HIPAA Transaction Standard Companion Guide

Refers to the Technical Reports Type 3 Based on ASC X12 version 005010X222A1

837 – Health Care Claim Professional

Companion Guide Version Number: 2.0

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Disclaimer

Florida Health Care Plan, Inc. (FHCP) *Companion Guide for EDI Transactions (Technical Reports, Type 3 (TR3)* provides guidelines in submitting electronic batch transactions. Because the HIPAA ASC X12- TR3s require transmitters and receivers to make certain determinations /elections (e.g., whether, or to what extent, situational data elements apply), this *Companion Guide* documents those determinations, elections, assumptions or data issues that are permitted to be specific to FHCP business processes when implementing the HIPAA ASC X12 5010 TR3s.

This Companion Guide does not replace or cover all segments specified in the HIPAA ASC X12 TR3s. It does not attempt to amend any of the requirements of the TR3s, or impose any additional obligations on trading partners of FHCP that are not permitted to be imposed by the HIPAA Standards for Electronic Transactions. This Companion Guide provides information on FHCP specific codes relevant to FHCP business processes and rules and situations that are within the parameters of HIPAA. Readers of this Companion Guide should be acquainted with the HIPAA ASC X12 TR3s, their structure, and content.

This Companion Guide provides supplemental information that exists between FHCP and its trading partners. In addition to this guide, trading partners should refer to their Trading Partner Agreement for guidelines, legal conditions surrounding the implementation of the electronic data interchange (EDI) transactions and code sets. Trading partners and all others should refer to this Companion Guide for Information on FHCP business rules or technical requirements regarding the implementation of HIPAA-compliant EDI transactions and code sets.

Nothing contained in this *Companion Guide* is intended to amend, revoke, contradict or otherwise alter the terms and conditions of your applicable Trading Partner Agreement. If there is an inconsistency between the terms of this *Companion Guide* and the terms of your applicable Trading Partner Agreement, the terms of the Trading Partner Agreement will govern. If there is an inconsistency between the terms of this *Companion Guide* and any terms of the TR3, the relevant TR3 will govern with respect to HIPAA edits, and this *Companion Guide* will control with respect to business edits.

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I. Introduction

What is HIPAA 5010?

The Health Insurance Portability and Accountability Act (HIPAA) require that the health care industry in the United States comply with the electronic data interchange (EDI) standards as established by the secretary of Health and Human Services. The ASC X12 005010X212 is the established standard for Claim Status Inquiry and Response (276/277).

Purpose of the Technical Reports Type 3 Guides

The TR3's, Technical Reports Type 3 Guide for the 837 Health Care Professional Claim transaction specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within segments, and was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to FHCP via your vendor.

How to Obtain Copies of the Technical Reports Type 3 Guides

TR3 Guides for ASC X12 005010X222A1 Health Care Professional Claim (837 – P) and all other HIPAA standard transactions are available electronically at http://www.wpc-edi.com.

Purpose of this 837 Companion Guide

This *Companion Guide* was created for FHCP trading partners to describe the data content, business rules, and characteristics of the applicable transaction.

ASC X12 Transactions Supported

FHCP processes the following ASCX12 837 005010X222A1 HIPAA transactions for Professional Claim Submissions

II. General Information

EDI Technical Assistance

To request technical assistance from FHCP, please send an email to edisupport@fhcp.com.

III. EDI Processing and Acknowledgements

The purpose of this section is to outline FHCP processes for handling the initial processing of incoming files and the electronic acknowledgment generation process.

EDI Processing Hours

The 837 Health Care Professional Claim transaction files can be transmitted seven days per week, 24 hours per day.

999 Implementation Acknowledgment

If requested a 999 file can be sent to confirm that a file was received and if there is any transaction errors (ASC X12 syntax and HIPAA compliance errors).

IV. Payer – Specific Requirements

The purpose of this section is to delineate specific data requirements where multiple valid values are presented within the 5010 TR3.

Common Definitions

- **Interchange control header (ISA06) Interchange Sender ID (Mailbox ID)** – is individually assigned to each trading partner.
- **Interchange control header (ISA08) Interchange Receiver ID** – is 263238817.
- **Interchange control header (ISA15) Usage Indicator** – defines whether the transaction is a test (T) or production (P).
- **Functional Group Header (GS02) Application Sender's code** – is individually assigned to each trading partner.

V. Control Segments & Envelopes

Global Information

Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
All Segments		Only loops, segments, and data elements valid for the 837 HIPAA-AS TR3 Guides ASC X12 005010X222 & ASC X12 005010X222A1 will be used for processing.
Negative Values		Submission of any negative values in the 837 transaction will not be processed or forwarded.
Date fields		All dates submitted on an incoming 837 Health Care Professional Claim must be a valid calendar date in the appropriate format based on the respective HIPAA-AS TR3 qualifier. Failure to do so may cause processing delays or rejection.
Batch Transaction Processing		Generally, FHCP Gateway accept transmissions 24 hours a day, 7 days a week.
All transactions		Health Care Professional Claims submitted with multiple patient events will be split into separate transactions and returned one at a time.
All transactions – B2B / EDI		FHCP requests to remove "-" (dashes) from all Tax Ids, SSNs and Zip codes.
All transactions		FHCP requires that you do not submit any special characters in any text fields.
Multiple Transmissions	All Segments	Any errors detected in a transaction set will result in the entire transaction set being rejected.

Loop ID – Segment Description & Element Name	Reference Description	Plan Requirement
All transactions 2010AA – Billing Provider Loop 2310B – Rendering Provider Loop	PRV03	FHCP requires **Provider Taxonomy Code** to be submitted in **PRV03**.
Interchange Control Header Functional Group Header/ Functional Group Trailer	GS – GE ISA - IEA	FHCP will only process one transaction type per GSGE (functional group). However, we will process multiple ST's within one (1) GS segment as long as they are all the same transaction type.

Enveloping Information – 837 Professional Claim Submission (Outbound to Payer)

Segment: **ISA Interchange Control Header**

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
ISA01	R	Authorization Information Qualifier	FHCP requires **00** in this field.
ISA02	R	Authorization Information	FHCP requires **10 spaces** in this field.
ISA03	R	Security Information Qualifier	FHCP requires **00** in this field.
ISA04	R	Security Information Qualifier	FHCP requires **10 spaces** in this field.
ISA05	R	Interchange ID Qualifier	FHCP requires **01** in this field.
ISA06	R	Interchange Sender ID	FHCP requires submission of your individually assigned FHCP sender mailbox number in this field.
ISA07	R	Interchange ID Qualifier	FHCP requires **ZZ** in this field.
ISA08	R	Interchange Receiver ID	FHCP will only accept the submission 263238817 in this field.
ISA09	R	Interchange Date	**YYMMDD** Requires submission of the relevant date of the interchange.
ISA10	R	Interchange Time	**HHMM** Requires submission of relevant time of the interchange.

Segment: ISA Interchange Control Header

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
ISA11	R	Repetition Separator	FHCP only accepts **{** as repetition separator for all transactions. Submitting delimiters other than this may cause an Interchange (transmission) to be rejected.
ISA12	R	Interchange Control Version Number	00501 – Draft Standards for Trial Use Approved by ASC X12, etc. FHCP requires submission of the above value in this field.
ISA13	R	Interchange Control Number	This is a unique control number that is assigned by the sender and the number in this field must be identical to the associated interchange trailer in the IEA02 segment.
ISA14	R	Acknowledgment Requested	**0** – No Interchange Acknowledgement Requested (TA1) **1** – Interchange Acknowledgement Requested (TA1) The TA1 will not be provided without a code value of 1 in the field.
ISA15	R	Usage Indicator	FHCP requires **P** in this field to indicate the data enclosed in this transaction is a production file.
ISA16	R	Component Element Separator	: Delimiter -------------------------------------- FHCP requires the use of the above delimiter to separate component data elements within a composite data structure.

Segment: **GS** Functional Group Header

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
GS01	R	Functional Identifier Code	**HC**– Health Care Claim – Professional FHCP requires submission of the above value in this field.
GS02	R	Application Sender's Code	FHCP requires the submission of the published Sender ID in this field, individually assigned to each trading partner
GS03	R	Application Receiver's Code	263238817 FHCP requires the submission of the above value in this field for 837 Professional Claim Submission, all others may cause rejection.
GS04	R	Date	**CCYYMMDD** FHCP requires submission of relevant date for the functional group creation date.
GS05	R	Time	**HHMM** FHCP requires the time associated with the creation of the functional group (reference GS04) expressed in the above format.
GS06	R	Group Control Number	This is a unique number that is assigned by the sender and the number in this field must be identical to the data element in the associated functional group trailer GE02.
GS07	R	Responsible Agency Code	**X** – Accredited Standards Committee X12 FHCP requires submission of the above value in this field.
GS08	R	Version/Release/Industry Identifier Code	**005010X222**

Segment: **GE** Functional Group Trailer

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
GE01	R	Number of Transaction Sets Included	FHCP requires the submission of the total number of transaction sets included in the functional group or interchange group terminated by the trailer (#).
GE02	R	Group Control Number	This is a unique number that is assigned by the sender and the number in this field must be identical to the same data element in the associated functional group header GS06.

Segment: **IEA** Interchange Control Trailer

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
IEA01	R	Number of Included Functional Groups	A count of the number (#) of functional groups included in an interchange.
IEA02	R	Interchange Control Number	A control number (#) assigned by the interchange sender.

Segment: **ST** Transaction Set Header

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
ST01	R	Transaction Set Identifier Code	**837** Health Care Claim
ST02	R	Transaction Set Control Number	An identifying control number assigned by the sender that must be unique within the transaction set functional group. The transaction set control number in the SE02 segment must be identical to the number in this field.
ST03	R	Implementation Convention Reference	Must contain **005010X222A1**.

Segment: **BHT** Beginning of Hierarchical Transaction

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
BHT01	R	Hierarchical Structure Code	**0019**: Information Source, Subscriber, Dependent
BHT02	R	Transaction Set Purpose Code	**00:** Original **18:** Reissue
BHT03	R	Reference Identification	Originator Application Transaction Identifier
BHT04	R	Date	Transaction Set Creation Date as CCYYMMDD
BHT05	R	Time	Time expressed in 24-hour clock time as follows:

Segment: **BHT Beginning of Hierarchical Transaction**

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
			HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD
BHT06	R	Transaction Type Code	**31**: Subrogation Demand **CH**: Chargeable **RP**: Reporting

<u>**Business Requirements**</u>

Loop 1000A: Submitter Name

Segment: **NM1 Submitter Name**

Loop: 1000A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**41:** Submitter
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person
NM103	R	Name Last	Submitter Last or Organization Name
NM104	S	Name First	First Name
NM105	S	Name Middle	Middle Name
NM108	R	Identification Code Qualifier	46: Electronic Transmitter Identification Number (ETIN)
NM109	R	Identification Code	FHCP requires the submission of the **Published Sender ID** in this data element.

Segment: PER Submitter Edi Contact Information

Loop: 1000A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
PER01	R	Contact Function Code	**IC** = Information Contact
PER02	S	Submitter Contact Name	Required when the contact name is different than the name contained in the Submitter Name segment of this loop and it is the first iteration of the Submitter EDI Contact Information Segment.
PER03	R	Communication Number Qualifier	**EM:** Electronic Mail **FX:** Facsimile **TE:** Telephone
PER04	R	Communication Number	Communication Number
PER05	S	Communication Number Qualifier	**EM:** Electronic Mail **FX:** Facsimile **TE:** Telephone
PER06	S	Communication Number	Communication Number
PER07	S	Communications Number Qualifier	**EM:** Electronic Mail **EX**: Telephone Extension **FX:** Facsimile **TE:** Telephone
PER08	S	Communications Number	Communication Number

Loop 1000B: Receiver Name

Segment: **NM1 Receiver Name**

Loop: 1000B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**40:** Receiver
NM102	R	Entity Type Qualifier	**2** Non-Person
NM103	R	Name Last	**FHCP** FHCP requests submission of above value in this field
NM108	R	Identification Code Qualifier	**46**: Electronic Transmitter Identification Number (ETIN)
NM109	R	Identification Code	263238817 FHCP requests submission of above value in this field.

Loop 2000A: Billing Provider Hierarchical Level

Segment: **HL Billing Provider Hierarchical Level**

Loop: 2000A

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL03	R	Hierarchical Level Code	**20:** Information Source
HL04	R	Hierarchical Child Code	**1** Additional Subordinate HL Data Segment in This Hierarchical Structure.

Segment: **PRV Billing Provider Specialty Information**

Loop: 2000A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PRV01	R	Provider Code	**BI:** Billing
PRV02	R	Reference Identification Qualifier	**PXC**: Health Care Provider Taxonomy Code
PRV03	R	Reference Identification	Provider Taxonomy Code

Loop 2010AA: Billing Provider Name

Segment: **NM1 Billing Provider Name**

Loop: 2010AA

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**85:** Billing Provider
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person
NM103	R	Name Last	Billing Provider Last or Organizational Name
NM104	S	Name First	Billing Provider First Name
NM105	S	Name Middle	Billing Provider Middle Name or Initial
NM107	S	Name Suffix	Billing Provider Name Suffix
NM108	S	Identification Code Qualifier	**XX**: Centers for Medicare and Medicaid Services National Provider Identifier
NM109	S	Identification Code	Billing Provider Identifier

Segment: N3 Billing Provider Address

Loop: 2010AA

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Billing Provider Address Line
N302	S	Second Address Information	Second Address Information

Segment: N4 Billing Provider City, State, Zip Code

Loop: 2010AA

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Billing Provider City Name
N402	S	State or Province Code	Billing Provider State or Province Code
N403	S	Postal Code	Billing Provider Postal Zone or ZIP Code. FHCP requires submission of 9 digit postal code.
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: **REF** Billing Provider Tax Identification

Loop: 2010AA

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**EI:** Employer's Identification Number **SY:** Social Security Number
REF02	R	Reference Identification	Billing Provider Tax Identification Number

Loop 2010AB: Pay-To Address Name

Segment: **NM1** Pay-To Address Name

Loop: 2010AB

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**87:** Pay-to Provider
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person

Segment: N3 Pay-To Address Address

Loop: 2010AB

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Pay-To Address Line
N302	S	Second Address Information	Second Address Information

Segment: N4 Pay-To Address City, State, Zip Code

Loop: 2010AB

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Pay-to Address City Name
N402	S	State or Province Code	Pay-to Address State Code
N403	S	Postal Code	Pay-to Address Postal Zone or ZIP Code. FHCP requires submission of 9 digit postal code.
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Loop 2010AC: Pay-to Plan Name

Segment: **NM1 Pay-to Plan Name**

Loop: 2010AC

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**PE:** Payee
NM102	R	Entity Type Qualifier	**2** Non-Person
NM103	R	Name Last	Pay-To Plan Organizational Name
NM108	R	Identification Code Qualifier	**PI:** Payor Identification **XV:** Centers for Medicare and Medicaid Services PlanID
NM109	R	Identification Code	Pay-To Plan Primary Identifier

Segment: **N3 Pay-to Plan Address**

Loop: 2010AC

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Pay-To Plan Address Line
N302	S	Second Address Information	Second Address Information

Segment: N4 Pay-to Plan City, State, Zip Code

Loop: 2010AC

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Pay-To Plan City Name
N402	S	State or Province Code	Pay-To Plan State or Province Code
N403	S	Postal Code	Pay-To Plan Postal Zone or ZIP Code. FHCP requires submission of 9 digit postal code.
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: REF Pay-To Plan Tax Identification Number

Loop: 2010AC

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**EI:** Employer's Identification Number
REF02	R	Reference Identification	Pay-To Plan Tax Identification Number

Loop 2000B: Subscriber Hierarchical Level

Segment: **HL** Subscriber Hierarchical Level

Loop: 2000B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code	**22**: Subscriber
HL04	R	Hierarchical Child Code	**0:** No Subordinate HL Segment in This Hierarchical Structure. **1**: Additional Subordinate HL Data Segment in This Hierarchical Structure.

Segment: **SBR** Subscriber Information

Loop: 2000B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
SBR01	R	Payer Responsibility Sequence Number Code	**A-U:** Applicable Code(s)
SBR02	S	Individual Relationship Code	**18:** Self

Segment: **SBR** Subscriber Information

Loop: 2000B

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
SBR03	S	Reference Identification	Subscriber Group or Policy Number
SBR04	S	Name	Subscriber Group Name
SBR05	S	Insurance Type Code	**12-47**: Applicable Code(s)
SBR09	S	Claim Filing Indicator Code	**11-17; AM-ZZ:** Applicable Code(s)

Loop 2010BA: Subscriber Name

Segment: **NM1** Subscriber Name

Loop: 2010BA

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**IL:** Insured or Subscriber
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person
NM103	R	Name Last	Subscriber Last Name
NM104	S	Name First	Subscriber First Name

Segment: **NM1** Subscriber Name

Loop: 2010BA

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM105	S	Name Middle	Subscriber Middle Name or Initial
NM107	S	Name Suffix	Subscriber Name Suffix
NM108	S	Identification Code Qualifier	**MI:** Member Identification Number
NM109	S	Identification Code	FHCP requires submission of the ID number (#) exactly as it appears on the FHCP ID card without using any embedded spaces (this includes any out of state Blue ID's) including any applicable alpha prefix or suffix.

Segment: **N3** Subscriber Address

Loop: 2010BA

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Subscriber Address Line
N302	S	Second Address Information	Second Address Information

Segment: **N4** Subscriber City, State, Zip Code

Loop: 2010BA

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Subscriber City Name
N402	S	State or Province Code	Subscriber State Code
N403	S	Postal Code	Subscriber Postal Zone or ZIP Code. FHCP requires submission of 9 digit postal code.
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: **DMG** Subscriber Demographic Information

Loop: 2010BA

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DMG01	R	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD
DMG02	R	Date time period- Member	Subscriber Birth Date
DMG03	R	Gender Code	**F,M,U** Applicable Code (s)

Segment: **REF Subscriber Secondary Identification**

Loop: 2010BA

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**SY:** Social Security Number
REF02	R	Reference Identification	Subscriber Supplemental Identifier

Loop 2010BB: Payer Name

Segment: **NM1 Payer Name**

Loop: 2010BB

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**PR:** Payer
NM102	R	Entity Type Qualifier	**2** Non-Person
NM103	R	Name Last	**FHCP**
NM108	R	Identification Code Qualifier	**PI:** Payer Identification
NM109	R	Identification Code	**59322 –** Florida Health Care Plans ID

Segment: **N3** Payer Address

Loop: 2010BB

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Payer Address Line
N302	S	Second Address Information	Second Address Information

Segment: **N4** Payer City, State, Zip Code

Loop: 2010BB

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Payer City Name
N402	S	State or Province Code	Payer State or Province Code
N403	S	Postal Code	Payer Postal Zone or ZIP Code. FHCP requires submission of 9 digit postal code.
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: **REF Payer Secondary Identification**

Loop: 2010BB

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**2U:** Payer Identification Number **EI:** Employer's Identification Number **FY:** Claim Office Number **NF:** National Association of Insurance Commissioners (NAIC) Code
REF02	R	Reference Identification	Payer Secondary Identifier

Loop 2000C: Patient Hierarchical Level

Segment: **HL Patient Hierarchical Level**

Loop: 2000C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HL01	R	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure
HL02	R	Hierarchical Parent ID Number	
HL03	R	Hierarchical Level Code	**23:** Dependent

Segment: **HL** Patient Hierarchical Level

Loop: 2000C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HL04	R	Hierarchical Child Code	**0:** No Subordinate HL Segment in This Hierarchical Structure.

Segment: **PAT** Patient Information

Loop: 2000C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
PAT01	R	Individual Relationship Code	**01** Spouse **19** Child **20** Employee **21** Unknown **39** Organ Donor **40** Cadaver Donor **53** Life Partner **G8** Other Relationship
PAT05	S	Date Time Period Format Qualifier	**D8**: Date Expressed in Format CCYYMMDD
PAT06	S	Date Time Period	Patient Death Date

Segment: PAT Patient Information

Loop: 2000C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
PAT07	S	Unit or Basis for Measurement Code	**01:** Actual Pounds
PAT08	S	Weight	Patient Weight
PAT09	S	Yes/No Condition or Response Code	Pregnancy Indicator

Loop 2010CA: Patient Name

Segment: NM1 Patient Name

Loop: 2010CA

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**QC:** Patient
NM102	R	Entity Type Qualifier	**1** Person
NM103	R	Name Last	Patient Last Name
NM104	S	Name First	Patient First Name

Segment: **NM1** Patient Name

Loop: 2010CA

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
NM105	S	Name Middle	Patient Middle Name or Initial
NM107	S	Name Suffix	Patient Name Suffix

Segment: **N3** Patient Address

Loop: 2010CA

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Patient Address Line
N302	S	Second Address Information	Second Address Information

Segment: **N4** Patient City, State, Zip Code

Loop: 2010CA

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Patient City Name
N402	S	State or Province Code	Patient State Code
N403	S	Postal Code	Patient Postal Zone or ZIP Code. FHCP requires submission of 9 digit postal code.
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: **DMG** Patient Demographic Information

Loop: 2010CA

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
DMG01	R	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD
DMG02	R	Date time period- Member	Patient Birth Date
DMG03	R	Gender Code	**F,M,U** Applicable Code (s)

Loop 2300: Claim Information

Segment: **CLM Claim Information**

Loop: 2300

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
CLM01	R	Claim Submitter's Identifier	Patient Control Number
CLM02	R	Monetary Amount	Total Claim Charge Amount. The total claim charge amount must equal the sum of all submitted line items. Failure to do so will result in claim rejection. Note: If the whole dollar amounts are sent in monetary elements, do not include the decimal or trailing zero (E.g. $30 = 30). When indicating the dollars & cents, the decimal must be indicated (E.g. $30.12 = 30.12).
CLM05	R	Health Care Service Location Information	Applies to all service lines unless it is over written at the line level
CLM05 -1	R	Facility Code Value	Place of Service Code
CLM05 -2	R	Facility Code Qualifier	**B:** Place of Service Codes for Professional or Dental Services
CLM05 -3	R	Claim Frequency Type Code	FHCP will accept applicable code(s) Note: When submitting the corrected claim, the original Reference Number (ICN/DCN) also known as the **Original Claim Number** is required to be sent in loop **2300 REF**. (REF01= **F8** qualifier for Original Reference Number, REF02 = **Original Claim Number**).
CLM06	R	Yes/No Condition or Response Code	Provider or Supplier Signature Indicator

Segment: **CLM Claim Information**

Loop: 2300

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
CLM07	R	Provider Accept Assignment Code	**A,B,C**: Applicable Code(s)
CLM08	R	Yes/No Condition or Response Code	Benefits Assignment Certification Indicator **N:** No **W:** Not Applicable **Y:** Yes
CLM09	R	Release of Information Code	**I:** Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes **Y**: Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
CLM10	S	Patient Signature Source Code	**P:** Signature generated by provider because the patient was not physically present for services
CLM11	S	Related-Causes Code	
CLM11 -1	S	Related-Causes Code	**AA:** Auto Accident **EM:** Employment **OA:** Other Accident
CLM11 -2	S	Related-Causes Code	Related Causes Code
CLM11 -4	S	State or Province Code	Auto Accident State or Province Code
CLM11 -5	S	Country Code	Code identifying the country

Segment: **CLM** Claim Information

Loop: 2300

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
CLM12	S	Special Program Code	**02**: Physically Handicapped Children's Program **03**: Special Federal Funding **05:** Disability **09:** Second Opinion or Surgery
CLM20	S	Delay Reason Code	**1-15:** Applicable Code(s)

Segment: **DTP** Date - Initial Treatment Date

Loop: 2300

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	**454:** Initial Treatment
DTP02	R	Date Time Period Format Qualifier	**D8** Date Expressed in Format CCYYMMDD
DTP03	R	Date Time Period	Initial Treatment Date

Segment: **DTP** Date - Admission

Loop: 2300

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	**435:** Admission
DTP02	R	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD
DTP03	R	Date Time Period	Related Hospitalization Admission Date

Segment: **DTP** Date - Discharge

Loop: 2300

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	**096:** Discharge
DTP02	R	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD
DTP03	R	Date Time Period	Related Hospitalization Discharge Date

Segment: AMT Patient Amount Paid

Loop: 2300

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AMT01	R	Amount Qualifier Code	**F5**: Patient Amount Paid
AMT02	R	Monetary Amount	Patient Amount Paid

Segment: HI Health Care Diagnosis Code

Loop: 2300

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HI01	R	Health Care Code Information	
HI01 - 1	R	Code List Qualifier Code	**ABK:** International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis **BK:** International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis
HI01 - 2	R	Industry Code	Diagnosis Code
HI02	S	Health Care Code Information	

Segment: **HI Health Care Diagnosis Code**

Loop: 2300

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HI02 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI02 - 2	R	Industry Code	Diagnosis Code
HI03	S	Health Care Code Information	
HI03 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI03 - 2	R	Industry Code	Diagnosis Code
HI04	S	Health Care Code Information	
HI04 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI04 - 2	R	Industry Code	Diagnosis Code
HI05	S	Health Care Code Information	
HI05 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis

Segment: **HI Health Care Diagnosis Code**

Loop: 2300

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HI05 - 2	R	Industry Code	Diagnosis Code
HI06	S	Health Care Code Information	
HI06 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI06 - 2	R	Industry Code	Diagnosis Code
HI07	S	Health Care Code Information	
HI07 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI07 - 2	R	Industry Code	Diagnosis Code
HI08	S	Health Care Code Information	
HI08 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI08 - 2	R	Industry Code	Diagnosis Code
HI09	S	Health Care Code Information	

Segment: **HI** Health Care Diagnosis Code

Loop: 2300

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HI09 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI09 - 2	R	Industry Code	Diagnosis Code
HI10	S	Health Care Code Information	
HI10 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI10 - 2	R	Industry Code	Diagnosis Code
HI11	S	Health Care Code Information	
HI11 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
HI11 - 2	R	Industry Code	Diagnosis Code
HI12	S	Health Care Code Information	
HI12 - 1	R	Code List Qualifier Code	**ABF:** International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis **BF:** International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis

Segment: **HI** Health Care Diagnosis Code

Loop: 2300

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
HI12 - 2	R	Industry Code	Diagnosis Code

Segment: **HI** Anesthesia Related Procedure

Loop: 2300

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI01	R	Health Care Code Information	
HI01 - 1	R	Code List Qualifier Code	**BP:** Health Care Financing Administration Common Procedural Coding System Principal Procedure
HI01 - 2	R	Industry Code	Anesthesia Related Surgical Procedure
HI02	S	Health Care Code Information	
HI02 - 1	R	Code List Qualifier Code	**BO:** Health Care Financing Administration Common Procedural Coding System
HI02 - 2	R	Industry Code	

Segment: **HI Condition Information**

Loop: 2300

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI01	R	Health Care Code Information	
HI01 - 1	R	Code List Qualifier Code	**BG:** Condition
HI01 - 2	R	Industry Code	Condition Code
HI02	S	Health Care Code Information	
HI02 - 1	R	Code List Qualifier Code	**BG:** Condition
HI02 - 2	R	Industry Code	Condition Code
HI03	S	Health Care Code Information	
HI03 - 1	R	Code List Qualifier Code	**BG:** Condition
HI03 - 2	R	Industry Code	Condition Code
HI04	S	Health Care Code Information	
HI04 - 1	R	Code List Qualifier Code	**BG:** Condition
HI04 - 2	R	Industry Code	Condition Code
HI05	S	Health Care Code Information	
HI05 - 1	R	Code List Qualifier Code	**BG:** Condition
HI05 - 2	R	Industry Code	Condition Code

Segment: **HI Condition Information**

Loop: 2300

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI06	S	Health Care Code Information	
HI06 - 1	R	Code List Qualifier Code	**BG:** Condition
HI06 - 2	R	Industry Code	Condition Code
HI07	S	Health Care Code Information	
HI07 - 1	R	Code List Qualifier Code	**BG:** Condition
HI07 - 2	R	Industry Code	Condition Code
HI08	S	Health Care Code Information	
HI08 - 1	R	Code List Qualifier Code	**BG:** Condition
HI08 - 2	R	Industry Code	Condition Code
HI09	S	Health Care Code Information	
HI09 - 1	R	Code List Qualifier Code	**BG:** Condition
HI09 - 2	R	Industry Code	Condition Code
HI10	S	Health Care Code Information	
HI10 - 1	R	Code List Qualifier Code	**BG:** Condition
HI10 - 2	R	Industry Code	Condition Code

Segment: **HI** Condition Information

Loop: 2300

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HI11	S	Health Care Code Information	
HI11 - 1	R	Code List Qualifier Code	**BG:** Condition
HI11 - 2	R	Industry Code	Condition Code
HI12	S	Health Care Code Information	
HI12 - 1	R	Code List Qualifier Code	**BG:** Condition
HI12 - 2	R	Industry Code	Condition Code

Segment: **HCP** Claim Pricing/Repricing Information

Loop: 2300

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HCP01	R	Pricing Methodology	**00-14;** Applicable code(s)
HCP02	R	Monetary Amount	Repriced Allowed Amount
HCP03	S	Monetary Amount	Repriced Saving Amount

Segment: **HCP Claim Pricing/Repricing Information**

Loop: 2300

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HCP04	S	Reference Identification	Repricing Organization Identifier
HCP05	S	Rate	Repricing Per Diem or Flat Rate Amount
HCP06	S	Reference Identification	Repriced Approved Ambulatory Patient Group Code
HCP07	S	Monetary Amount	Repriced Approved Ambulatory Patient Group Amount
HCP13	S	Reject Reason Code	**T1-T6**: Applicable Code(s)
HCP14	S	Policy Compliance Code	**1-5:** Applicable Code(s)
HCP15	S	Exception Code	**1-6:** Applicable Code(s)

Loop 2310A: Referring Provider Name

Segment: **NM1 Referring Provider Name**

Loop: 2310A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**DN:** Referring Provider **P3:** Primary Care Provider
NM102	R	Entity Type Qualifier	**1** Person
NM103	R	Name Last	Referring Provider Last Name
NM104	S	Name First	Referring Provider First Name
NM105	S	Name Middle	Referring Provider Middle Name or Initial
NM107	S	Name Suffix	Referring Provider Name Suffix
NM108	S	Identification Code Qualifier	**XX:** Centers for Medicare and Medicaid Services National Provider Identifier
NM109	S	Identification Code	Referring Provider Identifier

Segment: **REF Referring Provider Secondary Identification**

Loop: 2310A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**0B:** State License Number **1G:** Provider UPIN Number **G2:** Provider Commercial Number
REF02	R	Reference Identification	Referring Provider Secondary Identifier

Loop 2310B: Rendering Provider Name

Segment: **NM1 Rendering Provider Name**

Loop: 2310B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**82:** Rendering Provider
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person
NM103	R	Name Last	Rendering Provider Last or Organization Name
NM104	S	Name First	Rendering Provider First Name

Segment: **NM1** Rendering Provider Name

Loop: 2310B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM105	S	Name Middle	Rendering Provider Middle Name or Initial
NM107	S	Name Suffix	Rendering Provider Name Suffix
NM108	S	Identification Code Qualifier	**XX:** Centers for Medicare and Medicaid Services National Provider Identifier
NM109	S	Identification Code	Referring Provider Identifier

Segment: **PRV** Rendering Provider Specialty Information

Loop: 2310B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PRV01	R	Provider Code	**PE:** Performing
PRV02	R	Reference Identification Qualifier	**PXC**: Health Care Provider Taxonomy Code
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment: **REF Rendering Provider Secondary Identification**

Loop: 2310B

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**0B:** State License Number **1G:** Provider UPIN Number **G2:** Provider Commercial Number **LU:** Location Number
REF02	R	Reference Identification	Rendering Provider Secondary Identifier

Loop 2310C: Service Facility Location Name

Segment: **NM1 Service Facility Location Name**

Loop: 2310C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
			Billing Requirements for Blue Medicare Non-Participating Providers Providers who **do not participate** in the applicable Medicare network for the member, should bill as they would for a Medicare member and file the claim to FHCP. FHCP reimburses Medicare non-participating providers the prevailing Medicare rate (less the member's cost share) for the service area in which the service is rendered for Medicare members. Standard

Segment: **NM1** Service Facility Location Name

Loop: 2310C

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
			Medicare billing requirements apply including the following:
NM101	R	Entity Identifier Code	**77:** Service Location
NM102	R	Entity Type Qualifier	**2** Non-Person
NM103	R	Name Last or Organization Name	Laboratory or Facility Name
NM108	S	Identification Code Qualifier	**XX:** Centers for Medicare and Medicaid Services National Provider Identifier
NM109	S	Identification Code	Laboratory or Facility Primary Identifier

Segment: **N3** Service Facility Location Address

Loop: 2310C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N301	R	Address Information	Laboratory or Facility Address Line
N302	S	Second Address Information	Second Address Information

Segment: **N4** Service Facility Location City, State, Zip Code

Loop: 2310C

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
N401	R	City Name	Laboratory or Facility City Name
N402	S	State or Province Code	Laboratory or Facility State or Province Code
N403	S	Postal Code	Laboratory or Facility Postal Zone or ZIP Code. FHCP requires submission of 9 digit postal code.
N404	S	Country Code	Code identifying the country
N407	S	Country Subdivision Code	Code identifying the country subdivision

Segment: **REF** Service Facility Location Secondary Identification

Loop: 2310C

Usage: Situational

Element Summary

Ref Des		Element Name	Element Note
REF01	R	Reference Identification Qualifier	**0B:** State License Number **G2:** Provider Commercial Number **LU:** Location Number
REF02	R	Reference Identification	Laboratory or Facility Secondary Identifier

Loop 2320: Other Subscriber Information

Segment: **SBR Subscriber Information**

Loop: 2320

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
SBR01	R	Payer Responsibility Sequence Number Code	**A-U:** Applicable Code(s)
SBR02	R	Individual Relationship Code	**01-53; G8:** Applicable Code(s)
SBR03	S	Reference Identification	Insured Group or Policy Number
SBR04	S	Name	Other Insured Group Name
SBR05	S	Insurance Type Code	**12-47**: Applicable Code(s)
SBR09	S	Claim Filing Indicator Code	**11-17; AM-ZZ:** Applicable Code(s) If **MB** is used in **SBR09** to indicate **Medicare Part B** as the other payer, then send **F8** (Original Reference Number) in **REF01** and **Medicare ICN** (Original Reference Number) in **REF02**.

Segment: **CAS Claim Level Adjustments**

Loop: 2320

Usage: Situational: required if FHCP is secondary

Element Summary

Ref Des	Usage	Element Name	Element Note
CAS01	R	Claim Adjustment Group Code	**CO:** Contractual Obligations **CR:** Correction and Reversals **OA:** Other adjustments **PI:** Payor Initiated Reductions **PR:** Patient Responsibility
CAS02	R	Claim Adjustment Reason Code	Adjustment Reason Code
CAS03	R	Monetary Amount	Adjustment Amount
CAS04	S	Quantity	Adjustment Quantity
CAS05	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS06	S	Monetary Amount	Adjustment Amount
CAS07	S	Quantity	Adjustment Quantity
CAS08	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS09	S	Monetary Amount	Adjustment Amount
CAS10	S	Quantity	Adjustment Quantity
CAS11	S	Claim Adjustment Reason Code	Adjustment Reason Code

Segment: **CAS** Claim Level Adjustments

Loop: 2320

Usage: Situational: required if FHCP is secondary

Element Summary

Ref Des	Usage	Element Name	Element Note
CAS12	S	Monetary Amount	Adjustment Amount
CAS13	S	Quantity	Adjustment Quantity
CAS14	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS15	S	Monetary Amount	Adjustment Amount
CAS16	S	Quantity	Adjustment Quantity
CAS17	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS18	S	Monetary Amount	Adjustment Amount
CAS19	S	Quantity	Adjustment Quantity

Segment: **AMT** Coordination Of Benefits (COB) Payer Paid Amount

Loop: 2320

Usage: Situational: required if FHCP is secondary

Element Summary

Ref Des	Usage	Element Name	Element Note
AMT01	R	Amount Qualifier Code	**D**: Payor Amount Paid
AMT02	R	Monetary Amount	Payer Paid Amount

Segment: **AMT** Coordination Of Benefits (COB) Total Non-Covered Amount

Loop: 2320

Usage: Situational

Element Summary

Ref Des		Element Name	Element Note
AMT01	R	Amount Qualifier Code	**A8:** Noncovered Charges - Actual
AMT02	R	Monetary Amount	Non-Covered Charge Amount

Segment: **AMT** Remaining Patient Liability

Loop: 2320

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
AMT01	R	Amount Qualifier Code	**EAF:** Amount Owed
AMT02	R	Monetary Amount	Remaining Patient Liability

Segment: **OI** Other Insurance Coverage Information

Loop: 2320

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
OI03	R	Yes/No Condition or Response Code	Benefits Assignment Certification Indicator
OI04	S	Patient Signature Source Code	**P**: Signature generated by provider because the patient was not physically present for services
OI06	R	Release of Information Code	**I:** Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes **Y:** Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

Loop 2400: Service Line Number

Segment: **LX** Service Line Number

Loop: 2400

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
LX01	R	Assigned Number	Number assigned for differentiation within a transaction set

Segment: **SV1** Professional Service

Loop: 2400

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
SV101	R	Composite Medical Procedure Identifier	To identify a medical procedure by its standardized codes and applicable modifiers
SV101 - 1	R	Product/Service ID Qualifier	**HC**: Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
SV101 - 2	R	Product/Service ID	Procedure Code
SV101 - 3	S	Procedure Modifier	
SV101 - 4	S	Procedure Modifier	
SV101 - 5	S	Procedure Modifier	

Segment:	**SV1 Professional Service**
Loop:	2400
Usage:	Required

Element Summary

Ref Des	Usage	Element Name	Element Note
SV101 - 6	S	Procedure Modifier	
SV101 - 7	S	Description	
SV102	R	Monetary Amount	Line Item Charge Amount
SV103	R	Unit or Basis for Measurement Code	**MJ**: Minutes **UN:** Unit
SV104	R	Quantity	Service Unit Count
SV105	S	Facility Code Value	Place of Service Code
SV107	R	Composite Diagnosis Code Pointer	
SV107 - 1	R	Diagnosis Code Pointer	Identifies the primary diagnosis code for this service line
SV107 - 2	S	Diagnosis Code Pointer	Identifies the second diagnosis code for this service line
SV107 - 3	S	Diagnosis Code Pointer	Identifies the third diagnosis code for this service line
SV107 - 4	S	Diagnosis Code Pointer	Identifies the fourth diagnosis code for this service line
SV109	S	Yes/No Condition or Response Code	Emergency Indicator

Segment: **SV1** Professional Service

Loop: 2400

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
SV111	S	Yes/No Condition or Response Code	EPSDT Indicator
SV112	S	Yes/No Condition or Response Code	Family Planning Indicator
SV115	S	Copay Status Code	Co-Pay Status Code

Segment: **DTP** Date - Service Date

Loop: 2400

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	**472:** Service
DTP02	R	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD **RD8:** Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
DTP03	R	Date Time Period	Service Date. If RD8 is used in DTP02, provide admission date and discharge date.

Segment: **HCP** **Line Pricing/Repricing Information**

Loop: 2400

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
HCP01	R	Pricing Methodology	**00-14;** Applicable code(s)
HCP02	R	Monetary Amount	Repriced Allowed Amount
HCP03	S	Monetary Amount	Repriced Saving Amount
HCP04	S	Reference Identification	Repricing Organization Identifier
HCP05	S	Rate	Repricing Per Diem or Flat Rate Amount
HCP06	S	Reference Identification	Repriced Approved Ambulatory Patient Group Code
HCP07	S	Monetary Amount	Repriced Approved Ambulatory Patient Group Amount
HCP09	S	Product/Service ID Qualifier	**ER**: Jurisdiction Specific Procedure and Supply Codes **HC**: Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes **IV**: Home Infusion EDI Coalition (HIEC) Product/Service Code **WK**: Advanced Billing Concepts (ABC) Codes
HCP10	S	Product/Service ID	Repriced Approved HCPCS Code
HCP11	S	Unit or Basis for Measurement Code	**MJ** Minutes

Segment: **HCP Line Pricing/Repricing Information**

Loop: 2400

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
			UN Unit
HCP12	S	Quantity	Repriced Approved Service Unit Count
HCP13	S	Reject Reason Code	**T1-T6**: Applicable Code(s)
HCP14	S	Policy Compliance Code	**1-5:** Applicable Code(s)
HCP15	S	Exception Code	**1-6:** Applicable Code(s)

Loop 2420A: Rendering Provider Name

Segment: **NM1 Rendering Provider Name**

Loop: 2420A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM101	R	Entity Identifier Code	**82:** Rendering Provider
NM102	R	Entity Type Qualifier	**1** Person **2** Non-Person

Segment: **NM1** Rendering Provider Name

Loop: 2420A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
NM103	R	Name Last or Organization Name	Rendering Provider Last or Organization Name
NM104	S	Name First	Rendering Provider First Name
NM105	S	Name Middle	Rendering Provider Middle Name or Initial
NM107	S	Name Suffix	Rendering Provider Name Suffix
NM108	S	Identification Code Qualifier	**XX:** Centers for Medicare and Medicaid Services National Provider Identifier
NM109	S	Identification Code	Rendering Provider Identifier

Segment: **PRV** Rendering Provider Specialty Information

Loop: 2420A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PRV01	R	Provider Code	**PE:** Performing
PRV02	R	Reference Identification Qualifier	**PXC**: Health Care Provider Taxonomy Code

Segment: **PRV** Rendering Provider Specialty Information

Loop: 2420A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment: **REF** Rendering Provider Secondary Identification

Loop: 2420A

Usage: Situational

Element Summary

Ref Des	Usage	Element Name	Element Note
REF01	R	Reference Identification Qualifier	**0B:** State License Number **1G:** Provider UPIN Number **G2:** Provider Commercial Number **LU:** Location Number
REF02	R	Reference Identification	Rendering Provider Secondary Identifier
REF04	S	Reference Identifier	
REF04 -1	R	Reference Identification Qualifier	**2U:** Payer Identification Number
REF04 -2	R	Reference Identification	Other Payer Primary Identifier

Loop 2430: Line Adjudication Information

Segment: **SVD Line Adjudication Information**

Loop: 2430

Usage: Situational: Required if Medicare is primary and FHCP is secondary

Element Summary

Ref Des	Usage	Element Name	Element Note
SVD01	R	Identification Code	Other Payer Primary Identifier
SVD02	R	Monetary Amount	Service Line Paid Amount
SVD03	R	Composite Medical Procedure Identifier	
SVD03 -1	R	Product/Service ID Qualifier	**ER**: Jurisdiction Specific Procedure and Supply Codes **HC**: Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes **IV**: Home Infusion EDI Coalition (HIEC) Product/Service Code **WK**: Advanced Billing Concepts (ABC) Codes
SVD03 -2	R	Product/Service ID	Procedure Code
SVD03 -3	S	Procedure Modifier	
SVD03 -4	S	Procedure Modifier	
SVD03 -5	S	Procedure Modifier	
SVD03 -6	S	Procedure Modifier	
SVD03 -7	S	Description	Procedure Code Description

Segment: **SVD** Line Adjudication Information

Loop: 2430

Usage: Situational: Required if Medicare is primary and FHCP is secondary

Element Summary

Ref Des	Usage	Element Name	Element Note
SVD05	R	Quantity	Paid Service Unit Count
SVD06	S	Assigned Number	Bundled or Unbundled Line Number

Segment: **CAS** Line Adjustments

Loop: 2430

Usage: Situational: Required if Medicare is primary and FHCP is secondary

Element Summary

Ref Des	Usage	Element Name	Element Note
CAS01	R	Claim Adjustment Group Code	**CO:** Contractual Obligations **CR:** Correction and Reversals **OA:** Other adjustments **PI:** Payor Initiated Reductions **PR:** Patient Responsibility
CAS02	R	Claim Adjustment Reason Code	Adjustment Reason Code
CAS03	R	Monetary Amount	Adjustment Amount

Segment: **CAS Line Adjustments**

Loop: 2430

Usage: Situational: Required if Medicare is primary and FHCP is secondary

Element Summary

Ref Des	Usage	Element Name	Element Note
CAS04	S	Quantity	Adjustment Quantity
CAS05	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS06	S	Monetary Amount	Adjustment Amount
CAS07	S	Quantity	Adjustment Quantity
CAS08	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS09	S	Monetary Amount	Adjustment Amount
CAS10	S	Quantity	Adjustment Quantity
CAS11	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS12	S	Monetary Amount	Adjustment Amount
CAS13	S	Quantity	Adjustment Quantity
CAS14	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS15	S	Monetary Amount	Adjustment Amount
CAS16	S	Quantity	Adjustment Quantity

Segment: **CAS** Line Adjustments

Loop: 2430

Usage: Situational: Required if Medicare is primary and FHCP is secondary

Element Summary

Ref Des	Usage	Element Name	Element Note
CAS17	S	Claim Adjustment Reason Code	Adjustment Reason Code
CAS18	S	Monetary Amount	Adjustment Amount
CAS19	S	Quantity	Adjustment Quantity

Segment: **DTP** Line Check Or Remittance Date

Loop: 2430

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
DTP01	R	Date/Time Qualifier	**573:** Date Claim Paid
DTP02	R	Date Time Period Format Qualifier	**D8:** Date Expressed in Format CCYYMMDD
DTP03	R	Date Time Period	Adjudication or Payment Date

Segment: SE Transaction Set Trailer

Usage: Required

Element Summary

Ref Des	Usage	Element Name	Element Note
SE01	R	Number of Included Segments	Transaction Segment Count
SE02	R	Transaction Set Control Number	

VI. Direct Connect with FHCP

FHCP offers a Direct Connect alternative compared to traditional Clearinghouse to receive the 837 transaction. Each Direct Connect option is unique per provider and transactions are sent via a secured FTP. For questions regarding EDI submission, testing, enrollment, or setup please contact FHCP EDI support at: edisupport@fhcp.com or call 386-615-4090