>	<b>1</b>	Required when attending provider information is different than carried in 2310A.	<b>462</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"71" - Attending physician	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"-Person or "2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Physician last name	
	NM104	NAME FIRST	AN	1/25	S		Required if NM102=1 (Person)	
	NM105	NAME MIDDLE	AN	2/25	S		Required if NM102=1 (Person) and the middle name/initial of the person is known	
	NM107	NAME SUFFIX	AN	1/10	S			
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	R		"XX"	
	NM109	IDENTIFICATION CODE	AN	2/80	R		<b>NPI (As of 5/1/08, only NPI is accepted in this field)</b>	
	<b>REF</b>	<b>ATTENDING PHYSICIAN SECONDARY INFORMATION</b>			<b>S</b>	<b>5</b>		<b>467</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		Reference Identification Qualifier	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Reference Identification	

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### HIPAA 837 Institutional 4010X096 and 4010X096A1 Companion Document - Inbound

Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
<b>2420C</b>						1	Required when line level provider is known to impact payment. Required when the claim/encounter involves another provider such as but not limited to Referring, Ordering, Assisting provider etc.	
	<b>NM1</b>	<b>OTHER PROVIDER NAME</b>			<b>S</b>	1		<b>476</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"73" Other physician	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R			
	NM104	NAME FIRST	AN	1/25	S			
	NM105	NAME MIDDLE	AN	2/25	S			
	NM107	NAME SUFFIX	AN	1/10	S			
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	R		"XX"	
	NM109	IDENTIFICATION CODE	AN	2/80	R		<b>NPI (As of 5/1/08, only NPI is accepted in this field)</b>	
	<b>REF</b>	<b>OTHER PROVIDER SECONDARY IDENTIFICATION</b>			<b>S</b>	5		<b>481</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		Reference Identification Qualifier	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Reference Identification	
<b>TRAILER</b>	<b>SE</b>	<b>TRANSACTION SET TRAILER</b>			<b>R</b>	1		
	SE01	NUMBER OF INCLUDED SEGMENTS	N0	1/10	R		Segment count	
	SE02	TRANSACTION SET CONTROL NUMBER	AN	4/9	R		Sequential number assigned by the originator and must be equal to ST02	
<b>CONTROL</b>	<b>GE</b>	<b>FUNCTIONAL GROUP TRAILER</b>			<b>R</b>	1		
	GE01	NUMBER OF TRANSACTION SETs	ID	2/2	R		Number of ST segments	
	GE02	GROUP CONTROL NUMBER	AN	2/15	R		Group control number must be equivalent to GS06.	
	<b>IEA</b>	<b>INTERCHANGE CONTROL TRAILER</b>			<b>R</b>	1		
	IEA01	NUMBER OF FUNCTIONAL GROUPS	N0	1/5	R		Number of GS segments	
	IEA02	INTERCHANGE CONTROL NUMBER	N0	9	R		Interchange control number must be equivalent to ISA13.	

\* For those Newborn's covered under the Mother's eligibility for the month of birth and the following month. After this period, the child should be identified with their individual ID number.