



## **Standard Companion Guide Transaction Information**

### **Instructions Related to Transactions Based on ASC X12 Implementation Guide, Version 005010 Professional 005010X222A1**

**PHC Companion Guide Version Number: 1.1**

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2014 © Companion Guide (CG) developed by Partnership HealthPlan of California based on the CORE v5010 Master Companion Guide template, issued in March 2011.

[http://www.caqh.org/CORE\\_phase3.php](http://www.caqh.org/CORE_phase3.php)

<http://www.caqh.org/pdf/CLEAN5010/MasterCompGuidTemp-v5010.pdf>

## **Preface**

This Companion Guide (CG) has been developed by Partnership HealthPlan of California (PHC) and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) Health Care Claim: Professional version 005010X222A1.

This document is for clarification purposes only and is intended to assist in the submission of 837P transactions to PHC. It is not intended to include all claim filing guidelines or in any way to exceed the requirements or usage of data expressed in the TR3.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

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# Transaction Instruction (TI)

## 1 TI Introduction

### Background

#### Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

#### Compliance According to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s)
- Change the meaning or intent of the standard’s implementation specification(s)

### **Compliance According to ASC X12**

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory or clarifying content contained in the implementation guide
- Modifying any requirement contained in the implementation guide

### **Intended Use**

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

## 2 **Included ASC X12 Implementation Guide**

This table lists the X12N Implementation Guides for which specific transaction instructions apply and which are included in Section 3 of this document.

<b>Unique ID</b>	<b>Health Care Claim</b>
005010X222A1	Professional (837)

### 3 Enrollment and Testing

#### Enrollment

The **837 Claims Enrollment & Payer Agreement Document** should be completed and signed by the Trading Partner and the Billing Provider. The Trading Partner is the party that submits electronic claims directly to Partnership HealthPlan of California (PHC). The Trading Partner and the Billing Provider representatives that sign the **837 Claims Enrollment & Payer Agreement Document** indicate that the Trading Partner is authorized to submit claim transactions in HIPAA compliant ANSI X12 formats on behalf of the Billing Provider.

Billing Provider should continue to submit paper claims until they receive notification that the Trading Partner has been approved to submit electronic claims to PHC on behalf of the Billing Provider listed in the **837 Claims Enrollment & Payer Agreement Document**.

*Partnership HealthPlan of CA accepts electronic files in the HIPAA compliant 5010 version of ANSI X12837 file formats.*

The completed **837 Claims Enrollment & Payer Agreement Document** should be faxed or emailed to:

**E-Mail: EDI-Enrollment-Testing@partnershiphp.org**

**Fax: 707-863-4390**

After the completed **837 Claims Enrollment & Payer Agreement Document** are received, our EDI Team will process it and email the Trading Partner regarding enrollment completion or testing requirements. New Trading Partners will be assigned a submitter ID and will be provided with connection details for EDI file transmissions.

To enroll providers for 835 electronic remittance advice files, please complete the form titled “**835 ERA Enrollment & Payer Agreement Document**.”

**Trading Partners should not submit electronic claims on behalf of the billing provider until they receive confirmation from PHC that enrollment is complete and that the Billing Provider’s NPI number has been set up for electronic claims submission.**

The **837 Claims Enrollment & Payer Agreement Document** can be found on PHC’s website:

[http://www.partnershiphp.org/Provider/EDI\\_Pubs.htm](http://www.partnershiphp.org/Provider/EDI_Pubs.htm)

## **Testing**

To enroll for electronic claims submissions to Partnership HealthPlan of California (PHC), a HIPAA compliant ANSI X12 837 test file needs to be submitted for each billing provider (NPI#) and have it validated and approved by PHC. Please prepare a test file according to the below requirements. If you are using a clearing house, third party vendor or billing entity, please work with them in submitting a test file on behalf of the billing provider. **Please see below test file requirements.**

(Please contact our EDI Enrollment and Testing team if one has not been assigned or if you could not find the one assigned by PHC).

- Submitter ID assigned by PHC must be sent in ISA06 and GS02 of 837 files.
- Only one billing NPI per test file.
- A minimum of 10 test claims is recommended for each test file.
- The test claims should include variety of services that the provider normally bills.
- The testing process begins once the test file has been received.

The first stage is the EDI compliance check. At this stage, we check to confirm your file(s) are 837 HIPAA compliant. If your test file fails for compliance, we will notify you with the error detail and you will be asked to correct the errors and resend the test file.

The second stage is our claims check. Our Claims Department will review the test claims to ensure that the claims requirements are met and processed correctly.

After testing is complete, you will be notified via email about when you may begin submitting production files.

### **Also please note the following when submitting test files:**

1. Include the word “**TEST**” in the file name.

Example: TEST\_NPI#\_SubmissionDate

2. Use the test indicator of “**T**” in the ISA Interchange Control Header

3. Send an email notification with the name of the test file to the following email address:

**[EDI-Enrollment-Testing@partnershiphp.org](mailto:EDI-Enrollment-Testing@partnershiphp.org)**

## 4 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

### 005010X212 Health Care Claim Status Response (277CA)

Loop ID	Reference	Name	Codes	Notes/Comments
2100A	NM1	Payer Name		
2100A	NM103	Payer Name		PHC will populate this segment with:  <b>PARTNERSHIP HEALTHPLAN OF CA</b>
	NM109	Payer Primary Identifier		PHC will populate this segment with:  <b>Submitter Identifier (ETIN)</b>

### Response reports generated back to the Trading Partner

The following response reports generate back to the trading partner for production files that were run.

**999\_filename.txt** – Confirmation receipt that file was received and processing has begun. This report is a HIPAA Compliant report.

**GOO\_filename.txt** – Confirmation of the good data in the file that passed compliance edits.

**277CA\_filename.txt** – Indicates which claims were rejected or accepted into claims adjudication. This report is a HIPAA Compliant report.

**STS\_filename.txt** – Written explanation of which claims in the file were rejected or accepted into claims adjudication. (Same information provided in the 277CA report, different format)

**BAD\_filename.txt** – Identifies the bad data in the file that did not pass compliance. Notification that the file transaction set **did not** pass compliance. All claims within the errored or bad transaction set must be resubmitted.

**ERR\_filename.txt** – Written description of compliance error(s). Notification that the file transaction set **did not** pass compliance. The compliance errors are identified in the ERR report must be corrected. All claims within the error or bad transaction set must be resubmitted.

## 5 **Transmissions (SFTP)**

### **Secure File Transfer Options**

In compliance with HIPAA security regulations, Partnership HealthPlan of California (PHC) offers two secure file transfer options to send and receive files: **SFTP File Transfer & Web Access**. PHC sets up a mailbox on our secure FTP server and assigns a username and password. PHC grants users access to both file transfer methods and users may switch back and forth between methods as desired. Both file transfer options access the same mailbox on our secure server. The same username and password will work for both the SFTP File Transfer Method and for the Web Access Method.

### **SFTP File Transfer Method**

Secure FTP is one of the standard ways to automate file transfers to and from PHC. Users may access their mailbox folders using any standard secure FTP client. The same username and password that is assigned by PHC will work for both the Web Access Method and the SFTP File Transfer Method. Both file transfer options allow the user to access the same mailbox on our secure server.

## 6 TI Additional Information

### **Business Scenarios**

There is currently no additional information to report in this section.

### **Payer-Specific Business Rules and Limitations**

There is currently no additional information to report in this section.

### **Frequently Asked Questions**

There is currently no additional information to report in this section.

### **Other Resources**

<https://www.Medi-Cal.ca.gov/signup.asp>

<http://files.Medi->

[Cal.ca.gov/pubsdoco/CTM\\_manual.asp](http://files.Medi-Cal.ca.gov/pubsdoco/CTM_manual.asp)

<http://files.Medi->

[Cal.ca.gov/pubsdoco/Manuals\\_menu.asp](http://files.Medi-Cal.ca.gov/pubsdoco/Manuals_menu.asp)

<http://www.wpc-edi.com/>

## 7 TI Change Summary

Version Number	Date	Reason for Revision	Notes/Comments
1.0	12/03/2013	Initial Version	ICD-10 updates included
1.1	4/9/2014	ICD-10 compliance date change	

**8 Appendix A – Communication/Connectivity Instructions (CCI)**

**Envelope segments for inbound transaction 005010X222A1 (837P)**

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
Header	ISA	Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	
	ISA02	Authorization Information		10 Spaces
	ISA03	Security Information Qualifier	00	
	ISA 04	Security Information		10 Spaces
	ISA 05	Interchange ID Qualifier	ZZ	
	ISA06	Interchange Sender ID		PHC expects to receive: <b>Submitter ID #</b>
	ISA 07	Interchange ID Qualifier	ZZ	
	ISA 08	Receiver ID		PHC expects to receive: <b>PHC100680301406</b>
	ISA 09	Interchange Date		PHC expects to receive: <b>“YYMMDD”</b>
	ISA 10	Interchange Time		PHC expects to receive: <b>“HHMM”</b>
	ISA 11	Repetition Separator		“^” OR a Valid delimiter used to separate repeated occurrences of a simple data element or a composite data structure. This value must be different than the data element separator, component element separator, and the segment terminator

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Loop ID	Reference	Name	Codes	Notes/Comments
	ISA 12	Interchange Control Version Number	00501	Standards Approved for Publication by ASC X12
	ISA 13	Interchange Control Number		Sender assigned interchange control number which must be equivalent to the control number in the IEA segment
	ISA 14	Acknowledgement		"0" - No acknowledgement requested or "1"-Acknowledgement is requested
	ISA 15	Usage Element Separator		"P"-Production data or "T"-Test data
	ISA 16	Component Element Separator		":" OR a valid delimiter used to separate component data elements within a composite data structure. This value must be different than the data element separator and the segment terminator

Loop ID	Reference	Name	Codes	Notes/Comments
Header	GS	Functional Group Header		
	GS01	Functional Identifier Code	HC	
	GS02	Interchange Sender ID		PHC expects to receive: <b>Submitter ID #</b>
	GS03	Receiver ID		PHC expects to receive: <b>PHC100680301406</b>
	GS04	Creation Date		PHC expects to receive: <b>"CCYYMMDD"</b>
	GS05	Creation Time		PHC expects to receive: <b>"HHMM"</b>
	GS06	Group Control Number		Must be equivalent to GE02
	GS07	Responsible Agency Code	X	
	GS08	Version/Release Industry ID Code		PHC expects to receive: <b>"005010X222A1"</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
Header	ST	Transaction Set Header		
	ST01	Transaction Set Identifier Code	837	
	ST02	Transaction Set Control Number		Sequential number assigned by the originator (must be equal to the value in SE02)
	ST03	Implementation Convention Reference		PHC expects to receive: <b>“005010X222A1”</b>

	BHT	Beginning of Hierarchical Transaction		
	BHT01	Hierarchical Structure Code	0019	
	BHT02	Purpose Code	00	
	BHT03	Reference Identification		Originator Application Transaction Identifier
	BHT04	Date		PHC expects to receive: <b>“CCYYMMDD”</b>
	BHT05	Time		PHC expects to receive: <b>“HHMM”</b>
	BHT06			PHC expects to receive: <b>"CH"-Chargeable or "RP"-Reporting (Encounters)</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
1000A				
	NM1	Submitter Name		
	NM101	Entity Identifier Code	41	
	NM102	Entity Type Qualifier		PHC expects to receive: <b>"1"-Person or "2"-Non person entity</b>
	NM103	Name Last or Organization Name		
	NM104	Name First		Required if NM102=1 (Person)
	NM105	Name Middle		Required if NM102=1 (Person) and the middle name/initial of the person is known
	NM108	Identification Code Qualifier	46	
	NM109	Identification Code		PHC expects to receive: <b>Submitter Identifier (ETIN)</b>

Loop ID	Reference	Name	Codes	Notes/Comments
1000A				
	PER	Submitter EDI Contact Information		PHC expects to receive contact information about the person who handles data transmission issues
	PER01	Contact Function Code	IC	PHC expects to receive: <b>Information Contact</b>
	PER02	Name		PHC expects to receive: <b>Contact Name</b>
	PER03	Communication Number Qualifier	“EM” or “FX” or “TE”	
	PER04	Communication Number		
	PER05	Communication Number Qualifier	“EM” or “FX” or “TE”	
	PER06	Communication Number		

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Loop ID	Reference	Name	Codes	Notes/Comments
1000B				
	NM1	Receiver Name		
	NM101	Entity Identifier Code	40	Receiver
	NM102	Entity Type Qualifier	2	Non person entity
	NM103	Name Last or Organization Name		PHC expects to receive: <b>PARTNERSHIP HEALTHPLAN OF CA</b>
	NM108	Identification Code Qualifier	46	
	NM109	Identification Code		PHC expects to receive: <b>PHC100680301406</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2000A				Payee is identified in 2010AA.Repeat loop 2000A if you need to identify more than one payee
	HL	Billing Provider Hierarchical Level		
	HL01	Hierarchical ID Number		Start with "1" and increment by "1" subsequently
	HL02	Hierarchical Level Code		Parent ID, No value
	HL03	Hierarchical Level Code	20	
	HL04	Hierarchical Child Code	1	This HL can contain one or more child HL

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Loop ID	Reference	Name	Codes	Notes/Comments
2000A				
	PRV	Billing Provider Specialty Information		PHC requires if the adjudication of the claim(s) is known to be impacted by the provider taxonomy code
	PRV01	Provider Code	BI	Billing
	PRV02	Reference Identification Qualifier	PXC	
	PRV03	Reference Identification		PHC expects to receive: <b>Taxonomy Code</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2010AA				
	NM1	Billing Provider's Name		
	NM101	Entity Identifier Code	85	Billing Provider
	NM102	Entity Type Qualifier		PHC expects to receive: <b>"1"-Person or "2"-Non person entity</b>
	NM103	Name Last or Organization Name		
	NM104	Name First		PHC requires if NM102=1 (Person)
	NM105	Name Middle		PHC requires if NM102=1 (Person) and the middle name/initial of the person is known
	NM107	Name Suffix		PHC requires if known
	NM108	Identification Code Qualifier	XX	
	NM109	Identification Code		PHC requires: <b>NPI</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2010AA				
	N3	Billing Provider Address Information		
	N301	Address Information		Address Line 1
	N302	Address Information		Address Line 2

Loop ID	Reference	Name	Codes	Notes/Comments
2010AA				
	N4	Billing Provider City/State/Zip		
	N401	City Name		
	N402	State Code		
	N403	Postal Code		PHC expects to receive: <b>Zip Code</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2010AA				
	REF	Billing Provider Tax Identification		
	REF01	Reference Identification Qualifier	“EI” or “SY”	
	REF02	Reference Identification		PHC expects to receive: <b>Employer's Identification Number or Social Security Number</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2010AA				
	REF	Billing Provider UPIN/License Information		
	REF01	Reference Identification Qualifier	“0B” or “1G”	
	REF02	Reference Identification		PHC expects to receive: <b>State License Number or Provider UPIN Number</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2010AA				
	PER	Billing Provider Contact Information		
	PER01	Contact Function Code	IC	PHC expects to receive: <b>Information Contact</b>
	PER02	Name		
	PER03	Communication Number Qualifier	“EM”, “FX” or “TE”	
	PER04	Communication Number		

Loop ID	Reference	Name	Codes	Notes/Comments
2010AB				
	NM1	Pay To Address Name		
	NM101	Entity Identifier Code	“87”	
	NM102	Entity Type Qualifier		

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Loop ID	Reference	Name	Codes	Notes/Comments
2010AB				
	N3	Pay To Address		
	N301	Address Information		Address Line 1
	N302	Address Information		Address Line 2

Loop ID	Reference	Name	Codes	Notes/Comments
2010AB				
	N4	Pay To Address City/State/Zip		
	N401	City Name		
	N402	State Code		
	N403	Postal Code		

Loop ID	Reference	Name	Codes	Notes/Comments
2000B				
	HL	Subscriber Hierarchical Level		
	HL01	Hierarchical ID Number		
	HL02	Hierarchical Parent ID		
	HL03	Hierarchical Level Code	“22”	PHC expects to receive: <b>Subscriber</b>
	HL04	Hierarchical Child Code	“0”	No child HL exists in this level because all PHC members are subscribers

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Loop ID	Reference	Name	Codes	Notes/Comments
2000B		Subscriber Information		
	SBR01	Payer Responsibility Sequence Number Code	“P” or “S” or “T”	Primary / Secondary / Tertiary
	SBR02	Individual Relationship Code	“18”	The value 18 is required for all claims including the newborn claim billed using the mom's ID
	SBR03	Reference Identification		
	SBR04	Name		
	SBR05	Insurance Type Code		
	SBR09	Claim Filing Indicator Code		PHC requires prior to mandated use of Plan ID. Not used after Plan ID is mandated

Loop ID	Reference	Name	Codes	Notes/Comments
2000B		Subscriber Information		
		Patient Information		PHC requires 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	“D8”	PHC expects to receive: <b>CCYYMMDD</b>
	PAT06	Date Time Period		PHC expects to receive: <b>Date of death</b>
	PAT07	Unit or Basis For Measurement Code	“01”	Pounds – PHC requires when PAT08 is used
	PAT08	Weight		
	PAT09	Yes/No Condition or Response Code	“Y”	Code indicates the patient is pregnant. If PAT08 is not used, it means the patient is not pregnant

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Loop ID	Reference	Name	Codes	Notes/Comments
2010BA				
	NM1	Subscriber Name		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
	NM101	Entity Identifier Code	“IL”	PHC expects to receive: <b>Insured or Subscriber</b>
	NM102	Entity Type Qualifier		PHC expects to receive: <b>“1” – Person</b>
	NM103	Name Last or Organization Name		PHC expects to receive: <b>Subscriber last name(recipient last name). * For a newborn claim, send the baby's last name in this place</b>
	NM104	Name First		PHC expects to receive: <b>Subscriber first name (recipient first name). * For a newborn claim, send the baby's first name in this place</b>
	NM105	Name Middle		PHC expects to receive: <b>Subscriber middle name (recipient middle name). * For a newborn claim, send the baby's middle name in this place</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2010BA				
	NM107	Name Suffix		PHC requires if known
	NM108	Identification Code Qualifier	“MI”	
	NM109	Identification Code		PHC expects to receive: <b>Member Identification number (Medi-Cal recipient ID). * For a newborn claim, send mom's ID in this place</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2010BA				
	N3	Subscriber Address Information		PHC requires when SBR02=18
	N301	Address Information		Address Line 1
	N302	Address Information		Address Line 2

Loop ID	Reference	Name	Codes	Notes/Comments
2010BA				
	N4	Subscriber City/State/Zip		PHC requires when SBR02=18
	N401	City Name		
	N402	State Code		
	N403	Postal Code		

Loop ID	Reference	Name	Codes	Notes/Comments
2010BA				
	DMG	Subscriber Demographic Information		PHC requires for all claims - for a newborn claim, send the baby's DOB & Gender in this segment
	DMG01	Date Time Format Qualifier	“D8”	
	DMG02	Date Time Period		PHC expects to receive: <b>Subscriber's Birth Date in CCYYMMDD. * For a newborn claim, send the baby's DOB in this place</b>
	DMG03	Gender Code	“M” or “F”	PHC expects to receive: <b>Male or Female - for a newborn claim, send the baby's Gender in this place</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2010BB				
	NM1	Payer Name		
	NM101	Entity Identifier Code	“PR”	PHC expects to receive: <b>Payer</b>
	NM102	Entity Type Qualifier		PHC expects to receive: <b>"2"-Non Person Entity</b>
	NM103	Name Last or Organization Name		PHC expects to receive: <b>PARTNERSHIP HEALTHPLAN OF CA</b>
	NM108	Identification Code Qualifier	“PI”	
	NM109	Identification Code		PHC expects to receive: <b>680301406</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2010BB				
	REF	Billing Provider Secondary Identification		PHC requires at least one valid ID to identify the billing provider. Please submit an additional or a secondary id in this REF segment. This segment may be used if the IDs sent in the loop 2010AA is not sufficient for PHC to identify the billing provider
	REF01	Reference Identification Qualifier	“G2” or “LU”	PHC expects to receive: <b>Provider Commercial Number or Location Number</b>
	REF02	Reference Identification		PHC expects to receive: <b>Billing Provider Secondary ID</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2300	CLM	Claim Information		
	CLM01	Claim Submitter's Identifier		PHC expects to receive: <b>Patient account number</b>
	CLM02	Monetary Amount		PHC expects to receive: <b>Total Claim charge amount (The amount must be equal to sum of all the service line charge amounts)</b>
	CLM05	Healthcare Service Location		PHC expects to receive: <b>Place of service code (composite)</b>
	CLM05-1	Facility Code Value		PHC expects to receive: <b>Place of service</b>
	CLM05-2	Facility Code Qualifier	"B"	PHC expects to receive: <b>Place of Service Codes for Professional</b>
	CLM05-3	Claim Frequency Type	"1"	Original
	CLM06	Yes/No Condition or Response Code	"Y" or "N"	PHC expects to receive: <b>Yes or No (Provider signature on file)</b>
	CLM07	Provider Accept Assignment Code		PHC expects to receive: <b>Medicare assignment code</b>
	CLM08	Yes/No Condition Or Response Code	"Y" or "N" or "W"	PHC expects to receive: <b>Yes, No or Not Acceptable</b>
	CLM09	Release of Information		
	CLM10	Patient Signature Source Code		
	CLM11	Related Causes Information		PHC expects to receive: <b>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</b>
	CLM11-1	Related Causes Code		

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	CLM11-2	Related Causes Code		
	CLM11-4	State or Province Code		PHC expects to receive:  <b>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</b>
	CLM11-5	Country Code		PHC requires if the accident occurred outside the US
	CLM12	Special Program Code		
	CLM20	Delay Reason Code		PHC requires when claim submitted late

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	DTP	Date – Onset of Current Illness/Symptom		
	DTP01	Date/Time Qualifier	“431”	
	DTP02	Date Time Period Format Qualifier	“D8”	
	DTP03	Date		PHC expects to receive:  <b>Date in CCYYMMDD</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	DTP	Date – Accident		PHC requires if CLM11-1 or CLM11-2 is AA , EM or OA
	DTP01	Date/Time Qualifier	“439”	
	DTP02	Date Time Period Format Qualifier	“D8”	
	DTP03	Date		PHC expects to receive: <b>Date in CCYYMMDD</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	DTP	Date – Last Menstrual Period		PHC requires when claim involves pregnancy
	DTP01	Date/Time Qualifier	“484”	
	DTP02	Date Time Period Format Qualifier	“D8”	
	DTP03	Date		PHC expects to receive: <b>Date in CCYYMMDD</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	DTP	Date – Last X-Ray		PHC requires when claim involves spinal manipulation
	DTP01	Date/Time Qualifier	“455”	
	DTP02	Date Time Period Format Qualifier	“D8”	
	DTP03	Date		PHC expects to receive: <b>Date in CCYYMMDD</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	DTP	Date – Hearing and Vision		PHC requires on claims where prescription has been written for vision frames and lenses
	DTP01	Date/Time Qualifier	“471”	Prescription Data
	DTP02	Date Time Period Format Qualifier	“D8”	
	DTP03	Date		PHC expects to receive: <b>Date in CCYYMMDD</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	DTP	Date – Data Of Admission		PHC requires on all ambulance claims/encounters. Also required on inpatient medical visits claims/encounters
	DTP01	Date/Time Qualifier	“435”	
	DTP02	Date Time Period Format Qualifier	“D8”	
	DTP03	Date		PHC expects to receive: <b>Date in CCYYMMDD</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	DTP	Date – Discharge		PHC requires on inpatient claims/ encounters when the patient was discharged and the discharge date is known
	DTP01	Date/Time Qualifier	“096”	PHC expects to receive: <b>Discharge date</b>
	DTP02	Date Time Period Format Qualifier	“D8”	
	DTP03	Date		PHC expects to receive: <b>Date in CCYYMMDD</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	AMT	Patient Amount Paid		PHC requires when patient has made any payment towards this claim
	AMT01	Amount Qualifier Code	“F5”	
	AMT02	Monetary Amount		PHC expects to receive: <b>Patient paid amount (share of cost)</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	REF	Mammography Certification Number		PHC requires when mammography services are rendered by a certified mammography provider
	REF01	Reference Identification Qualifier	“EW”	
	REF02	Reference Identification		PHC expects to receive: <b>Mammography certification number</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	REF	Referral Number		PHC requires when a referral is involved
	REF01	Reference Identification Qualifier	“9F”	
	REF02	Reference Identification		PHC expects to receive: <b>Referral Number (RAF Number)</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	REF	Prior Authorization		PHC requires when the reported services were preauthorized
	REF01	Reference Identification Qualifier	“G1”	
	REF02	Reference Identification		PHC expects to receive: <b>Prior authorization number (TAR number)</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	REF	Medical Record Number		
	REF01	Reference Identification Qualifier	“EA”	
	REF02	Reference Identification		PHC expects to receive: <b>Medical Record Number</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	K3	File Information		This K3 segment can be repeated up to 10 times. Any additional information needed by PHC, but that can't be sent in any other designated places could be sent in the K3 segments starting with the first K3
	K301	Fixed Format Information		

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	NTE	Claim Note		PHC requires when provider deems it necessary to transmit information not otherwise supported in this implementation. This segment is also used to convey Newborn name, date of birth and gender information
	NTE01	Note Reference Code		
	NTE02	Description		Claim note text

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	CR1	Ambulance Transport Information		PHC requires on claims/encounters involving ambulance services
	CR101	Unit or Basis For Measurement Code	“LB”	PHC expects to receive: <b>Pound</b>
	CR102	Weight		
	CR103	Ambulance Transport Code	“I” or “R” or “T” or “X”	PHC expects to receive: <b>Initial Trip or Return Trip or Transfer Trip or Round Trip</b>
	CR104	Ambulance Transport Reason Code		
	CR105	Unit Or Basis For Measurement Code	“DH”	PHC expects to receive: <b>Miles</b>
	CR106	Quantity		PHC expects to receive: <b>Transport Distance</b>
	CR109	Description		PHC expects to receive: <b>Round trip purpose description</b>
	CR110	Description		PHC expects to receive: <b>Stretcher purpose description</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	CRC	Ambulance Certification		PHC requires on ambulance claims/encounters when CR1 segment is used
	CRC01	Code Category	“07”	PHC expects to receive: <b>Ambulance Certification</b>
	CRC02	Yes/No Condition Or Response Code	“Y” or “N”	PHC expects to receive: <b>Certification condition indicator</b>
	CRC03	Certification Condition Code		
	CRC04	Certification Condition Code		
	CRC05	Certification Condition Code		
	CRC06	Certification Condition Code		
	CRC07	Certification Condition Code		

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	CRC	Homebound Indicator		PHC requires for Medicare claims/encounters when an independent lab renders EKG tracing or obtains a specimen from a homebound or institutionalized patient
	CRC01	Code Category	“75”	PHC expects to receive: <b>Functional limitations</b>
	CRC02	Yes/No Condition Or Response Code	“Y”	PHC expects to receive: <b>Certification condition indicator</b>
	CRC03	Certification Condition Code	“IH”	PHC expects to receive: <b>Independent at home</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	CRC	EPSDT Referral		PHC requires on EPSDT claims/encounters
	CRC01	Code Category	“ZZ”	PHC expects to receive: <b>EPSDT Screening referral information</b>
	CRC02	Yes/No Condition Or Response Code	“Y”	
	CRC03	Certification Condition Code		
	CRC04	Certification Condition Code		
	CRC05	Certification Condition Code		

Loop ID	Reference	Name	Codes	Notes/Comments
2300				<b>PHC requires ICD-10 code on all claims with the date of service on or after 10/1/2015</b>
	HI	Health Care Information Codes		PHC requires on all claims/encounters except claims for which there are no diagnoses. Decimal points are not required
	HI01-01	Code List Qualifier Code	“BK” or “ABK”	PHC expects to receive: <b>(ICD-9-CM) Principal Diagnosis or (ICD-10-CM) Principal Diagnosis</b>
	HI01-02	Industry Code		PHC expects to receive: <b>Principal Diagnosis Code without decimal point</b>
	HI02-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: <b>(ICD-9-CM) Diagnosis or (ICD-10-CM) Diagnosis</b>
	HI02-02	Industry Code		PHC expects to receive: <b>Secondary/Other Diagnosis Code without decimal point</b>

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	HI03-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: <b>(ICD-9-CM) Diagnosis or (ICD-10-CM) Diagnosis</b>
	HI03-02	Industry Code		PHC expects to receive: <b>Other Diagnosis Code without decimal point</b>
	HI04-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: <b>(ICD-9-CM) Diagnosis or (ICD-10-CM) Diagnosis</b>
	HI04-02	Industry Code		PHC expects to receive: <b>Other Diagnosis Code without decimal point</b>
	HI05-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: <b>(ICD-9-CM) Diagnosis or (ICD-10-CM) Diagnosis</b>
	HI05-02	Industry Code		PHC expects to receive: <b>Other Diagnosis Code without decimal point</b>
	HI06-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: <b>(ICD-9-CM) Diagnosis or (ICD-10-CM) Diagnosis</b>
	HI06-02	Industry Code		PHC expects to receive: <b>Other Diagnosis Code without decimal point</b>
	HI07-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: <b>(ICD-9-CM) Diagnosis or (ICD-10-CM) Diagnosis</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2300				<b>PHC requires ICD-10 code on all claims with the date of service on or after 10/1/2015</b>
	HI-07-02	Industry Code		PHC expects to receive: <b>Principal Diagnosis Code without decimal point</b>
	HI08-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: <b>(ICD-9-CM) Diagnosis or (ICD-10-CM) Diagnosis</b>
	HI08-02	Industry Code		PHC expects to receive: <b>Secondary/Other Diagnosis Code without decimal point</b>
	HI09-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: <b>(ICD-9-CM) Diagnosis or (ICD-10-CM) Diagnosis</b>
	HI09-02	Industry Code		PHC expects to receive: <b>Other Diagnosis Code without decimal point</b>
	HI10-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: <b>(ICD-9-CM) Diagnosis or (ICD-10-CM) Diagnosis</b>
	HI10-02	Industry Code		PHC expects to receive: <b>Other Diagnosis Code without decimal point</b>
	HI11-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: <b>(ICD-9-CM) Diagnosis or (ICD-10-CM) Diagnosis</b>
	HI11-02	Industry Code		PHC expects to receive: <b>Other Diagnosis Code without decimal point</b>
	HI12-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: <b>(ICD-9-CM) Diagnosis or (ICD-10-CM) Diagnosis</b>

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	HI12-02	Industry Code		PHC expects to receive: <b>Other Diagnosis Code without decimal point</b>
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Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	HI	Anesthesia Related Procedure		PHC requires on claims where anesthesiology services are being billed or reported when the provider knows the surgical code and knows the adjudication of the claim will depend on provision of the surgical code
	HI01-01	Code List Qualifier Code	“BP”	
	HI01-02	Industry Code		PHC expects to receive: <b>Anesthesia Related Surgical Procedure Code</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	HI	Condition Information		PHC requires when condition information applies to the claim. If not required by this implementation guide, do not send
	HI01-01	Code List Qualifier Code	“BG”	
	HI01-02	Industry Code		PHC expects to receive: <b>Condition Code</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2310A				
	NM1	Referring Provider Name		PHC requires if the claim involved a referral
	NM101	Entity Identifier Code	“DN”	PHC expects to receive: <b>Referring Provider</b>
	NM102	Entity Type Qualifier		PHC expects to receive: <b>"1"-Person</b>
	NM103	Name Last Or Organization Name		
	NM104	Name First		PHC requires if NM102=1 (Person)
	NM105	Name Middle		PHC requires if NM102=1 (Person) and the middle name/initial of the person is known
	NM107	Name Suffix		PHC requires if known
	NM108	Identification Code Qualifier	“XX”	
	NM109	Identification Code		PHC expects to receive: <b>NPI</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2310A				
	REF	Referring Provider Secondary Information		
	REF01	Reference Identification Qualifier		
	REF02	Reference Identification		

Loop ID	Reference	Name	Codes	Notes/Comments
2310B				
	NM1	Referring Provider Name		PHC requires when the Rendering Provider information is different than that carried in Loop ID-2010AA – Billing Provider
	NM101	Entity Identifier Code	“82”	PHC expects to receive: <b>Referring Provider</b>
	NM102	Entity Type Qualifier		PHC expects to receive: <b>"1"-Person or "2"-Non person\ entity</b>
	NM103	Name Last Or Organization Name		
	NM104	Name First		PHC requires if NM102=1 (Person)
	NM105	Name Middle		PHC requires if NM102=1 (Person) and the middle name/initial of the person is known
	NM107	Name Suffix		PHC requires if known
	NM108	Identification Code Qualifier	“XX”	
	NM109	Identification Code		PHC expects to receive: <b>NPI</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2310A				
	PRV	Rendering Provider Specialty		
	PRV01	Provider Code	“PE”	PHC expects to receive: <b>Performing provider</b>
	PRV02	Reference Identification Qualifier	“PXC”	
	PRV03	Reference Identification		PHC expects to receive: <b>Provider Taxonomy Code (Specialty)</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2310A				
	REF	Rendering Provider Secondary Information		
	REF01	Reference Identification Qualifier		
	REF02	Reference Identification		

Loop ID	Reference	Name	Codes	Notes/Comments
2310C				
	NM1	Service Facility Location Name		PHC requires when the location of health care service is different than that carried in Loop ID-2010AA (Billing Provider)
	NM101	Entity Identifier Code	"77"	PHC expects to receive: <b>Service Location</b>
	NM102	Entity Type Qualifier		PHC expects to receive: <b>"1"-Person or "2"-Non person entity</b>
	NM103	Name Last Or Organization Name		PHC expects to receive: <b>Lab or Facility name</b>
	NM108	Identification Code Qualifier	"XX"	
	NM109	Identification Code		PHC expects to receive: <b>NPI</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2310C				
	N3	Service Facility Address		
	N301	Address Information		Address Line 1
	N302	Address Information		Address Line 2

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Loop ID	Reference	Name	Codes	Notes/Comments
2310C				
	N4	Service Facility City, State, Zip		
	N401	City Name		
	N402	State Code		
	N403	Postal Code		

Loop ID	Reference	Name	Codes	Notes/Comments
2310A				
	REF	Service Facility Location Secondary Identification		
	REF01	Reference Identification Qualifier		
	REF02	Reference Identification		

Loop ID	Reference	Name	Codes	Notes/Comments
2310E				
	NM1	Ambulance Pick-Up Location		PHC requires when billing for ambulance or non-emergency transportation services
	NM101	Entity Identifier Code	“PW”	PHC expects to receive: <b>Pick-up Address</b>
	NM102	Entity Type Qualifier		PHC expects to receive: <b>"2"-Non person entity</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2310E				
	N3	Ambulance Pick-Up Location Address		If the ambulance pickup location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and "45" or "Exit near Mile marker 265 on Interstate 80")
	N301	Address Information		Address Line 1 (Pick-Up)
	N302	Address Information		Address Line 2 (Pick-Up)

Loop ID	Reference	Name	Codes	Notes/Comments
2310E				
	N4	Ambulance Pick-Up Location City, State, Zip		
	N401	City Name		
	N402	State Code		
	N403	Postal Code		

Loop ID	Reference	Name	Codes	Notes/Comments
2310F				
	NM1	Ambulance Drop-Off Location		PHC requires when billing for ambulance or non-emergency transportation services
	NM101	Entity Identifier Code	"45"	PHC expects to receive: <b>Drop-off location</b>
	NM102	Entity Type Qualifier		PHC expects to receive: <b>"2"-Non person entity</b>
	NM103	Name Last Or Organization Name		PHC requires ambulance drop-off location when drop-off location name is known

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Loop ID	Reference	Name	Codes	Notes/Comments
2310F				
	N3	Ambulance Drop-Off Location Address		If the ambulance pickup location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and "45" or "Exit near Mile marker 265 on Interstate 80")
	N301	Address Information		Address Line 1 (Drop-Off)
	N302	Address Information		Address Line 2 (Drop-Off)

Loop ID	Reference	Name	Codes	Notes/Comments
2310F				
	N4	Ambulance Drop-Off Location City, State, Zip		
	N401	City Name		
	N402	State Code		
	N403	Postal Code		

Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	LX	Service Line		
	LX01	Assigned Number		PHC expects to receive: <b>Line Number (Start with one, Subsequently increment it by one)</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	SV	Professional Service		
	SV101	Composite Medical Procedure Identifier		
	SV101-01	Product/Service ID Qualifier	"HC"	PHC expects to receive: <b>HCPCS Codes include AMA's CPT codes</b>
	SV101-2	Product/Service ID		PHC expects to receive: <b>Procedure Code</b>
	SV101-3	Procedure Modifier		
	SV101-4	Procedure Modifier		
	SV101-5	Procedure Modifier		
	SV101-6	Procedure Modifier		

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Loop ID	Reference	Name	Codes	Notes/Comments
2400				<b>PHC requires ICD-10 code on all claims with the date of service on or after 10/1/2015</b>
	SV102	Monetary Amount		PHC expects to receive: <b>Line item charge amount ('0' Zero may be a valid amount for encounters)</b>
	SV103	Unit Or Basis For Measurement Code	“UN”	
	SV104	Quantity		PHC expects to receive: <b>Units</b>
	SV105	Facility Code Value		Place of service. PHC requires if value is different than carried in CLM05-1, loop 2300. Not required if SV105=CLM05-1
	SV107	Composite Diagnosis Code Pointer		PHC requires if HI in loop 2300 is used
	SV107-1	Diagnosis Code Pointer		PHC expects to receive: <b>Pointer for first diagnosis. PHC uses values 1 and 2</b>
	SV107-2	Diagnosis Code Pointer		PHC requires if the service relates to a specific diagnosis code. PHC uses values 1 and 2
	SV109	Yes/No Condition Or Response Code		PHC expects to receive: <b>“Y” – Yes (Emergency Indicator)</b> PHC requires when service is known to be an emergency
	SV111	Yes/No Condition Or Response Code		PHC expects to receive: <b>“Y”-Yes (EPSDT Involvement - early and periodic screen for diagnosis and treatment of children)</b>
	SV112	Yes/No Condition Or Response Code		PHC expects to receive: <b>"Y"-Yes Family Planning Involvement</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	SV5	Durable Medical Equipment Service		PHC requires when reporting medical equipment services
	SV501-1	Product/Service ID Qualifier	“HC”	PHC expects to receive: <b>HCPCS Codes</b>
	SV501-2	Product/Service ID		PHC expects to receive: <b>Procedure Code (The value must be same as that reported in SV101-2 )</b>
	SV502	Unit Or Basis For Measurement Code	“DA”	PHC expects to receive: <b>Days</b>
	SV503	Quantity		PHC expects to receive: <b>Length of medical necessity</b>
	SV504	Monetary Amount		PHC expects to receive: <b>Rental price</b> PHC requires if SV505 does not apply
	SV505	Monetary Amount		PHC expects to receive: <b>Purchase Price</b> PHC requires if SV504 does not apply
	SV506	Frequency Code	“1” or “4” or “6”	PHC requires if SV504 applies

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Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	CR1	Ambulance Transport Information		PHC requires on claims involving ambulance services and data is different than in the CR1 in Loop 2300
	CR101	Unit Or Basis For Measurement Code	“LB”	PHC expects to receive: <b>Pound</b>
	CR102	Weight		
	CR103	Ambulance Transport Code	“I” or “R” or “T” or “X”	PHC expects to receive: <b>Initial Trip or Return Trip or Transfer Trip or Round Trip</b>
	CR104	Ambulance Transport Reason Code		

Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	CR105	Unit Or Basis Measurement Code	“DH”	PHC expects to receive: <b>Miles</b>
	CR106	Quantity		PHC expects to receive: <b>Transport distance</b>
	CR109	Description		PHC expects to receive: <b>Round trip purpose description</b>
	CR110	Description		PHC expects to receive: <b>Stretcher purpose description</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	CR5	Home Oxygen Therapy Information		PHC requires on home oxygen therapy claims
	CR501	Certificate Type Code	“I” or “R” or “S”	PHC expects to receive: <b>Initial or Renewal or Revised</b>
	CR502	Quantity		PHC expects to receive: <b>Treatment period count</b>
	CR5010	Quantity		PHC expects to receive: <b>Arterial Blood Gas Quantity</b>
	CR5011	Quantity		PHC expects to receive: <b>Oxygen Saturation Quantity</b>
	CR5012	Oxygen Test Condition Code	“E” or “R” or “S”	PHC expects to receive: <b>Exercising or At rest on room air or Sleeping</b>
	CR5013	Oxygen Test Condition Code	“1”	Dependent edema suggesting congestive heart failure
	CR5014	Oxygen Test Findings Code	“2”	Pulmonale or Electro cardio gram (EKG)
	CR5015	Oxygen Test Findings Code	“3”	Erythrocythemia

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Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	CRC	Ambulance Certification		
	CRC01	Code Category	“07”	PHC expects to receive: <b>Ambulance Certification</b>
	CRC02	Yes/No Condition Or Response Code	“Y” or “N”	Certification condition indicator
	CRC03	Certificate Condition Code		
	CRC04	Certificate Condition Code		
	CRC05	Certificate Condition Code		
	CRC06	Certificate Condition Code		
	CRC07	Certificate Condition Code		

Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	CRC	Hospice Employee Indicator		
	CRC01	Code Category	“70”	
	CRC02	Yes/No Condition Or Response Code	“Y” or “N”	Hospice employee indicator
	CRC03	Condition Indicator		

Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	CRC	DMERA Condition Indicator		PHC requires on all oxygen therapy and DME claims that require a certificate of medical necessity
	CRC01	Code Category	“09” or “11”	
	CRC02	Yes/No Condition Or Response Code	“Y” or “N”	Certification condition indicator
	CRC03	Condition Indicator		
	CRC04	Certificate Condition Code		
	CRC05	Certificate Condition Code		
	CRC06	Certificate Condition Code		
	CRC07	Certificate Condition Code		

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Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	DTP	Date – Service Date		
	DTP01	Date/Time Qualifier	“472”	
	DTP02	Fate Time Period Format Qualifier	“D8” or “RD8”	PHC expects to receive: <b>Begin and End dates expressed in format</b>
	DTP03	Date		PHC expects to receive: <b>Service Date</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	DTP	Date – Last X-Ray		PHC requires for spinal manipulation certifications. PHC requires if line value is different than value given at claim level
	DTP01	Date/Time Qualifier	“455”	
	DTP02	Fate Time Period Format Qualifier	“D8”	
	DTP03	Date		PHC expects to receive: <b>Date expressed in format CCYYMMDD</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	MEA	Test Result		PHC requires on service lines for dialysis for ESRD
	MEA01	Measurement Reference ID Code	“OG” or “TR”	PHC expects to receive: <b>Original(starting dosage) or Test result</b>
	MEA02	Measurement Qualifier		
	MEA03	Measurement Value		PHC expects to receive: <b>Test results</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	REF	Prior Authorization		PHC requires if line value is different than value given at claim level
	REF01	Reference Identification Qualifier	“G1”	
	REF02	Reference Identification		PHC expects to receive: <b>Prior authorization number</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	REF	Line Item Control Number		
	REF01	Reference Identification Qualifier	“6R”	
	REF02	Reference Identification		PHC expects to receive: <b>Provider line item control number</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	REF	Mammography Certification Number		PHC requires when mammography services are rendered by a certified mammography provider
	REF01	Reference Identification Qualifier	“EW”	
	REF02	Reference Identification		PHC expects to receive: <b>Mammography certification number</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	REF	Referral Number		PHC requires if line value is different than value given at claim level
	REF01	Reference Identification Qualifier	"9F"	
	REF02	Reference Identification		PHC expects to receive: <b>Referral number</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	NTE	Line Note		PHC requires start and stop time on anesthesia claims
	NTE01	Note Reference Code		
	NTE02	Description		PHC expects to receive: <b>Note text (start and stop time )</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2410				
	LIN	Drug Identification		PHC expects to receive: <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>
	LIN02	Product/Service ID Qualifier	"EN", "EO", "HI", "N4", "ON", "UK" or "UP"	
	LIN03	Product/Service ID		PHC expects to receive: <b>NDC/UPN (Product ID)</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2410				
	CTP	Drug Pricing		
	CTP03	Unit Price		PHC expects to receive: <b>Unit price per unit of product</b>
	CTP04	Quantity		PHC expects to receive: <b>Unit count</b>
	CTP05-1	Unit Or Base For Measurement Code	"GR", "F2", "ML" or "UN"	

Loop ID	Reference	Name	Codes	Notes/Comments
2420A				
	NM1	Rendering Provider Name		PHC requires when the Rendering Provider NM1 information is different than that carried in the Loop ID-2310B Rendering Provider OR Required when Loop ID-2310B Rendering Provider is not used AND this particular line item has different Rendering Provider information than that which is carried in Loop ID-2010AA Billing Provider
	NM101	Entity Identifier Code	"82"	Rendering Provider
	NM102	Entity Type Qualifier		PHC expects to receive: <b>"1"-Person or "2"-Non person entity</b>
	NM103	Name Last Or Organization Name		
	NM104	Name First		PHC requires if NM102=1 (Person)
	NM105	Name Middle		PHC requires if NM102=1 (Person) and the middle name/initial of the person is known
	NM107	Name Suffix		PHC requires if known
	NM108	Identification Code Qualifier	"XX"	
	NM109	Identification Code		PHC expects to receive: <b>NPI</b>

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Loop ID	Reference	Name	Codes	Notes/Comments
2420A				
	PRV	Rendering Provider Specialty		
	PRV01	Provider Code	“PE”	PHC expects to receive: <b>Performing provider</b>
	PRV02	Reference Identification Qualifier	“PXC”	
	PRV03	Reference Identification		PHC expects to receive: <b>Provider Taxonomy Code (Specialty)</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2420A				
	REF	Rendering Provider Secondary Identification		
	REF01	Reference Identification Qualifier		
	REF02	Reference Identification		

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Loop ID	Reference	Name	Codes	Notes/Comments
2420C				
	NM1	Service Facility Location		PHC requires when the location of health care service for this service line is different than that carried in Loop ID-2010AA Billing Provider or Loop ID-2310C Service Facility Location. If not required by this implementation guide, do not send
	NM101	Entity Identifier Code	“77”	Rendering Provider
	NM102	Entity Type Qualifier		PHC expects to receive: <b>"2"- Non person entity</b>
	NM103	Name Last Or Organization Name		PHC expects to receive: <b>Lab or Facility name</b>
	NM108	Identification Code Qualifier	“XX”	
	NM109	Identification Code		PHC expects to receive: <b>NPI</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2420C				
	N3	Address Information		
	N301	Address Information		Address Line 1
	N302	Address Information		Address Line 2

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<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
2420C				
	N4	Geographic Information		
	N401	City Name		PHC expects to receive: <b>Facility city</b>
	N402	State Code		PHC expects to receive: <b>Facility state</b>
	N403	Postal Code		PHC expects to receive: <b>Facility zip code</b>

<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
2420C				
	REF	Service Facility Location Secondary Identification		
	REF01	Reference Identification Qualifier		
	REF02	Reference Identification		

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Loop ID	Reference	Name	Codes	Notes/Comments
2420F				
	NM1	Referring Provider Name		PHC requires when this service line involves a referral and the referring provider differs from that reported at the claim level (loop 2310A). If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver
	NM101	Entity Identifier Code	"DN"	PHC expects to receive: <b>Referring Provider</b>
	NM102	Entity Type Qualifier		PHC expects to receive: <b>"1"-Person or "2"-Non person entity</b>
	NM103	Name Last Or Organization Name		
	NM104	Name First		PHC requires if NM102=1 (Person)
	NM105	Name Middle		PHC requires if NM102=1 (Person) and the middle name/initial of the person is known
	NM107	Name Suffix		PHC requires if known
	NM108	Identification Code Qualifier	"XX"	
	NM109	Identification Code		PHC expects to receive: <b>NPI</b>

Loop ID	Reference	Name	Codes	Notes/Comments
2420F				
	REF	Referring Provider Secondary Identification		
	REF01	Reference Identification Qualifier		
	REF02	Reference Identification		

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Loop ID	Reference	Name	Codes	Notes/Comments
Trailer				
	SE	Transaction Set Trailer		
	SE01	Number Of Included Segments		
	SE02	Transaction Set Control Number		PHC expects to receive: <b>Sequential number assigned by the originator and must be equal to ST02</b>

Loop ID	Reference	Name	Codes	Notes/Comments
Control				
	GE	Functional Group Trailer		
	GE01	Number Of Transaction Sets		
	GE02	Group Control Number		Must be equivalent to GS06

Loop ID	Reference	Name	Codes	Notes/Comments
Control				
	IEA	Interchange Control Trailer		
	IEA01	Number Of Functional Groups		
	IEA02	Interchange Control Number		Must be equivalent to ISA13