

Section 3: Professional Claims and Encounters

Introduction

The ASC X12N 837 (04010X098A1) transaction is the HIPAA mandated instrument by which professional claim or encounter data must be submitted. Any claim that would be submitted on a HCFA/CMS-1500 claim form must be submitted using this transaction if the data is submitted electronically.

This document is intended only as a companion guide to and is not intended to contradict or replace any information in the EDI Implementation Guides (*IG*). It is highly recommended that implementers have the following resources available during the development process:

- This document, *Companion Guide – 837 Professional Claims and Encounters Transactions*
- ASC X12N 837 004010X098 *Implementation Guide*
- ASC X12N 837 004010X098A1 *Implementation Guide Addenda*

A 997 – *Acknowledgement* file will be sent to acknowledge all 837P transaction sets that are sent to ISDH. An 835 – *Payment Advice* will be sent for all HIPAA Compliant 837P claims. See the companion guides for these transactions on our web site for more information: <http://www.in.gov/isdh/programs/cshcs/provider.htm>

Additionally, there are several processing assumptions, limitations, and guidelines a developer must be aware of when implementing the 837P transaction. The following list identifies these processing stipulations:

- **ISDH will be validating at the ST-SE level. We recommend that you take this into consideration when deciding how many claims to submit within a single ST-SE as a single error will cause the entire transaction set (ST-SE) to be rejected.**

Segment Usage – 837 Professional

The following matrix lists all segments within the 4010A1 version of the 837P IG. The ISDH Usage column indicates which segments are required, situational or not used by ISDH. A required segment element must appear on all transactions. Failure to include a required segment results in a compliance error. A situational segment is not required for every type transaction; however, a situational segment may be required under certain circumstances. Any data in a segment that is identified in the *Usage* column with an **X** is ignored by ISDH. Any segment identified in the *Usage* column as required or situational is explained in detail in the *Segment and Data Element Description* section of the document.

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
ST	N/A	Transaction Set Header	R
BHT	N/A	Beginning of Hierarchical Transaction	R
REF	N/A	Transmission Type Identification	R
NM1	1000A	Submitter Name	R
N2	1000A	Additional Submitter Name Information	X – deleted per addenda
PER	1000A	Submitter EDI Contact Information	R
NM1	1000B	Receiver Name	R
N2	1000B	Receiver Additional Name Information	X – deleted per addenda
HL	2000A	Billing Hierarchical Level	R
PRV	2000A	Billing Specialty Information	S
CUR	2000A	Foreign Currency Information	X
NM1	2010AA	Billing Provider Name	R
N2	2010AA	Additional Billing Provider Name Information	X – deleted per addenda
N3	2010AA	Billing Provider Address	R
N4	2010AA	Billing Provider City/State/ZIP Code	R
REF	2010AA	Billing Provider Secondary Information	R
REF	2010AA	Credit/Debit Card Billing Information	X
PER	2010AA	Billing Provider Contact Information	S
NM1	2010AB	Pay-To Provider Name	S

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
N2	2010AB	Additional Pay-to-Provider Name Information	X – deleted per addenda
N3	2010AB	Pay-To Provider Address	R
N4	2010AB	Pay-To Provider City/State/ZIP Code	R
REF	2010AB	Pay-To Provider Secondary Information	S
HL	2000B	Subscriber Hierarchical Level	R
SBR	2000B	Subscriber Information	R
PAT	2000B	Patient Information	X
NM1	2010BA	Subscriber Name	R
N2	2010BA	Additional Subscriber Name Information	X – deleted per addenda
N3	2010BA	Subscriber Address	S
N4	2010BA	Subscriber City/State/ZIP Code	S
DMG	2010BA	Subscriber Demographic Information	S
REF	2010BA	Subscriber Secondary Information	S
REF	2010BA	Property and Casualty Claim Number	X
NM1	2010BB	Payer Name	R
N2	2010BB	Additional Payer Name Information	X – deleted per addenda
N3	2010BB	Payer Address	X
N4	2010BB	Payer City/State/ZIP Code	X
REF	2010BB	Payer Secondary Information	X
NM1	2010BC	Responsible Party Name	X
N2	2010BC	Additional Responsible Party Name Information	X – deleted per addenda
N3	2010BC	Responsible Party Address	X
N4	2010BC	Responsible Party City/State/ZIP Code	X
NM1	2010BD	Credit/Debit Card Holder Name	X
N2	2010BD	Additional Credit/Debit Card Holder Name Information	X – deleted per addenda
REF	2010BD	Credit/Debit Card Information	X
HL	2000C	Patient Hierarchical Level	X
PAT	2000C	Patient Information	X
NM1	2010CA	Patient Name	X

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
N2	2010CA	Additional Patient Name Information	X – deleted per addenda
N3	2010CA	Patient Address	X
N4	2010CA	Patient City/State/ZIP Code	X
DMG	2010CA	Patient Demographic Information	X
REF	2010CA	Patient Secondary Information Number	X
REF	2010CA	Property and Casualty Claim Number	X
CLM	2300	Claim Information	R
DTP	2300	Date – Order Date	X – deleted per addenda
DTP	2300	Date – Initial Treatment	S
DTP	2300	Date – Referral Date	X – deleted per addenda
DTP	2300	Date – Date Last Seen	X
DTP	2300	Date – Onset of Current Illness/Symptom	S
DTP	2300	Date – Acute Manifestation	X
DTP	2300	Date – Similar Illness/Symptom Onset	S
DTP	2300	Date – Accident	S
DTP	2300	Date – Last Menstrual Period	X
DTP	2300	Date – Last X-Ray	X
DTP	2300	Date – Estimated Date of Birth	X – deleted per addenda
DTP	2300	Date – Hearing and Vision Prescription Date	X
DTP	2300	Date – Disability Begin	X
DTP	2300	Date – Disability End	X
DTP	2300	Date – Date Last Worked	X
DTP	2300	Date – Authorized Return to Work	X
DTP	2300	Date – Admission	S
DTP	2300	Date – Date Discharge	S
DTP	2300	Date – Assumed and Relinquished Care Dates	X
PWK	2300	Claim Supplemental Information	S
CN1	2300	Contract Information	X
AMT	2300	Credit/Debit Card Maximum Amount	X

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
AMT	2300	Patient Paid Amount	S
AMT	2300	Total Purchased Service Amount	X
REF	2300	Service Authorization Exception Code	X
REF	2300	Mandatory Medicare (Section 4081) Crossover Indicator	X
REF	2300	Mammography Certification Number	X
REF	2300	Prior Authorization or Referral Number	S
REF	2300	Original Reference Number (ICN/DCN)	S
REF	2300	Clinical Laboratory Improvement Amendment (CLIA)	X
REF	2300	Re-priced Claim Number	S
REF	2300	Adjusted Re-priced Claim Number	S
REF	2300	Investigational Device Exemption Number	X
REF	2300	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	X
REF	2300	Ambulatory Patient Group (APG)	X
REF	2300	Medical Record Number	S
REF	2300	Demonstration Project Identifier	X
K3	2300	File Information	X
NTE	2300	Claim Note	S
CR1	2300	Ambulance Transport Information	X
CR2	2300	Spine Manipulation Service Information	X
CRC	2300	Ambulance Certification	X
CRC	2300	Patient Condition Information: Vision	X
CRC	2300	Homebound Indicator	X
CRC	2300	EPSDT Referral – <i>New segment per Addenda</i>	X
HI	2300	Health Care Diagnosis Code	R
HCP	2300	Claim Pricing/Re-pricing Information	X
CR7	2305	Home Health Care Plan Delivery	X
HSD	2305	Health Care Services Delivery	X
NM1	2310A	Referring Provider Name	S
PRV	2310A	Referring Provider Specialty Information	S
N2	2310A	Additional Referring Provider Name	X – deleted per

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
		Information	addenda
REF	2310A	Referring Provider Secondary Information	S
NM1	2310B	Rendering Provider Name	S
PRV	2310B	Rendering Provider Specialty Information	S
N2	2310B	Additional Rendering Provider Name Information	X – deleted per addenda
REF	2310B	Rendering Provider Secondary Information	S
NM1	2310C	Purchased Service Provider Name	X
REF	2310C	Purchased Service Provider Secondary Information	X
NM1	2310D	Service Facility Location	X
N2	2310D	Additional Service Facility Location Name Information	X – deleted per addenda
N3	2310D	Service Facility Location Address	X
N4	2310D	Service Facility Location City/State/ZIP Code	X
REF	2310D	Service Facility Location Secondary Information	X
NM1	2310E	Supervising Provider Name	X
N2	2310E	Additional Supervising Provider Name Information	X – deleted per addenda
REF	2310E	Supervising Provider Secondary Information	X
SBR	2320	Other Subscriber Information	S
CAS	2320	Claim Level Adjustment	S
AMT	2320	Coordination of Benefits (COB) Payer Paid Amount	S
AMT	2320	Coordination of Benefits (COB) Approved Amount	S
AMT	2320	Coordination of Benefits (COB) Allowed Amount	S
AMT	2320	Coordination of Benefits (COB) Patient Responsibility Amount	S
AMT	2320	Coordination of Benefits (COB) Covered Amount	X
AMT	2320	Coordination of Benefits (COB) Discount Amount	S
AMT	2320	Coordination of Benefits (COB) Patient Paid	X

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
		Amount	
AMT	2320	Coordination of Benefits (COB) Tax Amount	X
AMT	2320	Coordination of Benefits (COB) Total Claim Before Taxes Amount	X
DMG	2320	Subscriber Demographic Information	X
OI	2320	Other Insurance Coverage Information	X
MOA	2320	Medicare Outpatient Adjudication Information	X
NM1	2330A	Other Subscriber Name	S
N2	2330A	Additional Other Subscriber Name Information	X – deleted per addenda
N3	2330A	Other Subscriber Address	X
N4	2330A	Other Subscriber City/State/ZIP Code	X
REF	2330A	Other Subscriber Secondary Information	X
NM1	2330B	Other Payer Name	S
N2	2330B	Additional Other Payer Name Information	X – deleted per addenda
PER	2330B	Other Payer Contact Information	X
DTP	2330B	Claim Adjudication Date	S
REF	2330B	Other Payer Secondary Identifier	X
REF	2330B	Other Payer Prior Authorization or Referral Number	X
REF	2330B	Other Payer Claim Adjustment Indicator	X
NM1	2330C	Other Payer Patient Information	X
REF	2330C	Other Payer Patient Identification	X
NM1	2330D	Other Payer Referring Provider	X
REF	2330D	Other Payer Referring Provider Identification	X
NM1	2330E	Other Payer Rendering Provider	X
REF	2330E	Other Payer Rendering Provider Secondary Identification	X
NM1	2330F	Other Payer Purchased Service Provider	X
REF	2330F	Other Payer Purchased Service Provider Identification	X
NM1	2330G	Other Payer Service Facility Location	X
REF	2330G	Other Payer Service Facility Location Identification	X

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
NM1	2330H	Other Payer Supervising Provider	X
REF	2330H	Other Payer Supervising Provider Identification	X
LX	2400	Service Line Number	R
SV1	2400	Professional Service	R
SV4	2400	Prescription Number	X – deleted per addenda
SV5	2400	Durable Medical Equipment Service - <i>New segment per Addenda</i>	X
PWK	2400	DMERC CMN Indicator	X
CR1	2400	Ambulance Transport Information	X
CR2	2400	Spinal Manipulation Service Information	X
CR3	2400	Durable Medical Equipment Certification	X
CR5	2400	Home Oxygen Therapy Information	X
CRC	2400	Ambulance Certification	X
CRC	2400	Hospice Employee Indicator	X
CRC	2400	DMERC Condition Indicator	X
DTP	2400	Date – Service Date	R
DTP	2400	Date – Certification Revision Date	X
DTP	2400	Date – Referral Date	X – deleted per addenda
DTP	2400	Date – Begin Therapy Date	X
DTP	2400	Date – Last Certification Date	X
DTP	2400	Date – Order Date	X – deleted per addenda
DTP	2400	Date – Date Last Seen	X
DTP	2400	Date – Test	X
DTP	2400	Date – Oxygen Saturation/Arterial Blood Gas Test	X
DTP	2400	Date – Shipped	X
DTP	2400	Date – Onset of Current Symptom/Illness	X
DTP	2400	Date – Last X-ray	X
DTP	2400	Date – Acute Manifestation	X
DTP	2400	Date – Initial Treatment	X
DTP	2400	Date – Similar Illness/Symptom Onset	X

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
QTY	2400	Anesthesia Modifying Units	X – deleted per addenda
MEA	2400	Test Result	X
CN1	2400	Contract Information	X
REF	2400	Re-priced Line Item Reference Number	X
REF	2400	Adjusted Re-priced Line Item Reference Number	X
REF	2400	Prior Authorization or Referral Number	S
REF	2400	Line Item Control Number	S
REF	2400	Mammography Certification Number	X
REF	2400	Clinical Laboratory Improvement Amendment (CLIA) Information	X
REF	2400	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	X
REF	2400	Immunization Batch Number	X
REF	2400	Ambulatory Patient Group (APG)	X
REF	2400	Oxygen Flow Rate	X
REF	2400	Universal Product Number (UPN)	X
AMT	2400	Sales Tax Amount	X
AMT	2400	Approved Amount	X
AMT	2400	Postage Claimed Amount	X
K3	2400	File Information	X
NTE	2400	Line Note	X
PS1	2400	Purchased Service Information	X
HSD	2400	Health Care Services Delivery	X
HCP	2400	Line Pricing/Re-pricing Information	X
LIN	2410	Drug Identification – <i>New segment per Addenda</i>	X
CTP	2410	Drug Pricing – <i>New segment per addenda</i>	X
REF	2410	Prescription Number – <i>New segment per Addenda</i>	X
NM1	2420A	Rendering Provider Name	S
PRV	2420A	Rendering Provider Specialty Information	X
N2	2420A	Additional Rendering Provider Name Information	X – deleted per addenda

Table 3.1 – Segment Usage – 837 Professional

Segment ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
REF	2420A	Rendering Provider Secondary Information	X
NM1	2420B	Purchased Service Provider Name	X
REF	2420B	Purchased Service Provider Secondary Information	X
NM1	2420C	Service Facility Location	S
N2	2420C	Additional Service Facility Location Name Information	X – deleted per addenda
N3	2420C	Service Facility Location Address	S
N4	2420C	Service Facility Location City/State/ZIP Code	S
REF	2420C	Service Facility Location Secondary Information	S
NM1	2420D	Supervising Provider Name	X
N2	2420D	Additional Supervising Provider Name Information	X – deleted per addenda
REF	2420D	Supervising Provider Secondary Information	X
NM1	2420E	Ordering Provider Name	X
N2	2420E	Additional Ordering Provider Name Information	X – deleted per addenda
N3	2420E	Ordering Provider Address	X
N4	2420E	Ordering Provider City/State/ZIP Code	X
NM1	2420F	Referring Provider Name	X
PRV	2420F	Referring Provider Specialty Information	X
N2	2420F	Additional Referring Provider Name Information	X – deleted per addenda
REF	2420F	Referring Provider Secondary Information	X
NM1	2420G	Other Payer Prior Authorization or Referral Number	X
REF	2420G	Other Payer Prior Authorization or Referral Number	X
SVD	2430	Line Adjudication Information	S
CAS	2430	Line Adjustment	S
DTP	2430	Line Adjudication Date	S
LQ	2440	Form Identification Code	X
FRM	2440	Supporting Documentation	X
SE	N/A	Transaction Set Trailer	R

Segment and Data Element Description

This section contains a tabular representation of any segment required or situational for the ISDH HIPAA implementation of the 837P. Each segment table contains rows and columns describing different segment elements.

Segment Name – The industry assigned segment name as identified in the *IG*.

Segment ID – The industry assigned segment ID as identified in the *IG*.

Loop ID – The loop within which the segment should appear.

Usage – Identifies the segment as required or situational.

Segment Notes – A brief description of the purpose or use of the segment.

Example – An example of complete segment.

Element ID – The industry assigned data element ID as identified in the *IG*.

Usage – Identifies the data element as R-required, S-situational, or N/A-not used.

Guide Description/Valid Values – Industry name associated with the data element. If no industry name exists, this is the *IG* data element name. This column also lists in **BOLD** the values and/or code set to be used.

Comments – Description of the contents of the data elements including field lengths.

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	N/A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Beginning of Hierarchical Transaction
Segment ID	BHT
Loop ID	N/A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Transaction Type Identification
Segment ID	REF
Loop ID	N/A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Submitter Name
Segment ID	NM1
Loop ID	1000A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Submitter EDI Contact Information
Segment ID	PER
Loop ID	1000A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Receiver Name
Segment ID	NM1
Loop ID	1000B
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing/Pay-To Provider Hierarchical Level
Segment ID	HL
Loop ID	2000A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing/Pay-To Specialty Information
Segment ID	PRV
Loop ID	2000A
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing Provider Name
Segment ID	NM1
Loop ID	2010AA
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.
Example	NM1*85*2*SIMPSON HOSPITAL*****XX*1234567890~

Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	Code identifying an organizational entity, physical location, property or an individual.
NM102	R	Entity Type Qualifier 1 – Person 2- Non person entity	
NM103	R	Name Last or Organizational name	
NM104	S	Name First	
NM105	S	Name Middle	
NM106	Not used	Name Prefix	
NM 107	S	Name Suffix Billing Provider Name Suffix	
NM108	R	National Provider Identifier XX - NPI	If XX – NPI is used then either the Employer's Identification Number or the Social Security Number must be carried in the REF in this Loop.
NM109	R	Identification Code National Provider Identifier	NPI number

Segment Name	Billing Provider Address
Segment ID	N3
Loop ID	2010AA
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing Provider City/State/ZIP Code
Segment ID	N4
Loop ID	2010AA
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing Provider Secondary Identification
Segment ID	REF
Loop ID	2010AA
Usage	Required
Segment Notes	One instance of this loop is required to use EI as Employer's Identification Number
Example	REF*EI* 001122333 ~

Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	EI - Employer's Identification Number SY - Social Security Number	No separators. between the numbers
REF02	R	Billing Provider Additional Identifier	
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Segment Name	Billing Provider Contact Information
Segment ID	PER
Loop ID	2010AA
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment	Pay To Provider Name
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Name	
Segment ID	NM1
Loop ID	2010AB
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing Provider Address
Segment ID	N3
Loop ID	2010AB
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing Provider City/State/ZIP Code
Segment ID	N4
Loop ID	2010AB
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Pay To Provider Secondary Information
Segment ID	REF
Loop ID	2010AB
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber Hierarchical Level
Segment ID	HL
Loop ID	2000B
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber Information
Segment ID	SBR

Loop ID	2000B
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber Name
Segment ID	NM1
Loop ID	2010BA
Usage	Required
Segment Notes	See ISDH specific rules below.
Example	NM1*IL*1*DOE*JOHN*T***MI*123456

Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code IL – Insured or Subscriber	
NM102	R	Entity Type Qualifier 1 – Person	
NM103	R	Subscriber's Last Name	
NM104	S	Subscriber's First Name	
NM105	S	Subscriber's Middle Initial	
NM106	N/A	Name Prefix	Not used per IG
NM107	S	Subscriber Name Suffix	
NM108	R	Identification Code Qualifier MI – Member Identification Number	
NM109	R	Subscriber Primary Identifier	This field is required by ISDH.
NM110	N/A	Entity Relationship Code	Not used per IG
NM111	N/A	Entity Identifier Code	Not used per IG

Segment Name	Subscriber Address
Segment ID	N3
Loop ID	2010BA
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber City/State/ZIP Code
Segment ID	N4
Loop ID	2010BA

Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber Demographic Information
Segment ID	DMG
Loop ID	2010BA
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber Secondary Information
Segment ID	REF
Loop ID	2010BA
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Payer Name
Segment ID	NM1
Loop ID	2010BB – Payer Name
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Claim Information
Segment ID	CLM
Loop ID	2300
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Date – Initial Treatment
Segment ID	DTP
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Date – Onset of Current Illness/Symptom
Segment ID	DTP
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Date – Similar Illness/Symptom Onset
Segment ID	DTP

Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Date – Accident
Segment ID	DTP
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Date - Admission
Segment ID	DTP
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Date – Discharge Date
Segment ID	DTP
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Claim Supplemental Information
Segment ID	PWK
Loop ID	2300
Usage	Situational
Segment Notes	See ISDH specific rules below.
Example	PWK☒ EB☒BM☒☒☒AC☒DMN0012~

Element ID	Usage	Guide Description/Valid Values	Comments
PWK01	R	Attachment Report Type Code EB = Explanation of Benefits	Coordination of Benefits or Medicare Secondary Payor
PWK02	R	Attachment Transmission Code BM = By Mail. FX = By Fax	Fax# (317) 233-1342 Mail or Fax the cover sheet and attachment
PWK03	N/A	Report Copies Needed	Not used per IG
PWK04	N/A	Entity Identifier Code	Not used per IG
PWK05	R	Identification Code Qualifier AC = Attachment Control Number Qualifier	
PWK06	R	Identification Code	Attachment Control Number

Element ID	Usage	Guide Description/Valid Values	Comments
PWK07	N/A	Description	Not used per IG
PWK08	N/A	ACTIONS INDICATED	Not used per IG
PWK09	N/A	Request Category Code	Not used per IG

Segment Name	Patient Paid Amount
Segment ID	AMT
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Prior Authorization or Referral Number
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Original Reference Number (ICN/DCN)
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Re-priced Claim Number
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules. This data is not used by ISDH, but, if submitted, it will be included in the 835 response.

Segment Name	Adjusted Re-priced Claim Number
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules. This data is not used by ISDH, but, if submitted, it will be included in the 835 response.

Segment Name	Medical Record Number
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules. This data is not used by ISDH, but, if submitted, it will be included in the 835 response.

Segment Name	Claim Note
Segment ID	NTE
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Health Care Diagnosis Code
Segment ID	HI
Loop ID	2300
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Referring Provider Name
Segment ID	NM1
Loop ID	2310A
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Referring Provider Specialty Information
Segment ID	PRV
Loop ID	2310A
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Referring Provider Secondary Information
Segment ID	REF
Loop ID	2310A
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Rendering Provider Name
Segment ID	NM1
Loop ID	2310B
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Rendering Provider Specialty Information
Segment ID	PRV
Loop ID	2310B
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules. Segment usage changed from <i>Required</i> to <i>Situational</i> per the addenda.

Segment Name	Rendering Provider Secondary Information
Segment ID	REF
Loop ID	2310B
Usage	Situational
Segment Notes	If this loop is used, one instance must use REF01 = "G2" per ISDH rules.
Example	REF*G2*123456~

Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier G2 – Provider Commercial Number Use G2 for one instance of this loop. Other instances of this loop can be sent with other codes. See IG for list of valid codes.	Per HIPAA compliance, this loop can repeat up to 20 times. It is ISDH's rule that one of these instances must use Reference Id Qualifier G2.
REF02	R	Billing Provider Additional Identifier	When REF01 = G2 then REF02 = ISDH assigned provider id.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Segment Name	Other Subscriber Information
Segment ID	SBR
Loop ID	2320
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Claim Level Adjustment
Segment ID	CAS
Loop ID	2320
Usage	Situational
Segment Notes	See ISDH rules below.
Example	CAS*CO*23*66.7**CO*3*25.54~

Element ID	Usage	Guide Description/Valid Values	Comments
CAS01	R	Claim Adjustment Group Code	
CAS02	R	Claim Adjustment Reason Code	
CAS03	R	Monetary Amount	
CAS04	S	Quantity	
CAS05	S	Claim Adjustment Reason Code	
CAS06	S	Monetary Amount	
CAS07	S	Quantity	
CAS08	S	Claim Adjustment Reason Code	
CAS09	S	Monetary Amount	
CAS10	S	Quantity	
CAS11	S	Claim Adjustment Reason Code	
CAS12	S	Monetary Amount	
CAS13	S	Quantity	
CAS14	S	Claim Adjustment Reason Code	
CAS15	S	Monetary Amount	
CAS16	S	Quantity	
CAS17	S	Claim Adjustment Reason Code	
CAS18	S	Monetary Amount	
Element ID	Usage	Guide Description/Valid Values	Comments
CAS19	S	Quantity	

Segment Name	Service Line
Segment ID	LX
Loop ID	2400
Usage	Required

Segment Notes	Follow the HIPAA and A1 IG rules.
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Segment Name	Professional Service
Segment ID	SV1
Loop ID	2400
Usage	Required
Segment Notes	See ISDH rules below.
Example	SV1*HC:99396*110*UN*1**1:2**N~

Element ID	Usage	Guide Description/Valid Values	Comments
SV101	S	Composite Medical Procedure Identifier	
SV101-1	R	Product/Service ID Qualifier HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes N4 – National Drug Code in 5-4-2 format	ISDH only accepts these two values.
SV102-2	R	Procedure Code	
SV102-3	S	HCPCS Modifier 1	
SV102-4	S	HCPCS Modifier 2	
SV102-5	S	HCPCS Modifier 3	
SV102-6	S	HCPCS Modifier 4	
SV102-7	N/A	Description	
SV103	R	Line Item Charge Amount	
SV104	R	Unit or Basis of Measurement Code UN – Units MJ – Minutes	
SV105	R	Service Unit Count	
SV106	N/A	Service Type Code	Not used
SV107	S	Composite Diagnosis Code Pointer	
SV107-1	R	Diagnosis Code Pointer	
SV107-2	R	Diagnosis Code Pointer	
SV107-3	R	Diagnosis Code Pointer	
SV107-4	R	Diagnosis Code Pointer	
SV108	N/A	Monetary Amount	Not used
SV109	R	Emergency Indicator N – No Y – Yes	
SV110	N/A	Multiple Procedure Code	Not used
SV111	S	EPSDT Indicator	Not used by ISDH

Element ID	Usage	Guide Description/Valid Values	Comments
SV112	S	Family Planning Indicator	Not used by ISDH
SV113	N/A	Review Code	Not used
SV114	N/A	National or Local Assigned Review Value	Not used
SV115	S	Co-Pay Status Code	Not used by ISDH
SV116	N/A	Health Care Professional Shortage Area Code	Not used
SV117	N/A	Reference Identification	Not used
SV118	N/A	Postal Code	Not used
SV119	N/A	Monetary Amount	Not used
SV120	N/A	Level of Care Code	Not used
SV121	N/A	Provider Agreement Code	Not used

Segment Name	Date – Service Date
Segment ID	DTP
Loop ID	2400
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Prior Authorization or Referral Number
Segment ID	REF
Loop ID	2400
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Line Item Control Number
Segment ID	REF
Loop ID	2400
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Service Line Adjustment
Segment ID	CAS
Loop ID	2430
Usage	Situational
Segment Notes	See ISDH rules below.
Example	CAS*CO*23*66.7**CO*3*25.54~

Element ID	Usage	Guide Description/Valid Values	Comments
CAS01	R	Claim Adjustment Group Code	
CAS02	R	Claim Adjustment Reason Code	
CAS03	R	Adjustment Amount	
CAS04	S	Adjustment Quantity	
CAS05	S	Claim Adjustment Reason Code	
CAS06	S	Monetary Amount	
CAS07	S	Quantity	
CAS08	S	Claim Adjustment Reason Code	
CAS09	S	Monetary Amount	
CAS10	S	Quantity	
CAS11	S	Claim Adjustment Reason Code	
CAS12	S	Monetary Amount	
CAS13	S	Quantity	
CAS14	S	Claim Adjustment Reason Code	
CAS15	S	Monetary Amount	
CAS16	S	Quantity	
CAS17	S	Claim Adjustment Reason Code	
CAS18	S	Monetary Amount	
CAS19	S	Quantity	

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	N/A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.