

## **NJShore / DOBI 837P 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](http://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 NSF 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**

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| Loop / Segment | Name                                          | Page | R/S | 873P Recommendation Notes                           | Change Dates | Corrected, Added, or Addenda Notes                                                                                                                                  | Addenda Page |
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| ST             | Transaction Set Header                        | 62   | R   |                                                     |              |                                                                                                                                                                     |              |
| BHT            | Beginning of Hierarchical Transaction         | 63   | R   |                                                     |              |                                                                                                                                                                     |              |
| REF            | Transmission Type Identification              | 66   | R   |                                                     | 7/25/2003    | Use A1 value to reflect addenda                                                                                                                                     | 13           |
| <b>1000A</b>   |                                               |      |     |                                                     |              |                                                                                                                                                                     |              |
| NM1            | Submitter Name                                | 67   | R   |                                                     |              |                                                                                                                                                                     |              |
| N2             | Additional Submitter Name Information         | 70   | S   |                                                     | 7/25/2003    | Segment deleted                                                                                                                                                     | 7            |
| PER            | Submitter EDI Contact Information             | 71   | R   |                                                     |              |                                                                                                                                                                     |              |
| <b>1000B</b>   |                                               |      |     |                                                     |              |                                                                                                                                                                     |              |
| NM1            | Receiver Name                                 | 74   | R   |                                                     |              |                                                                                                                                                                     |              |
| N2             | Receiver Additional Name Information          | 76   | S   |                                                     | 7/25/2003    | Segment deleted                                                                                                                                                     | 7            |
| <b>2000A</b>   |                                               |      |     |                                                     |              |                                                                                                                                                                     |              |
| HL             | Billing/Pay-To Provider Hierarchical Level    | 77   | R   |                                                     | 7/25/2003    | Billing/Pay-to Provider HL should never contain multiple segments with the same REF01 value.                                                                        | Non-Addenda  |
| PRV            | Billing/Pay-To Provider Specialty Information | 79   | S   | Refer to Addenda version of this segments revision. | 7/25/2003    | Only required when payer has been notified that this data is required for adjudication. Refer to trading partner agreement. Most payers will not require this data. | 14           |
| CUR            | Foreign Currency Information                  | 81   | S   |                                                     |              |                                                                                                                                                                     |              |
| <b>2010AA</b>  |                                               |      |     |                                                     |              |                                                                                                                                                                     |              |
| NM1            | Billing Provider Name                         | 84   | R   |                                                     |              |                                                                                                                                                                     |              |
| N2             | Additional Billing Provider Name Information  | 87   |     |                                                     | 7/25/2003    | Segment deleted                                                                                                                                                     | 7            |
| N3             | Billing Provider Address                      | 88   | R   |                                                     |              |                                                                                                                                                                     |              |
| N4             | Billing Provider City/State/ZIP Code          | 89   | R   |                                                     |              |                                                                                                                                                                     |              |

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| REF            | Billing Provider Secondary Identification   | 91   | S   | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003    | Aetna does not use. REF01: When sent, Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier                                                  | Non-Addenda  |
| REF            | Credit/Debit Card Billing Information       | 94   | S   | Information should not be included. Some payers will reject claims if information is present.                                                                               |              | unchanged note / use same note                                                                                                                                                        |              |
| PER            | Billing Provider Contact Information        | 96   | S   |                                                                                                                                                                             |              |                                                                                                                                                                                       |              |
| <b>2010AB</b>  |                                             |      |     |                                                                                                                                                                             | 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                        | 99   | S   |                                                                                                                                                                             |              |                                                                                                                                                                                       |              |
| N2             | Additional Pay-to Provider Name Information | 102  | S   |                                                                                                                                                                             | 7/25/2003    | Segment deleted                                                                                                                                                                       | 7            |
| N3             | Pay-To Provider Address                     | 103  | R   |                                                                                                                                                                             |              |                                                                                                                                                                                       |              |
| N4             | Pay-To Provider City/State/ZIP Code         | 104  | R   |                                                                                                                                                                             |              |                                                                                                                                                                                       |              |
| REF            | Pay-To Provider Secondary Identification    | 106  | S   | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003    | Aetna does not use. REF01: When sent, Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier                                                  | Non-Addenda  |
| <b>2000B</b>   |                                             |      |     |                                                                                                                                                                             |              |                                                                                                                                                                                       |              |
| HL             | Subscriber Hierarchical Level               | 108  | R   |                                                                                                                                                                             |              |                                                                                                                                                                                       |              |
| SBR            | Subscriber Information                      | 110  | R   | It is OK for both SBR03 and SBR04 are blank; no edit on SBR04.                                                                                                              |              | unchanged note / use same note                                                                                                                                                        |              |

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| PAT            | Patient Information                    | 114  | S   |                                                                                                                                                                                                                                                                                                                                                   | 7/25/2003    | Action Item: PAT09 does NJ have any state laws that would require this element. Each plan should go to legal department for further information.                                                                                                                                                                                                                         | 16              |
| <b>2010BA</b>  |                                        |      |     |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |                 |
| NM1            | Subscriber Name                        | 117  | R   | NM102 = Can not be '2' for Non-Person. NM109: For Blue Cross/Blue Shield claims be sure to include full prefix.                                                                                                                                                                                                                                   | 7/25/2003    | 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 /17 |
| N2             | Additional Subscriber Name Information | 120  | S   |                                                                                                                                                                                                                                                                                                                                                   | 7/25/2003    | Segment deleted.                                                                                                                                                                                                                                                                                                                                                         | 8               |
| N3             | Subscriber Address                     | 121  | S   |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |                 |
| N4             | Subscriber City/State/ZIP Code         | 122  | S   |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |                 |
| DMG            | Subscriber Demographic Information     | 124  | S   | Date Expressed in Format CCYYMMDD                                                                                                                                                                                                                                                                                                                 |              | unchanged note / use same note                                                                                                                                                                                                                                                                                                                                           |                 |
| REF            | Subscriber Secondary Identification    | 126  | S   | Most payers will ignore this segment.                                                                                                                                                                                                                                                                                                             |              | unchanged note / use same note                                                                                                                                                                                                                                                                                                                                           |                 |
| REF            | Property and Casualty Claim Number     | 128  | S   | Claims will be reject if this REF exists.                                                                                                                                                                                                                                                                                                         | 7/25/2003    | Horizon will reject claims if this REF exists.                                                                                                                                                                                                                                                                                                                           | 18              |
| <b>2010BB</b>  |                                        |      |     |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |                 |
| NM1            | Payer Name                             | 130  | R   | 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. | 7/25/2003    | 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 Blue Cross Blue Shield subscribers: The first two positions must equal '00' followed by the plan code on the subscriber's ID card. |                 |

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| <b>Loop / Segment</b> | <b>Name</b>                                          | <b>Page</b> | <b>R/S</b> | <b>873P Recommendation Notes</b>                                                              | <b>Change Dates</b> | <b>Corrected, Added, or Addenda Notes</b> | <b>Addenda Page</b> |
|-----------------------|------------------------------------------------------|-------------|------------|-----------------------------------------------------------------------------------------------|---------------------|-------------------------------------------|---------------------|
| N2                    | Additional Payer Name Information                    | 133         | S          |                                                                                               | 7/25/2003           | Segment deleted                           | 8                   |
| N3                    | Payer Address                                        | 134         | S          | 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                            | 135         | S          | May be required for Clearinghouse. For payers this is not used nor rejected, if sent.         |                     | unchanged note / use same note            |                     |
| REF                   | Payer Secondary Identification                       | 137         | S          | May be required for Clearinghouse. For payers this is not used nor rejected, if sent.         |                     | unchanged note / use same note            |                     |
| <b>2010BC</b>         |                                                      |             |            |                                                                                               |                     |                                           |                     |
| NM1                   | Responsible Party Name                               | 139         | S          |                                                                                               |                     |                                           |                     |
| N2                    | Additional Responsible Party Name Information        | 142         | S          |                                                                                               | 7/25/2003           | Segment deleted                           | 8                   |
| N3                    | Responsible Party Address                            | 143         | R          |                                                                                               |                     |                                           |                     |
| N4                    | Payer City/State/ZIP Code                            | 144         | R          |                                                                                               |                     |                                           |                     |
| <b>2010BD</b>         |                                                      |             |            | Information should not be included. Some payers will reject claims if information is present. |                     | unchanged note / use same note            |                     |
| NM1                   | Credit/Debit Card Holder Name                        | 146         | S          | Information should not be included. Some payers will reject claims if information is present. |                     | unchanged note / use same note            |                     |
| N2                    | Additional Credit/Debit Card Holder Name Information | 149         | S          | Information should not be included. Some payers will reject claims if information is present. | 7/25/2003           | Segment deleted                           | 8                   |
| REF                   | Credit/Debit Card Information                        | 150         | S          | Information should not be included. Some payers will reject claims if information is present. |                     | unchanged note / use same note            |                     |
| <b>2000C</b>          |                                                      |             |            |                                                                                               |                     |                                           |                     |
| HL                    | Patient Hierarchical Level                           | 152         | S          |                                                                                               |                     |                                           |                     |

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| PAT            | Patient Information                     | 154  | R   |                                                                                                                                                                                                                                                                                                                                                                                                         | 7/25/2003    | Action Item: PAT09 does NJ have any state laws that would require this element. Each plan should go to legal department for further information. | 20           |
| <b>2010CA</b>  |                                         |      |     |                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                  |              |
| NM1            | Patient Name                            | 157  | R   | NM109: Most payers will not use this element.                                                                                                                                                                                                                                                                                                                                                           |              | unchanged note / use same note                                                                                                                   |              |
| N2             | Additional Patient Name Information     | 160  | S   |                                                                                                                                                                                                                                                                                                                                                                                                         | 7/25/2003    | Segment deleted                                                                                                                                  | 8            |
| N3             | Patient Address                         | 161  | R   |                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                  |              |
| N4             | Patient City/State/ZIP Code             | 162  | R   |                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                  |              |
| DMG            | Patient Demographic Information         | 164  | R   | Date Expressed in Format CCYYMMDD                                                                                                                                                                                                                                                                                                                                                                       |              | unchanged note / use same note                                                                                                                   |              |
| REF            | Patient Secondary Identification Number | 166  | S   | Most payers will ignore this segment.                                                                                                                                                                                                                                                                                                                                                                   |              | unchanged note / use same note                                                                                                                   |              |
| REF            | Property and Casualty Claim Number      | 168  | S   | Claims will be reject if this REF exists.                                                                                                                                                                                                                                                                                                                                                               | 7/25/2003    | Horizon will reject claims if this REF exists.                                                                                                   | 21           |
| <b>2300</b>    |                                         |      |     |                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                  |              |
| CLM            | Claim information                       | 170  | R   | CLM05-3: Few payers have the ability to electronically handle adjustment claims, refer to Trading Partner Agreements. CLM07 should be only used for Medicare-related claim. CLM06, CLM08, CLM09, CLM10, CLM16: may be ignored by payer based on participation agreement. CLM12: Only used for filing with Local or State Agencies. CLM20 Medicare and most other payers do not use this for processing. |              | unchanged note / use same note                                                                                                                   | 22-25        |
| DTP            | Date-Order Date                         | 180  | S   |                                                                                                                                                                                                                                                                                                                                                                                                         |              | Segment deleted                                                                                                                                  | 9            |
| DTP            | Date-Initial Treatment                  | 182  | S   |                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                  |              |
| DTP            | Date-Referral Date                      | 184  | S   |                                                                                                                                                                                                                                                                                                                                                                                                         |              | Segment deleted                                                                                                                                  | 9            |
| DTP            | Date-Date-Last Seen                     | 186  | S   |                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                  |              |

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| DTP            | Date-Onset of Current Illness/Symptom     | 188  | S   |                                                                                                      |              |                                                                                                                            |              |
| DTP            | Date-Acute Manifestation                  | 190  | S   |                                                                                                      |              |                                                                                                                            |              |
| DTP            | Date-Similar/Illness/Symptom Onset        | 192  | S   |                                                                                                      |              |                                                                                                                            |              |
| DTP            | Date-Accident                             | 194  | S   |                                                                                                      |              |                                                                                                                            |              |
| DTP            | Date-Last Menstrual Period                | 196  | S   |                                                                                                      |              |                                                                                                                            |              |
| DTP            | Date-Last X-Ray                           | 197  | S   |                                                                                                      |              |                                                                                                                            |              |
| DTP            | Date-Estimated Date of Birth              | 199  | S   |                                                                                                      |              | Segment deleted                                                                                                            | 9            |
| DTP            | Date-Hearing and Vision Prescription Date | 200  | S   |                                                                                                      |              |                                                                                                                            |              |
| DTP            | Date-Disability Begin                     | 201  | S   |                                                                                                      |              |                                                                                                                            |              |
| DTP            | Date-Disability End                       | 203  | S   |                                                                                                      |              |                                                                                                                            |              |
| DTP            | Date-Last Worked                          | 205  | S   |                                                                                                      |              |                                                                                                                            |              |
| DTP            | Date-Authorized Return to Work            | 206  | S   |                                                                                                      |              |                                                                                                                            |              |
| DTP            | Date-Admission                            | 208  | S   |                                                                                                      |              |                                                                                                                            |              |
| DTP            | Date-Discharge                            | 210  | S   |                                                                                                      |              |                                                                                                                            |              |
| DTP            | Date-Assumed and Relinquished Care Dates  | 212  | S   |                                                                                                      |              |                                                                                                                            |              |
| PWK            | Claim Supplemental Information            | 214  | S   | This segment is used for Medicare, but most other payers will ignore it.                             |              | unchanged note / use same note                                                                                             |              |
| CN1            | Contract Information                      | 217  | S   | Most payers will not use this segment. CMS will use claim level and line when Medicare is secondary. |              | unchanged note / use same note                                                                                             |              |
| AMT            | Credit/Debit Card Maximum Amount          | 219  | S   | Information should not be included. Some payers will reject claims if information is present.        |              | unchanged note / use same note                                                                                             |              |
| AMT            | Patient Paid Amount                       | 220  | S   | Most payers will ignore this segment.                                                                | 7/25/2003    | Most payers will not use this element for adjudication purposes. Some payers may use this information for payment routing. | 30           |
| AMT            | Total Purchased Service Amount            | 221  | S   |                                                                                                      |              |                                                                                                                            |              |

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| REF            | Service Authorization Exception Code                                                | 222  | S   |                                                                                             |              |                                                             |              |
| REF            | Mandatory Medicare(Section 4081) Crossover Indicator                                | 224  | S   |                                                                                             |              |                                                             |              |
| REF            | Mammography Certification Number                                                    | 226  | S   |                                                                                             |              |                                                             |              |
| REF            | Prior Authorization or Referral Number                                              | 227  | S   |                                                                                             |              |                                                             |              |
| REF            | Original Reference Number(ICN/DCN)                                                  | 229  | S   | The original ICN # must be submitted for adjustment claims and claims.                      | 7/25/2003    | The original ICN # must be submitted for adjustment claims. | Non-Addenda  |
| REF            | Clinical Laboratory Improvement Amendment(CLIA) Number                              | 231  | S   |                                                                                             |              |                                                             |              |
| REF            | Repriced Claim Number                                                               | 233  | S   |                                                                                             |              |                                                             |              |
| REF            | Adjusted Repriced Claim Number                                                      | 235  | S   |                                                                                             |              |                                                             |              |
| REF            | Investigational Device Exemption Number                                             | 236  | S   |                                                                                             |              |                                                             |              |
| REF            | Claim Identification Number for Clearinghouse and Other Transmission Intermediaries | 238  | S   |                                                                                             |              |                                                             |              |
| REF            | Ambulatory Patient Group(APG)                                                       | 240  | S   |                                                                                             |              |                                                             |              |
| REF            | Medical Record Number                                                               | 241  | S   |                                                                                             |              |                                                             |              |
| REF            | Demonstration Project Identifier                                                    | 242  | S   |                                                                                             |              |                                                             |              |
| K3             | File Information                                                                    | 244  | S   | Refer to the Implementation Guide.                                                          |              | unchanged note / use same note                              |              |
| NTE            | Claim Note                                                                          | 246  | S   | Refer to the Implementation Guide. There is only one NTE segment may be sent per qualifier. |              | unchanged note / use same note                              |              |
| CR1            | Ambulance Transport Information                                                     | 248  | S   |                                                                                             |              |                                                             |              |
| CR2            | Spinal Manipulation Service Information                                             | 251  | S   |                                                                                             |              |                                                             |              |
| CRC            | Ambulance Certification                                                             | 257  | S   |                                                                                             |              |                                                             |              |

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| CRC            | Patient Condition Information: Vision          | 260  | S   |                                                                                                                                                                             |              |                                                                                                                                                                                                                                                    |              |
| CRC            | Homebound Indicator                            | 263  | S   |                                                                                                                                                                             |              |                                                                                                                                                                                                                                                    |              |
| CRC            | EPSDT Referral                                 |      |     |                                                                                                                                                                             | 7/25/2003    | New segment: No special needs by payers.                                                                                                                                                                                                           | 37-39        |
| HI             | Health Care Diagnosis Code                     | 265  | S   | 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.   |              | unchanged note / use same note                                                                                                                                                                                                                     |              |
| HCP            | Claim Pricing/Repricing Information            | 271  | S   |                                                                                                                                                                             |              |                                                                                                                                                                                                                                                    |              |
| <b>2305</b>    |                                                |      |     |                                                                                                                                                                             |              |                                                                                                                                                                                                                                                    |              |
| CR7            | Home Health Care Plan Information              | 276  | S   |                                                                                                                                                                             |              |                                                                                                                                                                                                                                                    |              |
| HSD            | Health Care Services Delivery                  | 278  | S   |                                                                                                                                                                             |              |                                                                                                                                                                                                                                                    |              |
| <b>2310A</b>   |                                                |      |     |                                                                                                                                                                             |              |                                                                                                                                                                                                                                                    |              |
| NM1            | Referring Provider Name                        | 282  | S   | Some payers may reject. Refer to specific Trading Partner agreements.                                                                                                       |              | unchanged note / use same note                                                                                                                                                                                                                     |              |
| PRV            | Referring Provider Specialty Information       | 285  | S   | Refer to Addenda version of this segments revision.                                                                                                                         | 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.                                                                                     | 40           |
| N2             | Additional Referring Provider Name Information | 287  | S   |                                                                                                                                                                             | 7/25/2003    | Segment deleted                                                                                                                                                                                                                                    | 9            |
| REF            | Referring Provider Secondary Identification    | 288  | S   | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003    | Some payers require this segment REF01: When sent, Aetna will use 'N5', Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifiers. REF02: If unknown, HIPAA IG recommends sending a Medicare ID of "OTH000". | Non-Addenda  |

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| <b>2310B</b>   |                                                       |      |     |                                                                                                                                                                             |              |                                                                                                                                                                |              |
| NM1            | Rendering Provider Name                               | 290  | S   | NM102: Can not be '2' for Non-Person. Some payers may reject if Refer to specific Trading Partner agreements.                                                               |              | unchanged note / use same note                                                                                                                                 |              |
| PRV            | Rendering Provider Specialty Information              | 293  | S   | Refer to Addenda version of this segments revision.                                                                                                                         | 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. | 41           |
| N2             | Referring Provider Secondary Identification           | 295  | S   |                                                                                                                                                                             | 7/25/2003    | Segment deleted                                                                                                                                                | 10           |
| REF            | Rendering Provider Secondary Identification           | 296  | S   | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003    | REF01: When sent, Aetna will use 'G2' or 'N5', Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier.                 | Non-Addenda  |
| <b>2310C</b>   |                                                       |      |     |                                                                                                                                                                             |              |                                                                                                                                                                |              |
| NM1            | Purchased Service Provider Name                       | 298  | S   | Some payers may reject. Refer to specific Trading Partner agreements.                                                                                                       |              | unchanged note / use same note                                                                                                                                 |              |
| REF            | Purchased Service Provider Secondary Identification   | 301  | S   | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003    | Aetna does not use. REF01: When sent, Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier                           | Non-Addenda  |
| <b>2310D</b>   |                                                       |      |     |                                                                                                                                                                             |              |                                                                                                                                                                |              |
| NM1            | Service Facility Location                             | 303  | S   | Some payers may reject. Refer to specific Trading Partner agreements.                                                                                                       |              | unchanged note / use same note                                                                                                                                 |              |
| N2             | Additional Service Facility Location Name Information | 306  | S   |                                                                                                                                                                             | 7/25/2003    | Segment deleted                                                                                                                                                | 10           |
| N3             | Service Facility Location Address                     | 307  | R   |                                                                                                                                                                             |              |                                                                                                                                                                |              |

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| N4             | Service Facility Location City/State/Zip           | 308  | R   |                                                                                                                                                                             |              |                                                                                                                                      |              |
| REF            | Service Facility Location Secondary Identification | 310  | S   | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003    | Aetna does not use. REF01: When sent, Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier | Non-Addenda  |
| <b>2310E</b>   |                                                    |      |     |                                                                                                                                                                             |              |                                                                                                                                      |              |
| NM1            | Supervising Provider Name                          | 312  | S   | NM102 = Can not be '2' for Non-Person. Some payers may reject if Refer to specific Trading Partner agreements.                                                              |              | unchanged note / use same note                                                                                                       |              |
| N2             | Additional Supervising Provider Name Information   | 315  | S   |                                                                                                                                                                             | 7/25/2003    | Segment deleted                                                                                                                      | 10           |
| REF            | Supervising Provider Secondary Identification      | 316  | S   | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003    | Aetna does not use. REF01: When sent, Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier | Non-Addenda  |
| <b>2320</b>    |                                                    |      |     |                                                                                                                                                                             |              |                                                                                                                                      |              |

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|----------------|------------------------------------------------|------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| SBR            | Other Subscriber Information                   | 318  | S   | 1. COB information begins here.<br>2. Note Loop repeats 10 times, but segment only repeats once. (This means to repeat segment entire loop must be repeated).<br>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.<br>5. If Medicaid related, then Medicare will always be a 'T' for tertiary. | 7/25/2003    | 1. COB information begins here.<br>2. Note Loop repeats 10 times, but segment only repeats once. (This means to repeat segment entire loop must be repeated).<br>3. Refer to Section 1.4.2.1.1 Coordination of Benefits--Claim Level for complete understanding. | Non-Addenda  |
| CAS            | Claim Level Adjustment                         | 323  | S   | 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 utilized when adjusted at claim level.                                                                                                                                                                                                                                                                                                                                                               |              | unchanged note / use same note                                                                                                                                                                                                                                   |              |
| AMT            | Coordination of Benefits(COB)Payer Paid Amount | 332  | S   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                  |              |
| AMT            | COB Approved Amount                            | 333  | S   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                  |              |
| AMT            | COB Allowed Amount                             | 334  | S   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                  |              |
| AMT            | COB Patient Responsibility Amount              | 335  | S   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                  |              |
| AMT            | COB Covered Amount                             | 336  | S   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                  |              |
| AMT            | COB Discount Amount                            | 337  | S   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                  |              |

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| AMT            | COB Per Day Limit Amount                     | 338  | S   |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |              |
| AMT            | COB Patient Paid Amount                      | 339  | S   |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |              |
| AMT            | COB Tax Amount                               | 340  | S   |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |              |
| AMT            | COB Total Claim Before Taxes Amount          | 341  | S   |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |              |
| DMG            | Subscriber Demographic Information           | 342  | S   |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |              |
| OI             | Other Insurance Coverage Information         | 344  | R   |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |              |
| MOA            | Medicare Outpatient Adjudication Information | 347  | S   |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |              |
| <b>2330A</b>   |                                              |      |     |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |              |
| NM1            | Other Subscriber Name                        | 350  | R   |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |              |
| N2             | Additional Other Subscriber Information      | 353  | S   |                                                                                                                                                                                                                                                                                                                                                   | 7/25/2003    | Segment deleted                                                                                                                                                                                                                                                                                                                                                          | 10           |
| N3             | Other Subscriber Address                     | 354  | S   |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |              |
| N4             | Other Subscriber City/State/Zip Code         | 355  | S   |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |              |
| REF            | Other Subscriber Secondary Identification    | 357  | S   |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |              |
| <b>2330B</b>   |                                              |      |     |                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                          |              |
| NM1            | Other Payer Name                             | 359  | R   | 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. | 7/25/2003    | 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 Blue Cross Blue Shield subscribers: The first two positions must equal '00' followed by the plan code on the subscriber's ID card. |              |
| N2             | Additional Other Payer Information           | 362  | S   |                                                                                                                                                                                                                                                                                                                                                   | 7/25/2003    | Segment deleted                                                                                                                                                                                                                                                                                                                                                          | 10           |

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| PER            | Other Payer Contact Information                    | 363  | S   |                                                                                                                                                                             |              |                                                                                                                                      |              |
| DTP            | Claim Adjudication Date                            | 366  | S   | Required if claim has been adjudication with payerID in this Loop. (Same note as CAS segment).                                                                              |              | unchanged note / use same note                                                                                                       |              |
| REF            | Other Payer Secondary Identifier                   | 368  | S   | Required if claim has been adjudication with payerID in this Loop. REF01: Use 'F8'.                                                                                         |              | unchanged note / use same note                                                                                                       |              |
| REF            | Other Payer Prior Authorization or Referral Number | 370  | S   |                                                                                                                                                                             |              |                                                                                                                                      |              |
| REF            | Other Payer Claim Adjustment Indicator             | 372  | S   |                                                                                                                                                                             |              |                                                                                                                                      |              |
| <b>2330C</b>   |                                                    |      |     |                                                                                                                                                                             |              |                                                                                                                                      |              |
| NM1            | Other Payer Patient Information                    | 374  | S   |                                                                                                                                                                             |              |                                                                                                                                      |              |
| REF            | Other Payer Patient Identification                 | 376  | S   |                                                                                                                                                                             |              |                                                                                                                                      |              |
| <b>2330D</b>   |                                                    |      |     |                                                                                                                                                                             |              |                                                                                                                                      |              |
| NM1            | Other Payer Referring Provider                     | 378  | S   | Some payers may reject. Refer to specific Trading Partner agreements.                                                                                                       |              | unchanged note / use same note                                                                                                       |              |
| REF            | Other Payer Referring Provider Identification      | 380  | R   | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003    | Aetna does not use. REF01: When sent, Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier | Non-Addenda  |
| <b>2330E</b>   |                                                    |      |     |                                                                                                                                                                             |              |                                                                                                                                      |              |
| NM1            | Other Payer Rendering Provider                     | 382  | S   | NM102 = Can not be '2' for Non-Person. Some payers may reject. Refer to specific Trading Partner agreements.                                                                |              | unchanged note / use same note                                                                                                       |              |

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| <b>Loop / Segment</b> | <b>Name</b>                                             | <b>Page</b> | <b>R/S</b> | <b>873P Recommendation Notes</b>                                                                                                                                            | <b>Change Dates</b> | <b>Corrected, Added, or Addenda Notes</b>                                                                                            | <b>Addenda Page</b> |
|-----------------------|---------------------------------------------------------|-------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| REF                   | Other Payer Rendering Provider Secondary Identification | 384         | R          | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003           | Aetna does not use. REF01: When sent, Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier | Non-Addenda         |
| <b>2330F</b>          |                                                         |             |            |                                                                                                                                                                             |                     |                                                                                                                                      |                     |
| NM1                   | Other Payer Purchased Service Provider                  | 386         | S          | Some payers may reject. Refer to specific Trading Partner agreements.                                                                                                       |                     | unchanged note / use same note                                                                                                       |                     |
| REF                   | Other Payer Purchased Service Provider Identification   | 388         | R          | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003           | Aetna does not use. REF01: When sent, Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier | Non-Addenda         |
| <b>2330G</b>          |                                                         |             |            |                                                                                                                                                                             |                     |                                                                                                                                      |                     |
| NM1                   | Other Payer Service Facility Location                   | 390         | S          | Some payers may reject. Refer to specific Trading Partner agreements.                                                                                                       |                     | unchanged note / use same note                                                                                                       |                     |
| REF                   | Other Payer Service Facility Location Identification    | 392         | R          | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003           | Aetna does not use. REF01: When sent, Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier | Non-Addenda         |
| <b>2330H</b>          |                                                         |             |            |                                                                                                                                                                             |                     |                                                                                                                                      |                     |
| NM1                   | Other Payer Supervising Provider                        | 394         | S          | NM102 = Can not be '2' for Non-Person. Some payers may reject. Refer to specific Trading Partner agreements.                                                                | 7/25/2003           | No payer specific requirements for this segment.                                                                                     | Non-Addenda         |
| REF                   | Other Payer Supervising Provider Identification         | 396         | R          | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003           | Aetna does not use. REF01: When sent, Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier | Non-Addenda         |
| <b>2400</b>           |                                                         |             |            |                                                                                                                                                                             |                     |                                                                                                                                      |                     |

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| LX             | Service Line Number                     | 398  | R   |                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                             |              |
| SV1            | Professional Service                    | 400  | R   | SV101-2: Horizon will use 'N4' for Informational purposes only. Most payers will use 'HC' for HCPCS codes. 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. SV115 Most payers do not use this. | 7/25/2003    | SV101-2:'N4' has been deleted. Use loop 2410 to report NDC. Most payers will use 'HC' for HCPCS codes. 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. SV115 Most payers do not use this. | 55-57        |
| SV4            | Prescription Number                     | 408  | S   | Used for informational purposes only. Not used for adjudication.                                                                                                                                                                                                                                                                                |              | Segment deleted                                                                                                                                                                                                                                                                                                                             | 11           |
| SV5            | DME Service                             |      | S   |                                                                                                                                                                                                                                                                                                                                                 |              | New segment added                                                                                                                                                                                                                                                                                                                           | 58-60        |
| PKW            | DMERC CMN indicator                     | 410  | S   | PWK02: Preferred Attachment code is 'NS'. NOTE: If other codes are used, see note in professional guide regarding 4010 standard.                                                                                                                                                                                                                |              | unchanged note / use same note                                                                                                                                                                                                                                                                                                              |              |
| CR1            | Ambulance Transport Date                | 412  | S   |                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                             |              |
| CR2            | Spinal Manipulation Service Information | 415  | S   |                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                             |              |
| CR3            | Durable Medical Equipment Certification | 421  | S   |                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                             |              |
| CR5            | Home Oxygen Therapy Information         | 423  | S   |                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                             |              |
| CRC            | Ambulance Certification                 | 427  | S   |                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                             |              |
| CRC            | Hospice Employee Indicator              | 430  | S   |                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                             |              |
| CRC            | DMERC Condition Indicator               | 432  | S   |                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                             |              |
| DTP            | Date - Service Date                     | 435  | R   | Only use RD8, if From and To Dates are different.                                                                                                                                                                                                                                                                                               | 7/25/2003    | When a single date is sent in DTP03, use 'D8' in DTP02. If range of dates sent in DTP03, used 'RD8' in DTP02.                                                                                                                                                                                                                               | Non-Addenda  |
| DTP            | Date - Certification Revision Date      | 437  | S   |                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                             |              |
| DTP            | Date - Referral Date                    | 439  | S   |                                                                                                                                                                                                                                                                                                                                                 |              | Segment deleted                                                                                                                                                                                                                                                                                                                             | 11           |

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| DTP            | Date - Begin Therapy Date                                                          | 440  | S   |                                                                                                      |              |                                    |              |
| DTP            | Date - Last Certification Date                                                     | 442  | S   |                                                                                                      |              |                                    |              |
| DTP            | Date - Order Date                                                                  | 444  | S   |                                                                                                      |              | Segment deleted                    | 11           |
| DTP            | Date - Date Last Seen                                                              | 445  | S   |                                                                                                      |              |                                    |              |
| DTP            | Date - Test                                                                        | 447  | S   |                                                                                                      |              |                                    |              |
| DTP            | Date - Oxygen Saturation/Arterial Blood Gas Test                                   | 449  | S   |                                                                                                      |              |                                    |              |
| DTP            | Date - Shipped                                                                     | 451  | S   |                                                                                                      |              |                                    |              |
| DTP            | Date - Onset of Current Symptoms/Illness                                           | 452  | S   |                                                                                                      |              |                                    |              |
| DTP            | Date - Last X-ray                                                                  | 454  | S   |                                                                                                      |              |                                    |              |
| DTP            | Date - Acute Manifestation                                                         | 456  | S   |                                                                                                      |              |                                    |              |
| DTP            | Date - Initial Treatment                                                           | 458  | S   |                                                                                                      |              |                                    |              |
| DTP            | Date - Similar Illness/Symptom Onset                                               | 460  | S   |                                                                                                      |              |                                    |              |
| QTY            | Anesthesia Modifying Units                                                         | 462  | S   |                                                                                                      |              | Segment deleted                    | 11           |
| MEA            | Test Result                                                                        | 464  | S   |                                                                                                      |              |                                    |              |
| CN1            | Contract Information                                                               | 466  | S   | Most payers will not use this segment. CMS will use claim level and line when Medicare is secondary. |              | unchanged note / use same note     |              |
| REF            | Repriced Line Item Reference Number                                                | 468  | S   |                                                                                                      |              |                                    |              |
| REF            | Adjusted Reprice Line Item Reference Number                                        | 469  | S   |                                                                                                      |              |                                    |              |
| REF            | Prior Authorization or Referral Number                                             | 470  | S   |                                                                                                      |              |                                    |              |
| REF            | Line Item Control Number                                                           | 472  | S   |                                                                                                      |              |                                    |              |
| REF            | Mammography Certification Number                                                   | 472  | S   |                                                                                                      |              |                                    |              |
| REF            | Clinical Laboratory Improvement Amendment (CLIA) Identification                    | 475  | S   |                                                                                                      |              |                                    |              |
| REF            | Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification | 477  | S   |                                                                                                      |              |                                    |              |
| REF            | Immunization Batch Number                                                          | 478  | S   |                                                                                                      |              |                                    |              |

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| REF            | Ambulatory Patient Group (APG)     | 479  | S   |                                                                                                                            |              |                                                                              |              |
| REF            | Oxygen Flow Rate                   | 480  | S   |                                                                                                                            |              |                                                                              |              |
| REF            | Universal Product Number (UPN)     | 482  | S   |                                                                                                                            |              |                                                                              |              |
| AMT            | Sales Tax Amount                   | 484  | S   | In New Jersey, Sales Tax Amount should be bundled with the service line charge amount; therefore this segment is not used. |              | unchanged note / use same note                                               |              |
| AMT            | Approved Amount                    | 485  | S   |                                                                                                                            |              |                                                                              |              |
| AMT            | Postage Claimed Amount             | 486  | S   |                                                                                                                            |              |                                                                              |              |
| K3             | File Information                   | 487  | S   | Refer to the Implementation Guide.                                                                                         |              | unchanged note / use same note                                               |              |
| NTE            | Line Note                          | 488  | S   | Refer to the Implementation Guide. There is only one NTE segment may be sent per qualifier.                                |              | unchanged note / use same note                                               |              |
| PS1            | Purchased Service Information      | 489  | S   |                                                                                                                            |              |                                                                              |              |
| HSD            | Health Care Services Delivery      | 491  | S   |                                                                                                                            |              |                                                                              |              |
| HCP            | Line Pricing/Repricing Information | 495  | S   |                                                                                                                            |              |                                                                              |              |
| <b>2410</b>    |                                    |      |     |                                                                                                                            |              | New loop.                                                                    | 12           |
| LIN            | Drug Identification                |      |     |                                                                                                                            |              | New segment. Horizon will use 'N4' in LIN02 for informational purposes only. | 71-73        |
| CTP            | Drug Pricing                       |      |     |                                                                                                                            |              | New segment                                                                  | 74-76        |
| REF            | Prescription Number                |      |     |                                                                                                                            |              | New segment                                                                  | 77-78        |
| <b>2420A</b>   |                                    |      |     |                                                                                                                            |              |                                                                              |              |
| NM1            | Rendering Provider Name            | 501  | S   | Some payers may reject. Refer to specific Trading Partner agreements. NM102 = Can not be '2' for Non-Person.               |              | unchanged note / use same note                                               |              |

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| PRV            | Rendering Provider Specialty Information              | 504  | S   | Refer to Addenda version of this segments revision.                                                                                                                         | 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. | 79           |
| N2             | Additional Rendering Provider Information             | 506  | S   |                                                                                                                                                                             | 7/25/2003    | Segment deleted                                                                                                                                                | 12           |
| REF            | Rendering Provider Secondary Identification           | 507  | S   | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003    | REF01: When sent, Aetna will use 'G2' or 'N5', Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier                  | Non-Addenda  |
| <b>2420B</b>   |                                                       |      |     |                                                                                                                                                                             |              |                                                                                                                                                                |              |
| NM1            | Purchased Service Provider Name                       | 509  | S   | Some payers may reject. Refer to specific Trading Partner agreements.                                                                                                       |              | unchanged note / use same note                                                                                                                                 |              |
| REF            | Purchased Service Provider Secondary Identification   | 512  | S   | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003    | Aetna does not use. REF01: When sent, Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier                           | Non-Addenda  |
| <b>2420C</b>   |                                                       |      |     |                                                                                                                                                                             |              |                                                                                                                                                                |              |
| NM1            | Service Facility Location                             | 514  | S   | Some payers may reject. Refer to specific Trading Partner agreements.                                                                                                       |              | unchanged note / use same note                                                                                                                                 |              |
| N2             | Additional Service Facility Location Name Information | 517  | S   |                                                                                                                                                                             | 7/25/2003    | Segment deleted                                                                                                                                                | 12           |
| N3             | Service Facility Location Address                     | 518  | R   |                                                                                                                                                                             |              |                                                                                                                                                                |              |
| N4             | Service Facility Location City/State/Zip              | 519  | R   |                                                                                                                                                                             |              |                                                                                                                                                                |              |

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| Loop / Segment | Name                                               | Page | R/S | 873P Recommendation Notes                                                                                                                                                   | Change Dates | Corrected, Added, or Addenda Notes                                                                                                   | Addenda Page |
|----------------|----------------------------------------------------|------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------|
| REF            | Service Facility Location Secondary Identification | 521  | S   | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003    | Aetna does not use. REF01: When sent, Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier | Non-Addenda  |
| <b>2420D</b>   |                                                    |      |     |                                                                                                                                                                             |              |                                                                                                                                      |              |
| NM1            | Supervising Provider Name                          | 523  | S   | Some payers may reject. Refer to specific Trading Partner agreements. NM102 = Can not be '2' for Non-Person.                                                                | 7/25/2003    | No payer specific requirements for this segment.                                                                                     | Non-Addenda  |
| N2             | Additional Supervising Provider Name Information   | 526  | S   |                                                                                                                                                                             | 7/25/2003    | Segment deleted                                                                                                                      | 12           |
| REF            | Supervising Provider Secondary Identification      | 527  | S   | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003    | Aetna does not use. REF01: When sent, Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier | Non-Addenda  |
| <b>2420E</b>   |                                                    |      |     |                                                                                                                                                                             |              |                                                                                                                                      |              |
| NM1            | Ordering Provider Name                             | 529  | S   | Some payers may reject. Refer to specific Trading Partner agreements. NM102 = Can not be '2' for Non-Person.                                                                | 7/25/2003    | No payer specific requirements for this segment.                                                                                     | Non-Addenda  |
| N2             | Additional Ordering Provider Name Information      | 532  | S   |                                                                                                                                                                             | 7/25/2003    | Segment deleted                                                                                                                      | 12           |
| N3             | Ordering Provider Address                          | 533  | S   |                                                                                                                                                                             |              |                                                                                                                                      |              |
| N4             | Ordering Provider City/State/ZIP Code              | 534  | S   |                                                                                                                                                                             |              |                                                                                                                                      |              |
| REF            | Ordering Provider Secondary Identification         | 536  | S   | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003    | Aetna does not use. REF01: When sent, Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier | Non-Addenda  |
| PER            | Ordering Provider Contact Information              | 538  | S   |                                                                                                                                                                             |              |                                                                                                                                      |              |
| <b>2420F</b>   |                                                    |      |     |                                                                                                                                                                             |              |                                                                                                                                      |              |

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| <b>Loop / Segment</b> | <b>Name</b>                                        | <b>Page</b> | <b>R/S</b> | <b>873P Recommendation Notes</b>                                                                                                                                            | <b>Change Dates</b> | <b>Corrected, Added, or Addenda Notes</b>                                                                                                                      | <b>Addenda Page</b> |
|-----------------------|----------------------------------------------------|-------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| NM1                   | Referring Provider Name                            | 541         | S          | Some payers may reject. Refer to specific Trading Partner agreements.                                                                                                       |                     | unchanged note / use same note                                                                                                                                 |                     |
| PRV                   | Referring Provider Specialty Information           | 544         | S          | "Refer to Addenda revision of this segment."                                                                                                                                | 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. |                     |
| N2                    | Additional Referring Provider Name Information     | 546         | S          |                                                                                                                                                                             | 7/25/2003           | Segment deleted                                                                                                                                                | 12                  |
| REF                   | Referring Provider Secondary Identification        | 547         | S          | REF01: Some payers required this element. Aetna will be using 'G2' or 'N5'. Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier. | 7/25/2003           | Aetna does not use. REF01: When sent, Horizon and Empire will be using '1B'. CMS-related claims will use their appropriate qualifier                           | Non-Addenda         |
| <b>2420G</b>          |                                                    |             |            |                                                                                                                                                                             |                     |                                                                                                                                                                |                     |
| NM1                   | Other Payer Prior Authorization or Referral Number | 549         | S          |                                                                                                                                                                             |                     |                                                                                                                                                                |                     |
| REF                   | Other Payer Prior Authorization or Referral Number | 552         | R          |                                                                                                                                                                             |                     |                                                                                                                                                                |                     |
| <b>2430</b>           |                                                    |             |            | This is only used for COB claims. The handling of bundling and unbundling is described in the 835 IG.                                                                       |                     | unchanged note / use same note                                                                                                                                 |                     |

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| Loop / Segment | Name                          | Page | R/S | 873P Recommendation Notes                                                                                                                                                                                                                                                                                                                       | Change Dates | Corrected, Added, or Addenda Notes                                                                                                                                                                                                                                                                                   | Addenda Page |
|----------------|-------------------------------|------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| SVD            | Line Adjudication Information | 554  | S   | SV101-2: Horizon will use 'N4' for Informational purposes only. Most payers will use 'HC' for HCPCS codes. 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. SV115 Most payers do not use this. | 7/25/2003    | SVD03-1:'N4' has been deleted. Use Loop 2410 to report NDC Information. Most payers will use 'HC' for HCPCS codes. 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. | 80-82        |
| CAS            | Line Adjustment               | 558  | S   | Do not use next CAS repeat until the previous CAS segment is full. Do no allow gaps between CAS elements and segments.                                                                                                                                                                                                                          |              | unchanged note / use same note                                                                                                                                                                                                                                                                                       |              |
| DTP            | Line Adjudication Date        | 566  | R   |                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                      |              |
| <b>2440</b>    |                               |      |     |                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                      |              |
| LQ             | Form Identification Code      | 567  | S   |                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                      |              |
| FRM            | Supporting Documentation      | 569  | R   |                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                      |              |
| SE             | Transaction Set Trailer       | 572  | R   |                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                      |              |

## 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