



**Mercy Health Plans**  
**837 Professional Companion Guide**  
*Version Date: November 2007*

**Overview:**

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide. This document is provided to further define situational components of the transaction and specifies data clarification where applicable.

**Summary:**

- 1) Claims requiring attachment information, with the exception of secondary claims, should be submitted on paper during the initial implementation of HIPAA.
- 2) Secondary claims submitted electronically must use the appropriate loops & segments to provide the required COB information needed to process the claim.

**Contact Information:**

Please see contact information below for questions related to this transaction:

**Lastest Update - November 2007**

To establish requirements relating to the industry-wide NPI (National Provider Identifier) implementation. Within this update, revisions have been made to the following loops/segments: 2000A/PRV, 2010AA/NM1, 2010AA/REF, 2010AB/NM1, 2010AB/REF, 2310A/NM1, 2310A/PRV, 2310A/REF, 2310B/NM1, 2310B/PRV, 2310B/REF, 2310D/NM1, 2310D/REF.

Business Questions:

Steve Kelley - Director, Operations Consulting  
Phone: 314.214.2322  
Email: Steve.Kelley@mercy.net

Technical Questions:

Mark Risley - Business Analyst; Application Services  
Phone: (314) 214-8274  
Email: Mark.Risley@mercy.net

Brian Boyer - Manager; Application Services  
Phone: (314) 214-8161  
Email: Brian.Boyer@mercy.net

Pete Lemakis - Manager; Application Services  
Phone: (314) 214-8058  
Email: Peter.Lemakis@mercy.net

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
Header	ISA		Interchange Control Header	R						
Header	ISA01	I01	Authorization Information Qualifier	R	ID	00 - No Authorization Information Present 03 - Additional Data Identification	2	2		
Header	ISA02	I02	Authorization Information	R	AN		10	10		
Header	ISA03	I03	Security Information Qualifier	R	ID	00 - No Security Information Present 01 - Password	2	2		
Header	ISA04	I04	Security Information	R	AN		10	10		
Header	ISA05	I05	Interchange ID Qualifier	R	ID	01 - Duns 14 - Duns Plus Suffix 20 - Health Industry Number (HIN) 27 - Carrier Identification Number as assigned by HCFA 28 - Fiscal Intermediary Identification Number as assigned by HCFA 29 - Medicare Provider & Supplier Identification Number as assigned	2	2		
Header	ISA06	I06	Interchange Sender ID	R	AN		15	15		
Header	ISA07	I05	Interchange ID Qualifier	R	ID	01 - Duns 14 - Duns Plus Suffix 20 - Health Industry Number (HIN) 27 - Carrier Identification Number as assigned by HCFA 28 - Fiscal Intermediary Identification Number as assigned by HCFA 29 - Medicare Provider & Supplier Identification Number as assigned	2	2		
Header	ISA08	I07	Interchange Receiver ID	R	AN		15	15		
Header	ISA09	I08	Interchange Date	R	DT		6	6		
Header	ISA10	I09	Interchange Time	R	TM		4	4		
Header	ISA11	I10	Interchange Control Standards Identifier	R	ID	U - U.S. EDI Community of ASC X12, TDCC, and UCS	1	1		
Header	ISA12	I11	Interchange Control Version Number	R	ID	00401	5	5		
Header	ISA13	I12	Interchange Control Number	R	N0		9	9		
Header	ISA14	I13	Acknowledgement Requested	R	ID	0 - No Acknowledgement Requested 1 - Interchange Acknowledgment Requested	1	1		
Header	ISA15	I14	Usage Indicator	R	ID	P - Production T - Test	1	1		
Header	ISA16	I15	Component Element Separator	R			1	1	Send ":" colon	

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
Header									<CR><LF>	MHP preference is carriage return and line feed, however, sender can specify preference.
<b>Header</b>	<b>GS</b>		<b>Functional Group Header</b>	<b>R</b>						
Header	GS01	479	Functional Identification Number	R	ID	BE - Benefit Enrollment and Maintenance	2	2		
Header	GS02	142	Application Sender's Code	R	AN		2	15		
Header	GS03	124	Application Receiver's Code	R	AN		2	15		
Header	GS04	373	Date	R	DT		8	8		
Header	GS05	337	Time	R	TM		4	8		
Header	GS06	28	Group Control Number	R	NO		1	9		
Header	GS07	455	Responsible Agency Code	R	ID	X - Accredited Standards Committee X12	1	2		
Header	GS08	480	Version/Release/Industry Identifier Code	R	AN		1	12		
<b>Header</b>	<b>ST</b>		<b>Transaction Set Header</b>	<b>R</b>						
Header	ST01	143	Transaction Set Identifier Code	R	ID	837	3	3		
Header	ST02	329	Transaction Set Control Number	R	AN		4	9		
<b>Header</b>	<b>BHT</b>		<b>Beginning of Hierarchical Transaction</b>	<b>R</b>						
Header	BHT01	1005	Hierarchical Structure Code	R	ID	0019-Info Source, Subscriber, Dependent	4	4		
Header	BHT02	353	Transaction Set Purpose Code	R	ID	00 - Original 18 - Reissue	2	2		
Header	BHT03	127	Originator Application Trans ID	R	AN		1	30		
Header	BHT04	373	Transaction Set Creation Date	R	DT		8	8		
Header	BHT05	337	Transaction Set Creation Time	R	TM		4	8		
Header	BHT06	640	Claim or Encounter Identifier	R	ID	CH - Chargeable RP - Reporting	2	2	CH - Chargeable	
<b>Header</b>	<b>REF</b>		<b>Transmission Type Identification</b>	<b>R</b>						
Header	REF01	128	Reference Identification Qualifier	R	ID	HC - Health Care Claim (837)	2	3		
Header	REF02	127	Transmission Type Code	R	AN		1	30		
Header										
<b>1000A</b>	<b>NM1</b>		<b>Submitter Name</b>	<b>R</b>						
1000A	NM101	98	Entity Identifier Code	R	ID	41 - Submitter	2	3		
1000A	NM102	1065	Entity Type Qualifier	R	ID	1 - Person 2 - Non-person	1	1		
1000A	NM103	1035	Submitter Last or Organization Name	R	AN		1	35		
1000A	NM104	1036	Submitter First Name	S	AN		1	25		Follow implementation guide rules
1000A	NM105	1037	Submitter Middle Name	S	AN		1	25		Follow implementation guide rules
1000A	NM108	66	Identification Code Qualifier	R	ID	46-Electronic Transmitter ID Number (ETIN)				
1000A	NM109	67	Submitter Primary Identifier	R	AN		2	80		

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
	<b>PER</b>		<b>Submitter EDI Contact Information</b>	<b>R</b>						
1000A	PER01	366	Contact Function Code	R	ID	IC - Information Contact	2	2		
1000A	PER02	93	Submitter Contact Name	R	AN		1	60		
1000A	PER03	365	Communication Number Qualifier	R	ID	ED - EDI Access No. EM - Electronic Mail FX - Fax TE - Telephone	2	2		
1000A	PER04	364	Communication Number	R	AN		1	80		
1000A	PER05	365	Communication Number Qualifier	S	ID	ED - EDI Access No. EM - Electronic Mail EX - Telephone Ext FX - Fax TE - Telephone	2	2		Follow implementation guide rules
1000A	PER06	364	Communication Number	S	AN		1	80		Follow implementation guide rules
1000A	PER07	365	Communication Number Qualifier	S	ID	ED - EDI Access No. EM - Electronic Mail EX - Telephone Ext FX - Fax TE - Telephone	2	2		Follow implementation guide rules
1000A	PER08	364	Communication Number	S	AN		1	80		Follow implementation guide rules
<b>1000B</b>	<b>NM1</b>		<b>Receiver Name</b>	<b>R</b>						
1000B	NM101	98	Entity Identifier Code	R	ID	40 - Receiver	2	3		
1000B	NM102	1065	Entity Type Qualifier	R	ID	2 - Non-person	1	1		
1000B	NM103	1035	Receiver Name	R	AN		1	35		
1000B	NM108	66	Identification Code Qualifier	R	ID	46 - ETIN	1	2		
1000B	NM109	67	Receiver Primary Identifier	R	AN		2	80		
<b>2000A</b>	<b>HL</b>		<b>Billing/Pay-to Provider Hierarchical Level</b>							
2000A	HL01	628	Hierarchical ID Number	R	AN		1	12		
2000A	HL03	735	Hierarchical Level Code	R	ID	20 - Information Source	1	2		
2000A	HL04	736	Hierarchical Child Code	R	ID	1 - Addl subordinate HL data segment in this hierarchical structure	1	1		
<b>2000A</b>	<b>PRV</b>		<b>Billing/Pay-to Provider Specialty Information</b>	<b>S</b>						Follow implementation guide rules. (If taxonomy info is available, please send to MHP)
2000A	PRV01	1221	Provider Code	R	ID	BI - Billing PT - Pay-To	1	3		
2000A	PRV02	128	Reference Identification Qualifier	R	ID	ZZ - Mutually Defined	2	3		
2000A	PRV03	127	Provider Taxonomy Code	R	AN		1	30		
<b>2000A</b>	<b>CUR</b>		<b>Foreign Currency Information</b>	<b>S</b>						Follow implementation guide rules
2000A	CUR01	98	Entity Identifier Code	R	ID	85 - Billing Provider	2	3		
2000A	CUR02	100	Currency Code	R	ID		3	3		

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2010AA	NM1		<b>Billing Provider Name</b>	R						
2010AA	NM101	98	Entity Identifier Code	R	ID	85 - Billing Provider	2	3		
2010AA	NM102	1065	Entity Type Qualifier	R	ID	1 - Person 2 - Non-person	1	1		
2010AA	NM103	1035	Billing Provider Last or Org Name	R	AN		1	35		
2010AA	NM104	1036	Billing Provider First Name	S	AN		1	25		Follow implementation guide rules
2010AA	NM105	1037	Billing Provider Middle Name	S	AN		1	25		Follow implementation guide rules
2010AA	NM107	1039	Billing Provider Name Suffix	S	AN		1	10		Follow implementation guide rules
2010AA	NM108	66	Identification Code Qualifier	R	ID	24 - Employer's ID# 34 - SS# XX - HCFA Natl Prov ID	1	2	XX	Submitters must populate with a value of 'XX'
2010AA	NM109	67	Billing Provider Primary Identifier	R	AN		2	80		Submitters must populate with NPI
2010AA	N3		<b>Billing Provider Address</b>	R						
2010AA	N301	166	Billing Provider Address Line 1	R	AN		1	55		
2010AA	N302	166	Billing Provider Address Line 2	S	AN		1	55		Follow implementation guide rules
2010AA	N4		<b>Billing Provider City/State/Zip Code</b>	R						
2010AA	N401	19	Billing Provider City Name	R	AN		2	30		
2010AA	N402	156	Billing Provider State or Province Code	R	ID		2	2		
2010AA	N403	116	Billing Provider Postal Zone or Zip Code	R	ID		3	15		
2010AA	N404	26	Billing Provider Country Code	S	ID		2	3		Follow implementation guide rules
2010AA			<b>Billing Provider Secondary Identification</b>	S						This is a required segment by MHP (assuming NPI is being sent within the NM1 segment)

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2010AA	REF01	128	Reference Identification Qualifier	R	ID	0B - State license # 1A - BC Prov No 1B - BS Provider No 1C - Medicare Prov# 1D - Medicaid Prov# 1G - Prov UPIN No 1H - Champus ID # 1J - Facility ID No B3 - PPO Number BQ - HMO Number EI - Employer's ID# FH - Clinic Number <b>See implementation for complete list.</b>	2	3	EI' (Tax ID# or SSN) or '1G' (UPIN) or 'G2' (Commercial ID#)	If NPI is sent in NM109, then send Tax ID#/SSN, UPIN, or Commercial ID# within the REF01.  (If more than one of these secondary provider id#'s is available, then please send multiple iterations of this REF segment.)
2010AA	REF02	127	Billing Provider Additional Identifier	R	AN		1	30		
2010AA	REF		<b>Credit/Debit Card Billing Information</b>	S						<b>Not used by MHP.</b>
2010AA	PER		<b>Billing Provider Contact Information</b>	S						Follow implementation guide rules
2010AA	PER01	366	Contact Function Code	R	ID	IC - Info Contact	2	2		
2010AA	PER02	93	Billing Provider Contact Name	R	AN		1	60		
2010AA	PER03	365	Communication Number Qualifier	R	ID	EM - Electronic Mail FX - Fax TE - Telephone	2	2		
2010AA	PER04	364	Communication Number	R	AN		1	80		
2010AA	PER05	365	Communication Number Qualifier	S	ID	EM - Electronic Mail EX - Telephone Ext FX - Fax TE - Telephone	2	2		Follow implementation guide rules
2010AA	PER06	364	Communication Number	S	AN		1	80		Follow implementation guide rules
2010AA	PER07	365	Communication Number Qualifier	S	ID	EM - Electronic Mail EX - Telephone Ext FX - Fax TE - Telephone	2	2		Follow implementation guide rules
2010AA	PER08	364	Communication Number	S	AN		1	80		Follow implementation guide rules
2010AB	NM1		<b>Pay-to Provider Name</b>	S						Follow implementation guide rules
2010AB	NM101	98	Entity Identifier Code	R	ID	87 - Pay-to provider	2	3		
2010AB	NM102	1065	Entity Type Qualifier	R	ID	1 - Person 2 - Non-person	1	1		
2010AB	NM103	1035	Pay-to Provider Last or Organizational Name	R	AN		1	35		
2010AB	NM104	1036	Pay to Provider First Name	R	AN		1	25		
2010AB	NM105	1037	Pay-to Provider Middle Name	S	AN		1	25		Follow implementation guide rules

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2010AB	NM107	1039	Pay-to Provider Name Suffix	S	AN		1	10		Follow implementation guide rules
2010AB	NM108	66	Identification Code Qualifier	R	ID	24 - Employer's ID # 34 - Social Security # XX - HCFA Natl Prov ID	1	2	XX	If Loop 2010AB is being sent, submitters must populate NM108 with a value of 'XX'
2010AB	NM109	67	Pay-to Provider Identifier	R	AN		2	80		If Loop 2010AB is being sent, submitters must populate NM109 with NPI
<b>2010AB</b>	<b>N3</b>		<b>Pay-to Provider Address</b>	<b>R</b>						
2010AB	N301	166	Pay-to Provider Address Line 1	R	AN		1	55		
2010AB	N302	166	Pay-to Provider Address Line 2	S	AN		1	55		Follow implementation guide rules
<b>2010AB</b>	<b>N4</b>		<b>Pay-to Provider City/State/Zip Code</b>	<b>R</b>						
2010AB	N401	19	Pay-to Provider City Name	R	AN		2	30		
2010AB	N402	156	Pay-to Provider State Code	S	ID		2	2		Follow implementation guide rules
2010AB	N403	116	Pay-to Provider Postal Zone or ZIP Code	R	ID		3	15		
2010AB	N404	26	Pay to Provider Country Code	S	ID		2	3		Follow implementation guide rules
<b>2010AB</b>	<b>REF</b>		<b>Pay-to Provider Secondary Identification</b>	<b>S</b>						<b>If 2010AB/NM1 is being populated, then this REF segment is required by MHP.</b>
2010AB	REF01	128	Reference Identification Qualifier	R	ID	0B - State license # 1A - BC Prov No 1B - BS Provider No 1C - Medicare Prov# 1D - Medicaid Prov# 1G - Prov UPIN No 1H - Champus ID # 1J - Facility ID No B3 - PPO Number BQ - HMO Number EI - Employer's ID# FH - Clinic Number <b>See implementation guide for complete list.</b>	2	3	EI' (Tax ID# or SSN) or '1G' (UPIN) or 'G2' (Commercial ID#)	If NPI is sent in NM109, then send Tax ID#/SSN, UPIN, or Commercial ID# within the REF01.  (If more than one of these secondary provider id#'s is available, then please send multiple iterations of this REF segment.)
2010AB	REF02	127	Pay-to Provider Additional Identifier	R	AN		2	80		
<b>2000B</b>	<b>HL</b>		<b>Subscriber Hierarchical Level</b>	<b>R</b>						
2000B	HL01	628	Hierarchical ID Number	R	AN		1	12		
2000B	HL02	734	Hierarchical Parent ID Number	R	AN		1	12		
2000B	HL03	735	Hierarchical Level Code	R	ID	22-subscriber	1	2		

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2000B	HL04	736	Hierarchical Child Code	R	ID	0-no Subordinate HL Seg , 1-Addl Subordinate HL Seg	1	1		
<b>2000B</b>	<b>SBR</b>		<b>Subscriber Information</b>	<b>R</b>						
2000B	SBR01	1138	Payor Responsibility Sequence Number Code	R	ID	P - Primary S - Secondary T - Tertiary	1	1		
2000B	SBR02	1069	Individual Relationship Code	S	ID	18 - Self	2	2		Follow implementation guide rules.
2000B	SBR03	127	Insured Group or Policy Number	S	AN		1	30		<b>This data element is not used by MHP.</b>
2000B	SBR04	93	Insured Group Name	S	AN		1	30		<b>This data element is not used by MHP.</b>
2000B	SBR05	1336	Insurance Type Code	S	ID	12 - Medicare Secondary Working Aged Beneficiary etc. See IG for complete list.	1	3		<b>This data element is not used by MHP.</b>
2000B	SBR09	1032	Claim Filing Indicator Code	S	ID	09 - Self-pay See IG for complete list.	1	2		<b>This data element is not used by MHP.</b>
<b>2000B</b>	<b>PAT</b>		<b>Patient Information</b>	<b>S</b>						Follow implementation guide rules.
2000B	PAT05	1250	Date Time Period Format Qualifier	S	ID	D8 - CCYYMMDD	2	3		
2000B	PAT06	1251	Insured Individual Death Date	S	AN		1	35		
2000B	PAT07	355	Unit or Basis for Measurement Code	S	ID	01 - Actual Pounds	2	2		
2000B	PAT08	81	Patient Weight	S	R		1	10		
2000B	PAT09	1073	Pregnancy Indicator	S	ID	Y - Yes	1	1		
<b>2010BA</b>	<b>NM1</b>		<b>Subscriber Name</b>	<b>R</b>						
2010BA	NM101	98	Entity Identifier Code	R	ID	IL - Insured or Subscriber	2	3		
2010BA	NM102	1065	Entity Type Qualifier	R	ID	1 - Person 2 - Non-person	1	1		
2010BA	NM103	1035	Subscriber Last Name	R	AN		1	35		
2010BA	NM104	1036	Subscriber First Name	S	AN		1	25		Follow implementation guide rules.
2010BA	NM105	1037	Subscriber Middle Name	S	AN		1	25		Follow implementation guide rules.
2010BA	NM107	1039	Subscriber Name Suffix	S	AN		1	10		Follow implementation guide rules.
2010BA	NM108	66	Identification Code Qualifier	S	ID	MI - Member ID No ZZ - Mutually Defined	1	2	MI - Member ID	Follow implementation guide rules.
2010BA	NM109	67	Subscriber Primary Identifier	S	AN		2	80		Follow implementation guide rules.
<b>2010BA</b>	<b>N3</b>		<b>Subscriber Address</b>	<b>S</b>						Follow implementation guide rules.

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2010BA	N301	166	Subscriber Address Line 1	R	AN		1	55		
2010BA	N302	166	Subscriber Address Line 2	S	AN		1	55		Follow implementation guide rules.
<b>2010BA</b>	<b>N4</b>		<b>Subscriber City/State/Zip Code</b>	<b>S</b>						Follow implementation guide rules.
2010BA	N401	19	Subscriber City Name	R	AN		2	30		
2010BA	N402	156	Subscriber State Code	R	ID		2	2		
2010BA	N403	26	Subscriber Postal Zone/Zip Code	R	ID					
2010BA	N404	26	Subscriber Country Code	S	ID		2	3		Follow implementation guide rules.
<b>2010BA</b>	<b>DMG</b>		<b>Subscriber Demographic Information</b>	<b>S</b>						Follow implementation guide rules.
2010BA	DMG01	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2010BA	DMG02	1251	Subscriber Birth Date	R	AN		1	35		
2010BA	DMG03	1068	Subscriber Gender Code	R	ID	F - Female M - Male U - Unknown	1	1		
<b>2010BA</b>	<b>REF</b>		<b>Subscriber Secondary Identification</b>	<b>S</b>						Follow implementation guide rules.
2010BA	REF01	128	Reference Identification Qualifier	R	ID	IW - Member ID No 23 - Client Number IG - Ins Policy No SY - Social Security #	2	3		
2010BA	REF02	127	Subscriber Supplemental Identifier	R	AN		1	30		
<b>2010BA</b>	<b>REF</b>		<b>Property and Casualty Claim Number</b>	<b>S</b>						<b>This segment is not used by MHP.</b>
<b>2010BB</b>	<b>NM1</b>		<b>Payer Name</b>	<b>R</b>						
2010BB	NM101	98	Entity Identifier Code	R	ID	PR - Payer	2	3		
2010BB	NM102	1065	Entity Type Qualifier	R	ID	2 - Non-person	1	1		
2010BB	NM103	1035	Payer Name	R	AN		1	35		
2010BB	NM108	66	Identification Code Qualifier	R	ID	PI - Payor ID XV - HCFA Natl Plan ID				
2010BB	NM109	67	Payer Identifier	R	AN		2	80		
<b>2010BB</b>	<b>N3</b>		<b>Payer Address</b>	<b>S</b>						Follow implementation guide rules.
2010BB	N301	166	Payer Address Line 1	R	AN		1	55		
2010BB	N302	166	Payer Address Line 2	S	AN		1	55		
<b>2010BB</b>	<b>N4</b>		<b>Payer City/State/Zip Code</b>	<b>S</b>						Follow implementation guide rules.
2010BB	N401	19	Payer City Name	R	AN		2	30		
2010BB	N402	156	Payer State Code	R	ID		2	2		
2010BB	N403	116	Payer Postal Zone or ZIP Code	R	ID		3	15		
2010BB	N404	26	Payer Country Code	S	ID		2	3		Follow implementation guide rules.
<b>2010BB</b>	<b>REF</b>		<b>Payer Secondary Identification</b>	<b>S</b>						Follow implementation guide rules.

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2010BB	REF01	128	Reference Identification Qualifier	R	ID	2U - Payer ID No FY - Claim Office No NF - NAIC Code TJ - Fed Taxpayer ID	2	3		
2010BB	REF02	127	Payer Additional Identifier	R	AN		1	30		
2010BC	NM1		Responsible Party Name	S						Loop 2010BC not used by MHP.
2010BC	N3		Responsible Party Address	R						Loop 2010BC not used by MHP.
2010BC	N4		Responsible Party City/State/Zip Code	R						
2010BD	NM1		Credit/Debit Card Holder Name	S						Loop 2010BD not used by MHP.
2010BD	REF		Credit/Debit Card Information	S						Loop 2010BD not used by MHP.
2000C	HL		Patient Hierarchical Level	S						Follow implementation guide rules.
2000C	HL01	628	Hierarchical ID Number	R	AN		1	12		
2000C	HL02	734	Hierarchical Parent ID Number	R	AN		1	12		
2000C	HL03	735	Hierarchical Level Code	R	ID	23 - Dependent	1	2		
2000C	HL04	736	Hierarchical Child Code	R	ID	0 - No subordinate HL segment	1	1		
2000C	PAT		Patient Information	R						
2000C	PAT01	1069	Individual Relationship Code	R	ID	01-Spouse 04-Grandparent 05-Grandchild, 07 Niece/Nephew 09-adopted child 10-Foster child 15-Ward 17-Stepchild 19-Child See Relationship Tab for complete list	2	2		
2000C	PAT05	1250	Date Time Period Format Qualifier	S	ID	D8	2	3		Follow implementation guide rules.
2000C	PAT06	1251	Patient Death Date	S	AN		1	35		Follow implementation guide rules.
2000C	PAT07	355	Unit or Basis for Measurement Code	S	ID	01 - Actual Pounds	2	2		This data element is not used by MHP.
2000C	PAT08	81	Patient Weight	S	R		1	10		This data element is not used by MHP.
2000C	PAT09	1037	Pregnancy Indicator	S	ID	Y - Yes	1	1		This data element is not used by MHP.
2010CA	NM1		Patient Name	R						
2010CA	NM101	98	Entity Identifier Code	R	ID	QC - Patient	2	3		
2010CA	NM102	1065	Entity Type Qualifier	R	ID	1 - Person	1	1		
2010CA	NM103	1035	Patient Last Name	R	AN		1	35		
2010CA	NM104	1036	Patient First Name	R	AN		1	25		

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2010CA	NM105	1037	Patient Middle Name	S	AN		1	25		Follow implementation guide rules.
2010CA	NM107	1039	Patient Name Suffix	S	AN		1	10		Follow implementation guide rules.
2010CA	NM108	66	Identification Code Qualifier	R	ID	MI - Member ID No ZZ - Mutually Defined	1	2	MI - Member ID No	
2010CA	NM109	67	Patient Primary Identifier	S	AN		2	80		Follow implementation guide rules.
<b>2010CA</b>	<b>N3</b>		<b>Patient Address</b>	<b>R</b>						
2010CA	N301	166	Patient Address Line 1	R	AN		1	55		
2010CA	N302	166	Patient Address Line 2	S	AN		1	55		Follow implementation guide rules.
<b>2010CA</b>	<b>N4</b>		<b>Patient City/State/Zip Code</b>	<b>R</b>						
2010CA	N401	19	Patient City Name	R	AN		1	30		
2010CA	N402	156	Patient State Code	R	ID		2	2		
2010CA	N403	116	Patient Postal Zone or Zip Code	R	ID		3	15		
2010CA	N404	26	Patient Country Code	S	ID		2	3		Follow implementation guide rules.
<b>2010CA</b>	<b>DMG</b>		<b>Patient Demographic Information</b>	<b>R</b>						
2010CA	DMG01	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2010CA	DMG02	1251	Patient Birth Date	R	AN		1	35		
2010CA	DMG03	1068	Patient Gender Code	R	ID	F - Female M - Male U - Unknown	1	1		
<b>2010CA</b>	<b>REF</b>		<b>Patient Secondary Identification</b>	<b>S</b>						Follow implementation guide rules.
2010CA	REF01	128	Reference Identification Qualifier	R	ID	IW - Member ID No 23 - Client Number IG - Ins Policy No SY - Social Security#	2	3		
2010CA	REF02	127	Patient Secondary Identifier	R	AN		1	30		
<b>2010CA</b>	<b>REF</b>		<b>Property and Casualty Claim Number</b>	<b>S</b>						<b>This segment is not used by MHP.</b>
<b>2300</b>	<b>CLM</b>		<b>Claim Information</b>	<b>R</b>						
2300	CLM01	171	Claim Submitter Identifier	R	AN		1	38		
2300	CLM02	782	Total Claim Charge Amount	R	R		1	18		

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	CLM05-1	1331	Facility Type Code	R	AN	11 - Office 12 - Home 21 - In-Pt Hosp 22 - Out-Pt Hosp 23 - ER-Hosp 24 - Amb Surg Ctr 25 - Birthibg CTR 26 - Military Ctr 31 - SNF See Code Source 237 for complete list.	1	2		
2300	CLM05-3	1325	Claim Frequency Code	R	ID	1 - Original 6 - Corrected 7 - Replacement 8 - Void	1	1		
2300	CLM06	1073	Provider or Supplier Signature Indicator	R	ID	Yes No	1	1		
2300	CLM07	1359	Medicare Assignment Code	R	ID	A - Assigned B - Assign Accept Clin Lab Svc only C - Not assigned P - Patient refuses to assign	1	1		
2300	CLM08	1073	Benefits Assignment Certification Indicator	R	ID	No Yes	1	1		
2300	CLM09	1363	Release of Information Code	R	ID	A - Appro Rel of Info I - Informed Consent M - Prov Limit to Rel N - Prov Not Allow O - On file at Payor Y - Prov can Rel	1	1		
2300	CLM10	1351	Patient Signature Source Code	S	ID	B - Signed form block 12 & 13 on file C - Signed form on file M - Signed form block 13 on file P - Signature generated by provider S - Signed form block 12 on file See IG for details.	1	1		Follow implementation guide rules.
2300	CLM11-1	1362	Related Causes Code	R	ID	AA - Auto accident AB - Abuse AP - Another Part Responsible EM - Employment OA - Other accident	2	3		
2300	CLM11-2	1362	Related Causes Code	S	ID	AA - Auto accident AB - Abuse AP - Another Part Responsible EM - Employment OA - Other accident	2	3		Follow implementation guide rules.

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	CLM11-3	1362	Related Causes Code	S	ID	AA - Auto accident AB - Abuse AP - Another Part Responsible EM - Employment OA - Other accident	2	3		Follow implementation guide rules.
2300	CLM11-4	156	Auto Accident State or Province Code	S	ID		2	2		Follow implementation guide rules.
2300	CLM11-5	26	Country Code	S	ID		2	3		Follow implementation guide rules.
2300	CLM12	1366	Special Program Indicator	S	ID	01 - EPSDT/CHAP 02 - Phy Handicap Child Program 03 - Spl Fed Fund 05 - Disability 07 - Abortion-Danger to life 08 - Abortion-Rape 09 - Second Opinion	2	3		Follow implementation guide rules.
2300	CLM16	1360	Participation Agreement	S	ID	P - Participation Agreement	1	1		<b>This data element is not used by MHP.</b>
2300	CLM20	1514	Delay Reason code	S	ID	1 - Proof of Elig Unk 2 - Litigation 3 - Auth Delays 4 - Certifying Prov 5 - Supplying B-form 6 - Del of Appliances 7 - 3rd party process 8 - Elig Determ 9 - Orig Cim Reject 10 - Prior Appr Proc 11 - Other	1	2		<b>This data element is not used by MHP.</b>
2300	DTP		Date - Initial Treatment	S						Follow implementation guide rules.
2300	DTP01	374	Date Time Qualifier	R	ID	454 - Initial Treatment	3	3		
2300	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2300	DTP03	1251	Initial Treatment Date	R	AN		1	35		
2300	DTP		Date - Date Last Seen	S						<b>This segment is not used by MHP.</b>
2300	DTP		Date - Onset of Current Illness/Symptoms	S						<b>This segment is not used by MHP.</b>
2300	DTP		Date - Acute Manifestation	S						<b>This segment is not used by MHP.</b>
2300	DTP		Date - Similar Illness/Symptom Onset	S						<b>This segment is not used by MHP.</b>
2300	DTP		Date - Accident	S						Follow implementation guide rules.

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	DTP01	374	Date Time Qualifier	R	ID	439 - Accident	3	3		
2300	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2300	DTP03	1251	Accident Date	R	AN		1	35		
2300	DTP		Date - Last Menstrual Period	S						This segment is not used by MHP.
2300	DTP		Date - Last X-Ray	S						This segment is not used by MHP.
2300	DTP		Date - Hearing and Vision Prescription Date	S						This segment is not used by MHP.
2300	DTP		Date - Disability Begin	S						Follow implementation guide rules.
2300	DTP01	374	Date Time Qualifier	R	ID	360 - Disability Begin	3	3		
2300	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2300	DTP03	1251	Disability From Date	R	AN		1	35		
2300	DTP		Date - Disability End	S						Follow implementation guide rules.
2300	DTP01	374	Date Time Qualifier	R	ID	361 - Disability End	3	3		
2300	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2300	DTP03	1251	Disability To Date	R	AN		1	35		
2300	DTP		Date - Last Worked	S						This segment is not used by MHP.
2300	DTP		Date - Authorization Return to Work	S						This segment is not used by MHP.
2300	DTP		Date - Admission	S						Follow implementation guide rules.
2300	DTP01	374	Date Time Qualifier	R	ID	435 - Admission	3	3		
2300	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2300	DTP03	1251	Related Hospitalization Admission Date	R	AN		1	35		
2300	DTP		Date - Discharge	S						Follow implementation guide rules.
2300	DTP01	374	Date Time Qualifier	R	ID	096 - Discharge	3	3		
2300	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2300	DTP03	1251	Related Hospitalization Discharge Date	R	AN		1	35		
2300	DTP		Date - Assumed and Relinquished Care Dates	S						This segment is not used by MHP.
2300	PWK		Claim Supplemental Information	S						This segment is not used by MHP during the initial implementation of HIPAA. Claims requiring attachments must be submitted on paper.
2300	CN1		Contract Information	S						This segment is not used by MHP.
2300	AMT		Credit/Debit Card Maximum Amount	S						This segment is not used by MHP.
2300	AMT		Patient Amount Paid	S						Follow implementation guide rules.

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	AMT01	522	Amount Qualifier Code	R	ID	F5 - Patient Amt Pd	1	3		
2300	AMT02	782	Patient Amount Paid	R	R		1	18		
2300	AMT		<b>Total Purchased Service Amount</b>	S						This segment is not used by MHP.
2300	REF		<b>Service Authorization Exception Code</b>	S						This segment is not used by MHP.
2300	REF		<b>Mandatory Medicare (Section 4081) Crossover Indicator</b>	S						This segment is not used by MHP.
2300	REF		<b>Mammography Certification Number</b>	S						This segment is not used by MHP.
2300	REF		<b>Prior Authorization or Referral Number</b>	S						Required if Service is Authorized or Referred.
2300	REF01	128	Reference Identification Qualifier	R	ID	9F - referral number G1 - prior auth no	2	3		
2300	REF02	127	Prior Authorization or Referral Number	R	AN		1	30		
2300	REF		<b>Original Reference Number (ICN/DCN)</b>	S						This segment is not used by MHP.
2300	REF		<b>Clinical Laboratory Improvement Amendment (CLIA) Number</b>	S						This segment is not used by MHP.
2300	REF		<b>Repriced Claim Number</b>	S						This segment is not used by MHP.
2300	REF		<b>Adjusted Repriced Claim Number</b>	S						This segment is not used by MHP.
2300	REF		<b>Investigational Device Exemption Number</b>	S						This segment is not used by MHP.
2300	REF		<b>Claim Identification Number for Clearinghouses and Other Transmission Intermediaries</b>	S						This segment is required by MHP.
2300	REF01	128	Reference Identification Qualifier	R	ID	D9 - Claim Number	2	3		Claim number is required and must be unique.
2300	REF02	127	Clearinghouse Trace Number	R	AN		1	30		
2300	REF		<b>Ambulatory Patient Group (APG)</b>	S						This segment is not used by MHP.
2300	REF		<b>Medical Record Number</b>	S						Follow implementation guide rules.
2300	REF01	128	Reference Identification Qualifier	R	ID	EA - Medical Record ID No	2	3		
2300	REF02	127	Medical Record Number	R	AN		1	30		
2300	REF		<b>Demonstration Project Identifier</b>	S						This segment is not used by MHP.
2300	K3		<b>File Information</b>	S						This segment is not used by MHP.
2300	NTE		<b>Claim Note</b>							Follow implementation guide rules.
2300	NTE01	363	Note Reference Code	R	ID	ADD - Addl Inform CER - Cert Narrative DCP - Goals Disch Pl DGN - Diag Desc PMT - Payment TPO - 3rd Party Org Notes	3	3		
2300	NTE02	352	Claim Note Text	R	AN		1	80		

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	CR1		Ambulance Transport Information	S						This segment is not used by MHP.
2300	CR2		Spinal Manipulation Service Information	S						This segment is not used by MHP.
2300	CRC		Ambulance Certification	S						This segment is not used by MHP.
2300	CRC		Patient Condition Information: Vision	S						This segment is not used by MHP.
2300	CRC		Homebound Indicator	S						This segment is not used by MHP.
2300	CRC		EPSDT Referral	S						Follow implementation guide rules.
2300	CRC01	1136	Code Category	R	ID	ZZ = Mutually Defined	2	2		
2300	CRC02	1073	Certification Condition Indicator	R	ID	Y - Yes N - No	1	1		
2300	CRC03	1321	Condition Indicator	R	ID	AV - Available, Not Used NU - Not Used S2 - Under Treatment ST - New Services Requested	2	2		
2300	CRC04	1321	Condition Indicator	S	ID	AV - Available, Not Used NU - Not Used S2 - Under Treatment ST - New Services Requested	2	2		
2300	CRC05	1321	Condition Indicator	S	ID	AV - Available, Not Used NU - Not Used S2 - Under Treatment ST - New Services Requested	2	2		
2300	HI		Health Care Diagnosis Code	S						Follow implementation guide rules.
2300	HI01-1	1270	Diagnosis Type Code	R	ID	BK - Principal Diag	1	3		
2300	HI01-2	1271	Diagnosis Code	R	AN		1	30		
2300	HI02-1	1270	Diagnosis Type Code	R	ID	BF - Diagnosis	1	3		
2300	HI02-2	1271	Diagnosis Code	R	AN		1	30		
2300	HI03-1	1270	Diagnosis Type Code	R	ID	BF - Diagnosis	1	3		
2300	HI03-2	1271	Diagnosis Code	R	AN		1	30		
2300	HI04-1	1270	Diagnosis Type Code	R	ID	BF - Diagnosis	1	3		
2300	HI04-2	1271	Diagnosis Code	R	AN		1	30		
2300	HI05-1	1270	Diagnosis Type Code	R	ID	BF - Diagnosis	1	3		
2300	HI05-2	1271	Diagnosis Code	R	AN		1	30		
2300	HI06-1	1270	Diagnosis Type Code	R	ID	BF - Diagnosis	1	3		
2300	HI06-2	1271	Diagnosis Code	R	AN		1	30		
2300	HI07-1	1270	Diagnosis Type Code	R	ID	BF - Diagnosis	1	3		
2300	HI07-2	1271	Diagnosis Code	R	AN		1	30		
2300	HI08-1	1270	Diagnosis Type Code	R	ID	BF - Diagnosis	1	3		
2300	HI08-2	1271	Diagnosis Code	R	AN		1	30		
2300	HCP		Claim Pricing/Repricing Information	S						This segment is not used by MHP.
2305	CR7		Home Health Care Plan Information	S						This segment is not used by MHP.

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2305	HSD		Health Care Services Delivery	S						This segment is not used by MHP.
2310A	NM1		Referring Provider Name	S						Required if services are referred.
2310A	NM101	98	Entity Identifier Code	R	ID	DN - Referring Prov P3 - PCP	2	3		
2310A	NM102	1065	Entity Type Qualifier	R	ID	1 - Person 2 - Non-person	1	1		
2310A	NM103	1035	Referring Provider Last Name	R	AN		1	35		
2310A	NM104	1036	Referring Provider First Name	R	AN		1	25		
2310A	NM105	1037	Referring Provider Middle Name	S	AN		1	25		Follow implementation guide rules.
2310A	NM107	1039	Referring Provider Name Suffix	S	AN		1	10		Follow implementation guide rules.
2310A	NM108	66	Identification Code Qualifier	S	ID	24 - Employer's ID # 34 - Social Sec No XX - HCFA Natl Provider Identifier	1	2	XX	If Loop 2310A is being sent, submitters must populate NM108 with a value of 'XX'
2310A	NM109	67	Referring Provider Identifier	S	AN		2	80		If Loop 2310A is being sent, submitters must populate NM109 with NPI
2310A	PRV		Referring Provider Specialty Information	S						Follow implementation guide rules. (If taxonomy info is available, please send to MHP)
2310A	PRV01	1221	Provider Code	R	ID	RF - Referring	1	3		
2310A	PRV02	128	Reference Identification Qualifier	R	ID	ZZ - Mutually Defined	2	3		
2310A	PRV03	127	Provider Taxonomy Code	R	AN		1	30		
2310A	REF		Referring Provider Secondary Identification	S						If 2310A/NM1 is being populated, then this REF segment is required by MHP.
2310A	REF01	128	Reference Identification Qualifier	R	ID	0B - State License Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number	2	3	EI' (Tax ID# or SSN) or '1G' (UPIN) or 'G2' (Commercial ID#)	If NPI is sent in NM109, then send Tax ID#/SSN, UPIN, or Commercial ID# within the REF01.  (If more than one of these secondary provider id#'s is available, then please send multiple iterations of this REF segment.)

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2310A	REF02	127	Referring Provider Secondary Identifier	R	AN		1	30		
2310B	NM1		Rendering Provider Name	S						Rendering Provider information is required at the claim level. It should not be sent at the claim line level.
2310B	NM101	98	Entity Identifier Code	R	ID	82 - Rendering Provider	2	3		
2310B	NM102	1065	Entity Type Qualifier	R	ID	1 - Person 2 - Non-person	1	1		
2310B	NM103	1035	Rendering Provider Last or Org Name	R	AN		1	35		
2310B	NM104	1036	Rendering Provider First Name	S	AN		1	25		Follow implementation guide rules.
2310B	NM105	1037	Rendering Provider Middle Name	S	AN		1	25		Follow implementation guide rules.
2310B	NM107	1039	Rendering Provider Name Suffix	S	AN		1	10		Follow implementation guide rules.
2310B	NM108	66	Identification Code Qualifier	R	ID	24 - Employer's ID # 34 - Social Sec No XX - HCFA Natl Provider Identifier			XX	If Loop 2310B is being sent, submitters must populate NM108 with a value of 'XX'
2310B	NM109	67	Rendering Provider Identification	R	AN		2	80		If Loop 2310B is being sent, submitters must populate NM109 with NPI
2310B	PRV		Rendering Provider Specialty Information	S						Follow implementation guide rules. (If taxonomy info is available, please send to MHP)
2310B	PRV01	1221	Provider Code	R	ID	PE - Performing	1	3		
2310B	PRV02	128	Reference Identification Qualifier	R	ID	ZZ - Mutually defined	2	3		
2310B	PRV03	127	Provider Taxonomy Code	R	AN		1	30		
2310B	REF		Rendering Provider Secondary Identification	S						If 2310B/NM1 is being populated, then this REF segment is required by MHP.

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2310B	REF01	128	Reference Identification Qualifier	R	ID	0B - State License # 1B - Blue Shield Provider # 1C - Medicare Provider # 1D - Medicaid Provider # 1G - Provider UPIN 1H - CHAMPUS ID# EI - Employer's ID# G2 - Provider Commercial # LU - Location # N5 - Provider Plan Network ED# SY - SSN X5 - State Industrial Accident Provider #	2	3	EI' (Tax ID# or SSN) or '1G' (UPIN) or 'G2' (Commercial ID#)	If NPI is sent in NM109, then send Tax ID#/SSN, UPIN, or Commercial ID# within the REF01.  (If more than one of these secondary provider id#'s is available, then please send multiple iterations of this REF segment.)
2310B	REF02	127	Rendering Provider Secondary Identifier	R	AN		1	30		
<b>2310C</b>	<b>NM1</b>		<b>Purchased Service Provider Name</b>	<b>S</b>						<b>Loop 2310C is not used by MHP.</b>
<b>2310D</b>	<b>NM1</b>		<b>Service Facility Location</b>	<b>S</b>						<b>Required by MHP if identifying the Servicing Hospital for Professional &amp; Ambulance Claims.</b>
2310D	NM101	98	Entity Identifier Code	R	ID	77 - Service Loc Use when other codes in this element do not apply. FA - Facility LI - Independent Lab TL - Testing Laboratory	2	3		
2310D	NM102	1065	Entity Type Qualifier	R	ID	2 - Non-person	1	1		
2310D	NM103	1035	Laboratory or Facility Name	S	AN		1	35		Follow implementation guide rules.
2310D	NM108	66	Identification Code Qualifier	S	ID	24 - Employer's ID # 34 - Social Sec No XX - HCFA Natl Provider Identifier			XX	If Loop 2310D is being sent, submitters must populate NM108 with a value of 'XX'
2310D	NM109	67	Laboratory or Facility Primary Identifier	S	AN		2	80		If Loop 2310D is being sent, submitters must populate NM109 with NPI
<b>2310D</b>	<b>N3</b>		<b>Service Facility Location Address</b>	<b>R</b>						
2310D	N301	166	Laboratory or Facility Address Line 1	R	AN		1	35		
2310D	N302	166	Laboratory or Facility Address Line 2	S	AN		1	35		Follow implementation guide rules.
<b>2310D</b>	<b>N4</b>		<b>Service Facility Location City/State/Zip</b>	<b>R</b>						

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2310D	N401	19	Laboratory or Facility City Name	R	AN		2	30		
2310D	N402	156	Laboratory or Facility State or Province Code	R	ID		2	2		
2310D	N403	116	Billing Provider Postal Zone or Zip Code	R	ID		3	15		
2310D	N404	26	Laboratory/Facility Country Code	S	ID		2	3		Follow implementation guide rules.
<b>2310D</b>	<b>REF</b>		<b>Service Facility Location Secondary Identification</b>	<b>S</b>						<b>If 2310B/NM1 is being populated, then this REF segment is required by MHP.</b>
2310D	REF01	128	Reference Identification Qualifier	R	ID	0B - State License # 1A - BC Provider No 1B -BS Provider No 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Prov UPIN No 1H - CHAMPUS ID# G2 - Provider Commercial No LU - Location No N5 - Provider Plan Network ID No TJ - Federa	2	3	EI' (Tax ID# or SSN) or '1G' (UPIN) or 'G2' (Commercial ID#)	If NPI is sent in NM109, then send Tax ID#/SSN, UPIN, or Commercial ID# within the REF01.  (If more than one of these secondary provider id#'s is available, then please send multiple iterations of this REF segment.)
2310D	REF02	127	Laboratory or Facility Secondary Identifier	R	AN		1	30		
<b>2310E</b>	<b>NM1</b>		<b>Supervising Provider Name</b>	<b>S</b>						<b>Loop 2310E is not used by MHP.</b>
<b>2320</b>	<b>SBR</b>		<b>Other Subscriber Information</b>	<b>S</b>						<b>Loop 2320 is required when submitting a secondary claim.</b>
2320	SBR01	1138	Payor Responsibility Sequence Number Code	R	ID	P-primary S-secondary T-tertiary	1	1		
2320	SBR02	1069	Individual Relationship Code	R	ID	01-Spouse, 04-Grandparent 05-Grandchild 07-Nephew/Niece 10-Foster child 15-Ward 17-Stepchild 18-Self 19-Child 20-Emp <b>See Relationship Tab for complete list</b>	2	2		
2320	SBR03	127	Insured Group or Policy Number	S	AN		1	30		Follow implementation guide rules.
2320	SBR04	93	Other Insured Group Name	S	AN		1	60		Follow implementation guide rules.

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2320	SBR05	1336	Insurance Type Code	R	ID	AP-Auto Insurance Policy C1-Commercial CP-Medicare Conditionally Prim GP-Group Policy HM-HMO IP-Individual Policy LD-Long Term Pol LT-Litigation MB-M-Care Part B MC-Medicaid MI-Medigap Part B MP-Medicare Prim OT-Other PP-Personal Payment (Cash - No Insura	1	3		
2320	SBR09	1032	Claim Filing Indicator Code	S	ID	09-Self-pay 10-Central Certification 11-Other Non-Federal Programs 12-PPO 13-POS 14-Exclusive Provider Org 15-Indemnity Ins 16-HMO Medicare Risk AM-Auto Medical BL-BC/BS CH-Champus CI-Commercial Insurance Co. DS-Disability HM-HMO LI-Liability LM-Liabilit	1	2		Follow implementation guide rules.
2320	CAS		Claim Level Adjustments	S						Follow implementation guide rules. <b>NOTE: Line level adjustments must be sent in loop 2430.</b>
2320	CAS01	1033	Claim Adjustment Group Code	R	ID	CO-Contractual Obligations CR-Correction and Reversals OA-Other adjustments PI-Payor Initiated Reductions PR-Patient Responsibility	1	2		
2320	CAS02	1034	Adjustment Reason Code - Claim Level	R	ID		1	5		
2320	CAS03	782	Adjustment Amount - Claim Level	R	R		1	18		
2320	CAS04	380	Adjustment Quantity - Claim Level	S	R		1	15		Follow implementation guide rules
2320	CAS05	1034	Adjustment Reason Code - Claim Level	S	ID		1	5		Follow implementation guide rules
2320	CAS06	782	Adjustment Amount - Claim Level	S	R		1	18		Follow implementation guide rules
2320	CAS07	380	Adjustment Quantity - Claim Level	S	R		1	15		Follow implementation guide rules

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2320	CAS08	1034	Adjustment Reason Code - Claim Level	S	ID		1	5		Follow implementation guide rules
2320	CAS09	782	Adjustment Amount - Claim Level	S	R		1	18		Follow implementation guide rules
2320	CAS10	380	Adjustment Quantity - Claim Level	S	R		1	15		Follow implementation guide rules
2320	CAS11	1034	Adjustment Reason Code - Claim Level	S	ID		1	5		Follow implementation guide rules
2320	CAS12	782	Adjustment Amount - Claim Level	S	R		1	18		Follow implementation guide rules
2320	CAS13	380	Adjustment Quantity - Claim Level	S	R		1	15		Follow implementation guide rules
2320	CAS14	1034	Adjustment Reason Code - Claim Level	S	ID		1	5		Follow implementation guide rules
2320	CAS15	782	Adjustment Amount - Claim Level	S	R		1	18		Follow implementation guide rules
2320	CAS16	380	Adjustment Quantity - Claim Level	S	R		1	15		Follow implementation guide rules
2320	CAS17	1034	Adjustment Reason Code - Claim Level	S	ID		1	5		Follow implementation guide rules
2320	CAS18	782	Adjustment Amount - Claim Level	S	R		1	18		Follow implementation guide rules
2320	CAS19	380	Adjustment Quantity - Claim Level	S	R		1	15		Follow implementation guide rules
2320	AMT		<b>Coordination of Benefits (COB) Payer Paid Amount</b>	S						Follow implementation guide rules
2320	AMT01	522	Amount Qualifier Code	R	ID	D = Payor Amount Paid	1	3		
2320	AMT02	782	Payer Paid Amount	R	R		1	18		
2320	AMT		<b>Coordination of Benefits (COB) Approved Amount</b>	S						Follow implementation guide rules
2320	AMT01	522	Amount Qualifier Code	R	ID	AAE=Approved Amount	1	3		
2320	AMT02	782	Approved Amount	R	R		1	18		
2320	AMT		<b>Coordination of Benefits (COB) Allowed Amount</b>	S						Follow implementation guide rules
2320	AMT01	522	Amount Qualifier Code	R	ID	B6 = Allowed -Actual	1	3		
2320	AMT02	782	Allowed Amount	R	R		1	18		
2320	AMT		<b>Coordination of Benefits (COB) Patient Responsibility Amount</b>	S						Follow implementation guide rules
2320	AMT01	522	Amount Qualifier Code	R	ID	F2=Patient Responsibility - Actual	1	3		
2320	AMT02	782	Other Payer Patient Responsibility Amount	R	R		1	18		
2320	AMT		<b>Coordination of Benefits (COB) Covered Amount</b>	S						Follow implementation guide rules
2320	AMT01	522	Amount Qualifier Code	R	ID	AU-Coverage Amt	1	3		
2320	AMT02	782	Other Payer Covered Amount	R	R		1	18		
2320	AMT		<b>Coordination of Benefits (COB) Discount Amount</b>	S						Follow implementation guide rules
2320	AMT01	522	Amount Qualifier Code	R	ID	D8=Discount Amount	1	3		
2320	AMT02	782	Other Payer Discount Amount	R	R		1	18		
2320	AMT		<b>Coordination of Benefits (COB) Per Day Limit Amount</b>	S						Follow implementation guide rules
2320	AMT01	522	Amount Qualifier Code	R	ID	DY=Per Day Limit	1	3		
2320	AMT02	782	Other Payer Per Day Limit Amount	R	R		1	18		
2320	AMT		<b>Coordination of Benefits (COB) Patient Paid Amount</b>	S						Follow implementation guide rules
2320	AMT01	522	Amount Qualifier Code	R	ID	F5=Patient Paid Amount	1	3		
2320	AMT02	782	Other Payer Patient Paid Amount	R	R		1	18		

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2320	AMT		Coordination of Benefits (COB) Tax Amount	S						Follow implementation guide rules
2320	AMT01	522	Amount Qualifier Code	R	ID	T - Tax	1	3		
2320	AMT02	782	Other Payer Tax Amount	R	R		1	18		
2320	AMT		Coordination of Benefits (COB) Total Claim Before Taxes Amount	S						Follow implementation guide rules
2320	AMT01	522	Amount Qualifier Code	R	ID	T2 - Total Claim Before Taxes	1	3		
2320	AMT02	782	Other Payer Pre-Tax Claim Total Amount	R	R		1	18		
2320	DMG		Subscriber Demographic Information	S						Follow implementation guide rules
2320	DMG01	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2320	DMG02	1251	Other Insured Birth Date	R	AN		1	35		
2320	DMG03	1068	Other Insured Gender Code	R	ID	F - Female M - Male U - Unknown	1	1		
2320	OI		Other Insurance Coverage Information	R						
2320	OI03	1073	Benefits Assignment Certification Indicator	R	ID	N - No Y - Yes	1	1		
2320	OI04	1351	Patient Signature Source Code	S	ID	B - Signed signature authorization form or forms for both HCFA-1500 Claim Form blocks 12 & 13 are on file C - Signed HCFA-1500 Claim Form on file M - Signed signature authorization form for HCFA-1500 Claim Form block 13 on file P - Signature generated by provider	1	1		Follow implementation guide rules.
2320	OI06	1363	Release of Information Code	R	ID	A-Appropriate Release of Information on File at Health Care Service Prov or UR Organization I-Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes M-The Provider has Limited or Restricted Ability to Rel	1	1		
2320	MOA		Medicare Outpatient Adjudication Information	S						Required when Medicare is the primary payer.
2320	MOA01	954	Outpatient Reimbursement Rate	S	R		1	10		Follow implementation guide rules.
2320	MOA02	782	HCPCS Payable Amount	S	R		1	18		Follow implementation guide rules.
2320	MOA03	127	Remark Code	S	AN		1	30		Follow implementation guide rules.
2320	MOA04	127	Remark Code	S	AN		1	30		Follow implementation guide rules.
2320	MOA05	127	Remark Code	S	AN		1	30		Follow implementation guide rules.
2320	MOA06	127	Remark Code	S	AN		1	30		Follow implementation guide rules.
2320	MOA07	127	Remark Code	S	AN		1	30		Follow implementation guide rules.

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2320	MOA08	782	End Stage Renal Disease Payment Amount	S	R		1	18		Follow implementation guide rules.
2320	MOA09	782	Non-Payable Professional Component Billed Amount	S	R		1	18		Follow implementation guide rules.
<b>2330A</b>	<b>NM1</b>		<b>Other Subscriber Name</b>	<b>R</b>						<b>Loop 2330A is not used by MHP.</b>
<b>2330B</b>	<b>NM1</b>		<b>Other Payer Name</b>	<b>R</b>						
2330B	NM101	98	Entity Identifier Code	R	ID	PR=Payer	2	3		
2330B	NM102	1065	Entity Type Qualifier	R	ID	2-non person	1	1		
2330B	NM103	1035	Other Payer Last or Organization Name	R	AN		1	35		
2330B	NM108	66	Identification Code Qualifier	R	AN	PI - Payor Identification XV - HCFA National Plan ID	1	2		
2330B	NM109	67	Other Payer Primary Identification Number	R	AN		2	80		
<b>2330B</b>	<b>PER</b>		<b>Other Payer Contact Information</b>	<b>S</b>						<b>Follow implementation guide rules.</b>
2330B	PER01	366	Contact Function Code	R	ID	IC=Information Contact	2	2		
2330B	PER02	93	Other Payer Contact Name	R	AN		1	60		
2330B	PER03	365	Communication Number Qualifier	R	ID	ED-Electronic Data Interchange Access Number EM-Electronic Mail FX-Facsimile TE-Telephone	2	2		
2330B	PER04	364	Communication Number	R	AN		1	80		
2330B	PER05	365	Communication Number Qualifier	S	ID	ED-Electronic Data Interchange Access Number EM-Electronic Mail EX-Telephone Extension FX-Facsimile TE-Telephone	2	2		Follow implementation guide rules.
2330B	PER06	364	Communication Number	S	AN		1	80		Follow implementation guide rules.
2330B	PER07	365	Communication Number Qualifier	S	ID	ED-Electronic Data Interchange Access Number EM-Electronic Mail EX-Telephone Extension FX-Facsimile TE-Telephone	2	2		Follow implementation guide rules.
2330B	PER08	364	Communication Number	S	AN		1	80		Follow implementation guide rules.

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2330B	DTP		Claim Adjudication Date	S						Follow implementation guide rules.
2330B	DTP01	374	Date Time Qualifier	R	ID	573 - Date Claim Paid	3	3		
2330B	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2330B	DTP03	1251	Adjudication or Payment Date	R	AN		1	35		
2330B	REF		Other Payer Secondary Identifier	S						Required by MHP.
2330B	REF01	128	Reference Identification Qualifier	R	ID	2U - Payer ID No F8 - Original Ref No Use to indicate the payer's claim number for this claim for the payer identified in this iteration of the 2330B loop. FY - Claim Office No NF - NAIC Code TJ - Fed Taxpayer's ID No	2	3	NF - NAIC	See Code Source 245
2330B	REF02	127	Other Payer Secondary Identifier	R	AN		1	30		
2330B	REF		Other Payer Prior Authorization or Referral Number	S						This segment is not used by MHP.
2330B	REF		Other Payer Claim Adjustment Indicator	S						This segment is not used by MHP.
2330C	NM1		Other Payer Patient Information	S						Loop 2330C is not used by MHP.
2330D	NM1		Other Payer Referring Provider	S						Loop 2330D is not used by MHP.
2330E	NM1		Other Payer Rendering Provider	R						Loop 2330E is not used by MHP.
2330F	NM1		Other Payer Purchased Service Provider	S						Loop 2330F is not used by MHP.
2330G	NM1		Other Payer Service Facility Location	S						Loop 2330G is not used by MHP.
2330H	NM1		Other Payer Supervising Provider	R						Loop 2330H is not used by MHP.
2400	LX		Service Line	R						
2400	LX01	554	Line Counter	R	N0		1	6		
2400	SV1		Professional Service	R						
2400	SV101-1	235	Product or Service ID Qualifier	R	ID	HC - HCPCS Codes IV - Home Infusion EDI Coalition Product/Service Code N1 - NDC Code in 4-4-2 Format N2 - NDC Code in 5-3-2 Format N3 - NDC Code in 5-4-1 Format N4 - NDC Code in 5-4-2 Format ZZ - Mutually defined	2	2		
2400	SV101-2	234	Procedure Code	R	AN		1	48		
2400	SV101-3	1339	Procedure Modifier 1	S	AN		2	2		Follow implementation guide rules.
2400	SV101-4	1339	Procedure Modifier 2	S	AN		2	2		Follow implementation guide rules.
2400	SV101-5	1339	Procedure Modifier 3	S	AN		2	2		Follow implementation guide rules.
2400	SV101-6	1339	Procedure Modifier 4	S	AN		2	2		Follow implementation guide rules.

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2400	SV102	782	Charge Amount	R	R		1	18		
2400	SV103	355	Unit or Basis for Measurement Code	R	ID	F2-Internatl Unit IU is used to indicate dosage amount. Dosage amount is only used for drug claims when the dosage of the drug is variable within a single NDC number (e.g., blood factors). MJ-Minutes UN-Unit	2	2		
2400	SV104	380	Units or Minutes	R	R		1	15		
2400	SV105	1331	Place of Service Code	S	AN	11 - Office, 12 - Home 21 - In-Pt Hosp 22 - Out-Pt Hosp 23 - ER-Hosp 24 - Amb Surg Ctr 25 - Birthbng CTR 26 - Military Ctr 31 - SNF 32 - Nur Fac 33 - Cust Care Fac 34 - Hospice 41 - Amb-Land 42 - Air See code source 237 for complete list.	1	2		Follow implementation guide rules.
2400	SV107-1	1328	Diagnosis Code Pointer	R	NO	See code source 237 for complete list.	1	2		
2400	SV107-2	1328	Diagnosis Code Pointer	S	NO		1	2		Follow implementation guide rules.
2400	SV107-3	1328	Diagnosis Code Pointer	S	NO		1	2		Follow implementation guide rules.
2400	SV107-4	1328	Diagnosis Code Pointer	S	NO		1	2		Follow implementation guide rules.
2400	SV109	1073	Emergency Indicator	S	IS	Y - Yes	1	1		<b>This data element is not used by MHP.</b>
2400	SV111	1073	EPSDT Indicator	S	ID	Y - Yes	1	1		<b>This data element is not used by MHP.</b>
2400	SV112	1073	Family Planning Indicator	S	ID	Y - Yes	1	1		<b>This data element is not used by MHP.</b>
2400	SV115	1327	Co-Pay status Code	S	ID	0 - Copay exempt	1	1		<b>This data element is not used by MHP.</b>
<b>2400</b>	<b>SV5</b>		<b>Durable Medical Equipment Service</b>	<b>S</b>						Follow implementation guide rules.
2400	SV501-1	235	Procedure Identifier	R	ID	HC - HCPCS Code	2	2		
2400	SV501-2	234	Procedure Code	R	AN		1	48		

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2400	SV503	380	Length of Medical Necessity	R	R		1	15		
2400	SV504	782	DME Rental Price	S	R		1	18		Follow implementation guide rules.
2400	SV505	782	DME Purchase Price	S	R		1	18		Follow implementation guide rules.
2400	SV506	594	Rental Unit Price Indicator	S	ID	1 - Weekly 4 - Monthly 6 - Daily	1	1		Follow implementation guide rules.
2400	PWK		DMERC CMN Indicator	S						This segment is not used by MHP.
2400	CR1		Ambulance Transport Information	S						This segment is not used by MHP.
2400	CR2		Spinal Manipulation Service Information	S						This segment is not used by MHP.
2400	CR3		Durable Medical Equipment Certification	S						This segment is not used by MHP.
2400	CR5		Home Oxygen Therapy Information	S						This segment is not used by MHP.
2400	CRC		Ambulance Certification	S						This segment is not used by MHP.
2400	CRC		Hospice Employee Indicator	S						This segment is not used by MHP.
2400	CRC		DMERC Condition Indicator	S						This segment is not used by MHP.
2400	DTP		Date - Service Date	R						
2400	DTP01	374	Date Time Qualifier	R	ID	472 - Service	3	3		
2400	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8 - CCYYMMDD RD8 - Range of Dates	2	3		
2400	DTP03	1251	Service Date	R	AN		1	35		
2400	DTP		Date - DMERC Certification Revision Date	S						This segment is not used by MHP.
2400	DTP		Date - Begin Therapy Date	S						This segment is not used by MHP.
2400	DTP		Date - Last Certification Date	S						This segment is not used by MHP.
2400	DTP		Date - Date Last Seen	S						This segment is not used by MHP.
2400	DTP		Date - Test	S						This segment is not used by MHP.
2400	DTP		Date - Oxygen Saturation/Arterial Blood Gas Test	S						This segment is not used by MHP.
2400	DTP		Date - Shipped	S						This segment is not used by MHP.
2400	DTP		Date - Onset of Current Symptom/Illness	S						This segment is not used by MHP.
2400	DTP		Date - Last X-Ray	S						This segment is not used by MHP.
2400	DTP		Date - Acute Manifestation	S						This segment is not used by MHP.

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2400	DTP		Date - Initial Treatment	S						This segment is not used by MHP.
2400	DTP		Date - Similar Illness/Symptom Onset	S						This segment is not used by MHP.
2400	MEA		Test Results	S						This segment is not used by MHP.
2400	CN1		Contract Information	S						This segment is not used by MHP.
2400	REF		Repriced Line Item Reference Number	S						This segment is not used by MHP.
2400	REF		Adjusted Repriced Line Item Reference Number	S						This segment is not used by MHP.
2400	REF		Prior Authorization or Referral Number	S						Not used by MHP. Authorization and/or referral information must be sent at the claim level.
2400	REF		Line Item Control Number	S						This segment is not used by MHP.
2400	REF		Mammography Certification Number	S						This segment is not used by MHP.
2400	REF		Clinical Laboratory improvement Amendment (CLIA) Identification	S						This segment is not used by MHP.
2400	REF		Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	S						This segment is not used by MHP.
2400	REF		Immunization Batch Number	S						This segment is not used by MHP.
2400	REF		Ambulatory Patient Group (APG)	S						This segment is not used by MHP.
2400	REF		Oxygen Flow Rate	S						This segment is not used by MHP.
2400	REF		Universal Product Number (UPN)	S						This segment is not used by MHP.
2400	AMT		Sales Tax Amount	S						Follow implementation guide rules.
2400	AMT01	522	Amount Qualifier Code	R	ID	T - Tax	1	3		
2400	AMT02	782	Sales Tax Amount	R	R		1	18		
2400	AMT		Approved Amount	S						This segment is not used by MHP.
2400	AMT		Postage Claimed Amount	S						This segment is not used by MHP.
2400	K3		File Information	S						This segment is not used by MHP.
2400	NTE		Line Note	S						Follow implementation guide rules.
2400	NTE01	363	Note Reference Code	R	ID	ADD - Addl Inform DCP - Goals or Discharge Plans PMT - Payment TPO - Third part organization notes	3	3		

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2400	NTE02	352	Line Note Text	R	AN		1	80		
2400	PS1		Purchased Service Information	S						This segment is not used by MHP.
2400	HSD		Health Care Services Delivery	S						This segment is not used by MHP.
2400	HCP		Line Pricing/Repricing Information	S						This segment is not used by MHP.
2410	LIN		Drug Identification	S						Follow implementation guide rules.
2410	LIN02	235	Product or Service ID Qualifier	R	ID	N4 - NDC, 5-4-2 Format	2	2		
2410	LIN03	234	National Drug Code	R	AN		1	48		
2410	CTP		Drug Pricing	S						Follow implementation guide rules.
2410	CTP03	212	Unit Price	R	R		1	17		
2410	CTP04	380	National Drug Unit Count	R	R		1	15		
2410	CTP05-1	355	Code Qualifier	R	ID	F2 - International Unit GR - Gram ML - Milliliter UN - Unit	2	2		
2410	REF		Prescription Number	S						Follow implementation guide rules.
2420A	NM1		Rendering Provider Name	S						Loop 2420A is not used. Provider information must be sent in loop 2300.
2420B	NM1		Purchased Service Provider Name	S						Loop 2420B is not used. Provider information must be sent in loop 2300.
2420C	NM1		Service Facility Location	S						Loop 2420C is not used. Provider information must be sent in loop 2300.
2420D	NM1		Supervising Provider Name	S						Loop 2420D is not used. Provider information must be sent in loop 2300.
2420E	NM1		Ordering Provider Name	S						Loop 2420E is not used. Provider information must be sent in loop 2300.
2420F	NM1		Referring Provider Name	S						Loop 2420F is not used. Provider information must be sent in loop 2300.
2420G	NM1		Other Payer Prior Authorization or Referral Number	S						This segment is not used by MHP.
2420G	REF		Other Payer Authorization or Referral Number	R						
2420G	REF01	128	Reference Identification Qualifier	R	ID	9F - Referral Number G1 - Prior Auth No	2	3		

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2420G	REF02	127	Other Payer Prior Authorization or Referral Number	R	AN		1	30		
<b>2430</b>	<b>SVD</b>		<b>Line Adjudication Information</b>	<b>S</b>						<b>Loop 2430 is required on secondary claims when line level adjustments were applied to by the primary payer.</b>
2430	SVD01	67	Other Payer Primary Identifier	R	AN		2	80		
2430	SVD02	782	Service Line Paid Amount	R	R		1	18		
2430	SVD03	C003	Composite Medical Procedure Identifier	R						
2430	SVD03-1	235	Product or Service ID Qualifier	R	ID	HC-HCPCS Codes IV-Home Infusion EDI Coalition Product/Service Code N1-NDC Code in 4-4-2 Format N2-NDC Code in 5-3-2 Format N3-NDC Code in 5-4-1 Format N4-NDC Code in 5-4-2 Format ZZ-Mutually defined	2	2		
2430	SVD03-2	234	Procedure Code	R	AN	Code Source 130	1	48		
2430	SVD03-3	1339	Procedure Modifier 1	S	AN		2	2		Follow implementation guide rules.
2430	SVD03-4	1339	Procedure Modifier 2	S	AN		2	2		Follow implementation guide rules.
2430	SVD03-5	1339	Procedure Modifier 3	S	AN		2	2		Follow implementation guide rules.
2430	SVD03-6	1339	Procedure Modifier 4	S	AN		2	2		Follow implementation guide rules.
2430	SVD03-7	352	Procedure Code Description	S	AN		1	80		Follow implementation guide rules.
2430	SVD05	380	Paid Service Unit Count	R	R		1	15		
2430	SVD06	554	Bundled Line Number	S	N0		1	6		Follow implementation guide rules.
<b>2430</b>	<b>CAS</b>		<b>Line Adjustment</b>	<b>S</b>						<b>Follow implementation guide rules.</b>
2430	CAS01	1033	Claim Adjustment Group Code	R	ID	CO-Contractual Obligations CR-Correction and Reversals OA-Other adjustments PI-Payor Initiated Reductions PR-Patient Responsibility	1	2		
2430	CAS02	1034	Adjustment Reason Code	R	ID		1	5		
2430	CAS03	782	Adjustment Amount	R	R		1	18		
2430	CAS04	380	Adjustment Quantity	S	R		1	15		Follow implementation guide rules.
2430	CAS05	1034	Adjustment Reason Code	S	ID		1	5		Follow implementation guide rules.
2430	CAS06	782	Adjustment Amount	S	R		1	18		Follow implementation guide rules.
2430	CAS07	380	Adjustment Quantity	S	R		1	15		Follow implementation guide rules.
2430	CAS08	1034	Adjustment Reason Code	S	ID		1	5		Follow implementation guide rules.

## ASC X12N 837 Professional (004010X098A1) Implementation Specification

Mercy Health Plans  
Companion Guide Information

Loop ID	Segment ID	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2430	CAS09	782	Adjustment Amount	S	R		1	18		Follow implementation guide rules.
2430	CAS10	380	Adjustment Quantity	S	R		1	15		Follow implementation guide rules.
2430	CAS11	1034	Adjustment Reason Code	S	ID		1	5		Follow implementation guide rules.
2430	CAS12	782	Adjustment Amount	S	R		1	18		Follow implementation guide rules.
2430	CAS13	380	Adjustment Quantity	S	R		1	15		Follow implementation guide rules.
2430	CAS14	1034	Adjustment Reason Code	S	ID		1	5		Follow implementation guide rules.
2430	CAS15	782	Adjustment Amount	S	R		1	18		Follow implementation guide rules.
2430	CAS16	380	Adjustment Quantity	S	R		1	15		Follow implementation guide rules.
2430	CAS17	1034	Adjustment Reason Code	S	ID		1	5		Follow implementation guide rules.
2430	CAS18	782	Adjustment Amount	S	R		1	18		Follow implementation guide rules.
2430	CAS19	380	Adjustment Quantity	S	R		1	15		Follow implementation guide rules.
<b>2430</b>	<b>DTP</b>		<b>Line Adjudication Date</b>	<b>R</b>						
2430	DTP01	374	Date Time Qualifier	R	ID	573 - Date Claim Paid	3	3		
2430	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2430	DTP03	1251	Adjudication or Payment Date	R	AN		1	35		
<b>2440</b>	<b>LQ</b>		<b>Form Identification Code</b>	<b>S</b>						<b>Loop 2440 is not used by MHP. Attachment information must be submitted with paper claim.</b>
<b>Trailer</b>	<b>SE</b>		<b>Transaction Set Trailer</b>	<b>R</b>						
Trailer	SE01	96	Transaction Segment Count	R	N0		1	10		
Trailer	SE02	329	Transaction Set Control Number	R	AN		4	9		
<b>Trailer</b>	<b>GE</b>		<b>Function Group Trailer</b>	<b>R</b>						
Trailer	GE01	97	Number of Transaction Sets Included	R			1	6		
Trailer	GE02	28	Group Control Number	R			1	9		
<b>Trailer</b>	<b>IEA</b>		<b>Interchange Control Trailer</b>	<b>R</b>						
Trailer	IEA01	116	Number of Included Functional Groups	R			1	5		
Trailer	IEA02	112	Interchange Control Number	R			9	9		