837 5010 Professional Implementation Guide

ASC X12N Version 005010X222A1
Health Care Claim: Professional

Guide Version 4.0
July 2021

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VERSION CHANGE LOG

Version 1.0 Original	**May 16,2005**
Add new 277U Requirements	**July 29, 2005**
Updated Implementation Procedures, added sign off sheet.	**August 10,2005**
Add segments CAS, AMT, SVD for COB information	**August 03,2006**
Add rules for submission of secondary Medicare Claims	**August 04,2006**
Add rules for submission of secondary Commercial Claims	**August 21,2006**
Added in NPI rules.	**October 13 2006**
Version 2.0 Updated NPI rules	**May 22, 2008**
Updated 277U Status Messages	**May 1, 2010**
Updated Anesthesia rules from units to minutes	**May 1, 2010**
Version 3.0 U p d a t e d for 5010	**June 17, 2010**
5010 Revisions	**February 18, 2011**
Revised	**April 11, 2011**
Revised	**May 10. 2011**
Removed REF segment in header. Updated Rendering provider qualifier.	**September 13, 2011**

INTRODUCTION

To reduce the administrative costs of health care across the nation, the Health Insurance Portability and Accountability Act (HIPAA) was passed in 1996. This legislation requires that health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care, established by the Secretary of Health and Human Services (HHS). For the health care industry to achieve the potential administrative cost savings with EDI, standard transactions and code sets have been developed and need to be implemented consistently by all organizations involved in the electronic exchange of data. The ANSI X12N 837 Health Care Claim: Professional transaction implementation guide provides the standardized data requirements to be implemented for this transaction.

PURPOSE

The purpose of this document is to provide the information necessary to submit Health Care Claim Status Inquiry transactions electronically to MVP Health Care. **This companion guide is to be used in conjunction with the ANSI X12N implementation guides.** The companion guide supplements but does not contradict or replace any requirements in the implementation guide. The HIPAA implementation guides can be obtained from the Washington Publishing Company by calling 1-800-972-4334 or are available for download on their web site at www.wpc-edi.com/hipaa/. Other important websites:

Workgroup for Electronic Data Interchange (WEDI) – http://www.wedi.org
United States Department of Health and Human Services (DHHS) – http://aspe.hhs.gov/admnsimp/ Centers for Medicare and Medicaid Services (CMS) – http://www.cms.gov/hipaa/hipaa2/
Designated Standard Maintenance Organizations (DSMO) – http://www.hipaa-dsmo.org/ National Council of Prescription Drug Programs (NCPDP) – http://www.ncpdp.org/ National Uniform Billing Committee (NUBC) – http://www.nubc.org/
Accredited Standards Committee (ASC X12) – http://www.x12.org/

SPECIAL CONSIDERATIONS

Request Transactions Supported

This section is intended to identify the type and version of the ASC X12N Health Care Claim: Professional transaction that MVP will accept.

837 Health Care Claim: Professional – **ASC X12N 837 (005010X222A1)**

Response Transactions Supported

This section is intended to identify the response transactions supported by MVP.

277 Health Care Claim Acknowledgment – **ASC X12N 277CA (005010X214)**

999 Functional Acknowledgement – **ASC X12C 999 (005010X231A1)**

Communication Specifications

MVP currently supports the receipt of the 837, Health Care Claim: Professional, in batch mode only. The file can be uploaded via SFTP (Secure File Transfer Protocol) – with PGP encryption.

File naming conventions will be assigned at part of the testing process.

MVP will transmit the 999, Unsolicited Claim Status, in batch mode to its trading partners. The file can be downloaded via SFTP (Secure File Transfer Protocol) – with PGP encryption.

File naming conventions will be assigned at part of the testing process.

MVP will transmit the 277CA, Health Care Claim Acknowledgment, in batch mode to its trading partners. The file can be downloaded via SFTP (Secure File Transfer Protocol) – with PGP encryption.

File naming conventions will be assigned at part of the testing process.

Use of the 837 Health Care Claim: Professional

The 837 Professional Health Care Claim is designed to submit claim information electronically to the payer (MVP).

Key Fields:

1. NPI Identifier Qualifier NM108 - XX
    a. Billing Provider Identifier (Loop 2010AA – NM109)
    b. Pay-To Provider Identifier (Loop 2010AB – NM109)
    c. Rendering Provider Identifier (Loop 2310A – NM109)
2. Assignment Indicator (Loop 2000B – SBR01)
3. Subscriber Last Name (Loop 2010BA – NM103)
4. Subscriber First Name (Loop 2010BA – NM104)
5. Subscriber Identifier (Loop 2010BA – NM109)
6. Subscriber Date of Birth (Loop 2010BA – DMG02)
7. Unique Patient Account Number (Loop 2300 – CLM01)
8. Place of Service (Loop 2300 – CLM05-1)
9. Diagnosis Code (Loop 2300 – HI01-2)
10. Service Dates (Loop 2400 – DTP03)
11. Procedure Code (Loop 2400 – SV101-2)
12. Requested Amount (Loop 2400 – SV102)
13. Service Unit Count/Quantity (Loop 2400 – SV104)

Use of NPI

MVP requires all providers and facilities to use their National Provider Identifier (NPI) number on all electronic transactions covered by HIPAA.

This means that when billing, providers and facilities must use NPI numbers not only for the billing, pay to, and rendering fields, but also for all secondary provider fields such as referring and supervising provider when used. ***Tax ID number may only be used in connection with the billing provider loop.***

MVP requires providers with multiple specialties to submit their service location with ZIP + 4 and their taxonomy number.

Providers and facilities must ***not*** include their existing MVP provider ID or any secondary provider identifier in any of the provider loops except for TIN as required for billing/pay to loops.

If a provider or facility uses an MVP provider ID or any secondary provider identifier for electronic transactions, MVP will reject them for NPI non-compliance.

Anesthesia Billing

MVP will require all anesthesia services to be billed using minutes (MJ) rather than units (UN) as of July 1, 2010.

Patient Loop

For MVP, all Patients are considered Subscribers when creating your 837. Please do not use the Patient Loop (2000C/2010CA) and inserting a member number in this loop is non-compliant. This may also result in "Member not Found" claim level rejections.

Secondary Payer and COB rules for Medicare Claims

For correct processing of secondary payer Medicare claims the submission of information is as follows.

Loop and Segment	Value	Description
Loop 2000B/SBR01	S	Secondary Payer
Loop 2300/CLM07	A	Assigned
Loop 2300/AMT01	F5	Patient Paid Amount Qualifier
Loop 2300/AMT02	Dollar Amount	Patient Paid Amount
Loop 2320/SBR01	P	Primary Payer
Loop 2320/SBR09	MA, MB	Type of Carrier
Loop 2320/CAS01	PR, CO, OA	Claim Adjustment Group Code
Loop 2320/CAS02		Claim Adjustment Reason Code
Loop 2320/CAS03	Dollar Amount	Claim Adjustment Amount
Loop 2320/AMT01	D	Payer Paid Amount Qualifier
Loop 2320/AMT02	Dollar Amount	Payer Paid Amount
Loop 2320/AMT01	EAF	Remaining Patient Liability
Loop 2320/AMT02	Dollar Amount	Remaining Patient Liability
Loop 2430/CAS01	PR, CO, OA	Claim Adjustment Group Code
Loop 2430/CAS02		Claim Adjustment Reason Code
Loop 2430/CAS03	Dollar Amount	Claim Adjustment Amount

Loop 2430/AMT01	EAF	Remaining Patient Liability
Loop 2430/AMT02	Dollar Amount	Remaining Patient Liability

Secondary Payer and COB rules for Commercial Claims

For correct processing of secondary payer Commercial claims, the submission of information is as follows.

Loop and Segment	Value	Description
Loop 2000B/SBR01	S	Secondary Payer
Loop 2300/CLM07	A	Assigned
Loop 2300/AMT01	F5	Patient Paid Amount Qualifier
Loop 2300/AMT02	Dollar Amount	Patient Paid Amount
Loop 2320/SBR01	P	Primary Payer
Loop 2320/SBR09		Type of Carrier
Loop 2320/CAS01	PR, CO, OA	Claim Adjustment Group Code
Loop 2320/CAS02		Claim Adjustment Reason Code
Loop 2320/CAS03	Dollar Amount	Claim Adjustment Amount
Loop 2320/AMT01	D	Payer Paid Amount Qualifier
Loop 2320/AMT02	Dollar Amount	Payer Paid Amount
Loop 2320/AMT01	EAF	Remaining Patient Liability
Loop 2320/AMT02	Dollar Amount	Remaining Patient Liability
Loop 2430/CAS01	PR, CO, OA	Claim Adjustment Group Code
Loop 2430/CAS02		Claim Adjustment Reason Code
Loop 2430/CAS03	Dollar Amount	Claim Adjustment Amount
Loop 2430/AMT01	EAF	Remaining Patient Liability
Loop 2430/AMT02	Dollar Amount	Remaining Patient Liability

277CA Status Code List

The 277CA, Health Care Claim Acknowledgment transaction is used to provide claim level acceptance and rejections for basic business edits.

The following error codes are possible in the 277CA

A1	**19**	Entity acknowledges receipt of claim/encounter.
A3	**30**	Subscriber/ Patient name mismatched.
A3	**33**	Subscriber/Patient id not found.
A3	**85**	MVP is not the policyholder's primary insurance carrier
A3	**88**	Patient not eligible/not approved for dates of service.
A3	**116**	Claim submitted to incorrect payer.

A3	**158**	Patient date of birth mismatch
A3	**481**	Claim/submission format is invalid: Multiple providers billed.
A3	**510**	Future date of service
A6	**145**	Provider specialty/taxonomy code.
A6	**189**	Facility admission date
A6	**251**	Total anesthesia minutes
A7	**228**	Type of bill for UB claim
A7	**231**	Hospital admission type.
A7	**234**	Patient status.
A7	**249**	Place of service.
A7	**255**	Diagnosis code.
A7	**402**	Claim amount must be greater than zero
A7	**453**	Procedure Code Modifier(s) for Service(s) Rendered
A7	**454**	Procedure code for services rendered.
A7	**460**	NUBC Condition Code(s)
A7	**461**	NUBC Occurrence Code(s) and Date(s)
A7	**462**	NUBC Occurrence Span Code(s) and Date(s)
A7		
A7	**464**	Payer Control Number (Late Charges / Recall Claims)
A7	**488**	Diagnosis code(s) for the services rendered.
A7	**503**	Street Address (Billing PO Box not allowed)
A7	**562**	National Provider Identifier (NPI)
A7	**634**	Remark Code
A8	**128/562/145**	Taxonomy not on file for tax id/NPI affiliation

Note:
A1 - The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.
A3 - Acknowledgement/Returned as un-processable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A6 - Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A7 - Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A8 - Acknowledgement / Rejected for relational field in error.

Note: The codes and descriptions above are as the writing of this document. Although we will endeavor to keep this guide current, some changes may occur. If this does occur, please visit www.wpc-edi.com for a complete list and detailed explanation please visit.

Delimiters Supported

A delimiter is a character used to separate two data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105-byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction.

Description	Default Delimiter
Data element separator	* Asterisk
Sub-element separator	: Colon
Repetition separator	^
Segment Terminator	~ Tilde

MVP will support these default delimiters, or any delimiter specified by the trading partner in the ISA / IEA envelope structure.

Implementation of Health Care Claim: Professional

There will be four phases of implementation.

1. Development Phase - An MVP EDI Services Representative would contact the client to review these procedures. MVP will set up a client specific profile to receive claim submissions, process claims, and send acknowledgments and business edit reports. In response, the client will create or modify their programs as necessary to provide MVP with the required data and to receive required data from MVP.

2. Test Phase – The client must notify MVP when they are ready to begin submitting test files. MVP and the client will set up a schedule to receive and send data across the desired media. Upon receiving the file, MVP will validate the file format and data for accuracy. MVP will run the file through the claim
submission process, which will do a series of error checking. Upon completion of the claim submission process, a response will be created. MVP will identify any errors that will assist client with submitting clean claim submissions. The MVP EDI Services Representative will test and identify all technical errors. The Client will review and discuss any questions or problems with MVP. The goal will be to achieve a
100% HIPAA compliant claim submission, **and 80% or better for business edits** prior to going live.

3. Production - Once testing has reached an acceptance level and both parties have signed off, MVP will move the process into production and go live with the claim submissions. **For denied claims, call Customer Care Center.** All transaction error questions should be directed to the EDI Services: 1-877-461-4911 or EDIServices@mvphealthcare.com.

MVP Requirements for the ANSI X12 837 Transaction - Health Care Claim: Professional

Required	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
R	**ISA**	**INTERCHANGE CONTROL HEADER**		
R	01	AUTHORIZATION INFORMATION QUALIFIER	00	No authorization information present in 02
R	02	AUTHORIZATION INFORMATION		Blank
R	03	SECURITY INFORMATION QUALIFIER	00	No security information present in 04
R	04	SECURITY INFORMATION		Blank
R	05	INTERCHANGE ID QUALIFIER	30	Federal tax ID

R	06	INTERCHANGE SENDER ID		Sender tax ID
R	07	INTERCHANGE ID QUALIFIER	30	Federal tax ID
R	08	INTERCHANGE RECEIVER ID	141650868	MVP tax ID
R	09	INTERCHANGE DATE	YYMMDD	Date of interchange
R	10	INTERCHANGE TIME	HHMM	Time of interchange
R	11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	^	Repetition separator
R	12	INTERCHANGE CONTROL VERSION NUMBER	00501	Draft Standards approved by ASCx12
R	13	INTERCHANGE CONTROL NUMBER	Assigned by sender	Must match IEA02
R	14	ACKNOWLEDGMENT REQUESTED	0	0 = NO
R	15	TEST INDICATOR	P OR T	Production or Test
R	16	COMPONENT ELEMENT SEPARATOR	:	Delimiter
R	**GS**	**FUNCTIONAL GROUP HEADER**		
R	01	FUNCTIONAL IDENTIFIER CODE	HC	Health Care Claim 837
R	02	APPLICATION SENDER'S CODE		Sender's code / Tax Identification Number
R	03	APPLICATION RECEIVER'S CODE	141650868	Receiver's code
R	04	DATE	CCYYMMDD	Group creation date
R	05	TIME	HHMM	Creation time
R	06	GROUP CONTROL NUMBER		Assigned by sender
R	07	RESPONSIBLE AGENCY CODE	X	Accredited Standards Committee X12
R	08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X222A1	Version/Release/Industry Identifier Code
R	**ST**	**TRANSACTION SET HEADER**		
R	01	TRANSACTION SET IDENTIFIER CODE	837	Health Care Claim
R	**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**		
R	01	HIERARCHICAL STRUCTURE CODE	0019	Information Source, Subscriber, Dependent
R	02	TRANSACTION SET PURPOSE CODE	00	00-Original
R	03	REFERENCE IDENTIFICATION		Batch control number assigned by submitter
R	04	DATE		Transaction set create date in CCYYMMDD format
R	05	TIME		Transaction set create time in HHMM format
R	06	TRANSACTION SET TYPE CODE	CH	Chargeable fee for service
Loop 1000A				
R	**NM1**	**SUBMITTER NAME-1000A**		
R	01	ENTITY IDENTIFIER CODE	41	Submitter
R	02	ENTITY TYPE QUALIFIER	1, 2	1-Person, 2-Non-person entity
R	03	ORGANIZATION NAME/LAST NAME		Submitter Name

S	04	FIRST NAME		Subscriber First Name
S	05	MIDDLE NAME		Subscriber Middle Name
NOT USED	06	NAME PREFIX		NOT USED
NOT USED	07	NAME SUFFIX		NOT USED
R	08	IDENTIFICATION CODE QUALIFIER	46	Electronic Transmitter ID number
R	09	IDENTIFICATION CODE		Submitter tax ID
R	**PER**	**SUBMITTER EDI CONTACT INFORMATION-1000A**		
R	01	CONTACT FUNCTION CODE	IC	Information Contact
R	02	NAME		Submitter Contact Name
R	03	COMMUNICATION QUALIFIER	TE	Telephone
R	04	COMMUNICATION NUMBER		Area code number + phone number
S	05	COMMUNICATION QUALIFIER	EM	Email
S	06	COMMUNICATION NUMBER		Email address
Loop 1000B				
R	**NM1**	**RECEIVER NAME-1000B**		
R	01	ENTITY IDENTIFIER CODE	40	Receiver
R	02	ENTITY TYPE QUALIFIER	2	2-Non-person Entity
R	03	ORGANIZATION NAME	MVP HEALTH PLAN	Receiver name
NOT USED	04	NAME FIRST		NOT USED
NOT USED	05	NAME MIDDLE		NOT USED
NOT USED	06	NAME PREFIX		NOT USED
NOT USED	07	NAME SUFFIX		NOT USED
R	08	IDENTIFICATION CODE QUALIFIER	46	Electronic Transmitter ID number
R	09	IDENTIFICATION CODE	141650868	Receiver Identifier
Loop 2000A				
R	**HL**	**HIERARCHICAL LEVEL**		
R	01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender, must begin at "1"
NOT USED	02	HIERARCHICAL PARENT ID NUMBER		NOT USED
R	03	HIERARCHICAL LEVEL CODE	20	Information Source
R	04	HIERARCHICAL CHILD CODE	1	Additional subordinate HL data segment
S	**PRV**	**BILLING / PAY-TO PROVIDER SPECIALTY 2000A**		****IDENTIFIES BILLING / PAY-TO SPECIALTY**
R	01	PROVIDER CODE	BI	Provider Code
R	02	REFERENCE IDENTIFICATION QUALIFER	PXC	Mutually Defined
R	03	REFERENCE IDENTIFICATION		Provider Taxonomy Code - Required if the provider has more than one specialty.
Loop 2010AA				

R	**NM1**	**BILLING PROVIDER NAME 2010AA**		
R	01	ENTITY IDENTIFIER CODE	85	Billing provider
R	2	ENTITY TYPE QUALIFIER	1 or 2	1-Person, 2-Non-person entity
R	03	NAME LAST		Billing Provider Last or Organizational Name
S	04	NAME FIRST		Billing Provider First Name
S	05	NAME MIDDLE		Billing Provider Middle Name
NOT USED	06	NAME PREFIX		NOT USED
S	07	NAME SUFFIX		Billing Provider Suffix, if known
R	08	IDENTIFICATION CODE QUALIFIER	XX	National Provider ID
R	09	IDENTIFICATION CODE		NPI Number
R	**N3**	**BILLING PROVIDER ADDRESS**		
R	01	STREET		Billing Provider Street (Physical address)
S	02	STREET 2		Billing Provider Street 2
R	**N4**	**BILLING PROVIDER CITY, STATE, ZIP CODE**		
R	01	CITY		Billing Provider City
R	02	STATE		Billing Provider State
R	03	POSTAL CODE		Billing Provider Zip code
S	**REF**	**BILLING PROVIDER SECONDARY IDENTIFICATION**		
R	01	REFERENCE IDENTIFICATION QUALIFIER	EI, SY	Billing Provider Federal Tax ID, Billing Provider SSN
R	02	REFERENCE IDENTIFICATION		Billing provider ID
S	**PER**	**BILLING PROVIDER CONTACT INFORMATION**		
R	01	CONTACT FUNCTION CODE	IC	Information contact
R	02	NAME		Billing provider contact name
R	03	COMMUNICATION QUALIFIER	EM,	Email, Fax, Telephone
R	04	COMMUNICATION NUMBER		Email, Fax or Telephone
Loop 2010AB				
S	**NM1**	**PAY TO ADDRESS NAME 2010AB**		
R	01	ENTITY IDENTIFIER CODE	87	Pay to provider
R	2	ENTITY TYPE QUALIFIER	1 or 2	Person/non-person entity

NOT USED	03	NAME LAST		
NOT USED	04	NAME FIRST		
NOT USED	05	NAME MIDDLE		
NOT USED	06	NAME PREFIX		
NOT USED	07	NAME SUFFIX		

NOT USED	08	IDENTIFICATION CODE QUALIFIER		
NOT USED	09	IDENTIFICATION CODE		
S	**N3**	**PAY-TO ADDRESS 2010AB**		
R	01	Address Information		Pay to provider address
R	02	Address Information		Pay to provider address 2
S	**N4**	**PAY TO ADDRESS 2010AB**		
R	01	CITY NAME		Pay to provider city
R	02	STATE		Pay to provider state
R	03	ZIP CODE		Pay to provider zip code
Loop 2000B				
R	**HL**	**SUBSCRIBER HIERARCHICAL LEVEL 2000B**		
R	01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender
R	02	HIERARCHICAL PARENT ID NUMBER		ID number of the next higher hierarchical segment
R	03	HIERARCHICAL LEVEL CODE	22	Subscriber
R	04	HIERARCHICAL CHILD CODE	0 or 1	No subordinates or has subordinates
R	**SBR**	**SUBSCRIBER INFORMATION 2000B**		
R	01	PAYER RESPONSIBILITY SEQUENCE CODE NUMBER	A - H P, S, T, U	Primary Payer, Secondary Payer If claim is for primary payer, then "P" else if claim is for secondary payer, then "S".
S	02	INDIVIDUAL RELATIONSHIP CODE	18	18-Self (required when subscriber is patient)
S	03	REFERENCE IDENTIFICATION		Group number
S	04	NAME		Group name
S	05	INSURANCE TYPE CODE		Type of policy
NOT USED	06	COORDINATION OF BENEFITS CODE		NOT USED
NOT USED	07	YES/NO CONDITION OR REPONSE CODE		NOT USED
NOT USED	08	EMPLOYMENT STATUS CODE		NOT USED
S	09	CLAIM FILING INDICATOR	HM	Health Maintenance Organization
S	**PAT**	**PATIENT INFORMATION 2000B**		
NOT USED	01	INDIVIDUAL RELATIONSHIP CODE		NOT USED
NOT USED	02	PATIENT LOCATION CODE		NOT USED
NOT USED	03	EMPLOYMENT STATUS CODE		NOT USED
NOT USED	04	STUDENT STATUS CODE		NOT USED
S	05	DATE QUALIFIER	D8	CCYYMMDD
S	06	DATE TIME PERIOD		Date of death
S	07	UNIT CODE	01	Actual pounds
S	08	PATIENT WEIGHT		Patient weight
S	09	YES/NO CONDITION OR RESPONSE CODE	Y	Pregnancy indicator

Loop 2010BA				
R	**NM1**	**SUBSCRIBER SECONDARY IDENTIFICATION 2010BA**		
R	01	ENTITY IDENTIFIER CODE	IL	Insured or subscriber
R	02	ENTITY TYPE QUALIFIER	1	Person
R	03	NAME LAST		Subscriber last name
S	04	NAME FIRST		Subscriber first name
S	05	NAME MIDDLE		Subscriber middle name
NOT USED	06	NAME PREFIX		NOT USED
S	07	NAME SUFFIX		Subscriber suffix
R	08	IDENTIFICATION CODE QUALIFIER	II, MI	Member Identification number
R	09	IDENTIFICATION CODE		MVP subscriber member number
S	**N3**	**SUBSCRIBER ADDRESS 2010BA**		
R	01	ADDRESS INFORMATION		Subscriber address
S	02	ADDRESS INFORMATION		Subscriber address 2
S	**N4**	**SUBSCRIBER ADDRESS 2010BA**		
R	01	CITY NAME		Subscriber City
R	02	STATE		Subscriber State
R	03	POSTAL CODE		Subscriber Zip code
S	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION 2010BA**		
R	01	DATE FORMAT QUALIFIER	D8	CCYYMMDD
R	02	DATE TIME PERIOD		Subscriber date of birth
R	03	GENDER CODE	F, M, U	Female, male, unknown
Loop 2010BB				
R	**NM1**	**PAYER NAME**		
R	01	ENTITY IDENTIFIER CODE	PR	Payer
R	02	ENTITY TYPE DESCRIPTION	2	Non-Person Entity
R	03	NAME LAST OR ORGANIZATION	MVP Health Plan	Payer Name
NOTUSED	04	NAME FIRST		NOTUSED
NOTUSED	05	NAME MIDDLE		NOTUSED
NOTUSED	06	NAME PREFIX		NOTUSED
NOTUSED	07	NAME SUFFIX		NOTUSED
R	08	IDENTIFICATION CODE QUALIFER	PI, XV	Payer Identification PI Prior to mandated Plan ID
R	09	IDENTIFICATION CODE NUMBER	141650868	MVP Health Care's Tax Identification Number
S	**N3**	**PAYER ADDRESS 2010BB**		

R	01	ADDRESS INFORMATION		PAYER ADDRESS LINE
S	02	ADDRESS INFORMATION		PAYER ADDRESS LINE
R	**N4**	**PAYER CITY, STATE, ZIP CODE**		
R	01	CITY NAME	FREEFORM	PAYER CITY NAME
S	02	STATE OR PROVINCE CODE		PAYER STATE OR PROVINCE CODE
S	03	POSTAL CODE		PAYER POSTAL ZONE OR ZIP CODE
S	04	COUNTRY CODE		
LOOP 2300				
R	**CLM**	**CLAIM INFORMATION 2300**		
R	01	CLAIM SUBMITTER'S IDENTIFIER		Patient account number
R	02	MONETARY AMOUNT		Total charges (must equal sum of the SV102's)
NOT USED	03	CLAIM FILING INDICATOR CODE		NOT USED
NOT USED	04	NON-INSTITUTIONAL CLAIM TYPE CODE		N0T USED
R	05	HEALTH CARE SERVICE LOCATION		Place of service
R	05-1	FACILITY CODE VALUE		Facility code
R	05-2	FACILITY CODE QUALIFIER	B	Place of service Codes for Professional or Dental Services
R	05-3	CLAIM FREQUENCY TYPE	1-5-7-8	Original-claim frequency
R	06	RESPONSE CODE	Y or N	Provider signature on file
R	07	PROVIDER ACCEPT ASSIGN	A, B, C	Providers accept Medicare assignment code
R	08	RESPONSE CODE	W	Assign of benefits indicator
R	09	RELEASE OF INFORMATION	I, Y	Release of information
S	10	PATIENT SIGNATURE SOURCE CODE	P	Patient signature on file
S	11	RELATED CAUSES INFORMATION		Related causes
R	11 - 1	RELATED CAUSES CODE	AA, EM, OA	Auto Accident, Employment, Other Accident
S	11 - 2	RELATED CAUSES CODE	AA, EM, OA	Used if more than 1 applies
NOT USED	11 - 3	RELATED CAUSES CODE	AA, EM, OA	NOT USED
S	11 - 4	STATE		State where accident occurred
S	11 - 5	COUNTRY		Country where accident occurred
S	12	SPECIAL PROGRAM CODE		Special circumstances
NOT USED	13	YES/NO CONDITION OR RESPONSE CODE		NOTUSED
NOT USED	14	LEVEL OF SERVICE CODE		NOT USED
NOT USED	15	YES/NO CONDITION OR RESPONSE CODE		NOT USED
NOT USED	16	PROVIDER AGREEMENT CODE		NOT USED
NOT USED	17	CLAIM STATUS CODE		NOTUSED
NOT USED	18	YES/NO CONDITION OR RESPONSE CODE		NOT USED
NOT USED	19	CLAIM SUBMISSION REASON CODE		NOT USED

S	20	DELAY REASON CODE		Delay reason code
S	**DTP**	**DATE ONSET OF CURRENT ILLNESS OR SYMPTOM**		
R	01	DATE/TIME QUALIFIER	431	Onset of Current Symptoms or Illness
R	02	DATE/TIME PERIOD FORMAT QUALIFIER	D8	Date format: CCYYMMCC
R	03	DATE/TIME PERIOD		Onset of Current Symptoms or Illness
S	**DTP**	**DATE - INITIAL TREATMENT DATE 2300**		
R	01	DATE/TIME QUALIFIER	454	Initial Treatment Date
R	02	DATE/TIME PERIOD FORMAT QUALIFIER	D8	Date format: CCYYMMCC
R	03	DATE TIME PERIOD		Initial Treatment Date
R	**DTP**	**DATE - LAST SEEN DATE 2300**		
R	01	DATE/TIME QUALIFIER	304	Last Visit or Consultation
R	02	DATE TIME PERIOD FORMAT QUALIFIER	D8	Date format: CCYYMMCC
R	03	DATE TIME PERIOD		Last Visit or Consultation
S	**DTP**	**DATE OF ACCIDENT 2300**		
R	01	DATE QUALIFIER	439	Accident date
R	02	DATE FORMAT	D8	Date format: CCYYMMDD
R	03	DATE OF CURRENT		Accident Date
S	**DTP**	**DATE LAST WORKED 2300**		
R	01	DATE QUALIFIER	297	Date last worked
R	02	DATE FORMAT	D8	Date format: CCYYMMDD
R	03	DATE OF CURRENT		Date Last Worked
S	**DTP**	**DATE AUTHORIZED RETURN TO WORK 2300**		
R	01	DATE QUALIFIER	296	Authorized return to work date
R	02	DATE FORMAT	D8	Date format: CCYYMMDD
R	03	DATE TO RETURN TO WORK		Date Authorized return to work
S	**DTP**	**DATE OF ADMISSION 2300**		
R	01	DATE QUALIFIER	435	Admission date
R	02	DATE FORMAT	D8	Date format: CCYYMMDD
R	03	DATE ADMISSION		Date of Admission
S	**DTP**	**DATE OF DISCHARGE 2300**		

R	01	DATE QUALIFIER	096	Discharge date
R	02	DATE FORMAT	D8	Date format: CCYYMMDD
R	03	DATE DISCHARGE		Date of Discharge
S	**PWK**	**CLAIM SUPPLEMENTAL INFORMATION 2300**		
	01	REPORT TYPE C ODE		
R	02	REPORT TRANSMISSION CODE	AA, BM, EL, EM, FT, FX	Code defining timing, transmission method or format
NOT USED	03	REPORT COPIES NEEDED		NOT USED
NOT USED	04	ENTITY IDENTIFIER CODE		NOT USED
S	05	IDENITIFICATION CODE QUALIFIER	AC	Required when PWK02=BM, EL, EM, FX, OR FT
S	06	IDENTIFICATION CODE		
S	**AMT**	**PATIENT AMOUNT PAID 2300**		
R	01	AMOUNT QUALIFIER	F5	Patient amount paid
R	02	MONETARY AMOUNT		Amount Paid
S	**REF**	**SERVICE AUTHORIZATION EXCEPTION CODE 2300**		
R	01	REFERENCE IDENTIFICATION QUALIFIER	4N	Special Payment Reference Number
R	02	REFERENCE IDENTIFICATION	1, 2, 3, 4, 5, 6, 7,	Service Authorization Exception Code
S	**REF**	**REFERRAL NUMBER 2300**		****Required when Referring Provider is sent (REF*DN)**
R	01	REFERENCE IDENTIFICATION QUALIFIER	9F	Referral number qualifier
R	02	REFERENCE IDENTIFICATION		Referral number
S	**REF**	**PRIOR AUTHORIZATION 2300**		Required when services on this claim were preauthorized
R	01	REFERENCE IDENTIFICATION QUALIFIER	G1	Prior Authorization qualifier
R	02	PRIOR AUTHORIZATION NUMBER		Prior Authorization number
S	**REF**	**PAYER CLAIM CONTROL NUMBER 2300**		(Required when CLM05-03 indicates replacement or void
R	01	REFERENCE IDENTIFICATION QUALIFIER	F8	to a previously adjudicated claim)
R	02	REFERENCE IDENTIFICATION		Original claim number
S	**REF**	**CLINICAL LABORATORY IMPROVEMENT AMENDMENT**	**(CLIA)**	**Facilities performing CLIA covered Laboratory services**
R	01	REFERENCE IDENTIFICATION QUALIFIER	X4	
R	02	REFERENCE IDENTIFICATION		Clinical Laboratory Improvement Amendment Number
S	**REF**	**MEDICAL RECORD NUMBER 2300**		ACTUAL MEDICAL RECORD OF THE PATIENT

R	01	REFERENCE IDENTIFICATION QUALIFIER	EA	Medical record qualifier
R	02	MEDICAL RECORD NUMBER		Medical record number
S	**NTE**	**CLAIM NOTE 2300**		
R	01	REFERENCE CODE	ADD, CER, DCP, DGN, TPO	Note reference code
R	02	MESSAGE		Free form data-Additional information
S	**CR1**	**AMBULANCE TRANSPORT INFORMATION 2300**		
S	101	UNIT OR BASIS FOR MEASUREMENT CODE	LB	USED WHEN JUSTIFYING MEDICAL NECESSITY
S	102	WEIGHT		MEASURES LEVEL OF AMBULANCE SERVICES
NOT USED	103	AMBULANCE TRANSPORT CODE		NOT USED
R	104	AMBULANCE TRANSPORT REASON CODE	A, B, C, D, E	Ambulance transport reason code
R	105	UNITS OR BASIS FOR MEASUREMENT CODE	DH	MILES
R	106	QUANTITY		NUMBER OF MILES - TRANSPORT DISTANCE
NOT USED	107	ADDRESS INFORMATION		NOT USED
NOT USED	108	ADDRESS INFORMATION		NOT USED
S	109	DESCRIPTION	FREEFORM	REQUIRED WHEN AMB SERVICE FOR ROUND TRIP
S	110	DESCRIPTION	FREEFORM	TO JUSTIFY USAGE OF STRETCHER
2300				
R	**HI**	**HEALTH CARE DIAGNOSIS CODE 2300**		
R	HI01	HEALTH CARE CODE INFORMATION		
R	HI01-1	CODE LIST QUALIFIER	ABK, BK	Principal diagnosis ICD-9 codes
R	HI01-2	DIAGNOSIS CODE		Diagnosis code
NOT USED	HI01-3	DATE, TIME PERIOD FORMAT		NOT USED
NOT USED	HI01-4	DATE TIME PERIOD		NOT USED
NOT USED	HI01-5	MONETARY AMOUNT		NOT USED
NOT USED	HI01-6	QUANITY		NOT USED
NOT USED	HI01-7	VERSION IDENTIFIER		NOT USED
NOT USED	HI01-8	INDUSTRY CODE		NOT USED
NOT USED	HI01-9	YES/NO CONDITION OR RESPONSE CODE		
S	HI02	HEALTH CARE CODE INFORMATION		
R	HI02-1	DIAGNOSIS TYPE CODE		
R	HI02-2	DIAGNOSIS CODE		DIAGNOSIS CODE
NOT USED	HI02-3	DATE, TIME PERIOD FORMAT		NOT USED
NOT USED	HI02-4	DATE TIME PERIOD		NOT USED
NOT USED	HI02-5	MONETARY AMOUNT		NOT USED
NOT USED	HI02-6	QUANTITY		NOT USED

NOT USED	HI02-7	VERSION IDENTIFIER		NOT USED
NOT USED	HI02-8	INDUSTRY CODE		NOT USED
NOT USED	HI02-9	YES/NO CONDITION OR RESPONSE CODE		NOT USED
S	HI03	HEALTH CARE CODE INFORMATION		DIAGNOSIS CODE
R	HI03-1	DIAGNOSIS TYPE CODE	ABF, BF	
R	HI03-2	DIAGNOSIS CODE		
				DIAGNOSIS CODE
S	HI03	HEALTH CARE CODE INFORMATION		
R	HI03-1	DIAGNOSIS TYPE CODE	ABF, BF	
R	HI03-2	DIAGNOSIS CODE		DIAGNOSIS CODE
NU	HI03-3	DATE TIME PERIOD FORMAT		NOT USED
S	HI04	HEALTH CARE CODE INFORMATION		DIAGNOSIS ICD-9 CODES
R	HI04-1	DIAGNOSIS TYPE CODE	ABF, BF	
R	HI04-2	DIAGNOSIS CODE		DIAGNOSIS CODE
S	HI05	HEALTH CARE CODE INFORMATION		
R	HI05-1	DIAGNOSIS TYPE CODE	ABF, BF	
R	HI05-2	DIAGNOSIS CODE		DIAGNOSIS CODE
S	HI06	HEALTH CARE CODE INFORMATION		
R	HI06-1	DIAGNOSIS TYPE CODE	ABF, BF	
R	HI06-2	DIAGNOSIS CODE		DIAGNOSIS CODE
S	HI07	HEALTH CARE CODE INFORMATION		
R	HI07-1	DIAGNOSIS TYPE CODE	ABF, BF	
R	HI07-2	DIAGNOSIS CODE		DIAGNOSIS CODE
S	HI07	HEALTH CARE CODE INFORMATION		
R	HI07-1	DIAGNOSIS TYPE CODE	ABF, BF	
R	HI07-2	DIAGNOSIS CODE		DIAGNOSIS CODE
S	HI08	HEALTH CARE CODE INFORMATION		
R	HI08-1	DIAGNOSIS TYPE CODE	ABF, BF	
R	HI08-2	DIAGNOSIS CODE		
Loop 2310A				
S	**NM1**	**REFERRING PROVIDER NAME 2310A**		
R	01	ENTITY IDENTIFIER CODE	DN	Referring provider

R	02	ENTITY TYPE	1	MUST BE A PERSON
R	03	LAST NAME		Referring physician last name
S	04	FIRST NAME		Referring physician first name
S	05	NAME MIDDLE		Referring physician middle initial
S	07	NAME SUFFIX		Referring physician suffix
S	08	IDENTIFICATION CODE QUALIFIER	XX	National Provider ID
S	09	IDENTIFICATION CODE		NPI Number
Loop 2310B				
S	**NM1**	**RENDERING PROVIDER NAME**		
R	01	ENTITY IDENTIFIER CODE	82	Rendering provider
R	02	ENTITY TYPE QUALIFIER	1	Person
R	03	NAME LAST OR ORGANIZATION NAME		Rendering provider last name
S	04	NAME FIRST		Rendering provider first name
S	05	NAME MIDDLE		Rendering provider middle initial
NOT USED	06	NAME PREFIX		NOT USED
S	07	NAME SUFFIX		Rendering provider suffix
S	08	IDENTIFICATION CODE QUALIFIER	XX	National Provider ID
S	09	IDENTIFICATION CODE		NPI Number
S	**PRV**	**RENDERING PROVIDER SPECIALTY**		
R	01	PROVIDER CODE	PE	Provider Code
R	02	REFERENCE IDENTIFICATION QUALIFER	PXC	Mutually Defined
R	03	REFERENCE IDENTIFICATION		Provider Taxonomy Code - Required if the provider has more than one specialty.
2310C				
R	**NM1**	**SERVICE FACILITY LOCATION 2310C**		
R	01	ENTITY IDENTIFIER CODE	77	77-Service location
R	02	ENTITY TYPE QUALIFIER	2	Non-person entity
S	03	NAME LAST OR ORGANIZATION NAME		Laboratory/facility name
NOT USED	04	NAME FIRST		NOT USED
NOT USED	05	NAME MIDDLE		NOT USED
NOT USED	06	NAME PREFIX		NOT USED
NOT USED	07	NAME SUFFIX		NOT USED
S	08	IDENTIFICATION CODE QUALIFIER	XX	National Provider ID
S	09	IDENTIFICATION CODE		NPI Number

S	**SBR**	**OTHER SUBSCRIBER INFORMATION 2320**		
R	01	PAYER RESPONSIBILITY SEQUENCE NUMBER	P, S	If claim is for secondary payer, then this should equal "P" for Primary Payer else "S" for Secondary Payer
R	02	INDIVIDUAL RELATIONSHIP CODE		Individual Relationship Code
S	03	REFERENCE IDENTIFICATION		Group number
S	04	NAME	FREEFORM	Group or plan name
R	05	INSURANCE TYPE CODE		Required when Medicare is other payer but not primary
NOT USED	06	COORDINATION OF BENEFITS		NOT USED
NOT USED	07	YES/NO CONDITION OR RESPONSE CODE		NOT USED
NOT USED	08	EMPLOYMENT STATUS CODE		NOT USED
S	09	CLAIM FILING INDICATOR CODE	WC, MB, MA, HM	Workers' Compensation Health Claim, Medicare Part B, Medicare Part A, Health maintenance organization
S	**CAS**	**LINE ADJUDICATION INFORMATION**		
R	01	CLAIM ADJUSTMENT GROUP CODE	PR, CO, CR, OA, PI	If multiple adjustment group codes available, the "PR" adjustment group code is required to be the first CAS segment sent
R	02	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
R	03	MONETARY AMOUNT		Adjusted Amount - Claim Level
S	04	QUANTITY		Adjusted Units - Claim Level
S	05	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	06	MONETARY AMOUNT		Adjusted Amount - Claim Level
S	07	QUANTITY		Adjusted Units - Claim Level
S	08	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	09	MONETARY AMOUNT		Adjusted Amount - Claim Level
S	10	QUANTITY		Adjusted Units - Claim Level
S	11	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	12	MONETARY AMOUNT		Adjusted Amount - Claim Level
S	13	QUANTITY		Adjusted Units - Claim Level
S	14	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	15	MONETARY AMOUNT		Adjusted Amount - Claim Level
S	16	QUANTITY		Adjusted Units - Claim Level

S	17	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	18	MONETARY AMOUNT		Adjusted Amount - Claim Level
S	19	QUANTITY		Adjusted Units - Claim Level
S	**AMT**	**COORDINATION OF BENEFITS (COB) PAYER PAID AMOUNT 2320**		
R	01	AMOUNT QUALIFIER	D	Payer amount paid
R	02	MONETARY AMOUNT		Amount Paid
S	**AMT**	**COORDINATION OF BENEFITS (COB TOTAL NON-COVERED AMOUNT 2320**		
NOT USED –	01	AMOUNT QUALIFIER CODE		
NOT USED –	02	MONETARY AMOUNT		NON-COVERED AMOUNT
R	**OI**	**Other Insurance Coverage Information**		
NOT USED	01	CLAIM FILING INDICATOR CODE		NOT USED
NOT USED	02	CLAIM SUBMISSION REASON CODE		NOT USED
R	03	YES/NO CONDITION REPONSE	Y, N, W	Assignment of Benefits Indicator
S	04	PATIENT SIGNATURE SOURCE CODE	P	Patient Signature Source Code
NOT USED	05	PROVIDER AGREEMENT CODE		NOT USED
R	06	RELEASE OF INFORMATION CODE	I, Y	Release of Information Code
S	**MOA**	**OUTPATIENT ADJUDICATION INFORMATION 2320**		**********
S	01	PERCENTAGE AS DECIMAL		REIMBURSEMENT RATE
S	02	MONETARY AMOUNT		REQUIRED WHEN RETURNED IN TNE REMITTANCE
S	03 - 07	REFERENCE IDENTIFICATION		ADVICE
S	08 - 09	MONETARY AMOUNT		**********
S	**NM1**	**OTHER SUBSCRIBER NAME 2330A**		
R	01	ENTITY IDENTIFIER CODE	IL	Insured or subscriber
R	02	ENTITY TYPE QUALIFIER	1	Person
R	03	NAME LAST		SUBSCRIBER LAST NAME
S	04	NAME FIRST		SUBSCRIBER FIRST NAME
S	05	NAME MIDDLE		NOT USED
NOT USED	06	NAME PREFIX		NOT USED
S	07	NAME SUFFIX		SUBSCRIBER SUFFIX

R	08	IDENTIFICATION CODE QUALIFIER	MI	MEMBER IDENTIFICATION
R	09	IDENTIFICATION CODE		SUBSCRIBER IDENTIFCATION NUMBER
Loop 2330B				
S	**NM1**	**OTHER PAYER NAME 2330B**		
R	01	ENTITY IDENTIFIER CODE	PR	PAYER
R	02	ENTITY TYPE QUALIFIER	2	NON-PERSON
R	03	ORGANIZATION NAME		OTHER PAYER ORGANIZATION NAME
S	**N3**	**OTHER PAYER ADDRESS**		
R	N301	OTHER PAYER ADDRESS LINE		
S	N302	OTHER PAYER ADDRESS LINE		
R	**N4**	**OTHER PAYER CITY/STATE/ZIP CODE**		
R	N401	OTHER PAYER CITY NAME		
S	N402	OTHER PAYER STATE/ZIP CODE		
Loop 2330C				
S	**NM1**	**OTHER PAYER REFERRING PROVIDER**		
R	01	ENTITY IDENTIFIER CODE	DN	
R	02	ENTITY TYPE QUALIFIER	1	
R	REF	OTHER PAYER REFERRING PROVIDER SECONDARY ID		
R	01	REFERENCE IDENTIFICATION QUALIFIER	OB, 1G, G2	
R	02	OTHER PAYER REFERRING PROVIDER SECONDARY		
Loop 2400				
R	**LX**	**SERVICE LINE NUMBER 2400**		
R	01	ASSIGNED NUMBER		Line counter
R	**SV1**	**PROFESSIONAL SERVICE 2400**		
R	01-1	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	ER, HC, IV, WK	HC-HCPCS codes,
R	01-2	PRODUCT/SERVICE ID		Procedure Code
S	01-3	PROCEDURE MODIFIER		Procedure Modifier 1
S	01-4	PROCEDURE MODIFIER		Procedure Modifier 2
S	01-5	PROCEDURE MODIFIER		Procedure Modifier 3
S	01-6	PROCEDURE MODIFIER		Procedure Modifier 4
S	01-7	DESCRIPTION	FREEFORM	DEFINITIVE DESCRIPTION OF PROCEDURE CODE
NOT USED	01-08	PRODUCT/ SERVICE ID		Line-item charge amount
R	SV102	MONETARY AMOUNT		**"0" ZERO IS AN ACCEPTABLE VALUE**
R	SV103	MINUTES (ANESTHESIA)	MJ	MINUTES - Effective 7/1/2010
R	SV104	QUANTITY		MINUTES

S	05	FACILITY CODE VALUE		Place of service
NOT USED	06	SERVICE TYPE CODE		NOT USED
R	07	DIAGNOSIS CODE POINTER		
R	07-1	DIAGNOSIS CODE POINTER		Diagnosis Code Pointer
S	07-2	DIAGNOSIS CODE POINTER		Diagnosis Code Pointer
S	07-3	DIAGNOSIS CODE POINTER		Diagnosis Code Pointer
S	07-4	DIAGNOSIS CODE POINTER		Diagnosis Code Pointer
NOT USED	08	MONETARY AMOUNT		NOT USED
S	09	YES/NO INDICATOR	Y	Emergency indicator
NOT USED	10	MULTIPLE PROCEDUE CODE		NOT USED
S	11	YES/NO CONDITION OR RESPONSE CODE	Y	Y=EPSDT-MEDICAID SCREENING FOR CHILDREN
S	12	YES/NO CONDITION OR RESPONSE CODE	Y	
NOT USED	13	REVIEW CODE		NOT USED
NOT USED	14	NATIONAL OR LOCAL ASSIGNED REVIEW VALUE		NOT USED
S	15	COPAY STATUS CODE	0	COPAY EXEMPT
S	**SV5**	**DURABLE MEDICAL EQUIPMENT 2400**		
R	01	COMPOSITE MEDICAL PROCEDURE		TO IDENTIFY A MEDICAL PROCEDURE
R	01-1	PRODUCT/SERVICE ID QUALIFIER	HC	HCPCS CODES -
R	01-2	PRODUCT/SERVICE ID		PROCEDURE CODE-VALUE MUST EQUAL SV101-2
R	02	UNITS OR BASIS FOR MEASUREMENT CODE	DA	DAYS
R	03	QUANITY		LENGTH OF MEDICAL NECESSITY
R	04	MONETARY AMOUNT		DME RENTAL PRICE
R	05	MONETARY AMOUNT		DME PURCHASE PRICE
R	06	FREQUENCY CODE	1, 4, 6	FREQUENCY AT WHICH RENTAL IS BILLED(W-M-D)
S	**PWK**	**PWK - LINE SUPPLEMENTAL INFORMATION**		
R	01	REPORT CODE TYPE		TITLE OF SUPPORTING DOCUMENTATION REPORT
R	02	REPORT TRANSMISSION CODE	AA, BM, EL, EM, FT, FX	METHOD OR FORMAT OF TRANSMSSION
NOT USED	03 - 04			NOT USED
S	05	IDENTIFICATION CODE QUALIFIER	AC	
S	06	IDENTIFICATION CODE		ATTACHMENT CONTROL NUMBER
R	**DTP**	**DATE- SERVICE DATE**		
R	01	DATE/TIME QUALIFIER	472	SERVICE DATE QUALIFIER
R	02	DATE/TIME FORMAT	D8, RD8	Date Time Period Format Qualifier
R	03	DATE/TIME PERIOD	CCYYMMDD-CCYYMMDD	SERVICE DATE

Loop 2420A				
S	**NM1**	**RENDERING PROVIDER NAME**		
R	01	ENTITY IDENTIFIER CODE	82	RENDERING
R	02	ENTITY TYPE QUALIFIER	1	PERSON
R	03	NAME LAST		RENDERING PROVIDER LAST NAME
S	04	NAME FIRST		RENDERING PROVIDER FIRST NAME
S	05	NAME MIDDLE		RENDERING PROVIDER MIDDLE INITIAL
NOT USED	06	NAME PREFIX		NOT USED
S	07	NAME SUFFIX		RENDERING PROVIDER SUFFIX
S	08	IDENTIFICATION CODE QUALIFIER	XX	NATIONAL PROVIDER ID
S	09	IDENTIFICATION CODE		NPI NUMBER
Loop 2430				
S	**SVD**	**LINE ADJUDICATION INFORMATION 2430**		
R	01	IDENTIFICATION CODE		Other Payer Primary Identifier. This number should match NM109 in Loop ID-2330B identifying Other Payer.
R	02	MONETARY AMOUNT		Service Line Paid Amount. Zero "0" is an acceptable value for this element.
R	03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER		
R	03-1	PRODUCT/SERVICE ID QUALIFIER	HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
R	03-2	PRODUCT/SERVICE ID		Procedure Code
S	03-3	PROCEDURE MODIFIER		Procedure Modifier 1
S	03-4	PROCEDURE MODIFIER		Procedure Modifier 2
S	03-5	PROCEDURE MODIFIER		Procedure Modifier 3
S	03-6	PROCEDURE MODIFIER		Procedure Modifier 4
S	03-7	DESCRIPTION		Procedure Code Description
NOT USED	04	PRODUCT/SERVICE ID		NOT USED
R	05	QUANTITY		Paid Service Unit Count
S	06	ASSIGNED NUMBER		Bundled or Unbundled Line Number
S	**CAS**	**LINE ADJUDICATION INFORMATION 2430**		
R	01	CLAIM ADJUSTMENT GROUP CODE	PR, CO, CR, OA, PI	If multiple adjustment group codes available, the "PR" adjustment group code is required to be the first CAS segment sent.
R	02	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
R	03	MONETARY AMOUNT		Adjusted Amount - Line Level

S	04	QUANTITY		Adjusted Units - Line Level
S	05	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	06	MONETARY AMOUNT		Adjusted Amount - Line Level
S	07	QUANTITY		Adjusted Units - Line Level
S	08	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	09	MONETARY AMOUNT		Adjusted Amount - Line Level
S	10	QUANTITY		Adjusted Units - Line Level
S	11	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	12	MONETARY AMOUNT		Adjusted Amount - Line Level
S	13	QUANTITY		Adjusted Units - Line Level
S	14	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	15	MONETARY AMOUNT		Adjusted Amount - Line Level
S	16	QUANTITY		Adjusted Units - Line Level
S	17	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	Adjustment Reason Code. **CODE SOURCE 139:** Claim Adjustment Reason Code
S	18	MONETARY AMOUNT		Adjusted Amount - Line Level
S	19	QUANTITY		Adjusted Units - Line Level
S	**DTP**	**LINE Check or Remittance Date**		
R	01	DATE/TIME QUALIFIER	573	Date Claim Paid
R	02	DATE/TIME FORMAT	D8	Date Time Period Format Qualifier
R	03	DATE/TIME PERIOD	CCYYMMDD	Adjudication or Payment Date
R	**SE**	**TRANSACTION SET TRAILER**		
R	01	NUMBER OF INCLUDED SEGMENTS		Segment count
R	02	TRANSACTION SET CONTROL NUMBER		Unique number assigned by originator/must match ST 02
R	**GE**	**FUNCTIONAL GROUP TRAILER**		
R	01	NUMBER OF TRANSACTION SETS INCLUDED		Total number of transaction sets
R	02	GROUP CONTROL NUMBER		Assigned by sender
R	**IEA**	**INTERCHANGE CONTROL TRAILER**		
R	01	NUMBER OF INCLUDED FUNCTIONAL GROUPS		Number of groups in the interchange
R	02	INTERCHANGE CONTROL NUMBER	Assigned by sender	Must match ISA13

MVP Requirements for the ANSI 277CA Transaction - Health Care Claim Acknowledgment

Required	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
R	**ISA**	**INTERCHANGE CONTROL HEADER**		
R	01	AUTHORIZATION INFORMATION QUALIFIER	00	NO AUTHORIZATION INFORMATION PRESENT
R	02	AUTHORIZATION INFORMATION		BLANK
R	03	SECURITY INFORMATION	00	NO SECURITY INFORMATION PRESENT
R	04	SECURITY INFORMATION		BLANK
R	05	INTERCHANGE ID QUALIFIER	30	US FEDERAL TAX ID QUALIFIER
R	06	INTERCHANGE SENDER ID	141650868	SENDER TAX ID
R	07	INTERCHANGE ID QUALIFIER	30	US FEDERAL TAX ID QUALIFIER
R	08	INTERCHANGE RECEIVER ID		RECEIVER TAX ID
R	09	INTERCHANGE DATE	YYMMDD	DATE OF INTERCHANGE
R	10	INTERCHANGE TIME	HHMM	TIME OF INTERCHANGE
R	11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	U	US EDI COMMUNITY OF ASC X12
R	12	INTERCHANGE CONTROL VERSION NUMBER	00501	VERSION NUMBER
R	13	INTERCHANGE CONTROL NUMBER		ASSIGNED BY SENDER, MUST MATCH IEA02
R	14	ACKNOWLEDGEMENT REQUESTED	0	NO ACKNOWLEDGEMENT REQUESTED
R	15	USAGE INDICATOR	P OR T	PRODUCTION OR TEST
R	16	COMPONENT ELEMENT SEPARATOR	:	COMPOSITE DELIMITER
R	**GS**	**FUNCTIONAL GROUP HEADER**		
R	01	FUNCTIONAL IDENTIFIER CODE	HN	HEALTH CARE CLAIM STATUS NOTIFICATION
R	02	APPLICATION SENDER'S CODE	141650868	MVP HEALTH PLAN
R	03	APPLICATION RECEIVER'S CODE		CODE FOR RECEIVER
R	04	DATE	CCYYMMDD	FUNCTIONAL GROUP CREATION DATE
R	05	TIME	HHMM	CREATION TIME
R	06	GROUP CONTROL NUMBER		MUST MATCH GE02- ASSIGNED BY SENDER
	07	RESPONSIBLE AGENCY CODE	X	ACCREDITED STANDARDS COMMITTEE X12
R	08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X214	VERSION CODE
R	**ST**	**TRANSACTION SET HEADER**		
R	01	TRANSACTION SET IDENTIFIER CODE	277	HEALTH CARE CLAIM STATUS NOTIFICATION
R	02	TRANSACTION SET CONTROL NUMBER		MUST MATCH SE CONTROL NUMBER

R	03	IMPLEMENTATION CONVENTIONAL REFERENCE	005010X214	REFERENCE CODE
R	**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**		
R	01	HIERARCHICAL STRUCTURE CODE	0010	INFORMATION SOURCE
R	02	TRANSACTION SET PURPOSE CODE	08	STATUS
R	03	REFERENCE IDENTIFICATION		NUMBER USED TO IDENTIFY TRANSACTION
R	04	DATE	CCYYMMDD	TRANSACTION SET CREATION DATE
R	05	TIME	HHMMSS	TIME
R	06	TRANSACTION TYPE CODE	TH	ACKNOWLEDGEMENT ADVICE
	2000A			
R	**HL**	**HIERARCHICAL LEVEL 2000A - INFO SENDER LEVEL**		
R	01	HIERARCHICAL ID NUMBER		UNIQUE NUMBER ASSIGNED BY THE SENDER
NOT USED	02	HIERARCHICAL PARENT ID NUMBER		NOTE USED
R	03	HIERARCHICAL LEVEL CODE	20	INFORMATION SOURCE
R	04	HIERARCHICAL CHILD CODE	1	ADDITIONAL SUB HL DATA SEGMENT IN HIER STRUCTURE
	2100A			
R	**NM1**	**PAYER NAME 2100A**		
R	01	ENTITY IDENTIFIER CODE	PR	PAYER
R	02	ENTITY TYPE QUALIFIER	2	NON-PERSON
R	03	ORGANIZATION NAME	MVP HEALTH CARE	PAYER NAME
NOT USED	04	NAME FIRST		NOT USED
NOT USED	05	NAME MIDDLE		NOT USED
NOT USED	06	NAME PREFIX		NOT USED
NOT USED	07	NAME SUFFIX		NOT USED
R	08	IDENTIFICATION CODE QUALIFIER	PI	MVP ID
R	09	IDENTIFICATION CODE	141650868	MVP's TAX ID
	2200A			
R	**TRN**	**CLAIM SUBMITTER TRACE NUMBER 2200A**		
R	01	TRACE TYPE CODE	1	REFERENCED TRANSACTION TRACE NUMBER
R	02	REFERENCE IDENTIFICATION		MVP HEALTH CARE EXTERNAL CORE SYSTEM NUMBER.
R	**DTP**	**CLAIM SERVICE DATE 2200A**		
R	01	DATE/TIME QUALIFIER	050	CLAIM RECIEPT DATE
R	02	DATE PERIOD FORMAT QUALIFIER	D8	CCYYMMDD

R	03	DATE TIME PERIOD		CLAIM RECEIPT DATE
S	**DTP**	**CLAIM SERVICE DATE 2200A**		
R	01	DATE/TIME QUALIFIER	009	CLAIM PROCESS DATE
R	02	DATE PERIOD FORMAT QUALIFIER	D8	CCYYMMDD
R	03	DATE TIME PERIOD		CLAIM PROCESS DATE
	2000B			
R	**HL**	**HIERARCHICAL LEVEL 2000B - INFO RECEIVER LEVEL**		
R	01	HIERARCHICAL ID NUMBER		UNIQUE NUMBER ASSIGNED BY SENDER
R	02	HIERARCHICAL PARENT ID NUMBER		ID NUMBER OF NEXT HIGHER HIERARCHICAL SEG
R	03	HIERARCHICAL LEVEL CODE	21	INFORMATION RECEIVER
R	04	HIERARCHICAL CHILD CODE	1	ADDITIONAL SUBORDINATE HL
	2100B			
R	**NM1**	**INFORMATION RECEIVER NAME 2100B**		
R	01	ENTITY IDENTIFIER CODE	41	SUBMITTER
R	02	ENTITY TYPE QUALIFIER	1, 2	PERSON, NON-PERSON

R	03	ORGANIZATION NAME		LAST NAME, ORGANIZATION NAME
S	04	NAME FIRST		FIRST NAME
NOT USED	05	NAME MIDDLE		NOT USED
NOT USED	06	NAME PREFIX		NOT USED
NOT USED	07	NAME SUFFIX		NOT USED
R	08	IDENTIFICATION CODE QUALIFIER	FI	FEDERAL TAX ID
R	09	IDENTIFICATION CODE		VENDOR TAX ID
	2200B			
R	**TRN**	**CLAIM SUBMITTER TRACE NUMBER 2200B**		
R	01	TRACE TYPE CODE	2	REFERENCED TRANSACTION TRACE NUMBER
R	02	REFERENCE IDENTIFICATION		VALUE OF THE BHT03 DATA ELEMENT FROM THE SUBMITTED 837 CLAIM FILE
	2000C			
R	HL	HIERARCHICAL LEVEL 2000C **- SERVICE PROVIDER LEVEL**		
R	01	HIERARCHICAL ID NUMBER		UNIQUE NUMBER ASSIGNED BY SENDER
R	02	HIERARCHICAL PARENT ID NUMBER		NUMBER OF NEXT HIGHER HIERARCHICAL SEG
R	03	HIERARCHICAL LEVEL CODE	19	PROVIDER OF SERVICE

R	04	HIERARCHICAL CHILD CODE	1	ADDITIONAL SUBORDINATE HL DATA SEGMENT
	2100C			
R	NM1	PROVIDER NAME 2100C		
R	01	ENTITY IDENTIFIER CODE	1P	RENDERING PROVIDER
R	02	ENTITY TYPE QUALIFIER	1,2	PERSON, ORGANIZATION
R	03	NAME LAST		LAST NAME, ORGANIZATION NAME
S	04	NAME FIRST		FIRST NAME
S	05	NAME MIDDLE		MIDDLE INITIAL
NOT USED	06	NAME PREFIX		NOT USED
NOT USED	07	NAME SUFFIX		NOT USED
R	08	IDENTIFICATION CODE QUALIFIER	XX	Nation Provider ID
R	09	IDENTIFICATION CODE		NPI Number.

	2000D			
M	**HL**	**HIERARCHICAL LEVEL 2000D-PATIENT LEVEL**		
R	01	HIERARCHICAL ID NUMBER		UNIQUE NUMBER ASSIGNED BY SENDER
R	02	HIERARCHICAL PARENT ID NUMBER		NUMBER OF THE NEXT HIGHER HIERARCHICAL SEG
R	03	HIERARCHICAL LEVEL CODE	PT	PATIENT
R	04	HIERARCHICAL CHILD CODE	0	ADDITIONAL SUBORDINATE HL DATA SEGMENT
	2100D			
R	**NM1**	**PATIENT NAME 2100D**		
R	01	ENTITY IDENTIFIER CODE	QC	PATIENT
R	02	ENTITY QUALIFIER	1	PERSON
R	03	NAME LAST		PATIENT LAST NAME
S	04	NAME FIRST		PATIENT FIRST NAME
S	05	NAME MIDDLE		PATIENT MIDDLE INITIAL
NOT USED	06	NAME PREFIX		NOT USED
NOT USED	07	NAME SUFFIX		NOT USED
S	08	IDENTIFICATION CODE QUALIFIER	MI	PATIENT IDENTIFICATION
S	09	IDENTIFICATION CODE		MVP MEMBER ID NUMBER
	2200D			
R	**TRN**	**CLAIM SUBMITTER TRACE NUMBER 2200D**		
R	01	TRACE TYPE CODE	2	REFERENCED TRANSACTION TRACE NUMBER
R	02	REFERENCE IDENTIFICATION		PATIENT ACCOUNT NUMBER

R	STC	CLAIM LEVEL STATUS 2200D		
R	01	HEALTH CARE CLAIM STATUS		
R	01-1	INDUSTRY CODE		ANSI CATEGORY CODE FROM CODE SOURCE 507 **Note**: For a reference to MVP used codes see codes identified during the introduction of this document.
R	01-2	INDUSTRY CODE		ANSI STATUS CODE FROM CODE SOURCE 508 **Note**: For a reference to MVP used codes see codes identified during the introduction of this document.
S	01-3	ENTITY IDENTIFIER CODE		NOT USED
R	01-4	CODE LIST QUALIFIER CODE	65	HEALTH CARE CLAIM STATUS CODE
R	02	DATE		EFFECTIVE DATE
R	03	ACTION CODE	WQ	THE WQ INDICATES THAT IT IS NECESSARY TO REVIEW INFORMATION IN THE 2200D LOOP FOR INFORMATION ON THE STATUS OF INDIVIDUAL CLAIMS
R	04	MONETARY AMOUNT		TOTAL CLAIM CHARGES
NOT USED	05	MONETARY AMOUNT		NOT USED
NOT USED	06	DATE		NOT USED
NOT USED	07	PAYMENT METHOD CODE		NOT USED
NOT USED	08	DATE		NOT USED
NOT USED	09	CHECK NUMBER		NOT USED
S	10	HEALTH CARE CLAIM STATUS		ANSI CATEGORY CODE FROM CODE SOURCE 507
R	10-1	INDUSTRY CODE		**Note**: For a reference to MVP used codes see codes identified during the introduction of this document.
R	10-2	INDUSTRY CODE		ANSI STATUS CODE FROM CODE SOURCE 508 **Note**: For a reference to MVP used codes see codes identified during the introduction of this document.
NOT USED	10-3	ENTITY IDENTIFIER CODE		NOT USED
R	10-4	CODE LIST QUALIFIER CODE	65	HEALTH CARE CLAIM STATUS CODE
S	11	HEALTH CARE CLAIM STATUS		ANSI CATEGORY CODE FROM CODE SOURCE 507
R	11-1	INDUSTRY CODE		**Note**: For a reference to MVP used codes see codes identified during the introduction of this document.
R	11-2	INDUSTRY CODE		ANSI STATUS CODE FROM CODE SOURCE 508 **Note**: For a reference to MVP used codes see codes identified during the introduction of this document.
NOT USED	11-3	ENTITY IDENTIFIER CODE		NOT USED
S	11-4	CODE LIST QUALIFIER CODE	65	HEALTH CARE CLAIM STATUS CODE
S	12	FREE FORM MESSAGE TEXT		DESCRIPTION

S	**REF**	**PAYER CLAIM IDENTIFICATION NUMBER 2200D**		
R	01	REFERENCE IDENTIFICATION QUALIFIER	1K	PAYER'S CLAIM NUMBER
R	02	REFERENCE IDENTIFICATION		MVP HEATLH CARE'S EXTERNAL SYSTEM REFERANCE NUMBER. **Note:** This is not the same as the claim number used for payment.
S	**REF**	**PAYER CLAIM IDENTIFICATION NUMBER 2200D**		
R	01	REFERENCE IDENTIFICATION QUALIFIER	D9	SUBMITTER'S NUMBER
R	02	REFERENCE IDENTIFICATION		IDENTIFIER THAT WAS SUBMITTED BY THE TRADING PARTNER IN THE REF*D9 OF THE 837 CLAIM BEING ACKNOWLEDGED
S	**DTP**	**CLAIM SERVICE DATE 2200D**		
R	01	DATE/TIME QUALIFIER	232	CLAIM STATEMENT PERIOD START
R	02	DATE PERIOD FORMAT QUALIFIER	RD8	CCYYMMDD - CCYYMMDD
R	03	DATE TIME PERIOD		CLAIM SERVICE PERIOD
R	**SE**	**TRANSACTION SET TRAILER**		
R	01	NUMBER OF INCLUDED SEGMENTS		TOTAL NUM OF SEGMENTS
R	02	TRANSACTION SET CONTROL NUMBER		MUST BE IDENTICAL TO ST02
R	**GE**	**FUNCTIONAL GROUP TRAILER**		
R	01	NUMBER OF TRANSACTION SETS INCLUDED		Number of GS segments
R	02	GROUP CONTROL NUMBER		ASSIGNED BY SENDER
R	**IEA**	**INTERCHANGE CONTROL TRAILER**		
R	01	NUMBER OF INCLUDED FUNCTIONAL GROUPS		Number of GS segments
R	02	INTERCHANGE CONTROL NUMBER		ASSIGNED BY SENDER/MUST MATCH ISA13