

837 Institutional Health Care Claim - Encounter

This companion document is for informational purposes only to describe certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

Section 1 – 837I Institutional Health Care Claim-Encounter: Basic Instructions

Section 2 – 837I Institutional Health Care Claim-Encounter: Enveloping

Section 3 – 837I Institutional Health Care Claim-Encounter: Charts for Situational Rules

Any questions?

Contact E-Solutions

www.empireblue.com/edi, LiveChat

Section 1 - Basic Instructions

1.1 X12 and HIPAA Compliance Checking, and Business Edits

EDI interchanges submitted to Empire for processing pass through compliance edits. 5010 acknowledgments and reports for accepted/rejected files will be placed in the submitter's trading partner mailbox for pickup. *EDI Representative will review these reports thoroughly with submitters.

- TA1 Interchange Acknowledgment. Empire returns TA1 X12 and proprietary reports to the submitter of inbound 837 files containing envelope errors in the ISA and GS segments.
- Level 1. Empire returns a 999 Interchange Acknowledgment to the submitter for every inbound 837 transaction received. Each transaction passes through edits to ensure that it is X12 compliant. If the X12 syntax or any other aspect of the 837 is not X12 compliant, the 999 FA will also report the Level 1 errors in AK segments and indicate that the entire transaction set has been rejected.
- Level 2. In addition to HIPAA TR3 edits, Empire applies business edits to ensure that the necessary information is populated and complete for efficient processing. When encountering HIPAA compliance (including balancing), code set or business errors, Empire returns: 1) 277 Claims Acknowledgement (CA) and 2) 864 Level 2 Status Report to the submitter identifying which claim(s) have failed.

1.2 HIPAA Compliant Codes

Use HIPAA-compliant codes from current versions of the following:

- Physician's Current Procedure Terminology (CPT)
- Health Care Financing Administration Common Procedural Coding System (HCPCS)
- International Classification of Diseases Clinical Mod (ICD-9-CM) Diseases
- National Uniform Billing Committee (NUBC) Codes
- Diagnosis Related Group Number (DRG)
- Provider Taxonomy Codes
- National Drug Code

* ICD-10 Codes will not be accepted any earlier than October 1, 2015.

1.3 Diagnosis Codes

According to the 837I TR3, a transaction is not X12 compliant if decimal points are used in diagnosis codes. Therefore, should a diagnosis code contain a decimal point, Empire will return a 999 to the submitter indicating that the transaction has been rejected.

1.4 Procedure Codes and Modifiers

All valid CPT and HCPCS codes and modifiers are accepted for claim adjudication. Refer to your billing guidelines or provider contract for submission of these codes. If submitted codes are invalid, a 277CA and an 864 Level 2 Status Report will be returned to the submitter identifying which claim(s) have failed.

1.5 Uppercase Letters, Special Characters, and Delimiters

As specified in the TR3, the basic character set includes uppercase letters, digits, spaces, and other special characters.

- All alpha characters must be submitted in UPPERCASE letters only.
- Suggested delimiters for the transaction are assigned as part of the trading partner set up. EDI Representative will discuss options with trading partners, if applicable.
- To avoid syntax errors, hyphens, parentheses and spaces are not recommended to be used in values for identifiers.

Examples: Recommended: Zip Code 123456789 Medical Record # 1234567

Inbound Delimiters		
	Suggested Value	
Data Element Separator	*	Asterisk
Sub-Element Separator	:	Colon
Segment Terminator	~	Tilde
Repetition Separator	^	Caret

- Since originally submitted values may be returned on outbound transactions, Empire encourages trading partners to not use the following special characters as part of the value: asterisk (*), less than/greater than signs (<, >), colon (:), and slash (/). This minimizes the risk for a special character to be recognized as a delimiter.

Example: Provider assigns a Patient Control Number '12*3456789'. Although an asterisk (*) is a valid special character, it adversely affects processing since it is also a common delimiter. The value '12*3456789' may process incorrectly as two separate values '12' and '3456789'.

1.6 Decimal "R" Data Element Types

"R" data element types contain a decimal point; involving monetary amounts, units, visits, weights, and frequency. Empire recommends using decimal points for monetary amounts, and whole numbers for other types of "R" data elements. Except for monetary amounts, if "R" data element type includes a decimal and numbers after the decimal, Empire adjudicates the claim based on the whole number. Numbers after the decimal will not be considered.

1.7 Numeric Values, Monetary Amounts and Units

- Empire pays all claims in US dollars and therefore, accepts monetary amounts in US dollars only. If codes related to foreign currencies are used, then a 277CA and an 864 Level 2 Status Report will be returned to the submitter identifying which claim(s) have failed.
- Empire recognizes units in whole numbers only.
- Empire recognizes units in values of less than 9999 and greater than or equal to zero.
- If a negative service line charge or negative units are used, then a 277CA and an 864 Level 2 Status Report will be returned to the submitter identifying which claim(s) have failed.

SV203 Monetary Amount - Line Item Charge Amount
SV205 Quantity - Service Unit Count

1.8 Address Information

- P.O. mailboxes / Lock Boxes are not allowed in the Billing Provider loop. If submitted in the Billing Provider loop, a 277CA and an 864 Level 2 Status Report will be returned to the submitter

identifying which claim(s) have failed.

- The Pay-to Address loop does support P.O. Box / Lock Box addresses. Therefore, if payment is expected to be remitted to a P.O. Box / Lock Box, submit the P.O. Box / Lock Box address.
- Full 9-digit zip codes are required in the Billing Provider and Service Facility Location loops. If 5-digit zip codes are used in these loops, a 277CA and an 864 Level 2 Status Report will be returned to the submitter identifying which claim(s) have failed.

1.9 Sending Unsolicited Attachments to Support an Encounter

Loop 2300 PWK segment is required when paper documentation (attachments) supports an encounter.

In order to expedite processing of an encounter:

- Mail the attachment the same day the encounter is submitted
- Do not send a copy of the encounter with the attachment
- Do not send unnecessary attachments (i.e., do not send a copy of the member's ID card)
- Include the attachment control # in the upper right hand corner of the supporting documentation

Mailing Address for FEP -

Federal Employee Program
PO Box 3876
Church Street Station
New York, NY 10008

1.10 Taxonomy Codes (PRV)

The Healthcare Provider Taxonomy code set divides health care providers into hierarchical groupings by type, classification, and specialization, and assigns a code to each grouping. The Taxonomy consists of two parts: individuals (e.g., physicians) and non-individuals (e.g., ambulatory health care facilities). All codes are 10-alphanumeric positions in length. Health care providers select the taxonomy code(s) that most closely represents their education, license, or certification. If a health care provider has more than one taxonomy code associated with it, a health plan may prefer that the health care provider use one over another when submitting claims for certain services.

It is strongly recommended that the taxonomy be populated in PRV segments for all applicable claims that you are filing. Refer to the CMS website for a listing of codes, www.wpc-edi.com/taxonomy.

Section 2 - Enveloping

EDI envelopes control and track communications between you and Empire. One envelope may contain many transaction sets grouped into the following:

- Interchange Control Header (ISA)
- Functional Group Header (GS)
- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

837 Institutional Health Care Claim–Envelope Specific to Empire NY (Encounters) (TR3, Appendix C)			
ISA—Interchange Control Header		GS—Functional Group Header	
ISA01	00	GS01	HC
ISA02	refer to TR3	GS02	SENDER ID
ISA03	00	EDI assigned	
ISA04	refer to TR3	Left-justified followed by no zeroes or spaces	
ISA05	ZZ	GS03	ENCEMPIRENY
ISA06	SENDER ID	GS04	refer to TR3
EDI assigned		GS05	refer to TR3
Left-justified followed by spaces		GS06	refer to TR3
ISA07	ZZ	GS07	X
ISA08	ENCEMPIRENY	GS08	005010X223A2
ISA09	refer to TR3	<p>NOTE. Critical Batching and Editing Information</p> <p>*Transactions must be batched in separate functional group by GS03.</p> <p>*Unique group control number (GS06) MUST NOT be duplicated within 365 days by Trading Partner ID (GS02); files containing duplicate or previously received group control numbers will be rejected.</p>	
ISA10	refer to TR3		
ISA11	^ (5E)		
ISA12	00501		
ISA13	refer to TR3		
ISA14	1		
ISA15	refer to TR3		
ISA16	:(3A)		
GE—Functional Group Trailer		IEA—Interchange Control Trailer	
GE01	refer to TR3	IEA01	refer to TR3
GE02	refer to TR3	IEA02	refer to TR3

Section 3 - Charts for Situational Rules

Listed below are loops, segments, and data elements required for proper adjudication by Empire per the situational rules in the 837I TR3.

837 Institutional Health Care Claim - Encounter				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Empire NY
P.67	ST Transaction Set Header	ST03 Implementation Convention Ref	005010X223A2	005010X223A2 - Health Care Claim, Institutional
P.68	BHT Beginning of Hierarchical Trx	BHT06 Transaction Type Code	RP	RP - Reportable
Loop ID 1000A—Submitter Name				
P.71	NM1 Submitter Name	NM109 Identification Code	(Submitter Identifier) UPPERCASE	<ul style="list-style-type: none"> ▪ EDI assigned Sender ID. ▪ Equals the value entered in ISA06 and GS02.
P.73	PER <i>Submitter EDI Contact Information - Refer to TR3</i>			
Loop ID 1000B—Receiver Name				
P.76	NM1 Receiver Name	NM109 Identification Code	00303	Code represents Empire Blue Cross
Loop ID 2000A—Billing Provider Hierarchical Level				
P.78	HL <i>Billing Provider Hierarchical Level - Refer to TR3</i>			
P.80	PRV <i>Billing Provider Specialty Information - Refer to TR3</i>			
P.81	CUR Foreign Currency Information	CUR02 Currency Code	USD	USD - US dollars <ul style="list-style-type: none"> ▪ Monetary amounts recognized in US dollars only.
Loop ID 2010AA—Billing Provider Name				
P.84	NM1 <i>Billing Provider Name - Refer to TR3</i>			
P.87	N3 Billing Provider Address	N301 Address Information	(Billing Provider Address Line)	Enter the physical address to uniquely identify the provider. Submitting PO Box/Lock Box address will result in claim failure, and return of 277CA and Level 2 Status report.
P.91	PER <i>Billing Provider Contact Information - Refer to TR3</i>			
Loop ID 2010AB—Pay-To Address Name				
P.94	NM1 <i>Pay-to Address Name - Refer to TR3</i>			
P.96	N3 Pay-to Address	N301 Address Information	(Pay-to Provider Address Line)	Enter the address to uniquely identify the provider. Submit PO Box address in Pay-to, if applicable.
P.97	N4 <i>Pay-To Address City, State, ZIP Code - Refer to TR3</i>			

837 Institutional Health Care Claim - Encounter				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Empire NY
Loop ID 2000B—Subscriber Hierarchical Level				
P.107	HL	Subscriber Hierarchical Level - Refer to TR3		
P.109	SBR	Subscriber Information - Refer to TR3		
Loop ID 2010BA—Subscriber Name				
P.112	NM1 Subscriber Name	NM109 Identification Code	Enter the ID Number exactly as it appears on the front of the ID card, WITHOUT suffix or dependent number.	
			Must be left justified.	
			Do not submit leading spaces.	
			Do not submit all alpha characters.	
			Do not submit embedded spaces or special characters.	
			Subscriber ID body must begin immediately following the alpha prefix. No space after prefix.	
			Do not submit ID body containing all 1's, 2's, 3's, 4's, 5's, 6's, 7's, 8's, 9's, 0's, 123456789, 1234567890 or literals equal to UNKNOWN, UNK, INDIVIDUAL, SELF, or NONE.	
			Do not submit lowercase alpha characters.	
P.115	N3	Subscriber Address - Refer to TR3		
P.116	N4	Subscriber City, State, ZIP Code - Refer to TR3		
P.118	DMG	Subscriber Demographic Information - Refer to TR3		
P.120	REF	Subscriber Secondary Identification - Refer to TR3		
P.121	REF	Property and Casualty Claim Number - Refer to TR3		
Loop ID 2010BB—Payer Name				
P.122	NM1 Payer Name	NM108 ID Code Qualifier	PI	PI - Payer Identification
		NM109 Identification Code	(Payer Primary Identifier)	00303 - represents Empire Blue Cross
P.124	N3	Payer Address - Refer to TR3		
P.125	N4	Payer City, State, ZIP Code - Refer to TR3		
P.127	REF	Payer Secondary Identification - Refer to TR3		
P.129	REF Billing Provider Secondary	REF01 Ref ID Qualifier	G2	G2 - Provider Commercial Number
Loop ID 2000C—Patient Hierarchical Level				
P.131	HL	Patient Hierarchical Level - Refer to TR3		
P.133	PAT	Patient Information - Refer to TR3		
Loop ID 2010CA—Patient Name				
P.135	NM1 Patient Name	NM109 Identification Code	Must be 1) left justified, 2) not contain leading spaces, 3) not contain all alpha characters, 4) not contain embedded spaces or special characters, 5) not contain low values • No space after prefix; Patient ID body must begin immediately following the alpha prefix. • The ID body must not contain all 1's, 2's, 3's, 4's, 5's, 6's, 7's, 8's, 9's, 0's, 123456789, 1234567890 or literals equal to UNKNOWN, UNK, INDIVIDUAL, SELF, NONE.	

837 Institutional Health Care Claim - Encounter				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Empire NY
Loop ID 2010CA—Patient Name (cont'd)				
P.137	N3	Patient Address - Refer to TR3		
P.138	N4	Patient City, State, ZIP Code - Refer to TR3		
P.140	DMG	Patient Demographic Information - Refer to TR3		
P.142	REF	Property and Casualty Claim Number - Refer to TR3		
Loop ID 2300—Claim Information				
P.143	CLM Claim Information	CLM01 Claim Submitter's Identifier	(Patient Control Number)	<ul style="list-style-type: none"> Maximum of 20 alphanumeric characters. Value is returned on outbound 835 and other transactions.
		CLM02 Monetary Amount	(Total Claim Charge Amt)	Value must equal the sum of submitted service line charges in Loop 2400 SV203.
		CLM05-1 Fac Code Value	(Facility Type Code)	Required for 33X and 34X outpatient type of bills.
		CLM05-3 Claim Frequency Type Code	(Third Position of Uniform Billing Claim Form Bill Type)	If '7' (replacement) or '8' (void/cancel) then the first 3 positions of following value must be submitted in Billing Note (Loop 2300 NTE02).
<p>DIA Diagnosis; POS Place of Service; UNT Units of Service; MDF Modifier; DEP Dependent Number Change; SOA Questioning Schedule of Allowance; MED Medical Necessity Appeal; AUT Authorization on File Appeal Denial; TFD Timely Filing Denial - Appeals; CDR Contractual Denial Review; OTH Other</p>				
P.149	DTP	Discharge Hour - Refer to TR3		
P.150	DTP Statement Dates	DTP03 Date Time Period	(Statement From or To Date)	Valid medical codes will be based on the "Statement From Date"
P.151	DTP	Admission Date/Hour - Refer to TR3		
P.152	DTP	Date-Repricer Received Date - Refer to TR3		
P.153	CL1	Institutional Claim Code - Refer to TR3		
P.154	PWK	Claim Supplemental Information - Refer to TR3		
P.158	CN1	Contract Information - Refer to TR3		
P.160	AMT	Patient Estimated Amount Due - Refer to TR3		
P.161	REF	Service Authorization Exception Code - Refer to TR3		
P.163	REF	Referral Number - Refer to TR3		
P.164	REF	Prior Authorization - Refer to TR3		
P.166	REF Payer Claim Control Number	REF01 Ref ID Qualifier	F8	F8 - Original Reference Number
		REF02 Reference Identification	(Claim Original Reference Number)	Represents the claim number assigned by Empire. Providers should submit the original claim number indicated on the 835 when Loop 2300 CLM05-3 Claim Freq. Type Code equals '7' or '8'.
P.167	REF	Repriced Claim Number - Refer to TR3		
P.168	REF	Adjusted Repriced Claim Number - Refer to TR3		
P.169	REF	Investigational Device Exemption Number - Refer to TR3		
P.170	REF Claim ID for Transmission Intermediaries	REF01 Ref ID Qualifier	D9	D9 - Claim Number
		REF02 Reference Identification	(Value Added Network Trace Number)	Will be returned on Level 2 Status Report, if submitted.

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Empire NY
Loop ID 2300—Claim Information (cont'd)				
P.172	REF		Auto Accident State - Refer to TR3	
P.173	REF		Medical Record Number - Refer to TR3	
P.174	REF		Demonstration Project Identifier - Refer to TR3	
P.175	REF		PRO Approval Number - Refer to TR3	
P.176	K3		File Information - Refer to TR3	
P.178	NTE		Claim Note - Refer to TR3	
P.180	NTE		Billing Note - Refer to TR3	
P.181	CRC		EPSDT Referral - Refer to TR3	
ICD-10 Codes will not be accepted any earlier than October 1, 2015.				
ICD-9-CM Guide requires diagnosis codes to the highest level of specificity.				
Code is invalid if it has not been coded to the full number of digits required for that code.				
P.184	HI		Principal Diagnosis Information - Refer to TR3	
P.187	HI		Admitting Diagnosis - Refer to TR3	
P.189	HI		Patient's Reason for Visit - Refer to TR3	
P.193	HI		External Cause of Injury - Refer to TR3	
P.218	HI		DRG Information - Refer to TR3	
P.220	HI		Other Diagnosis Information - Refer to TR3	
P.239	HI		Principal Procedure Information - Refer to TR3	
P.242	HI		Other Procedure Information - Refer to TR3	
P.258	HI		Occurrence Span Information - Refer to TR3	
P.271	HI		Occurrence Information - Refer to TR3	
P.284	HI		Value Information - Refer to TR3	
P.294	HI		Condition Information - Refer to TR3	
P.304	HI		Treatment Code Information - Refer to TR3	
P.313	HCP		Claim Pricing/Repricing Information - Refer to TR3	
Loop ID 2310A—Attending Physician Name				
Required for services (non-emergency ambulance transportation) populated in 2400, SV202-2				
P.319	NM1		Attending Provider Name - Refer to TR3	
P.322	PRV		Attending Physician Specialty Information - Refer to TR3	
P.324	REF		Attending Prov Sec Identification - Refer to TR3	
Loop ID 2310B—Operating Physician Name				
P.326	NM1		Operating Physician Name - Refer to TR3	
P.329	REF		Operating Physician Secondary Identification - Refer to TR3	
Loop ID 2310C—Other Operating Physician Name				
P.331	NM1		Other Operating Physician Name - Refer to TR3	
P.334	REF		Other Operating Physician Secondary Identification - Refer to TR3	
Loop ID 2310D—Rendering Provider Name				
P.336	NM1		Rendering Provider Name - Refer to TR3	
P.339	REF		Rendering Provider Secondary Identification - Refer to TR3	
Loop ID 2310E—Service Facility Location Name				
P.341	NM1		Service Facility Location Name - Refer to TR3	
P.344	N3		Service Facility Location Address - Refer to TR3	
P.345	N4		Serv Fac Loc City, State, ZIP - Refer to TR3	
P.347	REF		Service Facility Location Secondary Identification - Refer to TR3	
Loop ID 2310F—Referring Provider Name				
P.349	NM1		Referring Provider Name - Refer to TR3	
P.352	REF		Referring Provider Secondary Identification - Refer to TR3	

837 Institutional Health Care Claim - Encounter				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Empire NY
For COB claims, enter data elements in Loops 2320, 2330A, 2330B				
Loop ID 2320—Other Subscriber Information				
P.354	SBR			Other Subscriber Information - Refer to TR3
P.358	CAS			Claim Level Adjustments - Refer to TR3
P.364	AMT			COB Payer Paid Amount - Refer to TR3
P.365	AMT			Remaining Patient Liability - Refer to TR3
P.366	AMT			COB Total Non-Covered Amount - Refer to TR3
P.367	OI			Other Insurance Coverage Information - Refer to TR3
P.369	MIA			Inpatient Adjudication Information - Refer to TR3
P.374	MOA			Outpatient Adjudication Information - Refer to TR3
Loop ID 2330A—Other Subscriber Name				
P.377	NM1			Other Subscriber Name - Refer to TR3
P.380	N3			Other Subscriber Address - Refer to TR3
P.381	N4			Other Subscriber City, State, ZIP Code - Refer to TR3
P.383	REF			Other Subscriber Secondary Identification - Refer to TR3
Loop ID 2330B—Other Payer Name				
P.384	NM1			Other Payer Name - Refer to TR3
P.386	N3			Other Payer Address - Refer to TR3
P.387	N4			Other Payer City, State, ZIP Code - Refer to TR3
P.389	DTP			Claim Check or Remittance Date - Refer to TR3
P.390	REF			Other Payer Secondary Identifier - Refer to TR3
P.392	REF			Other Payer Prior Authorization Number - Refer to TR3
P.393	REF			Other Payer Referral Number - Refer to TR3
P.394	REF			Other Payer Claim Adjustment Indicator - Refer to TR3
P.395	REF			Other Payer Claim Control Number - Refer to TR3
Loop ID 2330C—Other Payer Attending Provider				
P.396	NM1			Other Payer Attending Provider - Refer to TR3
P.398	REF			Other Payer Attending Provider Secondary Identification - Refer to TR3
Loop ID 2330D—Other Payer Operating Physician				
P.400	NM1			Other Payer Operating Physician - Refer to TR3
P.402	REF			Other Payer Operating Physician Secondary Identification - Refer to TR3
Loop ID 2330E—Other Payer Other Operating Physician				
P.404	NM1			Other Payer Other Operating Physician - Refer to TR3
P.406	REF			Other Payer Other Operating Physician Secondary Identification - Refer to TR3
Loop ID 2330F—Other Payer Service Facility Location				
P.408	NM1			Other Payer Service Facility Location - Refer to TR3
P.410	REF			Other Payer Service Facility Location Secondary Identification - Refer to TR3
Loop ID 2330G—Other Payer Rendering Provider Name				
P.412	NM1			Other Payer Rendering Provider Name - Refer to TR3
P.414	REF			Other Payer Rendering Provider Secondary Identification - Refer to TR3
Loop ID 2330H—Other Payer Referring Provider				
P.416	NM1			Other Payer Referring Provider - Refer to TR3
P.418	REF			Other Payer Referring Provider Secondary Identification - Refer to TR3
Loop ID 2330I—Other Payer Billing Provider				
P.420	NM1			Other Payer Billing Provider - Refer to TR3
P.422	REF			Other Payer Billing Provider Secondary Identification - Refer to TR3
Loop ID 2400—Service Line Number				
P.423	LX			Service Line Number - Refer to TR3

837 Institutional Health Care Claim - Encounter				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Empire NY
Loop ID 2400—Service Line Number (cont'd)				
P.424	SV2 Institutional Service Line	SV201 Product/Service ID	(Service Line Revenue Code)	If the value ends in "9", then either Loop 2300 PWK (Claim Supplemental Information) or Loop 2300 NTE (Billing Note) is required.
		SV202-2 Product/Service ID	(Procedure Code)	Attending Provider (2310A) required for non-emergency ambulance transportation codes A0426, A0428 (without modifier QL).
P.429	PWK Line Supplemental Information - Refer to TR3			
P.433	DTP Service Date	DTP03 Date Time Period	(Service Date)	Date span does not apply to outpatient claims.
P.435	REF Line Item Control Number - Refer to TR3			
P.437	REF Repriced Line Item Reference Number - Refer to TR3			
P.438	REF Adjusted Repriced Line Item Reference Number - Refer to TR3			
P.439	AMT Service Tax Amount - Refer to TR3			
P.440	AMT Facility Tax Amount - Refer to TR3			
P.441	NTE Third Party Organization Notes - Refer to TR3			
P.442	HCP Line Pricing/Repricing Information - Refer to TR3			
Loop ID 2410—Drug Identification				
P.449	LIN Drug Identification	LIN03 Product/Service ID	(National Drug Code)	NDC # for prescribed drugs and biologics when required by government regulation.
P.452	CTP Drug Quantity - Refer to TR3			
P.454	REF Prescription of Compound Drug Association Number - Refer to TR3			
Loop ID 2420A—Operating Physician Name				
P.456	NM1 Operating Physician Name - Refer to TR3			
P.459	REF Operating Physician Secondary Identification - Refer to TR3			
Loop ID 2420B—Other Operating Physician Name				
P.461	NM1 Other Operating Physician Name - Refer to TR3			
P.464	REF Other Operating Physician Secondary Identification - Refer to TR3			
Loop ID 2420C—Rendering Provider Name				
P.466	NM1 Rendering Provider Name - Refer to TR3			
P.469	REF Rendering Provider Secondary Identification - Refer to TR3			
Loop ID 2420D—Referring Provider Name				
P.471	NM1 Referring Provider Name - Refer to TR3			
P.474	REF Referring Provider Secondary Identification - Refer to TR3			
Loop ID 2430—Line Adjudication Information				
P.476	SVD Line Adjudication Information - Refer to TR3			
P.480	CAS Line Adjustment - Refer to TR3			
P.486	DTP Line Check or Remittance Date - Refer to TR3			
P.487	AMT Remaining Patient Liability - Refer to TR3			
P.488	SE Transaction Set Trailer - Refer to TR3			