

## 837 Professional Health Care Claim

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 – 837P Professional Health Care Claim: Basic Instructions**

### **Section 2 – 837P Professional Health Care Claim: Enveloping**

### **Section 3 – 837P Professional Health Care Claim: Charts for Situational Rules**

Any questions?

Contact E-Solutions

[www.empireblue.com/edi](http://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 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, such as member validation to each 837 transaction. These business edits 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
- 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 837P 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, space, 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

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

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

- 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 (SV102) or negative units (SV104) are used, then a 277CA and an 864 Level 2 Status Report will be returned to the submitter identifying which claim(s) have failed.

## 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 Coordination of Benefits

Specific 837 data elements work together to coordinate benefits between Empire and Medicare or other carriers. Following the Provider-to-Payer-to-Provider model;

- The provider sends the 837 to the primary payer.
- The primary payer adjudicates the claim and sends an 835 Payment Advice to the provider. The 835 includes the claim adjustment reason code and/or remark code for the claim.
- Upon receipt of the 835, the provider sends a second 837 with COB information populated in Loops 2320, 2330A-G, and/or 2430 to the secondary payer. The secondary payer adjudicates the claim and sends an 835 Payment Advice to the provider.

Empire recognizes submission of an 837 transaction to a sequential payer populated with data from the previous payer's 835. Based on the information provided and the level of policy, the claim will be adjudicated without the paper copy of the Explanation of Benefits from Medicare or the primary carrier.

When more than one payer is involved on a claim, data elements for all prior payers must be present (i.e., if a tertiary payer is involved, then all the data elements from the primary and secondary payers must also be present).

If data elements from previous payer(s) are omitted, Empire will fail the particular claim.

Since 5010 has made changes to COB reporting, Empire strongly encourages in-depth review of TR3 front matter. Empire adjudicates and pays professional services at the line level. Therefore, when Empire has any payment position other than primary, line level payments (SVD02), and line level adjustments (CAS), must be conveyed, when known by the submitter.

## 1.10 Claim and COB Balancing

For COB claims, balancing is performed at both claim and service line on the payment charges for each payer. If not balanced, a 277CA and an 864 Level 2 Status Report will be returned to the submitter indicating the particular claim has failed.

- Loop 2300 CLM02 (Total Claim Charge) must equal the sum of Loop 2400 SV102 (Line Item Charge).
- Loop 2320 AMT02 (COB Payer Paid Amount) must equal the sum of Loop 2430 SVD02 (Line Adjudication Information) less the sum of Loop 2300 CAS (Claim Level Adjustments).
- Loop 2400 SV102 (Line Item Charge Amount) must equal the sum of Loop 2430 SVD02 (Line Adjudication Information) plus the sum of Loop 2430 CAS (Claim Level Adjustments).

## 1.11 Sending Unsolicited Attachments to Support a Claim

Loop 2300 PWK segment is required when paper documentation (attachments) supports a claim.

In order to expedite processing of a claim:

- Mail the attachment the same day the claim is submitted
- Do not send a copy of the claim 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

### 1.12 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](http://www.wpc-edi.com/taxonomy).

### 1.13 Medicaid Reclamation / Subrogation Claims

Situations exist when a Patient who has BCBS as primary and Medicaid as secondary (last payer), indicates to the provider that he has Medicaid insurance only. The service is rendered and the provider bills Medicaid as primary. Medicaid pays the claim as the sole payer ("pays out of turn") and later determines that the patient actually had primary insurance.

In order to reclaim monies, states submit claims to the primary insurance after reconciliation of eligibility files between BCBS and Medicaid. Exempt from NPI, trading partners on behalf of states must submit specific data elements in Loops 2010AA, 2010AC, 2010BB, 2310B, 2310C and 2430 for Medicaid reclamation.

## 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 Professional Health Care Claim–Envelope Specific to Empire NY (TR3, Appendix C)			
ISA—Interchange Control Header	GS—Functional Group Header	GE—Functional Group Trailer	IEA—Interchange Control Trailer
ISA01 <b>00</b>	GS01 <b>HC</b>	GE01 refer to TR3	IEA01 refer to TR3
ISA02 refer to TR3	GS02 <b>SENDER ID</b>	GE02 refer to TR3	IEA02 refer to TR3
ISA03 <b>00</b>	EDI assigned		
ISA04 refer to TR3	Left-justified followed by no zeroes or spaces		
ISA05 <b>ZZ</b>	GS03 <b>EMPIRENY</b>		
ISA06 <b>SENDER ID</b>	GS04 refer to TR3		
EDI assigned			
Left-justified followed by spaces			
ISA07 <b>ZZ</b>	GS05 refer to TR3		
ISA08 <b>EMPIRENY</b>	GS06 refer to TR3		
ISA09 refer to TR3	GS07 <b>X</b>		
ISA10 refer to TR3	GS08 <b>005010X222A1</b>		
ISA11 <b>^ (5E)</b>			
ISA12 <b>00501</b>			
ISA13 refer to TR3			
ISA14 <b>1</b>			
ISA15 refer to TR3			
ISA16 <b>: (3A)</b>			

**NOTE. Critical Batching and Editing Information**  
 \*Transactions must be batched in separate functional group by GS03.  
 \*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.

837 Professional Health Care Claim–Envelope Specific to Empire NY Medicaid Reclamation (TR3, Appendix C)			
ISA—Interchange Control Header	GS—Functional Group Header	GE—Functional Group Trailer	IEA—Interchange Control Trailer
ISA01 <b>00</b>	GS01 <b>HC</b>	GE01 refer to TR3	IEA01 refer to TR3
ISA02 refer to TR3	GS02 <b>SENDER ID</b>	GE02 refer to TR3	IEA02 refer to TR3
ISA03 <b>00</b>	EDI assigned		
ISA04 refer to TR3	Left-justified followed by no zeroes or spaces		
ISA05 <b>ZZ</b>	GS03 <b>MEDICAIDRECNY</b>		
ISA06 <b>SENDER ID</b>	GS04 refer to TR3		
EDI assigned			
Left-justified followed by spaces			
ISA07 <b>ZZ</b>	GS05 refer to TR3		
ISA08 <b>MEDICAIDREC</b>	GS06 refer to TR3		
ISA09 refer to TR3	GS07 <b>X</b>		
ISA10 refer to TR3	GS08 <b>005010X222A1</b>		
ISA11 <b>^ (5E)</b>			
ISA12 <b>00501</b>			
ISA13 refer to TR3			
ISA14 <b>1</b>			
ISA15 refer to TR3			
ISA16 <b>: (3A)</b>			

**NOTE. Critical Batching and Editing Information**  
 \*Transactions must be batched in separate functional group by GS03.  
 \*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.

## 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 837P TR3.

837 Professional Health Care Claim				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Empire NY
P.70	<b>ST</b> Transaction Set Header	<b>ST03</b> Implementation Convention Ref	<b>005010X222A1</b>	005010X222A1 - Health Care Claim, Professional
P.71	<b>BHT</b> Beginning of Hierarchical Trx	<b>BHT06</b> Transaction Type Code	<b>CH</b> <b>31</b>	CH - Chargeable <b>required for Medicaid Reclamation</b>
<b>Loop ID 1000A—Submitter Name</b>				
P.74	<b>NM1</b> Submitter Name	<b>NM109</b> Identification Code	<b>(Submitter Identifier)</b> <b>UPPERCASE</b>	<ul style="list-style-type: none"> <li>EDI assigned Sender ID.</li> <li>Equals the value entered in ISA06 and GS02.</li> </ul>
P.76 <b>PER</b> <i>Submitter EDI Contact Information - Refer to TR3</i>				
<b>Loop ID 1000B—Receiver Name</b>				
P.79	<b>NM1</b> Receiver Name	<b>NM109</b> Identification Code	<b>00803</b>	Code represents Empire Blue Shield.
<b>Loop ID 2000A—Billing Provider Hierarchical Level</b>				
P.81 <b>HL</b> <i>Billing Provider Hierarchical Level - Refer to TR3</i>				
P.83 <b>PRV</b> <i>Billing Provider Specialty Information - Refer to TR3</i>				
P.84	<b>CUR</b> Foreign Currency Information	<b>CUR02</b> Currency Code	<b>USD</b>	USD - US dollars <ul style="list-style-type: none"> <li>Monetary amounts recognized in US dollars only.</li> </ul>
<b>Loop ID 2010AA—Billing Provider Name</b>				
P.87 <b>NM1</b> <i>Billing Provider Name - Refer to TR3</i> <b>(Medicaid Reclamation)</b>				
P.91	<b>N3</b> Billing Provider Address	<b>N301</b> Address Information	<b>(Billing Provider Address Line)</b>	<b>(Medicaid Reclamation)</b> 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.92 <b>N4</b> <i>Billing Prov City, State, ZIP Code - Refer to TR3</i> <b>(Medicaid Reclamation)</b>				
P.94	<b>REF</b> Billing Provider Tax Identification #	<b>REF02</b> Reference Identification	<b>(Billing Provider Tax Identification #)</b>	<b>(Medicaid Reclamation)</b>
P.96 <b>REF</b> <i>Billing Provider UPIN/License Information - Refer to TR3</i>				
P.98 <b>PER</b> <i>Billing Provider Contact Information - Refer to TR3</i>				
<b>Loop ID 2010AB—Pay-To Address Name</b>				
P.101 <b>NM1</b> <i>Pay-to Address Name- Refer to TR3</i>				
P.103	<b>N3</b> Pay-to Address	<b>N301</b> Address Information	<b>(Pay-to Provider Address Line)</b>	Enter the address to uniquely identify the provider. If payment expected to be remitted to PO Box/Lock Box, submit in Pay-to loop.
P.104 <b>N4</b> <i>Pay-To Address City, State, ZIP Code - Refer to TR3</i>				
<b>Loop ID 2010AC—Pay-To Plan Name</b>				
P.106	<b>NM1</b> Pay-to Plan Name	<b>NM103</b> Name Last or Organization Name	<b>(Pay-to Plan Organizational Name)</b>	<b>(Medicaid Reclamation)</b>
P.108 <b>N3</b> <i>Pay-to Plan Address - Refer to TR3</i>				
P.109 <b>N4</b> <i>Pay-to Plan City, State, ZIP Code - Refer to TR3</i>				
P.111 <b>REF</b> <i>Pay-to Plan Secondary Identification - Refer to TR3</i>				
P.113	<b>REF</b> Pay-to Plan Tax Identification #	<b>REF02</b> Reference Identification	<b>(Pay-to Plan Tax Identification #)</b>	<b>(Medicaid Reclamation)</b>

*\*Although loops, segments and/or data elements required for Medicaid Reclamation are clarified in the definition and notes as (Medicaid Reclamation), they are not exclusive to Medicaid Reclamation type of claims only.*

837 Professional Health Care Claim				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Empire NY
<b>Loop ID 2000B—Subscriber Hierarchical Level</b>				
P.114	HL	Subscriber Hierarchical Level - Refer to TR3		
P.116	SBR	Subscriber Information - Refer to TR3		
P.119	PAT	Patient Information - Refer to TR3		
<b>Loop ID 2010BA—Subscriber Name</b>				
P.121	NM1	NM109	<p><b>Enter the ID Number exactly as it appears on the front of the ID card, WITHOUT suffix or dependent number.</b></p> <p>Must be left justified.</p> <p>Do not submit leading spaces.</p> <p>Do not submit all alpha characters.</p> <p>Do not submit embedded spaces or special characters.</p> <p>Subscriber ID body must begin immediately following the alpha prefix. No space after prefix.</p> <p>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.</p> <p>Do not submit lowercase alpha characters.</p>	
	Subscriber Name	Identification Code		
P.124	N3	Subscriber Address - Refer to TR3		
P.125	N4	Subscriber City, State, ZIP Code - Refer to TR3		
P.127	DMG	Subscriber Demographic Information - Refer to TR3		
P.129	REF	Subscriber Secondary Identification - Refer to TR3		
P.130	REF	Property and Casualty Claim Number - Refer to TR3		
P.131	REF	Property and Casualty Subscriber Contact Information - Refer to TR3		
<b>Loop ID 2010BB—Payer Name</b>				
P.133	NM1	NM108	PI	PI - Payer Identification
	Payer Name	ID Code Qualifier		
		NM109	00803	Code represents Empire Blue Shield.
		Identification Code		
P.135	N3	Payer Address - Refer to TR3		
P.136	N4	Payer City, State, ZIP Code - Refer to TR3		
P.138	REF	Payer Secondary Identification - Refer to TR3		
P.140	REF	REF01	G2	G2 - Provider Commercial Number
	Billing Provider	Ref ID Qualifier		
	Secondary Identification	REF02	(Billing Provider Secondary ID)	(Medicaid Reclamation)
		Reference Identification		
<b>Loop ID 2000C—Patient Hierarchical Level</b>				
P.142	HL	Patient Hierarchical Level - Refer to TR3		
P.144	PAT	Patient Information - Refer to TR3		
<b>Loop ID 2010CA—Patient Name</b>				
P.147	NM1	NM109	<p>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.</p> <ul style="list-style-type: none"> <li>No space after prefix; Patient ID body must begin immediately following the alpha prefix.</li> <li>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.</li> </ul>	
	Patient Name	Identification Code		
P.149	N3	Patient Address - Refer to TR3		
P.150	N4	Patient City, State, ZIP Code - Refer to TR3		

*\*Although loops, segments and/or data elements required for Medicaid Reclamation are clarified in the definition and notes as (Medicaid Reclamation), they are not exclusive to Medicaid Reclamation type of claims only.*



837 Professional Health Care Claim				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Empire NY
<b>Loop ID 2010CA—Patient Name (cont'd)</b>				
P.154	REF	Property and Casualty Claim Number - Refer to TR3		
P.155	REF	Property and Casualty Patient Contact Information - Refer to TR3		
<b>Loop ID 2300—Claim Information</b>				
P.157	CLM Claim Information	CLM01 Claim Submitter's Identifier	(Patient Account Number)	<ul style="list-style-type: none"> <li>Maximum of 20 alphanumeric characters.</li> <li>Value is returned on outbound 835 and other transactions.</li> </ul>
		CLM02 Monetary Amount	(Total Claim Charge Amt)	Value must equal the sum of submitted service line charges in Loop 2400 SV102.
		CLM05-3 Claim Frequency Type Code	7, 8	If '7' (replacement) or '8' (void/cancel) then the first 3 positions of following value must be submitted in Claim or Line Note (Loop 2300, 2400 NTE02).
		CHG Charges (Total or Line); DOS Date of Service; PVN Provider Number; DIA Diagnosis; PRC Procedure Code; POS Place of Service; UNT Units of Service; MDF Modifier; OCA Other Carrier Allowance; IDC ID Number Change; 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.164	DTP	Date - Onset of Current Illness or Symptom - Refer to TR3		
P.165	DTP	Date - Initial Treatment Date - Refer to TR3		
P.166	DTP	Date - Last Seen Date - Refer to TR3		
P.168	DTP	Date - Accident - Refer to TR3		
P.169	DTP	Date - Last Menstrual Period - Refer to TR3		
P.170	DTP	Date - Last X-ray Date - Refer to TR3		
P.172	DTP	Date - Disability Dates - Refer to TR3		
P.174	DTP	Date - Last Worked - Refer to TR3		
P.175	DTP	Date - Authorized Return to Work - Refer to TR3		
P.176	DTP	Date - Admission - Refer to TR3		
P.177	DTP	Date - Discharge - Refer to TR3		
P.181	DTP	Date - Repricer Received Date - Refer to TR3		
P.182	PWK	Claim Supplemental Information - Refer to TR3		
P.188	AMT	Patient Amount Paid - Refer to TR3		
P.189	REF	Service Authorization Exception Code - Refer to TR3		
P.193	REF	Referral Number - Refer to TR3		
P.194	REF	Prior Authorization - Refer to TR3		
P.196	REF Payer Claim Control Number	REF01 Ref ID Qualifier	F8	F8 - Original Reference Number
		REF02 Reference Identification	(Claim Original Reference Number)	Represents the claim # assigned by Empire. Providers should submit the original claim # indicated on the 835 when Loop 2300, CLM05-3 equals values of '7' or '8'.
P.197	REF	CLIA Number - Refer to TR3		
P.199	REF	Repriced Claim Number - Refer to TR3		
P.200	REF	Adjusted Repriced Claim Number - Refer to TR3		
P.202	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.

837 Professional Health Care Claim				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Empire NY
<b>Loop ID 2300—Claim Information (cont'd)</b>				
P.204	REF		Medical Record Number - Refer to TR3	
P.205	REF		Demonstration Project Identifier - Refer to TR3	
P.206	REF		Care Plan Oversight - Refer to TR3	
P.207	K3		File Information - Refer to TR3	
P.209	NTE		Claim Note - Refer to TR3	
P.211	CR1		Ambulance Transport Information - Refer to TR3	
P.216	CRC		Ambulance Certification - Refer to TR3	
P.219	CRC		Patient Condition Information: Vision - Refer to TR3	
P.221	CRC		Homebound Indicator - Refer to TR3	
P.223	CRC		EPSDT Referral - Refer to TR3	
<b>ICD-10 Codes will not be accepted any earlier than October 1, 2015.</b>				
<b>ICD-9-CM Guide requires diagnosis codes to the highest level of specificity.</b>				
<b>Code is invalid if it has not been coded to the full number of digits required for that code.</b>				
P.226	HI		Health Care Diagnosis Code - Refer to TR3	
P.239	HI		Anesthesia Related Procedure - Refer to TR3	
P.242	HI		Condition Information - Refer to TR3	
P.252	HCP		Claim Pricing/Repricing Information - Refer to TR3	
<b>Loop ID 2310A—Referring Provider Name</b>				
P.257	NM1		Referring Provider Name - Refer to TR3	
P.260	REF		Referring Provider Secondary Identification - Refer to TR3	
<b>Loop ID 2310B—Rendering Provider Name</b>				
P.262	NM1		Rendering Provider Name - Refer to TR3	(Medicaid Reclamation)
P.265	PRV		Rendering Provider Specialty Information - Refer to TR3	
P.267	REF		Rendering Provider Secondary Identification - Refer to TR3	
<b>Loop ID 2310C—Service Facility Location Name</b>				
P.269	NM1		Service Facility Location Name - Refer to TR3	(Medicaid Reclamation)
P.272	N3		Service Facility Location Address - Refer to TR3	(Medicaid Reclamation)
P.273	N4		Serv Fac Loc City, State, ZIP - Refer to TR3	(Medicaid Reclamation)
P.275	REF		Service Facility Secondary Identification - Refer to TR3	
P.277	PER		Service Facility Contact Information - Refer to TR3	
<b>Loop ID 2310D—Supervising Provider Name</b>				
P.280	NM1		Supervising Provider Name - Refer to TR3	
P.283	REF		Supervising Provider Secondary Identification - Refer to TR3	
<b>Loop ID 2310E—Ambulance Pick-Up Location</b>				
P.285	NM1		Ambulance Pick-up Location - Refer to TR3	
P.287	N3		Ambulance Pick-up Location Address - Refer to TR3	
P.288	N4		Ambulance Pick-up Location City, State, ZIP Code - Refer to TR3	
<b>Loop ID 2310F—Ambulance Drop-Off Location</b>				
P.290	NM1		Ambulance Drop-off Location - Refer to TR3	
P.292	N3		Ambulance Drop-off Location Address - Refer to TR3	
P.293	N4		Ambulance Drop-off Location City, State, ZIP Code - Refer to TR3	
<b>Loop ID 2320—Other Subscriber Information</b>				
P.295	SBR		Other Subscriber Information - Refer to TR3	
P.299	CAS		Claim Level Adjustments - Refer to TR3	
P.305	AMT		COB Payer Paid Amount - Refer to TR3	
P.306	AMT		COB Total Non-Covered Amount - Refer to TR3	
P.307	AMT		Remaining Patient Liability - Refer to TR3	

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Empire NY
<b>Loop ID 2320—Other Subscriber Information</b>				
P.308	OI	Other Insurance Coverage Information - Refer to TR3		
P.310	MOA	Outpatient Adjudication Information - Refer to TR3		
<b>Loop ID 2330A—Other Subscriber Name</b>				
P.313	NM1	Other Subscriber Name - Refer to TR3		
P.316	N3	Other Subscriber Address - Refer to TR3		
P.317	N4	Other Subscriber City, State, ZIP Code - Refer to TR3		
P.319	REF	Other Subscriber Secondary Identification - Refer to TR3		
<b>Loop ID 2330B—Other Payer Name</b>				
P.320	NM1	Other Payer Name - Refer to TR3		
P.322	N3	Other Payer Address - Refer to TR3		
P.323	N4	Other Payer City, State, ZIP Code - Refer to TR3		
P.325	DTP	Claim Check or Remittance Date - Refer to TR3		
P.326	REF	Other Payer Secondary Identifier - Refer to TR3		
P.328	REF	Other Payer Prior Authorization Number - Refer to TR3		
P.329	REF	Other Payer Referral Number - Refer to TR3		
P.330	REF	Other Payer Claim Adjustment Indicator - Refer to TR3		
P.331	REF	Other Payer Claim Control Number - Refer to TR3		
<b>Loop ID 2400—Service Line</b>				
P.350	LX	Service Line Number - Refer to TR3		
P.351	SV1	SV102	(Line Item Charge Amount)	Sum of service line charges must equal the Total Claim Charge Amount in Loop 2300 CLM02.
	Professional Service	Monetary Amount		
P.359	SV5	Durable Medical Equipment Service - Refer to TR3		
P.362	PWK	Line Supplemental Information - Refer to TR3		
P.366	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator - Refer to TR3		
P.368	CR1	Ambulance Transport Information - Refer to TR3		
P.371	CR3	Durable Medical Equipment Certification - Refer to TR3		
P.373	CRC	Ambulance Certification - Refer to TR3		
P.376	CRC	Hospice Employee Indicator - Refer to TR3		
P.378	CRC	Condition Indicator/Durable Medical Equipment - Refer to TR3		
P.380	DTP	Date - Service Date - Refer to TR3		
P.382	DTP	Date - Prescription Date - Refer to TR3		
P.390	DTP	Date - Initial Treatment Date - Refer to TR3		
P.391	QTY	Ambulance Patient Count - Refer to TR3		
P.392	QTY	Obstetric Anesthesia Additional Units - Refer to TR3		
P.393	MEA	Test Result - Refer to TR3		
P.397	REF	Repriced Line Item Reference Number - Refer to TR3		
P.398	REF	Adjusted Repriced Line Item Reference Number - Refer to TR3		
P.399	REF	Prior Authorization - Refer to TR3		
P.401	REF	Line Item Control Number - Refer to TR3		
P.404	REF	CLIA Number - Refer to TR3		
P.405	REF	Referring CLIA Facility Identification - Refer to TR3		
P.407	REF	Referral Number - Refer to TR3		
P.409	AMT	Service Tax Amount - Refer to TR3		
P.410	AMT	Postage Claimed Amount - Refer to TR3		
P.411	K3	File Information - Refer to TR3		
P.413	NTE	Line Note - Refer to TR3		
P.414	NTE	Third Party Organization Notes - Refer to TR3		
P.415	PS1	Purchased Service Information - Refer to TR3		

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Empire NY
<b>Loop ID 2410—Drug Identification</b>				
P.423	LIN Drug Identification	LIN03 Product/Service ID	(National Drug Code)	NDC # for prescribed drugs and biologics when required by government regulation.
P.426	CTP	Drug Quantity - Refer to TR3		
P.428	REF	Prescription of Compound Drug Association Number - Refer to TR3		
<b>Loop ID 2420A—Rendering Provider Name</b>				
P.430	NM1	Rendering Provider Name - Refer to TR3		
P.433	PRV	Rendering Provider Specialty Information - Refer to TR3		
P.434	REF	Rendering Provider Secondary Identification - Refer to TR3		
<b>Loop ID 2420B—Purchased Service Provider Name</b>				
P.436	NM1	Purchased Service Provider Name - Refer to TR3		
P.439	REF	Purchased Service Provider Secondary Identification - Refer to TR3		
<b>Loop ID 2420C—Service Facility Location Name</b>				
P.441	NM1	Service Facility Location Name - Refer to TR3		
P.444	N3	Service Facility Location Address - Refer to TR3		
P.445	N4	Service Facility Location City, State, ZIP Code - Refer to TR3		
P.447	REF	Service Facility Location Secondary Identification - Refer to TR3		
<b>Loop ID 2420D—Supervising Provider Name</b>				
P.449	NM1	Supervising Provider Name - Refer to TR3		
P.452	REF	Supervising Provider Secondary Identification - Refer to TR3		
<b>Loop ID 2420F—Referring Provider Name</b>				
P.465	NM1	Referring Provider Name - Refer to TR3		
P.468	REF	Referring Provider Secondary Identification - Refer to TR3		
<b>Loop ID 2420G—Ambulance Pick-Up Location</b>				
P.470	NM1	Ambulance Pick-up Location - Refer to TR3		
P.472	N3	Ambulance Pick-up Location Address - Refer to TR3		
P.473	N4	Ambulance Pick-up Location City, State, ZIP Code - Refer to TR3		
<b>Loop ID 2420H—Ambulance Drop-Off Location</b>				
P.475	NM1	Ambulance Drop-off Location - Refer to TR3		
P.477	N3	Ambulance Drop-off Location Address - Refer to TR3		
P.478	N4	Ambulance Drop-off Location City, State, ZIP Code - Refer to TR3		
<b>Loop ID 2430—Line Adjudication Information</b>				
P.480	SVD Line Adjudication Information	SVD02 Monetary Amount	(Service Line Paid Amount)	(Medicaid Reclamation)
P.484	CAS	Line Adjustment - Refer to TR3		(Medicaid Reclamation)
P.490	DTP	Line Check or Remittance Date - Refer to TR3		
P.491	AMT	Remaining Patient Liability - Refer to TR3		
<b>Loop ID 2440—Form Identification Code</b>				
P.492	LQ	Form Identification Code - Refer to TR3		
P.494	FRM	Supporting Documentation - Refer to TR3		
P.496	SE	Transaction Set Trailer - Refer to TR3		

\*Although loops, segments and/or data elements required for Medicaid Reclamation are clarified in the definition and notes as (Medicaid Reclamation), they are not exclusive to Medicaid Reclamation type of claims only.