

HELPAA



*It's time to get better*

## COMPANION GUIDE

837 Professional,  
Institutional

*July, 2003*

## **SECTION 1.0 – INTRODUCTION**

- 1.1 Neighborhood Health Partnership Introduction**
- 1.2 HIPAA Background**
- 1.3 HIPAA Internet Links**
- 1.4 Purpose and Organization of the Companion Guide**
- 1.5 Intended Audience**

## **SECTION 2.0 – ELECTRONIC DATA INTERCHANGE**

- 2.1 HIPAA Testing and Certification**
- 2.2 Telecommunication Specifications**
- 2.3 Trading Partner Agreement**
- 2.4 Support Contact Information**
- 2.5 Electronic Sender Installation Form**

## **SECTION 3.0 – 837 INSTITUTIONAL SPECIFICATIONS**

## **SECTION 4.0 – 837 PROFESSIONAL SPECIFICATIONS**

## **SECTION 1.0 INTRODUCTION**

### **1.1 – NHP Introduction**

NHP is pleased to make available our Health Insurance Portability and Accountability Act of 1996 (HIPAA) Companion Guide. HIPAA provides a national standard of transaction and code set requirements for the electronic exchange of healthcare information, as well as an opportunity to realize administration and systemic benefits.

This manual is to be used in conjunction with the National Electronic Data Interchange Transaction Set Implementation Guides (the Implementation Guides) and provides information necessary to submit claims and encounters to NHP electronically. The Implementation Guides can be obtained exclusively from the Washington Publishing Company by calling 1-800-972-4334. The Implementation Guides are also available for download on their web site at [www.wpc-edi.com/hipaa/](http://www.wpc-edi.com/hipaa/). These guides provide the majority of the HIPAA transaction and code set requirements. The NHP Companion Guide provides the supplemental requirements specific to NHP, as permitted within the structure of the HIPAA transaction sets. All providers who submit claims electronically to NHP must adhere to the HIPAA Implementation Guide and the NHP Companion Guide requirements.

HIPAA does not mandate the use of these transaction sets for the exchange of healthcare data. Any provider may continue to submit paper claims and receive a paper remittance advice. However, if a provider elects to submit claims electronically and/or receive an electronic remittance advice, HIPAA does require the use of standard transaction and code sets.

All comments, suggestions, and/or questions regarding the Companion Guide should be directed to the NHP HIPAA Coordinator:

Marta Perez, Associate Manager  
Neighborhood Health Partnership  
PO Box 025680  
Miami, Florida 33102-5680  
Phone: 305-715-4276  
E-mail: [mperez@neighborhood-health.com](mailto:mperez@neighborhood-health.com)

## **1.2 – HIPAA Background**

In the early 1990s, our Presidential Administration assembled an advisory group of health care industry leaders to discuss ways to reduce health care administrative costs across the nation. This group, which is now recognized as the Workgroup for Electronic Data Interchange (WEDI), recommended that Federal legislation be passed to implement a nationwide standard for transaction and code sets to be used by the healthcare industry. This law was entitled “The Health Insurance Portability and Accountability Act of 1996” (HIPAA) and was enacted on August 21, 1996.

Congress enacted HIPAA to address, among other things, the electronic transfer of health information. HIPAA requires the use of standard transactions and code sets for the electronic transfer of health information. This Companion guide provides additional direction on claims and remittance advice standard transactions with NHP. NHP may provide additional guidance for other standard transactions prior to the effective date of October 16, 2003.

### **1.3 – HIPAA Internet Links**

The following is a list of government agencies, industry leaders, and transaction and code set standards organizations associated with HIPAA. Although this is not an exhaustive list, each entity plays an integral role in the success of HIPAA and collectively, provides information that could not otherwise be included in our Companion Guide. Please note that these links are external to NHP. NHP does not represent or warrant that the information contained thereon is current, accurate, or appropriate for any particular use. NHP is providing these links for informational purposes only. NHP does not endorse the positions or opinions contained on any of these websites.

#### **Accredited Standards Committee (ASC X12)**

ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions.  
<http://www.x12.org/>

#### **American Dental Association (ADA)**

This site is a resource for the Dental Terminology 3rd Edition codes (CDT-3, HICPCS Level II “D” codes), and for the Dental Content Committee that sets standards for the dental claim form and maintains dental codes.  
<http://www.ada.org>

#### **American Hospital Association Central Office on ICD-9-CM (AHA)**

This site is a resource for the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level I HCPCS.  
<http://www.ahacentraloffice.org/>

#### **American Medical Association (AMA)**

This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. <http://www.ama-assn.org/>

#### **Association for Electronic Health Care Transactions (AFEHCT)**

A healthcare association dedicated to promoting the interchange of electronic healthcare information.  
<http://www.afehct.org/>

#### **Centers for Medicare and Medicaid Services (CMS)**

Formerly known as HCFA, this site provides the Electronic Health Care Transactions and Code Sets Model Compliance Plan. <http://www.cms.gov/hipaa/hipaa2/>

WEDI-Snip - <http://www.wedi.org/snip/>

Sharp Workgroup - <http://www.sharpworkgroup.com>

HHS - <http://aspe.os.dhhs.gov/admnsimp/>

WPC-EDI - Implementation guides. [http://www.wpc-edi.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edi.com/hipaa/HIPAA_40.asp)

## **1.4 – Purpose and Organization of the Companion Guide**

This Companion Guide was created for NHP Trading Partners by NHP to supplement the 837 Implementation Guide. It contains NHP's specific instructions for the following:

- ◆ data content, codes, business rules, and characteristics of the 837 transaction
- ◆ technical requirements and transmission options
- ◆ information on testing procedures that each Trading Partner must complete prior to submitting 837 transactions

The NHP Companion Guide is organized into the following sections to provide the necessary information, policies, processes, and requirements necessary to submit claims and encounters.

### **Section 1 – Introduction**

#### **Section 2 – Electronic Data Interchange**

This section contains instruction and processes for becoming approved as an electronic submitter for HIPAA transactions, including a trading partner agreement, the process for testing HIPAA transactions, and telecommunication and media specifications.

#### **Section 3 – 837 Institutional Specifications**

This section details the supplemental requirements to the 837 Institutional Implementation Guide, which are required by NHP. This transaction set is required when submitting inpatient, outpatient, and home health services, formerly submitted on UB92-based formats

#### **Section 4 – 837 Professional Specifications**

This section details the supplemental requirements to the 837 Professional Implementation Guide, which are required by NHP. This transaction set is required when submitting all other types of services not previously mentioned in the institutional section above, including but not limited to physician, chiropractor, durable medical equipment, podiatrist, laboratory, prosthetics and orthotics, independent clinic, psychologist, optometrist, mid-level practitioner, hearing aid, home care, radiologist, federally qualified health center, nurse practitioner, transportation, and vision care.

## **1.5 – Intended Audience**

The intended audience for this document is the technical staff responsible for submitting electronic claims to NHP. In addition, this information should be shared with the provider's billing office to ensure all required billing information is available for claim submission.

## **SECTION 2.0 ELECTRONIC DATA INTERCHANGE**

### **2.1 – HIPAA Testing and Certification**

NHP will require each prospective electronic data interchange (EDI) submitter (Trading Partner) to be tested and approved before HIPAA transactions will be processed in production. WEDI through a collaborative healthcare industry effort called the Strategic National Implementation Process (SNIP), has recommended six types of transaction testing:

1. **Integrity Testing**: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 syntax, and compliance with X12 rules. This will validate the basic level integrity of the EDI submission.
2. **Requirement Testing**: Testing for HIPAA Implementation Guide-specific syntax requirements, such as repeat counts, used and not used codes, elements and segments, required or intra-segment situational data elements. Testing for non-medical code sets as laid out in the implementation guide. Values noted in the implementation guide via an X12 code list or table.
3. **Balance Testing**: Testing the transaction for balanced field totals, financial balancing of claims or remittance advice, and balancing of summary field, if appropriate.
4. **Situational Testing**: Testing of specific inter-segment situations described in the HIPAA Implementation Guide, including the validation of situational fields based on rules present in the Implementation Guide for loops, segments, and data elements. For example, if data element A is valued then data element B must also be valued.
5. **External Code Set Testing**: Testing for valid Implementation Guide-specific code set values. This level will not only validate the code sets but also make sure the usage is appropriate for any particular transaction.
6. **Specialty of Line of Business Testing**: Testing to ensure that the segments and data elements required for certain healthcare services are present and correctly formatted according to the Implementation Guide.

### **Trading Partner Testing Procedures**

1. NHP makes available companion guides and enrollment packages for download via the web.
2. The Trading Partner completes the enrollment package and submits to NHP.
3. The Trading Partner is assigned a Trading Partner ID, a Logon Name and Logon User ID.
4. The Trading Partner contacts the EDI Support department to arrange a testing schedule.
5. The Trading Partner creates test cases and data is sent to NHP.
6. A business analyst evaluates flow of test data through the NHP EDI engine.
7. If the submission is completed successfully, the business analyst contacts the Trading Partner and the Trading Partner is approved for placement into the NHP production environment. If the testing entity is a software vendor, they will be required to provide a list of submitters using the approved software package.
8. If test cases are unsuccessful, the business analyst will contact the Trading Partner. The Trading Partner will remain in the testing environment until a submission is completed successfully.

If the submitter is interested in obtaining external certification for HIPAA transactions, it may do so with a third party. As of the publication of this document, NHP is aware of the following vendors that offer HIPAA certification services:

| Company              | Internet Address   | Phone        | Email Address  |
|----------------------|--|--------------|--|
| AppLabs Technologies | <a href="http://www.applabs.com">www.applabs.com</a>           | 215-569-9976 | <a href="mailto:Info@applabs.net">Info@applabs.net</a>           |
| Claredi              | <a href="http://www.claredi.com">www.claredi.com</a>           | 801-444-0339 | <a href="mailto:Info@claredi.com">Info@claredi.com</a>           |
| Edifecs HIPAA-Desk   | <a href="http://www.hipaadesk.com">www.hipaadesk.com</a>       | 425-250-0106 | <a href="mailto:Sales@edifecs.com">Sales@edifecs.com</a>         |
| HIPAA Testing        | <a href="http://www.hipaatesting.com">www.hipaatesting.com</a> | 480-946-7200 | <a href="mailto:Info@hipaatesting.com">Info@hipaatesting.com</a> |

## **2.2 – Telecommunication Specifications**

NHP supports FTP and HTTPS interfaces for the transmittal and receipt of X12 transactions. Please contact EDI Support for more information.

## **2.3 – Trading Partner Agreement**

Each submitter will be required to complete a Trading Partner Agreement. Before submitting live 837 claims to NHP, each Trading Partner must be tested. All Trading Partners who plan to submit 837 transactions must contact the Neighborhood Health Support Center in advance to discuss the testing process, criteria, and schedule. Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

## **2.4 – Support Contact Information**

NHP EDI Support Dept.  
 Phone: 305-715-4EDI (4334)  
 Fax: 305-715-2307  
 E-mail: [edisupport@neighborhood-health.com](mailto:edisupport@neighborhood-health.com)  
 7600 Corporate Center Drive  
 Miami, Florida 33126

**2.5 – Electronic Sender Installation Form**

**NEW ELECTRONIC SENDER INSTALLATION / CHANGE OF VENDOR FORM**

To avoid delay in processing, please complete every section that applies. If you need assistance with this form, please contact your vendor.

**SECTION A. APPLICATION TYPE:**

(Please *Check* One)

- New Installation (sender number application)  
(Complete entire form)
- Change of Vendor (Changing software support company)  
(Complete *only* sections A-C unless communication or format changes)
- Change of Clearinghouse

**SECTION B. LOCATION TYPE:**

(Please *Circle* One)

Provider / Billing Provider / Facility /  
Billing Service / Service Bureau / Clearinghouse

**SECTION C. SENDER LOCATION INFORMATION:**

Location Name: \_\_\_\_\_

Tax ID, SS Number or Health Industry Number (HIN): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Name (1): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Telephone Number: (        ) \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax #: (        ) \_\_\_\_\_

Comment(s): \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Contact Name (2): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Telephone Number: (        ) \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax #: (        ) \_\_\_\_\_

Comment(s): \_\_\_\_\_ e-mail Address: \_\_\_\_\_

**SECTION D. VENDOR/CLEARINGHOUSE INFORMATION (the software support vendor can assist with this section):**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Telephone Number: (        ) \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax #: (        ) \_\_\_\_\_

**SECTION E. PROVIDER/SUPPLIER/PA GROUP/FACILITY NUMBERS**

**GROUP OF PROVIDERS OR INDIVIDUAL PROVIDERS (not in group):** List all PA Group or individual provider that will be submitting claims via this sender location.

**PA GROUP or  
Provider Number**

**Provider Name (please print or type)**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**RETURN MAIL YOUR COMPLETED FORMS TO:**

**Mailing Address:**

Neighborhood Health Partnership  
PO Box 025680  
Miami, FL 33102-5680

**ATTENTION: NHP EDI Support Center**

**QUESTIONS/CONCERNS:**

If you have any questions or concerns please feel free to contact the EDI Support Center 305-715-4EDI.

|   |                              |
|---|------------------------------|
| <b><u>INTERNAL USE ONLY: DO NOT WRITE INSIDE THIS BLOCK</u></b> |                              |
| Production Sender Code: _____                                   | Vendor _____                 |
| Number: _____   |                              |
| <b>Date Received:</b> _____                                     | <b>Date Processed:</b> _____ |

### SECTION 3 – INSTITUTIONAL SPECIFICATIONS

" Page # " refers to the corresponding page number in the implementation guide for the particular loop/segment.  
 " R/S " indicates whether a segment is required or situational according to the implementation guide.

| Page # | Loop ID | Reference | R/S | Name                                      | Notes/Comments  |
|--------|---------|-----------|-----|---|---|
|        |         | ISA       | R   |   | ISA05: 'ZZ'<br>ISA06: Contains Submitter ID agreed upon with NHP<br>ISA07: 'ZZ'<br>ISA08: '650996107'                           |
|        |         | GS        | R   |   | GS02: Submitter ID<br>GS03: '650996107'<br>GS08: '004010X096A1'   |
| 56     |         | ST        | R   | Transaction Set Header                    |   |
| 57     |         | BHT       | R   | Beginner of Hierarchical Transaction      | BHT06 set to 'RP' for encounters or 'CH' for claims.  |
| 60     |         | REF       | R   | Transmission Type ID                      | REF02: '004010X096A1'   |
| 61     | 1000A   | NM1       | R   | Submitter Name                            |   |
| 64     | 1000A   | PER       | R   | Submitter EDI Contact Info                |   |
| 67     | 1000B   | NM1       | R   | Receiver Name                             |   |
| 69     | 2000A   | HL        | R   | Billing/Payto Provider Hierarchical Level |   |
| 71     | 2000A   | PRV       | S   | Billing/Payto Provider Specialty Info     |   |
| 73     | 2000A   | CUR       | S   | Foreign Currency Information              |   |
| 76     | 2010AA  | NM1       | R   | Billing Provider Name                     | NM109: Billing Provider TaxID   |
| 79     | 2010AA  | N3        | R   | Billing Provider Address                  |   |
| 80     | 2010AA  | N4        | R   | Billing Provider City/State/Zip Code      |   |
| 82     | 2010AA  | REF       | R   | Billing Provider Secondary ID             | REF01: 'G2' qualifier required<br>REF02: NHP Specific Provider Number - supplied by NHP   |
| 85     | 2010AA  | REF       | S   | Credit/Debit Card Billing Info            | Claim will reject if this segment exists.   |
| 87     | 2010AA  | PER       | S   | Billing Provider Contact Info             |   |
| 91     | 2010AB  | NM1       | S   | Payto Provider Name                       | This loop required only if Payto Provider is different than Billing Provider. If used, NM109 contains the Payto Provider TaxID. |
| 94     | 2010AB  | N3        | R   | Payto Provider Address                    |   |
| 95     | 2010AB  | N4        | R   | Payto Provider City/State/Zip Code        |   |
| 97     | 2010AB  | REF       | S   | Payto Provider Secondary ID               | If this loop is used:<br>REF01: 'G2' qualifier required<br>REF02: NHP Specific Provider Number - supplied by NHP                |
| 99     | 2000B   | HL        | R   | Subscriber Hierarchical Level             |   |
| 101    | 2000B   | SBR       | R   | Subscriber Info                           | SBR09: 'CI'   |
| 106    | 2000B   | PAT       | S   | Patient Info                              |   |
| 108    | 2010BA  | NM1       | R   | Subscriber Name                           | NM102: '1'<br>NM108: 'MI' (Membership ID Number)<br>NM109: 11 digit membership ID   |
| 112    | 2010BA  | N3        | S   | Subscriber Address                        |   |
| 113    | 2010BA  | N4        | S   | Subscriber City/State/Zip Code            |   |

| Page # | Loop ID | Reference | R/S | Name   | Notes/Comments  |
|--------|---------|-----------|-----|--|---|
| 115    | 2010BA  | DMG       | S   | Subscriber Demographic Info  |   |
| 117    | 2010BA  | REF       | S   | Subscriber Secondary ID  |   |
| 119    | 2010BA  | REF       | S   | Property and Casualty Claim Number                                       | Claim will reject if this segment exists.   |
| 121    | 2010BB  | NM1       | S   | Credit/Debit Account Holder Name   | Claim will reject if this segment exists.   |
| 124    | 2010BB  | REF       | S   | Credit/Debit Card Info   | Claim will reject if this segment exists.   |
| 126    | 2010BC  | NM1       | R   | Payer Name   | NM103: 'NEIGHBORHOOD HEALTH'<br>NM108: 'PI'<br>NM109: '650996107'   |
| 129    | 2010BC  | N3        | S   | Payer Address  | Not Used.   |
| 130    | 2010BC  | N4        | S   | Payer City/State/Zip Code  | Not Used.   |
| 132    | 2010BC  | REF       | S   | Payer Secondary Information  | Not Used.   |
| 134    | 2010BD  | NM1       | S   | Responsible Party Name   |   |
| 136    | 2010BD  | N3        | R   | Responsible Party Address  |   |
| 137    | 2010BD  | N4        | R   | Responsible Party City/State/Zip Code                                    |   |
| 139    | 2000C   | HL        | S   | Patient Hierarchical Level   |   |
| 141    | 2000C   | PAT       | R   | Patient Info   |   |
| 145    | 2010CA  | NM1       | R   | Patient Name   | If this loop is used:<br>NM102: '1'<br>NM108: 'MI' (Membership ID Number)<br>NM109: 11 digit membership ID                      |
| 148    | 2010CA  | N3        | R   | Patient Address  |   |
| 149    | 2010CA  | N4        | R   | Patient City/State/Zip Code  |   |
| 151    | 2010CA  | DMG       | R   | Patient Demographic Info   |   |
| 153    | 2010CA  | REF       | S   | Patient Secondary ID Number  |   |
| 155    | 2010CA  | REF       | S   | Property and Casualty Claim Number                                       | Claim will reject if this segment exists.   |
| 157    | 2300    | CLM       | R   | Claim Info   | CLM07 only used for Medicare related claims.  |
| 165    |         | DTP       | S   | Discharge Hour   |   |
| 167    |         | DTP       | R   | Statement Dates  |   |
| 169    |         | DTP       | S   | Admission Date/Hour  |   |
| 171    |         | CL1       | S   | Institutional Claim Code   |   |
| 173    |         | PWK       | S   | Claim Supplemental Info  | If supplemental attachments are required, it is recommended that the claim and the attachments be mailed to NHP for processing. |
| 176    |         | CN1       | S   | Contact Info   |   |
| 178    |         | AMT       | S   | Payer Estimated Amt. Due   | This segment is not used.   |
| 180    |         | AMT       | S   | Patient Estimated Amt. Due   | This segment is not used.   |
| 182    |         | AMT       | S   | Patient Paid Amt.  | This segment is not used.   |
| 184    |         | AMT       | S   | Credit/Debit Card Max Amt.   | Claim will reject if this segment exists.   |
| 185    |         | REF       | S   | Adjusted Repriced Claim Number   |   |
| 186    |         | REF       | S   | Repriced Claim Number  |   |
| 187    |         | REF       | S   | Claim ID Number for Clearinghouses and Other Transmission Intermediaries |   |

| Page # | Loop ID | Reference | R/S | Name  | Notes/Comments   |
|--------|---------|-----------|-----|---|--|
| 189    |         | REF       | S   | Document ID Code  |  |
| 191    |         | REF       | S   | Original Reference Number (ICN/DCN)   |  |
| 193    |         | REF       | S   | Investigational Device Exemption Number   |  |
| 195    |         | REF       | S   | Service Authorization Exception Code  |  |
| 197    |         | REF       | S   | Peer Review Organization Approval Number  |  |
| 198    |         | REF       | S   | Prior Authorization or Referral Number  |  |
| 200    |         | REF       | S   | Medical Record Number   |  |
| 202    |         | REF       | S   | Demonstration Project ID  |  |
| 204    |         | K3        | S   | File Info   | This segment is not used.  |
| 205    |         | NTE       | S   | Claim Note  |  |
| 208    |         | NTE       | S   | Billing Note  |  |
| 210    |         | CR6       | S   | Home Health Care Info   |  |
| 218    |         | CRC       | S   | Home Health Functional Limitations  |  |
| 221    |         | CRC       | S   | Home Health Activities Permitted  |  |
| 224    |         | CRC       | S   | Home Health Mental Status   |  |
| 227    |         | HI        | R   | Principal, Admitting, E-Code and Patient Reason for Visit Diagnosis Information | No decimal point should be used in the diagnosis codes. The decimal point is assumed.<br>HI01 cannot be an E-code. |
| 230    |         | HI        | S   | Diagnosis Related Group (DRG) Info  |  |
| 232    |         | HI        | S   | Other Diagnosis Info  | Do not repeat principal diagnosis. Diagnosis codes within this segment should not be repeated.                     |
| 242    |         | HI        | S   | Principal Procedure Info  |  |
| 244    |         | HI        | S   | Other Procedure Info  |  |
| 256    |         | HI        | S   | Occurrence Span Info  |  |
| 267    |         | HI        | S   | Occurrence Info   |  |
| 280    |         | HI        | S   | Value Info  |  |
| 290    |         | HI        | S   | Condition Info  |  |
| 299    |         | HI        | S   | Treatment Code Info   |  |
| 306    |         | QTY       | S   | Claim Quantity  |  |
| 308    |         | HCP       | S   | Claim Pricing/Repricing Info  |  |
| 314    | 2305    | CR7       | S   | Home Health Care Plan Info  |  |
| 316    |         | HSD       | S   | Health Care Services Delivery   |  |
| 321    | 2310A   | NM1       | S   | Attending Physician Name  |  |
| 324    |         | PRV       | R   | Attending Physician Specialty Info  |  |
| 326    |         | REF       | S   | Attending Physician Secondary ID  |  |
| 328    | 2310B   | NM1       | S   | Operating Physician Name  |  |
| 331    |         | PRV       | S   | Operating Physician Specialty Info  |  |
| 333    |         | REF       | S   | Operating Physician Secondary ID  |  |
| 335    | 2310C   | NM1       | S   | Other Provider Name   |  |
| 338    |         | PRV       | R   | Other Provider Specialty Info   |  |
| 340    |         | REF       | S   | Other Provider Secondary ID   |  |
| 342    | 2310D   | NM1       | S   | Referring Provider Name   |  |
| 345    |         | PRV       | S   | Referring Provider Specialty Info   |  |
| 347    |         | REF       | S   | Referring Provider Secondary ID   |  |
| 349    | 2310E   | NM1       | S   | Service Facility Name   |  |

| Page # | Loop ID | Reference | R/S | Name   | Notes/Comments  |
|--------|---------|-----------|-----|--|---|
| 352    |         | PRV       | S   | Service Facility Specialty Info                    |   |
| 354    |         | N3        | R   | Service Facility Address                           |   |
| 355    |         | N4        | R   | Service Facility City/State/Zip Code               |   |
| 357    |         | REF       | S   | Service Facility Secondary ID                      |   |
| 359    | 2320    | SBR       | S   | Other Subscriber Information                       | Only used for COB cases.                                  |
| 365    |         | CAS       | S   | Claim Level Adjustment                             | Only used for COB cases.                                  |
| 371    |         | AMT       | S   | Payer Prior Payment                                | Only used for COB cases.                                  |
| 372    |         | AMT       | S   | Coordination of Benefits (COB) Total Allowed Amt.  | Only used for COB cases.                                  |
| 373    |         | AMT       | S   | COB Total Submitted Charges                        | Only used for COB cases.                                  |
| 374    |         | AMT       | S   | Diagnostic Related Group (DRG) Outlier Amt.        | Only used for COB cases.                                  |
| 376    |         | AMT       | S   | COB Total Medicare Paid Amt.                       | Only used for COB cases.                                  |
| 378    |         | AMT       | S   | Medicare Paid Amt. - 100%                          | Only used for COB cases.                                  |
| 380    |         | AMT       | S   | Medicare Paid Amt. - 80%                           | Only used for COB cases.                                  |
| 382    |         | AMT       | S   | COB Medicare A Trust Fund Paid Amt.                | Only used for COB cases.                                  |
| 384    |         | AMT       | S   | COB Medicare B Trust Fund Paid Amt.                | Only used for COB cases.                                  |
| 386    |         | AMT       | S   | COB Total Non-covered Amt.                         | Only used for COB cases.                                  |
| 387    |         | AMT       | S   | COB Total Denied Amt.                              | Only used for COB cases.                                  |
| 388    |         | DMG       | S   | Other Subscriber Demographic Info                  | Only used for COB cases.                                  |
| 390    |         | OI        | R   | Other Insurance Coverage Info                      | Only used for COB cases.                                  |
| 392    |         | MIA       | S   | Medicare Inpatient Adjudication Info               | Only used for COB cases.                                  |
| 397    |         | MOA       | S   | Medicare Outpatient Adjudication Info              | Only used for COB cases.                                  |
| 400    | 2330A   | NM1       | R   | Other Subscriber Name                              | Only used for COB cases.                                  |
| 404    |         | N3        | S   | Other Subscriber Address                           | Only used for COB cases.                                  |
| 406    |         | N4        | S   | Other Subscriber City/State/Zip Code               | Only used for COB cases.                                  |
| 408    |         | REF       | S   | Other Subscriber Secondary Info                    | Only used for COB cases.                                  |
| 410    | 2330B   | NM1       | R   | Other Payer Name                                   | Only used for COB cases.                                  |
| 412    |         | N3        | S   | Other Payer Address                                | Only used for COB cases.                                  |
| 413    |         | N4        | S   | Other Payer City/State/Zip Code                    | Only used for COB cases.                                  |
| 415    |         | DTP       | S   | Claim Adjudication Date                            | Only used for COB cases.                                  |
| 416    |         | REF       | S   | Other Payer Secondary ID and Reference Number      | Only used for COB cases.                                  |
| 418    |         | REF       | S   | Other Payer Prior Authorization or Referral Number | Only used for COB cases.                                  |
| 420    | 2330C   | NM1       | S   | Other Payer Patient Info                           | Only used for COB cases.                                  |
| 422    |         | REF       | S   | Other Payer ID Number                              | Only used for COB cases.                                  |
| 424    | 2330D   | NM1       | S   | Other Payer Attending Provider Name                | Only used for COB cases.                                  |
| 426    |         | REF       | R   | Other Payer Attending Provider ID                  | Only used for COB cases.                                  |
| 428    | 2330E   | NM1       | S   | Other Payer Operating Provider Name                | Only used for COB cases.                                  |
| 430    |         | REF       | R   | Other Payer Operating Provider ID                  | Only used for COB cases.                                  |
| 432    | 2330F   | NM1       | S   | Other Payer Other Provider Name                    | Only used for COB cases.                                  |
| 434    |         | REF       | R   | Other Payer Other Provider ID                      | Only used for COB cases.                                  |
| 436    | 2330G   | NM1       | S   | Other Payer Referring Provider Name                | Only used for COB cases.                                  |
| 438    |         | REF       | R   | Other Payer Referring Provider ID                  | Only used for COB cases.                                  |
| 440    | 2330H   | NM1       | S   | Other Payer Service Facility Name                  | Only used for COB cases.                                  |
| 442    |         | REF       | R   | Other Payer Service Facility ID                    | Only used for COB cases.                                  |
| 444    | 2400    | LX        | R   | Service Line Number                                | Maximum of 90 service lines can be sent per claim to NHP. |

| Page # | Loop ID | Reference | R/S | Name                               | Notes/Comments  |
|--------|---------|-----------|-----|------------------------------------|---|
| 445    |         | SV2       | R   | Institutional Service Line         | SV201-1 'HC' for HCPCS codes.                               |
| 450    |         | SV4       | S   | Prescription Number                | Used for informational purposes only, not for adjudication. |
| 452    |         | PKW       | S   | Line Supplemental Info             |   |
| 456    |         | DTP       | S   | Service Line Date                  |   |
| 458    |         | DTP       | S   | Assessment Date                    |   |
| 460    |         | AMT       | S   | Service Tax Amt.                   |   |
| 461    |         | AMT       | S   | Facility Tax Amt.                  |   |
| 462    | 2420A   | NM1       | S   | Attending Physician Name           |   |
| 465    |         | PRV       | R   | Attending Physician Specialty Info |   |
| 467    |         | REF       | S   | Attending Physician Secondary ID   |   |
| 469    | 2420B   | NM1       | S   | Operating Physician Name           |   |
| 472    |         | PRV       | S   | Operating Physician Specialty Info |   |
| 474    |         | REF       | S   | Operating Physician Secondary ID   |   |
| 476    | 2420C   | NM1       | S   | Other Provider Name                |   |
| 479    |         | PRV       | S   | Other Provider Specialty Info      |   |
| 481    |         | REF       | S   | Other Provider Secondary ID        |   |
|        | 2420D   | NM1       | S   | Referring Provider Name            |   |
| 486    |         | PRV       | S   | Referring Provider Specialty Info  |   |
| 488    |         | REF       | S   | Referring Provider Secondary ID    |   |
| 490    | 2430    | SVD       | S   | Service Line Adjudication Info     | This segment is not used at this time.                      |
| 494    |         | CAS       | S   | Service Line Adjustment            | This segment is not used at this time.                      |
| 502    |         | DTP       | S   | Service Adjudication Date          | This segment is not used at this time.                      |
| 503    |         | SE        | R   | Transaction Set Trailer            |   |

## SECTION 4 – PROFESSIONAL SPECIFICATIONS

" Page # " refers to the corresponding page number in the implementation guide for the particular loop/segment.

" R/S " indicates whether a segment is required or situational according to the implementation guide.

| Page # | Loop ID | Reference | R/S | Name                                      | Notes/Comments  |
|--------|---------|-----------|-----|---|---|
|        |         | ISA       | R   |   | ISA05: 'ZZ'<br>ISA06: Contains Submitter ID agreed upon with NHP<br>ISA07: 'ZZ'<br>ISA08: '650996107'                           |
|        |         | GS        | R   |   | GS02: Submitter ID<br>GS03: '650996107'<br>GS08: '004010X098A1'   |
| 62     |         | ST        | R   | Transaction Set Header                    |   |
| 63     |         | BHT       | R   | Beginner of Hierarchical Transaction      | BHT06 set to 'RP' for encounters or 'CH' for claims.  |
| 66     |         | REF       | R   | Transmission Type ID                      | REF02: '004010X098A1'   |
| 67     | 1000A   | NM1       | R   | Submitter Name                            |   |
| 71     | 1000A   | PER       | R   | Submitter EDI Contact Info                |   |
| 74     | 1000B   | NM1       | R   | Receiver Name                             |   |
| 77     | 2000A   | HL        | R   | Billing/Payto Provider Hierarchical Level |   |
| 79     | 2000A   | PRV       | S   | Billing/Payto Provider Specialty Info     |   |
| 81     | 2000A   | CUR       | S   | Foreign Currency Information              |   |
| 84     | 2010AA  | NM1       | R   | Billing Provider Name                     | NM109: Billing Provider TaxID   |
| 88     | 2010AA  | N3        | R   | Billing Provider Address                  |   |
| 89     | 2010AA  | N4        | R   | Billing Provider City/State/Zip Code      |   |
| 91     | 2010AA  | REF       | R   | Billing Provider Secondary ID             | REF01: 'G2' qualifier required<br>REF02: NHP Specific Provider Number - supplied by NHP   |
| 94     | 2010AA  | REF       | S   | Credit/Debit Card Billing Info            | Claim will reject if this segment exists.   |
| 96     | 2010AA  | PER       | S   | Billing Provider Contact Info             |   |
| 99     | 2010AB  | NM1       | S   | Payto Provider Name                       | This loop required only if Payto Provider is different than Billing Provider. If used, NM109 contains the Payto Provider TaxID. |
| 103    | 2010AB  | N3        | R   | Payto Provider Address                    |   |
| 104    | 2010AB  | N4        | R   | Payto Provider City/State/Zip Code        |   |
| 106    | 2010AB  | REF       | S   | Payto Provider Secondary ID               | If this loop is used:<br>REF01: 'G2' qualifier required<br>REF02: NHP Specific Provider Number - supplied by NHP                |
| 108    | 2000B   | HL        | R   | Subscriber Hierarchical Level             |   |
| 110    | 2000B   | SBR       | R   | Subscriber Info                           | SBR09: 'CI'   |
| 114    | 2000B   | PAT       | S   | Patient Info                              |   |
| 117    | 2010BA  | NM1       | R   | Subscriber Name                           | NM102: '1'<br>NM108: 'MI' (Membership ID Number)<br>NM109: 11 digit membership ID   |
| 121    | 2010BA  | N3        | S   | Subscriber Address                        |   |
| 122    | 2010BA  | N4        | S   | Subscriber City/State/Zip Code            |   |
| 124    | 2010BA  | DMG       | S   | Subscriber Demographic Info               |   |
| 126    | 2010BA  | REF       | S   | Subscriber Secondary ID                   |   |

| Page # | Loop ID | Reference | R/S | Name  | Notes/Comments  |
|--------|---------|-----------|-----|---|---|
| 128    | 2010BA  | REF       | S   | Property and Casualty Claim Number          | Claim will reject if this segment exists.   |
| 130    | 2010BB  | NM1       | R   | Payer Name                                  | NM103: 'NEIGHBORHOOD HEALTH'<br>NM108: 'PI'<br>NM109: '650996107'   |
| 134    | 2010BB  | N3        | S   | Payer Address                               | Not Used.   |
| 135    | 2010BB  | N4        | S   | Payer City/State/Zip Code                   | Not Used.   |
| 137    | 2010BB  | REF       | S   | Payer Secondary Information                 | Not Used.   |
| 139    | 2010BC  | NM1       | S   | Responsible Party Name                      |   |
| 143    | 2010BC  | N3        | R   | Responsible Party Address                   |   |
| 144    | 2010BC  | N4        | R   | Responsible Party City/State/Zip Code       |   |
| 146    | 2010BD  | NM1       | S   | Credit/Debit Card Holder Name               | Claim will reject if this segment exists.   |
| 149    | 2010BD  | N2        | S   | Additional Credit/Debit Card Holder Name    | Claim will reject if this segment exists.   |
| 150    | 2010BD  | REF       | S   | Credit/Debit Card Information               | Claim will reject if this segment exists.   |
| 152    | 2000C   | HL        | S   | Patient Hierarchical Level                  |   |
| 154    | 2000C   | PAT       | R   | Patient Info                                |   |
| 157    | 2010CA  | NM1       | R   | Patient Name                                | If this loop is used:<br>NM102: '1'<br>NM108: 'MI' (Membership ID Number)<br>NM109: 11 digit membership ID                      |
| 161    | 2010CA  | N3        | R   | Patient Address                             |   |
| 162    | 2010CA  | N4        | R   | Patient City/State/Zip Code                 |   |
| 164    | 2010CA  | DMG       | R   | Patient Demographic Info                    |   |
| 166    | 2010CA  | REF       | S   | Patient Secondary ID Number                 |   |
| 168    | 2010CA  | REF       | S   | Property and Casualty Claim Number          | Claim will reject if this segment exists.   |
| 170    | 2300    | CLM       | R   | Claim Info                                  | See Implementation guide for details.   |
| 180    |         | DTP       | S   | Date - Order Date                           |   |
| 182    |         | DTP       | S   | Date - Initial Treatment                    |   |
| 184    |         | DTP       | S   | Date - Referral Date                        |   |
| 186    |         | DTP       | S   | Date - Last Seen                            |   |
| 188    |         | DTP       | S   | Date - Onset of Current Illness/Symptom     |   |
| 190    |         | DTP       | S   | Date - Acute Manifestation                  |   |
| 192    |         | DTP       | S   | Date - Similar/Illness/Symptom Onset        |   |
| 194    |         | DTP       | S   | Date - Accident                             |   |
| 196    |         | DTP       | S   | Date - Last Menstrual Period                |   |
| 197    |         | DTP       | S   | Date - Last x-ray                           |   |
| 199    |         | DTP       | S   | Date - Estimated Date of Birth              |   |
| 200    |         | DTP       | S   | Date - Hearing and Vision Prescription Date |   |
| 201    |         | DTP       | S   | Date - Disability Begin                     |   |
| 203    |         | DTP       | S   | Date - Disability End                       |   |
| 205    |         | DTP       | S   | Date - Last Worked                          |   |
| 206    |         | DTP       | S   | Date - Authorized Return to Work            |   |
| 208    |         | DTP       | S   | Date - Admission                            |   |
| 210    |         | DTP       | S   | Date - Discharge                            |   |
| 212    |         | DTP       | S   | Date - Assumed and Relinquished Care Dates  |   |
| 214    |         | PWK       | S   | Claim Supplemental Info                     | If supplemental attachments are required, it is recommended that the claim and the attachments be mailed to NHP for processing. |

| Page # | Loop ID | Reference | R/S | Name  | Notes/Comments   |
|--------|---------|-----------|-----|---|--|
| 217    |         | CN1       | S   | Contact Info  |  |
| 219    |         | AMT       | S   | Credit/Debit Card Max Amt.  | Claim will reject if this segment exists.  |
| 220    |         | AMT       | S   | Patient Paid Amt.   | This segment is not used.  |
| 221    |         | AMT       | S   | Total Purchased Service Amt.  | This segment is not used.  |
| 222    |         | REF       | S   | Service Authorization Exception Code  |  |
| 224    |         | REF       | S   | Mandatory Medicare (Section 4081) Crossover Indicator                               |  |
| 226    |         | REF       | S   | Mammography Certification Number  |  |
| 227    |         | REF       | S   | Prior Authorization or Referral Number  |  |
| 229    |         | REF       | S   | Original Reference Number (ICN/DCN)   |  |
| 231    |         | REF       | S   | Clinical Laboratory Improvement Amendment (CLIA) Number                             |  |
| 233    |         | REF       | S   | Repriced Claim Number   |  |
| 235    |         | REF       | S   | Adjusted Repriced Claim Number  |  |
| 236    |         | REF       | S   | Investigational Device Exemption Number   |  |
| 238    |         | REF       | S   | Claim Identification Number for Clearinghouse and Other Transmission Intermediaries |  |
| 240    |         | REF       | S   | Ambulatory Patient Group (APG)  |  |
| 241    |         | REF       | S   | Medical Record Number   |  |
| 242    |         | REF       | S   | Demonstration Project ID  |  |
| 244    |         | K3        | S   | File Info   | This segment is not used.  |
| 246    |         | NTE       | S   | Claim Note  |  |
| 248    |         | CR1       | S   | Ambulance Transport Info  |  |
| 251    |         | CR2       | S   | Spinal Manipulation   |  |
| 257    |         | CRC       | S   | Ambulance Certification   |  |
| 260    |         | CRC       | S   | Patient Condition Information: Vision   |  |
| 263    |         | CRC       | S   | Homebound Indicator   |  |
| 265    |         | HI        | S   | Health Care Diagnosis Code  | No decimal point should be used in the diagnosis codes. The decimal point is assumed. HI01 cannot be an E-code.  |
| 271    |         | HCP       | S   | Claim Pricing/Repricing Info  |  |
| 276    | 2305    | CR7       | S   | Home Health Care Plan Info  |  |
| 278    |         | HSD       | S   | Health Care Services Delivery   |  |
| 282    | 2310A   | NM1       | S   | Referring Provider Name   |  |
| 285    |         | PRV       | S   | Referring Provider Specialty Info   |  |
| 288    |         | REF       | S   | Referring Provider Secondary ID   |  |
| 290    | 2310B   | NM1       | S   | Rendering Provider Name   |  |
| 293    |         | PRV       | S   | Rendering Provider Specialty Info   |  |
| 296    |         | REF       | S   | Rendering Provider Secondary ID   | Required if Rendering Provider is different than Billing or Payto Provider specified in loops 2010AA or 2010AB:<br>REF01: 'G2' qualifier required<br>REF02: NHP Specific Provider Number - supplied by NHP |
| 298    | 2310C   | NM1       | S   | Purchased Service Provider Name   |  |
| 301    |         | REF       | S   | Purchased Service Provider Secondary ID   |  |
| 303    | 2310D   | NM1       | S   | Service Facility Location   |  |
| 307    |         | N3        | R   | Service Facility Location Address   |  |
| 308    |         | N4        | R   | Service Facility Location City/State/Zip Code                                       |  |

| Page # | Loop ID | Reference | R/S | Name   | Notes/Comments  |
|--------|---------|-----------|-----|--|---|
| 310    |         | REF       | S   | Service Facility Location Secondary ID             |   |
| 312    | 2310E   | NM1       | S   | Supervising Provider Name                          |   |
| 316    |         | REF       | S   | Supervising Provider Secondary ID                  |   |
| 318    | 2320    | SBR       | S   | Other Subscriber Information                       | Only used for COB cases.                                  |
| 323    |         | CAS       | S   | Claim Level Adjustment                             | Only used for COB cases.                                  |
| 332    |         | AMT       | S   | Coordination of Benefits (COB) Payer Paid Amt.     | Only used for COB cases.                                  |
| 333    |         | AMT       | S   | COB Approved Amt.                                  | Only used for COB cases.                                  |
| 334    |         | AMT       | S   | COB Allowed Amt.                                   | Only used for COB cases.                                  |
| 335    |         | AMT       | S   | COB Patient Responsibility Amt.                    | Only used for COB cases.                                  |
| 336    |         | AMT       | S   | COB Covered Amt.                                   | Only used for COB cases.                                  |
| 337    |         | AMT       | S   | COB Discount Amt.                                  | Only used for COB cases.                                  |
| 338    |         | AMT       | S   | COB Per Day Limit Amt.                             | Only used for COB cases.                                  |
| 339    |         | AMT       | S   | COB Patient Paid Amt.                              | Only used for COB cases.                                  |
| 340    |         | AMT       | S   | COB Tax Amt.                                       | Only used for COB cases.                                  |
| 341    |         | AMT       | S   | COB Total Claim Before Taxes Amt.                  | Only used for COB cases.                                  |
| 342    |         | DMG       | S   | Other Subscriber Demographic Info                  | Only used for COB cases.                                  |
| 344    |         | OI        | R   | Other Insurance Coverage Info                      | Only used for COB cases.                                  |
| 347    |         | MOA       | S   | Medicare Outpatient Adjudication Info              | Only used for COB cases.                                  |
| 350    | 2330A   | NM1       | R   | Other Subscriber Name                              | Only used for COB cases.                                  |
| 354    |         | N3        | S   | Other Subscriber Address                           | Only used for COB cases.                                  |
| 355    |         | N4        | S   | Other Subscriber City/State/Zip Code               | Only used for COB cases.                                  |
| 357    |         | REF       | S   | Other Subscriber Secondary Info                    | Only used for COB cases.                                  |
| 359    | 2330B   | NM1       | R   | Other Payer Name                                   | Only used for COB cases.                                  |
| 363    |         | PER       | S   | Other Payer Contact Info                           | Only used for COB cases.                                  |
| 366    |         | DTP       | S   | Claim Adjudication Date                            | Only used for COB cases.                                  |
| 368    |         | REF       | S   | Other Payer Secondary ID                           | Only used for COB cases.                                  |
| 370    |         | REF       | S   | Other Payer Prior Authorization or Referral Number | Only used for COB cases.                                  |
| 372    |         | REF       | S   | Other Payer Claim Adjustment Indicator             | Only used for COB cases.                                  |
| 374    | 2330C   | NM1       | S   | Other Payer Patient Info                           | Only used for COB cases.                                  |
| 376    |         | REF       | S   | Other Payer ID Number                              | Only used for COB cases.                                  |
| 378    | 2330D   | NM1       | S   | Other Payer Referring Provider Name                | Only used for COB cases.                                  |
| 380    |         | REF       | R   | Other Payer Referring Provider ID                  | Only used for COB cases.                                  |
| 382    | 2330E   | NM1       | S   | Other Payer Rendering Provider Name                | Only used for COB cases.                                  |
| 384    |         | REF       | R   | Other Payer Rendering Provider Secondary ID        | Only used for COB cases.                                  |
| 386    | 2330F   | NM1       | S   | Other Payer Purchased Service Provider Name        | Only used for COB cases.                                  |
| 388    |         | REF       | R   | Other Payer Purchased Service Provider ID          | Only used for COB cases.                                  |
| 390    | 2330G   | NM1       | S   | Other Payer Service Facility Location Name         | Only used for COB cases.                                  |
| 392    |         | REF       | R   | Other Payer Service Facility ID                    | Only used for COB cases.                                  |
| 394    | 2330H   | NM1       | S   | Other Payer Supervising Provider                   | Only used for COB cases.                                  |
| 396    |         | REF       | R   | Other Payer Supervising Provider ID                | Only used for COB cases.                                  |
| 398    | 2400    | LX        | R   | Service Line Number                                | Maximum of 90 service lines can be sent per claim to NHP. |
| 400    |         | SV1       | R   | Professional Service                               | SV101-2: 'HC' for HCPCS codes.                            |

| Page # | Loop ID | Reference | R/S | Name   | Notes/Comments  |
|--------|---------|-----------|-----|--|---|
| 408    |         | SV4       | S   | Prescription Number  | Used for informational purposes only, not for adjudication. |
|        |         | SV5       | S   | DME Service  |   |
| 410    |         | PKW       | S   | DMERC CMN Indicator  |   |
| 412    |         | CR1       | S   | Ambulance Transport Date   |   |
| 415    |         | CR2       | S   | Spinal Manipulation Service Info                                       |   |
| 421    |         | CR3       | S   | Durable Medical Equipment Certification                                |   |
| 423    |         | CR5       | S   | Home Oxygen Therapy Info   |   |
| 427    |         | CRC       | S   | Ambulance Certification  |   |
| 430    |         | CRC       | S   | Hospice Employee Indicator   |   |
| 432    |         | CRC       | S   | DMERC Condition Indicator  |   |
| 435    |         | DTP       | R   | Date - Service Date  |   |
| 437    |         | DTP       | S   | Date - Certification Revision Date                                     |   |
| 439    |         | DTP       | S   | Date - Referral Date   |   |
| 440    |         | DTP       | S   | Date - Begin Therapy Date  |   |
| 442    |         | DTP       | S   | Date - Last Certification Date   |   |
| 444    |         | DTP       | S   | Date - Order Date  |   |
| 445    |         | DTP       | S   | Date - Date Last Seen  |   |
| 447    |         | DTP       | S   | Date - Test  |   |
| 449    |         | DTP       | S   | Date - Oxygen Saturation/Arterial Blood Gas Test                       |   |
| 451    |         | DTP       | S   | Date - Shipped   |   |
| 452    |         | DTP       | S   | Date - Onset of Current Symptoms/Illness                               |   |
| 454    |         | DTP       | S   | Date - Last X-ray  |   |
| 456    |         | DTP       | S   | Date - Acute Manifestation   |   |
| 458    |         | DTP       | S   | Date - Initial Treatment   |   |
| 460    |         | DTP       | S   | Date - Similar Illness/Symptom Onset                                   |   |
| 462    |         | QTY       | S   | Anesthesia Modifying Units   |   |
| 464    |         | MEA       | S   | Test Result  |   |
| 466    |         | CN1       | S   | Contract Info  |   |
| 468    |         | REF       | S   | Repriced Line Item Reference Num.                                      |   |
| 469    |         | REF       | S   | Adjusted Reprice Line Item Reference Number                            |   |
| 470    |         | REF       | S   | Prior Authorization or Referral Number                                 |   |
| 472    |         | REF       | S   | Line Item Control Number   |   |
| 474    |         | REF       | S   | Mammography Certification Number                                       |   |
| 475    |         | REF       | S   | Clinical Laboratory Improvement Amendment (CLIA) ID                    |   |
| 477    |         | REF       | S   | Referring Clinical Laboratory Improvement Amendment (CLIA) Facility ID |   |
| 478    |         | REF       | S   | Immunization Batch Number  |   |
| 479    |         | REF       | S   | Ambulatory Patient Group (APG)   |   |
| 480    |         | REF       | S   | Oxygen Flow Rate   |   |
| 482    |         | REF       | S   | Universal Product Number (UPN)   |   |
| 484    |         | AMT       | S   | Sales Tax Amt.   |   |
| 485    |         | AMT       | S   | Approved Amt.  |   |
| 486    |         | AMT       | S   | Postage Claimed Amt.   |   |
| 487    |         | K3        | S   | File Info  | This segment is not used.                                   |
| 488    |         | NTE       | S   | Line Note  |   |

| Page # | Loop ID | Reference | R/S | Name   | Notes/Comments  |
|--------|---------|-----------|-----|--|---|
| 489    |         | PS1       | S   | Purchased Service Info                             |   |
| 491    |         | HSD       | S   | Health Care Services Delivery                      |   |
| 495    |         | HCP       | S   | Line Pricing/Repricing Info                        |   |
| 501    | 2420A   | NM1       | S   | Rendering Provider Name                            |   |
| 504    |         | PRV       | R   | Rendering Provider Specialty Info                  |   |
| 507    |         | REF       | S   | Rendering Provider Secondary ID                    | If this loop is used:<br>REF01: 'G2' qualifier required<br>REF02: NHP Specific Provider Number<br>- supplied by NHP |
| 509    | 2420B   | NM1       | S   | Purchased Service Provider Name                    |   |
| 512    |         | REF       | S   | Purchased Service Provider Secondary ID            |   |
| 514    | 2420C   | NM1       | S   | Service Facility Location                          |   |
| 518    |         | N3        | R   | Service Facility Location Address                  |   |
| 519    |         | N4        | R   | Service Facility Location City/State/Zip           |   |
| 521    |         | REF       | S   | Service Facility Location Secondary ID             |   |
| 523    | 2420D   | NM1       | S   | Supervising Provider Name                          |   |
| 527    |         | REF       | S   | Supervising Provider Secondary ID                  |   |
| 529    | 2420E   | NM1       | S   | Ordering Provider Name                             |   |
| 533    |         | N3        | S   | Ordering Provider Address                          |   |
| 534    |         | N4        | S   | Ordering Provider City/State/Zip                   |   |
| 536    |         | REF       | S   | Ordering Provider Secondary ID                     |   |
| 538    |         | PER       | S   | Ordering Provider Contact Info                     |   |
| 541    | 2420F   | NM1       | S   | Referring Provider Name                            |   |
| 544    |         | PRV       | S   | Referring Provider Specialty Info                  |   |
| 547    |         | REF       | S   | Referring Provider Secondary ID                    |   |
| 549    | 2420G   | NM1       | S   | Other Payer Prior Authorization or Referral Number |   |
| 552    |         | REF       | R   | Other Payer Prior Authorization or Referral Number |   |
| 554    | 2430    | SVD       | S   | Line Adjudication Info                             | This segment is not used at this time.  |
| 558    |         | CAS       | S   | Line Adjustment                                    | This segment is not used at this time.  |
| 566    |         | DTP       | R   | Line Adjudication Date                             | This segment is not used at this time.  |
| 567    | 2440    | LQ        | S   | Form ID Code                                       |   |
| 569    |         | FRM       | R   | Supporting Documentation                           |   |
| 572    |         | SE        | R   | Transaction Set Trailer                            |   |