



Standard Companion Guide Transaction Information

Instructions Related to Transactions Based on ASC X12 Implementation Guide, Version 005010 Institutional 005010X223A2

PHC Companion Guide Version Number: 1.1

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2014 © Companion Guide (CG) developed by Partnership HealthPlan of California based on the CORE v5010 Master Companion Guide template, issued in March 2011.

http://www.caqh.org/CORE_phase3.php

<http://www.caqh.org/pdf/CLEAN5010/MasterCompGuidTemp-v5010.pdf>

Preface

This Companion Guide (CG) has been developed by Partnership HealthPlan of California (PHC) and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) Health Care Claim: Institutional version 005010X223A2.

This document is for clarification purposes only and is intended to assist in the submission of 837P transactions to PHC. It is not intended to include all claim filing guidelines or in any way to exceed the requirements or usage of data expressed in the TR3.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

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Transaction Instruction (TI)

1 TI Introduction

Background

Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

Compliance According to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s)
- Change the meaning or intent of the standard’s implementation specification(s)

Compliance According to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory or clarifying content contained in the implementation guide
- Modifying any requirement contained in the implementation guide

Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2 **Included ASC X12 Implementation Guide**

This table lists the X12N Implementation Guides for which specific transaction instructions apply and which are included in Section 3 of this document.

Unique ID	Health Care Claim
005010X223A2	I (837)

3 Enrollment and Testing

Enrollment

The **837 Claims Enrollment & Payer Agreement Document** should be completed and signed by the Trading Partner and the Billing Provider. The Trading Partner is the party that submits electronic claims directly to Partnership HealthPlan of California (PHC). The Trading Partner and the Billing Provider representatives that sign the **837 Claims Enrollment & Payer Agreement Document** indicate that the Trading Partner is authorized to submit claim transactions in HIPAA compliant ANSI X12 formats on behalf of the Billing Provider.

Billing Provider should continue to submit paper claims until they receive notification that the Trading Partner has been approved to submit electronic claims to PHC on behalf of the Billing Provider listed in the **837 Claims Enrollment & Payer Agreement Document**.

Partnership HealthPlan of CA accepts electronic files in the HIPAA compliant 5010 version of ANSI X12837 file formats.

The completed **837 Claims Enrollment & Payer Agreement Document** should be faxed or emailed to:

E-Mail: EDI-Enrollment-Testing@partnershiphp.org

Fax: 707-863-4390

After the completed **837 Claims Enrollment & Payer Agreement Document** are received, our EDI Team will process it and email the Trading Partner regarding enrollment completion or testing requirements. New Trading Partners will be assigned a submitter ID and will be provided with connection details for EDI file transmissions.

To enroll providers for 835 electronic remittance advice files, please complete the form titled “**835 ERA Enrollment & Payer Agreement Document**.”

Trading Partners should not submit electronic claims on behalf of the billing provider until they receive confirmation from PHC that enrollment is complete and that the Billing Provider’s NPI number has been set up for electronic claims submission.

The **837 Claims Enrollment & Payer Agreement Document** can be found on PHC’s website:

http://www.partnershiphp.org/Provider/EDI_Pubs.htm

Testing

To enroll for electronic claims submissions to Partnership HealthPlan of California (PHC), a HIPAA compliant ANSI X12 837 test file needs to be submitted for each billing provider (NPI#) and have it validated and approved by PHC. Please prepare a test file according to the below requirements. If you are using a clearing house, third party vendor or billing entity, please work with them in submitting a test file on behalf of the billing provider. **Please see below test file requirements.**

(Please contact our EDI Enrollment and Testing team if one has not been assigned or if you could not find the one assigned by PHC).

- Submitter ID assigned by PHC must be sent in ISA06 and GS02 of 837 files.
- Only one billing NPI per test file.
- A minimum of 10 test claims is recommended for each test file.
- The test claims should include variety of services that the provider normally bills.
- The testing process begins once the test file has been received.

The first stage is the EDI compliance check. At this stage, we check to confirm your file(s) are 837 HIPAA compliant. If your test file fails for compliance, we will notify you with the error detail and you will be asked to correct the errors and resend the test file.

The second stage is our claims check. Our Claims Department will review the test claims to ensure that the claims requirements are met and processed correctly.

After testing is complete, you will be notified via email about when you may begin submitting production files.

Also please note the following when submitting test files:

1. Include the word “**TEST**” in the file name.

Example: TEST_NPI#_SubmissionDate

2. Use the test indicator of “**T**” in the ISA Interchange Control Header

3. Send an email notification with the name of the test file to the following email address:

EDI-Enrollment-Testing@partnershiphp.org

4 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

005010X212 Health Care Claim Status Response (277CA)

Loop ID	Reference	Name	Codes	Notes/Comments
2100A	NM1	Payer Name		
2100A	NM103	Payer Name		PHC will populate this segment with: PARTNERSHIP HEALTHPLAN OF CA
	NM109	Payer Primary Identifier		PHC will populate this segment with: Submitter Identifier (ETIN)

Response reports generated back to the Trading Partner

The following response reports generate back to the trading partner for production files that were run.

999_filename.txt – Confirmation receipt that file was received and processing has begun. This report is a HIPAA Compliant report.

GOO_filename.txt – Confirmation of the good data in the file that passed compliance edits.

277CA_filename.txt – Indicates which claims were rejected or accepted into claims adjudication. This report is a HIPAA Compliant report.

STS_filename.txt – Written explanation of which claims in the file were rejected or accepted into claims adjudication. (Same information provided in the 277CA report, different format)

BAD_filename.txt – Identifies the bad data in the file that did not pass compliance. Notification that the file transaction set **did not** pass compliance. All claims within the errored or bad transaction set must be resubmitted.

ERR_filename.txt – Written description of compliance error(s). Notification that the file transaction set **did not** pass compliance. The compliance errors are identified in the ERR report must be corrected. All claims within the error or bad transaction set must be resubmitted.

The list of 277 rejection reasons can be found here:
http://www.partnershiphp.org/Provider/EDI_Pubs.htm

5 Transmissions (SFTP)

Secure File Transfer Options

In compliance with HIPAA security regulations, Partnership HealthPlan of California (PHC) offers two secure file transfer options to send and receive files: **SFTP File Transfer & Web Access**. PHC sets up a mailbox on our secure FTP server and assigns a username and password. PHC grants users access to both file transfer methods and users may switch back and forth between methods as desired. Both file transfer options access the same mailbox on our secure server. The same username and password will work for both the SFTP File Transfer Method and for the Web Access Method.

Secure FTP is one of the standard ways to automate file transfers to and from PHC. Users may access their mailbox folders using any standard secure FTP client. The same username and password that is assigned by PHC will work for both the Web Access Method and the SFTP File Transfer Method. Both file transfer options allow the user to access the same mailbox on our secure server.

Instructions on where and how to send and receive files using Web Access Method

Please use the information below to send or receive files to/from Partnership HealthPlan of California (PHC) using a standard SFTP client.




Host Name: **sftp.partnershiphp.org**

User Name: (user name assigned by PHC)

Password: (password assigned by PHC)

Port: **22**

Folder Accessibility

- a. Files submitted to the  folder will be processed as **TEST** files in our test environment only.
- b. Files submitted to the  folder will be processed as **PRODUCTION** files.
Note: You will not gain access to the in folder until you have initially passed testing with PHC.
- c. Files from PHC may be downloaded from the  folder.

Please follow the instructions below to send or receive files using the Web Access Method.

1. Go to the web address provided in the following link:

[https://sftp.partnershiphp.org/thinclient/
Login.aspx](https://sftp.partnershiphp.org/thinclient/Login.aspx)

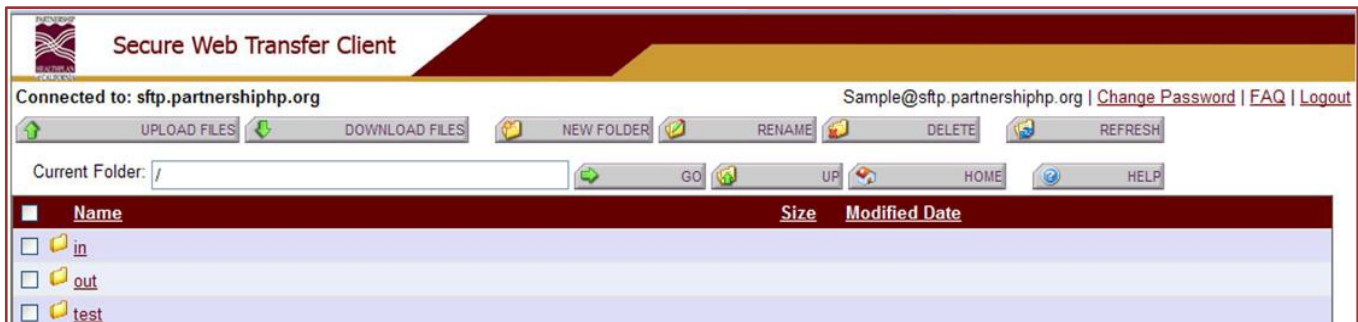
2. Enter the **Username** and **Password** that PHC assigned to you.






The screenshot shows a login page for 'SECURE FILE TRANSFER'. It features the Partnership HealthPlan of California logo in the top left. Below the logo, there are two input fields: 'Username' and 'Password'. A 'Login' button is positioned below the password field.

3. Select the **Login** button


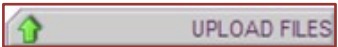
4. You will then be connected to PHC's Secure Web Transfer Client

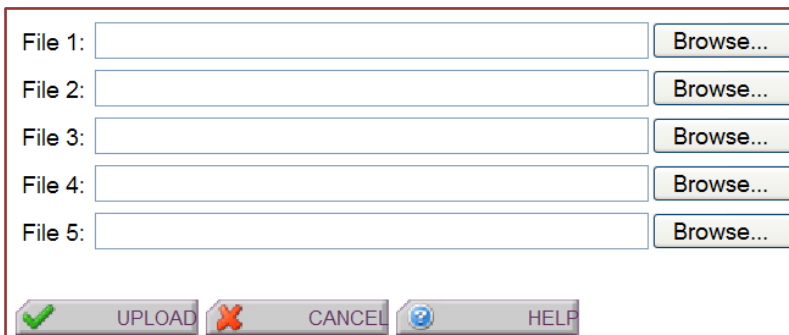


5. Folder Accessibility

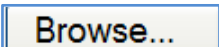

- a. Files submitted to the  folder will be processed as **TEST** files in our test environment only.
- b. Files submitted to the  folder will be processed as **PRODUCTION** files.
*Note: You will not gain access to the **in** folder until you have initially passed testing with PHC.*
- c. Files from PHC may be downloaded from the  folder.

6. To upload a TEST file

- a. Select the **test** link 
- b. Select the  button
- c. You may submit up to 5 files at a time. *Warning: each file must have a unique file name.*


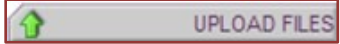


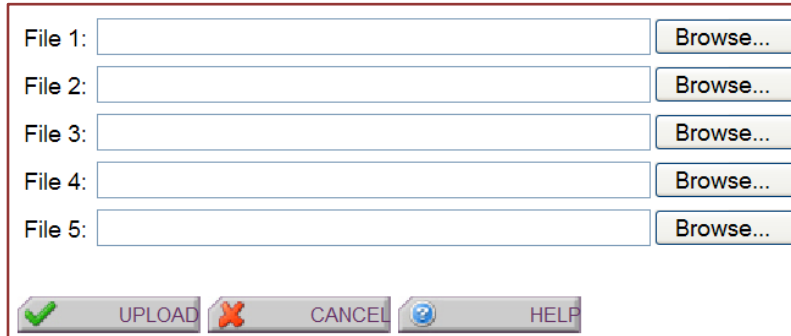
The screenshot shows a file upload interface with five rows, each labeled 'File 1:' through 'File 5:'. Each row contains a text input field and a 'Browse...' button. At the bottom of the interface, there are three buttons: 'UPLOAD' (with a green checkmark icon), 'CANCEL' (with a red X icon), and 'HELP' (with a question mark icon).

- d. Select the  button and then select your file (repeat for up to 5 files)
- e. Select the  button after you have selected all of your files
- f. You will see a message at the top of the screen confirming that your file was uploaded.

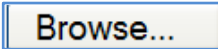



7. To upload a PRODUCTION file

- a. Select the **in** link 
- b. Select the  button
- c. You may submit up to 5 files at a time. *Warning: each file must have a unique file name.*


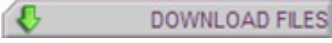


The image shows a file upload interface. It consists of five rows, each labeled 'File 1:' through 'File 5:'. Each row has a text input field and a 'Browse...' button to its right. At the bottom of the interface, there is a row of three buttons: 'UPLOAD' (with a green checkmark icon), 'CANCEL' (with a red X icon), and 'HELP' (with a question mark icon).

- d. Select the  button and then select your file (repeat for up to 5 files)
- e. Select the  button after you have selected all of your files
- f. You will see a message at the top of the screen confirming

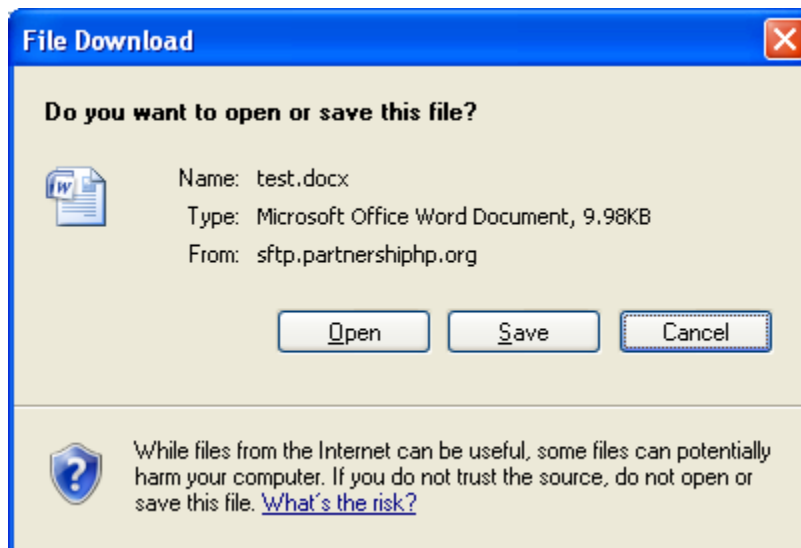


8. **To download files from the out folder**

- a. Select the **out** link 
- b. Select the box beside the file you wish to download
- c. Select the  button



- d. In the File Download dialog box, select the **Save** button
- e. In the **Save As** dialog box that opens next, choose the folder in your system to download the file to
- f. Select the **Save** button to complete the action.



6 TI Additional Information

Business Scenarios

There is currently no additional information to report in this section.

Payer-Specific Business Rules and Limitations

There is currently no additional information to report in this section.

Frequently Asked Questions

There is currently no additional information to report in this section.

Other Resources

<https://www.Medi-Cal.ca.gov/signup.asp>

<http://files.Medi->

[Cal.ca.gov/pubsdoco/CTM_manual.asp](http://files.Medi-Cal.ca.gov/pubsdoco/CTM_manual.asp)

<http://files.Medi->

[Cal.ca.gov/pubsdoco/Manuals_menu.asp](http://files.Medi-Cal.ca.gov/pubsdoco/Manuals_menu.asp)

<http://www.wpc-edi.com/>

7 TI Change Summary

Version Number	Date	Reason for Revision	Notes/Comments
1.0	12/03/2013	Initial Version	ICD-10 updates included
1.1	4/9/2014	ICD-10 compliance date change	

8 Appendix A – Communication/Connectivity Instructions (CCI)

Envelope segments for inbound transaction 005010X223A1 (837I)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	
	ISA02	Authorization Information		10 Spaces
	ISA03	Security Information Qualifier	00	
	ISA 04	Security Information		10 Spaces
	ISA 05	Interchange ID Qualifier	ZZ	
	ISA06	Interchange Sender ID		PHC expects to receive: Submitter ID #
	ISA 07	Interchange ID Qualifier	ZZ	
	ISA 08	Receiver ID		PHC expects to receive: PHC100680301406
	ISA 09	Interchange Date		PHC expects to receive: “YYMMDD”
	ISA 10	Interchange Time		PHC expects to receive: “HHMM”
	ISA 11	Repetition Separator		“^” OR a Valid delimiter used to separate repeated occurrences of a simple data element or a composite data structure. This value must be different than the data element separator, component element separator, and the segment terminator

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Loop ID	Reference	Name	Codes	Notes/Comments
	ISA 12	Interchange Control Version Number	00501	Standards Approved for Publication by ASC X12
	ISA 13	Interchange Control Number		Sender assigned interchange control number which must be equivalent to the control number in the IEA segment
	ISA 14	Acknowledgement		"0" - No acknowledgement requested or "1"-Acknowledgement is requested
	ISA 15	Usage Element Separator		"P"-Production data or "T"-Test data
	ISA 16	Component Element Separator		":" OR a valid delimiter used to separate component data elements within a composite data structure. This value must be different than the data element separator and the segment terminator

Loop ID	Reference	Name	Codes	Notes/Comments
Header	GS	Functional Group Header		
	GS01	Functional Identifier Code	HC	
	GS02	Interchange Sender ID		PHC expects to receive: Submitter ID #
	GS03	Receiver ID		PHC expects to receive: PHC100680301406
	GS04	Creation Date		PHC expects to receive: "CCYYMMDD"
	GS05	Creation Time		PHC expects to receive: "HHMM"
	GS06	Group Control Number		Must be equivalent to GE02
	GS07	Responsible Agency Code	X	
	GS08	Version/Release Industry ID Code		PHC expects to receive: "005010X223A2"

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Loop ID	Reference	Name	Codes	Notes/Comments
Header	ST	Transaction Set Header		
	ST01	Transaction Set Identifier Code	837	
	ST02	Transaction Set Control Number		Sequential number assigned by the originator (must be equal to the value in SE02)
	ST03	Implementation Convention Reference		PHC expects to receive: “005010X223A2”

Loop ID	Reference	Name	Codes	Notes/Comments
	BHT	Beginning of Hierarchical Transaction		
	BHT01	Hierarchical Structure Code	0019	
	BHT02	Purpose Code	00	
	BHT03	Reference Identification		Originator Application Transaction Identifier
	BHT04	Date		PHC expects to receive: “CCYYMMDD”
	BHT05	Time		PHC expects to receive: “HHMM”
	BHT06			PHC expects to receive: "CH" -Chargeable or "RP" -Reporting (Encounters)

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Loop ID	Reference	Name	Codes	Notes/Comments
1000A				
	NM1	Submitter Name		
	NM101	Entity Identifier Code	41	
	NM102	Entity Type Qualifier		PHC expects to receive: "1"-Person or "2"-Non person entity
	NM103	Name Last or Organization Name		
	NM104	Name First		Required if NM102=1 (Person)
	NM105	Name Middle		Required if NM102=1 (Person) and the middle name/initial of the person is known
	NM108	Identification Code Qualifier	46	
	NM109	Identification Code		PHC expects to receive: Submitter Identifier (ETIN)

Loop ID	Reference	Name	Codes	Notes/Comments
1000A				
	PER	Submitter EDI Contact Information		PHC expects to receive contact information about the person who handles data transmission issues
	PER01	Contact Function Code	IC	PHC expects to receive: Information Contact
	PER02	Name		PHC expects to receive: Contact Name
	PER03	Communication Number Qualifier	“EM” or “FX” or “TE”	
	PER04	Communication Number		
	PER05	Communication Number Qualifier	“EM” or “FX” or “TE”	
	PER06	Communication Number		

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Loop ID	Reference	Name	Codes	Notes/Comments
1000B				
	NM1	Receiver Name		
	NM101	Entity Identifier Code	40	Receiver
	NM102	Entity Type Qualifier		"2" - Non person entity
	NM103	Name Last or Organization Name		PHC expects to receive: PARTNERSHIP HEALTHPLAN OF CA
	NM108	Identification Code Qualifier	46	
	NM109	Identification Code		PHC expects to receive: PHC100680301406

Loop ID	Reference	Name	Codes	Notes/Comments
2000A				PayTo provider (Payee) is identified in 2010AB or 2010AA. If PayTo provider is same as Billing provider then PayTo provider is identified in loop 2010AA and loop 2010AB is not used. Repeat loop 2000A if you need to identify more than one payee. We require Med-Cal ID to identify the payee
	HL	Billing/Pay-To Provider Hierarchical Level		
	HL01	Hierarchical ID Number		Start with "1" and increment by "1" subsequently
	HL02	Hierarchical Level Code		Parent ID, No value
	HL03	Hierarchical Level Code	20	
	HL04	Hierarchical Child Code	1	This HL can contain one or more child HL

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Loop ID	Reference	Name	Codes	Notes/Comments
2000A				
	PRV	Billing Provider Specialty Information		PHC requires if the adjudication of the claim(s) is known to be impacted by the provider taxonomy code
	PRV01	Provider Code	BI	Billing
	PRV02	Reference Identification Qualifier	PXC	
	PRV03	Reference Identification		PHC expects to receive: Taxonomy Code

Loop ID	Reference	Name	Codes	Notes/Comments
2010AA				
	NM1	Billing Provider's Name		
	NM101	Entity Identifier Code	85	Billing Provider
	NM102	Entity Type Qualifier		PHC expects to receive: "2"-Non person entity
	NM103	Name Last or Organization Name		
	NM108	Identification Code Qualifier	XX	
	NM109	Identification Code		PHC requires: NPI

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Loop ID	Reference	Name	Codes	Notes/Comments
2010AA				
	N3	Billing Provider Address Information		
	N301	Address Information		Address Line 1
	N302	Address Information		Address Line 2

Loop ID	Reference	Name	Codes	Notes/Comments
2010AA				
	N4	Billing Provider City/State/Zip		
	N401	City Name		
	N402	State Code		
	N403	Postal Code		

Loop ID	Reference	Name	Codes	Notes/Comments
2010AA				
	REF	Billing Provider Tax Identification		
	REF01	Reference Identification Qualifier	“EI”	
	REF02	Reference Identification		PHC expects to receive: Employer's Identification Number

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Loop ID	Reference	Name	Codes	Notes/Comments
2010AA				
	PER	Billing Provider Contact Information		
	PER01	Contact Function Code	IC	PHC expects to receive: Information Contact
	PER02	Name		
	PER03	Communication Number Qualifier	“EM”, “FX” or “TE”	
	PER04	Communication Number		

Loop ID	Reference	Name	Codes	Notes/Comments
2010AB				
	NM1	Pay To Address Name		
	NM101	Entity Identifier Code	“87”	
	NM102	Entity Type Qualifier		PHC expects to receive: "1"-Person or "2"-Non person entity

Loop ID	Reference	Name	Codes	Notes/Comments
2010AB				
	N3	Pay To Address		
	N301	Address Information		Address Line 1
	N302	Address Information		Address Line 2

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Loop ID	Reference	Name	Codes	Notes/Comments
2010AB				
	N4	Pay To Address City/State/Zip		
	N401	City Name		
	N402	State Code		
	N403	Postal Code		

Loop ID	Reference	Name	Codes	Notes/Comments
2000B				
	HL	Subscriber Hierarchical Level		
	HL01	Hierarchical ID Number		Increment by 1
	HL02	Hierarchical Parent ID		
	HL03	Hierarchical Level Code	“22”	PHC expects to receive: Subscriber
	HL04	Hierarchical Child Code	“0”	No child HL exists in this level because all PHC members are subscribers

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Loop ID	Reference	Name	Codes	Notes/Comments
2000B		Subscriber Information		
	SBR01	Payer Responsibility Sequence Number Code	“P” or “S” or “T”	Primary / Secondary / Tertiary
	SBR02	Individual Relationship Code	“18”	The value 18 is required for all claims including the newborn claim billed using the mom's ID
	SBR03	Reference Identification		
	SBR04	Name		
	SBR05	Insurance Type Code		
	SBR09	Claim Filing Indicator Code		PHC requires prior to mandated use of Plan ID. Not used after Plan ID is mandated

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Loop ID	Reference	Name	Codes	Notes/Comments
2010BA				
	NM1	Subscriber Name		Newborn claim is billed with mom's ID. The mom's ID is sent in the place of member identification field NM09 while the baby's last, first and middle names are sent in NM103, 04 and 05
	NM101	Entity Identifier Code	"IL"	PHC expects to receive: Insured or Subscriber
	NM102	Entity Type Qualifier		PHC expects to receive: "1" – Person
	NM103	Name Last or Organization Name		PHC expects to receive: Subscriber last name (recipient last name). * For a newborn claim, send the baby's last name in this place
	NM104	Name First		PHC expects to receive: Subscriber first name (recipient first name). * For a newborn claim, send the baby's first name in this place
	NM107	Name Suffix		PHC requires if known
	NM108	Identification Code Qualifier	"MI"	
	NM109	Identification Code		PHC expects to receive: Member Identification number (Medi-Cal recipient ID). * For a newborn claim, send mom's ID in this place
	NM105	Name Middle		PHC expects to receive: Subscriber middle name (recipient middle name). * For a newborn claim, send the baby's middle name in this place

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Loop ID	Reference	Name	Codes	Notes/Comments
2010BA				
	N3	Subscriber Address Information		PHC requires when SBR02=18
	N301	Address Information		Address Line 1
	N302	Address Information		Address Line 2

Loop ID	Reference	Name	Codes	Notes/Comments
2010BA				
	N4	Subscriber City/State/Zip		PHC requires when SBR02=18
	N401	City Name		
	N402	State Code		
	N403	Postal Code		

Loop ID	Reference	Name	Codes	Notes/Comments
2010BA				
	DMG	Subscriber Demographic Information		PHC requires for all claims - for a newborn claim, send the baby's DOB & Gender in this segment
	DMG01	Date Time Format Qualifier	“D8”	
	DMG02	Date Time Period		PHC expects to receive: Subscriber's Birth Date in CCYYMMDD. * For a newborn claim, send the baby's DOB in this place
	DMG03	Gender Code	“M” or “F”	PHC expects to receive: Male or Female - for a newborn claim, send the baby's Gender in this place

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Loop ID	Reference	Name	Codes	Notes/Comments
2010BB				
	NM1	Payer Name		
	NM101	Entity Identifier Code	“PR”	PHC expects to receive: Payer
	NM102	Entity Type Qualifier		PHC expects to receive: "2"-Non Person Entity
	NM103	Name Last or Organization Name		PHC expects to receive: PARTNERSHIP HEALTHPLAN OF CA
	NM108	Identification Code Qualifier	“PI”	
	NM109	Identification Code		PHC expects to receive: 680301406

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Loop ID	Reference	Name	Codes	Notes/Comments
2300	CLM	Claim Information		
	CLM01	Claim Submitter's Identifier		PHC expects to receive: Patient account number
	CLM02	Monetary Amount		PHC expects to receive: Total Claim charge amount ('0' Zero may be a valid amount for encounters)
	CLM05	Healthcare Service Location		PHC expects to receive: Type of Bill (composite)
	CLM05-1	Facility Code Value		PHC expects to receive: Facility Code
	CLM05-2	Facility Code Qualifier	"B"	PHC expects to receive: "A" Uniform Billing Claim Form Bill Type
	CLM05-3	Claim Frequency Type	"1"	
	CLM07	Provider Accept Assignment Code	"A" or "C"	PHC expects to receive: Medicare assignment code
	CLM08	Yes/No Condition Or Response Code	"Y" or "N" or "W"	PHC expects to receive: Yes, No or Not Acceptable
	CLM09	Release of Information Code		Delay reason code (Billing limit exception code). Required when claim is submitted late
	CLM20	Delay Reason Code		

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	DTP	Date – Discharge Hour		PHC requires on final inpatient claims/Encounters
	DTP01	Date/Time Qualifier	“096”	
	DTP02	Date Time Period Format Qualifier	“TM”	
	DTP03	Date		PHC expects to receive: Hour in “HHMM”

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	DTP	Date – Statement Dates		PHC expects to receive: From and Through dates of service
	DTP01	Date/Time Qualifier	“434”	
	DTP02	Date Time Period Format Qualifier	“RD8”	Range of dates expressed in format CCMMDD-CCMMDD
	DTP03	Date		PHC expects to receive: From and Through dates in CCYYMMDD-CCYYMMDD

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	DTP	Date – Admission Date/Hour		
	DTP01	Date/Time Qualifier	“435”	
	DTP02	Date Time Period Format Qualifier	“DT” or “D8”	
	DTP03	Date		PHC expects to receive: Date and Time in CCYYMMDDHHMM or Date in CCYYMMDD format

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	CL1	Institutional Claim Code		PHC requires for Inpatient and Outpatient claims
	CL01	Admission Type Code		PHC expects to receive: Priority (Type) of Admission or Visit charge date
	CL02	Admission Source Code		PHC expects to receive: Point of origin for admission or visit PHC requires for all inpatient and outpatient services
	CL03	Patient Status Code		Patient Status Code indicating patient status as of the "statement covers through date"

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	AMT	Patient Estimated Amount Due		PHC requires when the patient responsibility amount is applicable to this claim
	AMT01	Amount Qualifier Code	"F3"	
	AMT02	Monetary Amount		PHC expects to receive: Patient Responsibility Amount

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	REF	Referral Number		PHC requires when a referral is involved
	REF01	Reference Identification Qualifier	"9F"	
	REF02	Reference Identification		PHC expects to receive: Referral Number (RAF Number)

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	REF	Prior Authorization		PHC requires when the services on this claim were preauthorized
	REF01	Reference Identification	“G1”	
	REF02	Reference Identification		PHC expects to receive: Prior authorization number (TAR number)

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	REF	Medical Record Number		
	REF01	Reference Identification	“EA”	
	REF02	Reference Identification		PHC expects to receive: Medical record number

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	K3	File Information		
	K301	Fixed Format Information		

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	NTE	Claim Note		PHC requires when provider deems it necessary to transmit information not otherwise supported in this implementation. This segment is also used to convey Newborn name, date of birth and gender information
	NTE01	Note Reference Code		
	NTE02	Description		Claim note text

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	NTE	Billing Note		
	NTE01	Note Reference Code	“ADD”	PHC expects to receive: Addition information
	NTE02	Description		Billing note text

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	CRC	EPSDT Referral		
	CRC01	Code Category	“ZZ”	PHC expects to receive: EPSDT screening referral information
	CRC02	Yes/No Condition Or Response Code	“Y” or “N”	PHC expects to receive: Yes/No Condition or Response Code
	CRC03	Certification Condition Code		
	CRC04	Certification Condition Code		
	CRC05	Certification Condition Code		

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				PHC requires ICD-10 code on all claims with the date of service on or after 10/1/2015
	HI	Principal Diagnosis		Do not transmit the decimal point for ICD codes. The decimal point is implied
	HI01	Health Care Code Information		
	HI01-01	Code List Qualifier Code	“BK” or “ABK”	PHC expects to receive: (ICD-9-CM) Principal Diagnosis or (ICD-10-CM) Principal Diagnosis
	HI01-02	Industry Code		PHC expects to receive: Principal Diagnosis Code
	HI01-09	Yes/No Condition Or Response Code	“N”, “U”, “W” or “Y”	PHC expects to receive: Present on Admission Indicator ("N"-No, "U"-Unknown, "W"-Not Applicable OR "Y"-Yes)

Loop ID	Reference	Name	Codes	Notes/Comments
2300				PHC requires ICD-10 code on all claims with the date of service on or after 10/1/2015
	HI	Admitting Diagnosis		PHC requires when claim involves an inpatient admission
	HI01	Health Care Code Information		
	HI01-01	Code List Qualifier Code	“BJ” or “ABJ”	PHC expects to receive: (ICD-9-CM) Admitting Diagnosis (“BJ”) OR (ICD-10-CM) Admitting Diagnosis (“ABJ”)
	HI01-02	Industry Code		PHC expects to receive: Admitting Diagnosis Code

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	HI	Patient's Reason For Visit		PHC requires when claim involves outpatient visits
	HI01	Health Care Code Information		
	HI01-01	Code List Qualifier Code	"PR" or "APR"	PHC expects to receive: (ICD-9-CM) Patient's reason for visit ("PR") OR (ICD-10-CM) Patient's reason for visit ("APR")
	HI01-02	Industry Code		PHC expects to receive: Patient's reason for visit

Loop ID	Reference	Name	Codes	Notes/Comments
2300				PHC requires ICD-10 code on all claims with the date of service on or after 10/1/2015
	HI	External Cause Of Injury		PHC requires when an external cause of injury is needed to describe an injury, poisoning, or adverse effect
	HI01	Health Care Code Information		
	HI01-01	Code List Qualifier Code	"BN" or "ABN"	PHC expects to receive: (ICD-9-CM) External cause of injury ("BN") OR (ICD-10-CM) External cause of injury ("ABN")
	HI01-02	Industry Code		PHC expects to receive: External cause of injury code

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				PHC requires ICD-10 code on all claims with the date of service on or after 10/1/2015
	HI	Diagnosis Related Group (DRG) Information		PHC requires when an inpatient hospital is under DRG contract with PHC and the contract requires the provider to identify the DRG
	HI01	Health Care Code Information		
	HI01-01	Code List Qualifier Code	"DR"	
	HI01-02	Industry Code		PHC expects to receive: Diagnosis Related Group (DRG)

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				PHC requires ICD-10 code on all claims with the date of service on or after 10/1/2015
	HI	Other Diagnosis Information		
	HI01	Health Care Code Information		Other diagnosis code 1
	HI01-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: (ICD-9-CM) Diagnosis (“BF”) or (ICD-10-CM) Diagnosis (“ABF”)
	HI01-02	Industry Code		Other diagnosis code
	HI02-01	Yes/No Condition Or Response Code	“N”, “U”, “W” or “Y”	PHC expects to receive: Present on Admission Indicator (“N”-No, “U”-Unknown, “W”-Not Applicable OR “Y”-Yes)
	HI02	Health Care Code Information		Other Diagnosis Code 2
	HI02-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: (ICD-9-CM) Diagnosis (“BF”) or (ICD-10-CM) Diagnosis (“ABF”)
	HI02-02	Industry Code		Other diagnosis code
	HI02-09	Yes/No Condition Or Response Code	“N”, “U”, “W” or “Y”	PHC expects to receive: Present on Admission Indicator (“N”-No, “U”-Unknown, “W”-Not Applicable OR “Y”-Yes)
	HI03	Health Care Code Information		Other Diagnosis Code 3
	HI03-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: (ICD-9-CM) Diagnosis (“BF”) or (ICD-10-CM) Diagnosis (“ABF”)
	HI03-02	Industry Code		Other diagnosis code
	HI03-09	Yes/No Condition Or Response Code	“N”, “U”, “W” or “Y”	PHC expects to receive: Present on Admission Indicator (“N”-No, “U”-Unknown, “W”-Not Applicable OR “Y”-Yes)
	HI04	Health Care Code Information		Other Diagnosis Code 4
	HI04-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: (ICD-9-CM) Diagnosis (“BF”) or (ICD-10-CM) Diagnosis (“ABF”)

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	HI04-02	Industry Code		Other diagnosis code
	HI04-09	Yes/No Condition Or Response Code	“N”, “U”, “W” or “Y”	PHC expects to receive: Present on Admission Indicator ("N"-No, "U"-Unknown, "W"-Not Applicable OR "Y"-Yes)
	HI05	Health Care Code Information		Other Diagnosis Code 5
	HI05-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: (ICD-9-CM) Diagnosis (“BF”) or (ICD-10-CM) Diagnosis (“ABF”)
	HI05-02	Industry Code		Other diagnosis code
	HI05-09	Yes/No Condition Or Response Code	“N”, “U”, “W” or “Y”	PHC expects to receive: Present on Admission Indicator ("N"-No, "U"-Unknown, "W"-Not Applicable OR "Y"-Yes)
	HI06	Health Care Code Information		Other Diagnosis Code 6
	HI06-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: (ICD-9-CM) Diagnosis (“BF”) or (ICD-10-CM) Diagnosis (“ABF”)
	HI06-02	Industry Code		Other diagnosis code
	HI06-09	Yes/No Condition Or Response Code	“N”, “U”, “W” or “Y”	PHC expects to receive: Present on Admission Indicator ("N"-No, "U"-Unknown, "W"-Not Applicable OR "Y"-Yes)
	HI07	Health Care Code Information		Other Diagnosis Code 7
	HI07-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: (ICD-9-CM) Diagnosis (“BF”) or (ICD-10-CM) Diagnosis (“ABF”)
	HI07-02	Industry Code		Other diagnosis code
	HI07-09	Yes/No Condition Or Response Code	“N”, “U”, “W” or “Y”	PHC expects to receive: Present on Admission Indicator ("N"-No, "U"-Unknown, "W"-Not Applicable OR "Y"-Yes)
	HI08	Health Care Code Information		Other Diagnosis Code 8
	HI08-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: (ICD-9-CM) Diagnosis (“BF”) or (ICD-10-CM) Diagnosis (“ABF”)

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	HI08-02	Industry Code		Other diagnosis code
	HI08-09	Yes/No Condition Or Response Code	“N”, “U”, “W” or “Y”	PHC expects to receive: Present on Admission Indicator ("N"-No, "U"-Unknown, "W"-Not Applicable OR "Y"-Yes)
	HI09	Health Care Code Information		Other Diagnosis Code 9
	HI09-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: (ICD-9-CM) Diagnosis (“BF”) or (ICD-10-CM) Diagnosis (“ABF”)
	HI09-02	Industry Code		Other diagnosis code
	HI09-09	Yes/No Condition Or Response Code	“N”, “U”, “W” or “Y”	PHC expects to receive: Present on Admission Indicator ("N"-No, "U"-Unknown, "W"-Not Applicable OR "Y"-Yes)
	HI10	Health Care Code Information		Other Diagnosis Code 10
	HI10-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: (ICD-9-CM) Diagnosis (“BF”) or (ICD-10-CM) Diagnosis (“ABF”)
	HI10-02	Industry Code		Other diagnosis code
	HI10-09	Yes/No Condition Or Response Code	“N”, “U”, “W” or “Y”	PHC expects to receive: Present on Admission Indicator ("N"-No, "U"-Unknown, "W"-Not Applicable OR "Y"-Yes)
	HI11	Health Care Code Information		Other Diagnosis Code 11
	HI11-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: (ICD-9-CM) Diagnosis (“BF”) or (ICD-10-CM) Diagnosis (“ABF”)
	HI11-02	Industry Code		Other diagnosis code
	HI11-09	Yes/No Condition Or Response Code	“N”, “U”, “W” or “Y”	PHC expects to receive: Present on Admission Indicator ("N"-No, "U"-Unknown, "W"-Not Applicable OR "Y"-Yes)
	HI12	Health Care Code Information		Other Diagnosis Code 12
	HI12-01	Code List Qualifier Code	“BF” or “ABF”	PHC expects to receive: (ICD-9-CM) Diagnosis (“BF”) or (ICD-10-CM) Diagnosis (“ABF”)
	HI12-02	Industry Code		Other diagnosis code

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	HI12-09	Yes/No Condition Or Response Code	“N”, “U”, “W” or “Y”	PHC expects to receive: Present on Admission Indicator ("N"-No, "U"-Unknown, "W"-Not Applicable OR "Y"-Yes)
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Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	HI	Other Procedure Information		PHC requires on inpatient claims/encounters when additional procedures must be reported
	HI01	Health Care Code Information		Other procedure code 1
	HI01-01	Code List Qualifier Code	“BQ” or “BBQ”	PHC expects to receive: (ICD-9-CM) Other Procedure Codes (“BQ”) OR (ICD-10-PCS) Other Procedure Codes (“BBQ”)
	HI01-02	Industry Code		Procedure code
	HI01-03	Date Time Period Format	“D8”	
	HI01-04	Date Time Period		PHC expects to receive: Procedure date in “CCYYMMDD”
	HI02-01	Code List Qualifier Code	“BQ” or “BBQ”	PHC expects to receive: (ICD-9-CM) Other Procedure Codes (“BQ”) OR (ICD-10-PCS) Other Procedure Codes (“BBQ”)
	HI02-02	Industry Code		Procedure code (additional)
	HI02-03	Date Time Period Format	“D8”	
	HI02-04	Date Time Period		PHC expects to receive: Procedure date in “CCYYMMDD”
	HI03	Health Care Code Information		Other procedure code 3
	HI03-01	Code List Qualifier Code	“BQ” or “BBQ”	PHC expects to receive: (ICD-9-CM) Other Procedure Codes (“BQ”) OR (ICD-10-PCS) Other Procedure Codes (“BBQ”)
	HI03-02	Industry Code		Procedure code (additional)
	HI03-03	Date Time Period Format	“D8”	
	HI03-04	Date Time Period		PHC expects to receive: Procedure date in “CCYYMMDD”

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	HI04	Health Care Code Information		Other procedure code 4
	HI04-01	Code List Qualifier Code	“BQ” or “BBQ”	PHC expects to receive: (ICD-9-CM) Other Procedure Codes (“BQ”) OR (ICD-10-PCS) Other Procedure Codes (“BBQ”)
	HI04-02	Industry Code		Procedure code (additional)
	HI04-03	Date Time Period Format	“D8”	
	HI04-04	Date Time Period		PHC expects to receive: Procedure date in “CCYYMMDD”
	HI05	Health Care Code Information		Other procedure code 5
	HI05-01	Code List Qualifier Code	“BQ” or “BBQ”	PHC expects to receive: (ICD-9-CM) Other Procedure Codes (“BQ”) OR (ICD-10-PCS) Other Procedure Codes (“BBQ”)
	HI05-02	Industry Code		Procedure code (additional)
	HI05-03	Date Time Period Format	“D8”	
	HI05-04	Date Time Period		PHC expects to receive: Procedure date in “CCYYMMDD”
	HI06	Health Care Code Information		Other procedure code 6
	HI06-01	Code List Qualifier Code	“BQ” or “BBQ”	PHC expects to receive: (ICD-9-CM) Other Procedure Codes (“BQ”) OR (ICD-10-PCS) Other Procedure Codes (“BBQ”)
	HI06-02	Industry Code		Procedure code (additional)
	HI06-03	Date Time Period Format	“D8”	
	HI06-04	Date Time Period		PHC expects to receive: Procedure date in “CCYYMMDD”
	HI07	Health Care Code Information		Other procedure code 7
	HI07-01	Code List Qualifier Code	“BQ” or “BBQ”	PHC expects to receive: (ICD-9-CM) Other Procedure Codes (“BQ”) OR (ICD-10-PCS) Other Procedure Codes (“BBQ”)
	HI07-02	Industry Code		Procedure code (additional)
	HI07-03	Date Time Period Format	“D8”	

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	HI07-04	Date Time Period		PHC expects to receive: Procedure date in “CCYYMMDD”
	HI08	Health Care Code Information		Other procedure code 8
	HI08-01	Code List Qualifier Code	“BQ” or “BBQ”	PHC expects to receive: (ICD-9-CM) Other Procedure Codes (“BQ”) OR (ICD-10-PCS) Other Procedure Codes (“BBQ”)
	HI08-02	Industry Code		Procedure code (additional)
	HI08-03	Date Time Period Format	“D8”	
	HI08-04	Date Time Period		PHC expects to receive: Procedure date in “CCYYMMDD”
	HI09	Health Care Code Information		Other procedure code 9
	HI09-01	Code List Qualifier Code	“BQ” or “BBQ”	PHC expects to receive: (ICD-9-CM) Other Procedure Codes (“BQ”) OR (ICD-10-PCS) Other Procedure Codes (“BBQ”)
	HI09-02	Industry Code		Procedure code (additional)
	HI09-03	Date Time Period Format	“D8”	
	HI09-04	Date Time Period		PHC expects to receive: Procedure date in “CCYYMMDD”
	HI10	Health Care Code Information		Other procedure code 10
	HI10-01	Code List Qualifier Code	“BQ” or “BBQ”	PHC expects to receive: (ICD-9-CM) Other Procedure Codes (“BQ”) OR (ICD-10-PCS) Other Procedure Codes (“BBQ”)
	HI10-02	Industry Code		Procedure code (additional)
	HI10-03	Date Time Period Format	“D8”	
	HI10-04	Date Time Period		PHC expects to receive: Procedure date in “CCYYMMDD”
	HI11	Health Care Code Information		Other procedure code 11
	HI11-01	Code List Qualifier Code	“BQ” or “BBQ”	PHC expects to receive: (ICD-9-CM) Other Procedure Codes (“BQ”)

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	HI11-02	Industry Code		Procedure code (additional)
	HI11-03	Date Time Period Format	“D8”	
	HI11-04	Date Time Period		PHC expects to receive: Procedure date in “CCYYMMDD”
	HI12	Health Care Code Information		Other procedure code 12
	HI12-01	Code List Qualifier Code	“BQ” or “BBQ”	PHC expects to receive: (ICD-9-CM) Other Procedure Codes (“BQ”)
	HI12-02	Industry Code		Procedure code (additional)
	HI12-03	Date Time Period Format	“D8”	
	HI12-04	Date Time Period		PHC expects to receive: Procedure date in “CCYYMMDD”

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	HI	Occurrence Information		PHC requires if occurrence information applies
	HI01	Health Care Code Information		
	HI01-01	Code List Qualifier Code	“BH”	
	HI01-02	Industry Code		Occurrence code
	HI01-03	Date Time Period Format	“D8”	
	HI01-04	Date Time Period		PHC expects to receive: Accident/Injury or Discharge date

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Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	HI	Value Information		PHC requires if value information applies
	HI01	Health Care Code Information		
	HI01-01	Code List Qualifier Code	"BE"	
	HI01-02	Industry Code	"31"	PHC expects to receive: Patient Liability Amount
	HI01-05	Monetary Amount		Patient Liability Amount. The patient liability amount (amount after deducting the non-covered services (NCS) from SOC or share of cost) must be reported here. Example: Patient Liability Amount=Total SOC Amount-NCS Amount

Loop ID	Reference	Name	Codes	Notes/Comments
2300				
	HI	Condition Information		PHC requires if condition information applies. Repeat HI0x-01 through HI0x-02 for additional conditions
	HI01	Health Care Code Information		
	HI01-01	Code List Qualifier Code	"BG"	
	HI01-02	Industry Code	"81", "A1", "A4" or "B3"	PHC expects to receive: "81" Emergency or "A1" EPSDT or "A4" Family Planning or "B3" Pregnancy Indicator
	HI02-01	Code List Qualifier Code	"BG"	
	HI02-02	Industry Code		PHC expects to receive: Condition Code

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Loop ID	Reference	Name	Codes	Notes/Comments
2310A				
	NM1	Attending Provider Name		
	NM101	Entity Identifier Code	“71”	PHC expects to receive: Attending physician
	NM102	Entity Type Qualifier		PHC expects to receive: "1"-Person or "2"-Non person entity
	NM103	Name Last Or Organization Name		
	NM104	Name First		PHC requires if NM102=1 (Person)
	NM105	Name Middle		PHC requires if NM102=1 (Person) and the middle name/initial of the person is known
	NM107	Name Suffix		PHC requires if known
	NM108	Identification Code Qualifier	“XX”	
	NM109	Identification Code		PHC expects to receive: NPI

Loop ID	Reference	Name	Codes	Notes/Comments
2310A				
	PRV	Attending Provider Specialty Information		
	PRV01	Provider Code	“AT” or “SU”	PHC expects to receive: "AT" Attending provider or "SU" Supervising
	PRV02	Reference Identification Qualifier	“PXC”	
	PRV03	Reference Identification		PHC expects to receive: Provider Taxonomy Code (Specialty)

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Loop ID	Reference	Name	Codes	Notes/Comments
2310A				
	REF	Attending Provider Secondary Information		
	REF01	Reference Identification		
	REF02	Reference Identification		

Loop ID	Reference	Name	Codes	Notes/Comments
2310B				
	NM1	Operating Physician Name		
	NM101	Entity Identifier Code	“72”	PHC expects to receive: Operating physician
	NM102	Entity Type Qualifier		PHC expects to receive: "1"-Person or "2"-Non person entity
	NM103	Name Last Or Organization Name		
	NM104	Name First		PHC requires if NM102=1 (Person)
	NM105	Name Middle		PHC requires if NM102=1 (Person) and the middle name/initial of the person is known
	NM107	Name Suffix		PHC requires if known
	NM108	Identification Code Qualifier	“XX”	
	NM109	Identification Code		PHC expects to receive: NPI

Loop ID	Reference	Name	Codes	Notes/Comments
2310B				
	REF	Operating Physician Secondary Information		
	REF01	Reference Identification Qualifier		
	REF02	Reference Identification		

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Loop ID	Reference	Name	Codes	Notes/Comments
2310C				
	NM1	Other Operating Physician Name		
	NM101	Entity Identifier Code	“ZZ”	PHC expects to receive: Other Operating physician
	NM102	Entity Type Qualifier		PHC expects to receive: "1"-Person
	NM103	Name Last Or Organization Name		
	NM104	Name First		PHC requires when the person has a first name
	NM105	Name Middle		PHC requires when the middle name or initial of the person is needed to identify the individual
	NM107	Name Suffix		PHC requires if known
	NM108	Identification Code Qualifier	“XX”	
	NM109	Identification Code		PHC expects to receive: NPI

Loop ID	Reference	Name	Codes	Notes/Comments
2310C				
	REF	Other Operating Physician Secondary Identification		
	REF01	Reference Identification Qualifier		
	REF02	Reference Identification		

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Loop ID	Reference	Name	Codes	Notes/Comments
2310D				
	NM1	Rendering Provider Name		
	NM101	Entity Identifier Code	“82”	PHC expects to receive: Rendering provider
	NM102	Entity Type Qualifier		PHC expects to receive: "1"-Person
	NM103	Name Last Or Organization Name		
	NM104	Name First		PHC requires when the Provider has a first name
	NM105	Name Middle		PHC requires when the middle name or initial of the person is needed to identify the individual
	NM107	Name Suffix		PHC requires if known
	NM108	Identification Code Qualifier	“XX”	
	NM109	Identification Code		PHC expects to receive: NPI

Loop ID	Reference	Name	Codes	Notes/Comments
2310D				
	REF	Rendering Provider Secondary Identification		
	REF01	Reference Identification Qualifier		
	REF02	Reference Identification		

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Loop ID	Reference	Name	Codes	Notes/Comments
2310E				
	NM1	Service Facility Name		PHC requires when the location of health care service is different than that carried in Loop ID-2010AA (Billing Provider)
	NM101	Entity Identifier Code	"77"	PHC expects to receive: Facility
	NM102	Entity Type Qualifier		PHC expects to receive: "2"- Non Person Entity
	NM103	Name Last Or Organization Name		
	NM108	Identification Code Qualifier	"XX"	
	NM109	Identification Code		PHC expects to receive: NPI

Loop ID	Reference	Name	Codes	Notes/Comments
2310E				
	REF	Service Facility Secondary Identification		
	REF01	Reference Identification		
	REF02	Reference Identification		PHC expects to receive: Laboratory or Facility Secondary Identifier

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Loop ID	Reference	Name	Codes	Notes/Comments
2310F				
	NM1	Referring Provider Name		
	NM101	Entity Identifier Code	“DN”	PHC expects to receive: Referring provider
	NM102	Entity Type Qualifier		PHC expects to receive: "1"-Person
	NM103	Name Last Or Organization Name		
	NM104	Name First		PHC requires when the Provider has a first name
	NM105	Name Middle		PHC requires when the middle name or initial of the person is needed to identify the individual
	NM107	Name Suffix		PHC requires if known
	NM108	Identification Code Qualifier	“XX”	
	NM109	Identification Code		PHC expects to receive: NPI

Loop ID	Reference	Name	Codes	Notes/Comments
2310D				
	REF	Referring Provider Secondary Identification		
	REF01	Reference Identification		
	REF02	Reference Identification		

Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	LX	Service Line		
	LX01	Assigned Number		PHC expects to receive: Line Number (Start with one, Subsequently increment it by one)

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Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	SV	Institutional Service Line		
	SV201	Product/Service ID		<p>PHC expects to receive:</p> <p>Service Line Revenue Code (Accommodation/Ancillary/LTC Accom Code)</p> <p>PHC currently does not use Revenue Codes on Outpatient claims, Use the appropriate national code (CPT/ HCPCS Code) for the service rendered for outpatient claims</p>
	SV202			<p>PHC requires for outpatient claims when an appropriate procedure code exists for this service line item</p> <p style="text-align: center;">OR</p> <p>PHC requires for inpatient claims when an appropriate HCPCS (drugs and/or biologics only) or HIPPS code exists for this service line item</p>
	SV202-1	Product/Service ID Qualifier	"HC"	<p>PHC expects to receive:</p> <p>"HC" - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes. Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC</p>
	SV202-2	Product/Service ID		<p>PHC expects to receive:</p> <p>Procedure Code</p>
	SV202-3	Procedure Modifier		
	SV202-4	Procedure Modifier		
	SV202-5	Procedure Modifier		
	SV202-6	Procedure Modifier		

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	SV202-7	Description		<p>PHC requires when, in the judgment of the submitter, the Procedure Code does not definitively describe the service/product/supply and Loop ID-2410 is not used</p> <p align="center">OR</p> <p>PHC requires when SV202-2 is a non-specific Procedure Code. Non-specific codes may include in their descriptors terms such as: Not Otherwise Classified (NOC); Unlisted; Unspecified; Unclassified; Other; Miscellaneous; Prescription Drug, Generic; or Prescription Drug, Brand Name</p>
	SV203	Monetary Amount		<p>PHC expects to receive:</p> <p align="center">Line item charge amount</p>
	SV204	Unit Or Basis For Measurement	“DA” or “UN”	
	SV205	Quantity		Service Unit Count
	SV206	Unit Rate		
	SV207	Monetary Amount		Line item denied charge amount or Non-Covered charge amount

Loop ID	Reference	Name	Codes	Notes/Comments
2400				
	DTP	Date – Service Date		PHC requires on all outpatient claims
	DTP01	Date/Time Qualifier	“472”	
	DTP02	Date Time Period Format Qualifier	“D8”	
	DTP03	Date		<p>PHC expects to receive:</p> <p align="center">Service Line Date in “CCYYMMDD”</p>

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Loop ID	Reference	Name	Codes	Notes/Comments
2410				
	LIN	Drug Identification		PHC requires when government regulation mandates that prescribed drugs and biologics are reported with NDC numbers OR PHC requires when the provider or submitter chooses to report NDC numbers to enhance the claim reporting or adjudication processes
	LIN02	Product/Service ID Qualifier	"N4"	
	LIN03	Product/Service ID		PHC expects to receive: NDC Code in 5-4-2 format

Loop ID	Reference	Name	Codes	Notes/Comments
2410				
	CTP	Drug Pricing		PHC requires to provide price information specific to LIN03 that is different than the price reported in SV102
	CTP03	Unit Price		PHC expects to receive: Drug unit price per unit of product
	CTP04	Quantity		PHC expects to receive: Drug unit count
	CTP05-1	Unit Or Base For Measurement Code	"GR", "ME", "ML" or "UN"	

Loop ID	Reference	Name	Codes	Notes/Comments
2410				
	REF	Prescription Number		PHC requires if the drug is dispensed with an assigned Rx number
	REF01	Reference Identification	"XZ"	PHC expects to receive: Pharmacy prescription number
	REF02	Reference Identification		PHC expects to receive: Prescription Number

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Loop ID	Reference	Name	Codes	Notes/Comments
Trailer				
	SE	Transaction Set Trailer		
	SE01	Number Of Included Segments		
	SE02	Transaction Set Control Number		PHC expects to receive: Sequential number assigned by the originator and must be equal to ST02

Loop ID	Reference	Name	Codes	Notes/Comments
Control				
	GE	Functional Group Trailer		
	GE01	Number Of Transaction Sets		
	GE02	Group Control Number		Must be equivalent to GS06

Loop ID	Reference	Name	Codes	Notes/Comments
Control				
	IEA	Interchange Control Trailer		
	IEA01	Number Of Functional Groups		
	IEA02	Interchange Control Number		Must be equivalent to ISA13