



## HIPAA 837 Professional 4010X098 and 4010X098A1 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		"004010X098A1"	

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
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		"004010X098DA1" for test or "004010X098A1" 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>67</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 last or organization 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>	Contact information about the person who handles data transmission issues	<b>71</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>74</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.	

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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>77</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"	
	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 rendering provider is same as Billing or Pay To provider.	<b>79</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>84</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"85" - Billing Provider	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"-Person or "2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Billing provider last or organization 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	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		<b>NPI (As of 5/1/08, only NPI is accepted in this field)</b>	
	<b>N3</b>	<b>BILLING PROVIDER ADDRESS INFORMATION</b>			<b>R</b>	<b>1</b>		<b>88</b>
	N301	ADDRESS INFORMATION	AN	1/55	R		Address Line1	
<b>2010AA</b>	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>89</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	ID	2/2	R		State	
	N403	POSTAL CODE	ID	3/15	R		Zip	
	<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>91</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>96</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>NM1</b>	<b>PAY TO PROVIDER NAME</b>			<b>S</b>	<b>1</b>		<b>99</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"87" - Pay To Provider	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"-Person or "2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Payto provider last or organization 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	
<b>2010AB</b>	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	R		<b>"XX" (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>	

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	<b>N3</b>	<b>PAY TO PROVIDER ADDRESS INFORMATION</b>			<b>R</b>	<b>1</b>		<b>103</b>
	N301	ADDRESS INFORMATION	AN	1/55	R		Address Line1	
	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>104</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>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>106</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>HL</b>	<b>SUBSCRIBER HIERARCHICAL LEVEL</b>			<b>R</b>	<b>1</b>		<b>108</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>SUBSCRIBER INFORMATION</b>			<b>R</b>	<b>1</b>		
<b>2000B</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 .	

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	SBR03	REFERENCE IDENTIFICATION	AN	1/30	S			
	SBR04	NAME	AN	1/60	S			
	SBR05	INSURANCE TYPE CODE	ID	1/3	S			
	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>PATIENT INFORMATION</b>			<b>S</b>	<b>1</b>	Required if the information in this 'PAT' segment (Date of death, and/or patient weight) is necessary to file the claim.	
	PAT05	DATE TIME PERIOD FORMAT QUALIFIER	ID	2/3	S		"D8" CCYYMMDD	
	PAT06	DATE TIME PERIOD	AN	1/35	S		Date of death	
	PAT07	UNIT OR BASIS FOR MEASUREMENT	ID	2/2	S		"01" Pounds (Required when PAT08 is used)	
	PAT08	WEIGHT	R	1/10	S		Patient weight	
	PAT09	YES/NO CONDITION OR RESPONSE CODE	ID	1/1	S		"Y" Code indicates the patient is pregnant. If PAT09 is not used it means the patient is not pregnant.	
<b>2010BA</b>						<b>1</b>		
	<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>117</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>	
<b>2010BA</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 (Medi-Cal recipient ID). <b>* For a newborn claim, send mom's ID in this place.</b>	

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	<b>N3</b>	<b>SUBSCRIBER ADDRESS INFORMATION</b>			<b>S</b>	<b>1</b>	Required when SBR02=18	<b>121</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>122</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>DMG</b>	<b>SUBSCRIBER DEMOGRAPHIC INFORMATION</b>			<b>S</b>	<b>1</b>	Required for all claims. * For a newborn claim, send the baby's DOB & Gender in this segment.	<b>124</b>
	DMG01	DATE TIME FORMAT QUALIFIER	ID	2	R		"D8"	
	DMG02	DATE TIME PERIOD	AN	8	R		Subscriber's Birth Date in CCYYMMDD. * For a newborn claim, send the baby's DOB in this place.	
	DMG03	GENDER CODE	ID	1	R		"M"- Male or "F"- Female. * For a newborn claim, send the baby's Gender in this place.	
<b>2010BB</b>						<b>1</b>		
	<b>NM1</b>	<b>PAYER NAME</b>			<b>R</b>	<b>1</b>		<b>130</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"PR" - Payer	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"2"-Non 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>2300</b>	<b>CLM</b>	<b>CLAIM INFORMATION</b>			<b>R</b>	<b>1</b>		<b>170</b>
	CLM01	CLAIM SUBMITTER'S IDENTIFIER	AN	1/38	R		Patient account number	
	CLM02	MONETARY AMOUNT	R	1/18	R		Total Claim charge amount (The amount must be equal to sum of all the service line charge amounts)	
	CLM05	HEALTHCARE SERVICE LOCATION			R		Place of service code(Composite)	
	CLM05-1	FACILITY CODE VALUE	AN	1/2	R		Facility Code Value(Place of service)	
	CLM05-3	CLAIM FREQUENCY TYPE	ID	1/1	R		"1"- Original	

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	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	R		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	
	CLM10	PATIENT SIGNATURE SOURCE CODE	ID	1/1	S		Patient signature source code	
	CLM11	RELATED CASUSES INFORMATION			S		Accident/Employment related causes(Composite).CLM11-1,CLM11-2 or CLM11-3 are required when the condition being reported is accident or employment related. CLM11 is required if DTP Date of accident(DTP01=439) is used.	
	CLM11-1	RELATED CASUSES CODE	ID	2/3	S		Related causes code	
	CLM11-2	RELATED CASUSES CODE	ID	2/3	S		Related causes code	
	CLM11-3	RELATED CASUSES CODE	ID	2/3	S		Related causes code	
	CLM11-4	STATE OR PROVINCE CODE	ID	2/2	S		Auto accident state or Province code. Required if CLM11-1,CLM11-2 or CLM11-3=AA to identify the state in which the automobile accident occurred.	
	CLM11-5	COUNTRY CODE	ID	2/3	S		Required if the accident occurred outside the US.	
	CLM12	SPECIAL PROGRAM CODE	ID	2/3	S		Special program indicator. Required if the services were rendered under one of the circumstances. "01" EPSDT(Med-Cal CHDP) or "04" Family planning.	
	CLM16	PROVIDER AGREEMENT CODE	ID	1/1	S		"P" Participation agreement	
	CLM20	DELAY REASON CODE	ID	1/2	S		Delay reason code(Billing limit exception code). Required when claim submitted late.	
	<b>DTP</b>	<b>DATE - ONSET OF CURRENT ILLNESS/SYMPTOM</b>			<b>S</b>	<b>1</b>	Onset of current symptoms or illness	<b>188</b>
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"431"	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Date in CCYYMMDD	
<b>2300</b>								
	<b>DTP</b>	<b>DATE - SIMILAR ILLNESS/SYMPTOM ONSET</b>			<b>S</b>	<b>10</b>	Onset of similar symptoms or illness	<b>192</b>
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"438"	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Date in CCYYMMDD	

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### HIPAA 837 Professional 4010X098 and 4010X098A1 Companion Document - Inbound

Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	<b>DTP</b>	<b>DATE - ACCIDENT</b>			<b>S</b>	<b>10</b>	Accident date. Required if CLM11-1,CLM11-2 or CLM11-3=AA , AP or OA.	<b>194</b>
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"439"	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Date in CCYYMMDD	
	<b>DTP</b>	<b>DATE - LAST MENSTRUAL PERIOD</b>			<b>S</b>	<b>1</b>	Last menstrual period. Required when claim involves pregnancy.	<b>196</b>
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"484"	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Date in CCYYMMDD	
	<b>DTP</b>	<b>DATE - LAST X-RAY</b>			<b>S</b>	<b>1</b>	Last X-Ray. Required when claim involves spinal manipulation.	<b>197</b>
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"455"	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Date in CCYYMMDD	
	<b>DTP</b>	<b>DATE-HEARING AND VISION</b>			<b>S</b>	<b>1</b>	Required on claims where prescription has been written for vision frames and lenses.	<b>200</b>
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"471"-Prescription date	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Date in CCYYMMDD	
	<b>DTP</b>	<b>DATE-ADMISSION</b>			<b>S</b>	<b>1</b>	Date of admission. Required on all ambulance claims/encounters. Also required on inpatient medical visits claims/encounters.	<b>208</b>
<b>2300</b>	DTP01	DATE/TIME QUALIFIER	ID	3	R		"435"	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Date in CCYYMMDD	

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### HIPAA 837 Professional 4010X098 and 4010X098A1 Companion Document - Inbound

Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	<b>DTP</b>	<b>DATE-DISCHARGE</b>			<b>S</b>	<b>1</b>	Date of discharge. Required on inpatient claims/ encounters when the patient was discharged and the discharge date is known.	<b>210</b>
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"096"-Discharge date	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Date in CCYYMMDD	
	<b>AMT</b>	<b>PATIENT AMOUNT PAID</b>			<b>S</b>	<b>1</b>	Required when patient has made any payment towards this claim.	<b>220</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>MAMMOGRAPHY CERTIFICATION NUMBER</b>			<b>S</b>	<b>1</b>	Required when mammography services are rendered by a certified mammography provider.	<b>226</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"EW"	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Mammography certification number	
	<b>REF</b>	<b>PRIOR AUTHORIZATION OR REFERRAL NUMBER</b>			<b>S</b>	<b>2</b>	Required when the services on this claim were preauthorized.	<b>227</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>REF</b>	<b>MEDICAL RECORD NUMBER</b>			<b>S</b>	<b>1</b>	Medical record identification number	<b>241</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"EA"	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Medical record number	

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### HIPAA 837 Professional 4010X098 and 4010X098A1 Companion Document - Inbound

Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
2300	K3	FILE INFORMATION			S	10	This K3 segment can be repeated up to 10 time at the most. <b>For Ambulance claims</b> , the Caller information is sent in the first K3 and the Destination information is sent in the second K3 segment while any other additional information is sent in the sub sequent K3 segments. <b>For Non Ambulance claims</b> , any additional information needed by PHC but that can't be sent in any other designated places, then those could be sent in these K3 segments starting with the first K3.	244
	K301	FIXED FORMAT INFORMATION	AN	1/80	R		Fixed format information	
2300	NTE	CLAIM NOTE			S	1	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.	246
	NTE01	NOTE REFERENCE CODE	ID	2	R		Note reference code	
	NTE02	DESCRIPTION	AN	1/80	R		Claim note text	
	CR1	AMBULANCE TRANSPORT INFORMATION			S	1	Required on claims/encounters involving ambulance services.	248
	CR101	UNIT OR BASIS FOR MEASUREMENT	ID	2/2	S		"LB" - Pound	
	CR102	WEIGHT	R	1/10	S		Patient weight	
	CR103	AMBULANCE TRANSPORT CODE	ID	1/1	R		"I"-Initial Trip, "R"-Return Trip, "T"-Transfer Trip and "X"-Round Trip.	
	CR104	AMBULANCE TRANSPORT REASON CODE	ID	1/1	R		Ambulance transport reason code	
	CR105	UNIT OR BASIS FOR MEASUREMENT	ID	2/2	R		"DH" - Miles	
	CR106	QUANTITY	R	1/15	R		Transport distance	
	CR109	DESCRIPTION	AN	1/80	S		Round trip purpose description	
	CR110	DESCRIPTION	AN	1/80	S		Stretcher purpose description	

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## HIPAA 837 Professional 4010X098 and 4010X098A1 Companion Document - Inbound

Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	<b>CRC</b>	<b>AMBULANCE CERTIFICATION</b>			<b>S</b>	<b>3</b>	Required on ambulance claims/encounters when CR1 segment is used.	
	CRC01	CODE CATEGORY	ID	2/2	R		"07" - Ambulance Certification	
	CRC02	YES/NO CONDITION OR RESPONSE CODE	ID	1/1	R		"Y" or "N" - 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>HOMEBOUND INDICATOR</b>			<b>S</b>	<b>1</b>	Required for Medicare claims/encounters when an independent lab renders EKG tracing or obtains a specimen from a homebound or institutionalized patient.	
	CRC01	CODE CATEGORY	ID	2/2	R		"75" - Functional limitations	
<b>2300</b>	CRC02	YES/NO CONDITION OR RESPONSE CODE	ID	1/1	R		"Y"	
	CRC03	CERTIFICATE CONDITION CODE	ID	2/2	R		"IH" Independent at home	
	<b>CRC</b>	<b>EPSDT REFERRAL</b>			<b>S</b>	<b>1</b>	Required on EPSDT claims/encounters.	
	CRC01	CODE CATEGORY	ID	2/2	R		"ZZ" - EPSDT Screening referral information	
	CRC02	YES/NO CONDITION OR RESPONSE CODE	ID	1/1	R		"Y"	
	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	
	<b>HI</b>	<b>HEALTH CARE INFORMATION CODES</b>			<b>S</b>	<b>1</b>	Required on all claims/encounters except claims for which there are no diagnoses. Decimal points are not required. HI03-HI12 are not used by PHC.	<b>265</b>
	HI01-01	CODE LIST QUALIFIER CODE	ID	2/2	R		"BK" ( ICD-9 Codes)	
	HI01-02	INDUSTRY CODE	AN	1/30	R		Principal Diagnosis Code without decimal point	
	HI02-01	CODE LIST QUALIFIER CODE	ID	2/2	R		"BF"( ICD-9 Codes)	
	HI02-02	INDUSTRY CODE	AN	1/30	R		Secondary Diagnosis Code without decimal point	
<b>2310A</b>						<b>2</b>		

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## HIPAA 837 Professional 4010X098 and 4010X098A1 Companion Document - Inbound

Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	<b>NM1</b>	<b>REFERRING PROVIDER NAME</b>			<b>S</b>	<b>1</b>	Required if the claim involved a referral.	<b>282</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"DN" - Referring provider	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"-Person or "2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Referring 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	S		"XX"	
	NM109	IDENTIFICATION CODE	AN	2/80	S		<b>NPI (As of 5/1/08, only NPI is accepted in this field)</b>	
	<b>PRV</b>	<b>REFERRING PROVIDER SPECIALTY</b>			<b>S</b>	<b>1</b>		<b>285</b>
	PRV01	PROVIDER CODE	ID	1/3	R		"RF"-Referring provider	
	PRV02	REFERENCE IDENTIFICATION QUALIFIER	ID	2/3	R		"ZZ"	
	PRV03	REFERENCE IDENTIFICATION	AN	1/30	R		Provider Taxonomy Code (Specialty)	
	<b>REF</b>	<b>REFERRING PROVIDER SECONDARY INFORMATION</b>			<b>S</b>	<b>5</b>		<b>288</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>RENDERING PROVIDER NAME</b>			<b>S</b>	<b>1</b>	Required when the rendering provider is different than that reported in Billing/PayTo provider HL.	<b>290</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"82"- Rendering provider	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"-Person or "2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Rendering provider last or Organization 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>	

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### HIPAA 837 Professional 4010X098 and 4010X098A1 Companion Document - Inbound

Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	<b>PRV</b>	<b>RENDERING PROVIDER SPECIALTY</b>			<b>S</b>	<b>1</b>		<b>293</b>
	PRV01	PROVIDER CODE	ID	1/3	R		"PE"-Performing provider	
	PRV02	REFERENCE IDENTIFICATION QUALIFIER	ID	2/3	R		"ZZ"	
	PRV03	REFERENCE IDENTIFICATION	AN	1/30	R		Provider Taxonomy Code (Specialty)	
	<b>REF</b>	<b>RENDERING PROVIDER SECONDARY INFORMATION</b>			<b>S</b>	<b>5</b>		<b>296</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		Reference Identification Qualifier	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Reference Identification	
						<b>1</b>		
<b>2310D</b>	<b>NM1</b>	<b>SERVICE FACILITY LOCATION</b>			<b>S</b>	<b>1</b>		<b>303</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"FA"- Facility or " LI"-Independent Lab or "77"-Service Location	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Lab or Facility name <b>(For Ambulance claims, the service location name is sent in this place)</b>	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	S		"XX"	
	NM109	IDENTIFICATION CODE	AN	2/80	S		<b>NPI (As of 5/1/08, only NPI is accepted in this field)</b>	
	<b>N3</b>	<b>ADDRESS INFORMATION</b>			<b>R</b>	<b>1</b>		<b>307</b>
	N301	ADDRESS INFORMATION	AN	1/55	R		Address line1 <b>(For Ambulance claims, the From Address is sent in this place)</b>	
	N302	ADDRESS INFORMATION	AN	1/55	S		Address line2	
	<b>N4</b>	<b>GEOGRAPHIC INFORMATION</b>			<b>R</b>	<b>1</b>		<b>308</b>
	N401	CITY NAME	AN	2/30	R		City <b>(For Ambulance claims, the From City name is sent in this place)</b>	
	N402	STATE CODE	AN	2/2	R		State <b>(For Ambulance claims, the From State name is sent in this place)</b>	
	N403	POSTAL CODE	AN	3/15	R		Zip <b>(For Ambulance claims, the From Zip code is sent in this place)</b>	

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## HIPAA 837 Professional 4010X098 and 4010X098A1 Companion Document - Inbound

Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	<b>REF</b>	<b>SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION</b>			<b>S</b>	<b>5</b>		<b>310</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		Reference Identification Qualifier	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Reference Identification	
<b>2400</b>						<b>35</b>		
	<b>LX</b>	<b>SERVICE LINE</b>			<b>R</b>	<b>1</b>		<b>398</b>
	LX01	ASSIGNED NUMBER	N	1/6	R		Line Number (Start with one, Subsequently increment it by one)	
	<b>SV1</b>	<b>PROFESSIONAL SERVICE</b>			<b>R</b>	<b>1</b>		<b>400</b>
	SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R			
	SV101-1	PRODUCT/SERVICE ID QUALIFIER	ID	2	R		"HC" (HCPCS Codes include AMA's CPT codes)	
	SV101-2	PRODUCT/SERVICE ID	AN	1/48	R		Procedure Code	
	SV101-3	PROCEDURE MODIFIER	AN	2/2	S		Procedure Modifier1	
	SV101-4	PROCEDURE MODIFIER	AN	2/2	S		Procedure Modifier2	
	SV101-5	PROCEDURE MODIFIER	AN	2/2	S		Procedure Modifier3	
<b>2400</b>	SV101-6	PROCEDURE MODIFIER	AN	2/2	S		Procedure Modifier4	
	SV102	MONETARY AMOUNT	R	1/18	R		Line item charge amount('0' Zero may be a valid amount for encounters)	
	SV103	UNIT OR BASIS FOR MEASUREMENT CODE	ID	2	R		"UN"	
	SV104	QUANTITY	R	1/15	R		Units	
	SV105	FACILITY CODE VALUE	AN	1/3	S		Place of Service. Required if value is different than carried in CLM05-1, loop 2300. Not required if SV105=CLM05-1.	
	SV107	COMPOSITE DIAGNOSIS CODE POINTER			S		Required if HI in loop 2300 is used.	
	SV107-1	DIAGNOSIS CODE POINTER	N	1/2	R		Pointer for first diagnosis. PHC uses values 1 and 2.	
	SV107-2	DIAGNOSIS CODE POINTER	N	1/2	S		Required if the service relates to a specific diagnosis code.PHC uses values 1 and 2.	
	SV109	YES/NO CONDITION OR RESPONSE CODE	ID	1	S		"Y"-Yes, Emergency Indicator (Required when service is known to be an emergency).	

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	SV111	YES/NO CONDITION OR RESPONSE CODE	ID	1	S		"Y"-Yes EPSDT Involvement(Early and Periodic Screen for Diagnosis and Treatment of Children)	
	SV112	YES/NO CONDITION OR RESPONSE CODE	ID	1	S		"Y"-Yes Family Planning Involvement (Involvement of family planning services)	
	<b>SV5</b>	<b>DURABLE MEDICAL EQUIPMENT SERVICE</b>			<b>S</b>	<b>1</b>	Required when reporting medical equipment services.	<b>58 A1</b>
	SV501-1	PRODUCT/SERVICE ID QUALIFIER	ID	2	R		"HC" - HCPCS Codes	
	SV501-2	PRODUCT/SERVICE ID	AN	1/48	R		Procedure Code (The value must be same as that reported in SV101-2 )	
	SV502	UNIT OR BASIS FOR MEASUREMENT CODE	AN	2/2	R		"DA" - Days	
	SV503	QUANTITY	R	1/15	R		Length of medical necessity	
	SV504	MONETARY AMOUNT	R	1/18	S		Rental price (Required if SV505 does not apply)	
	SV505	MONETARY AMOUNT	R	1/18	S		Purchase price (Required if SV504 does not apply)	
	SV506	FREQUENCY CODE	R	1/1	S		"1", "4" or "6" (Required if SV504 applies)	
	<b>CR1</b>	<b>AMBULANCE TRANSPORT INFORMATION</b>			<b>S</b>	<b>1</b>	Required on claims involving ambulance services and data is different than in the CR1 in Loop 2300.	<b>248</b>
	CR101	UNIT OR BASIS FOR MEASUREMENT	ID	2/2	S		"LB" - Pound	
	CR102	WEIGHT	R	1/10	S		Patient weight	
	CR103	AMBULANCE TRANSPORT CODE	ID	1/1	R		"I"-Initial Trip,"R"-Return Trip,"T"-Transfer Trip and "X"-Round Trip.	
	CR104	AMBULANCE TRANSPORT REASON CODE	ID	1/1	R		Ambulance transport reason code	
	CR105	UNIT OR BASIS FOR MEASUREMENT	ID	2/2	R		"DH" - Miles	
	CR106	QUANTITY	R	1/15	R		Transport distance	
	CR109	DESCRIPTION	AN	1/80	S		Round trip purpose description	
	CR110	DESCRIPTION	AN	1/80	S		Stretcher purpose description	
	<b>CR5</b>	<b>HOME OXYGEN THERAPY INFORMATION</b>			<b>S</b>	<b>1</b>	Required on home oxygen therapy claims.	<b>423</b>
	CR501	CERTIFICATE TYPE CODE	ID	1/1	R		"I"-Initial,"R"-Renewal or "S"-Revised	
	CR502	QUANTITY	R	1/15	R		Treatment period count	
	CR5010	QUANTITY	R	1/15	S		Arterial Blood Gas Quantity	
	CR5011	QUANTITY	R	1/15	S		Oxygen Saturation Quantity	

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	CR5012	OXYGEN TEST CONDITION CODE	ID	1/1	R		"E"-Exercising,"R"-At rest on room air or "S"-Sleeping	
	CR5013	OXYGEN TEST FINDINGS CODE	ID	1/1	S		"1" - Dependent edema suggesting congestive heart failure.	
	CR5014	OXYGEN TEST FINDINGS CODE	ID	1/1	S		"2" - Pulmonale or Electro cardio gram (EKG)	
	CR5015	OXYGEN TEST FINDINGS CODE	ID	1/1	S		"3" - Erythrocythemia	
	<b>CRC</b>	<b>AMBULANCE CERTIFICATION</b>			<b>S</b>	<b>3</b>	Required on all service lines which report ambulance services if the information is different when CRC01=07 in loop 2300.	
	CRC01	CODE CATEGORY	ID	2/2	R		"07" - Ambulance Certification	
	CRC02	YES/NO CONDITION OR RESPONSE CODE	ID	1/1	R		"Y" or "N" - 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>2400</b>	<b>CRC</b>	<b>HOSPICE EMPLOYEE INDICATOR</b>			<b>S</b>	<b>1</b>		
	CRC01	CODE CATEGORY	ID	2/2	R		"70" - Hospice	
	CRC02	YES/NO CONDITION OR RESPONSE CODE	ID	1/1	R		"Y" or "N" - Hospice employee indicator	
	CRC03	CONDITION INDICATOR	ID	2/2	R		Condition Code	
	<b>CRC</b>	<b>DMERC CONDITION INDICATOR</b>			<b>S</b>	<b>2</b>	Required on all oxygen therapy and DME claims that require a certificate of medical necessity.	
	CRC01	CODE CATEGORY	ID	2/2	R		"09" or "11"	
	CRC02	YES/NO CONDITION OR RESPONSE CODE	ID	1/1	R		"Y" or "N" - 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	

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	<b>DTP</b>	<b>DATE - SERVICE DATE</b>			<b>R</b>	<b>1</b>	Date of Service	<b>435</b>
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"472"	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"RD8" - Begin and End dates expressed in format CCYYMMDD-CCYYMMDD	
	DTP03	DATE	AN	1/35(8)	R		From/Through date of service	
	<b>DTP</b>	<b>DATE - ONSET OF CURRENT ILLNESS/SYMPTOM</b>			<b>S</b>	<b>1</b>	Date of onset of current symptom or illness. Required if line value is different than value given at claim level.	<b>452</b>
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"431"	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Date expressed in format CCYYMMDD.	
	<b>DTP</b>	<b>DATE - LAST X-RAY</b>			<b>S</b>	<b>1</b>	Required for spinal manipulation certifications. Required if line value is different than value given at claim level.	<b>454</b>
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"455"	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Date expressed in format CCYYMMDD.	
<b>2400</b>	<b>DTP</b>	<b>DATE - SIMILAR ILLNESS/SYMPTOM ONSET</b>			<b>S</b>	<b>1</b>	Date of onset of similar symptoms or illness. Required if line value is different than value given at claim level.	<b>460</b>
	DTP01	DATE/TIME QUALIFIER	ID	3	R		"438"	
	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	ID	2	R		"D8"	
	DTP03	DATE	AN	1/35(8)	R		Date expressed in format CCYYMMDD.	
	<b>MEA</b>	<b>TEST RESULT</b>			<b>S</b>	<b>20</b>	Required on service lines for dialysis for ESRD.	<b>464</b>
	MEA01	MEASUREMENT REFERENCE ID CODE	ID	2			"OG"- Original(Starting dosage) or "TR"-Test result	
	MEA02	MEASUREMENT QUALIFIER	ID	1/3			Measurement qualifier	
	MEA03	MEASUREMENT VALUE	R	1/20			Test results	
	<b>REF</b>	<b>PRIOR AUTHORIZATION OR REFERRAL NUMBER</b>			<b>S</b>	<b>2</b>	Required if line value is different than value given at claim level.	<b>470</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"G1"	

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### HIPAA 837 Professional 4010X098 and 4010X098A1 Companion Document - Inbound

Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Prior authorization number	
	<b>REF</b>	<b>LINE ITEM CONTROL NUMBER</b>			<b>S</b>	<b>1</b>		<b>472</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"6R"	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Provider line item control number	
	<b>REF</b>	<b>MAMMOGRAPHY CERTIFICATION NUMBER</b>			<b>S</b>	<b>1</b>	Required when mammography services are rendered by a certified mammography provider.	<b>474</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		"EW"	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Mammography certification number	
	<b>NTE</b>	<b>LINE NOTE</b>			<b>S</b>	<b>1</b>	PHC requires Start and Stop time on <b>anesthesia</b> claims	<b>488</b>
	NTE01	NOTE REFERENCE CODE	ID	2	R		Note reference code	
	NTE02	DESCRIPTION	AN	1/80	R		Note text(Start and Stop time )	
<b>2410</b>						<b>1</b>	<b>PHC will use only one iteration of this loop 2410 per line or loop 2400.</b>	
<b>2410</b>	<b>LIN</b>	<b>DRUG IDENTIFICATION</b>			<b>S</b>	<b>1</b>	NDC or UPN when they are required for reporting effective 4/1/2009 for claims with DOS on and after 4/1/2009.	<b>68 A1</b>
	LIN02	PRODUCT/SERVICE ID QUALIFIER	ID	2/2	R		"EN", "EO", "HI", "N4", "ON", "UK" or "UP" (Product Qualifier Code)	
	LIN03	PRODUCT/SERVICE ID	AN	1/48	R		NDC/UPN (Product ID)	
	<b>CTP</b>	<b>DRUG PRICING</b>			<b>S</b>	<b>1</b>		<b>71 A1</b>
	CTP03	UNIT PRICE	R	1/17	R		Unit price per unit of product	
	CTP04	QUANTITY	R	1/15	R		Unit count	
	CTP05-1	UNIT OR BASE FOR MEASUREMENT CODE	ID	2/2	R		"GR", "F2", "ML" or "UN"	
<b>2420A</b>						<b>1</b>		
	<b>NM1</b>	<b>RENDERING PROVIDER NAME</b>			<b>S</b>	<b>1</b>	Required if NM1 is different than NM1 in 2310B(Claim) or NM1 in 2010AA/AB loop.	<b>501</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"82"- Rendering provider	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"1"-Person or "2"-Non person entity	

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### HIPAA 837 Professional 4010X098 and 4010X098A1 Companion Document - Inbound

Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Rendering provider last or organization 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>PRV</b>	<b>RENDERING PROVIDER SPECIALTY</b>			<b>S</b>	<b>1</b>		<b>504</b>
	PRV01	PROVIDER CODE	ID	1/3	R		"PE"-Performing provider	
	PRV02	REFERENCE IDENTIFICATION QUALIFIER	ID	2/3	R		"ZZ"	
	PRV03	REFERENCE IDENTIFICATION	AN	1/30	R		Provider Taxonomy Code (Specialty)	
	<b>REF</b>	<b>RENDERING PROVIDER SECONDARY INFORMATION</b>			<b>S</b>	<b>5</b>		<b>507</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		Reference Identification Qualifier	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Reference Identification	
<b>2420C</b>						<b>1</b>		
	<b>NM1</b>	<b>SERVICE FACILITY LOCATION</b>			<b>S</b>	<b>1</b>	NM1 in loop 2420C overrides NM1 in loop 2310D if the value in both NM101 is same.	<b>514</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"FA"- Facility or "LI"-Independent lab	
	NM102	ENTITY TYPE QUALIFIER	ID	1	R		"2"-Non person entity	
	NM103	NAME LAST OR ORGANIZATION NAME	AN	1/35	R		Lab or Facility name	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	S		"XX"	
	NM109	IDENTIFICATION CODE	AN	2/80	S		<b>NPI (As of 5/1/08, only NPI is accepted in this field)</b>	
	<b>N3</b>	<b>ADDRESS INFORMATION</b>			<b>R</b>	<b>1</b>		<b>518</b>
	N301	ADDRESS INFORMATION	AN	1/55	R		Address line1	
	N302	ADDRESS INFORMATION	AN	1/55	S		Address line2	
	<b>N4</b>	<b>GEOGRAPHIC INFORMATION</b>			<b>R</b>	<b>1</b>		<b>519</b>
	N401	CITY NAME	AN	2/30	R		Facility City	

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### HIPAA 837 Professional 4010X098 and 4010X098A1 Companion Document - Inbound

Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	N402	STATE CODE	AN	2/2	R		Facility State	
	N403	POSTAL CODE	AN	3/15	R		Facility Zip	
	<b>REF</b>	<b>SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION</b>			<b>S</b>	<b>5</b>		<b>520</b>
	REF01	REFERENCE IDENTIFICATION QUALIFIER	ID	2	R		Reference Identification Qualifier	
	REF02	REFERENCE IDENTIFICATION	AN	1/30	R		Reference Identification	
<b>2420F</b>					<b>S</b>	<b>2</b>		
	<b>NM1</b>	<b>REFERRING PROVIDER NAME</b>			<b>S</b>	<b>1</b>	NM1 in loop 2420F overrides NM1 in loop 2310A if the value in both NM101 is same.	<b>541</b>
	NM101	ENTITY IDENTIFIER CODE	ID	2/3	R		"DN" - Referring 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		Referring 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.	
<b>2420F</b>	NM107	NAME SUFFIX	AN	1/10	S		Required if known	
	NM108	IDENTIFICATION CODE QUALIFIER	ID	2	S		"XX"	
	NM109	IDENTIFICATION CODE	AN	2/80	S		<b>NPI (As of 5/1/08, only NPI is accepted in this field)</b>	
	<b>PRV</b>	<b>REFERRING PROVIDER SPECIALTY</b>			<b>S</b>	<b>1</b>		<b>544</b>
	PRV01	PROVIDER CODE	ID	1/3	R		"RF"-Referring provider	
	PRV02	REFERENCE IDENTIFICATION QUALIFIER	ID	2/3	R		"ZZ"	
	PRV03	REFERENCE IDENTIFICATION	AN	1/30	R		Provider Taxonomy Code (Specialty)	
	<b>REF</b>	<b>REFERRING PROVIDER SECONDARY IDENTIFICATION</b>			<b>S</b>	<b>5</b>		<b>547</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>	<b>1</b>		
	SE01	NUMBER OF INCLUDED SEGMENTS	N0	1/10	R		Segment count	

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Loop	Segment ID	Description	Format	Min/Max	Req.	Repeat	Values	Page
	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>	<b>1</b>		
	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>	<b>1</b>		
	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.	

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