

Hillsborough County Ryan White
ANSI X12N 837P 4010A1 (Professional
Health Care Claim) Submissions
Publication Date:
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HIPAA Transaction Companion Guide
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1. Overview

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers and providers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 837 implementation guides have been established as the standards of compliance for Healthcare Claims transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 837 Professional implementation guide. The table contains specific requirements to be used for processing data in the Hillsborough County Ryan White title I, II and HOPWA programs.

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict, any requirements in the ANSI ASC X12N 837 Professional implementation guide. Additional companion documents will be developed for use with other HIPAA standards as they become available.

Note: The information in this document is subject to change. Please refer to the version number and effective date located in the footer of this document for the latest information available. A copy of the most current version of this companion document can be obtained from the internet at www.hillsboroughcounty.org/HIPAA/index.htm.

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2. Transaction Rules

- a) All incoming data transactions use the basic character set as defined in the Appendix A of the standard 837P Implementation Guide.
- b) Incoming transaction delimiters are defined as ~ (tilde) for segment separators, * (asterisk) for data element separators and : (colon) for component data element separators. The usage of these characters within text data elements of an incoming transaction may cause transaction to be rejected.
- c) Only loops, segments, and data elements valid for the 837P Implementation Guide will be translated. Submitting data that is not valid based on the Implementation Guide will cause transaction to be rejected.
- d) All dates submitted on an incoming transaction must be valid calendar dates in the appropriate format based on the respective qualifier and corresponding date format defined in the implementation guide. Failure to submit a valid calendar date will cause the transaction to be rejected.
- e) HC RW will process only one transaction per functional group; a submitter must submit only one GS-GE (Functional Group) within an ISA-IEA (Transaction Set).
- f) HC RW will process multiple, (batch), transactions in a functional group; a submitter must submit batches in ST-SE (Transaction Set) groups.
- g) A 997 (Function Acknowledgment) will be returned to the sender once a transaction set is received and processed.
- h) Providers will be required to submit a minimum amount of identification in order to verify eligibility on clients.

3. Field Definitions

R (Required): This field must always be included in the transmission.

S (Situational): This field is necessary in certain situations. Please review the ASC X12N Implementation Guide for instructions on when this is required.

N/U (Not Used): The areas of the Companion Guide designated with "N/U", in the "Usage Req." column of the companion guide are **NOT USED** according to the standard and should not be included in transmissions.

Notes: This provides the HCHCP requirements/recommendations for some fields.

4. Testing EDI Transactions

EDI System vendors and submitters including individual providers who have programmed their own systems will be required to complete a testing phase before production status can be granted to ensure accurate format and data quality. Once the vendor or submitter is granted production status, providers may use a 837 P Health Care Claims transaction without additional testing. We do however, allow and recommend all submitters to submit test transaction files to continuously ensure format and syntax standards are maintained. We must be notified so that the submitter identification number can be activated on the testing facility.

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5. Subscribing to the System

EDI System vendors and submitters including individual providers who have programmed their own systems will be required to sign up on Hillsborough County Online Transaction Application. To sign up for this system, visit: <http://www.hillsboroughcounty.org/hipaa/resources/onlineservices/onlinetransaction/register.cfm>. A representative will contact you to set up an FTP account on Hillsborough County's FTP server. Users will be able to submit 837P files via FTP transactions.

6. Ryan White Tables

IL	Income Level
1	Less than or equal to 100% of poverty
2	101 – 150 % of poverty
3	151 – 200 % of poverty
4	201 – 250 % of poverty
5	251 – 300 % of poverty
6	Grater than 300% of poverty
7	Unknown

ES	Enrollment Status
1	Active New
2	Active continuing

EC	Exposure Category
1	Transfusion, Blood Component or Tissue
2	Gay/Bisexual Man
3	Injected Drug User
4	Gay/Bisexual Man and Injected Drug User
5	Heterosexual Contact
6	Pediatric Only
7	Unknown
8	HIV Affected
9	Hemophiliac

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RC	RACE
1	White
2	Black or African-American
3	Asian
4	Native Hawaiian/Pacific Islander
5	American Indian or Alaskan Native
6	Multiple Races
7	Unknown/Unreported

HS	Status (HIV/AIDS Status)
1	HIV positive not AIDS
2	HIV negative, affected only Title I
3	CDC defined AIDS

ET	Ethnicity
1	Hispanic or Latino
2	Non-Hispanic or Latino
3	Unknown/Unreported

GE	Gender
1	Male HIV positive
2	Male CDC-defined AIDS
3	Female HIV Positive
4	Female CDC-defined AIDS
5	Transgender HIV positive
6	Transgender CDC-defined AIDS
7	Male Pediatric/affected (Title I only)
8	Female Pediatric/affected (Title I only)

MI	Medical Insurance
1	Private
2	Medicare
3	Medicaid

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4	Other Public
5	No Insurance
6	Other
7	Unknown/Unreported

HA	Housing Arrangements
1	Permanently Housed
2	Not Permanently Housed

SU	Service Unit Definitions
	Ambulatory/Outpatient Medical Care, (Office Visits, Laboratory Tests, Patient Education Sessions)
	Drug Reimbursement Program (30 Day supply)
	Oral Health (Office Visit)
	Mental Health (One hour Visit)
	Nutritional Counseling (One hour Visit)
	Substance Abuse Services (One hour Visit)
	Health Insurance (one month premium, co-pay or deductible)
	Day/Respite Care (One hour Visit)
	Treatment Adherence (15 minute increment)
	Rehabilitation Services (Office Visit)

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7. Interchange Control

#	Segment	Element	Req.	Len. Min/ Max	Comments	Mapping	Details of segment or loop level logic added	Notes
0	Transaction	Set Header			Professional V401A1			
1	ST		R					Repeat: 1
2		ST01	m	3/3	Transaction Set ID	"837"	This element should be able to be hard coded when submitting the claim.	
3		ST02	m	4/9	Transaction Set Control Number	"0001"	System generated control number. Must equal SE02 and must be unique in GS-GE groups. Counter should set initial value to "0001" increments by 1 on each file/batch processed. Until it reaches 9999, then reset.	
4	BHT		R		>Beginning of Transaction			Repeat: 1
5		BHT01	m	4/4	Hierarchical Structure Code	"0019"	This element should be able to be hard coded when submitting the claim.	
6		BHT02	m	2/2	Transaction set Purpose Code	Hard Code "00"	Two values are allowed: "00" for original and "18" for reissue claims when transmission is disrupted.	Always use 00.
7		BHT03	m	1/30	Reference Identification	Submission Number		
8		BHT04	m	8/8	Date	ISA # 09	CCYYMMDD	
9		BHT05	m	4/8	Time	ISA # 10	HHMM (default) or HHMMSS	
10		BHT06	m	2/2	Transaction Type Code	"CH"	Two values are allowed "CH" chargeable or "fee for service" "RP" reporting encounters.	
11	REF		R		>Transmission type Identification			Repeat: 1
12		REF01	m	1/3	Reference Identification Qualifier	"87"	Functional Category	

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13		REF02	m	1/30	Reference Identification or Transmission Type Code	"004010X098A1"	Test Mode use: "004010X98DA1" Production Mode use: "004010X98A1"	
14		REF03 thru REF04						<i>Not Used.</i>
15	LOOP 1000A				>Submitter name			
16	NM1		R				Repeat: 1 (10)	
17		NM101	m	2/3	Entity Identifier Code	"41"	Submitter	
18		NM102	m	1/1	Entity Type Qualifier	"2"	Two values "1" Person "2" Non-Person Entity	
19		NM103	m	1/35	Last name of person or organization name	"Organization Name"		
20		NM104	s	1/25	Name First		If NM102 = 1 required	
21		NM105	s	1/25	Name Middle		If NM102 = 1 required	
22		NM106 thru NM107						<i>Not Used.</i>
23		NM108	m	2/2	Identifier Code Qualifier	"46"	Electronic transmitter Identification Number (ETIN) .	<i>Established by trading partner agreement. RW. *****</i>
24		NM109	m	2/80	Identifier Code	Submitter ID	Submitter Primary Identification Number.	
25		NM110 thru NM111						<i>Not Used.</i>
26	N2 (1)		s	1/60	Additional Name Information		Additional Submitter Name	
27	N2 (2)		s	1/60			Additional Submitter Name	
28	PER		R		>Submitter EDI contact information		Repeat: 1 (2)	
29		PER01	m	2/2	Information contact	"IC"		
30		PER02	m	1/60	Submitter Contact Name	" "		<i>Grantee Name Information.</i>
31		PER03	m	2/2	Communication Number qualifier	"TE"	Valid types: ED = Electronic Data Interchange . Access Number EM = Electronic Mail FX = Fax TE = Telephone	

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32		PER04	m	1/80	Communication Number	areacode numer format		
33		PER05 thru PER09					Repeat pairs of PER03 and PER04 EM = Email address added.	
34	LOOP 1000B							
35	NM1		R		>Receiver name		Repeat: 1	
36		NM101	m	2/2	Entity Identification Code	"40"	Receiver	
37		NM102	m	1/1	Entity Type Qualifier	"2"	Non-Person Entity	
38		NM103	m	1/2	Organization Code	"Ryan White"	Organization Name or Receiver Name	
39		NM104 thru NM107						<i>Not Used.</i>
40		NM108	m	2/2	Identification Code Qualifier	"46"	Electronic transmitter Identification Number (ETIN) .	
41		NM109	m	2/80	Identification Code	Receiver ID	Receiver Primary Identifier	
42		NM110 thru NM111						<i>Not Used.</i>
43	N2 (1)		s	1/60			Additional Receiver Name	
44	N2 (2)		s	1/60			<i>Additional Receiver Name</i>	
45	LOOP 2000A				>Billing/pay to provider HL			
46	HL		R				Repeat: 1	
47		HL01	m	1/12	Hierarchical ID Number	"1"	Incremented each time a HL segment is used.	<i>HL Counter set to 1</i>
48		HL02						<i>Not Used.</i>
49		HL03	m	1/2	Hierarchical Level Code	"20"	Information Source	
50		HL04	m	1/1	Hierarchical Child Code	"1"	Additional Subordinate HL Data Segments in this Hierarchical Structure	
51	PRV		S		>Billing/Pay-to Provider Specialty Information		Repeat: 1	<i>May not be needed..</i>

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52		PRV01	m	1/3		"BI"	BI - Billing PT Pay-To Required if rendering provider is the same as billing provider and/or pay-to provider.	
53		PRV02	m	2/3	Reference ID Qualifier	"ZZ"	Mutually defined. Healthcare Provider Taxonomy Code List	
54		PRV03	m	1/30	Reference ID	"251K0000X"	Inbound data field blank. Provider Specialty.	<i>Set default to Public Health or Welfare Agency 251K0000X.</i>
55		PRV04-06						<i>Not Used.</i>
56	CUR				Foreign Currency Information			<i>Not Used.</i>
57	LOOP 2010AA							
58	NM1		R		>Billing provider name		Repeat: 1	
59		NM101	m	2/3	Entity Identifier Code	"85"	Billing Provider	
60		NM102	m	1/1	Entity Identifier Qualifier	"2"	1 - Person 2 - Non-Person Entity	
61		NM103	m	1/35	Name Last or Organization Name	Provider Organization Name	If NM102 = "1" use last name	
62		NM104	s	1/25	Name First		If NM102 = "1" use first name	
63		NM105	s	1/25	Name Middle		If NM102 = "1" use middle name	
64		NM106		1/10				<i>Not Used.</i>
65		NM107		1/10				<i>Not Used.</i>
66		NM108	m	1/2	Identification Code Qualifier	"24"	If NM102 = "2" 24 - Employer's Identification Number If NM102 = "1" 34 - SSN Or usage is XX - Healthcare Financing Administration Number.	
67		NM109	m	2/80	Identification Code	Provider Number Or Provider Tax ID	Identification Code	
68		NM110 thru NM111						<i>Not Used.</i>
69	N2 (1)		S				Additional Billing Provider Name	

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70	N2 (2)		S				Additional Billing Provider Name	
71	N3		R		>Billing provider address		Repeat: 1	
72		N301	m	1/55	Addresss Information	Provider Service Address 1 or Pay-to-Provider Address 1		
73		N302	S	1/55		Provider Service Address 2 or Pay-to-Provider Address 2		
74	N4		R		>Billing provider city/state/zip		Repeat: 1	
75		N401	m	2/30	City Name	Provider Service City or Pay-to-Provider City		
76		N402	m	2/2	State Name	Provider Service State or Pay-to-Provider State		
77		N403	m	3/15	Zip Code	Provider Service Zip or Pay-to-Provider Zip	5 or 9 digits.	
78		N404	S				Required if billing address is outside of the US	<i>Not Used.</i>
79		N405 thru N406						<i>Not Used.</i>
80	REF		S		>Billing Provider Secondary Identification		Repeat: 1 (8)	<i>This REF segment is Situational and required only when a secondary identification number is needed to identify the entity. If XX in NM108</i>
81		REF01	m	2/3	Reference Identification Qualifier	"SY"	Provider table on page 92 of implementation guide	
82		REF02	m	1/30	Reference Identification Qualifier		Additional Billing Provider Identifier	
83		REF03 - REF04						<i>Not Used.</i>

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84	PER		S		>Billing Provider Contact Information		Repeat: 1 (2)	<i>This PER segment is only used if the Submitter's Communication Number is different than the Billing Provider's Number.</i>
85		PER01	m	2/2	Contact Function Code	"IC"	Information Contact	
86		PER02	m	1/60	Name	Billing Provider Contact Name	Billing Provider Contact Name	
87		PER03	m	2/2	Communication Number Qualifier		EM - email FX - FAX TE - Telephone	
88		PER04	m	1/80	Communication Number		dependant on above.	
89		PER05 - 09					Additional contact information.	
90	LOOP 2010AB				>Pay to provider name			
91	NM1		S				Repeat: 1	<i>This is required if pay-to-provider is different than the billing provider.</i>
92		NM101	m	2/3	Entity Identifier Code	"87"	Pay-to-Provider	
93		NM102	m	1/1	Entity Type Qualifier	"2"	1 - Person 2 - Non-Person Entity	
94		NM103	m	1/35	Name Last or Organization Name	Organization Name or Last Name	Provider Organization Name	
95		NM104	s	1/25	Name First		If NM102 is 1 then required	
96		NM105	s	1/250	Name Middle		If NM102 is 1 then required	
97		NM106 thru NM107						
98		NM108	m	1/2	Identification Code Qualifier	"24"	24 - Employer's Identification Number 34 - SSN XX - National Provider Number	
99		NM109	m	2/80	Pay-to (rendering) Provider Identification Number	"24" or "34"	EMC Provider Id if NM102 is 1 then 34 elseif NM102 is 2 then 24.	
100		NM110 thru NM111						
101	N2							

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102	N3		S		>Pay to provider address		Repeat: 1	
103		N301	m	1/55	Pay-To Address 1	ADDR 1		
104		N302	s	1/55	Pay-To Address 2	ADDR 2		
105	N4		S		> Pay to provider city/state/zip		Repeat: 1	
106		N401	m	2/30	Pay-To City			
107		N402	m	2/2	Pay-To State			
108		N403	m	3/15	Pay-To ZipCode		5 or 9 digits.	
109		N404 thru N406						<i>Not used.</i>
110	REF		S		>Billing Provider Secondary Identification		This REF segment is Situational and required only when a secondary identification number is needed to identify the entity.	
111		REF01	m	2/3	Reference ID Qualifier		Table on page 107 Implementation guide.	<i>Use BQ or U3</i>
112		REF02	m	1/30	Reference ID		Pay-to Provider Additional Identifier.	<i>MSO Number</i>
113		REF03 - REF04						
114	REF							
115	LOOP 2000B							
116	HL		R		>Subscriber HL		Repeat: 1	<i>Used if insured and patient are the same.</i>
117		HL01	m	1/12	Hierarchical ID Number	Current incremented value on HL segment	Incremented each time an HL segment is used.	
118		HL02	m	1/12	Hierarchical Parent ID number	"1"	Most only occur 1 time	<i>Always default 0</i>
119		HL03	m	1/2	Hierarchical Level Code	"22"	Subscriber.	
120		HL04	m	1/1	Hierarchical Child Code	"0"	0 - No subornate HL segments 1 - Additional suborante segments	<i>Always default 0</i>
121	SBR		R		>Subscriber information		Repeat: 1	<i>To record primary insured and insurance carrier.</i>

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141		NM104	s	1/25	First Name	""	Subscriber First Name	
142		NM105	s	1/25	Middle Name	""	Subscriber Middle Name	
143		NM106			Name Prefix			<i>Not Used.</i>
144		NM107	s	1/10	Name Suffix		Required if known.	
145		NM108	s	1/2	Identification Code Qualifier	"MI"	MI - Member Identification Number ZZ - Mutually Defined	
146		NM109	s	2/80	Identification Code	""	URN Client Identification Number	
147		NM110 thru NM111						<i>Not Used.</i>
148	N2							<i>Not Used.</i>
149	N3		S		>Subscriber's address		Repeat: 1	
150		N301	m	1/55	Addresss Information	""	Subscriber Address 1	
151		N302	s	1/55	Addresss Information	""	Subscriber Address 2	
152	N4		S		>Subscriber's city/state/zip		Repeat: 1	
153		N401	m	2/30	City Name	""	Subscriber City	
154		N402	m	3/15	State Name	""	Subscriber State	
155		N403	m	2/3	Zip Code	""	Subscriber Zip	
156		N404 thru N406						<i>Not Used</i>
157	DMG		S		>Subscriber's demographic info		Repeat: 1	<i>This segment is required when the Patient is the same as the Subscriber (2000B, SBR02 = 18 "Self"), otherwise when the Patient is not the same as the Subscriber this segment may not exist.</i>
158		DMG01	m	2/3		"D8"	Date expressed in format "CCYYMMDD"	
159		DMG02	m	1/35	Date of birth	""	Subscriber Date of birth	
160		DMG03	m	1/1	Gender code	""	Gender code	<i>Codes Exhibit IV.</i>
161		DMG04	C	1/1	Marital Status Code			<i>Not Used</i>
162		DMG05	C	1/1	Race or Ethnicity Code			<i>Not Used</i>

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163		DMG06	C	1/2	Citizenship Status Code			<i>Not Used</i>
164		DMG07	C	1/3	Country Code			<i>Not Used</i>
165		DMG08	C	1/2	Basis of Verification Code			<i>Not Used</i>
166		DMG09	C	1/15	Quantity			
167	REF							<i>Not Used</i>
168	REF							<i>Not Used</i>
169	LOOP 2010BB							
170	NM1		R		>Payer name		Repeat: 1	
171		NM101	m	2/3	Entity Identifier Code	"PR"	Payer	
172		NM102	m	1/1	Entity Type Qualifier	"2"	Non-Person Entity	
173		NM103	m	1/35	Organization Name	"Ryan White Title II"	Payer Name	
174		NM104 thru NM107						<i>Not Used.</i>
175		NM108	m	1/2	Identification Code Qualifier	"PI"	PI - Payer Identification XV - Healthcare Financing Administration National.	
176		NM109	m	2/2	Identification Code	""	National Payer ID	
177		NM110 thru NM111						<i>Not Used.</i>
178	N3		S		>Payer Address		Repeat: 1	<i>Payer address is required when the submitter intends for the claim to be printed on paper at the next EDI location.</i>
179		N301	m	1/55	Payer Address 1	ADDR 1		
180		N302	s	1/55	Payer Address 2	ADDR 2		
181	N4		S		> Payer city/state/zip		Repeat: 1	
182		N401	m	2/30	Payer City			
183		N402	m	2/2	Payer State			

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184		N403	m	3/15	Payer ZipCode		5 or 9 digits.	
185		N404 thru N406						<i>Not used.</i>
186	REF		S		>Payer Secondary Identification		This REF segment is Situational and required only when a secondary identification number is needed to identify the entity.	
187		REF01	m	2/3	Reference ID Qualifier		Table on page 107 Implementation guide.	<i>Not Used.</i>
188		REF02	m	1/30	Reference ID		Pay-to Provider Additional Identifier.	<i>Not Used.</i>
189		REF03 - REF04						<i>Not Used.</i>
190	LOOP 2010BC							
191	NM1		S		>Responsible Party Name		Repeat: 1	Guarantor
192		NM101	m	2/3	Entity Identifier Code		Payer	<i>Not Used.</i>
193		NM102	m	1/1	Entity Type Qualifier		Non-Person Entity	<i>Not Used.</i>
194		NM103	m	1/35	Organization Name		Payer Name	<i>Not Used.</i>
195		NM104 thru NM107						<i>Not Used.</i>
196		NM108	m	1/2	Identification Code Qualifier		PI - Payer Identification XV - Healthcare Financing Administration National.	<i>Not Used.</i>
197		NM109	m	2/2	Identification Code		National Payer ID	<i>Not Used.</i>
198		NM110 thru NM111						<i>Not Used.</i>
199	N3		S		>Responsible Party Address		Repeat: 1	
200		N301	m	1/55		ADDR 1		<i>Not Used.</i>
201		N302	s	1/55		ADDR 2		<i>Not Used.</i>
202	N4		S		> Responsible Party city/state/zip		Repeat: 1	
203		N401	m	2/30				<i>Not Used.</i>
204		N402	m	2/2				<i>Not Used.</i>
205		N403	m	3/15			5 or 9 digits.	<i>Not Used.</i>
206		N404 thru N406						<i>Not used.</i>

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207	REF		S		>Payer Secondary Identification		This REF segment is Situational and required only when a secondary identification number is needed to identify the entity.	
208		REF01	m	2/3	Reference ID Qualifier		Table on page 107 Implementation guide.	<i>Not Used.</i>
209		REF02	m	1/30	Reference ID		Pay-to Provider Additional Identifier.	<i>Not Used.</i>
210		REF03 - REF04						<i>Not Used.</i>
211	LOOP 2010BD		S		Credit/Debit Card Holder			<i>Not Used.</i>
212	LOOP 2000C		S		Patient Hierarchical Level			<i>Required when patient is different than the subscriber. Not Used</i>
213	LOOP 2010CA							<i>Not Used.</i>
214								
215	LOOP 2300				>Claim information			<i>Maximum of 5000 CLM segments per (ST-SE envelope).</i>
216	CLM		R				Repeat: 1	<i>Page 170</i>
217		CLM01	m	1/38	Claim Submitter Identifier	""	Patient Control Number or Patient Account Number.	<i>Client ID #. From provider.</i>
218		CLM02	m	1/18	Monetary Amount	""	Total Claim Charge	
219		CLM03 thru CLM04						
220		CLM05	m		Health Care Services Location Information		Place of Service Code	
221		CLM05-1	m	1/2	Place of Service Facility Code	"71"	State or Local Public Health. Table on page 173 Implementation Guide.	<i>These codes will be used to identify types of services rendered.</i>
222		CLM05-2						<i>Not Used</i>

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223		CLM05-3	m	1/1		"1"	1 - Original (Admit - Discharge Claim) 6 - Corrected (Adjustment of Prior Claim) 7 - Replacement (Replacement of Prior Claim) 8 - Void (Void/Cancel of Prior Claim)	<i>Corrected or Replacement claims (174). Needed, example client paid housing omes back due to no nove in.</i>
224		CLM06	m	1/1	Yes/No Code	"Y"	Provider Signature on File	<i>Y = Signature on file N not</i>
225		CLM07	m	1/1	Provider Accept Assignment Code	"A"	Prov Assign Ind	<i>Page 174</i>
226		CLM08	m	1/1	Yes/No Code	"Y"	Assignment of Benefits	<i>Currently Blank (Default to Y)</i>
227		CLM09	m	1/1	Release of Information	"N"	A = Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization. I = Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statues. M = The Provider has Limited or Restricted Ability to Release Data Related to a Claim. N = No, Provider is Not Allowed to Release Data O = On file at Payor or at Plan Sponsor Y = Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim.	
228		CLM10	S					
229		CLM11	S				Related - Causes Code	<i>Not Used.</i>
230		CLM12	s	2/3		"03"	Special Program Ind Table page 178.	
231		CLM13 thru CLM20						<i>Not Used.</i>
232	DTP		S		>Date - Onset of Current Illness/Symptom		Repeat: 1	<i>Initial Treatment Referral Date Admission</i>

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233		DTP01	m	3/3	Date Time Qualifier		Types on page 182 -213 Implementation guide.	
234		DTP02	m	2/3	Date Format	"D8"	CCYYMMDD	
235		DTP03	m		Date of Service			
236	PWK		S		>Paper Work		Repeat: 1	<i>Not Used.</i>
237	CN1		S		>Contract Information	Non Capitated	Repeat: 1	<i>Not Used.</i>
238	AMT		S		>Patient Amount Paid		Repeat: 1	<i>Not Used.</i>
239	REF		S		>Prior Authorization or Referral Number		Repeat: 1 (2)	<i>The presence of the MEDICAL RECORD NUMBER is used at the discretion of the submitter.</i>
240		REF01	m	2/3	Reference Identification Qualifier	"G1"	G1 - Prior Authorization Number 9F - Referral Number	
241		REF02	m	1/30	Reference Identification	""		
242		REF03 thru REF04						<i>Not Used</i>
243	REF		S		>Claim Original Referral Number		The presence of the MEDICAL RECORD NUMBER is used at the discretion of the submitter.	<i>Other types pages 230 - 240.</i>
244		REF01	y					
245		REF02	y					
246		REF03 thru REF04						
247	REF		S		>Medical Record Number		The presence of the MEDICAL RECORD NUMBER is used at the discretion of the submitter.	
248		REF01	m					
249		REF02	m					
250		REF03 thru REF04						
251	K3		S		>File information		Repeat: 10	<i>Not Used.</i>
252		K301			-		-	<i>Not Used.</i>
253		K302 thru K303						<i>Not Used</i>
254	NTE		S		>Claim Note		Repeat: 1	<i>Optional</i>
255	NTE	NTE01	S	3/3	Note Ref Code	"ADD"		

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256	NTE	NTE02	S	1/80	Description	IL=1,ES=1	IL - Income Level EC - Exposure Category ES - Enrollment Status HS - HIV/AIDS Status ET - Ethnicity GE - Gender HA - Housing Arrangements	<i>Details will be needed limited to 80 characters. Use standard sub-field separator.</i>
257	CRC		S		EPSDT Referral			<i>Not Used.</i>
258	HI		S		>Health care diagnosis			<i>Health care diagnosis is Required on all claims for which a diagnosis exists.</i>
259		HI01						
260		HI01-1	m	1/3		"BK"		
261		HI01-2	m	1/30		""	Principal Diagnosis Code	
262		HI01-3 thru HI01-7						<i>Not Used.</i>
263		HI02-1	s	1/3		"BF"		
264		HI02-2	s	1/30		""	2nd Diagnosis Code	
265		HI02-3 thru HI02-7						
266		HI03-1	s	1/3		"BF"		.
267		HI03-2	s	1/30		""	3rd Diagnosis Code	
268		HI03-3 thru HI03-7						
269		HI04-1	s	1/3		"BF"		
270		HI04-2	s	1/30		""	4th Diagnosis Code	
271		HI04-3 thru HI12					May repeat through 12 if needed.	
272	HCP		S		Healthcare Pricing		Repeat: 1	<i>Not Used</i>
273	LOOP 2305							
274	CR7		S		>Home HealthCare Plan Information		Repeat: 1	<i>Page 276 Implementation Guide</i>
275	HSD		S		>Home HealthCare Services Delivery		Repeat: 3	<i>.Page 276 Implementation Guide</i>
276	LOOP 2310A							<i>Not Used</i>
277	LOOP 2310B							<i>Not Used</i>

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278	LOOP 2310C							<i>Not Used</i>
279	LOOP 2310D							<i>Not Used</i>
280	LOOP 2310E							<i>Not Used</i>
281	LOOP 2320							<i>Not Used</i>
282	LOOP 2330A							<i>Not Used</i>
283	LOOP 2330B							<i>Not Used</i>
284	LOOP 2330C thru LOOP 2330H							<i>Not Used</i>
285	LOOP 2400				>Service line			
286	LX		R					Repeat: 50
287		LX01	m	1/6	Assigned Number	"1"		Counter initialize 1 then incremented.
288	SV1		R		>Professional service			Repeat: 1
289		SV101	m		Composite Medical Procedure Identifier			
290		SV101-1	m	2/2		"HC"		Page 401 on guide for codes HCPCS
291		SV101-2	m	1/48		"		Procedure Code
292		SV101-3	s	2/2		"		Procedure Modifier 1
293		SV101-4	s	2/2		"		Procedure Modifier 2
294		SV101-5	s	2/2		"		Procedure Modifier 3
295		SV101-6	s	2/2		"		Procedure Modifier 4
296		SV101-7	s		Description			<i>Not Used.</i>
297		SV102	m	1/18	Total \$ per Service			Monetary Amount Paid <i>Use this for Amount Paid.</i>
298		SV103	m		Units of Measure Code	"UN"		MJ - Minutes UN - Unit F2 - international Unit <i>Page 403. May all be units, ie case mgt 1 unit = 15 minutes.</i>
299		SV104	m	1/15	Units or minutes	"		Service Units <i>Table of Service Unit Definitions.</i>
300		SV105	s	1/2	Facility Code Value			Table page 404
301		SV106 thru SV107						

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302		SV107-1	m	1/2	Diagnosis Code Pointer		Required if HI in loop 2300 used	
303		SV107-2						
304		SV107-3						
305		SV107-4						
306		SV108						
307		SV109	m	1/1	Emergency Indicator		Condition Code	
308		SV110						
309		SV111						
310		SV112						
311		SV113 thru SV114						
312		SV115						
313		SV116 thru SV121						
314	SV4				>Drug Services			
315	PWK							<i>Not Used.</i>
316	CR1							<i>Not Used.</i>
317	CR2							<i>Not Used.</i>
318	CR3							<i>Not Used.</i>
319	CR5							<i>Not Used.</i>
320	CRC							<i>Not Used.</i>
321	CRC							<i>Not Used.</i>
322	CRC							<i>Not Used.</i>
323	DTP		R		> Service date		Repeat: 1 (15)	
324		DTP01	y	3/3		"472"	Tables and types on page 444.	.
325		DTP02	y	2/3		"D8"		
326		DTP03	y	1/35	Date of Servuces			
327	LOOP 2420A							<i>Not Used</i>
328	LOOP 2420B							<i>Not Used</i>
329	LOOP 2420C							<i>Not Used</i>
330	LOOP 2420D							<i>Not Used</i>
331	LOOP							<i>Not Used</i>

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	2420E							
332	LOOP 2420F							<i>Not Used</i>
333	LOOP 2420G							<i>Not Used</i>
334	LOOP 2430							<i>Not Used</i>
335	LOOP 2440							<i>Not Used</i>
336	LQ							<i>Not Used</i>
337	FRM							<i>Not Used</i>
338	SE		R				Repeat: 1	
339		SE01	m	1/10	Total Number of segments in batch		Segment Count	
340		SE02	m	4/9			ST02	

Notes:

- R** - Segment or Loop is Required.
- S** - Segment or Loop is Situational
- s** - Field is Situational
- m** - Field is mandatory
- C** - Defined in Companion Guide

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8. 837 Professional Claim

For loop SV1 – Professional service, enter in the specific procedure code number is SV101-3. Use the below table to enter the corresponding code for the procedure.

Service	837 Code SV101-3
AIDS Community Project - Case Management	AR
AIDS Community Project - Mental Health	AQ
Bay Area Legal - Legal Services	AP
Catholic Charities - Housing - Hillsborough County	AI
Catholic Charities - Housing - Mercy House - Hillsborough County	AJ
Catholic Charities - Housing - Pasco/Hernando County	AH
Catholic Charities - Housing - Pinellas County - Program/Admin	AL
Catholic Charities - Housing - Pinellas County - Services	AG
DACCO - Substance Abuse	AN
EJ Reid Counseling - Rehab (Massage)	CH
Florida Health Sciences-A/O Medical Care	BN
Gulf Coast - Case Management - Title II - Pinellas	BE
Gulf Coast - Case Management - Title II Pasco/Hernando	BF
Gulf Coast Comm. Care/GR-CM	B1
Gulf Coast Community Care - Case Management - Hillsborough	AO
Gulf Coast Community Care - Case Management - Pasco/Hernando	AM
Gulf Coast Community Care - Case Management - Pinellas County	AK
Gulf Coast Community Care - Food - Hillsborough	BQ
Gulf Coast Community Care - Food - Pasco/Hernando	BV
Gulf Coast Community Care - Housing - Hillsborough	BU
Gulf Coast Community Care - Transportation - Pasco/Hernando	BT
Health Council, Inc. - Care Council Support	CS
Health Council, Inc.- Insurance Premiums, Co-pays and Deductibles	B0

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Hernando CHD - A/O Medical Care	A9
Hernando CHD-Oral Health	BA
Highlands County - Case Management	BH
Highlands CHD - Case Management - HOPWA	CO
Highlands County - A/O Medical Care	A8
Highlands County - DCSF - A/O	BO
Highlands County - DCSF - Drug Reimbursement	BI
Highlands County - DCSF - Oral Health Care	BP
Hillsborough CHD - A/O Medical Care	C4
Hillsborough CHD - A/O Medical Care (HIV/TB)	C5
Hillsborough CHD - Drug Reimbursement	CV
Hillsborough CHD - Drug Reimbursement AA - Hillsborough	CX
Hillsborough CHD - Drug Reimbursement Hispanics - Hillsborough	CZ
Hillsborough CHD - Nutritional Supplements	C0
Hillsborough CHD - Oral Health	C3
Hillsborough County Health Department - Medications	CB
Hillsborough County Health Dept - Title II - Pharmaceuticals	C1
Hillsborough Specialized Transportation	C8
John B. Barnett, D.D.S. - Oral Health Care - Hills, Pin, Pas & Polk	C9
Lincourt Pharmacy - Drug Reimbursement (Meds - Controlled Substances) EMA	CW
Lincourt Pharmacy, Inc - Title II - Controlled Substances	CU
Manatee County - Ambulatory/Outpatient (Consortia)	CA
Manatee County - Ambulatory/Outpatient (Emerging)	CD
Manatee County - Case Management	BW
Manatee County - Drug Reimbursement	BZ
Manatee County - Oral Health	CE
Manatee County - Oral Health	AY
Metropolitan Charities - Case Management - Hillsborough	A2
Metropolitan Charities - Case Management - Hillsborough (05-0224)	A2
Metropolitan Charities - Case Management - Hillsborough County	AD
Metropolitan Charities - Case Management - Inmate - Hillsborough	A3
Metropolitan Charities - Case Management - Inmate - Pinellas	A4

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Metropolitan Charities - Case Management - Pinellas	AV
Metropolitan Charities - Case Management - Title II Pinellas	B3
Metropolitan Charities - Case Management - Title II Polk/Hardee	B4
Metropolitan Charities - Case Managment (specialty care center)	AX
Metropolitan Charities - Case Management - Hillsborough (02-0858)	CG
Metropolitan Charities - Case Managment - Pinellas (05-0224)	A0
Metropolitan Charities - Mental Health - Hillsborough County	AA
Metropolitan Charities - Mental Health - Pinellas County	AB
Metropolitan Charities - Substance Abuse - Pinellas County	AC
Metropolitan Charities- Case Management - Title II Pinellas	BX
Metropolitn Charities - Case Management - Title II Polk & Hardee	BY
Operation Hope-Medical Educator AA-Program/Admin	BC
Operation Hope/Food Bank	BK
Oral Health Care	AF
Pasco CHD - A/O Medical Care (WIC)	BB
PascoCHD - A/O Medical Care	AE
PascoCHD - Oral Health	BD
Pinellas CHD - A/O Medical Care	AS
Pinellas CHD - Drug Reimbursement	AT
Pinellas County Metropolitan Planning Organization/Transportation	BR
Pinellas County MPO (GPTMS) - Tranportation - Pinellas	CY
Polk CHD - A/O Medical Care - (03-0394)	CI
Polk CHD - Case Management - HOPWA - Hardee	CQ
Polk CHD - Case Management - HOPWA - Polk	CP
Polk County - Case Management - Title II	B7
Polk County - General Revenue - A/O Medical Care	DA
Polk County - Oral Health	B8
PolkCHD - A/O Medical Care	BG
St. Joseph's - Title II A/O - Pinellas	CR
St. Joseph's - Title II Pharmaceuticals	CT
St. Joseph's Hosp./GR-A/O Medical Care	B6

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St. Joseph's Hospital - A/O Medical Care - Hillsborough	BL
St. Joseph's Hospital, Inc - A/O Medical Care (Specialty Care) - Hillsborough	B5
St. Joseph's Hospital, Inc. - A/O Medical Care (WIC) - Pinellas	B2
St. Joseph's Hospital, Inc. - A/O Medical Care - Pinellas	BS
St. Joseph's Hospital, Inc. - Mental Health - Hillsborough	CC
St. Joseph's Hospital, Inc. - Mental Health - Pasco/Hernando	CF
St. Joseph's Hospital, Inc. - Nutritional Supplements	B9
St. Joseph's Hospital, Inc. - Title II - Pharmaceuticals	C2
Suncoast Health Councils, Inc - Insurance - Title II	CM
Suncoast Health Councils, Inc - Nutritional Supplements - Title II	CN
Tampa AIDS Network - Medical Educator AA - Program/Admin	A1
Tampa AIDS Network, Inc. - Adherence Liaison - Program/Admin	A7
Tampa AIDS Network, Inc. - Adherence Liaison AA (EMA) - Program/Admin	BM
Tampa AIDS Network, Inc. - Adherence Liaison Hispanics (EMA) - Program/Admin	BJ
Tampa AIDS Network, Inc. - Substance Abuse - Program/Admin	A6
Tampa AIDS Network, Inc.- Medical Educator AA - EMA -Progam/Admin	AZ
Tampa AIDS Newtork, Inc. - Medical Educator Hispanics - Program/Admin	A5
The Health Councils, Inc - Care Council Support - Title II Eval Cost Effectiveness	CK
The Health Councils, Inc - Care Council Support - Title II Needs Assessment	CL
The Health Councils, Inc - Care Council Support - Title II Planning & Development	CJ
USF - A/O Medical Care - WIC	C7
USF - A/O Medical Care - Adolscents	C6
VA - A/O Medical Care	AW
WestCare Foundation, Inc.- Substance Abuse	AU