Standard HIPAA Companion Guide

837 Health Care Claim: Institutional
San Francisco Health Plan

Refers to the Implementation Guide Based
On ASC X12 Version 005010X223A2

Table of Contents

Document Revision / Version Control

Ver.	Date	Comments / Details of revision	Modified By
1.0	03/15/2013	Initial Draft	Samuel Dodda
2.0	07/30/2013	Final Version	Tony Ambrose
2.1	8/29/2014	Updated to incorporate DHCS requirements	Roger Excell/ Wil Trevizo
2.2	9/23/2014	• Corrections made to required/situational status of the 2320 OI segment, and the 2330A and 2330B loops • Modifications made to the notes of the CLM05-1 • Added file naming convention section	Wil Trevizo
2.3	10/20/2014	• Correction made to NDC format of the 2410 LIN segment	Travis Komoda
2.4	06/03/2016	• Additional information added to 2320 and 2430 loops.	Wil Trevizo
2.5	01/07/2021	• Added explanation of EPSDT service submission	Wil Trevizo
2.6	05/14/2021	• Updated Subscriber Information	Travis Komoda

Introduction

This Companion Guide was prepared to assist San Francisco Health Plan (SFHP) partners in implementing electronic 5010 837 Institutional Claims/Encounter exchange. This Companion Guide represents only the pertinent data elements for SFHP and its trading partners and is not be representative of the full X12 5010 TR3. It is a tool to be used in conjunction with the X12 5010 837 Institutional Health Care Claim Implementation Guide. If necessary, SFHP shall provide a specific addendum to this guide to each partner to indicate which fields have hardcoded values to cover both parties' business requirements.

Acceptable Data Policy

Line, Segment, Element and Sub-Element Terminators
  Files should follow industry standard practices for line, segment and element terminators. Carriage returns and line feed characters are acceptable for line terminators. Standard formatting of the initial ISA line to dynamically determine segment, element and sub-element terminators must be exercised.

  Sending data with a non-standard ISA header in which the terminators cannot be dynamically determined will result in the rejection of the entire file.

HIPAA Segments
  This companion guide describes the elements SFHP can presently extract from an 837 Institutional file. If additional data is sent in standard 837I format as described in the HIPAA 005010X223A2 Implementation Guide, it will be ignored until such time as both trading partners agree to implement the additional data fields.

  If additional data is sent that is not strictly defined as in the HIPAA 005010X223A2 Implementation Guide, this will result in the rejection of the entire file.

Required and Situational Loops

In this guide, loops, segments, and data elements are marked as situational or required. Even though a segment may be marked as situational, some data elements within that segment may be marked as required. In these cases, if that situational segment is included, those required elements are necessary.

In general, anything marked as situational is not explicitly required, but there are situations in which they may be necessary. For example, the 2300 REF*F8, Payer Claim Control Number, is a situational segment, but the segment becomes required when

submitting a replacement or void claim/encounter record. There are several other situations when this is also the case.

Excerpted from the HIPAA 5010 837 TR3:

"The usage designator of a loop's beginning segment indicates the usage of the loop. If a loop is used, the first segment of that loop is Required (R) even if it is marked Situational (S).

If the usage of the first segment in a loop is marked required, the loop must occur at least once unless it is nested in a loop that is not being used. A note on the required initial segment of a nested loop will indicate dependency on the higher level loop.

If the first segment is Situational, there will be a segment note addressing use of the loop. Any required segments in loops beginning with a Situational segment only occur when the loop is used. For an example of this, see Loop ID-2010AA – Billing Provider. In the 2010AA loop, if the loop is used, the initial segment, NM1 – Billing Provider Name, must be used. N3 and N4, REF-Billing Provider TAX ID segments are required."

VALIDATION OF CLAIMS

1. Pre-Processor validation of claims (and encounters sent through adjudication system) is based on:
   a. HIPAA Compliance
   b. Member match and Provider match
2. Claims and encounters passing Pre-Processor Validation are accepted into the Adjudication system for processing
3. Claims and encounters that fail Per-Processor Validation will be rejected and returned to the Submitter.
4. Institutional claims and encounters received before 10:30 AM on a business day will be processed on the same day by 6:00 PM. Institutional claims and encounters received on a business day/non-business day after 10:30 AM will be processed on the next business day by 6:00 PM.

VALIDATION OF ENCOUNTERS

1. SFHP Enterprise Data Warehouse - Encounters are routed into our Data Warehouse for validation on HIPAA Compliance
2. Encounters that fail this validation will be rejected and returned to the Submitter via Error Reports on the following Business day.
3. Institutional encounters before 10:30 AM on a business day will be processed on the same day by 6:00 PM. Institutional encounters received on a business day/non-business day after 10:30 AM will be processed on the next business day by 6:00 PM.

IMPLEMENTATION

SFHP exchanges claim and encounter data with its trading partners via SFTP. A signed "Trading Partner Agreement" must be completed prior to SFTP connectivity set up. Contact EDI Customer Support for more information at production_services@sfhp.org

Upon signing the "Trading Partner Agreement", necessary documentation along with the User ID and Password will be transmitted to the Trading Partner securely. An 837I Enrollment form is submitted by the Trading Partner, which includes the Tax ID. SFHP completes the 837I Enrollment and an 837I test file is requested from the Trading Partner (Utilized for test cycle). A minimum of two successful test cycles are required before a Trading Partner can be approved for production 837I file exchange.

NAMING CONVENTION

Please use the following naming convention when submitting Professional Encounter and Claim 837 files to SFHP:

[*Submitter ID*]-**837P**-[*File Create Date CCYYMMDDhhmmss*]-[*Product Code*].txt

All encounter Submitter IDs are three digit alpha codes. Claim submitter codes may vary in length and can contain alpha and numeric values. SFHP must agree with submitters on Submitter IDs prior to file submission.

Example: **Encounter Files**
              ABC-837I-20140808115643-MC.txt
              DEF-837I-20140808115643-HSF.txt
              Claim Files
              ABCD-837I-20140808115643-SFHP_MC.txt
              EFG05-837I-20140808115643-HSF_HK.txt

Product Codes:
SFHP   = San Francisco Health Plan
SFHP_MC   = SFHP Medi-Cal
SFHP_HK   = SFHP Healthy Kids
SFHP_HF   = SFHP Healthy Families
SFHP_HW   = SFHP Healthy Workers
HSF   = Healthy San Francisco

LAYOUT

The Implementation Guide groups the data into Levels, Loops and Segments. A Loop is made of one or more Segments, and a Level is made of one or more Loops.

Data segments are explained in the table below with the following columns:

1. Loop: The Loop ID from the Implementation Guide. The first level of reference to locate any element in the Implementation Guide.

2. Element: The Element ID from the Implementation Guide. The second level of reference to locate any element in the Implementation Guide.

3. Name: The Industry Name from the Implementation Guide. The standard name is used when no industry name was available.

4. Instructions & Examples: Provides additional information for data required in a segment.

5. The below table represents only those fields that SFHP requires a specific value in or has additional guidance on what the value sent in the response means. The table does not represent all of the information required (such as Element ID, Type, Length, and Usage) for a successful transaction. The TR3 should be reviewed for that information.

File Headers

Loop	Element	Name	Instructions & Examples	Required/ Situational
	ISA	**Interchange Control Header**	EX: ISA*00**00*\\\\\\\\\\ *ZZ*XXXXXXXXXX*ZZ*SFHP\\ *121001*1600*^*00501* 000022220*0*P*>~ The ISA is a fixed record length segment and all positions within each of the data elements MUST BE FILLED. Spaces in the example are represented by '\\' for clarity	**R**
	ISA01	Authorization Information Qualifier	This element will carry the value: "00" – No Authorization Information Present (No Meaningful Information in I02) "03" – Additional Data Identification	R
	ISA02	Authorization Information	No Authorization Information will be sent by SFHP (Leave Blank)	R
	ISA03	Security Information Qualifier	This element will always carry the value "00"	R
	ISA04	Security Information	No Security Information will be sent by SFHP (Leave Blank)	R
	ISA05	Interchange ID Qualifier	"30" – U.S. Federal Tax Identification Number "ZZ" – Mutually Defined	R
	ISA06	Interchange Sender ID	"XXXXXXXXXX "	R
	ISA07	Interchange ID Qualifier	"30" – U.S. Federal Tax Identification Number "ZZ" – Mutually Defined	R
	ISA08	Interchange Receiver ID	This element is assigned by SFHP. Ex: "SFHP15 " or "SFHP ".	R
	ISA09	Interchange Date	"YYMMDD" Date Format	R
	ISA10	Interchange Time	"HHMM" Time Format	R
	ISA11	Repetition Separator	This element is assigned by Sender. "^"	R
	ISA12	Interchange Control Version Number	"00501"	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
	ISA13	Interchange Control Number	A unique positive unsigned number assigned by SFHP, must be identical to IEA02 EX: "000022220"	R
	ISA14	Acknowledgement Request	"0" – No Acknowledgement Request	R
	ISA15	Interchange Usage Indicator	"P" – Production Data "T" – Test Data	R
	ISA16	Component Element Separator	">"	R
	GS	**Functional Group Header**	GS*HC*XXXXXXXX*SFHP15*20121001*1600*22220*X*005010X223A2~	**R**
	GS01	Functional Identifier Code	"HC" – Health Care Claim (837)	R
	GS02	Application Sender's Code	Sender defines.	R
	GS03	Application Receiver's Code	This element is same as ISA08	R
	GS04	Date	Functional Group Creation Date in "CCYYMMDD" format	R
	GS05	Time	Functional Group Creation Date in "HHMMSS" format	R
	GS06	Group Control Number	This may be same as ISA13 and GE02 or unique positive number.	R
	GS07	Responsible Agency Code	"X" - Accredited Standards Committee X12	R
	GS08	Version/Release/Industry Identifier Code	"005010X223A1" - Standards Approved for Publication by ASC X12 Procedures Review Board	R
	ST	**Transaction Set Header**	ST*837*0001*005010X223A2~	**R**
	ST01	Transaction Set Identifier Code	"837" – Health Care Claim	R
	ST02	Transaction Set Control Number	This element will contain a unique transaction set control number assigned by SFHP. EX: "0001" The Transaction Set Control Number in ST02 and SE02 must be identical.	R
	ST03	Implementation Convention Reference	This field contains the same value as GS08.	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
	BHT	**Beginning of Hierarchical** Transaction	`BHT*0019*00*5056*20120222*1609*CH~`	**R**
	BHT01	Hierarchical Structure Code	"0019" – Information Source: Subscriber, Dependent	R
	BHT02	Transaction Set Purpose Code	"00" – Original Transmission (Electronic) "18" – Reissue (Electronic)	R
	BHT03	Reference Identifier	Originator Application Transaction Identifier *assigned by the submitter's system.* This number operates as a batch control number.	R
	BHT04	Date	Transaction Set Creation Date in "CCYYMMDD" format	R
	BHT05	Time	Transaction Set Creation Time in "HHMM" format	R
	BHT06	Transaction Type Code	"31" – Subrogation Demand "CH" – Claims Chargeable and Capitated Claims "RP" – Reporting	R

Submitter and Receiver

Loop	Element	Name	Instructions & Examples	Required/ Situational
1000A	**NM1**	**Submitter Name**	`NM1*41*2*SAN FRANCISCO HOSPITAL*****46*987654321~`	**R**
1000A	NM101	Entity Identifier Code	"41" – Submitter	R
1000A	NM102	Entity Type Qualifier	"2" – Non-Person	R
1000A	NM103	Organization Name	Organization Name	R
1000A	NM108	Identification Code Qualifier	"46" – Electronic Transmitter Identification Number (ETIN)	R
1000A	NM109	Submitter Identifier	Submitter Identifier	R
1000A	**PER**	**Submitter EDI Contact Information**	`PER*IC*BUSINESS OFFICE*TE*4156154411*FX*4156154411~`	**R**
1000A	PER01	Contact Function Code	"IC" – Information Contact	R
1000A	PER02	Name	Submitter Contact Name	S
1000A	PER03	Communication Number Qualifier	"TE" – Telephone Number	R
1000A	PER04	Communication Number	Communication Number	R
1000A	PER05	Communication Number Qualifier	"FX" – Fax Number	S
1000A	PER06	Communication Number	Communication Number	S
1000B	**NM1**	**Receiver Name**	`NM1*40*2*SF HEALTH PLAN*****46*SFHP~`	**R**
1000B	NM101	Entity Identifier Code	"40" – Receiver	R
1000B	NM102	Entity Type Qualifier	"2" – Non-Person	R
1000B	NM103	Organization Name	"SF Health Plan" - Organization Name	R
1000B	NM108	Identification Code Qualifier	"46" – Electronic Transmitter Identification Number (ETIN)	R
1000B	NM109	Submitter Identifier	This element will always the carry the value: "SFHP"	R

Billing Provider Detail

Loop	Element	Name	Instructions & Examples	Required/ Situational
2000A	**HL**	**Billing Provider Hierarchical Level**	`HL*1**20*1~`	**R**
2000A	HL01	Hierarchical ID Number	The first HL01 within each ST-SE envelope must begin with "1", and be incremented by one each time an HL is used in the transaction.	R
2000A	HL03	Hierarchical Level Code	"20" – Information Source	R
2000A	HL04	Hierarchical Child Code	"1" – Additional Subordinate HL Data Segment in This Hierarchical Structure.	R
2000A	**PRV**	**Billing Provider Specialty Information**	`PRV*BI*PXC*261QF0400X~`	**S**
2000A	PRV01	Provider Code	"BI" – Billing	R
2000A	PRV02	Reference Identification Qualifier	"PXC" – Health Care Provider Taxonomy Code	R
2000A	PRV03	Reference Identification	Billing Provider Taxonomy Code	R
2010AA	**NM1**	**Billing Provider Name**	`NM1*85*2*TOM WADDELL HLTH CNTR*****XX*1234567890~`	**R**
2010AA	NM101	Entity Identifier Code	"85" – Billing Provider	R
2010AA	NM102	Entity Type Qualifier	"2" – Non-Person	R
2010AA	NM103	Organization Name	Organization Name	R
2010AA	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services National Provider Identifier (NPI)	R
2010AA	NM109	Submitter Identifier	Billing Provider Identifier SFHP Notes: NPI is required for all providers. Please note that if Billing Provider's NPI Identification is not provided; Claim will be rejected by SFHP.	R
2010AA	**N3**	**Billing Provider Address**	`N3*10 3RD AVE~` SFHP Notes: Must be a physical address	**R**
2010AA	N301	Address Information	Billing Provider Address Line	R
2010AA	N302	Address Information	Additional Billing Provider Address Line	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2010AA	**N4**	**Billing Provider City, State, Zip Code**	`N4*SAN FRANCISCO*CA*941161126~`	**R**
2010AA	N401	City Name	Billing Provider City Name	R
2010AA	N402	State or Province Code	Billing Provider State Code	S
2010AA	N403	Postal Code	Billing Provider Postal Code <u>SFHP Notes:</u> Must be 9 digits	S
2010AA	**REF**	**Billing Provider Tax Identification**	`REF*EI*987654321~`	**R**
2010AA	REF01	Reference Identification Qualifier	"EI" – Employer Identification Number	R
2010AA	REF02	Reference Identification	Billing Provider Tax Identification Number	R

2010AA	**PER**	**Billing Provider Contact Information**	`PER*IC*BUSINESS`
			`    OFFICE*TE*4156154411*FX*415615`
			`    4411~`
				S

2010AA	PER01	Contact Function Code	"IC" – Information Contact	R
2010AA	PER02	Name	Submitter Contact Name	S
2010AA	PER03	Communication Number Qualifier	"TE" – Telephone Number	R
2010AA	PER04	Communication Number	Communication Number	R
2010AA	PER05	Communication Number Qualifier	"FX" – Fax Number	S
2010AA	PER06	Communication Number	Communication Number	S
2010AB	**NM1**	**Pay-To Address Name**	`NM1*87*2~` <u>SFHP Notes:</u> the 2010AB loop should be used when the remit address differs from the physical address in the 2010AA Billing Provider loop	**S**
2010AB	NM101	Entity Identifier Code	"87" – Pay-to Provider	R
2010AB	NM102	Entity Type Qualifier	"2" – Non-Person	R
2010AB	**N3**	**Pay-To Address**	`N3*100 3RD AVE~`	**R**
2010AB	N301	Address Information	Pay-to Provider Address Line	R
2010AB	N302	Address Information	Additional Address Line	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2010AB	**N4**	**Pay-To City, State, Zip Code**	`N4*SAN FRANCISCO*CA*941161126~`	**R**
2010AB	N401	City Name	Pay-to Provider City Name	R
2010AB	N402	State or Province Code	Pay-to Provider State Code	S
2010AB	N403	Postal Code	Pay-to Provider Postal Code	S

Subscriber Detail

Loop	Element	Name	Instructions & Examples	Required/ Situational
2000B	**HL**	**Subscriber Hierarchical Level**	`HL*2*1*22*0~`	**R**
2000B	HL01	Hierarchical ID Number	The first HL01 within each ST-SE envelope must begin with "1", and be incremented by one each time an HL is used in the transaction.	R
2000B	HL02	Hierarchical Parent ID Number	This element identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate. Current HL segment is subordinate of HL "1" and will carry the value "1"	R
2000B	HL03	Hierarchical Level Code	"22" – Subscriber	R
2000B	HL04	Hierarchical Child Code	"0" – No Subordinate Patient HL Segment in This Hierarchical Structure. "1" – Additional Subordinate Patient HL Data Segment in This Hierarchical Structure.	R
2000B	**SBR**	**Subscriber Information**	`SBR*P*18*CHN******CI~`	**R**
2000B	SBR01	Payer Responsibility Sequence Number Code	"P" – Primary "S" – Secondary "T" – Tertiary	R
2000B	SBR02	Individual Relationship Code	"18" – Self	S
2000B	SBR03	Reference Identification	Subscriber Group or Policy Number: This element will contain a 3 letter Code representing Subscriber Group or a 14 digit and letter Code representing Policy Number EX: "ABC" – Subscriber Group "99999999C99999" – Policy Number	S
2010BA	**NM1**	**SUBSCRIBER NAME**	`NM1*IL*1*DOE*JOHN****MI*99999999C~`	**R**
2010BA	NM101	Entity Identifier Code	"IL" – Insured or Subscriber	R
2010BA	NM102	Entity Type Qualifier	"1" – Person	R
2010BA	NM103	Name Last	Subscriber Last Name	R
2010BA	NM104	Name First	Subscriber First Name	S
2010BA	NM105	Name Middle	Subscriber Middle Name	S
2010BA	NM107	Name Suffix	Subscriber Name Suffix	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2010BA	NM108	Identification Code Qualifier	"MI" – Member Identification Number	S
2010BA	NM109	Identification Code	11 Digit SFHP ID or CIN	R
2010BA	**N3**	**Subscriber Address**	`N3*1000 4RD AVE~`	**R**
2010BA	N301	Address Information	Subscriber Address Line	R
2010BA	N302	Address Information	Additional Address Line	S
2010BA	**N4**	**Subscriber City, State, Zip Code**	`N4*SAN FRANCISCO*CA*941161126~`	**R**
2010BA	N401	City Name	Subscriber City Name	R
2010BA	N402	State Code	Subscriber State Code	R
2010BA	N403	Postal Code	Subscriber Zip Code	R
2010BA	**DMG**	**Subscriber Demographic Information**	`DMG*D8*19941019*M~`	**R**
2010BA	DMG01	Date Time Period Format Qualifier	"D8" – Date Expressed in Format CCYYMMDD	R
2010BA	DMG02	Date Time Period	Subscriber Date of Birth	R
2010BA	DMG03	Gender Code	"F" – Female "M" – Male "U" – Unknown	R
2010BB	**NM1**	**Payer Name**	`NM1*PR*2*San Francisco Health Plan*****PI*SFHP~`	**R**
2010BB	NM101	Entity Identifier Code	"PR" – Payer	R
2010BB	NM102	Entity Type Qualifier	"2" – Non- Person	R
2010BB	NM103	Organization Name	Payer Name	R
2010BB	NM108	Identification Code Qualifier	"PI" – Payer Identification "XV" – Centers for Medicare and Medicaid Services PlanID	R
2010BB	NM109	Identification Code	Payer Primary Identifier	R
2010BB	**N3**	**Payer Address**	`N3*1002 3RD AVE~`	**S**
2010BB	N301	Address Information	Payer Address Line	R
2010BB	N302	Address Information	Additional Address Line	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2010BB	**N4**	**Payer City, State, Zip Code**	`N4*SAN FRANCISCO*CA*941161126~`	**S**
2010BB	N401	City Name	Payer City Name	R
2010BB	N402	State Code	Payer State Code	S
2010BB	N403	Postal Code	Payer Postal Code	S

Patient Detail

Loop	Element	Name	Instructions & Examples	Required/ Situational
2000C	**HL**	**Patient Hierarchical Level**	`HL*3*2*23*0~` TR3 Notes: "If a patient is a dependent of a subscriber and can be uniquely identified to the payer by a unique Identification Number, then the patient is considered the subscriber and is to be identified in the Subscriber Level." SFHP Notes: This Segment will only be used when services are provided to a Newborn whose mother is an SFHP subscriber	**S**
2000C	HL01	Hierarchical ID Number	The first HL01 within each ST-SE envelope must be "1", and be incremented by one each time an HL is used in the transaction.	R
2000C	HL02	Hierarchical Parent ID Number	This element identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	R
2000C	HL03	Hierarchical Level Code	"23" – Dependent	R
2000C	HL04	Hierarchical Child Code	"0" – No Subordinate HL Segment is allowed in this Patient Hierarchical Structure.	R
2000C	**PAT**	**Patient Information**	`PAT*19~` SFHP Notes: This Segment will only be used when services are provided to a Newborn whose mother is an SFHP subscriber	**R**
2000C	PAT01	Individual Relationship Code	"19" – Child	R
2010CA	**NM1**	**Patient Name**	`NM1*QC*1*DOE*JANE****MI*99999999C~` SFHP Notes: This Segment will only be used when services are provided to a Newborn whose mother is an SFHP subscriber	**R**
2010CA	NM101	Entity Identifier Code	"QC" – Patient	R
2010CA	NM102	Entity Type Qualifier	"1" – Person	R
2010CA	NM103	Name Last	Patient Last Name	R
2010CA	NM104	Name First	Patient First Name	S
2010CA	NM105	Name Middle	Patient Middle Name	S
2010CA	NM107	Name Suffix	Patient Name Suffix	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2010CA	**N3**	**Address Information**	`N3*123 Main Street~` SFHP Notes: This Segment will only be used when services are provided to a Newborn whose mother is an SFHP subscriber	**R**
2010CA	N301	Patient Address Line	First Address line	R
2010CA	N302	Patient Address Line	Second Address Line	S
2010CA	**N4**	**Patient City, State, Zip**	`N4*SAN FRANCISCO*CA*941161126~` SFHP Notes: This Segment will only be used when services are provided to a Newborn whose mother is an SFHP subscriber	**R**
2010CA	N401	City Name	Patient City	R
2010CA	N402	State or Provence code	Patient State	S
2010CA	N403	Postal Code	Patient Zip Code	R
2010CA	**DMG**	**Patient Demographic Information**	`DMG*D8*20130119*F~` SFHP Notes: This Segment will only be used when services are provided to a Newborn whose mother is an SFHP subscriber	**R**
2010CA	DMG01	Date Time Period Format Qualifier	"D8" – Date Expressed in Format CCYYMMDD	R
2010CA	DMG02	Date Time Period	Patient Date of Birth	R
2010CA	DMG03	Gender Code	"F" – Female "M" – Male "U" – Unknown	R

Claim Level Detail

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	**CLM**	**Claim Information**	`CLM*1234567890*150.00***13>A>1**C*Y*Y ~`	**R**
2300	CLM01	Claim Submitter's Identifier	Patient Control Number	R
2300	CLM02	Monetary Amount	Total Claim Charge Amount	R
2300	CLM05-1	Facility Code Value	The most common facility codes: "11" – Office "13" – Assisted Living Facility "20" – Urgent Care Facility "21" – Inpatient Hospital "22" – Outpatient Hospital "23" – Emergency Room - Hospital "24" – Ambulatory Surgical Center "25" – Birthing Center "34" – Hospice "41" – Ambulance - Land	R
2300	CLM05-2	Facility Code Qualifier	"A" – Uniform Billing Claim Form Bill Type CODE SOURCE 236: Uniform Billing Claim Form Bill Type	R
2300	CLM05-3	Claim Frequency Type Code	"1" – Original (Admit through discharge claim) "6" – Corrected (Adjustment of prior claim) "34" – Hospice "7" – Replacement (Replacement of prior claim) "8" – Void (Void/Cancellation of prior claim) "2" – Interim - First Claim "3" – Interim - Continuing Claim "4" – Interim - Last Claim CODE SOURCE 235: Claim Frequency Type Code	R
2300	CLM07	Provider Accept Assignment Code	Assignment or Plan Participation Code "A" – Assigned "B" – Assignment Accepted on Clinical Lab Services Only "C" – Not Assigned	R
2300	CLM08	Yes/No Condition or Response Code	Benefit Assignment Certification Indicator. This element answers the question whether or not the insured has authorized the plan to remit payment directly to the provider. "Y" – Yes "N" – No "W" – Not Applicable	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	CLM09	Release of Information Code	The Release of Information response is limited to the information carried in this claim. `"I"` – Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes `"Y"` – Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	R
2300	CLM20	Delay Reason Code	Delay Reason Code "1" – Proof of Eligibility Unknown or Unavailable "2" – Litigation "3" – Authorization Delays "4" – Delay in Certifying Provider "5" – Delay in Supplying Billing Forms "6" – Delay in Delivery of Custom-made Appliances "7" – Third Party Processing Delay "8" – Delay In Eligibility Determination "9" – Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules "10" – Administration Delay in the Prior Approval Process "11" – Other "15" – Natural Disaster	S
2300	**DTP**	**Discharge Hour**	`DTP*096*TM*1700~` SFHP Note: Required on all final inpatient claims	**S**
2300	DTP01	Date/Time Qualifier	`"096"` – Discharge	R
2300	DTP02	Date Time Period Format Qualifier	`"TM"` – Range of Dates in Format `"HHMM"`	R
2300	DTP03	Date Time Period	Discharge Time	R
2300	**DTP**	**Statement Dates**	`DTP*434*RD8*20130101–20130115~`	**R**
2300	DTP01	Date/Time Qualifier	`"434"` – Statement	R
2300	DTP02	Date Time Period Format Qualifier	`"RD8"` – Range of Dates in Format `"CCYYMMDD–CCYYMMDD"`	R
2300	DTP03	Date Time Period	Dates	R
2300	**DTP**	**Admission Date/Hour**	`DTP*435*RD8*20130101–20130115~` SFHP Note: Required on all inpatient claims	**S**
2300	DTP01	Date/Time Qualifier	`"434"` – Statement	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	DTP02	Date Time Period Format Qualifier	"D8" –Date in Format "CCYYMMDD" "DT" –Date in Format "CCYMMDDHHMM"	R
2300	DTP03	Date Time Period	Date and Hour	R
2300	**CL1**	**Institutional Claim Code**	CL1*1*7*30~	**R**
2300	CL101	Admission Type Code	Code indicating priority of admission or visit CODE SOURCE 231: Priority (type) of admission or visit	R
2300	CL102	Admission Source Code	Required for all inpatient and outpatient services. CODE SOURCE 230: Admission Source Code	S
2300	CL103	Patient Status Code	Code indicating patient status as of the "statement covers through date" CODE SOURCE 239: Patient Status Code	R
2300	**REF**	**Service Authorization Exception Code**	REF*4N*1~	**S**
2300	REF01	Reference Identification Qualifier	"4N" – Special Payment Reference Number	R
2300	REF02	Reference Identification	Allowable values for this element are: "1" – Immediate/Urgent Care "2" – Services Rendered in a Retroactive Period "3" – Emergency Care "4" – Client has Temporary Medicaid "5" – Request from County for Second Opinion to Determine if Recipient Can Work "6" – Request for Override Pending "7" – Special Handling	R
2300	**REF**	**Referral Number**	REF*9F*12345~	**S**
2300	REF01	Reference Identification Qualifier	"9F" –Referral Number	R
2300	REF02	Reference Identification	Referral Number	R
2300	**REF**	**Prior Authorization**	REF*G1*12345~	**S**
2300	REF01	Reference Identification Qualifier	"G1" –Prior Authorization Number	R
2300	REF02	Reference Identification	Prior Authorization Number	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	**REF**	**Payer Claim Control Number**	REF*F8*R123456789~ SFHP Note: Required for adjusting or voiding previously submitted records. Use the CLM01 value from the original claims/encounters routed to Enterprise Data Warehouse. Use the Adjudication System ID for claims/encounters routed to adjudication system.	**S**
2300	REF01	Reference Identification Qualifier	"F8" –Original Reference Number	R
2300	REF02	Reference Identification	Payer Claim Control Number	R
2300	**REF**	**Claim Identifier For Transmission Intermediaries**	REF*D9*1234567890~	**S**
2300	REF01	Reference Identification Qualifier	"D9" –Claim Number	R
2300	REF02	Reference Identification	Value Added Network Trace Number	R
2300	**REF**	**Medical Record Number**	REF*EA*123456789~	**S**
2300	REF01	Reference Identification Qualifier	"EA" – Medical Record Identification Number	R
2300	REF02	Reference Identification	Medical Record Number	R
2300	**NTE**	**Claim Note**	NTE*ALG*PENICILLIN~	**S**

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	NTE01	Note Reference Code	"ALG" –Allergies "DCP" –Goals, Rehabilitation Potential, or Discharge Plans "DGN" –Diagnosis Description "DME" –Durable Medical Equipment (DME) and Supplies "MED" –Medications "NTR" –Nutritional Requirements "ODT" –Orders for Disciplines and Treatments "RHB" –Functional Limitations, Reason Homebound, or Both "RLH" –Reasons Patient Leaves Home "RHN" –Times and Reasons Patient Not at Home "SET" –Unusual Home, Social Environment, or Both "SFM" –Safety Measures "SPT" –Supplementary Plan of Treatment "UPI" –Updated Information	R
2300	NTE02	Description	Claim Note Text	R
2300	**NTE**	**Claim Note**	`NTE*ADD*PATIENT FELL AT HOME, LIABILITY~`	**S**
2300	NTE01	Note Reference Code	"ADD" –Additional information	R
2300	NTE02	Description	Claim Note Text	R
2300	**HI**	**Principal Diagnosis**	`HI*BK>49300~`	**R**
2300	HI01-1	Health Care Code Information	Code List Qualifier Code: "ABK" –International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis "BK" –International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis	R
2300	HI01-2	Industry Code	Diagnosis Code	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI01-9	Yes/No Condition or Response Code	Present On Admission Indicator Used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	**HI**	**Admitting Diagnosis**	`HI*BJ>99762~` SFHP Note: Required for Inpatient Admissions	**S**
2300	HI01-1	Health Care Code Information	Code List Qualifier Code: "ABJ" –International Classification of Diseases Clinical Modification (ICD-10-CM) Admitting Diagnosis "BJ" –International Classification of Diseases Clinical Modification (ICD-9-CM) Admitting Diagnosis	R
2300	HI01-2	Industry Code	Admitting Diagnosis Code	R
2300	**HI**	**Patient's Reason For Visit**	`HI*PR>78701~` SFHP Note: Required for Outpatient Visits	**S**
2300	HI01-1	Health Care Code Information	Code List Qualifier Code: "APR" –International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit "PR" –International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	R
2300	HI01-2	Industry Code	Patient Reason For Visit	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI02-1	Health Care Code Information	Code List Qualifier Code "APR" –International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit "PR" –International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	S
2300	HI02-2	Industry Code	Patient Reason For Visit	S
2300	HI03-1	Health Care Code Information	Code List Qualifier Code "APR" –International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit "PR" –International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	S
2300	HI03-2	Industry Code	Patient Reason For Visit	S
2300	**HI**	**External Cause Of Injury**	`HI*BN>E8660~`	**S**
2300	HI01-1	Health Care Code Information	Code List Qualifier Code: "ABN" –International Classification of Diseases Clinical Modification (ICD-10-CM) External Cause of Injury Code (E-codes) "BN" –International Classification of Diseases Clinical Modification (ICD-9-CM) External Cause of Injury Code (E-codes)	S
2300	HI01-2	Industry Code	External Cause of Injury Code	S
2300	HI01-9	Yes/No Condition or Response Code	Present On Admission Indicator "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI02-1	Health Care Code Information	Code List Qualifier Code: "ABN" –International Classification of Diseases Clinical Modification (ICD-10-CM) External Cause of Injury Code (E-codes) "BN" –International Classification of Diseases Clinical Modification (ICD-9-CM) External Cause of Injury Code (E-codes)	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI02-2	Industry Code	External Cause of Injury Code	S
2300	HI02-9	Yes/No Condition or Response Code	Present On Admission Indicator "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI03-1	Health Care Code Information	Code List Qualifier Code: "ABN" –International Classification of Diseases Clinical Modification (ICD-10-CM) External Cause of Injury Code (E-codes) "BN" –International Classification of Diseases Clinical Modification (ICD-9-CM) External Cause of Injury Code (E-codes)	S
2300	HI03-2	Industry Code	External Cause of Injury Code	S
2300	HI03-9	Yes/No Condition or Response Code	Present On Admission Indicator "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI04-1	Health Care Code Information	Code List Qualifier Code: "ABN" –International Classification of Diseases Clinical Modification (ICD-10-CM) External Cause of Injury Code (E-codes) "BN" –International Classification of Diseases Clinical Modification (ICD-9-CM) External Cause of Injury Code (E-codes)	S
2300	HI04-2	Industry Code	External Cause of Injury Code	S
2300	HI04-9	Yes/No Condition or Response Code	Present On Admission Indicator "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI05-1	Health Care Code Information	Code List Qualifier Code: "ABN" –International Classification of Diseases Clinical Modification (ICD-10-CM) External Cause of Injury Code (E-codes) "BN" –International Classification of Diseases Clinical Modification (ICD-9-CM) External Cause of Injury Code (E-codes)	S
2300	HI05-2	Industry Code	External Cause of Injury Code	S
2300	HI05-9	Yes/No Condition or Response Code	Present On Admission Indicator "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI06-1	Health Care Code Information	Code List Qualifier Code: "ABN" –International Classification of Diseases Clinical Modification (ICD-10-CM) External Cause of Injury Code (E-codes) "BN" –International Classification of Diseases Clinical Modification (ICD-9-CM) External Cause of Injury Code (E-codes)	S
2300	HI06-2	Industry Code	External Cause of Injury Code	S
2300	HI06-9	Yes/No Condition or Response Code	Present On Admission Indicator "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI07-1	Health Care Code Information	Code List Qualifier Code: "ABN" –International Classification of Diseases Clinical Modification (ICD-10-CM) External Cause of Injury Code (E-codes) "BN" –International Classification of Diseases Clinical Modification (ICD-9-CM) External Cause of Injury Code (E-codes)	S
2300	HI07-2	Industry Code	External Cause of Injury Code	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI07-9	Yes/No Condition or Response Code	Present On Admission Indicator "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI08-1	Health Care Code Information	Code List Qualifier Code: "ABN" –International Classification of Diseases Clinical Modification (ICD-10-CM) External Cause of Injury Code (E-codes) "BN" –International Classification of Diseases Clinical Modification (ICD-9-CM) External Cause of Injury Code (E-codes)	S
2300	HI08-2	Industry Code	External Cause of Injury Code	S
2300	HI08-9	Yes/No Condition or Response Code	Present On Admission Indicator "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI09-1	Health Care Code Information	Code List Qualifier Code: "ABN" –International Classification of Diseases Clinical Modification (ICD-10-CM) External Cause of Injury Code (E-codes) "BN" –International Classification of Diseases Clinical Modification (ICD-9-CM) External Cause of Injury Code (E-codes)	S
2300	HI09-2	Industry Code	External Cause of Injury Code	S
2300	HI09-9	Yes/No Condition or Response Code	Present On Admission Indicator "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI10-1	Health Care Code Information	Code List Qualifier Code: "ABN" –International Classification of Diseases Clinical Modification (ICD-10-CM) External Cause of Injury Code (E-codes) "BN" –International Classification of Diseases Clinical Modification (ICD-9-CM) External Cause of Injury Code (E-codes)	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI10-2	Industry Code	External Cause of Injury Code	S
2300	HI10-9	Yes/No Condition or Response Code	Present On Admission Indicator "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI11-1	Health Care Code Information	Code List Qualifier Code: "ABN" –International Classification of Diseases Clinical Modification (ICD-10-CM) External Cause of Injury Code (E-codes) "BN" –International Classification of Diseases Clinical Modification (ICD-9-CM) External Cause of Injury Code (E-codes)	S
2300	HI11-2	Industry Code	External Cause of Injury Code	S
2300	HI11-9	Yes/No Condition or Response Code	Present On Admission Indicator "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI12-1	Health Care Code Information	Code List Qualifier Code: "ABN" –International Classification of Diseases Clinical Modification (ICD-10-CM) External Cause of Injury Code (E-codes) "BN" –International Classification of Diseases Clinical Modification (ICD-9-CM) External Cause of Injury Code (E-codes)	S
2300	HI12-2	Industry Code	External Cause of Injury Code	S
2300	HI12-9	Yes/No Condition or Response Code	Present On Admission Indicator "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	**HI**	**Diagnosis Related Group (DRG) Information**	`HI*DR>123~`	**S**

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI01-1	Health Care Code Information	Code List Qualifier Code: "DR" – Diagnosis Related Group (DRG) CODE SOURCE 229: Diagnosis Related Group Number (DRG)	R
2300	HI01-2	Industry Code	Diagnosis Related Group (DRG) Code	R
2300	**HI**	**Other Diagnosis Information**	`HI*BF>4821>>>>>>>N*BF>4821>>>>>>>N~` SFHP Note: Segment may be repeated once if there are more than twelve diagnoses to report in this category	**S**
2300	HI01-1	Health Care Code Information	Code List Qualifier Code: "ABF" –International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis "BF" –International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	R
2300	HI01-2	Industry Code	Other Diagnosis	R
2300	HI01-9	Yes/No Condition or Response Code	C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI02-1	Health Care Code Information	Code List Qualifier Code: "ABF" –International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis "BF" –International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	S
2300	HI02-2	Industry Code	Other Diagnosis	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI02-9	Yes/No Condition or Response Code	C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI03-1	Health Care Code Information	Code List Qualifier Code: "ABF" –International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis "BF" –International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	S
2300	HI03-2	Industry Code	Other Diagnosis	S
2300	HI03-9	Yes/No Condition or Response Code	C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI04-1	Health Care Code Information	Code List Qualifier Code: "ABF" –International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis "BF" –International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	R
2300	HI04-2	Industry Code	Other Diagnosis	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI04-9	Yes/No Condition or Response Code	C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI05-1	Health Care Code Information	Code List Qualifier Code: "ABF" –International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis "BF" –International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	S
2300	HI05-2	Industry Code	Other Diagnosis	S
2300	HI05-9	Yes/No Condition or Response Code	C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI06-1	Health Care Code Information	Code List Qualifier Code: "ABF" –International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis "BF" –International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	S
2300	HI06-2	Industry Code	Other Diagnosis	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI06-9	Yes/No Condition or Response Code	C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI07-1	Health Care Code Information	Code List Qualifier Code: "ABF" –International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis "BF" –International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	R
2300	HI07-2	Industry Code	Other Diagnosis	R
2300	HI07-9	Yes/No Condition or Response Code	C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI08-1	Health Care Code Information	Code List Qualifier Code: "ABF" –International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis "BF" –International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	S
2300	HI08-2	Industry Code	Other Diagnosis	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI08-9	Yes/No Condition or Response Code	C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI09-1	Health Care Code Information	Code List Qualifier Code: "ABF" –International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis "BF" –International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	S
2300	HI09-2	Industry Code	Other Diagnosis	S
2300	HI09-9	Yes/No Condition or Response Code	C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI10-1	Health Care Code Information	Code List Qualifier Code: "ABF" –International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis "BF" –International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	R
2300	HI10-2	Industry Code	Other Diagnosis	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI10-9	Yes/No Condition or Response Code	C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI11-1	Health Care Code Information	Code List Qualifier Code: "ABF" –International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis "BF" –International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	S
2300	HI11-2	Industry Code	Other Diagnosis	S
2300	HI11-9	Yes/No Condition or Response Code	C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	HI12-1	Health Care Code Information	Code List Qualifier Code: "ABF" –International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis "BF" –International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	S
2300	HI12-2	Industry Code	Other Diagnosis	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI12-9	Yes/No Condition or Response Code	C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. "N" –No "U" –Unknown "W" –Not Applicable "Y" –Yes	S
2300	**HI**	**Principal Procedure Information**	`HI*BR>3121>D8>20130125~` SFHP Note: Required on inpatient claims when a procedure was performed.	**S**
2300	HI01-1	Health Care Code Information	Code List Qualifier Code: "BBR" –International Classification of Diseases Clinical Modification (ICD-10-PCS) Principal Procedure Codes "BR" –International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes "CAH" –Advanced Billing Concepts (ABC) Codes SFHP Note: ICD-9 codes must be used for services rendered before October 1, 2015. ICD-10 codes must be used thereafter.	R
2300	HI01-2	Industry Code	Principal Procedure Code	S
2300	HI01-3	Date Time Period Format Qualifier	"D8" –Date Expressed in Format CCYYMMDD	R
2300	HI01-4	Date Time Period Format	Principal Procedure Date	R
2300	**HI**	**Other Procedure Information**	`HI*BQ:3614:D8:20140502*BQ:3723:D8:201 40503~` SFHP Note: Segment may be repeated once if there are more than twelve diagnoses to report in this category	**S**

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI01-1	Health Care Code Information	"BBQ" - International Classification of Diseases Clinical Modification (ICD-10-PCS) Principal Procedure Codes "BQ" - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes	R
2300	HI01-2	Industry Code	Other Procedure Code	R
2300	HI01-3	Date Time Period Format Qualifier	"D8" –Date Expressed in Format CCYYMMDD	R
2300	HI01-4	Date Time Period Format	Other Procedure Date	
2300	HI02-1	Health Care Code Information	"BBQ" - International Classification of Diseases Clinical Modification (ICD-10-PCS) Principal Procedure Codes "BQ" - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes	R
2300	HI02-2	Industry Code	Other Procedure Code	R
2300	HI02-3	Date Time Period Format Qualifier	"D8" –Date Expressed in Format CCYYMMDD	R
2300	HI02-4	Date Time Period Format	Other Procedure Date	
2300	HI03-1	Health Care Code Information	"BBQ" - International Classification of Diseases Clinical Modification (ICD-10-PCS) Principal Procedure Codes "BQ" - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes	R
2300	HI03-2	Industry Code	Other Procedure Code	R
2300	HI03-3	Date Time Period Format Qualifier	"D8" –Date Expressed in Format CCYYMMDD	R
2300	HI03-4	Date Time Period Format	Other Procedure Date	
2300	HI04-1	Health Care Code Information	"BBQ" - International Classification of Diseases Clinical Modification (ICD-10-PCS) Principal Procedure Codes "BQ" - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes	R
2300	HI04-2	Industry Code	Other Procedure Code	R
2300	HI04-3	Date Time Period Format Qualifier	"D8" –Date Expressed in Format CCYYMMDD	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI04-4	Date Time Period Format	Other Procedure Date	
2300	HI05-1	Health Care Code Information	"BBQ" - International Classification of Diseases Clinical Modification (ICD-10-PCS) Principal Procedure Codes "BQ" - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes	R
2300	HI05-2	Industry Code	Other Procedure Code	R
2300	HI05-3	Date Time Period Format Qualifier	"D8" –Date Expressed in Format CCYYMMDD	R
2300	HI05-4	Date Time Period Format	Other Procedure Date	
2300	HI06-1	Health Care Code Information	"BBQ" - International Classification of Diseases Clinical Modification (ICD-10-PCS) Principal Procedure Codes "BQ" - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes	R
2300	HI06-2	Industry Code	Other Procedure Code	R
2300	HI06-3	Date Time Period Format Qualifier	"D8" –Date Expressed in Format CCYYMMDD	R
2300	HI06-4	Date Time Period Format	Other Procedure Date	
2300	HI07-1	Health Care Code Information	"BBQ" - International Classification of Diseases Clinical Modification (ICD-10-PCS) Principal Procedure Codes "BQ" - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes	R
2300	HI07-2	Industry Code	Other Procedure Code	R
2300	HI07-3	Date Time Period Format Qualifier	"D8" –Date Expressed in Format CCYYMMDD	R
2300	HI07-4	Date Time Period Format	Other Procedure Date	
2300	HI08-1	Health Care Code Information	"BBQ" - International Classification of Diseases Clinical Modification (ICD-10-PCS) Principal Procedure Codes "BQ" - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes	R
2300	HI08-2	Industry Code	Other Procedure Code	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI08-3	Date Time Period Format Qualifier	"D8" –Date Expressed in Format CCYYMMDD	R
2300	HI08-4	Date Time Period Format	Other Procedure Date	
2300	HI09-1	Health Care Code Information	"BBQ" - International Classification of Diseases Clinical Modification (ICD-10-PCS) Principal Procedure Codes "BQ" - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes	R
2300	HI09-2	Industry Code	Other Procedure Code	R
2300	HI09-3	Date Time Period Format Qualifier	"D8" –Date Expressed in Format CCYYMMDD	R
2300	HI09-4	Date Time Period Format	Other Procedure Date	
2300	HI10-1	Health Care Code Information	"BBQ" - International Classification of Diseases Clinical Modification (ICD-10-PCS) Principal Procedure Codes "BQ" - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes	R
2300	HI10-2	Industry Code	Other Procedure Code	R
2300	HI10-3	Date Time Period Format Qualifier	"D8" –Date Expressed in Format CCYYMMDD	R
2300	HI10-4	Date Time Period Format	Other Procedure Date	
2300	HI11-1	Health Care Code Information	"BBQ" - International Classification of Diseases Clinical Modification (ICD-10-PCS) Principal Procedure Codes "BQ" - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes	R
2300	HI11-2	Industry Code	Other Procedure Code	R
2300	HI11-3	Date Time Period Format Qualifier	"D8" –Date Expressed in Format CCYYMMDD	R
2300	HI11-4	Date Time Period Format	Other Procedure Date	

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI12-1	Health Care Code Information	"BBQ" - International Classification of Diseases Clinical Modification (ICD-10-PCS) Principal Procedure Codes "BQ" - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes	R
2300	HI12-2	Industry Code	Other Procedure Code	R
2300	HI12-3	Date Time Period Format Qualifier	"D8" –Date Expressed in Format CCYYMMDD	R
2300	HI12-4	Date Time Period Format	Other Procedure Date	
2300	**HI**	**Occurrence Span Information**	`HI*BI>70>RD8>20130115-20130120*BI>74>RD8>20130115-20130120~`	**S**
2300	HI01-1	Health Care Code Information	Code List Qualifier Code: "BI" –Occurrence Span CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	R
2300	HI01-2	Industry Code	Occurrence Span Code	R
2300	HI01-3	Date Time Period Format Qualifier	"RD8" –Date Expressed in Format CCYYMMDD-CCYYMMDD	R
2300	HI01-4	Date Time Period Format	Occurrence Span Code Date	R
2300	HI02-1	Health Care Code Information	Code List Qualifier Code: "BI" –Occurrence Span CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	S
2300	HI02-2	Industry Code	Occurrence Span Code	R
2300	HI02-3	Date Time Period Format Qualifier	"RD8" –Date Expressed in Format CCYYMMDD-CCYYMMDD	R
2300	HI02-4	Date Time Period Format	Occurrence Span Code Date	R
2300	HI03-1	Health Care Code Information	Code List Qualifier Code: "BI" –Occurrence Span CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	S
2300	HI03-2	Industry Code	Occurrence Span Code	R
2300	HI03-3	Date Time Period Format Qualifier	"RD8" –Date Expressed in Format CCYYMMDD-CCYYMMDD	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI03-4	Date Time Period Format	Occurrence Span Code Date	R
2300	**HI**	**Occurrence Information**	`HI*BH>70>D8>20130115*BH>74>D8>2013011` `5~`	**S**
2300	HI01-1	Health Care Code Information	Code List Qualifier Code: `"BH"` –Occurrence CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	R
2300	HI01-2	Industry Code	Occurrence Code	R
2300	HI01-3	Date Time Period Format Qualifier	`"D8"` –Date Expressed in Format CCYYMMDD	R
2300	HI01-4	Date Time Period Format	Occurrence Code Date	R
2300	HI02-1	Health Care Code Information	Code List Qualifier Code: `"BH"` –Occurrence CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	S
2300	HI02-2	Industry Code	Occurrence Code	S
2300	HI02-3	Date Time Period Format Qualifier	`"D8"` –Date Expressed in Format CCYYMMDD	S
2300	HI02-4	Date Time Period Format	Occurrence Code Date	S
2300	HI03-1	Health Care Code Information	Code List Qualifier Code: `"BH"` –Occurrence CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	S
2300	HI03-2	Industry Code	Occurrence Code	S
2300	HI03-3	Date Time Period Format Qualifier	`"D8"` –Date Expressed in Format CCYYMMDD	S
2300	HI03-4	Date Time Period Format	Occurrence Code Date	S
2300	**HI**	**Value Information**	`HI*BE>70>>199.99*BE>74>>420.01~`	**S**
2300	HI01-1	Health Care Code Information	Code List Qualifier Code: `"BE"` – Value CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI01-2	Industry Code	Value Code	R
2300	HI01-5	Monetary Amount	Value Code Amount	R
2300	HI02-1	Health Care Code Information	Code List Qualifier Code: "BE" – Value CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	S
2300	HI02-2	Industry Code	Value Code	R
2300	HI02-5	Monetary Amount	Value Code Amount	R
2300	HI03-1	Health Care Code Information	Code List Qualifier Code: "BE" – Value CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	S
2300	HI03-2	Industry Code	Value Code	R
2300	HI03-5	Monetary Amount	Value Code Amount	R
2300	**HI**	**Condition Information**	`HI*BG>17*BG>67~`	**S**
2300	HI01-1	Health Care Code Information	Code List Qualifier Code: "BG" –Condition `CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes`	R
2300	HI01-2	Industry Code	Condition Code	R
2300	HI02-1	Health Care Code Information	Code List Qualifier Code: "BG" –Condition `CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes`	S
2300	HI02-2	Industry Code	Condition Code	S
2300	HI03-1	Health Care Code Information	Code List Qualifier Code: "BG" –Condition `CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes`	S
2300	HI03-2	Industry Code	Condition Code	S
2300	**HI**	**Treatment Code Information**	`HI*TC>A01*TC>A02~`	**S**

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	HI01-1	Health Care Code Information	Code List Qualifier Code: "TC" –Treatment Codes CODE SOURCE 359: Treatment Codes	R
2300	HI01-2	Industry Code	Treatment Codes	R
2300	HI02-1	Health Care Code Information	Code List Qualifier Code: "TC" – Treatment Codes CODE SOURCE 359: Treatment Codes	S
2300	HI02-2	Industry Code	Treatment Codes	S
2300	HI03-1	Health Care Code Information	Code List Qualifier Code: "TC" – Treatment Codes CODE SOURCE 359: Treatment Codes	S
2300	HI03-2	Industry Code	Treatment Codes	S
2310A	**NM1**	**Attending Provider Name**	NM1*71*1*JOHN DOE*L**XX*1234567890~ SFHP Notes: Required when the claim contains any services other than non-scheduled transportation. NPI is required for all providers. Please note that if Attending Provider's NPI Identification is not provided; Claim will be rejected by SFHP.	**S**
2310A	NM101	Entity Identifier Code	"71" – Attending Physician	R
2310A	NM102	Entity Type Qualifier	"1" –Person	R
2310A	NM103	Name Last	Attending Provider Last Name	R
2310A	NM104	Name First	Attending Provider First Name	R
2310A	NM105	Name Middle	Attending Provider Middle Name	S
2310A	NM107	Name Suffix	Attending Provider Name Suffix	S
2310A	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services National Provider Identifier	R
2310A	NM109	Identification Code	Attending Provider Identifier	R
2310A	**PRV**	**Attending Provider Specialty Information**	PRV*PE*PXC*999D9999X~	**S**
2310A	PRV01	Provider Code	"AT" – Attending	R
2310A	PRV02	Reference Identification Qualifier	"PXC" – Health Care Provider Taxonomy Code	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2310A	PRV03	Reference Identification	Provider Taxonomy Code	R
2310A	**REF**	**Attending Provider Secondary Identification**	`REF*1G*A12345~`	**S**
2310A	REF01	Reference Identification Qualifier	"0B" – State License Number "1G" – Provider UPIN Number	R
2310A	REF02	Reference Identification	Attending Provider Secondary Identifier	R
2310B	**NM1**	**Operating Physician Name**	`NM1*72*1*JOHN DOE*L**XX*1234567890~` SFHP Notes: Required when a surgical procedure is listed on the claim. NPI is required for all providers. Please note that if Operating Provider's NPI Identification is not provided; Claim will be rejected by SFHP.	**S**
2310B	NM101	Entity Identifier Code	"72" – Operating Physician	R
2310B	NM102	Entity Type Qualifier	"1" –Person	R
2310B	NM103	Name Last	Operating Physician Last Name	R
2310B	NM104	Name First	Operating Physician First Name	R
2310B	NM105	Name Middle	Operating Physician Middle Name	S
2310B	NM107	Name Suffix	Operating Physician Name Suffix	S
2310B	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services National Provider Identifier	R
2310B	NM109	Identification Code	Operating Physician Identifier	R
2310B	**REF**	**Operating Physician Secondary Identification**	`REF*1G*A12345~`	**S**
2310B	REF01	Reference Identification Qualifier	"0B" – State License Number "1G" – Provider UPIN Number	R
2310B	REF02	Reference Identification	Operating Physician Secondary Identifier	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2310C	**NM1**	**Other Operating Physician Name**	NM1*ZZ*1*JOHN DOE*L**XX*1234567890~ SFHP Notes: Required when another operating physician is involved. NPI is required for all providers. Please note that if Other Operating Provider's NPI Identification is not provided; Claim will be rejected by SFHP.	**S**
2310C	NM101	Entity Identifier Code	"ZZ" – Mutually Defined	R
2310C	NM102	Entity Type Qualifier	"1" –Person	R
2310C	NM103	Name Last	Other Operating Physician Last Name	R
2310C	NM104	Name First	Other Operating Physician First Name	R
2310C	NM105	Name Middle	Other Operating Physician Middle Name	S
2310C	NM107	Name Suffix	Other Operating Physician Name Suffix	S
2310C	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services National Provider Identifier	R
2310C	NM109	Identification Code	Other Operating Physician Identifier	R
2310C	**REF**	**Other Operating Physician Secondary Identification**	REF*1G*A12345~	**S**
2310C	REF01	Reference Identification Qualifier	"0B" – State License Number "1G" – Provider UPIN Number	R
2310C	REF02	Reference Identification	Other Operating Physician Secondary Identifier	R
2310D	**NM1**	**Rendering Provider Name**	NM1*82*1*JOHN DOE*L**XX*1234567890~ SFHP Notes: Required when the rendering provider is different than the attending provider. NPI is required for all providers. Please note that if Rendering Provider's NPI Identification is not provided; Claim will be rejected by SFHP.	**S**
2310D	NM101	Entity Identifier Code	"82" – Rendering Provider	R
2310D	NM102	Entity Type Qualifier	"1" –Person	R
2310D	NM103	Name Last	Rendering Provider Last Name	R
2310D	NM104	Name First	Rendering Provider First Name	R
2310D	NM105	Name Middle	Rendering Provider Middle Name	S
2310D	NM107	Name Suffix	Rendering Provider Name Suffix	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2310D	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services Provider Identifier	R
2310D	NM109	Identification Code	Rendering Provider Primary Identifier	R
2310D	**REF**	**Rendering Provider Secondary Identification**	REF*1G*A12345~	**S**
2310D	REF01	Reference Identification Qualifier	"0B" – State License Number "1G" – Provider UPIN Number	R
2310D	REF02	Reference Identification	Rendering Provider Secondary Identifier	R
2310E	**NM1**	**Service Facility Location Name**	NM1*77*2*TONY WELL HLTH CNTR***XX*1234567890~ SFHP Notes: Required if different than the Billing Provider. NPI is required for all providers. Please note that if Service Facility's NPI Identification is not provided; Claim will be rejected by SFHP.	**S**
2310E	NM101	Entity Identifier Code	"77" – Service Location	R
2310E	NM102	Entity Type Qualifier	"2" –Non-Person	R
2310E	NM103	Name Last	Service Facility Name	R
2310E	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services Provider Identifier	S
2310E	NM109	Identification Code	Facility Primary Identifier	S
2310E	**N3**	**Service Facility Address**	N3*1022 3RD AVE~	**R**
2310E	N301	Address Information	Service Facility Address Line	R
2310E	N302	Address Information	Additional Address Line	S
2310E	**N4**	**Service Facility City, State, Zip Code**	N4*SAN FRANCISCO*CA*941161126~	**R**
2310E	N401	City Name	Service Facility City Name	R
2310E	N402	State or Province Code	Service Facility State Code	R
2310E	N403	Postal Code	Service Facility Postal Code	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2310E	**REF**	**Service Facility Location Secondary Identification**	`REF*G2*A12345~`	**S**
2310E	REF01	Reference Identification Qualifier	"0B" – State License Number "G2" – Provider Commercial Number	R
2310E	REF02	Reference Identification	Laboratory or Facility Secondary Identifier	R
2310F	**NM1**	**Referring Provider Name**	`NM1*DN*1*DOE*JOHN****XX*1234567890~` SFHP Notes: Required on an outpatient claim when the referring provider is different from the attending provider. NPI is required for all providers. Please note that if Referring Provider's NPI Identification is not provided; Claim will be rejected by SFHP.	**S**
2310F	NM101	Entity Identifier Code	"DN" – Referring Provider "P3" – Primary Care Provider	R
2310F	NM102	Entity Type Qualifier	"1" –Person	R
2010F	NM103	Name Last	Referring Provider Name	R
2010F	NM104	Name First	Referring Provider First Name	S
2010F	NM105	Name Middle	Referring Provider Middle Name	S
2010F	NM107	Name Suffix	Referring Provider Name Suffix	S
2310F	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services Provider Identifier	R
2310F	NM109	Identification Code	Subscriber Primary Identifier	R
2310F	**REF**	**Referring Provider Secondary Identification**	`REF*G2*A12345~`	**S**
2310F	REF01	Reference Identification Qualifier	"0B" – State License Number "G1" – Provider UPIN Number	R
2310F	REF02	Reference Identification	Referring Provider Secondary Identifier	R
2320	**SBR**	**Other Subscriber Information**	`SBR*S*18*******CI~` SFHP Note: The 2320 and 2430 COB loops are required for encounters and claims when part or all was already paid by another payer.	**S**

Loop	Element	Name	Instructions & Examples	Required/ Situational
2320	SBR01	Payer Responsibility Sequence Number Code	"P" –Primary "S" –Secondary "T" –Tertiary "U" –Unknown	R
2320	SBR02	Individual Relationship Code	"18" –Primary	R
2320	SBR03	Reference Identification	Insured Group or Policy Number	R
2320	**CAS**	**Claim Level Adjustments**	CAS*PR*1*10.00~	**S**
2320	CAS01	Claim Adjustment Group Code	"CO" –Contractual Obligations "CR" –Corrections and Reversals "OA" –Other Adjustments "PI" –Payer Initiated Reductions "PR" –Patient Responsibility	R
2320	CAS02	Claims Adjustment Reason Code	Adjustment Reason Code	R
2320	CAS03	Monetary Amount	Adjustment Amount	R
2320	CAS04	Quantity	Adjustment Quantity	S
2320	CAS05	Claims Adjustment Reason Code	Adjustment Reason Code	S
2320	CAS06	Monetary Amount	Adjustment Amount	S
2320	CAS07	Quantity	Adjustment Quantity	S
2320	CAS08	Claims Adjustment Reason Code	Adjustment Reason Code	S
2320	CAS09	Monetary Amount	Adjustment Amount	S
2320	CAS10	Quantity	Adjustment Quantity	S
2320	CAS11	Claims Adjustment Reason Code	Adjustment Reason Code	S
2320	CAS12	Monetary Amount	Adjustment Amount	S
2320	CAS13	Quantity	Adjustment Quantity	S
2320	CAS14	Claims Adjustment Reason Code	Adjustment Reason Code	S
2320	CAS15	Monetary Amount	Adjustment Amount	S
2320	CAS16	Quantity	Adjustment Quantity	S
2320	CAS17	Claims Adjustment Reason Code	Adjustment Reason Code	S
2320	CAS18	Monetary Amount	Adjustment Amount	S
2320	CAS19	Quantity	Adjustment Quantity	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2320	**AMT**	**Coordination Of Benefits (COB) Payer Paid Amount**	AMT*D*411.10~	**S**
2320	AMT01	Amount Qualifier Code	"D" – Payer Amount Paid	R
2320	AMT02	Monetary Amount	Payer Paid Amount 2320 AMT*D Paid Amount must equal the sum of the all 2430 SVD02 paid amounts.	R
2320	**AMT**	**Remaining Patient Liability**	AMT*EAF*210.11~	**S**
2320	AMT01	Amount Qualifier Code	"EAF" – Amount Owed	R
2320	AMT02	Monetary Amount	Remaining Patient Liability	R
2320	**AMT**	**Coordination Of Benefits (COB) Total Non-Covered Amount**	AMT*A8*30.25~	**S**
2320	AMT01	Amount Qualifier Code	"A8" – Non-covered Charges - Actual	R
2320	AMT02	Monetary Amount	Non-Covered Charge Amount	R
2320	**OI**	**Other Insurance** Coverage Information	OI***Y***Y~ SFHP Note: OI Segment required when Other Subscriber Loop included	**S**
2320	OI03	Yes/No Condition or Response Code	This element answers the question whether or not the insured has authorized the plan to remit payment directly to the provider. "Y" –Yes "N" –No "W" –Not Applicable	R
2320	OI06	Release of Information Code	"I" –Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes "Y" –Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	R
2320	**MIA**	**Inpatient Adjudication Information**	MIA*1***3568.98*MA01***************21***MA25~	**S**
2320	MIA01	Quantity	Covered days or visits count	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2320	**MOA**	**Outpatient Adjudication Information**	MOA***A4~	**S**
2320	MOA01	Percent	Reimbursement Rate	S
2320	MOA02	Monetary Amount	HCPCS Payable Amount	S
2330A	**NM1**	**Other Subscriber**	NM1*IL*1*DOE*JOHN*T**JR*MI*123456~ SFHP Note: The 2330A loop is required when the 2320 COB loop is included.	**S**
2330A	NM101	Entity Code	"IL" - Insured or Subscriber	R
2330A	NM102	Entity Type Qualifier	"1" – Person "2" - Non-Person Entity	R
2330A	NM103	Last name or Organization name	Subscriber Last Name	R
2330A	NM104	First name	Subscriber First Name	S
2330A	NM105	Middle name	Subscriber Middle Name	S
2330A	NM108	Identification Code Qualifier	"MI"	R
2330A	NM109	Identification code	Member Identification Number	R
2330B	**NM1**	**Other Payer Name**	NM1*PR*2*ABC INSURANCE CO*****PI*123456789~ SFHP Note: The 2330B loop is required when the 2320 COB loop is included.	**S**
2330B	NM101	Entity Identifier Code	"PR" – Payer	R
2330B	NM102	Entity Type Qualifier	"2" – Non-Person Entity	R
2330B	NM103	Organization Name	Other Payer Organization Name	R
2330B	NM108	Identification Code Qualifier	"PI" – Payer Identification "XV" – CMS Plan ID	R
2330B	NM109	Identification Code	Other Payer Primary Identifier	R

Claim Line Level Detail

Loop	Element	Name	Instructions & Examples	Required/ Situational
2400	**LX**	**Service Line Number**	`LX*1~` LX functions as a line counter	**R**
2400	LX01	Assigned Number	The Service Line LX segment must begin with one and is incremented by one for each additional service line of a claim.	R
2400	**SV2**	**Institutional Service Line**	`SV2*0300*HC>81099*73.42*UN*1~`	**R**
2400	SV201-1	Product/Service ID	Service Line Revenue Code See Code Source 132: National Uniform Billing Committee (NUBC) Codes.	R
2400	SV202-1	Product/Service ID Qualifier	"HC" – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes CODE SOURCE 130: Healthcare Common Procedural Coding System	S
2400	SV202-2	Product/Service ID	Procedure Code	S
2400	SV202-3	Procedure Modifier	Identifies special circumstances related to the performance of the service	S
2400	SV202-4	Procedure Modifier	Identifies special circumstances related to the performance of the service	S
2400	SV202-5	Procedure Modifier	Identifies special circumstances related to the performance of the service	S
2400	SV202-6	Procedure Modifier	Identifies special circumstances related to the performance of the service	S
2400	SV203	Monetary Amount	Line Item Charge Amount	R
2400	SV204	Unit or Basis for Measurement Code	"DA" – Days "UN" – Unit	R
2400	SV205	Quantity	Service Unit Count	R
2400	**DTP**	**Service Date**	`DTP*472*D8*20130101~` `DTP*472*RD8*20130101-20130115~`	**S**
2400	DTP01	Date/Time Qualifier	"472" – Service	R
2400	DTP02	Date Time Period Format Qualifier	"D8" – Date Expressed in Format "CCYYMMDD" "RD8" – Range of Dates Expressed in Format "CCYYMMDD-CCYYMMDD"	R
2400	DTP03	Date Time Period	Service Date	R
2400	**REF**	**Line Item Control Number**	`REF*6R*12345~`	**S**

Loop	Element	Name	Instructions & Examples	Required/ Situational
2400	REF01	Reference Identification Qualifier	"6R" – Provider Control Number	R
2400	REF02	Reference Identification	Line Item Control Number	R
2410	**LIN**	**Drug Identification**	LIN***N4*00001234567~	**S**
2410	LIN02	Product/Service ID Qualifier	"N4" – National Drug Code in 5-4-2 Format	R
2410	LIN03	Product/Service ID	National Drug Code or Universal Product Number SFHP Notes: NDCs should be reported without the hyphens	R
2410	**CTP**	**Drug Quantity**	CTP****2*UN~	**R**
2410	CTP04	Quantity	National Drug Unit Count	R
2410	CTP05-1	Unit or Basis for Measurement Code	"F2" – International Unit "GR" – Gram "ME" – Milligram "ML" – Milliliter	R
2410	**REF**	**Prescription Or Compound Drug Association Number**	REF*XZ*123456~	**S**
2410	REF01	Reference Identification Qualifier	"VY" – Link sequence Number "XZ" – Pharmacy prescription Number	R
2410	REF02	Reference Identification	Prescription Number	R
2420A	**NM1**	**OPERATING PHYSICIAN NAME**	NM1*ZZ*1*DOE*JOHN***XX*1234567890~ SFHP Notes: Required when different from the attending provider and when different from the rendering provider at the claim level. NPI is required for all providers. Please note that if Operating Provider's NPI Identification is not provided; Claim will be rejected by SFHP.	**S**
2420A	NM101	Entity Identifier Code	"72" – Mutually Defined	R
2420A	NM102	Entity Type Qualifier	"1" - Person	R
2420A	NM103	Name Last	Operating Physician Last Name	R
2420A	NM104	Name First	Operating Physician First Name	S
2420A	NM105	Name Middle	Operating Physician Middle Name or Initial	S
2420A	NM107	Name Suffix	Operating Physician Name Suffix	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2420A	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services National Provider Identifier	R
2420A	NM109	Identification Code	Operating Physician Identifier	R
2420A	**REF**	**OPERATING PHYSICIAN SECONDARY IDENTIFICATION**	REFG2*12345~	**S**
2420A	REF01	Reference Identification Qualifier	OB State License Number 1G Provider UPN UPINs must be formatted as either X99999 or XXX999.	R
2420A	REF02	Reference Identification	Operating Physician Secondary Identifier	R
2420A	REF04-1	Reference Identification	Reference Identification Qualifier "2U" – Payer Identification Number	R
2420A	REF04-2	Reference Identification	Other Payer Primary Identifier	R
2420B	**NM1**	**OTHER OPERATING PHYSICIAN NAME**	NM1*ZZ*1*DOE*JOHN***XX*1234567890~ SFHP Notes: Required when different from the attending provider and when different from the rendering provider at the claim level. NPI is required for all providers. Please note that if Other Operating Provider's NPI Identification is not provided; Claim will be rejected by SFHP.	**S**
2420B	NM101	Entity Identifier Code	"ZZ" – Mutually Defined	R
2420B	NM102	Entity Type Qualifier	"1" - Person	R
2420B	NM103	Name Last	Other Operating Physician Last Name	R
2420B	NM104	Name First	Other Operating Physician First Name	S
2420B	NM105	Name Middle	Other Operating Physician Middle Name or Initial	S
2420B	NM107	Name Suffix	Other Operating Physician Name Suffix	S
2420B	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services National Provider Identifier	R
2420B	NM109	Identification Code	Other Operating Physician Identifier	R
2420B	**REF**	**OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION**	REFG2*12345~	**S**

Loop	Element	Name	Instructions & Examples	Required/ Situational
2420B	REF01	Reference Identification Qualifier	"OB" – Provider Commercial Number "1G" – Location Number "G2" Provider Commercial Number "LU" Location Number	R
2420B	REF02	Reference Identification	Other Operating Physician Secondary Identifier	R
2420B	REF04-1	Reference Identification	Reference Identification Qualifier "2U" – Payer Identification Qualifier	S
2420B	REF04-2	Reference Identification	Other Payer Primary Identifier	S
2420C	**NM1**	**Rendering Provider Name**	`NM1*82*1*JOHN DOE*L**XX*1234567890~` SFHP Notes: Required when different from the attending provider and when different from the rendering provider at the claim level. NPI is required for all providers. Please note that if Rendering Provider's NPI Identification is not provided; Claim will be rejected by SFHP.	**S**
2420C	NM101	Entity Identifier Code	"82" – Rendering Provider	R
2420C	NM102	Entity Type Qualifier	"1" –Person	R
2420C	NM103	Name Last	Rendering Provider Name	R
2420C	NM104	Name First	Rendering Provider First Name	S
2420C	NM105	Name Middle	Rendering Provider Middle Name	S
2420C	NM107	Name Suffix	Rendering Provider Name Suffix	S
2420C	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services Provider Identifier	R
2420C	NM109	Identification Code	Rendering Provider Identifier	R
2420C	**REF**	**Rendering Provider Secondary Identification**	`REF*G2*12345`	**S**
2420C	REF01	Reference Identification Qualifier	"OB" – Provider Commercial Number "1G" – Location Number "G2" Provider Commercial Number "LU" Location Number	R
2420C	REF02	Reference Identification	Rendering Provider Secondary Identifier	R
2420C	REF04-1	Reference Identification	Reference Identification Qualifier "2U" – Payer Identification Qualifier	S
2420C	REF04-2	Reference Identification	Other Payer Primary Identifier	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2420D	**NM1**	**Referring Provider Name**	NM1*DN*1*DOE*JANE****XX*1234567890~ SFHP Notes: Required when different from the attending provider and when different from the Attending provider at the claim level. NPI is required for all providers. Please note that if Referring Provider's NPI Identification is not provided; Claim will be rejected by SFHP.	**S**
2420D	NM101	Entity Identifier Code	"DN" – Referring Provider	R
2420D	NM102	Entity Type Qualifier	"1" –Person	R
2420D	NM103	Name Last	Referring Provider Name	R
2420D	NM104	Name First	Referring Provider First Name	S
2420D	NM105	Name Middle	Referring Provider Middle Name	S
2420D	NM107	Name Suffix	Referring Provider Name Suffix	S
2420D	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services Provider Identifier	R
2420D	NM109	Identification Code	Subscriber Primary Identifier	R
2420D	**REF**	**Referring Provider Secondary Identification**	REF*G2*A12345~	**S**
2420D	REF01	Reference Identification Qualifier	"OB" – Provider Commercial Number "1G" – Location Number "G2" Provider Commercial Number	R
2420D	REF02	Reference Identification	Referring Provider Secondary Identifier	R
2430	**SVD**	**Line Adjudication Information**	SVD*43*55.00*HC>84550**3~ SFHP Note: The 2320 and 2430 COB loops are required for encounters and claims when part or all was already paid by another payer.	**S**
2430	SVD01	Identification Code	Other Payer Primary Identifier SFHP Note: Must match the 2330B NM109 payer identifier from the corresponding 2320 COB loop	R
2430	SVD02	Monetary Amount	Line level paid amount. SFHP Note: 2320 AMT*D Paid Amount must equal the sum of the all 2430 SVD02 paid amounts.	R
2430	SVD03-1	Composite Medical Procedure Identifier	Product/Service ID Qualifier "HC" – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2430	SVD03-2	Product/Service ID	Procedure Code	S
2430	SVD03-3	Procedure Modifier	Identifies Special Circumstances related to the performance of the service	S
2430	SVD03-4	Procedure Modifier	Identifies Special Circumstances related to the performance of the service	S
2430	SVD03-5	Procedure Modifier	Identifies Special Circumstances related to the performance of the service	S
2430	SVD03-6	Procedure Modifier	Identifies Special Circumstances related to the performance of the service	S
2430	SVD05	Quantity	Paid Service Unit Count	S
2430	**CAS**	**Line Adjustments**	`CAS*PR*1*10.00~`	**S**
2430	CAS01	Line Adjustment Group Code	"CO" –Contractual Obligations "CR" –Corrections and Reversals "OA" –Other Adjustments "PI" –Payer Initiated Reductions "PR" –Patient Responsibility	R
2430	CAS02	Line Adjustment Reason Code	Adjustment Reason Code	R
2430	CAS03	Monetary Amount	Adjustment Amount	R
2430	CAS04	Quantity	Adjustment Quantity	S
2430	CAS05	Line Adjustment Reason Code	Adjustment Reason Code	S
2430	CAS06	Monetary Amount	Adjustment Amount	S
2430	CAS07	Quantity	Adjustment Quantity	S
2430	CAS08	Line Adjustment Reason Code	Adjustment Reason Code	S
2430	CAS09	Monetary Amount	Adjustment Amount	S
2430	CAS10	Quantity	Adjustment Quantity	S
2430	CAS11	Line Adjustment Reason Code	Adjustment Reason Code	S
2430	CAS12	Monetary Amount	Adjustment Amount	S
2430	CAS13	Quantity	Adjustment Quantity	S
2430	CAS14	Line Adjustment Reason Code	Adjustment Reason Code	S
2430	CAS15	Monetary Amount	Adjustment Amount	S
2430	CAS16	Quantity	Adjustment Quantity	S
2430	CAS17	Line Adjustment Reason Code	Adjustment Reason Code	S
2430	CAS18	Monetary Amount	Adjustment Amount	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2430	CAS19	Quantity	Adjustment Quantity	S
2430	**DTP**	**Line Check Or Remittance Date**	`DTP*573*D8*20130101~` <u>SFHP Note</u>: Required when Loop 2430 is included	**R**
2430	DTP01	Date/Time Qualifier	"573" – Date Claim Paid	R
2430	DTP02	Date Time Period Format Qualifier	"D8" – Date Expressed in Format "CCYYMMDD"	R
2430	DTP03	Date Time Period	Adjudication or Payment Date	R

File Trailers

Loop	Element	Name	Instructions & Examples	Required/ Situational
	SE	**Transaction Set Trailer**	`SE*55*0001~`	**R**
	SE01	Number of Included Segments	Transaction Segment Count	R
	SE02	Transaction Set Control Number	SE02 must be identical to ST02	R
	GE	**Functional Group Trailer**	`GS*1*1~`	**R**
	GE01	Number of Transaction Sets Included	Total number of transaction sets included in the functional group	R
	GE02	Group Control Number	GE02 must be identical to GS06	R
	IEA	**Interchange Control Trailer**	`IEA*1*000000020~`	**R**
	IEA01	Number of Included Functional Groups	Total number of functional groups included in an interchange	R
	IEA02	Interchange Control Number	IEA92 must be identical to ISA13	R

OTHER INFORMATION

Standard Field Delimiters

Delimiter	Delimiter Type
*	Data Element Separator
>	Sub-Element Separator
~	Segment Terminator

ICD-10 Diagnosis Codes

Submitters must adhere to the ICD-10 compliance date, any encounters/claims submitted for a date of service on or after October 1st 2015 must use ICD-10 diagnosis

codes otherwise the encounter/claim will be denied. Encounters/claims submitted for a date of service before October 1st 2015 must continue to use ICD-9 diagnosis codes otherwise the encounter/claim will be denied.

Coordination of Benefit (COB) Reporting

When reporting COB information, for each previous payer, the encounter header level 2320 loop must be present including the 2330A other subscriber sub loop and 2330B other payer sub loop. The corresponding 2430 encounter line level loop for each line must be included as well.

The 2320 header level paid amount should equal the sum of the 2430 line level paid amounts, and CAS adjustment segments should also be included to account for differences between the bill amount and the amount paid.

COB Segments:
2320 – Other Subscriber Information Loop
       SBR – Other Subscriber Information
       CAS – Claim Level Adjustment (situational)
       AMT – COB Payer Paid Amount
       OI – Other Insurance Coverage Information
       2330A – Other Subscriber Subloop
            NM1 – Other Subscriber Name
       2330B – Other Payer Subloop
            NM1 – Other Payer Name
2430 – Line Adjudication Information Loop
       SVD – Line Adjudication Information
       CAS – Line Adjustment (situational)
       DTP – Line Check or Remittance Date

Early & Periodic Screening, Diagnosis and Treatment (EPSDT)

When submitting encounters for EPSDT services, follow the instructions in the Implementation Guide for the 837I:
- In the 2300 loop (claim level), use the CRC segment ("Conditions Indicator") to indicate whether an EPSDT referral was given for diagnostic or corrective treatment.
- The CRC segment should indicate the referral only, not the actual diagnostic or corrective treatment. The CRC referenced diagnostic or corrective treatment should be included on a separate encounter submission.

Encounters for EPSDT Diagnostic or corrective treatments will be submitted differently:
- Identify EPSDT Diagnostic or corrective treatments by utilizing the EP modifier with the appropriate CPT code(s) for services rendered.

Appendix A
Sample Claim Data

PRIMARY PAYER SUBSCRIBER: John T Doe
SUBSCRIBER ADDRESS: 123 City Avenue, Centerville, PA 17111
SEX: M
DOB: 11/11/1926
MEDICARE INSURANCE ID#: 999999999A
PAYER ID #: 00435
PATIENT: Same as Primary Subscriber
DESTINATION PAYER: Health Plan
SUBMITTER: Jones Hospital
EDI#: 12345
RECEIVER: Health Plan
EDI #: 00120
BILLING PROVIDER: Jones Hospital
NPI: 1234567890
TIN: 999999999
MEDICARE PROVIDER: #330127
ADDRESS: 123 Main Street Barkley Building, Centerville, PA 17111
ATTENDING PHYSICIAN: John J Doe
UPIN #: B99999
PATIENT ACCOUNT NUMBER: 123456789Q
DATE OF ADMISSION: 09/11/96
STATEMENT PERIOD DATE: 09/11/96 - 09/11/96
PLACE OF SERVICE: Inpatient Hospital
TYPE OF Bill: 141
Occurrence Codes and Dates:
A1 11/11/26
A2 11/01/91
B1 11/11/26
B2 01/01/87
Condition Codes: 09
Value Codes: A2 $15.31
PRINCIPAL DIAGNOSIS CODE: 366.9
SECONDARY DIAGNOSIS CODES:
401.9
794.31
NUMBER OF COVERED DAYS: 1
SERVICES:
INSTITUTIONAL SERVICES RENDERED:
REVENUE CODE: 0305 HCPCS Procedure Code: 85025 Unit: 1 Price $13.39
REVENUE CODE: 0730 HCPCS Procedure Code: 93005 Unit: 1 Price: $76.54
TOTAL CHARGES: $89.93

Sample Segments

1	TRANSACTION SET HEADER	ST*837*987654*005010X223~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION	BHT*0019*00*0123*19960918*0932*CH~
3	**1000A SUBMITTER NAME** NM1 SUBMITTER NAME	NM1*41*2*JONES HOSPITAL*****46*12345~
4	PER SUBMITTER EDI CONTACT INFORMATION	PER*IC*JANE DOE*TE*9005555555~
5	**1000B RECEIVER NAME** NM1 RECEIVER NAME	NM1*40*2*Health Plan*****46*00120~
6	**2000A BILLING PROVIDER** HL BILLING PROVIDER HIERARCHICAL LEVEL	HL*1**20*1~
7	PRV BILLING PROVIDER SPECIALTY	PRV*BI*PXC*999BA9999N~
8	**2010AA BILLING PROVIDER NAME** NM1 BILLING PROVIDER NAME INCLUDING NATIONAL PROVIDER ID	NM1*85*2*JONES HOSPITAL*****XX*1234567890~
9	N3 BILLING PROVIDER ADDRESS	N3*123 MAIN STREET BARKLEY BUILDING~
10	N4 BILLING PROVIDER LOCATION	N4*CENTERVILLE*PA*17111~
11	REF BILLING PROVIDER TAX IDENTIFICATION NUMBER	REF*EI*999999999~
12	**2000B SUBSCRIBER HL LOOP** HL SUBSCRIBER HIERARCHICAL LEVEL	HL*2*1*22*0~

13	SBR SUBSCRIBER INFORMATION	`SBR*P*18*******MB~`
14	**2010BA SUBSCRIBER NAME LOOP** NM1 SUBSCRIBER NAME	`NM1*IL*1*DOE*JOHN*T***MI*999999999A~`
15	N3 SUBSCRIBER ADDRESS	`N3*123 CITY AVENUE~`
16	N4 SUBSCRIBER LOCATION	`N4*CENTERVILLE*PA*17111~`
17	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION	`DMG*D8*19261111*M~`
18	**2010BB PAYER NAME LOOP** NM1 PAYER NAME	`NM1*PR*2*MEDICARE B*****PI*00435~`
19	REF BILLING PROVIDER SECONDARY IDENTIFICATION	`REF*G2*999999~`
20	**2300 CLAIM INFORMATION** CLM CLAIM LEVEL INFORMATION	`CLM*123456789Q*89.93***14>A>1*Y*A*Y*Y~`
21	DTP STATEMENT DATES	`DTP*434*D8*19960911~`
22	CL1 INSTITUTIONAL CLAIM CODE	`CL1*3**01~`
23	HI PRINCIPAL DIAGNOSIS CODES	`HI*BK>3669~`
24	HI OTHER DIAGNOSIS INFORMATION	`HI*BF>4019*BF>79431~`
25	HI OCCURRENCE INFORMATION	`HI*BH>A1>D8>19261111*BH>A2>D8>19911101*BH>B1>D8>19261111*BH>B2>D8>19870101~`
26	HI VALUE INFORMATION	`HI*BE>A2>>>15.31~`

27	HI CONDITION INFORMATION	`HI*BG>09~`
28	**2310A ATTENDING PROVIDER NAME** NM1 ATTENDING PROVIDER	`NM1*71*1*DOE*JOHN*J~`
29	REF ATTENDING PROVIDER SECONDARY IDENTIFICATION	`REF*1G*B99999~`
30	**2320 OTHER SUBSCRIBER INFORMATION** SBR OTHER SUBSCRIBER INFORMATION	`SBR*S*01*351630*STATE  TEACHERS*****CI~`
31	DMG OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION	`DMG*D8*19271211*F~`
32	OI OTHER INSURANCE COVERAGE INFORMATION	`OI***Y***Y~`
33	**2400 SERVICE LINE** LX SERVICE LINE COUNTER	`LX*1~`
34	SV2 INSTITUTIONAL SERVICE	`SV2*0305*HC>85025*13.39*UN*1~`
35	DTP DATE - SERVICE DATES	`DTP*472*D8*19960911~`
36	**2400 SERVICE LINE** LX SERVICE LINE COUNTER	`LX*2~`
37	SV2 INSTITUTIONAL SERVICE	`SV2*0730*HC>93005*76.54*UN*3~`
38	DTP DATE - SERVICE DATES	`DTP*472*D8*19960911~`
39	**TRAILER** SE TRANSACTION SET TRAILER	`SE*43*987654~`

Sample Transaction Set

```
ST*837*987654*005010X223~
BHT*0019*00*0123*19960918*0932*CH~
NM1*41*2*JONES HOSPITAL*****46*12345~
PER*IC*JANE DOE*TE*9005555555~
NM1*40*2*Health Plan*****46*00120~
HL*1**20*1~
PRV*BI*PXC*203BA0200N~
NM1*85*2*JONES HOSPITAL*****XX*1234567890~
N3*123 MAIN STREET BARKLEY BUILDING~
N4*CENTERVILLE*PA*17111~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*******MB~
NM1*IL*1*DOE*JOHN*T***MI*999999999A~
N3*123 CITY AVENUE~
N4*CENTERVILLE*PA*17111~
DMG*D8*19261111*M~
NM1*PR*2*MEDICARE B*****PI*00435~
REF*G2*999999~
CLM*123456789Q*89.93***14>A>1*Y*A*Y*Y~
DTP*434*D8*19960911~
CL1*3**01~
HI*BK>3669~
HI*BF>4019*BF>79431~
HI*BH>A1>D8>19261111*BH>A2>D8>19911101*BH>B1>D8>19261111*BH>B2>D8
>19870101~
HI*BE>A2>>>15.31~
HI*BG>09~
NM1*71*1*DOE*JOHN*J~
REF*1G*B99999~
SBR*S*01*351630*STATE TEACHERS*****CI~
DMG*D8*19271211*F~
OI***Y***Y~
LX*1~
SV2*0305*HC>85025*13.39*UN*1~
DTP*472*D8*19960911~
LX*2~
SV2*0730*HC>93005*76.54*UN*3~
DTP*472*D8*19960911~
SE*43*987654~
```

Appendix B
HCPCS Codes and NDC Equivalents

This web address may be used to view HCPCS codes and their NDC code equivalents:

https://www.dmepdac.com/crosswalk/index.html

- Click on the NDC/HCPCS Crosswalk Files
- Choose the latest year for the most up-to-date crosswalk

Here is a sample:

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label
00002-7140-01		J0130		1/1/2002	99/99/9999	INJECTION ABCIXIMAB, 10 MG	REOPRO (VIAL) 2 MG/ML
00002-7335-11		J2941		3/1/2006	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (WITH STERILE DILUENT) 5 MG
00002-7335-16		J2941		1/1/2002	2/14/2012	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (W/DILUENT) 5 MG
00002-7501-01		J9201		1/1/2002	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMZAR (VIAL) 200 MG
00002-7501-01	QR	J9201	QR	1/28/2005	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMZAR (VIAL) 200 MG
00002-7502-01		J9201		1/1/2002	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	GEMZAR (VIAL) 1 GM