NJShore / DOBI 837I Companion Document

This document was created by the Testing and Standards Subcommittee of the NJ HINT Implementation Task Force. This committee also serves as the Testing and Transactions Committee of NJ Shore, New Jersey's Regional WEDI SNIP Affiliate. The organizations that participated in the subcommittee may be found in the appendix to this document.

Suggestions are welcome and appreciated. Please see www.njshore.org for information on how to submit additions and changes, and for additional information about the document and its sponsors.

General Rules

ALL UB92 references to dates should be CCYYMMDD

Some Payers will not accept the decimal point in ANY of the diagnosis code. The decimal point is assumed. Refer to Trading Partner agreement.

CMS will not accept any amount values greater than 7 digits or negative

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
ST	Transaction Set Header				
BHT	Beginning of Hierarchical Transaction				
REF	Transmission Type Identification		7/25/2003	Use 'A1' value to reflect Addenda usage.	11
1000A					
NM1	Submitter Name				
PER	Submitter EDI Contact Information				
1000B					
NM1	Receiver Name				
2000A					
HL	Billing/Pay-To Provider Hierarchical Level			BIlling/Pay-to Provider HL should never contain multiple segments with the same REF01 value.	
PRV	Billing/Pay-To Provider Specialty Information	Refer to Addenda revision of this segments.	7/25/2003	Only required when payer has notified that this data is required for adjudication. Refer to trading partner agreement. Most payers will not require this data.	12
CUR	Foreign Currency Information				
2010AA					
NM1	Billing Provider Name				
N3	Billing Provider Address				
N4	Billing Provider City/State/ZIP Code				
REF	Billing Provider Secondary Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	REF01: Horizon requires this segment and will use '1C'. Empire requries this segment and will use '1A'. Aetna does not use. CMS-related claims will use their appropriate qualifier.	Non-Addenda
REF	Credit/Debit Card Billing Information	Information should not be included. Some Payers will reject claims if information is present.		unchanged note / use same note	
PER	Billing Provider Contact Information				

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
2010AB			7/25/2003	The HIPAA Implementation Guide asks the Billing Provider and the Pay-to-Provider to be sent when the Pay-to-Provider is different, however most payers don't use the Pay-to-Provider.	Non-Addenda
NM1	Pay-To Provider Name				
N3	Pay-To Provider Address				
N4	Pay-To Provider City/State/ZIP Code				
REF	Pay-To Provider Secondary Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	If Pay-To-Provider Loop is used: REF01: Horizon requires this segment and will use '1C'. Empire and Aetna does not use. CMS-related claims will use their appropriate qualifier.	Non-Addenda
2000B					
HL	Subscriber Hierarchical Level				
SBR	Subscriber Information	It is OK for both SBR03 and SBR04 to be blank. There is no edit on SBR04.		unchanged note / use same note	
PAT	Patient Information		7/25/2003	Segment Deleted	7
2010BA					
NM1	Subscriber Name	NM102 = Can not be '2' for Non-Person. NM109: For Blue Cross/Blue Shield claims be sure to include full prefix.	8/15/2003	NM102: Can not be 2 (Non-Person). NM109:Horizon and Empire requires this element at the 2010BA. For Blue Cross/Blue Shield include prefix if indicated on card.	Non-Addenda
N3	Subscriber Address				
N4	Subscriber City/State/ZIP Code				
DMG	Subscriber Demographic Information	Date Expressed in Format CCYYMMDD		unchanged note / use same note	

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
REF	Subscriber Secondary Identification	Most Payers will ignore this segment.		unchanged note / use same note	
REF	Property and Casualty Claim Number	Claims will be rejected if this REF exists.	7/25/2003	Horizon will reject claims if this REF exists.	Non-Addenda
2010BB		Information should not be included. Some Payers will reject claims if information is present.		unchanged note / use same note	
NM1	Credit/Debit Account Holder Name	Information should not be included. Some Payers will reject claims if information is present.		unchanged note / use same note	
REF	Credit/Debit Card Information	Information should not be included. Some Payers will reject claims if information is present.		unchanged note / use same note	
2010BC					
NM1	Payer Name	NM109: This number is important for Clearinghouse routing: Horizon "22099", RGBA "00390", Aetna "60054", Oxford, United, Other Payers "xxxxx" For Empire subscribers: The plan code must equal '00300' or '00303'. For all non-Empire subscribers: The first two positions must equal '00' followed by the plan code on the subscriber's ID card		unchanged note / use same note	
N3	Payer Address	May be required for Clearinghouse. For Payers this is not used nor rejected, if sent.		unchanged note / use same note	
N4	Payer City/State/ZIP Code	May be required for Clearinghouse. For Payers this is not used nor rejected, if sent.		unchanged note / use same note	
REF	Payer Secondary Identification	May be required for Clearinghouse. For Payers this is not used nor rejected, if sent.		unchanged note / use same note	
2010BD					
NM1	Responsible Party Name				
N3	Responsible Party Address				

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
N4	Responsible Party City/State/ZIP Code				
2000C					
HL	Patient Hierarchical Level				
PAT	Patient Information				
2010CA					
NMI	Patient Name	NM109: Most Payers will not use this element.		unchanged note / use same note	
N3	Patient Address				
N4	Patient City/State/ZIP Code				
DMG	Patient Demographic Information	Date Expressed in Format CCYYMMDD		unchanged note / use same note	
REF	Patient Secondary Identification Number	Most Payers will not use this segment.		unchanged note / use same note	
REF	Property and Casualty Claim Number	Claims will be rejected if this REF exists.	7/25/2003	Horizon will reject claims if this REF exists.	Non-Addenda
2300					

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
CLM	Claim information	CLM02: 0001 revenue code should not be used for electronic claims except for Medicare. Bill Type x2x is only used by Medicare and the rules to outpatient bills apply. CLM05-3: If this element is a 7 or 8, then must have original ICN. CLM05-3: Few Payers have the ability to electronically handle adjustment claims, refer to Trading Partner Agreeements. CLM07 should be only used for Medicare-related claim. CLM08: may be ignored by payer based on participation agreement. CLM12: Only used for filing with Local or State Agencies. CLM18: Payers will ignore this element.	7/25/2003	CLM02: 0001 revenue code should not be used for electronic claims except for Medicare. Bill Type x2x is only used by Medicare and the rules to outpatient bills apply. CLM05-3: If this element is a 7 or 8, then must have original ICN. CLM05-3: Few Payers have the ability to electronically handle adjustment claims, refer to Trading Partner Agreeements. CLM07 should be only used for Medicare-related claim. CLM06, CLM08, CLM09: may be ignored by Payer based on participation agreement. CLM12: Usage changed to NOT USED. CLM18: Payers will ignore this element. CLM20 Medicare and most other Payers do not use this for processing.	16
DTP	Discharge Hour	DTP03: If unknown, default to 0001 (HHMM)		unchanged note / use same note	
DTP	Statement Dates	Most Payers required Statement Dates to be the earliest and lastest date of service. However CMS requires it to be the Admission Dates, not the proceeding segment. Single dates of service should use D8, except CMS requires RD8 in all cases.		unchanged note / use same note	
DTP	Admission Date/Hour	DTP03: If Admission Hour unknown, default to 0001 (HHMM).		unchanged note / use same note	
CL1	Institutional Claim Code				

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
PWK	Claim Supplemental Information	Until electronic attachment is finalized and Trading Partner agreements modified, most Payers will request a paper attachment.		unchanged note / use same note	
CN1	Contract Information	Most Payers will not use this segment. CMS will use claim level and line when Medicare is secondary.		unchanged note / use same note	
AMT	Payer Estimated Amount Due	Most Payers will ignore this segment.		unchanged note / use same note	
AMT	Patient Estimated Amount Due	Most Payers will ignore this segment.		unchanged note / use same note	
AMT	Patient Paid Amount	Most Payers will ignore this segment.		unchanged note / use same note	
AMT	Credit/Debit Card Maximum Amount	If submitted, claims MAY be rejected.		unchanged note / use same note	
REF	Adjusted Repriced Claim Number				
REF	Repriced Claim Number				
REF	Claim Identification Number For Clearinghouses and Other Transmission Intermediaries				
REF	Document Identification Code	REF02 must be either 485 or 486.		unchanged note / use same note	
REF	Original Reference Number (ICN/DCN)	The original ICN # must be submitted for adjustment claims and claims submitted for late charges.		unchanged note / use same note	
REF	Investigational Device Exemption Number				
REF	Service Authorization Exception Code				
REF	Peer Review Organization (PRO) Approval Number				
REF	Prior Authorization or Referral Number				
REF	Medical Record Number				
REF	Demonstration Project Identifier				
K3	File Information	Refer to the Implementation Guide.		unchanged note / use same note	
NTE	Claim Note	Refer to the Implementation Guide. There is only one NTE segment may be sent per qualifier.		unchanged note / use same note	
NTE	Billing Note	Refer to the Implementation Guide. There is only one NTE segment may be sent per qualifier.		unchanged note / use same note	

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
CR6	Home Health Care Information	Note: 1. This segment is required for Home Health claims **when applicable.** CR602: should be CCYYMMDD.		unchanged note / use same note	
CRC	Home Health Functional Limitations	When CRC03 - CRC07 is OL, then must also have 2300 Claim Note of NTE01 = RHB segment information		unchanged note / use same note	
CRC	Home Health Activities Permitted				
CRC	Home Health Mental Status	When CRC03 - CRC07 is MC, then must also have 2300 Claim Note of NTE01 = DGN segment information		unchanged note / use same note	
HI	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	Some Payers will not accept the decimal point in ANY of the diagnosis code. The decimal point is assumed. Refer to Trading Partner agreement. HI01: Can Not be an E-Code. HI02: This element is blank for scheduled outpatient visits.	7/25/2003	USAGE CHANGE: FROM Required TO Situational. Most Payers require this segment for Bill Types 14X. Refer to Trading Partner Agreement. NOTE: 4050 version changes usage back to Required. Some Payers will not accept the decimal point in ANY of the diagnosis code. The decimal point is assumed. Refer to Trading Partner agreement. HI01: Can Not be an E-Code.	19
HI	Diagnosis Related Group (DRG) Information	Most Payers will ignore this segment.		unchanged note / use same note	
HI	Other Diagnosis Information	Do not repeat Principal Diagnosis. Do not repeat Diagnosis code within this segment. Do not use second repeat unless the first segment is full.		unchanged note / use same note	
HI	Principal Procedure Information	Some Payers will not accept the decimal point in ANY of the diagnosis code. The decimal point is assumed. Refer to Trading Partner agreement. Use 'BP' for Home Infusion and 'BR' for all inpatient claims.		unchanged note / use same note	

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
HI	Other Procedure Information	Use 'BO' for Home Infusion and outpatient, and 'BQ' for all inpatient claims.		unchanged note / use same note	
HI	Occurrence Span Information	Dates can not be the same dates.		unchanged note / use same note	
HI	Occurrence Information				
HI	Value Information	HI01-2: When Value Code = 45, reflecting an Accident Hour, is sent without a leading zero.		unchanged note / use same note	
HI	Condition Information	Do not repeat Principal Diagnosis. Do not repeat Diagnosis code within this segment. Do not use second repeat unless the first segment is full.		unchanged note / use same note	
HI	Treatment Code Information				
QTY	Claim Quantity				
HCP	Claim Pricing/Repricing Information				
2305					
CR7	Home Health Care Plan Information	Probably only used with HI Treatment Code Information.		unchanged note / use same note	
HSD	Health Care Services Delivery				
2310A					
NM1	Attending Physician Name	NM102 = Can not be '2' for Non-Person. Some Payers may reject. Refer to specific Trading Partner agreements.		unchanged note / use same note	
PRV	Attending Physician Specialty Information	Refer to Addenda revision of this segments.	7/25/2003	USAGE CHANGE: FROM Required TO Situational. Most Payers do NOT require this segment.	21
REF	Attending Physician Secondary Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	REF01: Aetna does not require this element, but will use 'G2' or 'N5' if sent. Horizon will use '1A'. Empire will not use. CMS-related claims will use their appropriate qualifier.	Non-Addenda
2310B					

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
NM1	Operating Physician Name	NM102 = Can not be '2' for Non-Person. Some Payers may reject. Refer to specific Trading Partner agreements.		unchanged note / use same note	
PRV	Operating Physician Specialty Information	Refer to Addenda revision of this segments.	7/25/2003	Segment Deleted	8
REF	Operating Physician Secondary Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	REF01: Horizon will use '1A'. Atena and Empire will not use. CMS-related claims will use their appropriate qualifier.	Non-Addenda
2310C					
NM1	Other Provider Name	NM102 = Can not be '2' for Non-Person. Some Payers may reject. Refer to specific Trading Partner agreements.		unchanged note / use same note	
PRV	Other Provider Specialty Information	Refer to Addenda revision of this segments.	7/25/2003	Segment Deleted	8
REF	Other Provider Secondary Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	REF01: Horizon will use '1A'. Atena and Empire will not use. CMS-related claims will use their appropriate qualifier.	Non-Addenda
2310D			7/25/2003	Loop Deleted	8
NMI	Referring Provider Name	Some Payers may reject. Refer to specific Trading Partner agreements.		unchanged note / use same note	
PRV	Referring Provider Specialty Information	Refer to Addenda revision of this segments.	7/25/2003	Segment Deleted	8
REF	Referring Provider Secondary Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	REF01: Horizon will use '1A'. Atena and Empire will not use. CMS-related claims will use their appropriate qualifier.	Non-Addenda
2310E					
NM1	Service Facility Name	Some Payers may reject. Refer to specific Trading Partner agreements.		unchanged note / use same note	
PRV	Service Facility Specialty Information	Refer to Addenda revision of this segments.	7/25/2003	Segment Deleted	Summary

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
N3	Service Facility Address				
N4	Service Facility City/State/ZIP Code				
REF	Service Facility Secondary Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	REF01: Horizon will use '1A'. Atena and Empire will not use. CMS-related claims will use their appropriate qualifier.	Non-Addenda
2320					
SBR	Other Subscriber Information	1. COB information begins here. 2. Note Loop repeats 10 times, but segment only repeats once. (This means to repeat segment entire loop must be repeated). 3. Per note on page 17, the first occurrence of this loop should have the primary payer information, followed by other payers. The subscriber information for the current payer should be in the 2000B subscriber loop. 4. If multiple payers, then should be one primary, one secondary, and multiple tertiaries. 5. If Medicaid related, then Medicare will always be a 'T' for tertiary.	7/25/2003	1. COB information begins here. 2. Note Loop repeats 10 times, but segment only repeats once. (This means to repeat segment entire loop must be repeated). 3.Refer to Section 1.4.2.1.1 Coordination of Benefits — Claim Level for complete understanding.	Non-Addenda
CAS	Claim Level Adjustment	Do not use next CAS repeat until the previous CAS segment is full. Do no allow gaps between CAS elements and segments. Amount elements here should only be utilitzed when adjusted at claim level, such as per diem, DRG, and whole denial of claims.		unchanged note / use same note	
AMT	Payer Prior Payment				
AMT	Coordination of Benefits (COB) Total Allowed Amount				
AMT	Coordination of Benefits (COB)Total Submitted Charges				

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
AMT	Diagnostic Related Group (DRG) Outlier Amount				
AMT	Coordination of Benefits (COB) Total Medicare Paid Amount				
AMT	Medicare Paid Amount - 100%				
AMT	Medicare Paid Amount - 80%				
AMT	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount				
AMT	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount				
AMT	Coordination of Benefits (COB) Total Non-covered Amount				
AMT	Coordination of Benefits (COB) Total Denied Amount				
DMG	Other Subscriber Demographic Information				
OI	Other Insurance Coverage Information				
MIA	Medicare Inpatient Adjudication Information	If MIA segment is used, then do not use MOA.		unchanged note / use same note	
MOA	Medicare Outpatient Adjudication Information	If MOA segment is used, then do not use MIA.		unchanged note / use same note	
2330A					
NM1	Other Subscriber Name				
N3	Other Subscriber Address				
N4	Other Subscriber City/State/ZIP Code				
REF	Other Subscriber Secondary Information				
2330B					

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
NM1	Other Payer Name	NM109: This number is important for Clearinghouse routing: Horizon "22099", RGBA "00390", Aetna "60054", Oxford, United, Other Payers "xxxxx" For Empire subscribers: The plan code must equal '00300' or '00303'. For all non-Empire subscribers: The first two positions must equal '00' followed by the plan code on the subscriber's ID card.		unchanged note / use same note	
N3	Other Payer Address				
N4	Other Payer City/State/ZIP Code				
DTP	Claim Adjudication Date	Required if claim has been adjudicated with PayerID in this Loop. (Same note as CAS segment)		unchanged note / use same note	
REF	Other Payer Secondary Identification and Reference Number	Required if claim has been adjudicated with PayerID in this Loop. REF01: Use 'F8'.		unchanged note / use same note	
REF	Other Payer Prior Authorization or Referral Number				
2330C					
NM1	Other Payer Patient Information				
REF	Other Payer Patient Identification Number				
2330D					
NM1	Other Payer Attending Provider	NM102 = Can not be '2' for Non-Person. Some Payers may reject. Refer to specific Trading Partner agreements.		unchanged note / use same note	
REF	Other Payer Attending Provider Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	REF01: CMS-related claims will use their appropriate qualifier.	
2330E					

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
NM1	Other Payer Operating Provider	NM102 = Can not be '2' for Non-Person. Some Payers may reject. Refer to specific Trading Partner agreements.		unchanged note / use same note	
REF	Other Payer Operating Provider Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	REF01: CMS-related claims will use their appropriate qualifier.	
2330F					
NM1	Other Payer Other Provider	NM102 = Can not be '2' for Non-Person. Some Payers may reject. Refer to specific Trading Partner agreements.		unchanged note / use same note	
REF	Other Payer Other Provider Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	REF01: CMS-related claims will use their appropriate qualifier.	
2330G		Removed with Addenda	7/25/2003	Loop Deleted	8
NM1	Other Payer Referring Provider	Some Payers may reject. Refer to specific Trading Partner agreements.	7/25/2003	Loop Deleted	8
REF	Other Payer Referring Provider Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	Loop Deleted	8
2330H					
NM1	Other Payer Service Facility Provider	Some Payers may reject. Refer to specific Trading Partner agreements.		unchanged note / use same note	
REF	Other Payer Service Facility Provider Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	REF01: CMS-related claims will use their appropriate qualifier.	
2400					
LX	Service Line Number				

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
SV2	Institutional Service Line	SV202-1: 'ZZ' for CMS related usage. Horizon will use 'N4' for Informational purposes only. Most Payers will use 'HC' for HCPCS codes. HCPCS only for outpatient only when HCPCS exists for this service. With the elimination of 'Type of Service', modifiers must be used to clearly identify Service Types. HCPCS and CPT modifiers are interchangeable. The most relevant modifiers must be used first. SV206: Required for Home and Board revenue codes; this is mutually exclusive with the SV202. SV207: Most payers ignore this element.	7/25/2003	SV202-1: 'ZZ' for CMS related usage. Most Payers will use 'HC' for HCPCS codes. HCPCS only for outpatient only when HCPCS exists for this service. With the elimination of 'Type of Service', modifiers must be used to clearly identify Service Types. HCPCS and CPT modifiers are interchangeable. The most relevant modifiers must be used first. SV206: Required for Home and Board revenue codes; this is mutually exclusive with the SV202. SV207: Most payers ignore this element.	24
SV4	Prescription Number	Used for informational purposes only. Not used for adjudication.	7/25/2003	Segment Deleted	9
PKW	Line Supplemental Information	PWK02: Perferred Attachment code is 'AA'.			
DTP	Service Line Date	Only use RD8, if From and To Dates are different. Service Date and Assement Date are mutually exclusive; only use one or the other. DTP02: Outpatient claims must use 'D8'.		unchanged note / use same note	
DTP	Assessment Date	Service Date and Assement Date are mutually exclusive; ony use one or the other.		unchanged note / use same note	
AMT	Service Tax Amount	In New Jersey, Service Tax Amount should be bundled with the service line charge amount; therefore this segment is not used.	7/25/2003	For Horizon, Service Tax Amount should be bundled with the service line charge amount. Claims submitted with this segment will be rejected.	

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
AMT	Facility Tax Amount	In New Jersey, Faciltiy Tax Amount should be bundled with the service line charge amount; therefore this segment is not used.	7/25/2003	For Horizon, Service Tax Amount should be bundled with the service line charge amount. Claims submitted with this segment will be rejected.	
HCP	Line Pricing/Replacement Information		7/25/2003	New Segment	29
2410	Drug Identification				
LIN	Drug Identification		7/25/2003	New Segment. Some Payers will use the NDC code in LIN03. Refer to Trading Partner Agreement.	35
CTP	Drug Pricing		7/25/2003	New Segment	38
REF	Prescription Number		7/25/2003	New Segment	40
2420A		Must not be transmitted when reported at Claim Level.		unchanged note / use same note	
NM1	Attending Physician Name	NM102 = Can not be '2' for Non-Person. Some Payers may reject. Refer to specific Trading Partner agreements.		unchanged note / use same note	
PRV	Attending Physician Specialty Information	Refer to Addenda revision of this segments.	7/25/2003	Segment Deleted	Summary
REF	Attending Physician Secondary Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	REF01: Horizon will use '1A'. Atena and Empire will not use. CMS-related claims will use their appropriate qualifier.	
2420B		Must not be transmitted when reported at Claim Level.		unchanged note / use same note	
NM1	Operating Physician Name	NM102 = Can not be '2' for Non-Person. Some Payers may reject. Refer to specific Trading Partner agreements.		unchanged note / use same note	
PRV	Operating Physician Specialty Information	Refer to Addenda revision of this segments.	7/25/2003	Segment Deleted	9

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
REF	Operating Physician Secondary Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	REF01: Horizon will use '1A'. Atena and Empire will not use. CMS-related claims will use their appropriate qualifier.	
2420C		Must not be transmitted when reported at Claim Level.		unchanged note / use same note	
NM1	Other Provider Name	NM102 = Can not be '2' for Non-Person. Some Payers may reject. Refer to specific Trading Partner agreements.		unchanged note / use same note	
PRV	Other Provider Specialty Information	Refer to Addenda revision of this segments.	7/25/2003	Segment Deleted	9
REF	Other Provider Secondary Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	REF01: Horizon will use '1A'. Atena and Empire will not use. CMS-related claims will use their appropriate qualifier.	
2420D		Must not be transmitted when reported at Claim Level.	7/25/2003	Loop Deleted	9
NM1	Referring Provider Name	Some Payers may reject. Refer to specific Trading Partner agreements.		Loop Deleted	
PRV	Referring Provider Specialty Information	Refer to Addenda revision of this segments.	7/25/2003	Loop Deleted	
REF	Referring Provider Secondary Identification	REF01: Some Payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1A'. CMS-related claims will use their appropriate qualifier.	7/25/2003	Loop Deleted	
2430		This is only used for COB claims. The handling of bundling and unbundling is described in the 835 IG.		unchanged note / use same note	

Loop / Segment	Name	837I v4010 Recommendation Notes	Change Dates	Corrected, Added, or Addenda Notes	Addenda Page
SVD	Service Line Adjudication Information	SVD03-1: 'ZZ' for CMS related usage. Horizon will use 'N4' for Informational purposes only. Most Payers will use 'HC' for HCPCS codes. HCPCS only for outpatient only when HCPCS exists for this service. With the elimination of 'Type of Service', modifiers must be used to clearly identify Service Types. HCPCS and CPT modifiers are interchangeable. The most relevant modifiers must be used first.	7/25/2003	SV202-1: 'ZZ' for CMS related usage. Most Payers will use 'HC' for HCPCS codes. HCPCS only for outpatient only when HCPCS exists for this service. With the elimination of 'Type of Service', modifiers must be used to clearly identify Service Types. HCPCS and CPT modifiers are interchangeable. The most relevant modifiers must be used first. SV206: Required for Home and Board revenue codes; this is mutually exclusive with the SV202. SV207: Most payers ignore this element.	
CAS	Service Line Adjustment	Do not use next CAS repeat until the previous CAS segment is full. Do not allow gaps between CAS elements and segments.		unchanged note / use same note	
DTP	Service Adjudication Date				
SE	Transaction Set Trailer				

Task force member organizations

NJ Department of Banking and Insurance (Sponsor)
Empire Blue Cross Blue Shield (Committee Chair)

Aetna, Inc.
Blue Cross Blue Shield of Tennessee (Riverbend)
Claredi, Inc.
Delta Dental of New Jersey
Empire Medicare Services
Gaffey and Associates, Inc.
Health Network America
Horizon Blue Cross Blue Shield of New Jersey
IGI
New Jersey Hospital Association
Oxford Health Plans
Saint Barnabas Healthcare System
Siemens Medical Solutions
Source One Medical Management
Strategic System Solutions, LLC
WebMD