



Companion Guide: 837 Dental Claims Transaction

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Revision History

Document Version Number	CO	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0		August 2004	All	New document. Formerly section 4 of the 837D companion guide. New document contains 837D transaction information only.	Systems/HIPAA Publications
Version 1.1	198	September 2004	Pages 3-19 and 2-21	Updated 2320 SBR and 2330B NM1 for Change Order 198.	Systems/ Publications
Version 1.2		January 2005	All	Incorporated all pre-release versions.	Systems/ Publications
Version 1.3		March 2005	All	Formatting and adding full HIPAA requirements and Electronic Voids/Replacements	Systems/ Publications
Version 1.4	280	June 2005	Pg 3-25	Update SBR02 Comments	Systems/ Publications
Version 1.5		October 2005	All	Updating copyright material. Formatting and editing to standard.	Publications
Version 1.6		April 2006	Tables		Systems/ Publications
Version 1.7		April 2007	Multiple	NPI	Systems/ Publications
Version 1.8		February 2008	Table 3.20	NPI Implementation	Systems/ Publications
Version 2.0		October 2009		NPI Stage 3	Systems/ Publications

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Section 1: Introduction

Overview

The Indiana Health Coverage Programs (IHCP) has developed technical companion guides to assist application developers during the implementation process. The information contained in the *IHCP Companion Guide* is only intended to supplement the adopted *National Electronic Data Interchange Transaction Set Implementation Guide* (IG) and provide guidance and clarification as it applies to the IHCP. The *IHCP Companion Guide* is never intended to modify, contradict, or reinterpret the rules established by the IGs.

The *Companion Guide* is categorized into three sections:

1. Introduction to the 837 Dental
2. Interchange control
3. Transaction specifications

This section, *Introduction*, provides a general description of the 837 Dental Transaction. *Section 2* describes data exchange options and the relevant inbound and outbound interchange control structures. *Section 3* contains transaction specific documentation, including segment usage, to assist developers with coding each transaction.

Note: All references to the IHCP provider number included in this *Companion Guide* refer to the Indiana Health Coverage Program legacy provider number.

837 Dental

The ASC X12N 837 (04010X097) transaction is the Health Information Portability and Accountability Act (HIPAA)-mandated instrument for submitting dental claims or encounter data. Any claim submitted on an American Dental Association (ADA) *Dental claim* form must be submitted using this transaction if the data is submitted electronically.

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

- This document, *Companion Guide – 837 Dental Claims Transaction*
- *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim: Dental: 837: ASC X12N 837 (004010X097) and (004010X097A1) Addenda*
- *IHCP Provider Manual*

In addition to compliance checking and the resulting *997 Acknowledgement* file, the IHCP creates a *Biller Summary Report* (BSR) in response to all 837 submissions. This report provides summary information about the results of pre-adjudication claim and encounter processing. Information on this report indicates rejected claims not processed by the system. The report will also show rejection errors on claims from healthcare providers where the Billing NPI was not submitted, a submitted NPI has not been reported to the IHCP, or the reported NPI cross-walks to multiple IHCP Legacy Provider Identifiers (LPis).

Denied claims signify adjudication in the system. Additionally, there are several processing assumptions, limitations, and guidelines a developer must be aware of when implementing the 837D transaction. The following list identifies these processing stipulations:

- Until the full implementation of NPI, 837D transactions may be submitted using the LPI, NPI, or both. To ensure successful processing, the LPI should be included in the submission of the claim.
- The IHCP accepts up to 5000 CLM segments per ST – SE. The IG recommends creating this limitation to avert circumstances where file size management may become an issue.
- IHCP recommends that Patient Loops, 2000C and 2010CA, are not coded because the IHCP, members and subscribers are always the same as the patient. If these loops are present, they do not pass the pre-adjudication edits if the subscriber's Medicaid ID does not match the patient's Medicaid ID.
- All monetary amounts have explicit decimals. The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer, a decimal point at the right end, the decimal point should be omitted. See the IG for additional clarification.
- Negative quantities or amounts necessary for the adjudication of the claim are rejected.
- All quantities have pre-adjudication edits. Refer to the appropriate segments for IHCP formats.
- Other data elements with lengths greater than IHCP definitions are truncated.
- The IHCP is referred to as the IHCP in applicable *Receiver* segments.
- The IHCP processes a maximum of 50 service lines or details on the 837D transaction. Claims with details in excess of 50 are rejected by compliance error.
- One tooth number is allowed per detail. If more than one tooth number is specified for a service line, the detail is denied.
- Coordination of benefits (COB) assumptions – third party liability (TPL) is only reported at claim level.

Electronic Voids and Replacements

If the following guidelines are not followed, refer to the BSR for more details.

A Web or electronic data interchange (EDI) replacement request may take up to one business day to process if it submitted before 3 p.m. during a normal business day. The primary reason when this may occur is when the original claim has already been through a financial.

Fee-for-Service Claims

- The provider ID, service location, and member information must be identical on the void as it appears on the claim that is being voided.
- If a void is submitted with an NPI, that NPI must cross-walk to the same IHCP LPI and service location that appears on the claim being voided.
- The provider ID and service location information must be identical on the replacement as it appears on the claim that is being replaced.
- If a replacement is submitted with an NPI, that NPI must cross-walk to the same IHCP LPI and service location that appears on the claim being replaced.

- The type of claim on the void or replacement must be the same type on the claim being voided or replaced.
- The replacement cannot be older than one year from the last activity that took place on the claim being replaced.
- The void or replacement request must be done against the most recent occurrence of the bill.
- The void or replacement request must be for an IHCP claim that is found in the database.
- A void cannot be processed against a denied claim in the IndianaAIM.
- A replacement request cannot be performed against a denied claim due to a previous void request.

Section 2: Data Exchange Technical Specifications and Interchange Control Structure

Overview

Appendix A, Section A.1.1 of each *National Electronic Data Interchange Transaction Set Implementation Guide (ASC X12N~)* (IG), the Health Insurance Portability and Accountability Act (HIPAA), provides details about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an *electronic envelope*. The communication envelope consists of an interchange envelope and functional groups.

The following tables define the use of the inbound 837D control structure as it relates to communication with the Indiana Health Coverage Programs (IHCP).

Inbound Transactions

Table 2.1 – Interchange Control Header

Segment Name	Interchange Control Header														
Segment ID	ISA														
Loop ID	N/A														
Usage	Required														
Segment Notes	<p>All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment.</p> <p>The character immediately following the segment ID, ISA, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. The following are examples of separators.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d3d3d3;">Character</th> <th style="background-color: #d3d3d3;">Name</th> <th style="background-color: #d3d3d3;">Delimiter</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">*</td> <td style="text-align: center;">Asterisk</td> <td>Data Element Separator</td> </tr> <tr> <td style="text-align: center;">:</td> <td style="text-align: center;">Colon</td> <td>Subelement Separator</td> </tr> <tr> <td style="text-align: center;">~</td> <td style="text-align: center;">Tilde</td> <td>Segment Terminator</td> </tr> </tbody> </table>			Character	Name	Delimiter	*	Asterisk	Data Element Separator	:	Colon	Subelement Separator	~	Tilde	Segment Terminator
Character	Name	Delimiter													
*	Asterisk	Data Element Separator													
:	Colon	Subelement Separator													
~	Tilde	Segment Terminator													
While it is not required that submitters use these specific delimiters, they are the ones that the IHCP uses for all outbound transactions.															
Example	<pre>ISA* 00** 00*.....* ZZ* P123 ..* ZZ*IHCP.....* 930602* 1253* U* 00401* 000000905* 1* P* :~</pre>														

Table 2.2 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA01	R	Authorization Information Qualifier 00 – No Authorization Information Present	
ISA02	R	Authorization Information Insert 10 blanks	Always blank. Insert 10 blank spaces.
ISA03	R	Security Information Qualifier 00 – No Security Information Present	
ISA04	R	Security Information Insert 10 blanks	Always blank. Insert 10 blank spaces.
ISA05	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA06	R	Interchange Sender ID	For batch transactions, this is the four-byte sender ID (four to eight characters) assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits). This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA07	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA08	R	Interchange Receiver ID IHCP	This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	R	Interchange Date	Format: YYMMDD.
ISA10	R	Interchange Time	Format: HHMM.
ISA11	R	Interchange Control Standards Identifier U – U.S. EDI Community of ASC X12, TDCC, and UCS	
ISA12	R	Interchange Control Version Number 00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	

Table 2.2 – Element ID ISA01-ISA16

Element ID	Usage	Guide Description and Valid Values	Comments
ISA13	R	Interchange Control Number	The interchange control number (ICN) is created by the submitter and must be identical to the associated Interchange Trailer (IEA02). This is a numeric field and must be zero-filled. This number should be unique and the IHCP recommends that it be incremented by one with each ISA segment.
ISA14	R	Acknowledgment Requested 0 – No acknowledgment requested 1 – Interchange Acknowledgment Requested	The IHCP always creates an acknowledgment file for each file received.
ISA15	R	Usage Indicator P – Production Data T – Test Data	During testing the usage indicator entered must be T . After testing approval, P must be entered for production transactions.
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator.

Table 2.3 – Functional Group Header

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GS*HS*P123*IHCP*20020606*105531*5*X*004010X097A1~

Table 2.4 – Element ID GS01-GS08

Element ID	Usage	Guide Description and Valid Values	Comments
GS01	R	Functional Identifier Code HC – Health Care Claim (837)	Use the appropriate identifier to designate the type of transaction data to follow the GS segment.

Table 2.4 – Element ID GS01-GS08

Element ID	Usage	Guide Description and Valid Values	Comments
GS02	R	Application Sender's Code	For batch transactions, this is the four-byte sender ID assigned by the IHCP. For interactive transactions, this is the eight-byte assigned terminal ID (IN followed by six digits).
GS03	R	Application Receiver's Code IHCP	
GS04	R	Date	Format: CCYYMMDD.
GS05	R	Time	Format: HHMMSS
GS06	R	Group Control Number	Assigned number originated and maintained by the sender. This must match the number in the corresponding GE02 data element on the GE group trailer segment.
GS07	R	Responsible Agency Code X – Accredited Standards Committee X12	
GS08	R	Version/Release/Industry Identifier Code 004010X097A1 – 837 D	Use the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment. Refer to specific transaction IG for proper value.

Table 2.5 – Functional Group Trailer

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	
Example	GE*1*5~

Table 2.6 – Element ID GE01-GE02

Element ID	Usage	Guide Description and Valid Values	Comments
GE01	R	Number of Transaction Sets Included	Use the number of transaction sets included in this functional group.
GE02	R	Group Control Number	Group control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

Table 2.7 – Interchange Control Trailer

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	
Example	IEA*1*000000905~

Table 2.8 – Element ID IEA01-IEA02

Element ID	Usage	Guide Description and Valid Values	Comments
IEA01	R	Number of Included Functional Groups	Use the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	Interchange control number IEA02 in this trailer must be identical to the same data element in the associated interchange control header, ISA13, including padded zeros.

Sample Inbound Interchange Control

Figure 2.1 illustrates a file that includes 270 and 837D transactions.

```

ISA* 00* .....* 00*.....* ZZ* P123  ..* ZZ*IHCP.....* 930602*
1253* U* 00401* 000000905* 1* P* :~
GS*HS*P123*IHCP*20020606*105531*5*X*004010X092A1~
ST - 270 TRANSACTION SET HEADER
DETAIL SEGMENTS
SE - 270 TRANSACTION SET TRAILER
GE*1*5~
GS*HC*P123*IHCP*20020606*105531*5*X*004010X097A1~
ST - 837 TRANSACTION SET HEADER
DETAIL SEGMENTS
SE - 837 TRANSACTION SET TRAILER
GE*1*5~
IEA*2*000000905~
    
```

Figure 2.1 – Inbound Interchange Control, 270 and 837D Transactions

Section 3: Dental Claims

Segment Usage – 837 Dental

The following matrix lists all segments available for submission using the 4010 version of the *National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim: Dental: 837: ASC X12N 837 (004010X097) and (004010X097A1) Addenda*. It includes a *Usage* column identifying segments that are required (**R**), situational (**S**), or not used (**N/A**) by the Indiana Health Coverage Programs (IHCP). A required segment element must appear on all transactions. Failure to include a required segment results in a compliance error. A situational segment is not required on every type of transaction; however, a situational segment may be required under certain circumstances. Any data in a segment identified in the *Usage* column with an **X** is ignored by the IHCP. Any segment identified in the *Usage* column as required, or situational, is explained in detail in this section. Any element identified as, *Not Used by the IHCP*, is not required for processing by the IHCP.

Refer to Chapter 8 of the *IHCP Provider Manual* for specific billing requirements.

Table 3.1 – 837 Dental, Segment Usage

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

Table 3.1 – 837 Dental, Segment Usage

ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
N4	2010AB	Pay-To Provider City/State/ZIP Code	X
REF	2010AB	Pay-To Provider Secondary Identification Number	X
HL	2000B	Subscriber Hierarchical Level (HL)	R
SBR	2000B	Subscriber Information	R
NM1	2010BA	Subscriber Name	R
N2	2010BA	Additional Subscriber Name Information	X – deleted per <i>Addenda</i>
N3	2010BA	Subscriber Address	R
N4	2010BA	Subscriber City/State/ZIP Code	R
DMG	2010BA	Subscriber Demographic Information	R
REF	2010BA	Subscriber Secondary Identification	X
REF	2010BA	Property and Casualty Claim Number	X
NM1	2010BB	Payer Name	R
N2	2010BB	Additional Payer Name Information	X – deleted per <i>Addenda</i>
N3	2010BB	Payer Address	X
N4	2010BB	Payer City/State/ZIP Code	X
REF	2010BB	Payer Secondary Identification Number	X
NM1	2010BC	Credit/Debit Card Holder Name	X
N2	2010BC	Additional Credit/Debit Card Holder Name Information	X – deleted per <i>Addenda</i>
REF	2010BC	Credit/Debit Card Information	X
HL	2000C	Patient Hierarchical Level	S
PAT	2000C	Patient Information	S
NM1	2010CA	Patient Name	S
N2	2010CA	Additional Name Information	X – deleted per <i>Addenda</i>
N3	2010CA	Patient Address	S
N4	2010CA	Patient City/State/ZIP Code	S
DMG	2010CA	Patient Demographic Information	S
REF	2010CA	Patient Secondary Identification	S
REF	2010CA	Property and Casualty Claim Number	S
CLM	2300	Claim Information	R
DTP	2300	Date – Admission	X
DTP	2300	Date – Discharge	X
DTP	2300	Date – Referral	X
DTP	2300	Date – Accident	X
DTP	2300	Date – Appliance Placement	X

Table 3.1 – 837 Dental, Segment Usage

ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
DTP	2300	Date – Service	R
DN1	2300	Orthodontic Total Months of Treatment	X
DN2	2300	Tooth Status	X
PWK	2300	Claim Supplemental Information	S
AMT	2300	Patient Paid Amount	X
AMT	2300	Credit/Debit Card Maximum Amount	X
REF	2300	Predetermination Identification	X
REF	2300	Service Authorization Exception Code	S
REF	2300	Original Reference Number (ICN/DCN)	S
REF	2300	Prior Authorization or Referral Number – <i>Name modified per addenda</i>	X
REF	2300	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	X
NTE	2300	Claim Note	S
NM1	2310A	Referring Provider Name	X
PRV	2310A	Referring Provider Specialty Information	X
N2	2310A	Additional Referring Provider Name Information	X – deleted per <i>Addenda</i>
REF	2310A	Referring Provider Secondary Identification	X
NM1	2310B	Rendering Provider Name	S
PRV	2310B	Rendering Provider Specialty Information	S
N2	2310B	Additional Rendering Provider Name Information	X – deleted per <i>Addenda</i>
REF	2310B	Rendering Provider Secondary Information	S
NM1	2310C	Service Facility Location	X
N2	2310C	Additional Service Facility Location Name Information	X – deleted per <i>Addenda</i>
REF	2310C	Service Facility Location Secondary Information	X
NM1	2310D	Assistant Surgeon Name	X
PRV	2310D	Assistant Surgeon Specialty Information	X
REF	2310D	Assistant Surgeon Secondary Identification	X
SBR	2320	Other Subscriber Information	S
CAS	2320	Claim Level Adjustment	S
AMT	2320	Coordination of Benefits (COB) Payer Paid Amount	S
AMT	2320	Coordination of Benefits (COB) Approved Amount	S
AMT	2320	Coordination of Benefits (COB) Allowed Amount	S
AMT	2320	Coordination of Benefits (COB) Patient Responsibility Amount	X

Table 3.1 – 837 Dental, Segment Usage

ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
AMT	2320	Coordination of Benefits (COB) Covered Amount	S
AMT	2320	Coordination of Benefits (COB) Discount Amount	X
AMT	2320	Coordination of Benefits (COB) Patient Paid Amount	S
DMG	2320	Other Insured Demographic Information	S
OI	2320	Other Insurance Coverage Information	S
NM1	2330A	Other Subscriber Name	S
N2	2330A	Additional Other Subscriber Name Information	X – deleted per <i>Addenda</i>
N3	2330A	Other Subscriber Address	S
N4	2330A	Other Subscriber City/State/ZIP Code	S
REF	2330A	Other Subscriber Secondary Identification	S
NM1	2330B	Other Payer Name	S
N2	2330B	Additional Other Payer Name Information	X – deleted per <i>Addenda</i>
PER	2330B	Other Payer Contact Information	X
DTP	2330B	Claim Paid Date	X
REF	2330B	Other Payer Secondary Identifier	X
REF	2330B	Other Payer Prior +Authorization or Referral Number – <i>Name modified per addenda</i>	X
REF	2330B	Other Payer Claim Adjustment Indicator	X
NM1	2330C	Other Payer Patient Information	S
REF	2330C	Other Payer Patient Identification	S
NM1	2330D	Other Payer Referring Provider	X
REF	2330D	Other Payer Referring Provider Identification	X
NM1	2330E	Other Payer Rendering Provider	X
REF	2330E	Other Payer Rendering Provider Secondary Identification	X
LX	2400	Service Line Number	R
SV3	2400	Dental Service	R
TOO	2400	Tooth Information	S
DTP	2400	Date – Service	S
DTP	2400	Date – Prior Placement	X
DTP	2400	Date – Appliance Placement	X
DTP	2400	Date – Replacement	X
QTY	2400	Anesthesia Quantity	X
REF	2400	Service Predetermination Identification	X

Table 3.1 – 837 Dental, Segment Usage

ID	Loop ID	Segment Name	IHCP Usage R – Required S – Situational X – Not Used
REF	2400	Prior Authorization or Referral Number – <i>Name modified per addenda</i>	X
REF	2400	Line Item Control Number	S
AMT	2400	Approved Amount	X
AMT	2400	Sales Tax Amount	X
NTE	2400	Line Note	S
NM1	2420A	Rendering Provider Name	S
PRV	2420A	Rendering Provider Specialty Information	S
N2	2420A	Additional Rendering Provider Name Information	X – deleted per <i>Addenda</i>
REF	2420A	Rendering Provider Secondary Identification	S
NM1	2420B	Other Payer Referral Number	X
REF	2420B	Other Payer Referral Number	X
NM1	2420C	Assistant Surgeon Name	X
PRV	2420C	Assistant Surgeon Specialty Information	X
REF	2420C	Assistant Surgeon Secondary Identification	X
SVD	2430	Line Adjudication Information	S
CAS	2430	Service Adjustment	S
DTP	2430	Line Adjudication Date	X
SE	N/A	Transaction Set Trailer	R

Segment and Data Element Description

This section contains tables representing segments required or situational for the Indiana Health Information Portability and Accountability Act (HIPAA) implementation of the 837D. Each segment table contains rows and columns describing different segment elements.

Table 3.2 – Segment and Data Element Description

Segment and Data Element	Description
Segment Name	The industry-assigned segment name identified in the IG.
Segment ID	The industry-assigned segment ID identified in the IG.
Loop ID	The loop where the segment should appear.
Usage	This identifies the segment as required or situational.
Segment Notes	A brief description of the purpose or use of the segment.
Example	An example of complete segment.
Element ID	The industry-assigned segment ID as identified in the IG.
Usage	Identifies the data element as R -required, S -situational, or X -not used based on the IHCP guidelines.
Guide Description and Valid Values	Industry name associated with the data element. If no industry name exists, this is the IG data element name. This column also lists in BOLD the values and code sets to use.
Comments	Description of the contents of the data elements, including field lengths.

Table 3.3 – Transaction Set Header

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	N/A
Usage	Required
Segment Notes	This segment begins the transaction.
Example	ST*837*7656543~

Table 3.4 – Element ID ST01-ST02

Element ID	Usage	Guide Description and Valid Values	Comments
ST01	R	Transaction Set Identifier Code 837	
ST02	R	Transaction Set Control Number	This number is assigned locally by the sender and should match the value in the corresponding SE segment.

Table 3.5 – Beginning of Hierarchical Transaction

Segment Name	Beginning of Hierarchical Transaction
Segment ID	BHT
Loop ID	N/A
Usage	Required
Segment Notes	This segment provides the bill date and indicator to determine whether the claim submitted is a fee-for-service or an encounter claim.
Example	BHT*0019*00*0125*19970411*1524*CH~

Table 3.6 – Element ID BHT01-BHT06

Element ID	Usage	Guide Description and Valid Values	Comments
BHT01	R	Hierarchical Structure Code 0019 – Information Source	
BHT02	R	Transaction Set Purpose Code 00 – Original 18 – Reissue	See the IG for specific usage. This field has no affect on the processing of this transaction. All transactions are processed as originals.
BHT03	R	Originator Application Transaction Identifier	The sender assigns this value. Not used by the IHCP.
BHT04	R	Transaction Set Creation Date	Format: CCYYMMDD This is the bill date for all the claims that follow.
BHT05	R	Transaction Set Creation Time	
BHT06	R	Claim or Encounter Identifier CH – Chargeable	Use CH for fee-for-service (FFS) claims.

Table 3.7 – Transaction Type Identification

Segment Name	Transaction Type Identification
Segment ID	REF
Loop ID	N/A
Usage	Required
Segment Notes	This segment identifies the X12N version and the production vs. test status of the transaction.
Example	REF*87*004010X097A1~

Table 3.8 – Element ID REF01-REF02

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier 87 – Functional Category	
REF02	R	Transmission Type Code 004010X097A1 – Production 004010X097DA1 – Test	Not used by the IHCP.

Table 3.9 – Submitter Name

Segment Name	Submitter Name
Segment ID	NM1
Loop ID	1000A
Usage	Required
Segment Notes	This segment identifies the submitter and must include the IHCP-assigned sender ID (ETIN).
Example	NM1*41*2*Clearinghouse Inc.*****46*A23I~

Table 3.10 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code 41 – Submitter	
NM102	R	Entity Type Qualifier 1 – Person 2 – Non-Person Entity	
NM103	R	Submitter Last Name or Organization Name	
NM104	S	Submitter First Name	
NM105	S	Submitter Middle Name	
NM106	N/A	Name Prefix	Not used
NM107	N/A	Name Suffix	Not used
NM108	R	Identification Code Qualifier 46 – ETIN	
NM109	R	Submitter Identifier	Use the sender ID assigned by EDS Electronic Solutions.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.11 – Submitter Contact Information

Segment Name	Submitter Contact Information
Segment ID	PER
Loop ID	1000A
Usage	Required
Segment Notes	This segment is required by the IG and must be submitted to be compliant; however, data submitted is not captured by the IHCP. See the IG for details.

Table 3.12 – Receiver Name

Segment Name	Receiver Name
Segment ID	NM1
Loop ID	1000B
Usage	Required
Segment Notes	This segment is required by the IG and must be submitted to be compliant; however, data submitted is not captured by the IHCP. See the IG for details.

Table 3.13 – Billing/Pay-to Provider Hierarchical Level

Segment Name	Billing/Pay-to Provider Hierarchical Level
Segment ID	HL
Loop ID	2000A
Usage	Required
Segment Notes	This segment and following billing/pay-to provider loops must repeat for every billing provider submitting claims.
Example	HL*1**20*1~

Table 3.14 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number 1	
HL02	N/A	Hierarchical Parent ID Number	Not used
HL03	R	Hierarchical Level Code 20 – Information Source	
HL04	R	Hierarchical Child Code 1	

Table 3.15 – Billing/Pay-to Provider Specialty Information

Segment Name	Billing/Pay-to Provider Specialty Information
Segment ID	PRV
Loop ID	2000A
Usage	Situational
Segment Notes	<p>If the rendering provider is the same as the billing provider, this segment is used to provide the taxonomy code of the rendering provider on claims requiring taxonomy data. Refer to the <i>IHCP Provider Manual</i> for billing situations that require a taxonomy code for the rendering provider.</p> <p>The taxonomy code entered may be needed for a successful NPI to Legacy Provider Identifier (LPI) crosswalk. The crosswalk must successfully identify a unique billing provider for the claim to be accepted.</p> <p>Segment usage changed from <i>Required</i> to <i>Situational</i> per the addenda.</p>
Example	PRV*BI*ZZ*404FX0500D~

Table 3.16 – Element ID PRV01-PRV06

Element ID	Usage	Guide Description and Valid Values	Comments
PRV01	R	Provider Code BI – Billing	
PRV02	R	Reference Identification Qualifier ZZ – Mutually Defined	
PRV03	R	Provider Taxonomy Code	Use the taxonomy code of the billing provider.
PRV04	N/A		Not used
PRV05	N/A		Not used
PRV06	N/A		Not used

Table 3.17 – Billing Provider Name

Segment Name	Billing Provider Name
Segment ID	NM1
Loop ID	2010AA
Usage	Required
Segment Notes	<p>This segment is required by the IG and must be submitted to be compliant. See the IG for details.</p> <p>This segment contains the National Provider Identifier (NPI) information. If the NPI is used in the NM108/NM109 of this loop, then either the Employer's Identification Number or the Social Security Number (SSN) of the provider must be carried in the Billing Provider Secondary Identification segment (REF). However, the IHCP will continue to use the Tax ID or SSN on file for the IHCP billing provider number and will ignore the Tax ID/SSN submitted.</p> <p>Only atypical providers may submit the EIN or SSN in this segment.</p> <p>The NPI will be returned on the <i>Biller Summary Report</i> (BSR) and returned for the payee identification on the 835 transaction.</p>
Example	<p>Segment with NPI:</p> <p>NM1*85*2*JONES HOSPITAL ****XX*1234567890~</p>

Table 3.18 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code 85 – Billing Provider	
NM102	R	Entity Type Qualifier 1 – Person 2 – Non-Person Entity	
NM103	R	Name Last or Organization Name	
NM104	S	Name First	
NM105	S	Name Middle	
NM106	N/A	Name Prefix	Not used
NM107	S	Name Suffix	Not used
NM108	R	Identification Code Qualifier XX – NPI 24 – Employer’s Identification Number 34 – Social Security Number	XX - NPI required for healthcare providers. Either the Employer’s Identification Number or the SSN of the provider must be carried in the REF segment in this loop. Atypical, non-healthcare providers may continue to send either their EIN or SSN
NM109	R	Identification Code	If XX is sent in NM108, enter the 10-digit NPI. If 24 or 34 is sent, enter the nine digit number
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.199 – Billing Provider Address

Segment Name	Billing Provider Address
Segment ID	N3
Loop ID	2010AA
Usage	Required
Segment Notes	This segment is required by the IG and must be submitted to be compliant; however, data submitted is not captured by the IHCP. See the IG for details.

Table 3.20 – Billing Provider City/State/ZIP Code

Segment Name	Billing Provider City/State/ZIP Code
Segment ID	N4
Loop ID	2010AA
Usage	Required
Segment Notes	This segment is required by the IG and must be submitted to be compliant. See the IG for details. This is the Billing Provider's Office Location City, State, and ZIP Code. The ZIP code entered in N403 is used for the NPI to Legacy Provider Identifier (LPI) crosswalk. The crosswalk must successfully identify a unique billing provider for the claim to be accepted.

Table 3. 21 – Element Id N401-N403

Element ID	Usage	Guide Description and Valid Values	Comments
N401	R	Billing Provider City	Billing Provider's Office Location City
N402	R	Billing Provider State	Billing Provider's Office Location two character State
N403	R	Billing Provider ZIP Code	Billing Provider's Office Location nine-digit ZIP Code

Table 3.22 – Billing Provider Secondary Identification

Segment Name	Billing Provider Secondary Identification
Segment ID	REF
Loop ID	2010AA
Usage	Required
Segment Notes	If code XX-NPI is used in the Billing Provider Name segment (NM108-109) of this loop, then enter the Employer's Identification Number or the SSN in this segment. The IHCP billing provider LPI and office location, can be used in a repeat of this segment when submitting claims to the IHCP for an atypical provider .
Examples	Claims containing NPI submitted by provider to the IHCP: REF*EI*333222111~
	Claims submitted by an atypical provider to the IHCP: REF*1D*100999250A

Table 3.23 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier ID – Medicaid Provider Number EI – Employer’s Identification Number SY – Social Security Number	EI or SY must be used when NPI is sent in the Billing Provider Name segment of this loop. An additional 2010AA REF segment should be sent with the ID qualifier and IHCP LPI/service location for atypical providers
REF02	R	Billing Provider Additional Identifier	When sending the <i>ID</i> qualifier, use the 10-digit IHCP provider number (nine numeric plus one alpha location code). Invalid IHCP provider numbers are rejected and reported on the BSR. When sending the <i>EI</i> qualifier, use the Employer Identification Number used on the 1099. When sending the <i>SY</i> qualifier, use the SSN used on the 1099.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.24 – Subscriber Hierarchical Level

Segment Name	Subscriber Hierarchical Level
Segment ID	HL
Loop ID	2000B
Usage	Required
Segment Notes	This segment and following subscriber loops must repeat for every IHCP member claim submitted. See the IG for additional information about creating HL segments.
Example	HL*2*1*22*0~

Table 3.25 – Element ID HL01-HL04

Element ID	Usage	Guide Description and Valid Values	Comments
HL01	R	Hierarchical ID Number	The number increments by one for each member regardless of program eligibility.
HL02	R	Hierarchical Parent ID Number	This HL segment is always subordinate to the Billing Pay-To Provider HL. The value in this field must match the Billing/Pay-to Provider Hierarchical ID number.
HL03	R	Hierarchical Level Code 22 – Subscriber	
HL04	R	Hierarchical Child Code 0 – No Subordinate HL Segments in this Hierarchical Structure	Because the member is always the patient, there should be no subordinate HLs to this HL segment.

Table 3.26 – Subscriber Information

Segment Name	Subscriber Information
Segment ID	SBR
Loop ID	2000B
Usage	Required
Segment Notes	This segment identifies the intended payer of this claim. Valid payers include EDS and HCI .
Example	SBR*T*18****6***MC~

Table 3.27 – Element ID SBR01-SBR09

Element ID	Usage	Guide Description and Valid Values	Comments
SBR01	R	Payer Responsibility Sequence Number Code T – Tertiary	This data element is not captured by the IHCP for processing; however, it is recommended that submitters use T , as the IHCP is traditionally the payer of last resort.
SBR02	R	Patients Relationship to Insured 18 – Self	Not used by the IHCP; however, required for compliance.
SBR03	S	Insured Group or Policy Number	Not used by the IHCP; however, for compliance purposes, either SBR03 or SBR04 is required.
SBR04	S	Insured Group Name	Not used by the IHCP; however, for compliance purposes, either SBR03 or SBR04 is required.
SBR05	N/A	Insurance Type Code	Not used
SBR06	R	Coordination of Benefits Code	
SBR07	N/A	Yes/No Condition or Response Code	Not used
SBR08	N/A	Employment Status Code	Not used
SBR09	S	Claim Filing Indicator Code MC – Medicaid	Not used by IHCP; however, required for compliance.

Table 3.28 – Subscriber Name

Segment Name	Subscriber Name
Segment ID	NM1
Loop ID	2010BA – Subscriber Name
Usage	Required
Segment Notes	This segment contains the IHCP member name and ID number.
Example	NM1*IL*1*DOE*JOE*X***MI*123456989999~

Table 3.29 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code IL – Insured or Subscriber	
NM102	R	Entity Type Qualifier 1 – Person	
NM103	R	Subscriber's Last Name	Use the last name of the IHCP member.
NM104	R	Subscriber's First Name	Use the first name of the IHCP member.
NM105	S	Subscriber's Middle Initial	Not used by the IHCP
NM106	N/A	Name Prefix	Not used
NM107	S	Subscriber Name Suffix	Not used by the IHCP
NM108	R	Identification Code Qualifier MI – Member Identification Number	
NM109	R	Subscriber Primary Identifier	Use the 12-digit IHCP member ID
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.30 – Subscriber Address

Segment Name	Subscriber Address
Segment ID	N3
Loop ID	2010BA – Subscriber Name
Usage	Required
Segment Notes	This segment is required by the IG and must be submitted to be compliant; however, data submitted is not captured by the IHCP. See the IG for details.

Table 3.31 – Subscriber City/State/ZIP Code

Segment Name	Subscriber City/State/ZIP Code
Segment ID	N4
Loop ID	2010BA – Subscriber Name
Usage	Required
Segment Notes	This segment is required by the IG and must be submitted to be compliant; however, data submitted is not captured by the IHCP. See the IG for details.

Table 3.32 – Subscriber Demographic Information

Segment Name	Subscriber Demographic Information
Segment ID	DMG
Loop ID	2010BA
Usage	Required
Segment Notes	This segment is required by the IG and must be submitted to be compliant; however, data submitted is not captured by the IHCP. See the IG for details.

Table 3.33 – Payer Name

Segment Name	Payer Name
Segment ID	NM1
Loop ID	2010BB
Usage	Required
Segment Notes	This segment identifies the EDS as the destination payer.
Example	NM1*PR*2*EDS*****PI*EDS~

Table 3.34 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code PR – Payer	
NM102	R	Entity Type Qualifier 2 – Non-Person Entity	
NM103	R	Payer Name EDS	
NM104	N/A	Name First	Not used
NM105	N/A	Name Middle	Not used
NM106	N/A	Name Last	Not used
NM107	N/A	Name Suffix	Not used
NM108	R	Identification Code Qualifier PI	
NM109	R	Payer Identifier EDS	
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.35 – Patient Hierarchical Level

Segment Name	Patient Hierarchical Level
Segment ID	HL
Loop ID	2000C
Usage	Situational
Segment Notes	The IG requires this segment if the 2000C Loop is used and must be submitted to be compliant. Data submitted is not captured by the IHCP. See the IG for details.

Table 3.36 – Patient Information

Segment Name	Patient Information
Segment ID	PAT
Loop ID	2000C – Patient Information
Usage	Situational
Segment Notes	The IG requires this segment if the 2000C loop is used and must be submitted to be compliant. Data submitted is not captured by the IHCP. See the IG for details.

Table 3.37 – Patient Name

Segment Name	Patient Name
Segment Name	NM1
Loop ID	2010CA – Patient Name
Usage	Situational
Segment Notes	The IG requires this segment if the 2000C loop is used and must be submitted to be compliant. It is not recommended that a patient loop be coded for the IHCP claims. However, if it is coded, the NM109 of the subscriber must equal the NM109 of the patient or the claim rejects in the pre-adjudication reports.
Example	NM1*QC*1*DOE*JOE*X***MI*123456989999~

Table 3.38 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code QC – Patient	
NM102	R	Entity Type Qualifier 1 – Person	
NM103	R	Subscriber's Last Name	Not used by the IHCP
NM104	R	Subscriber's First Name	Not used by the IHCP
NM105	S	Subscriber's Middle Initial	Not used by the IHCP
NM106	N/A	Name Prefix	Not used
NM107	S	Subscriber Name Suffix	Not used by the IHCP
NM108	R	Identification Code Qualifier MI – Member Identification Number	
NM109	R	Subscriber Primary Identifier	If this segment is coded, the 12-digit IHCP member ID for of the patient must match the ID submitted in the 2010BA loop.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.39 – Patient Address

Segment Name	Patient Address
Segment ID	N3
Loop ID	2010CA – Patient Address
Usage	Patient
Segment Notes	The IG requires this segment if the 2010CA loop is used and must be submitted to be compliant. Data submitted is not captured by the IHCP. See the IG for details.

Table 3.40 – Patient City/State/ZIP Code

Segment Name	Patient City/State/ZIP Code
Segment ID	N4
Loop ID	2010CA – Patient City/State/ZIP Code
Usage	Patient
Segment Notes	The IG requires this segment if the 2010CA Loop is used and must be submitted to be compliant. Data submitted is not captured by the IHCP. See the IG for details.

Table 3.41 – Patient Demographic Information

Segment Name	Patient Demographic Information
Segment ID	DMG
Loop ID	2010CA – Patient Demographic Information
Usage	Required
Segment Notes	The IG requires this segment if the 2010CA Loop is used and must be submitted to be compliant. Data submitted is not captured by the IHCP. See the IG for details.

Table 3.42 – Claim Information

Segment Name	Claim Information
Segment ID	CLM
Loop ID	2300
Usage	Required
Segment Notes	This segment begins the submission of individual claim information. The IHCP recommends a maximum of 5000 CLM segments per ST-SE.
Example	CLM*22334E45*325.1***11::1*Y*A*Y*Y**AA~

Table 3.43 – Element ID CLM01-CLM20

Element ID	Usage	Guide Description and Valid Values	Comments
CLM01	R	Patient Account Number	Use up to a 20-character patient account number.
CLM02	R	Total Claim Charge Amount	Use the sum of all service line detail charges. IHCP format is 99999999.99
CLM03	N/A	Claim Filing Indicator Code	Not used
CLM04	N/A	Non-Institutional Claim Type Code	Not used
CLM05	R	Health Care Service Location Information	This is a composite data element.
CLM05-1	R	Facility Type Code	Use the two-character place of service (POS) code. See the <i>IHCP Provider Manual</i> for a list of valid values.
CLM05-2	N/A	Facility Code Qualifier	Not used
CLM05-3	R	Claim Submission Reason Code 1 – Original 7 – Replacement 8 – Void	The IHCP processes all valid values as requested.
CLM06	R	Provider Signature Indicator N – No Y – Yes	This data element indicates whether the billing provider signature is on file in the billing office.
CLM07	S	Medicare Assignment Code	Not used by the IHCP

Table 3.43 – Element ID CLM01-CLM20

Element ID	Usage	Guide Description and Valid Values	Comments
CLM08	R	Benefits Assignment Certification Indicator	This data element is required by the IG and must be submitted to be compliant; however, data submitted is not captured by the IHCP. See the IG for details.
CLM09	R	Release of Information Code	This data element is required by the IG and must be submitted to be compliant; however, data submitted is not captured by the IHCP. See the IG for details.
CLM10	N/A	Patient Signature Source Code	Not used
CLM11	S	Related Cause Codes	This is a composite data element. Only send this composite if an accident indicator must be submitted for this claim.
CLM11-1	R	Related Causes Code AA – Auto Accident EM – Employment OA – Other Accident	
CLM11-2	S	Related Causes Code	
CLM11-3	S	Related Causes Code	
CLM11-4	S	Auto Accident State or Province Code	Not used by the IHCP
CLM11-5	S	Country Code	Not used by the IHCP
CLM12	S	Special Program Indicator	
CLM13	N/A	Yes/No Condition or Response Code	Not used
CLM14	N/A	Level of Service Code	Not used
CLM15	N/A	Yes/No Condition or Response Code	Not used
CLM16	S	Provider Agreement Code	Not used by the IHCP
CLM17	N/A	Claim Status Code	Not used
CLM18	N/A	Yes/No Condition or Response Code	Not used
CLM19	S	Predetermination of Benefits Code	Not used by the IHCP
CLM20	S	Delay Reason Code	Not used by the IHCP

Table 3.44 – Date - Service

Segment Name	Date – Service
Segment ID	DTP
Loop ID	2300
Usage	Required
Segment Notes	This segment reflects the date of dental service and applies to all service lines on the claim. This value is overridden when a date is entered in the DTP segment in the 2400 loop.
Example	DTP*472*D8*20020727~

Table 3.45 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 472 – Service	
DTP02	R	Date/Time Period Format Qualifier D8 – Date Expressed in Format CCYYMMDD	
DTP03	R	Service Date	Use the date of service for the claim. For example, 20020727 represents a service date of 07/27/2002. This date is applied to all service lines unless specifically overridden by a date in the DTP segment in the 2400 loop.

Table 3.46 – Claim Supplemental Information

Segment Name	Claim Supplemental Information
Segment ID	PWK
Loop ID	2300
Usage	Situational
Segment Notes	This segment indicates additional information is required to process the claim, and that the information is mailed to the IHCP.
Example	PWK*AS*BM***AC*86576*Oral surgeon comments~

Table 3.47 – Element ID PWK01-PWK09

Element ID	Usage	Guide Description and Valid Values	Comments
PWK01	R	Attachment Report Type Code	See the IG for list of valid values.
PWK02	R	Attachment Transmission Code BM – By mail	Even though all Attachment Transmission Codes are accepted, claims that suspend for an attachment requirement are only resolved by sending the attachment by mail.
PWK03	N/A	Report Copies Needed	Not used
PWK04	N/A	Entity Identifier Code	Not used
PWK05	R	Identification Code Qualifier AC – Attachment Control Number	
PWK06	R	Attachment Control Number	A unique attachment control number of up to 30 characters must be used and must match the number associated with the paper documentation sent by mail. This number is used to link the claim with the paper documentation and must be unique per billing location across all claims.
PWK07	S	Attachment Description	
PWK08	N/A	Actions Indicated	Not used
PWK09	N/A	Request Category Code	Not used

Table 3.48 – Service Authorization Exception Code

Segment Name	Service Authorization Exception Code
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	This segment contains a value indicating this service was performed as an emergency.
Example	REF*4N*3~

Table 3.49 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier 4N – Special Payment Reference Number	
REF02	R	Service Authorization Exception Code 3 – Emergency Care	The IHCP does not recognize or process any value other than 3 in this field.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.50 – Original Reference Number (ICN/DCN)

Segment Name	Original Reference Number ICN/DCN
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	This segment is required only if the CLM05-3 Claim Frequency code in the 2300 loop is a 7 - Replacement or an 8 - Void. This segment identifies the original IHCP ICN/DCN of the desired claim to be voided or replaced. This is also reflected as the original claim on the 835.
Example	REF*F8*2004394623999~

Table 3.51 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier F8 – Referral Number	
REF02	R	Reference Identification – Claim Original Reference Number ICN/DCN	The IHCP ICN of the claim needing to be voided or replaced.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.52 – Claim Note

Segment Name	Claim Note
Segment ID	NTE
Loop ID	2300
Usage	Situational
Segment Notes	The segment provides additional narrative information about this claim.
Example	NTE*ADD*REQUIRES FEEDING TUBE~

Table 3.53 – Element ID NTE01-NTE02

Element ID	Usage	Guide Description and Valid Values	Comments
NTE01	R	Note Reference Code	See the IG for a list of valid values
NTE02	R	Claim Note Text	Use up to 80 characters of narrative description.

Table 3.54 – Rendering Provider Name

Segment Name	Rendering Provider Name
Segment ID	NM1
Loop ID	2310B
Usage	Situational
Segment Notes	<p>This segment conveys rendering provider information when rendering provider data is required. If using this loop to provide rendering provider information, this segment is required by the IG and must be submitted to be compliant. See the IG for details.</p> <p>By submitting this loop, it is implied that the stated rendering provider information applies to all service lines on the claim unless overridden with rendering provider information in the 2420A loop.</p>
Example	<p>When submitted with NPI:</p> <p>NM1*82*1*JONES*JANE****XX*1234567890~</p>

Table 3.55 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code 82 – Rendering Provider	
NM102	R	Entity Type Qualifier 1 - Person 2 – Non-Person Entity	
NM103	R	Name Last or Organization Name	
NM104	S	Name First	
NM105	S	Name Middle	
NM106	N/A	Name Prefix	Not used
NM107	S	Name Suffix	
NM108	R	Identification Code Qualifier XX – NPI 24 – Employer’s Identification Number 34 – Social Security Number	<p>XX- NPI required for healthcare providers.</p> <p>Atypical, non-healthcare providers may continue to send either their EIN or SSN</p>
NM109	R	Identification Code	<p>If XX is sent in NM108, enter the 10-digit NPI.</p> <p>If 24 or 34 is sent, enter the nine-digit number</p>
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.56 – Rendering Provider Specialty Information

Segment Name	Rendering Provider Specialty Information
Segment ID	PRV
Loop ID	2310B
Usage	Situational
Segment Notes	This segment provides the taxonomy code for the rendering provider when taxonomy data is required. Refer to the <i>IHCP Provider Manual</i> for billing situations that require a taxonomy code for the rendering provider. Segment usage changed from <i>Required</i> to <i>Situational</i> per the <i>Addenda</i> .
Example	PRV*PE*ZZ*404FX0500D~

Table 3.57 – Element ID PRV01-PRV06

Element ID	Usage	Guide Description and Valid Values	Comments
PRV01	R	Provider Code PE – Performing	Always use the provider code for the performing or rendering provider.
PRV02	R	Reference Identification Qualifier ZZ – Mutually-Defined	
PRV03	R	Provider Taxonomy Code	Use the taxonomy code for the rendering provider.
PRV04	N/A	State or Province Code	Not used
PRV05	N/A	Provider Specialty Information	Not used
PRV06	N/A	Provider Organization Code	Not used

Table 3.58 – Rendering Provider Secondary Information

Segment Name	Rendering Provider Secondary Information
Segment ID	REF
Loop ID	2310B
Usage	Situational
Segment Notes	This segment contains the IHCP LPI for an atypical rendering provider. The segment may repeat five times; however, only the segment containing the <i>ID</i> qualifier is captured.
Example	REF*1D*100444999C~

Table 3.59 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier ID – Medicaid Provider Number	
REF02	R	Rendering Provider Secondary Identifier	Use the nine-character IHCP LPI for the atypical rendering provider. The service location code is ignored if included.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.60 – Other Subscriber Information

Segment Name	Other Subscriber Information
Segment ID	SBR
Loop ID	2320
Usage	Situational
Segment Notes	The IG requires this segment if the 2320 loop is used and must be submitted to be compliant. IHCP verifies that the Claim Filing Indicator Code correctly represents the other insurance carrier.
Example	SBR*S*01*GR00786*****OF~

Table 3.61 – Element ID SBR01-SBR09

Element ID	Usage	Guide Description and Valid Values	Comments
SBR01	R	Payer Responsibility Sequence Number Code	Not used by IHCP
SBR02	R	Individual Relationship Codes	See <i>National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim: Dental: 837: ASC X12N 837 (004010X097) and (004010X097A1) Addenda</i> for a list of valid values.
SBR03	S	Reference Identification	Not used by IHCP
SBR04	S	Name	Not used by IHCP
SBR05	N/A	Insurance Type Code	Not used
SBR06	N/A	Coordination of Benefits Code	Not used
SBR07	N/A	Yes/No Condition or Response Code	Not used
SBR08	N/A	Employment Status Code	Not used
SBR09	S	Claim Filing Indicator Code	MB Medicare Part B is an invalid claim filing indicator code for dental claims. If a claim is submitted with MB it rejects on the BSR.

Table 3.62 – Claim Level Adjustment

Segment Name	Claim Level Adjustment
Segment ID	CAS
Loop ID	2320
Usage	Situational
Segment Notes	Information submitted on the claim level CAS segment is used by the IHCP for utilization purposes only. The combination of Adjustment Reason Code, Adjustment Amount, and Adjustment Quantity is reported six times on this segment. The following illustration shows only the first iteration. See the IG for complete details about CAS05-19.
Example	CAS*PR*1*153.2~

Table 3.63 – Element ID CAS01-CAS04

Element ID	Usage	Guide Description and Valid Values	Comments
CAS01	R	Claim Adjustment Group Code	
CAS02	R	Adjustment Reason Code	All adjustments and adjustment amounts are captured by IHCP for claims that were previously adjudicated by another payer, for example, TPL claims.
CAS03	R	Adjustment Amount	Use the dollar amount associated with the reason code identified in CAS02. IHCP format is 99999999.99
CAS04	S	Adjustment Quantity	Use the quantity associated with the reason code identified in CAS02. IHCP format is 9999999.999

Table 3.64 – Coordination of Benefits (COB) Payer Paid Amount

Segment Name	Coordination of Benefits (COB) Payer Paid Amount
Segment ID	AMT
Loop ID	2320
Usage	Situational
Segment Notes	This segment reports the amount paid by the other insurers. This amount correlates to the payer identified in the NM109 data element of the 2330B Loop.
Example	AMT*D*75~

Table 3.65 – Element ID AMT01-AMT03

Element ID	Usage	Guide Description and Valid Values	Comments
AMT01	R	Amount Qualifier Code D – Payer Amount Paid	
AMT02	R	Payer Paid Amount	Use the third party liability TPL amount paid by the insurer identified in this loop. IHCP format is 99999999.99
AMT03	N/A	Credit/Debit Flag Code	Not used

Table 3.66 – Other Payer Approved Amount

Segment Name	Other Payer Approved Amount
Segment ID	AMT
Loop ID	2320
Usage	Situational
Segment Notes	This segment reports the amount approved by the other payer. This amount correlates to the payer identified in the NM109 data element of the 2330B Loop.
Example	AMT*AAE*75~

Table 3.67 – Element ID AMT01-AMT03

Element ID	Usage	Guide Description and Valid Values	Comments
AMT01	R	Amount Qualifier Code AAE - Approved Amount	
AMT02	R	Approved Amount	IHCP format is 99999999.99
AMT03	N/A	Credit/Debit Flag Code	Not used

Table 3.68 – Coordination of Benefits Total Allowed Amount

Segment Name	Coordination of Benefits Total Allowed Amount
Segment ID	AMT
Loop ID	2320
Usage	Situational
Segment Notes	This segment is used to convey the COB Total Allowed Amount. This amount correlates to the payer identified in the NM109 data element of the 2330B Loop.
Example	AMT*B6*85~

Table 3.69 – Element ID AMT01-AMT03

Element ID	Usage	Guide Description and Valid Values	Comments
AMT01	R	Amount Qualifier Code B6 – Allowed – Actual	
AMT02	R	Allowed Amount	IHCP format is 99999999.99
AMT03	N/A	Credit/Debit Flag Code	Not used

Table 3.70 – Coordination of Benefits Covered Amount

Segment Name	Coordination of Benefits Covered Amount
Segment ID	AMT
Loop ID	2320
Usage	Situational
Segment Notes	This segment is used to convey the COB Covered Amount. This amount correlates to the payer identified in the NM109 data element of the 2330B loop.
Example	AMT*AU*50~

Table 3.71 – Element ID AMT01-AMT03

Element ID	Usage	Guide Description and Valid Values	Comments
AMT01	R	Amount Qualifier Code AU - Coverage Amount	
AMT02	R	Allowed Amount	IHCP format is 99999999.99
AMT03	N/A	Credit/Debit Flag Code	Not used

Table 3.72 – Coordination of Benefits Patient Paid Amount

Segment Name	Coordination of Benefits Patient Paid Amount
Segment ID	AMT
Loop ID	2320
Usage	Situational
Segment Notes	This segment is used to convey the COB Patient Paid Amount. This amount correlates to the payer identified in the NM109 data element of the 2330B Loop.
Example	AMT*F5*50~

Table 3.73 – Element ID AMT01-AMT03

Element ID	Usage	Guide Description and Valid Values	Comments
AMT01	R	Amount Qualifier Code F5 – Patient Paid Amount	
AMT02	R	Allowed Amount	IHCP format is 99999999.99
AMT03	N/A	Credit/Debit Flag Code	Not used

Table 3.74 – Other Subscriber Demographic Information

Segment Name	Other Subscriber Demographic Information
Segment ID	DMG
Loop ID	2320
Usage	Situational
Segment Notes	The IG requires this segment if the 2320 loop is used and must be submitted to be compliant. See the IG for details.
Example	DMG*D8*19520201*F~

Table 3.75 – Element ID DMG01-DMG09

Element ID	Usage	Guide Description and Valid Values	Comments
DMG01	R	Date/Time Period Format Qualifier	
DMG02	R	Other Payer's Insured Birth Date	
DMG03	R	Other Payer's Insured Gender Code	
DMG04	N/A	Marital Status Code	Not Used
DMG05	N/A	Race or Ethnicity Code	Not Used
DMG06	N/A	Citizenship Status Code	Not Used
DMG07	N/A	Country Code	Not Used
DMG08	N/A	Basis of Verification Code	Not Used
DMG09	N/A	Quantity	Not Used

Table 3.76 – Other Insurance Coverage Information

Segment Name	Other Insurance Coverage Information
Segment ID	OI
Loop ID	2320
Usage	Required if 2320 loop is used
Segment Notes	The IG requires this segment, if the 2320 loop is used, and must be submitted to be compliant; however, data submitted is not captured by the IHCP. See the IG for details.

Table 3.77 – Other Subscriber Name

Segment Name	Other Subscriber Name
Segment ID	NM1
Loop ID	2330A
Usage	Required if 2320 loop is used
Segment Notes	The IG requires this segment, if the 2320 loop is used. See the IG for details.
Example	NM1*IL*1*DOE*JOE*T**MI*57464~

Table 3.78 – Element ID NM101-NM109

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code IL – Insured or Subscriber	
NM102	R	Entity Type Qualifier	Not used by IHCP
NM103	R	Other Payer's Subscriber Name	
NM104	R	Other Payer's Subscriber First Name	
NM105	R	Other Payer's Subscriber Middle Name	
NM106	N/A	Name Prefix	Not used
NM107	R	Other Payer's Subscriber Name Suffix	
NM108	R	Identification Code Qualifier	Not used by IHCP
NM109	R	Other Insured Identifier	

Table 3.79 – Other Subscriber Address

Segment Name	Other Subscriber Address
Segment ID	N3
Loop ID	2330A
Usage	Situational
Segment Notes	This segment specifies information about other subscriber's address. See the IG for details.
Example	N3*4320 WASHINGTON ST*SUITE 100~

Table 3.80 – Other Subscriber City/State/ZIP Code

Segment Name	Other Subscriber City/State/ZIP Code
Segment ID	N4
Loop ID	2330A
Usage	Situational
Segment Notes	This segment specifies information about other subscriber's address. See the IG for details.
Example	N4*PALISADES□OR*23119~

Table 3.81 – Other Subscriber Secondary Information

Segment Name	Other Subscriber Secondary Information
Segment ID	REF
Loop ID	2330A
Usage	Situational
Segment Notes	This segment specifies information about other subscriber's additional identifiers. See the IG for details.
Example	REF*SY*030385074~

Table 3.82 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier IG – Insurance Policy Number SY – Social Security number	
REF02	R	Reference Identification	Use the insurance policy number or SSN of the other subscriber.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.83 – Other Payer Name

Segment Name	Other Payer Name
Segment ID	NM1
Loop ID	2330B
Usage	Required
Segment Notes	This segment specifies information about other payers.
Example	NM1*PR*2*Family Insurance*****PI*00130~

Table 3.84 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code PR – Payer	
NM102	R	Entity Type Qualifier 2 – Non-Person Entity	
NM103	R	Other Payer Organization Name	
NM104	N/A	Name First	Not used
NM105	N/A	Name Middle	Not used
NM106	N/A	Name Prefix	Not used
NM107	N/A	Name Suffix	Not used
NM108	R	Identification Code Qualifier PI – Payer Identification	
NM109	R	Other Payer Primary Identifier	
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.85 – Other Payer Patient Information

Segment Name	Other Payer Patient Information
Segment ID	NM1
Loop ID	2330C
Usage	Required
Segment Notes	This segment specifies information about other payers.
Example	NM1*QC*1*Family Insurance*****MI*00130~

Table 3.86 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code QC – Patient	
NM102	R	Entity Type Qualifier 1 – Person	
NM103	R	Other Payer Organization Name	
NM104	N/A	Name First	Not used
NM105	N/A	Name Middle	Not used
NM106	N/A	Name Prefix	Not used
NM107	N/A	Name Suffix	Not used
NM108	R	Identification Code Qualifier MI – Member Identification Number	
NM109	R	Other Payer Primary Identifier	
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.87 – Other Payer Additional Information

Segment Name	Other Payer Additional Information
Segment ID	REF
Loop ID	2330C
Usage	Situational
Segment Notes	This segment specifies information about other subscriber's additional identifiers. See the IG for details.
Example	REF*SY*030385074~

Table 3.88 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier IG – Insurance Policy Number SY – Social Security Number	
REF02	R	Reference Identification	Use the insurance policy number or SSN of the other subscriber.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.89 – Service Line

Segment Name	Service Line
Segment ID	LX
Loop ID	2400
Usage	Required
Segment Notes	This segment contains the line item number that is incremented by one for each service line or detail. The IHCP processes a maximum of 50LX segments, or 2400 loops, for each CLM segment.
Example	LX*1~

Table 3.90 – Element ID LX01

Element ID	Usage	Guide Description and Valid Values	Comments
LX01	R	Assigned Number	The first service line should begin with the number 1. Each subsequent service line or detail should be incremented by one.

Table 3.91 – Dental Service

Segment Name	Dental Service
Segment ID	SV3
Loop ID	2400
Usage	Required
Segment Notes	This segment reports procedure codes, modifiers, charge amounts, and units. The IHCP processes a maximum of 50 service lines on a claim. The Total Claim Charge Amount from CLM02 must reflect the totals of all details. Failure to comply results in compliance rejection.
Example	SV3*AD:D0330*40****1~

Table 3.92 – Element ID SV301-SV311

Element ID	Usage	Guide Description and Valid Values	Comments
SV301	S	Composite Medical Procedure Identifier	This is a composite data element.
SV301-1	R	Product/Service ID Qualifier AD – American Dental Association Codes Current Dental Terminology (CDT)	AD is the only valid value accepted by the IHCP.
SV301-2	R	Procedure Code	Use the five-digit CDT procedure code for the service rendered.
SV301-3	S	Procedure Code Modifier 1	Not used by the IHCP
SV301-4	S	Procedure Code Modifier 2	Not used by the IHCP
SV301-5	S	Procedure Code Modifier 3	Not used by the IHCP
SV301-6	S	Procedure Code Modifier 4	Not used by the IHCP
SV301-7	N/A	Description	Not used
SV302	R	Line Item Charge Amount	IHCP format is 99999999.99
SV303	S	Facility Type Code	This is the place of service code.
SV304	S	Oral Cavity Designation	This is a composite data element. Not used by the IHCP.
SV304-1	R	Oral Cavity Designation Code	Not used by the IHCP
SV304-2	S	Oral Cavity Designation Code	Not used by the IHCP
SV304-3	S	Oral Cavity Designation Code	Not used by the IHCP
SV304-4	S	Oral Cavity Designation Code	Not used by the IHCP
SV304-5	S	Oral Cavity Designation Code	Not used by the IHCP
SV305	S	Prosthesis, Crown, Inlay Code	Not used by the IHCP
SV306	R	Procedure Count	IHCP format is 9999.99
SV307	N/A	Description	Not used
SV308	N/A	Copay Status Code	Not used
SV309	N/A	Provider Agreement Code	Not used
SV310	N/A	Yes/No Condition or Response Code	Not used
SV311	N/A	Composite Diagnosis Code Pointer	Not used

Table 3.93 – Tooth Information

Segment Name	Tooth Information
Segment ID	TOO
Loop ID	2400
Usage	Situational
Segment Notes	This segment reports tooth number and tooth surface. Only one tooth number is acceptable for the IHCP.
Example	TOO*JP*15*F:I~

Table 3.94 – Element ID TOO01-TOO03-5

Element ID	Usage	Guide Description and Valid Values	Comments
TOO01	R	Code List Qualifier Code JP – National Standard Tooth Numbering System	
TOO02	S	Tooth Number	
TOO03	R	Tooth Surface	This is a composite date element.
TOO03-1	R	Tooth Surface Code B – Buccal D – Distal F – Facial I – Incisal L – Lingual M – Mesial O – Occlusal	
TOO03-2	S	Tooth Surface Code	
TOO03-3	S	Tooth Surface Code	
TOO03-4	S	Tooth Surface Code	
TOO03-5	S	Tooth Surface Code	

Table 3.95 – Date – Service

Segment Name	Date – Service
Segment ID	DTP
Loop ID	2400
Usage	Situational
Segment Notes	This segment reports the detail date of service. Only used if different from the claim level date of service.
Example	DTP*472*D8*20021001~

Table 3.96 – Element ID DTP01-DTP03

Element ID	Usage	Guide Description and Valid Values	Comments
DTP01	R	Date/Time Qualifier 472 – Service	
DTP02	R	Date/Time Period Format Qualifier D8 – Date Expressed in Format CCYYDDMM	
DTP03	R	Service Date	

Table 3.97 – Line Item Control Number

Segment Name	Line Item Control Number
Segment ID	REF
Loop ID	2400
Usage	Situational
Segment Notes	This segment enables providers to submit unique service line numbers to facilitate the electronic posting of payments. See the IG for more specific details.
Example	REF*6R*23124462124~

Table 3.98 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier 6R – Provider Control Number	
REF02	R	Line Item Control Number	The IHCP accepts up to 30 characters.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.99 – Line Note

Segment Name	Line Note
Segment ID	NTE
Loop ID	2400
Usage	Situational
Segment Notes	The segment provides additional narrative information about this claim.
Example	NTE*ADD*REQUIRES FEEDING TUBE~

Table 3.100 – Element ID NTE01-NTE02

Element ID	Usage	Guide Description and Valid Values	Comments
NTE01	R	Note Reference Code	See the IG for a list of valid values
NTE02	R	Claim Note Text	Use up to 80 characters of narrative description.

Table 3.101 – Rendering Provider Name

Segment Name	Rendering Provider Name
Segment ID	NM1
Loop ID	2420A
Usage	Situational
Segment Notes	<p>This segment conveys rendering provider information for service lines when rendering provider data is required. If using this loop to provide rendering provider information, the IG requires this segment. It must be submitted to be compliant. See the IG for details.</p> <p>Submitting the data in this loop overrides any rendering provider information previously submitted in the 2310B Loop.</p> <p>The NPI will be returned for the service level rendering provider on the 835 transaction.</p>

Table 3.102 – Element ID NM101-NM111

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code 82 – Rendering Provider	
NM102	R	Entity Type Qualifier 1 - Person 2 – Non-Person Entity	
NM103	R	Name Last or Organization Name	
NM104	S	Name First	
NM105	S	Name Middle	
NM106	N/A	Name Prefix	Not used
NM107	S	Name Suffix	
NM108	R	Identification Code Qualifier XX – NPI 24 – Employer’s Identification Number 34 – Social Security Number	XX - NPI required for healthcare providers. Atypical, non-healthcare providers may continue to send either their EIN or SSN
NM109	R	Identification Code	If XX is sent in NM108, enter the 10-digit NPI. If 24 or 34 is sent, enter the nine-digit number.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Table 3.103 – Rendering Provider Specialty Information

Segment Name	Rendering Provider Specialty Information
Segment ID	PRV
Loop ID	2420A
Usage	Situational
Segment Notes	This segment conveys the taxonomy code for the rendering provider for claims requiring taxonomy data. Refer to the <i>IHCP Provider Manual</i> for billing situations requiring a taxonomy code for the rendering provider. Segment usage changed from <i>Required</i> to <i>Situational</i> per the <i>Addenda</i> .
Example	PRV*PE*ZZ*303BR0900G~

Table 3.104 – Element ID PRV01-PRV06

Element ID	Usage	Guide Description and Valid Values	Comments
PRV01	R	Provider Code PE – Performing	Always use the performing provider code.
PRV02	R	Reference Identification Qualifier ZZ – Mutually Defined	
PRV03	R	Provider Taxonomy Code	Use the taxonomy code for the rendering provider.
PRV04	N/A	State or Province Code	Not used
PRV05	N/A	Provider Specialty Information	Not used
PRV06	N/A	Provider Organization Code	Not used

Table 3.105 – Rendering Provider Secondary Information

Segment Name	Rendering Provider Secondary Information
Segment ID	REF
Loop ID	2420A
Usage	Situational
Segment Notes	This segment contains the IHCP LPI for atypical providers. The segment may repeat five times; however, only the segment containing the ID qualifier is captured.
Example	REF*1D*012345432~

Table 3.106 – Element ID REF01-REF04

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier ID – Medicaid Provider Number	
REF02	R	Rendering Provider Secondary Identifier	Use the nine-digit IHCP LPI for atypical providers. The service location code is ignored if included.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Table 3.107 – Service Line Adjudication Information

Segment Name	Service Line Adjudication Information
Segment ID	SVD
Loop ID	2430
Usage	Situational
Segment Notes	This segment contains the other payer paid amount detail.
Example	SVD*00230*345.1*HC:99396~

Table 3.108 – Element ID SVD01-SVD06

Element ID	Usage	Guide Description and Valid Values	Comments
SVD01	R	Other Payer Primary Identifier	This must match a value submitted in NM109 of the 2330B loop.
SVD02	R	Service Line Paid Amount	Use the TPL paid amount detail. IHCP format is 99999999.99
SVD03	R	Composite Medical Procedure Identifier	This is a composite data element and is not used by the IHCP.
SVD03-1	R	Product or Service ID Qualifier	Not used by the IHCP
SVD03-2	R	Procedure Code	Not used by the IHCP
SVD03-3	S	Procedure Modifier	Not used by the IHCP
SVD03-4	S	Procedure Modifier	Not used by the IHCP
SVD03-5	S	Procedure Modifier	Not used by the IHCP
SVD03-6	S	Procedure Modifier	Not used by the IHCP
SVD03-7	S	Procedure Code Description	Not used by the IHCP
SVD04	N/A	Product Service ID	Not used
SVD05	R	Paid Service Unit Count	Not used by the IHCP
SVD06	S	Bundled Line Number	Not used by the IHCP

Table 3.109 – Service Line Adjustment

Segment Name	Service Line Adjustment
Segment ID	CAS
Loop ID	2430
Usage	Situational
Segment Notes	This segment submits all adjustment amounts. The combination of Adjustment Reason Code, Adjustment Amount, and Adjustment Quantity is reported six times on this segment. The following illustration shows only the first iteration. See the IG for complete details about CAS05-19.
Example	CAS*PR*1*66.7**2*25.54~

Table 3.110 – Element ID CAS01-CAS04

Element ID	Usage	Guide Description and Valid Values	Comments
CAS01	R	Claim Adjustment Group Code	
CAS02	R	Adjustment Reason Code	All adjustments and adjustment amounts are captured by IHCP for claims that were previously adjudicated by another payer, for example, TPL claims.
CAS03	R	Adjustment Amount	Use the dollar amount associated with the reason code identified in CAS02. IHCP format is 99999999.99
CAS04	S	Adjustment Quantity	IHCP format is 9999999.999

Table 3.111 – Transaction Set Trailer

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	N/A
Usage	Required
Segment Notes	This segment ends the transaction set.
Example	SE*837*7656543~

Table 3.112 – Element ID SE01-SE02

Element ID	Usage	Guide Description and Valid Values	Comments
SE01	R	Transaction Set Identifier Code 837	
SE02	R	Transaction Set Control Number	This number is assigned locally by the sender and should match the value in the preceding ST segment.

Transaction Examples

Medicaid Primary – No COB

Figure 3.1 illustrates a Medicaid primary coverage with no COB transaction.

```

ST*837*873501~
BHT*0019*00*0125*19970411*1524*CH~
REF*87*004010X097A1~
NM1*41*2*DENTAL ASSOCIATES*****46*P123~
PER*IC*HELEN SWEETMAN*TE*3174880000~
NM1*40*2*IHCP*****46*IHCP~
HL*1**20*1~
PRV*BI*ZZ*404FX0500D~
NM1*85*2*DENTAL ASSOCIATES*****XX*1234567890~
N3*10 1/2 SHOEMAKER STREET~
N4*COBBLER*IN*46997~
REF*EI*234564011~
REF*1D*100466071A~
HL*2*1*22*0~
SBR*T*18****6***MC~
NM1*IL*1*HOWLING*HAL****MI*100444555999~
N3*6000 WEST STREET
N4*INDIANAPOLIS*IN*46410
DMG*D8*19390529*M
NM1*PR*2*EDS*****PI*EDS~
CLM*900000032*390***11:::1*Y**Y*Y~
DTP*472*D8*20030202~
PWK*P6*BM***AC*1122334455~
AMT*F5*25~
REF*4N*3~
REF*F8*45678~
NTE*ADD*THIS IS THE CLAIM NOTE~
NM1*82*1*WILSON*BRUNO****34*224873702~
PRV*PE*ZZ*122300000N~
REF*1D*100466071A~
LX*1~
SV3*AD:D0330*40****1~
LX*2~
SV3*AD:D5820:M1*350*35****1~
TOO*JP*8*B:M~
DTP*472*D8*20030204~

```

```

REF*6R*543211~
NM1*82*1*OWENS*NOEL****XX*1234567890~
PRV*PE*ZZ*122400000F~
REF*1D*100466072~
SE*36*873501~

```

Figure 3.1 – Medicaid Primary, No COB Transaction Example

Medicaid Secondary to Primary Insurer (TPL)

Figure 3.2 illustrates a Medicaid secondary coverage to primary insurer (TPL) transaction example.

```

ST*837*873501~
BHT*0019*00*0125*19970411*1524*CH~
REF*87*004010X097A1~
NM1*41*2*DENTAL ASSOCIATES*****46*P123~
PER*IC*HELEN SWEETMAN*TE*3174880000~
NM1*40*2*IHCP*****46*IHCP~
HL*1**20*1~
PRV*BI*ZZ*404FX0500D~
NM1*85*2*DENTAL ASSOCIATES*****XX*1234567890~
N3*10 1/2 SHOEMAKER STREET~
N4*COBBLER*IN*46997~
REF*EI*234564011~
REF*1D*100466071A~
HL*2*1*22*0~
SBR*T*18*****MC~NM1*IL*1*HOWLING*HAL****MI*100444555999~
N3*6000 WEST STREET
N4*INDIANAPOLIS*IN*46410
DMG*D8*19390529*M
NM1*PR*2*EDS*****PI*EDS ~
CLM*900000032*390***11::1*Y**Y*Y~
DTP*472*D8*20030202~
PWK*P6*BM***AC*1122334455~
AMT*F5*25~
REF*4N*3~
REF*F8*45678~
NTE*ADD*THIS IS THE CLAIM NOTE~
NM1*82*1*WILSON*BRUNO****34*224873702~
PRV*PE*ZZ*122300000N~
REF*1D*100466071A~
SBR*P*18*****CI~
CAS*PR*1*25~
AMT*D*40~
DMG*D8*19591014*M~
OI***Y***Y~
NM1*IL*1*HOWLING*HAL****MI*7767654A~
NM1*PR*2*AETNA*****PI*99836~
DTP*573*D8*20030204~
LX*1~

```

```
SV3*AD:D0330*40****1~  
LX*2~  
SV3*AD:D5820:M1*350*35****1~  
TOO*JP*8*B:M~  
DTP*472*D8*20030204~  
REF*6R*543211~  
NM1*82*1*OWENS*NOEL****XX*1234567890~  
PRV*PE*ZZ*122400000F~  
REF*1D*100466072A~  
SE*43*873501~
```

Figure 3.2 – Medicaid Secondary to Primary Insurer (TPL) Transaction Example

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