

CVS/pharmacy

CVS Electronic DME 837 Health Care Claim Professional Billing Transaction HIPAA Compliant Companion Guide

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CVS Electronic 837 Health Care Claim Professional Billing Transaction

Document Purpose

For the health care industry to achieve the potential administrative cost savings with Electronic Data Interchange (EDI), standards have been developed and need to be implemented consistently by all organizations. To facilitate a smooth transition into the EDI environment, uniform implementation is critical.

This is the CVS companion guide for the ANSI ASC X12N 837 Health Care Claims (837) transaction for professional claims. This companion guide provides standardized data requirements and content for all CVS trading partners of the 837. The purpose of this companion guide is to expedite the goal of achieving a totally electronic data interchange health encounter/claims processing and payment environment. This companion guide provides a definitive statement of what data translators must be able to handle in this version of the 837. The companion guide also specifies limits and guidance to what CVS can place in an 837. This companion guide is intended to be compliant with the data standards set out by the Health Insurance Portability and Account-ability Act of 1996 (HIPAA) and its associated rules.

CVS 837 Health Care Claim Professional Billing Companion Guide Use:

This CVS 837 Billing Companion Guide is to provide standardized data specifications for all recipients of the of the ANSI ASC X12.837, Health Care Claim Professional Billing Transaction (837). This companion guide provides a detailed explanation of the 837 transaction set by defining CVS outbound data content, valid code tables, and specifying values that are applicable for 837 electronic claims professional billing. This companion guide is designed to assist those who electronically receive professional health care claims billings in the 837format. Although the 837 billing format is primarily to accommodate the billing of DME items, it can also accommodate billing drug products as well. This manual should be used in unison with the National Electronic Data Interchange Transaction Set Companion Guide: Health Care Professional. The National Electronic Data Interchange Transaction Set Companion Guide provides the majority of the HIPAA transaction and code set requirements.

Any agencies receiving an 837 billing file from CVS, should anticipate adherence to both the HIPAA Implementation Guide Version 004010X098A1, and the CVS Companion Guide requirements. This National Electronic Data Interchange Transaction Set Implementation Guide can be obtained from the Washington Publishing Company by calling 1-800-972-4334 and is available for download on their web site at www.wpc-edi.com/hipaa/. The CVS EDI Companion Guide can be found at www.cvsedi.com.

CVS 837 Billing Implementation Plan:

CVS filed for a HIPAA-mandated extension, thus delaying the CVS mandatory 837 Billing implementation until October 16, 2003. Please contact CVS as soon as possible, to obtain the 837 Billing testing and implementation schedule. If a payer elects to accept the 837 billing format electronically, HIPAA does require the use of standard ASC X12N-837 transaction and code sets. **CVS will continue to provide the existing billing formats until October 15, 2003.**

Those trading partners requesting the 837 DME/Drug billing format will receive electronically transmitted files that are in adherence to the HIPAA ASC X12N 837-professional transaction and code set standards as of October 16, 2003. This CVS Companion Guide will address the CVS preferred implementation of the 837-transaction set.

CVS anticipates having test files available in September, 2003. Please contact Susan Dunne @ smdunne@cv.com or by phone at 401-770-6627 for additional information.

837 Supported Data Exchange Media Types by CVS (In order of preference)

- 1) Value Added Network (VAN)
- 2) Virtual Private Network (VPN)
- 3) Secure FTP using "Fsecure" or PGP software only.
- 4) Cartridge – 3480 & 3490 – Standard Label, Record Length 80 (fixed length), Block Size (8000 or 32720).
- 5) Contact CVS for other Options.

CVS Claim Outbound Specifications :

CVS will be generating claims with one service line per claim. Those segments that can occur on the claim level(L2300) or the service line level (L2400), will occur only on the claim level. These are: (L2300) REF (G1) segment for PRIOR AUTHORIZATION, and (L2310A) Referring Provider segment. (The exception to this is Medicare claims will use the (L2420E) Ordering Provider segment instead of the Referring Provider segment)

All questions, comments, and/or suggestions, regarding this CVS 837 Companion Guide should be directed to the following:

CVS HIPAA Business Contact for 837-Transaction Set

Chris Crisafulli, Process Manager
[CVS Store Support Center](#)
[1 CVS Drive](#)
[Woonsocket, RI 02895](#)

Phone: [401-770-5374](tel:401-770-5374)
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CVS HIPAA EDI Contact for 837-

Amy St. Pierre, EDI Coordinator
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[1 CVS Drive](#)
[Woonsocket, RI 02895](#)

Phone: [401-770-3122](tel:401-770-3122)
Email: AJStPierre@cvs.com

Control Segment Headers

- **ISA** – Start and identifies an interchange of one or more functional group(s) and interchange related control segments.
- **GS** – To indicate the beginning of a functional group and to provider control information.

Header Segment

- **ST** - Indicates the start of a transaction set and to assign a control number.
- **BHT** – Beginning segment for Hierarchical Transaction
- **REF** – Transmission Type Identification

LOOP ID - 1000A SUBMITTER NAME

- **NM1** – Submitter Name
- **PER** –Indicates the Submitter Contact Information.

LOOP ID - 1000B RECEIVER IDENTIFICATION

- **NM1** – Indicates the Receiver Identification Information.

Detail Segment

LOOP ID – 2000A BILLING/PAY TO PROVIDER HIERARCHICAL LEVEL

- **HL** – Hierarchical Level Segment.
- **PRV** – Billing/ Pay To Provider Specialty Information

LOOP ID – 2010AA BILLING PROVIDER NAME

- **NM1** – Billing Provider's Organization Name
- **N3** – Billing Provider's Street Address
- **N4**– Billing Provider's City, State, Zip
- **REF** – Billing Provider's Secondary Identification
- **REF** – Billing Provider's Additional Identification

LOOP ID – 2000B SUBSCRIBER HIERARCHICAL LEVEL

- **HL** – Hierarchical Level
- **SBR** – Subscriber information

LOOP ID – 2010BA SUBSCRIBER NAME

- **NM1** – Subscriber's Name
- **N3** – Subscriber's Street Address
- **N4** – Subscriber's city, State, and Zip
- **DMG** – Subscriber's Demographic Info
- **REF** - Subscriber's Secondary Identification

LOOP ID – 2010BB PAYER NAME

- **NM1** – Organization's Name

LOOP ID – 2300 CLAIM INFORMATION

- **CLM** – Health Claim
- **AMT** – Amount Patient Paid
- **REF** – Prior Authorization Number
- **REF** – Original Reference Number
- **HI** – Health Care Diagnosis Code

LOOP – 2310A REFERRING PROVIDER NAME

- **NM1** – Referring Provider Name
- **REF** – Referring Provider Secondary Identification

LOOP – 2320 OTHER SUBSCRIBER INFORMATION

- **SBR** – Other Subscriber Information
- **AMT** – COB Payer Paid Amount
- **AMT** - Payer Allowed Amount
- **OI** – Other Insurance Coverage Information

LOOP- 2330B OTHER PAYER NAME

- **NM1** – Other Payer Identifier
- **DTP** – Claim Adjudication Date

LOOP - 2400 SERVICE LINE

- **LX**- Service Line Number
- **SV1** – Professional Service Detail
- **DTP** – Date Of Service
- **NTE** – Line Note

LOOP- 2410 DRUG IDENTIFICATION

- **LIN** – Item Identification

LOOP- 2420E ORDERING PROVIDER NUMBER

- **NM1** – Ordering Provider Name
- **N3**- Ordering Provider Address
- **N4** – Ordering Provider City, State, and Zip
- **REF** – Ordering Provider Secondary Identification

Summary Segment

- **SE** - Indicates the end of a transaction set and provides the counts of transmitted segments.

Control Segment Trailers

- **GE** – Indicates the end of a functional group and to provider control information.
- **IEA** – Defines the end of an interchange of one or more functional groups and interchange related control segments.

CVS HIPAA 837 Billing Specifications

Only the segments listed below **will** be sent in the CVS 837 transaction.

Text appearing in the 'value' column that is enclosed in parenthesis **will not** be sent, it is for clarification purposes only.

Any **fields** with a **blank** in the 'value' column will not be sent and the transaction will be formatted according to the guidelines specified in the 837 Implementation Guide.

Grey shaded areas indicate a 'component' field.

Any fields that are italicized in the 'value' column is data that is unique for each claim.

Control Segments

Loop	SEG ID	FIELD	Pharmacy Claim Field Description	837 Use	FIELD LENGTH	VALUE
	ISA		INTERCHANGE CONTROL HEADER	R		
		01	AUTHORIZATION INFO QUALIFIER	R	2	00
		02	AUTHORIZATION INFO	R	10	
		03	SECURITY INFO QUALIFIER	R	2	00
		04	SECURITY INFO	R	10	
		05	INTERCHANGE ID QUALIFIER	R	2	ZZ (MUTUALLY DEFINED)
		06	INTERCHANGE SENDER ID	R	15	ASSIGNED BY RECEIVER
		07	INTERCHANGE ID QUALIFIER	R	2	ZZ (MUTUALLY DEFINED)
		08	INTERCHANGE RECEIVER ID	R	15	ASSIGNED BY RECEIVER
		09	INTERCHANGE DATE-CREATED	R	6	YYMMDD FORMAT
		10	INTERCHANGE TIME	R	4	HHMM FORMAT
		11	INTERCHANGE CNTRL STANDARDS ID	R	1	U (U.S.EDI COMMUNITY OF ASX X12,TDCC, AND UCS)
		12	INTERCHANGE CNTL VERSION NUMBER	R	5	00401
		13	INTERCHANGE CNTL NUMBER	R	9	SAME AS IEA02 AND UNIQUE FOR EACH TRANS SUBMITTED
		14	ACKNOWLEDGMENT REQ	R	1	0 OR 1 AS ASSIGNED BY RECEIVER
		15	USAGE INDICATOR	R	1	P=PROD,T=TEST
		16	COMPONENT ELEMENT SEPARATOR	R	1	ASSIGNED BY RECEIVER
	GS		FUNCTIONAL GROUP HEADER	R		
		01	FUNCTIONAL IDENTIFIER CODE	R	2	HC (HEALTH CARE CLAIM)
		02	APPLICATION SENDERS CODE	R	15	ASSIGNED BY RECEIVER
		03	APPLICATION RECEIVERS CODE	R	15	ASSIGNED BY RECEIVER
		04	DATE	R	8	CCYYMMDD FORMAT
		05	TIME	R	8	HHMM FORMAT
		06	GROUP CONTROL NUMBER	R	9	SAME AS GE02 AND UNIQUE TO EACH INTERCHANGE SENT IN THIS TRANS
		07	RESPONSIBLE AGENCY CODE	R	2	X (ACCREDITED STANDARDS COMMITTEE X12)
		08	VERSION/RELEASE INDUSTRY ID CODE	R	12	004010X098A1
	ST		TRANSACTION SET HEADER	R		
		01	TRANS SET IDENTIFIER CODE	R	3	837 (HEALTH CARE CLM)
		02	TRANS SET CONTROL NUMBER	R	9	MUST BE EQUAL TO SE02 AND UNIQUE W/I FUNCT GRP, START WITH 1 AND INCREMENT BY 1

Header

Loop	SEG ID	FIELD	Pharmacy Claim Field Description	837 Use	FIELD LENGTH	VALUE
	BHT		BEGIN OF HIERARCHICAL TRANSACTION	R		
		01	HIERARCHICAL STRUCTURE CODE	R	4	0019 (INFO SOURCE, SUBSCRIBER,DEPENDENT)
		02	TRANSACTION SET PURPOSE CODE	R	2	00 (ORIGINAL) 18 (REISSUE)
		03	REFERENCE IDENTIFICATION	R	30	SAME AS ST02
		04	TRANS SET CREATION DATE	R	8	SYSTEM DERIVED
		05	TRANS SET CREATION TIME	R	8	SYSTEM DERIVED
		06	TRANS TYPE CODE	R	2	CH (CHARGEABLE)
	REF		TRANSMISSION TYPE IDENTIFICATION	R		
		01	REF IDENTIFICATION QUALIFIER	R	3	87 (FUNCTIONAL CATEGORY)
		02	REFERENCE IDENTIFICATION	R	30	004010X098DA1 (TEST FILE) 004010X098A1 (PROD FILE)
1000A			SUBMITTER NAME	R		
	NM1		SUBMITTER NAME	R		
		01	ENTITY IDENTIFIER CODE	R	3	41
		02	ENTITY TYPE QUALIFIER	R	1	2 (NON PERSON ENTITY)
		03	SUBMITTER LAST NAME OR ORGANIZATION NAME	R	35	CVS PHARMACY INC
		04	SUBMITTER'S FIRST	S		
		05	SUBMITTER'S MIDDLE	S		
		06	NOT USED	NU		
		07	NOT USED	NU		
		08	IDENTIFICATION CODE QUALIFIER	R	2	46 (ETIN)
		09	IDENTIFICATION CODE	R	80	ASSIGNED BY RECEIVER
	PER		SUBMITTER EDI CONTACT INFORMATION	R		
		01	CONTACT FUNCTION CODE	R	2	IC
		02	NAME	R	60	PROCESS MANAGER
		03	COMMUNICATION NUMBER QUALIFIER	R	2	TE (TELEPHONE)
		04	COMMUNICATION NBR	R	80	401-765-1500
		05	COMMUNICATION NBR QUALIFIER	S	2	
		06	COMMUNICATION NBR	S	80	
		07	COMMUNICATION NBR QUALIFIER	S	2	
		08	COMMUNICATION NBR	S	80	
1000B			RECEIVER NAME	R		
	NM1		INDIVIDUAL/ORGANIZATION NAME	R		
		01	ENTITY IDENTIFIER CODE	R	3	40 (RECEIVER)
		02	ENTITY TYPE QUALIFIER	R	1	2 (NON PERSON ENTITY)
		03	ORGANIZATION NAME	R	35	ASSIGNED BY RECEIVER
		04	NOT USED	NU		
		05	NOT USED	NU		
		06	NOT USED	NU		
		07	NOT USED	NU		
		08	IDENTIFICATION CODE QUALIFIER	R	2	46 (ETIN)
		09	IDENTIFICATION CODE	R	80	ASSIGNED BY RECEIVER

Detail

Loop	SEG ID	FIELD	Pharmacy Claim Field Description	837 Use	FIELD LENGTH	VALUE
2000A			BILLING/PAY TO PROVIDER HIERCH LVL	R		
	HL		HIERARCHICAL LEVEL	R		
		01	HIERARCHICAL ID NBR	R	12	BEGIN WITH 1, INCREMENTED BY 1 FROM THE LAST VALUE IN THE 2000B:HL
		02	NOT USED			
		03	HIERARCH LEVEL CODE	R	2	20 (INFORMATION SOURCE)
		04	HIERARCH CHILD CODE	R	1	1 (ADDTNL SUBORDINATE HL DATA SEGMENT IN THIS HIERARCH STRUCTURE)
	PRV		BILLING/PAY TO PROV SPECIALTY INFO	S		
		01	PROVIDER CODE	R	3	BI (BILLING)
		02	REFERENCE ID QUALIFIER	R	3	ZZ (MUTUALLY DEFINED)
		03	REFERENCE ID	R	30	PROVIDER TAXONOMY CODE
2010AA			BILLING PROVIDER NAME	R		
	NM1		INDIVIDUAL/ORGANIZATION NAME	R		
		01	ENTITY ID CODE	R	3	85 (BILLING PROVIDER)
		02	ENTITY TYPE QUALIFIER	R	1	2 (NON-PERSON ENTITY)
		03	BILLING PROVIDER NAME	R	35	STORE NAME
		04	CVS NOT USED (FNAME)	S	25	
		05	CVS NOT USED (MNAME)	S	25	
		06	NOT USED	NU		
		07	CVS NOT USED (NAME SUFFIX)	S	10	
		08	IDENTIFICATION CODE QUALIFIER	R	2	24 (EIN)
		09	IDENTIFICATION CODE	R	80	STORE FEDERAL ID NO
	N3		BILLING PROVIDER ADDRESS	R		
		01	ADDRESS INFORMATION	R	55	STORE STREET ADDRESS
		02	ADDRESS INFORMATION	S	55	
	N4		BILLING PROV CITY STATE ZIP	R		
		01	CITY	R	30	STORE CITY
		02	STATE	R	2	STORE STATE CODE
		03	ZIP	R	15	STORE ZIP
	REF		PROVIDER SECONDARY ID	S		
		01	REFERENCE IDENTIFICATION QUALIFIER	R	3	1C (I MEDICARE PAYER) 1D (IF MEDICAID)
		02	REFERENCE IDENTIFICATION	R	30	STORE PROVIDER NUMBER AS AGREED WITH TRADING PARTNER
	REF		PROVIDER SECONDARY ID	S		
		01	REFERENCE IDENTIFICATION QUALIFIER	R	3	LU OR 1D BASED ON TRADING PARTNER REUIREMENTS, NOT USED FOR MEDICARE
		02	REFERENCE IDENTIFICATION	R	30	STORE PROVIDER NUMBER AS AGREED WITH TRADING PARTNER
2000B			SUBSCRIBER HIERARCHICAL LEVEL	R		
	HL		HIERARCHICAL LEVEL	R		
		01	HIERARCHICAL ID NBR	R	12	VALUE OF 2000A HL01 PLUS 1
		02	HIERARCHICAL PARENT ID NBR	R	12	VALUE OF 2000A HL01

2000B (Cont'd)

Loop	SEG ID	FIELD	Pharmacy Claim Field Description	837 Use	FIELD LENGTH	VALUE
		03	HIERARCHICAL LEVEL CODE	R	2	
		04	HIERARCHICAL CHILD CODE	R	1	
	SBR		SUBSCRIBER INFORMATION	R		
		01	PAYER RESPONSIBILITY SEQ NBR CODE	R	1	P (IF PRIMARY), S (IF SECONDARY)
		02	INDIVIDUAL RELATIONSHIP CODE	R	2	18 (SELF)
		03	REFERENCE IDENT	S		
		04	NAME	S		
		05	INSURANCE TYPE CODE	S	3	USED ONLY FOR SECONDARY PAYERS, SEE IG FOR CODE VALUES
		06	NOT USED	NU		
		07	NOT USED	NU		
		08	NOT USED	NU		
		09	CLAIM FILING INDICATOR CODE	R	2	MB (MEDICARE PART B), MC (MEDICAID)
2010BA			SUBSCRIBER NAME	R		
	NM1		INDIVIDUAL NAME	R		
		01	ENTITY IDENTIFIER CODE	R	3	IL (INSURED)
		02	ENTITY TYPE QUALIFIER	R	1	1 (PERSON)
		03	SUBSCRIBER NAME LAST	R	35	SUBSCRIBER'S LAST NAME
		04	SUBSCRIBER FIRST	R	25	SUBSCRIBER'S FIRST NAME
		05	SUBSCRIBER MIDDLE	S	25	SUBSCRIBER'S MIDDLE INITIAL
		06	NOT USED	NU		
		07	CVS NOT USED	NU		
		08	IDENTIFICATION CODE QUALIFIER	R	2	MI
		09	IDENTIFICATION CODE	R	80	SUBSCRIBER'S CARDHOLDER ID
	N3		SUBSCRIBER ADDRESS	R		
		01	ADDRESS INFORMATION	R	55	SUBSCRIBER'S STREET ADDRESS
		02	ADDRESS INFORMATION	S	55	
	N4		SUBSCRIBER CITY,STATE,ZIP	R		
		01	CITY NAME	R	30	SUBSCRIBER'S CITY
		02	STATE	R	2	SUBSCRIBER'S STATE CODE
		03	POSTAL CODE	R	15	SUBSCRIBER'S ZIP CODE
	DMG		SUB DEMOGRAPHIC INFO	R		
		01	DATE/TIME PERIOD FMT QUALIFIER	R	3	D8
		02	DATE/TIME PERIOD DOB	R	8	SUBSCRIBER'S DATE OF BIRTH IN CCYYMMDD FORMAT
		03	GENDER CODE	R	1	M (MALE), F (FEMALE)
	REF		SUBSCRIBER SECONDARY ID	S		
		01	REFERENCE ID QUALIFIER	R	3	SY (SOCIAL SECURITY NUMBER)
		02	REFERENCE IDENTIFICATION	R	11	SUBSCRIBER'S SOCIAL SECURITY NUMBER
2010BB			PAYER NAME	R		
	NM1		INDIVIDUAL OR ORGANIZATION NAME	R		
		01	ENTITY IDENTIFIER CODE	R	3	PR (PAYER)
		02	ENTITY TYPE QUALIFIER	R	1	2 (NON PERSON ENTITY)
		03	PAYER NAME	R	35	PAYER'S NAME
		04	NOT USED	NU		
		05	NOT USED	NU		
		06	NOT USED	NU		
		07	NOT USED	NU		
		08	IDENTIFICATION CODE QUALIFIER	R	2	PI (PAYER IDENTIFICATION)
		09	IDENTIFICATION CODE	R	80	ASSIGNED BY RECEIVER

Loop	SEG ID	FIELD	Pharmacy Claim Field Description	837 Use	FIELD LENGTH	VALUE
2300			CLAIM INFORMATION	R		
	CLM		HEALTH CLAIM	R		
		01	CLAIM SUBMITTER IDENTIFIER	R	20	PATIENT CONTROL NUMBER
		02	MONETARY AMT	R	9	TOTAL SUBMITTED CHARGES
		03	NOT USED	NU		
		04	NOT USED	NU		
		05	HEALTH CARE SERVICE LOCATION INFO			
		05-1	FACILITY TYPE CODE	R	2	12 (HOME)
		05-2	NOT USED	NU		
		05-3	CLAIM FREQ TYPE CODE	R	1	1 (ORIGINAL), 7(REPLACEMENTS), 8 (VOID FOR CANCELLED CLAIMS)
		06	Y/N RESPONSE CODE	R	1	Y (PROV SIGNATURE ON FILE)
		07	MEDICARE ASSIGNMENT CODE	R	1	A (ASSIGNED FOR MCR)
		08	ASSIGNMENT OF BENEFITS IND	R	1	N (NO) Y (YES)
		09	RELEASE OF INFO CODE	R	1	M (The provider has limited or restricted ability to release data related to a claim)
		10	PATIENT SIGNATURE SOURCE CODE	R	1	B (Signed signature authorization form or forms for both HCFA 1500 Claim form Block 12 and Block 13 are on file)
	CN1		CONTRACT INFORMATION	S		
		01	CONTRACT TYPE CODE	R	2	09 (Other, For Medicare Secondary Claims Only)
		02	MONETARY AMOUNT	R	9	CLAIM OTAF AMOUNT
	AMT		PATIENT AMOUNT PAID	S		
		01	AMOUNT QUAL CODE	R	3	F5 (PATIENT PAID AMT)
		02	PATIENT AMOUNT PAID	R	9	AMT PATIENT PAID
	REF		PRIOR AUTHORIZATION	S		
		01	REFERENCE ID QUALIFIER	R	3	G1 (PRIOR AUTHORIZATION NBR)
		02	PRIOR AUTHORIZATION NBR	R	30	PRIOR AUTHORIZATION NUMBER
	REF		ORIGINAL REFERENCE	S		
		01	REFERENCE IDENTIFIER QUALIFIER	R	3	F8 (ORIGINAL REFERENCE NUMBER)
		02	REFERENCE IDENTIFIER	R	30	CLAIM ORIGINAL REFERENCE NUMBER
	HI		HEALTH CARE DIAGNOSIS CODE	R		
		01	HEALTH CARE CODE INFO			
		01-1	DIAGNOSIS TYPE CODE	R	3	BK (PRINCIPAL)
		01-2	DIAGNOSIS CODE	R	30	DIAGNOSIS CODE
2310A			REFERRING PROVIDER NAME	S		
	NM1		INDIVIDUAL OR ORGANIZATION NAME	R		
		01	ENTITY IDENTIFIER CODE	R		DN (REF PROV), P3 (PCP, P3 IS USED ONLY ON 2ND ITERATION OF THIS LOOP)
		02	ENTITY TYPE QUALIFIER	R		1(PERSON), 2 (NON PERSON)
		03	NAME LAST/ORGANIZATION NAME	R	35	REFERRING DOCTOR'S LAST NAME
		04	NAME FIRST	S	25	REFERRING DOCTOR'S FIRST NAME
		05	NAME MIDDLE	S		NOT USED
		06	NOT USED			
		08	IDENTIFICATION CODE QUAL	S		NOT USED
		07	NAME SUFFIX	S		
		09	IDENTIFICATION CODE	S		NOT USED
		10	NOT USED			
		11	NOT USED			
	REF		REFERRING PROVIDER SECNDRY	S		
		01	REFERENCE ID QUALIFIER	S		0B (STATE LICENSE NBR), 1D (MEDICAID PROV NBR)
		02	REFERENCE IDENTIFICATION	S		REF PROV SECNDRY ID

2310a (Cont'd)

Loop	SEG ID	FIELD	Pharmacy Claim Field Description	837 Use	FIELD LENGTH	VALUE
2320			OTHER SUBSCRIBER INFORMATION			
	SBR		OTHER SUBSCRIBER INFORMATION	S		
		01	PAYER RESPONSIBILITY SEQ NBR CODE	R	1	P (PRIMARY), S (SECONDARY)
		02	INDIVIDUAL RELATIONSHIP CODE	R	2	
		03	REFERENCE IDENTIFICATION	S	30	
		04	OTHER INSURED'S GROUP NAME	S	60	
		05	INSURANCE TYPE CODE	R	3	C1 (COMMERCIAL), MP (MEDICARE PRIMARY), MC (MEDICAID), MB (MEDICARE PART B)
		06	NOT USED			
		07	NOT USED			
		08	NOT USED			
		09	CLAIM FILING INDICATOR CODE	R	2	11 (OTHER NON FEDERAL PROGRAM) MB (MEDICARE PART B) MC (MEDICAID)
	AMT		COB PAYER PAID AMOUNT	R		
		01	AMOUNT QUAL CODE	R	3	D (PAYER PAID AMOUNT)
		02	MONETARY AMT	R	9	AMOUNT PAID BY PRIMARY PAYOR
	AMT		ALLOWED AMOUNT	S		
		01	AMOUNT QUAL CODE	R	3	B6 (ALLOWED ACTUAL)
		02	MONETARY AMT	R	9	AMOUNT PAID PLUS COPAY
	OI		OTHER INSURANCE COVERAGE INFO	R		
		01	NOT USED	NU		
		02	NOT USED	NU		
		03	YES/NO COND OR RESPONSE CODE	R	1	Y (YES), N (NO)
		04	PATIENT SIGNATURE SOURCE CODE	S	1	B (Signed signature authorization form or forms for both HCFA 1500 Claim form Block 12 and Block 13 are on file)
		05	NOT USED	NU		
		06	RELEASE OF INFO CODE	R	1	M (The provider has limited or restricted ability to release data related to a claim)
2330B			OTHER PAYER NAME	S		
	NM1	01	ENTITY IDENTIFIER CODE	R	3	PR (PAYER)
		02	ENTITY TYPE QUALIFIER	R	1	2 (NON PERSON ENTITY)
		03	ORGANIZATION NAME	R	35	OTHER PAYER NAME
		04	NOT USED			
		05	NOT USED			
		06	NOT USED			
		07	NOT USED			
		08	IDENTIFICATION CODE QUALIFIER	R	2	PI (PAYER IDENTIFICATION)
		09	IDENTIFICATION CODE	R	80	ASSIGNED BY RECEIVER
	DTP		CLAIM ADJUDICATION DATE	S		
		01	DATE/TIME QUALIFIER	S	3	573 (DATE CLAIM PAID)
		02	DATE TIME PERIOD FORMAT QUALIFIER	R	3	D8 (CCYYMMDD FORMAT)
		03	DATE TIME PERIOD	R	16	DATE CLAIM PAID
2400			SERVICE LINE	R		
	LX		ASSIGNED NUMBER	R		
		01	ASSIGNED NUMBER	R	6	1
	SV1		PROFESSIONAL SERVICE	R		
		01	MEDICAL PROCEDURE IDENTIFIER	R		
		01-1	PRODUCT/SERVICE IDENT QUALIFIER	R	2	HC (HCPCS)
		01-2	PRODUCT/SERVICE ID	R	11	HCPCS CODE
		01-3	PROCEDURE MODIFIER	S	2	MOD1
		01-4	PROCEDURE MODIFIER	S	2	MOD2

2400 (Cont'd)

Loop	SEG ID	FIELD	Pharmacy Claim Field Description	837 Use	FIELD LENGTH	VALUE
		01-5	PROCEDURE MODIFIER	S	2	MOD3
		01-6	PROCEDURE MODIFIER	S	2	
		02	MONETARY AMT	R	9	TOTAL AMOUNT DUE
		03	UNIT OR BASIS FOR MEASUREMENT CODE	R	2	
		04	QUANTITY	R	15	QUANTITY
		05	FACILITY CODE VALUE	S	2	12 (HOME)
		06	NOT USED			
		07	DIAGNOSIS	S		
		07-1	DIAGNOSIS CODE POINTER	R	2	1
		07-2	DIAGNOSIS CODE POINTER	S	2	
		08	NOT USED			
		09	YES/NO COND OR RESPONSE CODE	S	1	
	DTP		DATE OF SERVICE	R		
		01	DATE/TIME QUALIFIER	R	3	472 (SERVICE DATE)
		03	DATE TIME PERIOD	R	16	DATE OF SERVICE AS CCYYMMDD OR CCYYMMDD-CCYYMMDD
	NTE		LINE NOTE	S		
		01	NOTE REFERENCE CODE	R	3	ADD
		02	DESCRIPTION	R	80	ASSIGNED BY RECEIVER IF REQUIRED
2410			DRUG IDENTIFICATION	S		
	LIN		ITEM IDENTIFICATION	R		
		01	NOT USED			
		02	PRODUCT SERVICE ID/QUALIFIER	R	2	N4
		03	PRODUCT SERVICE	R	48	NDC
2420E			ORDERING PROVIDER NAME	S		THIS SEGMENT USED FOR MEDICARE ONLY
	NM1		ORDERING PROVIDER NAME	S		
		01	ENTITY IDENTIFIER CODE	R	3	DK
		02	ENTITY TYPE QUALIFIER	R	1	1 (PERSON)
		03	NAME LAST OR ORGANIZATION	S	35	PHYSICIAN LAST NAME
		04	NAME FIRST	S	25	PHYSICIAN FIRST NAME
		05	NAME MIDDLE	S	25	
		06	NOT USED			
		07	NAME SUFFIX	S	10	
		08	IDENTIFICATION CODE QUALIFIER	S	2	
		09	IDENTIFICATION CODE	S	80	
	N3		ORDERING PROVIDER ADDRESS	S		
		01	ADDRESS INFORMATION	R	55	PHYSICIAN STREET ADDRESS
		02	ADDRESS INFORMATION	R	55	
	N4		ORDERING PROVIDER CITY,STATE,ZIP	S		
		01	CITY NAME	R	30	PHYSICIAN CITY
		02	STATE	R	2	PHYSICIAN STATE
		03	ZIP	R	15	PHYSICIAN ZIP
	REF		ORDERING PROVIDER SECONDARY INFO	S		
		01	REFERENCE ID QUALIFIER	R	3	IG
		02	REFERENCE IDENTIFIER	R	3	ORDERING PHYSICIAN UPIN

Summary

Loop	SEG ID	FIELD	Pharmacy Claim Field Description	837 Use	FIELD LENGTH	VALUE
	SE		TRANSACTION SET TRAILER	R		
		01	NUMBER OF INCLUDED SEGMENTS	R	10	TOTAL NUMBER OF SEGMENTS IN TRANS SET INCLUDING ST AND SE
		02	TS CONTROL NUMBER	R	9	MUST MATCH NUMBER PROVIDED IN ST02

Trailers

Loop	SEG ID	FIELD	Pharmacy Claim Field Description	837 Use	FIELD LENGTH	VALUE
	GE		FUNCTIONAL GROUP TRAILER	R		
		01	NUMBER OF TS INCLUDED	R	6	
		02	GROUP CONTROL NUMBER	R	9	MUST MATCH NUMBER PROVIDED IN GS06, BILLING BATCH DATE
	IEA		INTERCHANGE CONTROL TRAILER	R		
		01	NUMBER OF INCLUDED FUNCTIONAL GROUPS	R	5	NUMBER OF INCLUDED FUNCTIONAL GROUPS
		02	INTERCHANGE CONTROL NUMBER	R	9	INTERCHANGE CONTROL NUMBER ASSIGNED BY SENDER