



Companion Guide Upcoming Changes:

Healthy Indiana Plan

837 Institutional Claims and Encounters

Transaction

Revision Information

Revision Date	Reason for Revisions
9/29/2009	Add situational HI segment for DRG information

Implementation Date
12/30/2009

Upcoming Changes

* Changes indicated in [blue text](#)

Section 2: Institutional Claims and Encounters

Segment Usage – 837 Institutional

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: Institutional: 837: ASC X12N 837 (004010X096) and (004010X096A1) 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 the [IHCP Provider Manual](#) for specific billing requirements.

Table 3.1 –Segment Usage

Segment 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

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S- Situational X – Not Used
PER	1000A	Submitter Electronic Data Interchange (EDI) Contact Information	R
NM1	1000B	Receiver Name	R
HL	2000A	Billing/Pay-To Hierarchical Level (HL)	R
PRV	2000A	Billing/Pay-To Specialty Information	S
CUR	2000A	Foreign Currency Information	X
NM1	2010AA	Billing Provider Name	R
N3	2010AA	Billing Provider Address	R
N4	2010AA	Billing Provider City/State/ZIP Code	R
REF	2010AA	Billing Provider Secondary Information	R
REF	2010AA	Credit/Debit Card Billing Information	X
PER	2010AA	Billing Provider Contact Information	X
NM1	2010AB	Pay-to Provider Name	X
N3	2010AB	Pay-to Provider Address	X
N4	2010AB	Pay-to Provider City/State/ZIP Code	X
REF	2010AB	Pay-to Provider Secondary Information	X
HL	2000B	Subscriber Hierarchical Level	R
SBR	2000B	Subscriber Information	R
PAT	2000B	Patient Information	X – deleted per <i>Addenda</i>
NM1	2010BA	Subscriber Name	R
N3	2010BA	Subscriber Address	R
N4	2010BA	Subscriber City/State/ZIP Code	R
DMG	2010BA	Subscriber Demographic Information	R
REF	2010BA	Subscriber Secondary Information	X
REF	2010BA	Property and Casualty Claim Number	X
NM1	2010BB	Credit/Debit Card Account Holder Name	X
REF	2010BB	Credit/Debit Card Information	X
NM1	2010BC	Payer Name	R
N3	2010BC	Payer Address	X
N4	2010BC	Payer City/State/ZIP Code	X
REF	2010BC	Payer Secondary Information	X
NM1	2010BD	Responsible Party Name	X
N3	2010BD	Responsible Party Address	X

Segment ID	Loop ID	Segment Name	IHCP Usage R –Required S- Situational X – Not Used
N4	2010BD	Responsible Party City/State/ZIP Code	X
HL	2000C	Patient Hierarchical Level	S
PAT	2000C	Patient Information	S
NM1	2010CA	Patient Name	S
N3	2010CA	Patient Address	S
N4	2010CA	Patient City/State/ZIP Code	S
DMG	2010CA	Patient Demographic Information	S
REF	2010CA	Patient Secondary Information Number	S
REF	2010CA	Property and Casualty Claim Number	S
CLM	2300	Claim Information	R
DTP	2300	Discharge Hour	X
DTP	2300	Statement Dates	R
DTP	2300	Admission Date/Hour	S
CL1	2300	Institutional Claim Code	S
PWK	2300	Claim Supplemental Information	S
CN1	2300	Contract Information	S
AMT	2300	Payer Estimated Amount Due	R
AMT	2300	Patient Estimated Amount Due	X
AMT	2300	Patient Paid Amount	S
AMT	2300	Credit/Debit Card Maximum Amount	X
REF	2300	Adjusted Repriced Claim Number	X
REF	2300	Repriced Claim Number	X
REF	2300	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	X
REF	2300	Document Identification Code	X
REF	2300	Original Reference Number (ICN/DCN)	S
REF	2300	Investigational Device Exemption Number	X
REF	2300	Service Authorization Exception Code	X
REF	2300	Peer Review Organization (PRO) Approval Number	X
REF	2300	Prior Authorization or Referral Number	S
REF	2300	Medical Record Number	S
REF	2300	Demonstration Project Identifier	X
K3	2300	File Information	X

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S- Situational X – Not Used
NTE	2300	Claim Note	S
NTE	2300	Billing Note	X
CR6	2300	Home Health Care Information	X
CRC	2300	Home Health Functional Liabilities	X
CRC	2300	Home Health Activities Permitted	X
CRC	2300	Home Health Mental Status	X
HI	2300	Principal, Admitting, E-code, and Patient Reason for Visit Diagnosis Information	R
HI	2300	Diagnosis Related Group (DRG) Information	S
HI	2300	Other Diagnosis Information	S
HI	2300	Principal Procedure Information	S
HI	2300	Other Procedure Information	S
HI	2300	Occurrence Span Information	S
HI	2300	Occurrence Information	S
HI	2300	Value Information	S
HI	2300	Condition Information	S
HI	2300	Treatment Code Information	X
QTY	2300	Claim Quantity	S
HCP	2300	Claim Pricing/Repricing Information	X
CR7	2305	Home Health Care Plan Information	X
HSD	2305	Home Care Services Delivery	X
NM1	2310A	Attending Physician Name	S
PRV	2310A	Attending Physician Specialty Information	S
REF	2310A	Attending Physician Secondary Information	S
NM1	2310B	Operating Physician Name	S
PRV	2310B	Operating Physician Specialty Information	X – deleted per <i>Addenda</i>
REF	2310B	Operating Physician Secondary Information	S
NM1	2310C	Other Provider Name	S
PRV	2310C	Other Provider Specialty Information	X – deleted per <i>Addenda</i>
REF	2310C	Other Provider Secondary Information	S
NM1	2310D	Referring Provider Name	X – deleted per <i>Addenda</i>
PRV	2310D	Referring Provider Specialty Information	X – deleted per <i>Addenda</i>
REF	2310D	Referring Provider Secondary Information	X – deleted per <i>Addenda</i>

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S- Situational X – Not Used
NM1	2310E	Service Facility Name	X
PRV	2310E	Service Facility Specialty Information	X – deleted per <i>Addenda</i>
N3	2310E	Service Facility Address	X
N4	2310E	Service Facility City/State/ZIP Code	X
REF	2310E	Service Facility Secondary Information	X
SBR	2320	Other Subscriber Information	S
CAS	2320	Claim Level Adjustment	S
AMT	2320	Payer Prior Payment	S
AMT	2320	Coordination of Benefits (COB) Total Allowed Amount	S
AMT	2320	Coordination of Benefits (COB) Total Submitted Charges	X
AMT	2320	Diagnosis Related Group (DRG) Outlier Amount	X
AMT	2320	Coordination of Benefits (COB) Total Medicare Paid Amount	S
AMT	2320	Medicare Paid Amount – 100 percent	X
AMT	2320	Medicare Paid Amount – 80 percent	X
AMT	2320	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount	X
AMT	2320	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount	X
AMT	2320	Coordination of Benefits (COB) Total Non-covered Amount	X
AMT	2320	Coordination of Benefits (COB) Total Denied Amount	S
DMG	2320	Other Subscriber Demographic Information	S
OI	2320	Other Insurance Coverage Information	X
MIA	2320	Medicare Inpatient Adjudication Information	X
MOA	2320	Medicare Outpatient Adjudication Information	X
NM1	2330A	Other Subscriber Name	S
N3	2330A	Other Subscriber Address	S
N4	2330A	Other Subscriber City/State/ZIP Code	S
REF	2330A	Other Subscriber Secondary Information	S
NM1	2330B	Other Payer Name	S
N3	2330B	Other Payer Address	S

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S- Situational X – Not Used
N4	2330B	Other Payer City/State/ZIP Code	S
DTP	2330B	Claim Adjudication Date	S
REF	2330B	Other Payer Secondary Identification and Reference Number	S
REF	2330B	Other Payer Prior Authorization or Referral Number	S
NM1	2330C	Other Payer Patient Information	S
REF	2330C	Other Payer Patient Identification Number	S
NM1	2330D	Other Payer Attending Provider	X
REF	2330D	Other Payer Attending Provider Identification	X
NM1	2330E	Other Payer Operating Provider	X
REF	2330E	Other Payer Operating Provider Identification	X
NM1	2330F	Other Payer Other Provider	X
REF	2330F	Other Payer Other Provider Identification	X
NM1	2330G	Other Payer Referring Provider	X
REF	2330G	Other Payer Referring Provider Identification	X
NM1	2330H	Other Payer Service Facility Provider	X
REF	2330H	Other Payer Service Facility Provider Identification	X
LX	2400	Service Line Number	R
SV2	2400	Institutional Service Line	R
SV4	2400	Prescription Number	X – deleted per <i>Addenda</i>
PWK	2400	Line Supplemental Information	S
DTP	2400	Service Line Date	S
STP	2400	Assessment Date	X
AMT	2400	Service Tax Amount	X
AMT	2400	Facility Tax Amount	X
LIN	2410	Drug Identification – New segment per <i>Addenda</i>	S
CTP	2410	Drug Pricing – New segment per <i>Addenda</i>	S
REF	2410	Prescription Number	X
NM1	2420A	Attending Physician Name	X
PRV	2420A	Attending Physician Specialty Information	X – deleted per <i>Addenda</i>
REF	2420A	Attending Physician Secondary Information	X
NM1	2420B	Operating Physician Name	X
PRV	2420B	Operating Physician Specialty Information	X – deleted per <i>Addenda</i>

Segment ID	Loop ID	Segment Name	IHCP Usage R – Required S- Situational X – Not Used
REF	2420B	Operating Physician Secondary Information	X
NM1	2420C	Other Provider Name	X
PRV	2420C	Other Provider Specialty Information	X – deleted per <i>Addenda</i>
REF	2420C	Other Provider Secondary Information	X
NM1	2420D	Referring Provider Name	X – deleted per <i>Addenda</i>
PRV	2420D	Referring Provider Specialty Information	X – deleted per <i>Addenda</i>
REF	2420D	Referring Provider Secondary Information	X – deleted per <i>Addenda</i>
SVD	2430	Service Line Adjudication Information	S

New Tables will follow Table 3.70 of HIP 837 Institutional Companion Guide Version 3.0

[New Table – Diagnosis Related Group \(DRG\) Information](#)

Segment Name	Other Diagnosis Information
Segment ID	HI
Loop ID	2300
Usage	Situational
Segment Notes	This segment is being used to convey DRG Codes.
Example	HI*DR* 0090~

[New Table – Element ID HI01-HI01-7](#)

Element ID	Usage	Guide Description and Valid Values	Comments
HI01	R	Health Care Code Information	This is a composite data element. The two data elements in this composite can occur one time in this segment. See the IG for complete details.
HI01-1	R	Code List Qualifier Code DR – Diagnosis Related Group (DRG)	
HI01-2	R	DRG Code	
HI01-3	N/A	Date/Time Period Format Qualifier	Not used
HI01-4	N/A	Date/Time Period	Not used
HI01-5	N/A	Monetary Amount	Not used
HI01-6	N/A	Quantity	Not used

Element ID	Usage	Guide Description and Valid Values	Comments
HI01-7	N/A	Version Identifier	Not used