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Standard HIPAA Companion Guide

837 Professional Claims/Encounters
San Francisco Health Plan

Refers to the Implementation Guide Based
On ASC X12 Version 005010X222A1

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Document Revision / Version Control

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1.6	10/16/2012	To encourage providers to send claims all the more likely to auto-adjudicate. Updates to clarify change in meaning of subscriber-is-the-patient, newborns, and need for uniqueness of Patient Account Number	Bob Payne
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Introduction

This Companion Guide was prepared to assist San Francisco Health Plan (SFHP) partners in implementing electronic 5010 837 Professional Claims/Encounter exchange. This Companion Guide represents only the pertinent data elements for SFHP and its trading partners and is not representative of the full X12 5010 TR3. It is a tool to be used in conjunction with the X12 5010 837 Professional Health Care Claim Implementation Guide. If necessary, SFHP shall provide a specific addendum for this guide to each partner to indicate which data elements have hardcoded values which 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 where 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 Professional file. If additional data is sent in standard 837P format as described in the HIPAA 005010X222A1 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 005010X222A1 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 voided 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. Professional Claims and encounters received before 10:30 AM on a business day will be processed on the same day by 6:00 PM. Professional Encounters or Claims 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. Professional Encounters before 10:30 AM on a business day will be processed on the same day by 6:00 PM. Professional 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 837P Enrollment form is submitted by the Trading Partner, which includes the Health Care Professional Tax ID. SFHP completes the 837P Enrollment and an 837P 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 837P 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-837P-20140808115643-MC.txt
 DEF-837P-20140808115643-HSF.txt
 Claim Files
 ABCD-837P-20140808115643-SFHP_MC.txt
 EFG05-837P-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	<p>EX:</p> <pre>ISA*00**00*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ *ZZ*XXXXXXXXXXXX*ZZ* SFHP*121001*1600 *^*00501*000022220*0*P*>~</pre> <p>The ISA is a fixed record length segment and all positions within each of the data elements MUST BE SPACE FILLED. Spaces in the example are represented by '\\' for clarity</p>	R
	ISA01	Authorization Information Qualifier	This element will always carry the value "00"	R
	ISA02	Authorization Information	No Authorization Information (Leave Blank)	R
	ISA03	Security Information Qualifier	This element will always carry the value "00"	R
	ISA04	Security Information	No Security Information (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 will carry Receiver ID. 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

Loop	Element	Name	Instructions & Examples	Required/ Situational
	ISA12	Interchange Control Version Number	"00501"	R
	ISA13	Interchange Control Number	A unique positive unsigned number, 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*XXXXXXXXXX*SFHP15*20121001*1600*22220*X*005010X221A1~	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	"005010X222A1" - Standards Approved for Publication by ASC X12 Procedures Review Board	R
	ST	Transaction Set Header	ST*837*0001*005010X222A1~	R
	ST01	Transaction Set Identifier Code	"837" – Health Care Claim	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
	ST02	Transaction Set Control Number	This element will contain a unique transaction set control number. 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
	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 <i>assigned by the submitter's system.</i> 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 Encounters "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*SAN FRANCISCO 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 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	This element will carry the value: "1" 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*234QF9999X~	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	"1" – Person "2" – Non-Person Entity	R
2010AA	NM103	Name Last or Organization Name	Last Name or Organization Name	R
2010AA	NM104	Name First	Billing Provider First Name	R
2010AA	NM105	Name Middle	Billing Provider Middle Name	R
2010AA	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services National Provider Identifier (NPI)	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
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
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 SFHP Notes: 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	REF	Billing Provider Upin/License Information	REF*0B*654321~ SFHP Notes: Secondary Identifiers are requested when available	S
2010AA	REF01	Reference Identification Qualifier	"0B" – State License Number "1G" – Provider UPIN Number	R
2010AA	REF02	Reference Identification	Billing Provider License and/or UPIN Information	R
2010AA	PER	Billing Provider Contact Information	PER*IC*BUSINESS OFFICE*TE*4156154411*FX*415 5558888~	S
2010AA	PER01	Contact Function Code	"IC" – Information Contact	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2010AA	PER02	Name	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~ SFHP Notes: 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
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	R
2010AB	N403	Postal Code	Pay-to Provider Postal Code	R

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	This element will carry the value: "2" 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 HL Segment in This Hierarchical Structure. "1" – Additional Subordinate 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 "CHN" – Subscriber Group "98765432C56789" – 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

Loop	Element	Name	Instructions & Examples	Required/ Situational
2010BA	NM103	Name Last	Subscriber Last Name	R
2010BA	NM104	Name First	Subscriber First Name	R
2010BA	NM105	Name Middle	Subscriber Middle Name	S
2010BA	NM107	Name Suffix	Subscriber Name Suffix	
2010BA	NM108	Identification Code Qualifier	"MI" – Member Identification Number	R
2010BA	NM109	Identification Code	11 Digit SFHP ID	R
2010BA	N3	Subscriber Address	N3*1000 3RD 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 or Province Code	Subscriber State Code	R
2010BA	N403	Postal Code	Subscriber Postal 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~	
2010BB	NM101	Entity Identifier Code	"PR" – Payer	R
2010BB	NM102	Entity Type Qualifier	"2" – Non- Person	R
2010BB	NM103	Organization Name	Payer Name	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2010BB	NM108	Identification Code Qualifier	"PI" – Payer Identification "XV" – Centers for Medicare and Medicaid Services Plan ID	R
2010BB	NM109	Identification Code	Payer Primary Identifier	R
2010BB	REF	Billing Provider Secondary Identification	REF*G2*12345~	S
2010BB	REF01	Reference Identification Qualifier	"G2" – Provider Commercial Number "LU" – Location Number	R
2010BB	REF02	Reference Identification	Billing Provider Secondary Identifier	R

Patient Detail

Loop	Element	Name	Instructions & Examples	Required/ Situational
2000C	HL	Patient Hierarchical Level	<p>HL*3*2*23*0~</p> <p>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."</p> <p>SFHP Notes: This Segment will only be used when services are provided to a Newborn whose mother is an SFHP subscriber</p>	R
2000C	HL01	Hierarchical ID Number	<p>This element will carry the value: "3"</p> <p>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.</p>	R
2000C	HL02	Hierarchical Parent ID Number	<p>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 "2" and will carry the value "2"</p>	R
2000C	HL03	Hierarchical Level Code	"23" – Dependent	R
2000C	HL04	Hierarchical Child Code	<p>"0" – No Subordinate HL Segment in This Hierarchical Structure.</p> <p>"1" – Additional Subordinate HL Data Segment in This Hierarchical Structure.</p>	R
2000C	PAT	Patient Information	<p>PAT*19~</p> <p>SFHP Notes: This Segment will only be used when services are provided to a Newborn whose mother is an SFHP subscriber</p>	R
2000C	PAT01	Individual Relationship Code	"19" – Child	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2010CA	NM1	Patient NAME	NM1*QC*1*DOE*JANE~ 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 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
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	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 Provenance code	Patient State	S
2010CA	N403	Postal Code	Patient Zip Code	S
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

Loop	Element	Name	Instructions & Examples	Required/ Situational
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	"B" – Place of Service Codes for Professional or Dental Services CODE SOURCE 237: Place of Service Codes for Professional Claims	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	CLM06	Provider or Supplier Signature Indicator	"Y" – Yes "N" – No	R
2300	CLM07	Provider Accept Assignment Code	"A" – Assigned "B" – Assignment Accepted on Clinical Lab Services Only "C" – Not Assigned	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
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
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
	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	Mammography Certification Number	REF*EW*T999~	S
2300	REF01	Reference Identification Qualifier	"EW" – Mammography Certification Number	R
2300	REF02	Reference Identification	Mammography Certification Number	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
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
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 claim for 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	The Encounter/Claim-ID of the encounter/claim that is being replaced or voided	R
2300	REF	Claim Identifier For Transmission Intermediaries	REF*D9*135792468~	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*1234567890~	S
2300	REF01	Reference Identification Qualifier	"EA" - Medical Record Identification Number	R
2300	REF02	Reference Identification	Medical Record Number	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2300	NTE	Claim Note	NTE*ADD*90633SL= HEPATITIS A VACINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE~	S
2300	NTE01	Note Reference Code	"ADD" –Additional Information "CER" –Certification Narrative "DCP" –Goals, Rehabilitation Potential, or Discharge Plans "DGN" –Diagnosis Description "TPO" –Third Party Organization Notes	R
2300	NTE02	Description	Claim Note Text	R
	HI	Health Care Diagnosis Code	HI*BK>49300*BF>30002~	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
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	Diagnosis Code	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	Diagnosis Code	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
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	S
2300	HI04-2	Industry Code	Diagnosis Code	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	Diagnosis Code	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	Diagnosis Code	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	S
2300	HI07-2	Industry Code	Diagnosis Code	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
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	Diagnosis Code	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	Diagnosis Code	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	S
2300	HI10-2	Industry Code	Diagnosis Code	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	Diagnosis Code	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
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	Diagnosis Code	S
2300	HI	Anesthesia Related Procedure	HI*BP>33414~	S
2300	HI01-1	Health Care Code Information	Code List Qualifier Code: "BF" –Health Care Financing Administration Common Procedural Coding System Principal Procedure	R
2300	HI01-2	Industry Code	Anesthesia Related Surgical Procedure	R
2300	HI02-1	Health Care Code Information	Code List Qualifier Code "BO" –Health Care Financing Administration Common Procedural Coding System	S
2300	HI02-2	Industry Code	Industry Code	S
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	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2310A	NM1	Referring Provider Name	NM1*DN*1*DOE*JANE****XX*1234567890~ Required if the claim involves a referral. <u>SFHP Notes:</u> 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
2310A	NM101	Entity Identifier Code	"DN" – Referring Provider "P3" – Primary Care Provider	R
2310A	NM102	Entity Type Qualifier	"1" –Person	R
2310A	NM103	Name Last	Referring Provider Last Name	R
2310A	NM104	Name First	Referring Provider First Name	S
2310A	NM105	Name Middle	Referring Provider Middle Name	S
2310A	NM107	Name Suffix	Referring Provider Name Suffix	
2310A	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services Provider Identifier	R
2310A	NM109	Identification Code	Subscriber Primary Identifier	R
2310B	NM1	Rendering Provider Name	NM1*82*1*DOE*JANE**XX*1234567890~ Required if different than the Billing Provider. <u>SFHP Notes:</u> 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
2310B	NM101	Entity Identifier Code	"82" – Rendering Provider	R
2310B	NM102	Entity Type Qualifier	"1" –Person "2" –Non-Person	R
2310B	NM103	Name Last	Rendering Provider Last Name	R
2310B	NM104	Name First	Rendering Provider First Name	S
2310B	NM105	Name Middle	Rendering Provider Middle Name	S
2310B	NM107	Name Suffix	Rendering Provider Name Suffix	
2310B	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services Provider Identifier	R
2310B	NM109	Identification Code	Rendering Provider Primary Identifier	R
2310B	PRV	Rendering Provider Specialty Information	PRV*PE*PXC*299G9999X~	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2310B	PRV01	Provider Code	"PE"	R
2310B	PRV02	Reference Identification Qualifier	"PXC"	R
2310B	PRV03	Reference Identification	Provider Taxonomy Code	R
2310C	NM1	Service Facility Location Name	NM1*77*2*TONY WELL HLTH CNTR***XX*1234567890~ Required if different than the Billing Provider. SFHP Notes: NPI is required for all providers. Please note that if Service Facility NPI Identification is not provided; Claim will be rejected by SFHP.	S
2310C	NM101	Entity Identifier Code	"77" – Service location	R
2310C	NM102	Entity Type Qualifier	"2" –Non-Person	R
2310C	NM103	Name Last	Service Facility Name	R
2310C	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services Provider Identifier	S
2310C	NM109	Identification Code	SFHP Note: NPI must be provided if the facility has an NPI	S
2310C	N3	Service Facility Address	N3*1000 3RD AVE~	S
2310C	N301	Address Information	Service Facility Address Line	R
2310C	N302	Address Information	Additional Service Facility Address Line	S
2310C	N4	Service Facility City, State, Zip Code	N4*SAN FRANCISCO*CA*941161126~	S
2310C	N401	City Name	Service Facility City Name	R
2310C	N402	State or Province Code	Service Facility State Code	S
2310C	N403	Postal Code	Service Facility Postal Code	S
2310C	PER	Service Facility Contact Information	PER*IC*JANE DOE*TE*5554443333~	S
2310C	PER01	Contact Function Code	"IC" – Information Contact	R
2310C	PER02	Name	Contact Name	

Loop	Element	Name	Instructions & Examples	Required/ Situational
2310C	PER03	Communication Number Qualifier	"TE" – Telephone Number	R
2310C	PER04	Communication Number	Communication Number	R
2310D	NM1	Supervising Provider Name	NM1*DQ*1*TONY WELL*L**XX*1234567890~ Required when the Rendering Provider is supervised by a physician. SFHP Notes: NPI is required for all providers. Please note that if Supervising Provider's NPI Identification is not provided; Claim will be rejected by SFHP.	S
2310D	NM101	Entity Identifier Code	"DQ" – Supervising Physician	R
2310D	NM102	Entity Type Qualifier	"1" –Person	R
2310D	NM103	Name Last	Supervising Provider Last Name	R
2310D	NM104	Name First	Supervising Provider First Name	S
2310D	NM105	Name Middle	Supervising Provider Middle Name	S
2310D	NM107	Name Suffix	Supervising Provider Name Suffix	
2310D	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services National Provider Identifier	S
2310D	NM109	Identification Code	Supervising Provider Primary Identifier	S
2310D	REF	Supervising Provider Secondary Identification	REF*G2*12345~	S
2310D	REF01	Reference Identification Qualifier	"G2" – Provider Commercial Number "LU" – Location Number	R
2310D	REF02	Reference Identification	Supervising Provider Secondary Identifier	R
2320	SBR	Other Subscriber Information	SBR*S*18*****CI~ SFHP Note: The 2320 COB loop is required for encounters and claims when part or all was already paid by another payer.	S
2320	SBR01	Payer Responsibility Sequence Number Code	"P" –Primary "S" –Secondary "T" –Tertiary "U" –Unknown	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2320	SBR02	Individual Relationship Code	"18" –Primary	R
2320	SBR03	Reference Identification	Insured Group or Policy Number	S
2320	SBR04	Name	Other Insured Group Name	S
2320	SBR05	Insurance Type Code	"12" – Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan "13" - Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan "14" - Medicare Secondary, No-fault Insurance including Auto is Primary "15" - Medicare Secondary Worker's Compensation "16" - Medicare Secondary Public Health Service (PHS) or Other Federal Agency "41" - Medicare Secondary Black Lung "42" - Medicare Secondary Veteran's Administration "43" - Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) "47" - Medicare Secondary, Other Liability Insurance is Primary	S
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

Loop	Element	Name	Instructions & Examples	Required/ Situational
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
2320	AMT	Coordination Of Benefits (COB) Payer Paid Amount	AMT*D*411~	S
2320	AMT01	Amount Qualifier Code	"D" - Payer Amount Paid	R
2320	AMT02	Monetary Amount	Payer Paid Amount	R
2320	AMT	Coordination Of Benefits (COB) Total Non-Covered Amount	AMT*A8*273~	S
2320	AMT01	Amount Qualifier Code	"A8" - Non-covered Charges - Actual	R
2320	AMT02	Monetary Amount	Non-Covered Charge Amount	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2320	AMT	Remaining Patient Liability	AMT*EAF*20.02~	S
2320	AMT01	Amount Qualifier Code	"EAF" – Amount Owed	R
2320	AMT02	Monetary Amount	Remaining Patient Liability	R
2320	OI	Other Insurance Coverage Information	OI***Y***Y~ SFHP Note: The OI segment is required when the 2320 COB loop is 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
92320	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	MOA	Outpatient Adjudication Information	MOA**A4~	S
2320	MOA01	Percentage as decimal	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	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2330A	NM105	Middle name	Subscriber Middle Name	R
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*11122333~ <u>SFHP Note:</u> 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	Unique line number within a claim	R
2400	SV1	Professional Service	SV1*HC>99213*307*UN*1***1~	R
2400	SV101-1	Service ID Qualifier	“HC” – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	R
2400	SV101-2	Service ID	Procedure Code	R
2400	SV101-3	Procedure Modifier	Procedure Modifier	S
2400	SV101-4	Procedure Modifier	Procedure Modifier	S
2400	SV101-5	Procedure Modifier	Procedure Modifier	S
2400	SV101-6	Procedure Modifier	Procedure Modifier	S
2400	SV102	Monetary Amount	Line Item Charge Amount	R
2400	SV103	Unit or Basis for Measurement Code	“MJ” – Minutes “UN” – Unit	R
2400	SV104	Quantity	Service Unit Count	R
2400	SV107-1	Diagnosis Code Pointer	This first pointer designates the primary diagnosis for this service line. Remaining diagnosis pointers indicate declining level of importance to service line. Acceptable values are 1 through 12, and correspond to Composite Data Elements 01 through 12 in the Health Care Diagnosis Code	R
2400	SV107-2	Diagnosis Code Pointer		S
2400	SV107-3	Diagnosis Code Pointer		S
2400	SV107-4	Diagnosis Code Pointer		S
2400	SV109	Yes/No Condition or Response Code	Emergency Indicator “Y” – Yes	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
	DTP	Service Date	DTP*472*D8*20130101~ DTP*472*RD8*20130101-20130115~	R
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	DTP	Prescription Date	DTP*471*D8*20130101~	S
2400	DTP01	Date/Time Qualifier	"471" – Service	
2400	DTP02	Date Time Period Format Qualifier	"D8" – Date Expressed in Format "CCYYMMDD"	R
2400	DTP03	Date Time Period	Prescription Date	R
2400	REF	Prior Authorization	REF*G1*54321~	S
2400	REF01	Reference Identification Qualifier	"G1" – Prior Authorization Number	R
2400	REF02	Reference Identification	Prior Authorization Number	R
2400	REF	Line Item Control Number	REF*6R*12345~	S
2400	REF01	Reference Identification Qualifier	"6R" – Provider Control Number	R
2400	REF02	Reference Identification	Line Item Control Number	R
2400	REF	Immunization Batch Number	REF*BT*DTP22333444~	S
2400	REF01	Reference Identification Qualifier	"BT" – Batch Number	R
2400	REF02	Reference Identification	Immunization Batch Number	R
2400	REF	Referral Number	REF*9F*12345~	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
2400	REF01	Reference Identification Qualifier	"9F" – Referral Number	R
2400	REF02	Reference Identification	Referral Batch Number	R
	LIN	Drug Identification	LIN**N4*00001234567~ To specify the NDC code for physician administered drugs. NDC code is required when Professional Service Line, SV1 in the 2400 loop, is populated with a HCPCS code that signifies that a physician administered one or more drugs. Please see Appendix C for a table that shows a sample of HCPCS to NDC code relationships. NDCs should be reported without the hyphens	S
2410	LIN02	Product/Service ID Qualifier	"EN" – EAN/UCC – 13 (UPN) "HI" – HIBC (Health Care Industry Bar Code) (UPN) "N4" – National Drug Code in 5-4-2 Format "UP" – UCC – 12 (UPN)	R
2410	LIN03	Product/Service ID	National Drug Code or Universal Product Number	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 "UN" – Unit	R
	NM1	Rendering Provider Name	NM1*82*1*WELL*TONY*L**XX*1234567890~ Required if different than that at the claim level, or required when the rendering provider is blank at the claim level, but the rendering provider on the service level is different than the billing provider. SFHP Notes: 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
2420A	NM101	Entity Identifier Code	"82" – Rendering Provider	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2420A	NM102	Entity Type Qualifier	"1" –Person "2" –Non-Person	R
2420A	NM103	Name Last	Rendering Provider Last Name	R
2420A	NM104	Name First	Rendering Provider First Name	S
2420A	NM105	Name Middle	Rendering Provider Middle Name	S
2420A	NM107	Name Suffix	Rendering Provider Name Suffix	
2420A	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services Provider Identifier	R
2420A	NM109	Identification Code	Rendering Provider Identifier	R
2420A	PRV	Rendering Provider Specialty Information	PRV*PE*PXC*222D0000X~	S
2420A	PRV01	Provider Code	"BI" – Billing	R
2420A	PRV02	Reference Identification Qualifier	"PXC" – Health Care Provider Taxonomy Code	R
2420A	PRV03	Reference Identification	Provider Taxonomy Code	R
2420A	REF	Rendering Provider Secondary Identification	REFG2*12345~	S
2420A	REF01	Reference Identification Qualifier	"G2" – Provider Commercial Number "LU" – Location Number	R
2420A	REF02	Reference Identification	Rendering Provider Secondary Identifier	R
2420B	NM1	Purchased Service Provider Name	NM1*QB*2*TONY WELL HEALTH CENTER*****XX*1234567890~	S
2420B	NM101	Entity Identifier Code	"QB" – Purchase Service Provider	R
2420B	NM102	Entity Type Qualifier	"2" –Non-Person	R
	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services National Provider Identifier	R
2420B	NM109	Identification Code	Purchased Service Provider Identifier	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2420C	NM1	Service Facility Location Name	NM1*77*2*TONY WELL HLTH CNTR***XX*1234567890~ Required if different than the value entered at the claim level or the billing provider. <u>SFHP Notes:</u> NPI is required for all providers. Please note that if Billing Provider's NPI Identification is not provided; Claim will be rejected by SFHP.	S
2420C	NM101	Entity Identifier Code	"77" – Service Location	R
2420C	NM102	Entity Type Qualifier	"2" –Non-Person	R
2420C	NM103	Name Last	Service Facility Name	R
2420C	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services Provider Identifier	S
2420C	NM109	Identification Code	Facility Primary Identifier	S
2420C	N3	Service Facility Address	N3*1000 3RD AVE~	R
2420C	N301	Address Information	Service Facility Address Line	R
2420C	N302	Address Information	Additional Address Line	R
2420C	N4	Service Facility City, State, Zip Code	N4*SAN FRANCISCO*CA*941161126~	R
2420C	N401	City Name	Service Facility City Name	R
2420C	N402	State or Province Code	Service Facility State Code	R
2420C	N403	Postal Code	Service Facility Postal Code	R
2420C	REF	Service Facility Location Secondary Identification	REFG2*12345~	S
2420C	REF01	Reference Identification Qualifier	"G2" – Provider Commercial Number "LU" – Location Number	R
2420C	REF02	Reference Identification	Service Facility Location Secondary Identifier	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2420D	NM1	Supervising Provider Name	<p>NM1*DQ*1*TONY WELL*L**XX*1234567890~</p> <p>Required when the Rendering Provider is supervised by a physician, and the value on the service line is different than at the claim level.</p> <p>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.</p>	S
2420D	NM101	Entity Identifier Code	"DQ" – Supervising Physician	R
2420D	NM102	Entity Type Qualifier	"1" –Person	R
2420D	NM103	Name Last	Supervising Provider Last Name	R
2420D	NM104	Name First	Supervising Provider First Name	S
2420D	NM105	Name Middle	Supervising Provider Middle Name	S
2420D	NM107	Name Suffix	Supervising Provider Name Suffix	
2420D	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services National Provider Identifier	S
2420D	NM109	Identification Code	Supervising Provider Primary Identifier	S
2420D	REF	Supervising Provider Secondary Identification	REF*G2*12345~	S
2420D	REF01	Reference Identification Qualifier	"G2" – Provider Commercial Number "LU" – Location Number	R
2420D	REF02	Reference Identification	Supervising Provider Secondary Identifier	R
2420F	NM1	Referring Provider Name	<p>NM1*DN*1*DOE*JOHN****XX*1234567890 ~</p> <p>Required if the service line involves a referral and the referring provider is different than at the claim level.</p> <p>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.</p>	S
2420F	NM101	Entity Identifier Code	"DN" – Referring Provider "P3" – Primary Care Provider	R
2420F	NM102	Entity Type Qualifier	"1" –Person	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
2420F	NM103	Name Last	Referring Provider Name	R
2420F	NM104	Name First	Referring Provider First Name	S
2420F	NM105	Name Middle	Referring Provider Middle Name	S
2420F	NM107	Name Suffix	Referring Provider Name Suffix	
2420F	NM108	Identification Code Qualifier	"XX" – Centers for Medicare and Medicaid Services Provider Identifier	S
2420F	NM109	Identification Code	Subscriber Primary Identifier	S
2420F	REF	Referring Provider Secondary Identification	REF*G2*12345~	S
2420F	REF01	Reference Identification Qualifier	"G2" – Provider Commercial Number	R
2420F	REF02	Reference Identification	Referring Provider Secondary Identifier	R
2430	SVD	Line Adjudication Information	SVD*43*55.00*HC>84550**3~	S
2430	SVD01	Identification Code	Other Payer Primary Identifier	R
2430	SVD02	Monetary Amount		R
2430	SVD03-1	Composite Medical Procedure Identifier	Product/Service ID Qualifier "HC" – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	R
2430	SVD03-2	Product/Service ID	Procedure Code	R
2430	SVD03-3	Procedure Modifier		S
2430	SVD03-4	Procedure Modifier		S
2430	SVD03-5	Procedure Modifier		S
2430	SVD03-6	Procedure Modifier		S
2430	SVD05	Quantity	Paid Service Unit Count	R
2430	SVD06	Assigned Number	d or Unbundled Line Number	
2430	CAS	Line Adjustments	CAS*PR*1*10.00~	S

Loop	Element	Name	Instructions & Examples	Required/ Situational
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	R
2430	CAS06	Monetary Amount	Adjustment Amount	R
2430	CAS07	Quantity	Adjustment Quantity	S
2430	CAS08	Line Adjustment Reason Code	Adjustment Reason Code	R
2430	CAS09	Monetary Amount	Adjustment Amount	R
2430	CAS10	Quantity	Adjustment Quantity	S
2430	CAS11	Line Adjustment Reason Code	Adjustment Reason Code	R
2430	CAS12	Monetary Amount	Adjustment Amount	R
2430	CAS13	Quantity	Adjustment Quantity	S
2430	CAS14	Line Adjustment Reason Code	Adjustment Reason Code	R
2430	CAS15	Monetary Amount	Adjustment Amount	R
2430	CAS16	Quantity	Adjustment Quantity	S
2430	CAS17	Line Adjustment Reason Code	Adjustment Reason Code	R
2430	CAS18	Monetary Amount	Adjustment Amount	R
2430	CAS19	Quantity	Adjustment Quantity	S
2430	DTP	Line Check Or Remittance Date	DTP*573*D8*20130101~	S
2430	DTP01	Date/Time Qualifier	"573" – Date Claim Paid	R

Loop	Element	Name	Instructions & Examples	Required/ Situational
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		R

OTHER INFORMATION

The following are 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.

Early & Periodic Screening, Diagnosis and Treatment (EPSDT)

When submitting encounters for EPSDT services, follow the instructions in the Implementation Guide for the 837P:

- 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.
- In the 2400 loop (service level), use a “Y” in field SV111 (“Yes/No Condition Response Code”) if there was EPSDT involvement in that service.

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

```

ISA*00*      *00*      *ZZ*451111111  *ZZ*SFHP
*140922*1253*^*00501*001003030*0*T*>~
GS*HC*451111111*SFHP*20140922*125305*1003030*X*005010X222A1~
ST*837*0001*005010X222A1~
BHT*0019*00*0123*20140922*102359*CH~
NM1*41*2*BILLING SERVICE UNLIMITED*****46*3ZZ1~
PER*IC*SCROGS*TE*9045102222~
NM1*40*2*SF Health Plan*****46*SFHP~
HL*1**20*1~
PRV*BI*PXC*207RC0200X~
NM1*85*1*MILLER*JANE*B***XX*1234567890~
N3*123 ALL STRETCH ROAD~
N4*SAN FRANCISCO*CA*941051123~
REF*EI*555667721~
PER*IC*JOHN DOE*TE*9876543210~
NM1*87*2~
N3*PO BOX 15~
N4*SAN FRANCISCO*CA*941051234~
HL*2*1*22*0~
SBR*P*18*95748311C26069*****CI~
NM1*IL*1*DOE*JOHN****MI*9999999999~
N3*123 APPLE~
N4*SAN FRANCISCO*CA*941051234~

```

DMG*D8*19730706*M~
NM1*PR*2*SAN FRANCISCO HEALTH PLAN*****PI*SFHP~
CLM*ACT12A12A121212A12*520***11>B>1*Y*C*N*Y~
DTP*454*D8*20090430~
REF*9F*3459AA34~
REF*EA*1254GGGGGHTYRI54~
HI*BK>7845~
NM1*DN*1*DOE*JOHN****XX*1234567890~
LX*1~
SV1*HC>99205*170*UN*1***1~
DTP*472*D8*20090619~
REF*6R*1254GGGGGHTYRI54A20010129~
LX*2~
SV1*HC>71010*150*UN*1***1~
DTP*472*D8*20090619~
DTP*304*D8*20060802~
REF*6R*1254GGGGGHTYRI54B20010106~
LX*3~
SV1*HC>81000*50*UN*1***1~
DTP*472*D8*20090619~
DTP*304*D8*20060806~
REF*6R*1254GGGGGHTYRI54C20010113~
LX*4~
SV1*HC>80053*50*UN*1***1~
DTP*472*D8*20090619~
DTP*304*D8*20060813~
REF*6R*1254GGGGGHTYRI54D20010121~
LX*5~
SV1*HC>92507*50*UN*1***1~
DTP*472*D8*20090619~
DTP*304*D8*20060821~
REF*6R*1254GGGGGHTYRI54F20010130~
LX*6~
SV1*HC>92507>51*50*UN*1***1~
DTP*472*D8*20090619~
DTP*304*D8*20060730~
REF*6R*1254GGGGGHTYRI54G20010205~
SE*58*0001~
GE*1*1003030~
IEA*1*001003030~

*[20121011 cloned the Interchange in Appendix B.]; Note that the claim has no Patient Loop; All persons mentioned herein are purely fictitious

Appendix B

Sample Claim Modified for Newborn Services

ISA*00* *00* *30*451111111 *ZZ*SFHP
*140922*1253*^*00501*001003030*0*T*>~
GS*HC*451111111*SFHP*20140922*125305*1003030*X*005010X222A1~
ST*837*0001*005010X222A1~
BHT*0019*00*0123*20140922*102359*CH~
NM1*41*2*BILLING SERVICE UNLIMITED*****46*3ZZ1~
PER*IC*SCROGS*TE*9045102222~
NM1*40*2*SF Health Plan*****46*SFHP~
HL*1**20*1~
PRV*BI*PXC*207RC0200X~
NM1*85*1*DOE*JANE*B***XX*1234567890~
N3*123 ALL STRETCH ROAD~
N4*SAN FRANCISCO*CA*941051123~
REF*EI*999999999~
PER*IC*JOHN DOE*TE*9045102223~
NM1*87*2~
N3*PO BOX 15~
N4*SAN FRANCISCO*CA*941051234~
HL*2*1*22*1~
SBR*P**999999999*****CI~
NM1*IL*1*DOE*JANE*****MI*9876543210~
NM1*PR*2*SAN FRANCISCO HEALTH PLAN*****PI*SFHP~
HL*3*2*23*0~
PAT*19~
NM1*QC*1*DOE*PINK*C~
N3**100000 BLOSSOM ORCHARD LANE*APT 133~
N4*SAN FRANCISCO*CA*941052411~
DMG*D8*20140906*F~
CLM*ACT12A12A121212A12*520***11>B>1*Y*C*N*Y~
DTP*454*D8*20090430~
REF*9F*3459AA34~
REF*EA*1254GGGGGHTYRI54~
HI*BK>76404~
NM1*DN*1*DOE*JOHN***XX*1234567890~
LX*1~
SV1*HC>99205*170*UN*1***1~
DTP*472*D8*20140919~
REF*6R*1254GGGGGHTYRI54A20010129~
LX*2~
SV1*HC>71010*150*UN*1***1~
DTP*472*D8*20140919~
REF*6R*1254GGGGGHTYRI54B20010106~

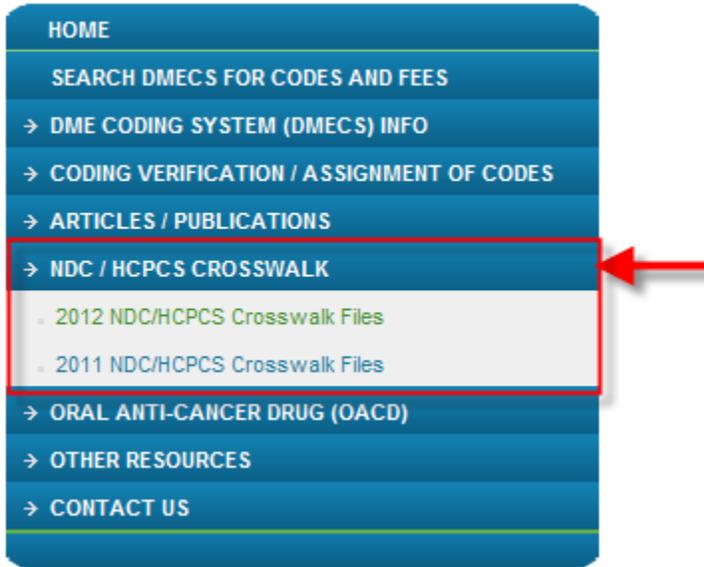
LX*3~
SV1*HC>81000*50*UN*1***1~
DTP*472*D8*20140919~
REF*6R*1254GGGGGHTYRI54C20010113~
LX*4~
SV1*HC>80053*50*UN*1***1~
DTP*472*D8*20140919~
REF*6R*1254GGGGGHTYRI54D20010121~
LX*5~
SV1*HC>92507*50*UN*1***1~
DTP*472*D8*20140919~
REF*6R*1254GGGGGHTYRI54F20010130~
LX*6~
SV1*HC>92507>51*50*UN*1***1~
DTP*472*D8*20140919~
REF*6R*1254GGGGGHTYRI54G20010205~
SE*56*0001~
GE*1*1003030~
IEA*1*001003030~

*All persons mentioned herein are purely fictitious.

Appendix C

HCPCS Codes and NDC Equivalents

Home /



Below is a web address reference that 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

Then

Choose the latest year for the most up to date crosswalk

Here is a sample below.

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label
00002-1444-25		J3370		1/1/2002	3/28/2003	INJECTION, VANCOMYCIN HCL, 500 MG	VANOCIN HCL (TRAYPAK) 500 MG
00002-1498-25		J0690		1/1/2002	8/12/2003	INJECTION, CEFAZOLIN SODIUM, 500 MG	KEFZOL (TRAYPACK) 1 GM
00002-1499-25		J3260		1/1/2002	5/20/2004	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	NEBCIN (M.D.V.) 40 MG/ML
00002-5357-25		J0697		1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM NOVATION 750 MG
00002-5358-10		J0697		1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM NOVATION 1.5 GM

00002-5363-10	J0697		1/1/2002	3/28/2003	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM 1.5 GM
00002-7014-01	J0690		1/1/2002	3/28/2003	INJECTION, CEFAZOLIN SODIUM, 500 MG	KEFZOL 10 GM