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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
ISA	INTERCHANGE CONTROL HEADER	B.3			R	<u> </u>	1		
ISA01	Authorization Information Qualifier		ID	2-2	R			00, 03	
ISA02	Authorization Information		AN	10-10	R				
ISA03	Security Information Qualifier		ID	2-2	R			00, 01	Value 01 is recommended
ISA04	Security Information		AN	10-10	R				May contain a password assigned by PHP
ISA05	Interchange ID Qualifier		ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	Must equal ZZ.
ISA06	Interchange Sender ID		AN	15-15	R				This is the submitter id assigned by PHP. Must match data element GS02
ISA07	Interchange ID Qualifier		ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	Must equal ZZ
ISA08	Interchange Receiver ID		AN	15-15	R				PHP
ISA09	Interchange Date		DT	6-6	R			YYMMDD	Cannot be greater than current system date
ISA10	Interchange Time		TM	4-4	R			HHMM	
ISA11	Interchange Control Standards ID		ID	1-1	R			U	
ISA12	Interchange Control Version Number		ID	5-5	R			401	
ISA13	Interchange Control Number		NO	9-9	R				Must match IEA02
ISA14	Acknowledgement Requested		ID	1-1	R			0, 1	
ISA15	Usage Indicator		ID	1-1	R			P, T	Test or Production
ISA16	Component Element Separator		AN	1-1	R				Preferred values are * : ~
GS	FUNCTIONAL GROUP HEADER	B.8			R	<u> </u>	1		
GS01	Functional Identifier Code		ID	2-2	R			HC	
GS02	Application Sender Code		AN	2-15	R				Sender name
GS03	Application Receiver Code		AN	2-15	R				PHP

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GS04	Date		DT	8-8	R			CCYYMMDD	Date cannot be greater than current system date
GS05	Time		TM	4-8	R			HHMMSSDD	
GS06	Group Control Number		N0	1-9	R				
GS07	Responsible Agency Code		ID	1-2	R			X	
GS08	Version Identifier Code		AN	1-12	R			004010X098 004010X098A1	Draft Standards Approved for Publication by ASC X12 rocedures Review Board through October 1997, as published in this implementation guide. When using the X12N Health Care Claim: Professional Implementation Guide, originally published May 2000 as 004010X098 and incorporating the changes identified in the Addenda, the value used in GS08 must be "004010X098A1".
ST	TRANSACTION SET HEADER	62			R	1			
ST01	Transaction Set Identifier Code		ID	3-3	R			837	
ST02	Transaction Set Control Number		AN	4-9	R				Must match SE02
BHT	BEGINNING OF HIERARCHICAL TRANSACTION	63			R	1			
BHT01	Hierarchical Structure Code		ID	4-4	R			19	
BHT02	Transaction Set Purpose Code		ID	2-2	R			00 = Original, 18 = Reissue	
BHT03	Originator Application Transaction ID (File ID)		AN	1-30	R				A minimum of 6 A/N characters is required for each transaction set. The first 6 bytes must be unique for each transaction set. Duplicate file ID's submitted within twelve months will be rejected.
BHT04	Transaction Set Creation Date		DT	8-8	R			CCYYMMDD	Must not be greater than current system date.
BHT05	Transaction Set Creation Time		TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD	
BHT06	Claim or Encounter ID		ID	2-2	R			CH, RP	
REF	TRANSMISSION TYPE IDENTIFICATION	66			R	1			
REF01	Reference Identification Qualifier		ID	2-3	R			87	
REF02	Transmission Type Code		AN	1-30	R			Prod = 004010X098 Test = 004010X098D	Transmission type should correspond with Usage Indicator in ISA15
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				

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NM1	SUBMITTER NAME	67			R	1000A	1		
NM101	Entity Identifier Code		ID	2-3	R			41	
NM102	Entity Type Qualifier		ID	1-1	R			1 = Person 2 = Non-Person Entity	
NM103	Submitter Last or Organization Name		AN	1-35	R				
NM104	Submitter First Name		AN	1-25	S				Required when NM102 = 1
NM105	Submitter Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			46	
NM109	Submitter Identifier		AN	2-80	R				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PER	SUBMITTER EDI CONTACT INFORMATION	71			R	1000A	2		
PER01	Contact Function Code		ID	2-2	R			IC	
PER02	Submitter Contact Name		AN	1-60	R				
PER03	Communication Number Qualifier		ID	2-2	R			ED, EM, FX, TE	
PER04	Communication Number		AN	1-80	R				
PER05	Communication Number Qualifier		ID	2-2	S			ED, EM, EX, FX, TE	
PER06	Communication Number		AN	1-80	S				
PER07	Communication Number Qualifier		ID	2-2	S			ED, EM, EX, FX, TE	
PER08	Communication Number		AN	1-80	S				
PER09	Contact Inquiry Reference		AN	1-20	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
NM1	RECEIVER NAME	74			R	1000B	1		
NM101	Entity Identifier Code		ID	2-3	R			40	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Receiver Name		AN	1-35	R				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			46	
NM109	Receiver Primary Identifier		AN	2-80	R				PHP
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
HL	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	77			R	2000A	>1		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	N/U				
HL03	Hierarchical Level Code		ID	1-2	R			20	
HL04	Hierarchical Child Code		ID	1-1	R			1	
PRV	BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION	79			S	2000A	1		
PRV01	Provider Code		ID	1-3	R			BI, PT	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Provider Taxonomy Code		AN	1-30	R				This is a 10-byte taxonomy code.
PRV04	State or Province Code		ID	2-2	N/U				

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PRV05	PROVIDER SPECIALTY INFORMATION				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
CUR	FOREIGN CURRENCY INFORMATION	81			S	2000A	1		
CUR01	Entity Identifier Code		ID	2-3	R			85	
CUR02	Currency Code		ID	3-3	R				
CUR03	Exchange Rate		R	4-10	N/U				
CUR04	Entity Identifier Code		ID	2-3	N/U				
CUR05	Currency Code		ID	3-3	N/U				
CUR06	Currency Market/Exchange Code		ID	3-3	N/U				
CUR07	Date/Time Qualifier		ID	3-3	N/U				
CUR08	Date		DT	8-8	N/U				
CUR09	Time		TM	4-8	N/U				
CUR10	Date/Time Qualifier		ID	3-3	N/U				
CUR11	Date		DT	8-8	N/U				
CUR12	Time		TM	4-8	N/U				
CUR13	Date/Time Qualifier		ID	3-3	N/U				
CUR14	Date		DT	8-8	N/U				
CUR15	Time		TM	4-8	N/U				
CUR16	Date/Time Qualifier		ID	3-3	N/U				
CUR17	Date		DT	8-8	N/U				
CUR18	Time		TM	4-8	N/U				
CUR19	Date/Time Qualifier		ID	3-3	N/U				
CUR20	Date		DT	8-8	N/U				
CUR21	Time		TM	4-8	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
NM1	Billing Provider Name	84			R	2010AA	1		
NM101	Entity Identifier Code		ID	2-3	R			85	
NM102	Entity Type Qualifier		ID	1-1	R			1 = Person 2 = Non-Person Entity	
NM103	Billing Provider Last or Organizational Name		AN	1-35	R				
NM104	Billing Provider First Name		AN	1-25	S				Required when NM102 = 1
NM105	Billing Provider Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Billing Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Billing Provider Identifier		AN	2-80	R				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	BILLING PROVIDER ADDRESS	88			R	2010AA	1		
N301	Billing Provider Address Line		AN	1-55	R				
N302	Billing Provider Address Line		AN	1-55	S				
N4	BILLING PROVIDER CITY/STATE/ZIP CODE	89			R	2010AA	1		
N401	Billing Provider City Name		AN	2-30	R				
N402	Billing Provider State or Province Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Billing Provider Postal Zone or ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
N406	Location Identifier		AN	1-30	N/U				
REF	BILLING PROVIDER SECONDARY IDENTIFICATION	91			S	2010AA	8		At least one REF segment is required.
REF01	Reference Identification Qualifier		ID	2-3	R			EI, 1D, G2	Use LU for the 3 - 4 character numeric practice # (group # on the CMS 1500 form, box 33; BA0 field 17-Prov N02 in the NSF format) when submitted by the provider Effective 5/23/2007 - EI when tax ID submitted 1D, G2 for Legacy ID
REF02	Billing Provider Additional Identifier		AN	1-30	R				Enter the rendering provider number assigned by the payer. Effective 5/23/2007 - EIN with code qualifier EI Legacy ID with code qualifiers 1D or G2
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	CREDIT/DEBIT CARD BILLING INFORMATION	94			S	2010AA	8		
REF01	Reference Identification Qualifier		ID	2-3	R			06, 8U, EM, IJ, LU, RB, ST, TT	
REF02	Billing Provider Credit Card Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
PER	BILLING PROVIDER CONTACT INFORMATION	96			S	2010AA	2		
PER01	Contact Function Code		ID	2-2	R			IC	
PER02	Billing Provider Contact Name		AN	1-60	R				
PER03	Communication Number Qualifier		ID	2-2	R			EM, FX, TE	
PER04	Communication Number		AN	1-80	R				
PER05	Communication Number Qualifier		ID	2-2	S			EM, EX, FX, TE	
PER06	Communication Number		AN	1-80	S				
PER07	Communication Number Qualifier		ID	2-2	S			EM, EX, FX, TE	

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PER08	Communication Number		AN	1-80	S				
PER09	Contact Inquiry Reference		AN	1-20	N/U				
NM1	PAY-TO PROVIDER NAME	99			S	2010AB	1		Required if the Pay-To-Provider is a different entity than the Billing Provider
NM101	Entity Identifier Code		ID	2-3	R			87	
NM102	Entity Type Qualifier		ID	1-1	R			1 = Person 2 = Non-Person Entity	
NM103	Pay-to Provider Last or Organization Name		AN	1-35	R				
NM104	Pay-to Provider First Name		AN	1-25	S				Required when NM102 = 1
NM105	Pay-to Provider Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Pay-to Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Pay-to Provider Identifier		AN	2-80	R				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	PAY-TO PROVIDER ADDRESS	103			R	2010AB	1		
N301	Pay-to Provider Address Line		AN	1-55	R				
N302	Pay-to Provider Address Line		AN	1-55	S				
N4	PAY-TO PROVIDER CITY/STATE/ZIP CODE	104			R	2010AB	1		
N401	Pay-to Provider City Name		AN	2-30	R				
N402	Pay-to Provider State Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Pay-to Provider Postal Zone or ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
N404	Pay-to Provider Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	PAY-TO PROVIDER SECONDARY IDENTIFICATION	106			S	2010AB	5		Use when different from the billing provider number in REF02, Loop 2010AA.
REF01	Reference Identification Qualifier		ID	2-3	R			EI, 1D, G2	Use LU for the 3 - 4 character numeric practice # (group # on the CMS 1500 form, box 33; BA0 field 17-Prov N02 in the NSF format) when submitted by the provider Effective 5/23/2007 - EI when tax ID submitted 1D, G2 for Legacy ID
REF02	Pay-to Provider Identifier		AN	1-30	R				Enter the rendering provider number assigned by the payer. Effective 5/23/2007 - EIN with code qualifier EI Legacy ID with code qualifiers 1D or G2
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
HL	SUBSCRIBER HIERARCHICAL LEVEL	108			R	2000B	>1		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	R				
HL03	Hierarchical Level Code		ID	1-2	R			22	
HL04	Hierarchical Child Code		ID	1-1	R			0, 1	
SBR	SUBSCRIBER INFORMATION	110			R	2000B	1		This segment is used to record information specific to the primary insured and the insurance carrier for the insured.
SBR01	Payer Responsibility Sequence Number Code		ID	1-1	R			P, S, T	
SBR02	Individual Relationship Code		ID	2-2	S			18 = Self	
SBR03	Insured Group or Policy Number		AN	1-30	S				Enter the group number from the subscriber's ID card.
SBR04	Insured Group Name		AN	1-60	S				Required by most commercial payers.

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SBR05	Insurance Type Code		ID	1-3	S			12, 13, 14, 15, 16, 41, 42, 43, 47	
SBR06	Coordination of Benefits Code		ID	1-1	N/U				
SBR07	Yes/No Condition or Response Code		ID	1-1	N/U				
SBR08	Employment Status Code		ID	2-2	N/U				
SBR09	Claim Filing Indicator Code		ID	1-2	S			09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MB, MC, OF, TV, VA, WC, ZZ	Preferred values are 09, BL, CH, CI, MB, MC, OF, WC, ZZ
PAT	PATIENT INFORMATION	114			S	2000B	1		
PAT01	Individual Relationship Code		ID	2-2	N/U				
PAT02	Patient Location Code		ID	1-1	N/U				
PAT03	Employment Status Code		ID	2-2	N/U				
PAT04	Student Status Code		ID	1-1	N/U				
PAT05	Date Time Period Format Qualifier		ID	2-3	S			D8	Required if patient is known to be deceased and the date of death is available to the provider billing system.
PAT06	Insured Individual Death Date		AN	1-35	S			CCYYMMDD	Required if patient is known to be deceased and the date of death is available to the provider billing system.
PAT07	Unit or Basis for Measurement Code		ID	2-2	S			01	Actual pounds. Required when PAT08 is used.
PAT08	Patient Weight		R	1-10	S				Required on: 1) claims/encounters involving EPO (epoetin) for patients on dialysis. 2) Medicare Durable Medical Equipment Regional Carriers certificate of medical necessity (DMERC CMN) 02.03 and 10.02.
PAT09	Pregnancy Indicator		ID	1-1	S			Y	Required when mandated by law. The determination of pregnancy should be completed in compliance with applicable law. The "Y" code indicates that the patient is pregnant. If PAT09 is not used it means the patient is not pregnant.
NM1	SUBSCRIBER NAME	117			R	2010BA	1		
NM101	Entity Identifier Code		ID	2-3	R			IL	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Subscriber Last Name		AN	1-35	R				
NM104	Subscriber First Name		AN	1-25	S				When NM102 = 1, subscriber first name is required.

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NM105	Subscriber Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Subscriber Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			MI, ZZ	ZZ is not valid at this time.
NM109	Subscriber Primary Identifier		AN	2-80	S				Required if the Subscriber is the patient. If the subscriber is not the patient, use if known. An identifier must be present in either the subscriber or the patient loop.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	SUBSCRIBER ADDRESS	121			S	2010BA	1		Required if the patient is the same person as the subscriber. Required for print to paper payers.
N301	Subscriber Address Line		AN	1-55	R				
N302	Subscriber Address Line		AN	1-55	S				
N4	SUBSCRIBER CITY/STATE/ZIP CODE	122			S	2010BA	1		Required if the patient is the same person as the subscriber. Required for print to paper payers.
N401	Subscriber City Name		AN	2-30	R				
N402	Subscriber State Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Subscriber Postal Zone or ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Subscriber Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION	124			S	2010BA	1		
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8	
DMG02	Subscriber Birth Date		AN	1-35	R			CCYYMMDD	
DMG03	Subscriber Gender Code		ID	1-1	R			F, M, U	

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DMG04	Marital Status Code		ID	1-1	N/U				
DMG05	Race or Ethnicity Code		ID	1-1	N/U				
DMG06	Citizenship Status Code		ID	1-2	N/U				
DMG07	Country Code		ID	2-3	N/U				
DMG08	Basis of Verification Code		ID	1-2	N/U				
DMG09	Quantity		R	1-15	N/U				
REF	SUBSCRIBER SECONDARY IDENTIFICATION	126			S	2010BA	4		
REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23, IG, SY	For Indian Health Services use qualifier 23.
REF02	Subscriber Supplemental Identifier		AN	1-30	R				For Indian Health Services enter the Health Record Number.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	PROPERTY AND CASUALTY CLAIM NUMBER	128			S	2010BA	1		Not required for HIPAA
REF01	Reference Identification Qualifier		ID	2-3	R			Y4	
REF02	Reference Identification		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	PAYER NAME	130			R	2010BB	1		
NM101	Entity Identifier Code		ID	2-3	R			PR	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Payer Name		AN	1-35	R				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				

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NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			PI, XV	Value XV is not valid at this time.
NM109	Payer Identifier		AN	2-80	R				PHP
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	PAYER ADDRESS	134			S	2010BB	1		Required for print to paper payers.
N301	Payer Address Line		AN	1-55	R				
N302	Payer Address Line		AN	1-55	S				
N4	PAYER CITY/STATE/ZIP CODE	135			S	2010BB	1		Required for print to paper payers.
N401	Payer City Name		AN	2-30	R				
N402	Payer State Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Payer Postal Zone or ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Payer Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	PAYER SECONDARY IDENTIFICATION	137			S	2010BB	3		
REF01	Reference Identification Qualifier		ID	2-3	R			2U, FY, NF, TJ	
REF02	Payer Additional Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				

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NM1	RESPONSIBLE PARTY NAME	139			S	2010BC	1		The responsible party is someone who is not the subscriber/patient but who has financial responsibility for the bill.
NM101	Entity Identifier Code		ID	2-3	R			QD	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Responsible Party Last or Organization Name		AN	1-35	R				
NM104	Responsible Party First Name		AN	1-25	S				
NM105	Responsible Party Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Responsible Party Suffix Name		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	RESPONSIBLE PARTY ADDRESS	143			R	2010BC	1		
N301	Responsible Party Address Line		AN	1-55	R				
N302	Responsible Party Address Line		AN	1-55	S				
N4	RESPONSIBLE PARTY CITY/STATE/ZIP CODE	144			R	2010BC	1		Required for all paper print payers.
N401	Responsible Party City Name		AN	2-30	R				
N402	Responsible Party State Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Responsible Party Postal Zone or ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Responsible Party Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
NM1	CREDIT/DEBIT CARD HOLDER NAME	146			S	2010BD	1		
NM101	Entity Identifier Code		ID	2-3	R			AO	
NM102	Entity Type Qualifier		ID	1-1	R			1,2	
NM103	Credit or Debit Card Holder Last or Organizational Name		AN	1-35	R				
NM104	Credit or Debit Card Holder First Name		AN	1-25	S				
NM105	Credit or Debit Card Holder Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Credit or Debit Card Holder Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			MI	
NM109	Credit or Debit Card Number		AN	2-80	R				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	CREDIT/DEBIT CARD INFORMATION	150			S	2010BD	2		
REF01	Reference Identification Qualifier		ID	2-3	R			AB, BB	
REF02	Credit or Debit Card Authorization Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
HL	PATIENT HIERARCHICAL LEVEL	152			S	2000C	>1		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	R				
HL03	Hierarchical Level Code		ID	1-2	R			23	
HL04	Hierarchical Child Code		ID	1-1	R			0	

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
PAT	PATIENT INFORMATION	154			R	2000C	1		
PAT01	Individual Relationship Code		ID	2-2	R			01, 04, 05, 07, 09, 10, 15, 17, 19, 20,21,22,23,24,29,32,33 ,34,36,39,40,41,43,53,G 8	
PAT02	Patient Location Code		ID	1-1	N/U				
PAT03	Employment Status Code		ID	2-2	N/U				
PAT04	Student Status Code		ID	1-1	N/U				
PAT05	Date Time Period Format Qualifier		ID	2-3	S			D8	Required if patient is known to be deceased and the date of death is available to the provider billing system.
PAT06	Patient Death Date		AN	1-35	S			CCYYMMDD	Required if patient is known to be deceased and the date of death is available to the provider billing system.
PAT07	Unit or Basis for Measurement Code		ID	2-2	S			01	Actual pounds. Required when PAT08 is used.
PAT08	Patient Weight		R	1-10	S				Required on: 1) claims/encounters involving EPO (epoetin) for patients on dialysis. 2) Medicare Durable Medical Equipment Regional Carriers certificate of medical necessity (DMERC CMN) 02.03 and 10.02.
PAT09	Pregnancy Indicator		ID	1-1	S			Y	Required when mandated by law. The determination of pregnancy should be completed in compliance with applicable law. The "Y" code indicates that the patient is pregnant. If PAT09 is not used it means the patient is not pregnant.
NM1	PATIENT NAME	157			R	2010CA	1		
NM101	Entity Identifier Code		ID	2-3	R			QC	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Patient Last Name		AN	1-35	R				
NM104	Patient First Name		AN	1-25	R				
NM105	Patient Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Patient Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			MI, ZZ	ZZ qualifier is not used at this time
NM109	Patient Primary Identifier		AN	2-80	S				Required if the patient identifier is different than the subscriber identifier. Enter the member/patient policy number as indicated on the ID Card.
NM110	Entity Relationship Code		ID	2-2	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	PATIENT ADDRESS	161			R	2010CA	1		
N301	Patient Address Line		AN	1-55	R				
N302	Patient Address Line		AN	1-55	S				
N4	PATIENT CITY/STATE/ZIP CODE	162			R	2010CA	1		
N401	Patient City Name		AN	2-30	R				
N402	Patient State Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Patient Postal Zone or ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Patient Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
DMG	PATIENT DEMOGRAPHIC INFORMATION	164			R	2010CA	1		
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8	
DMG02	Patient Birth Date		AN	1-35	R			CCYYMMDD	
DMG03	Patient Gender Code		ID	1-1	R			F, M, U	
DMG04	Marital Status Code		ID	1-1	N/U				
DMG05	Race or Ethnicity Code		ID	1-1	N/U				
DMG06	Citizenship Status Code		ID	1-2	N/U				
DMG07	Country Code		ID	2-3	N/U				
DMG08	Basis of Verification Code		ID	1-2	N/U				
DMG09	Quantity		R	1-15	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
REF	PATIENT SECONDARY IDENTIFICATION	166			S	2010CA	5		
REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23, IG, SY	
REF02	Patient Secondary Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	PROPERTY AND CASUALTY CLAIM NUMBER	168			S	2010CA	1		Not required for HIPAA.
REF01	Reference Identification Qualifier		ID	2-3	R			Y4	
REF02	Property Casualty Claim Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
CLM	CLAIM INFORMATION	170			R	2300	100		
CLM01	Patient Account Number		AN	1-38	R				
CLM02	Total Claim Charge Amount		R	1-18	R				
CLM03	Claim Filing Indicator Code		ID	1-2	N/U				
CLM04	Non-Institutional Claim Type Code		ID	1-2	N/U				
CLM05	HEALTH CARE SERVICE LOCATION INFORMATION				R				
CLM05-1	Facility Type Code (Place of Service)		AN	1-2	R			11, 12, 20, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 53, 54, 55, 56, 50, 60, 61, 62, 65, 71, 72, 81, 99	
CLM05-2	Facility Code Qualifier		ID	1-2	N/U				
CLM05-3	Claim Frequency Code		ID	1-1	R			1 - Original, 6 - Corrected, 7 - Replacement, 8 - Void	Electronic adjustments are not applicable for PHP. Claims submitted with values 6, 7 or 8 will be processed as originals.
CLM06	Provider or Supplier Signature Indicator		ID	1-1	R			N, Y	

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
CLM07	Provider Accept Assignment Code (Medicare Assignment Code)		ID	1-1	R			A, B, C, P	
CLM08	Benefits Assignment Certification Indicator		ID	1-1	R			Y, N	
CLM09	Release of Information Code		ID	1-1	R			A, I, M, N, O, Y	
CLM10	Patient Signature Source Code		ID	1-1	S			B, C, M, P, S	Required when CLM09 does not equal N.
CLM11	RELATED CAUSES INFORMATION				S				
CLM11-1	Related Causes Code		ID	2-3	R			AA, AP, EM, OA	
CLM11-2	Related Causes Code		ID	2-3	S			AA, AP, EM, OA	
CLM11-3	Related Causes Code		ID	2-3	S			AA, AP, EM, OA	
CLM11-4	Auto Accident State or Province Code		ID	2-2	S				
CLM11-5	Country Code		ID	2-3	S			See Source code 5 for ANSI values	
CLM12	Special Program Indicator		ID	2-3	S			01, 02, 03, 05, 07, 08, 09	
CLM13	Yes/No Condition or Response Code		ID	1-1	N/U				
CLM14	Level of Service Code		ID	1-3	N/U				
CLM15	Yes/No Condition or Response Code		ID	1-1	N/U				
CLM16	Participation Agreement		ID	1-1	S			P	
CLM17	Claim Status Code		ID	1-2	N/U				
CLM18	Yes/No Condition or Response Code		ID	1-1	N/U				
CLM19	Claim Submission Reason Code		ID	2-2	N/U				
CLM20	Delay Reason Code		ID	1-2	S			1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11	
DTP	DATE - INITIAL TREATMENT	182			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			454	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Initial Treatment Date		AN	1-35	R			CCYYMMDD	

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
DTP	DATE - DATE LAST SEEN	186			S	2300	1		occupational therapist, or physician services involving routine foot care and it is known to impact the payer's adjudication process.
DTP01	Date Time Qualifier		ID	3-3	R			304	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Last Seen Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ONSET OF CURRENT ILLNESS/SYMPTOM	188			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			431	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Onset of Current Illness or Injury Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ACUTE MANIFESTATION	190			S	2300	5		
DTP01	Date Time Qualifier		ID	3-3	R			453	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Acute Manifestation Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - SIMILAR ILLNESS/SYMPTOM ONSET	192			S	2300	10		
DTP01	Date Time Qualifier		ID	3-3	R			438	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Similar Illness or Symptom Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ACCIDENT	194			S	2300	10		Required when CLM11-1, 2 or 3 = AA, AB, AP, or OA
DTP01	Date Time Qualifier		ID	3-3	R			439	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8, DT	
DTP03	Accident Date		AN	1-35	R			CCYYMMDD, CCYYMMDDHHMM	

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
DTP	DATE - LAST MENSTRUAL PERIOD	196			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			484	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Last Menstrual Period Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - LAST X-RAY	197			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			455	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Last X-Ray Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - HEARING AND VISION PRESCRIPTION DATE	200			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			471	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Prescription Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - DISABILITY BEGIN	201			S	2300	5		Not required for HIPAA but may be required for other uses.
DTP01	Date Time Qualifier		ID	3-3	R			360	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Disability From Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - DISABILITY END	203			S	2300	5		Not required for HIPAA but may be required for other uses.
DTP01	Date Time Qualifier		ID	3-3	R			361	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Disability To Date		AN	1-35	R			CCYYMMDD	

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
DTP	DATE - LAST WORKED	205			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			297	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Last Worked Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - AUTHORIZED RETURN TO WORK	206			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			296	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Work Return Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ADMISSION	208			S	2300	1		Required when place of service in CLM05-1 = 21, 31, 51, 52, or 61. Admission date must not be after the condition date.
DTP01	Date Time Qualifier		ID	3-3	R			435	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Related Hospitalization Admission Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - DISCHARGE	210			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			96	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Related Hospitalization Discharge Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ASSUMED AND RELINQUISHED CARE DATES	212			S	2300	2		
DTP01	Date Time Qualifier		ID	3-3	R			090, 091	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Assumed or Relinquished Care Date		AN	1-35	R			CCYYMMDD	

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
PWK	CLAIM SUPPLEMENTAL INFORMATION	214			S	2300	10		
PWK01	Attachment Report Type Code		ID	2-2	R			77, AS, B2, B3, B4, CT, DA, DG, DS, EB, MT, NN, OB, OZ, PN, PO, PZ, RB, RR, RT	
PWK02	Attachment Transmission Code		ID	1-2	R			AA, BM, EL, EM, FX	
PWK03	Report Copies Needed		N0	1-2	N/U				
PWK04	Entity Identifier Code		ID	2-3	N/U				
PWK05	Identification Code Qualifier		ID	1-2	S			AC	
PWK06	Attachment Control Number		AN	2-80	S				
PWK07	Description		AN	1-80	N/U				
PWK08	ACTIONS INDICATED				N/U				
PWK09	Request Category Code		ID	1-2	N/U				
CN1	CONTRACT INFORMATION	217			S	2300	1		
CN101	Contract Type Code		ID	2-2	R			02, 03, 04, 05, 06, 09	
CN102	Contract Amount		R	1-18	S				
CN103	Contract Percentage		R	1-6	S				
CN104	Contract Code		AN	1-30	S				
CN105	Terms Discount Percent		R	1-6	S				
CN106	Contract Version Identifier		AN	1-30	S				
AMT	CREDIT/DEBIT CARD MAXIMUM AMOUNT	219			S	2300	1		
AMT01	Amount Qualifier Code		ID	1-3	R				
AMT02	Credit or Debit Card Maximum Amount		R	1-18	R				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	PATIENT AMOUNT PAID	220			S	2300	1		Negative values are invalid. Required when patient has made payment specifically toward this claim.
AMT01	Amount Qualifier Code		ID	1-3	R			F5	
AMT02	Patient Amount Paid		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	TOTAL PURCHASED SERVICE AMOUNT	221			S	2300	1		Use this segment on vision claims when the acquisition cost of lenses is known to impact adjudication or reimbursement. Required on service lines when the purchased service charge amount is necessary for processing.
AMT01	Amount Qualifier Code		ID	1-3	R			NE	
AMT02	Total Purchased Service Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
REF	SERVICE AUTHORIZATION EXCEPTION CODE	222			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			4N	
REF02	Service Authorization Exception Code		AN	1-30	R			1, 2, 3, 4, 5, 6, 7	
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR	224			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			F5	
REF02	Medicare Section 4081 Indicator		AN	1-30	R			Y,N	
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
REF	MAMMOGRAPHY CERTIFICATION NUMBER	226			S	2300	1		Use as required by Payer. Required when mammography services are rendered by a certified mammography provider.
REF01	Reference Identification Qualifier		ID	2-3	R			EW	
REF02	Mammography Certification Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	PRIOR AUTHORIZATION OR REFERRAL NUMBER	227			S	2300	2		Use as required by Payer.
REF01	Reference Identification Qualifier		ID	2-3	R			9F, G1	For Indian Health Services use qualifier G1
REF02	Prior Authorization or Referral Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	ORIGINAL REFERENCE NUMBER (ICN/DCN)	229			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			F8	
REF02	Claim Original Reference Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER	231			S	2300	3		Use as required by Payer
REF01	Reference Identification Qualifier		ID	2-3	R			X4	
REF02	Clinical Laboratory Improvement Amendment Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
REF04	REFERENCE IDENTIFIER				N/U				
REF	REPRICED CLAIM NUMBER	233			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			9A	
REF02	Repriced Claim Reference Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	ADJUSTED REPRICED CLAIM NUMBER	235			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			9C	
REF02	Adjusted Repriced Claim Reference Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	INVESTIGATIONAL DEVICE EXEMPTION NUMBER	236			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			LX	
REF02	Investigational Device Exemption Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	CLAIM IDENTIFICATION NUMBER FOR CLEARING HOUSES AND OTHER TRANSMISSION INTERMEDIARIES	238			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			D9	
REF02	Clearinghouse Trace Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				

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REF04	REFERENCE IDENTIFIER				N/U				
REF	AMBULATORY PATIENT GROUP (APG)	240			S	2300	4		
REF01	Reference Identification Qualifier		ID	2-3	R			1S	
REF02	Ambulatory Patient Group Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	MEDICAL RECORD NUMBER	241			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			EA	
REF02	Medical Record Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	DEMONSTRATION PROJECT IDENTIFIER	242			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			P4	
REF02	Demonstration Project Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
K3	FILE INFORMATION	244			S	2300	10		
K301	Fixed Format Information		AN	1-80	R				
K302	Record Format Code		ID	1-2	N/U				
K303	COMPOSITE UNIT OF MEASURE				N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
NTE	CLAIM NOTE	246			S	2300	1		
NTE01	Note Reference Code		ID	3-3	R			ADD, CER, DCP,DGN,PMT,TPO	
NTE02	Claim Note Text		AN	1-80	R				
CR1	AMBULANCE TRANSPORT INFORMATION	248			S	2300	1		Use as required by Payer
CR101	Unit or Basis for Measurement Code		ID	2-2	S			LB	
CR102	Patient Weight		R	1-10	S				
CR103	Ambulance Transport Code		ID	1-1	R			I, R, T, X	
CR104	Ambulance Transport Reason Code		ID	1-1	R			A, B, C, D, E	
CR105	Unit or Basis for Measurement Code		ID	2-2	R			DH	
CR106	Transport Distance		R	1-15	R				
CR107	Address Information		AN	1-55	N/U				
CR108	Address Information		AN	1-55	N/U				
CR109	Round Trip Purpose Description		AN	1-80	S				
CR110	Stretcher Purpose Description		AN	1-80	S				
CR2	SPINAL MANIPULATION SERVICE INFORMATION	251			S	2300	1		Use as required by Payer
CR201	Treatment Series Number		N0	1-9	N/U				
CR202	Treatment Count		R	1-15	N/U				
CR203	Subluxation Level Code		ID	2-3	N/U				
CR204	Subluxation Level Code		ID	2-3	N/U				
CR205	Unit or Basis for Measurement Code		ID	2-2	N/U				
CR206	Treatment Period Count		R	1-15	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
CR207	Monthly Treatment Count		R	1-15	N/U				
CR208	Patient Condition Code		ID	1-1	R			A, C, D, E, F, G, M	
CR209	Complication Indicator		ID	1-1	N/U				
CR210	Patient Condition Description		AN	1-80	S				
CR211	Patient Condition Description		AN	1-80	S				
CR212	X-ray Availability Indicator		ID	1-1	S			N, Y	
CRC	AMBULANCE CERTIFICATION	257			S	2300	3		Use as required by Payer
CRC01	Code Category		ID	2-2	R			7	
CRC02	Certification Condition Indicator		ID	1-1	R			N, Y	
CRC03	Condition Code		ID	2-2	R			01, 02, 03, 04, 05, 06, 07, 08, 09, 60	
CRC04	Condition Code		ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60	
CRC05	Condition Code		ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60	
CRC06	Condition Code		ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60	
CRC07	Condition Code		ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60	
CRC	PATIENT CONDITION INFORMATION: VISION	260			S	2300	3		Use as required by Payer. Required on vision claims/encounters involving replacement lenses or frames when this information is known to impact reimbursement.
CRC01	Code Category		ID	2-2	R			E1, E2, E3	
CRC02	Certification Condition Indicator		ID	1-1	R			N, Y	
CRC03	Condition Code		ID	2-2	R			L1, L2, L3, L4, L5	
CRC04	Condition Code		ID	2-2	S			L1, L2, L3, L4, L5	
CRC05	Condition Code		ID	2-2	S			L1, L2, L3, L4, L5	
CRC06	Condition Code		ID	2-2	S			L1, L2, L3, L4, L5	
CRC07	Condition Code		ID	2-2	S			L1, L2, L3, L4, L5	

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
CRC	HOMEBOUND INDICATOR	263			S	2300	1		Use as required by Payer
CRC01	Code Category		ID	2-2	R			75	
CRC02	Certification Condition Indicator		ID	1-1	R			N, Y	
CRC03	Homebound Indicator		ID	2-2	R			IH	
CRC04	Condition Indicator		ID	2-2	N/U				
CRC05	Condition Indicator		ID	2-2	N/U				
CRC06	Condition Indicator		ID	2-2	N/U				
CRC07	Condition Indicator		ID	2-2	N/U				
CRC	EPSTD Referral	Addenda			S	2300	1		Use as required by Payer
CRC01	Code Category		ID	2-2	R			ZZ	Mutually defined
CRC02	Certification Condition Indicator		ID	1-1	R			N, Y	
CRC03	EPSTD Indicator		ID	2-2	R			AV, NU, S2, ST	
CRC04	Condition Indicator		ID	2-2	N/U				
CRC05	Condition Indicator		ID	2-2	N/U				
CRC06	Condition Indicator		ID	2-2	N/U				
CRC07	Condition Indicator		ID	2-2	N/U				
HI	HEALTH CARE DIAGNOSIS CODE	265			S	2300	1		Diagnosis codes must be coded to the highest level of specificity, i.e., coding to the fourth or fifth digit.
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Diagnosis Type Code		ID	1-3	R			BK	
HI01-2	Diagnosis Code		AN	1-30	R				
HI01-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI01-4	Date Time Period		AN	1-35	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				S				
HI02-1	Diagnosis Type Code		ID	1-3	R			BF	
HI02-2	Diagnosis Code		AN	1-30	R				
HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI02-4	Date Time Period		AN	1-35	N/U				
HI02-5	Monetary Amount		R	1-18	N/U				
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				
HI03	HEALTH CARE CODE INFORMATION				S				
HI03-1	Diagnosis Type Code		ID	1-3	R			BF	
HI03-2	Diagnosis Code		AN	1-30	R				
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI03-4	Date Time Period		AN	1-35	N/U				
HI03-5	Monetary Amount		R	1-18	N/U				
HI03-6	Quantity		R	1-15	N/U				
HI03-7	Version Identifier		AN	1-30	N/U				
HI04	HEALTH CARE CODE INFORMATION				S				
HI04-1	Diagnosis Type Code		ID	1-3	R			BF	
HI04-2	Diagnosis Code		AN	1-30	R				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI04-4	Date Time Period		AN	1-35	N/U				
HI04-5	Monetary Amount		R	1-18	N/U				
HI04-6	Quantity		R	1-15	N/U				
HI04-7	Version Identifier		AN	1-30	N/U				
HI05	HEALTH CARE CODE INFORMATION				S				
HI05-1	Diagnosis Type Code		ID	1-3	R			BF	
HI05-2	Diagnosis Code		AN	1-30	R				
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI05-4	Date Time Period		AN	1-35	N/U				
HI05-5	Monetary Amount		R	1-18	N/U				
HI05-6	Quantity		R	1-15	N/U				
HI05-7	Version Identifier		AN	1-30	N/U				
HI06	HEALTH CARE CODE INFORMATION				S				
HI06-1	Diagnosis Type Code		ID	1-3	R			BF	
HI06-2	Diagnosis Code		AN	1-30	R				
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI06-4	Date Time Period		AN	1-35	N/U				
HI06-5	Monetary Amount		R	1-18	N/U				
HI06-6	Quantity		R	1-15	N/U				
HI06-7	Version Identifier		AN	1-30	N/U				
HI07	HEALTH CARE CODE INFORMATION				S				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
HI07-1	Diagnosis Type Code		ID	1-3	R			BF	
HI07-2	Diagnosis Code		AN	1-30	R				
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI07-4	Date Time Period		AN	1-35	N/U				
HI07-5	Monetary Amount		R	1-18	N/U				
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				
HI08	HEALTH CARE CODE INFORMATION				S				
HI08-1	Diagnosis Type Code		ID	1-3	R			BF	
HI08-2	Diagnosis Code		AN	1-30	R				
HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI08-4	Date Time Period		AN	1-35	N/U				
HI08-5	Monetary Amount		R	1-18	N/U				
HI08-6	Quantity		R	1-15	N/U				
HI08-7	Version Identifier		AN	1-30	N/U				
HI09	HEALTH CARE CODE INFORMATION				N/U				
HI10	HEALTH CARE CODE INFORMATION				N/U				
HI11	HEALTH CARE CODE INFORMATION				N/U				
HI12	HEALTH CARE CODE INFORMATION				N/U				
HCP	CLAIM PRICING/REPRICING INFORMATION	271			S	2300	1		
HCP01	Pricing Methodology		ID	2-2	R			07, 08, 09, 10, 11, 12, 13, 14	
HCP02	Repriced Allowed Amount		R	1-18	R				
HCP03	Repriced Saving Amount		R	1-18	S				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
HCP04	Repricing Organization Identifier		AN	1-30	S				
HCP05	Repricing Per Diem or Flat Rate Amount		R	1-9	S				
HCP06	Repriced Approved Ambulatory Patient Group Code		AN	1-30	S				
HCP07	Repriced Approved Ambulatory Patient Group Amount		R	1-18	S				
HCP08	Product/Service ID		AN	1-48	N/U				
HCP09	Product/Service ID Qualifier		ID	2-2	N/U				
HCP10	Product/Service ID		AN	1-48	N/U				
HCP11	Unit or Basis for Measurement Code		ID	2-2	N/U				
HCP12	Quantity		R	1-15	N/U				
HCP13	Reject Reason Code		ID	2-2	S			T1, T2, T3, T4, T5, T6	
HCP14	Policy Compliance Code		ID	1-2	S			1, 2, 3, 4, 5	
HCP15	Exception Code		ID	1-2	S			1, 2, 3, 4, 5, 6	
CR7	HOME HEALTH CARE PLAN INFORMATION	276			S	2305	6		
CR701	Discipline Type Code		ID	2-2	R			AI, MS, OT, PT, SN, ST	
CR702	Total Visits Rendered Count		N0	1-9	R				
CR703	Certification Period Projected Visit Count		N0	1-9	R				
HSD	HEALTH CARE SERVICES DELIVERY	278			S	2305	3		
HSD01	Visits		ID	2-2	S			VS	
HSD02	Number of Visits		R	1-15	S				
HSD03	Frequency Period		ID	2-2	S			DA, MO, Q1, WK	
HSD04	Frequency Count		R	1-6	S				
HSD05	Duration of Visits Units		ID	1-2	S			7, 35	

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
HSD06	Duration of Visits, Number of Units		N0	1-3	S				
HSD07	Ship, Delivery or Calendar Pattern Code		ID	1-2	S			SA, SB, SC, SD, SG, SL, SP, SX, SY, SZ, W	
HSD08	Delivery Pattern Time Code		ID	1-1	S			D, E, F	
NM1	REFERRING PROVIDER NAME	282			S	2310A	2		
NM101	Entity Identifier Code		ID	2-3	R			DN, P3	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Referring Provider Last Name		AN	1-35	R				
NM104	Referring Provider First Name		AN	1-25	S				Required when NM102 = 1
NM105	Referring Provider Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Referring Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	XX is not valid at this time. 5/23/2007 - XX is valid for NPI
NM109	Referring Provider Identifier		AN	2-80	S				5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	REFERRING PROVIDER SPECIALTY INFORMATION	285			S	2310A	1		Required when adjudication is known to be impacted by provider taxonomy code.
PRV01	Provider Code		ID	1-3	R			RF	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Provider Taxonomy Code		AN	1-30	R				This is a 10-byte taxonomy code.
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	PROVIDER SPECIALTY INFORMATION				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
REF	REFERRING PROVIDER SECONDARY IDENTIFICATION	288			S	2310A	5		Referring provider id numbers are to be supplied as specified by the payers.
REF01	Reference Identification Qualifier		ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	5/23/2007 - Legacy ID For provider UPIN, use qualifier 1G. Otherwise use qualifier that best describes the referring provider.
REF02	Referring Provider Secondary Identifier		AN	1-30	R				Enter referring provider number as required by payer. 5/23/2007 - Legacy ID with code qualifiers 1D or G2
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	RENDERING PROVIDER NAME	290			S	2310B	1		
NM101	Entity Identifier Code		ID	2-3	R			82	
NM102	Entity Type Qualifier		ID	1-1	R			1 = Person 2 = Non-Person Entity	
NM103	Rendering Provider Last or Organization Name		AN	1-35	R				
NM104	Rendering Provider First Name		AN	1-25	S				Required when NM102 = 1
NM105	Rendering Provider Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Rendering Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Rendering Provider Identifier		AN	2-80	R				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	RENDERING PROVIDER SPECIALTY INFORMATION	293			S	2310B	1		
PRV01	Provider Code		ID	1-3	R			PE	

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Provider Taxonomy Code		AN	1-30	R				This is a 10-byte taxonomy code.
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	PROVIDER SPECIALTY INFORMATION				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
REF	RENDERING PROVIDER SECONDARY IDENTIFICATION	296			S	2310B	5		Enter the provider number as required by the payer.
REF01	Reference Identification Qualifier		ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	Use LU for the 3 - 4 character numeric practice # (group # on the CMS 1500 form, box 33; BA0 field 17-Prov N02 in the NSF format) when submitted by the provider Effective 5/23/2007 - EI when tax ID submitted G2, 1D for Legacy ID
REF02	Rendering Provider Secondary Identifier		AN	1-30	R				Enter the rendering provider number assigned by the payer. Effective 5/23/2007 - EIN with code qualifier EI Legacy ID with with code G2 or 1D
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	PURCHASED SERVICE PROVIDER NAME	298			S	2310C	1		
NM101	Entity Identifier Code		ID	2-3	R			QB	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Name Last or Organization Name		AN	1-35	R				
NM104	Name First		AN	1-25	S				Required if NM102 = 1.
NM105	Name Middle		AN	1-25	S				Required if NM102=1 and the middle name/initial of the person is known.
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	S			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Purchased Service Provider Identifier		AN	2-80	S				Effective 5/23/2007 - NPI

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION	301			S	2310C	5		Enter the provider number as required by the payer.
REF01	Reference Identification Qualifier		ID	2-3	R			0B,1A,1B,1C,1D,1G,1H, EI,G2,LU,N5,SY,U3,X5	Use LU for the 3 - 4 character numeric practice # (group # on the CMS 1500 form, box 33; BA0 field 17-Prov N02 in the NSF format) when submitted by the provider Effective 5/23/2007 - EI when tax ID submitted G2, 1D for Legacy ID
REF02	Purchased Service Provider Secondary Identifier		AN	1-30	R				Effective 5/23/2007 - EIN with code qualifier EI
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	SERVICE FACILITY LOCATION	303			S	2310D	1		
NM101	Entity Identifier Code		ID	2-3	R			77, FA, LI, TL	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Laboratory or Facility Name		AN	1-35	S				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	S			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Laboratory or Facility Primary Identifier		AN	2-80	S				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
N3	SERVICE FACILITY LOCATION ADDRESS	307			R	2310D	1		
N301	Laboratory or Facility Address Line		AN	1-55	R				
N302	Laboratory or Facility Address Line		AN	1-55	S				
N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP	308			R	2310D	1		
N401	Laboratory or Facility City Name		AN	2-30	R				
N402	Laboratory or Facility State or Province Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Laboratory or Facility Postal Zone ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Laboratory/Facility Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	310			S	2310D	5		Enter facility id as required by payer.
REF01	Reference Identification Qualifier		ID	2-3	R			0B,1A,1B,1C,1D,1G,1H, G2,LU,N5,TJ,X4,X5	Use LU for the 3 - 4 character numeric practice # (group # on the CMS 1500 form, box 33; BAO field 17-Prov N02 in the NSF format) when submitted by the provider G2, 1D for Legacy ID
REF02	Laboratory or Facility Secondary Identifier		AN	1-30	R				Enter the rendering provider number assigned by the payer. Legacy ID with with code G2 or 1D
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	SUPERVISING PROVIDER NAME	312			S	2310E	1		
NM101	Entity Identifier Code		ID	2-3	R			DQ	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Supervising Provider Last Name		AN	1-35	R				
NM104	Supervising Provider First Name		AN	1-25	R				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
NM105	Supervising Provider Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Supervising Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Supervising Provider Identifier		AN	2-80	S				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	SUPERVISING PROVIDER SECONDARY IDENTIFIER	316			S	2310E	5		Enter provider number as required by payer.
REF01	Reference Identification Qualifier		ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	Enter the qualifier that best describes the supervising provider.
REF02	Supervising Provider Secondary Identifier		AN	1-30	R				Enter the rendering provider number assigned by the payer. Legacy ID with with code G2 or 1D
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
SBR	OTHER SUBSCRIBER INFORMATION	318			S	2320	10		
SBR01	Payer Responsibility Sequence Number Code		ID	1-1	R			P, S, T	Cannot equal SBR01, Loop 2000B.
SBR02	Individual Relationship Code		ID	2-2	R			17, 18, 19, 20, 21, 22, 23, 24, 29, 32, 33, 36,	
SBR03	Insured Group or Policy Number		AN	1-30	S				Enter the group number from the subscriber's ID card.
SBR04	Other Insured Group Name		AN	1-60	S				Required by most commercial payers.
SBR05	Insurance Type Code		ID	1-3	R			AP, C1, CP, GP, HM, IP, LD, LT, MB, MC, MI, MP, OT, PP, SP	
SBR06	Coordination of Benefits Code		ID	1-1	N/U				
SBR07	Yes/No Condition or Response Code		ID	1-1	N/U				
SBR08	Employment Status Code		ID	2-2	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
SBR09	Claim Filing Indicator Code		ID	1-2	S			09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MB, MC, OF, TV, VA, WC, ZZ	Preferred values are 09, BL, CH, CI, MB, MC, OF, WC, ZZ
CAS	CLAIM LEVEL ADJUSTMENTS	323			S	2320	5		
CAS01	Claim Adjustment Group Code		ID	1-2	R			CO, CR, OA, PI, PR	
CAS02	Adjustment Reason Code		ID	1-5	R				
CAS03	Adjustment Amount		R	1-18	R				
CAS04	Adjustment Quantity		R	1-15	S				
CAS05	Adjustment Reason Code		ID	1-5	S				
CAS06	Adjustment Amount		R	1-18	S				
CAS07	Adjustment Quantity		R	1-15	S				
CAS08	Adjustment Reason Code		ID	1-5	S				
CAS09	Adjustment Amount		R	1-18	S				
CAS10	Adjustment Quantity		R	1-15	S				
CAS11	Adjustment Reason Code		ID	1-5	S				
CAS12	Adjustment Amount		R	1-18	S				
CAS13	Adjustment Quantity		R	1-15	S				
CAS14	Adjustment Reason Code		ID	1-5	S				
CAS15	Adjustment Amount		R	1-18	S				
CAS16	Adjustment Quantity		R	1-15	S				
CAS17	Adjustment Reason Code		ID	1-5	S				
CAS18	Adjustment Amount		R	1-18	S				
CAS19	Adjustment Quantity		R	1-15	S				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
AMT	COB PAYER PAID AMOUNT	332			S	2320	1		Amount paid by primary payer.
AMT01	Amount Qualifier Code		ID	1-3	R			D	
AMT02	Payer Paid Amount		R	1-18	R				Must be positive, unsigned numeric values.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB APPROVED AMOUNT	333			S	2320	1		This is the other payer approved amount.
AMT01	Amount Qualifier Code		ID	1-3	R			AAE	
AMT02	Approved Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB ALLOWED AMOUNT	334			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			B6	
AMT02	Allowed Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB PATIENT RESPONSIBILITY AMOUNT	335			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			F2	
AMT02	Other Payer Patient Responsibility Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB COVERED AMOUNT	336			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			AU	
AMT02	Other Payer Covered Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
AMT	COB DISCOUNT AMOUNT	337			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			D8	
AMT02	Other Payer Discount Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB PER DAY LIMIT AMOUNT	338			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			DY	
AMT02	Other Payer Per Day Limit Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB PATIENT PAID AMOUNT	339			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			F5	
AMT02	Other Payer Patient Paid Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB TAX AMOUNT	340			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			T	
AMT02	Other Payer Tax Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB TOTAL CLAIM BEFORE TAXES AMOUNT	341			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			T2	
AMT02	Other Payer Pre-Tax Claim Total Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
DMG	OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION	342			S	2320	1		
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8	
DMG02	Other Insured Birth Date		AN	1-35	R			CCYYMMDD	
DMG03	Other Insured Gender Code		ID	1-1	R			F, M, U	
DMG04	Marital Status Code		ID	1-1	N/U				
DMG05	Race or Ethnicity Code		ID	1-1	N/U				
DMG06	Citizenship Status Code		ID	1-2	N/U				
DMG07	Country Code		ID	2-3	N/U				
DMG08	Basis of Verification Code		ID	1-2	N/U				
DMG09	Quantity		R	1-15	N/U				
OI	OTHER INSURANCE COVERAGE INFORMATION	344			R	2320	1		
OI01	Claim Filing Indicator Code		ID	1-2	N/U				
OI02	Claim Submission Reason Code		ID	2-2	N/U				
OI03	Benefits Assignment Certification Indicator		ID	1-1	R			N, Y	
OI04	Patient Signature Source Code		ID	1-1	S			B, C, M, P, S	
OI05	Provider Agreement Code		ID	1-1	N/U				
OI06	Release of Information Code		ID	1-1	R			A, I, M, N, O, Y	
MOA	MEDICARE OUTPATIENT ADJUDICATION INFORMATION	347			S	2320	1		
MOA01	Reimbursement Rate		R	1-10	S				
MOA02	HCPCS Payable Amount		R	1-18	S				
MOA03	Remark Code		AN	1-30	S				
MOA04	Remark Code		AN	1-30	S				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
MOA05	Remark Code		AN	1-30	S				
MOA06	Remark Code		AN	1-30	S				
MOA07	Remark Code		AN	1-30	S				
MOA08	End Stage Renal Disease Payment Amount		R	1-18	S				
MOA09	Non-Payable Professional Component Billed Amount		R	1-18	S				
NM1	OTHER SUBSCRIBER NAME	350			R	2330A	1		
NM101	Entity Identifier Code		ID	2-3	R			IL	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Other Insured Last Name		AN	1-35	R				
NM104	Other Insured First Name		AN	1-25	S				When NM102 = 1, subscriber first name is required.
NM105	Other Insured Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Other Insured Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			MI, ZZ	Value ZZ not valid at this time
NM109	Other Insured Identifier		AN	2-80	R				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	OTHER SUBSCRIBER ADDRESS	354			S	2330A	1		
N301	Other Insured Address Line		AN	1-55	R				
N302	Other Insured Address Line		AN	1-55	S				
N4	OTHER SUBSCRIBER CITY/STATE/ZIP CODE	355			S	2330A	1		
N401	Other Insured City Name		AN	2-30	S				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
N402	Other Insured State Code		ID	2-2	S				Must be valid US Postal Service abbreviation
N403	Other Insured Postal Zone or ZIP Code		ID	3-15	S				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Subscriber Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	OTHER SUBSCRIBER SECONDARY IDENTIFICATION	357			S	2330A	3		
REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23, IG, SY	
REF02	Other Insured Additional Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	OTHER PAYER NAME	359			R	2330B	1		
NM101	Entity Identifier Code		ID	2-3	R			PR	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Other Payer Last or Organization Name		AN	1-35	R				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			PI, XV	Value XV is not valid at this time.
NM109	Other Payer Primary Identifier		AN	2-80	R				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
PER	OTHER PAYER CONTACT INFORMATION	363			S	2330B	2		
PER01	Contact Function Code		ID	2-2	R			IC	
PER02	Other Payer Contact Name		AN	1-60	R				
PER03	Communication Number Qualifier		ID	2-2	R			ED, EM, FX, TE	
PER04	Communication Number		AN	1-80	R				
PER05	Communication Number Qualifier		ID	2-2	S			ED, EM, EX, FX, TE	
PER06	Communication Number		AN	1-80	S				
PER07	Communication Number Qualifier		ID	2-2	S			ED, EM, EX, FX, TE	
PER08	Communication Number		AN	1-80	S				
PER09	Contact Inquiry Reference		AN	1-20	N/U				
DTP	CLAIM ADJUDICATION DATE	366			S	2330B	1		
DTP01	Date Time Qualifier		ID	3-3	R			573	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Adjudication or Payment Date		AN	1-35	R			CCYYMMDD	
REF	OTHER PAYER SECONDARY IDENTIFIER	368			S	2330B	2		
REF01	Reference Identification Qualifier		ID	2-3	R			2U, F8, FY, NF, TJ	
REF02	Other Payer Secondary Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	370			S	2330B	2		
REF01	Reference Identification Qualifier		ID	2-3	R			9F, G1	
REF02	Other Payer Prior Authorization or Referral Number		AN	1-30	R				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	OTHER PAYER CLAIM ADJUSTMENT INDICATOR	372			S	2330B	2		
REF01	Reference Identification Qualifier		ID	2-3	R			T4	
REF02	Other Payer Claim Adjustment Indicator		AN	1-30	R			Y	
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	OTHER PAYER PATIENT INFORMATION	374			S	2330C	1		
NM101	Entity Identifier Code		ID	2-3	R			QC	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Patient Last Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			MI	
NM109	Other Payer Patient Primary Identifier		AN	2-80	R				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	OTHER PAYER PATIENT IDENTIFICATION	376			S	2330C	3		
REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23, IG, SY	
REF02	Other Payer Patient Secondary Identifier		AN	1-30	R				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	OTHER PAYER REFERRING PROVIDER	378			S	2330D	2		
NM101	Entity Identifier Code		ID	2-3	R			DN, P3	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Referring Provider Last Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	OTHER PAYER REFERRING PROVIDER IDENTIFICATION	380			R	2330D	3		
REF01	Reference Identification Qualifier		ID	2-3	R			1B, 1C, 1D, EI, G2, LU, N5	
REF02	Other Payer Referring Provider Identification		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	OTHER PAYER RENDERING PROVIDER	382			S	2330E	1		
NM101	Entity Identifier Code		ID	2-3	R			82	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
NM103	Rendering Provider Last or Organization Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFICATION	384			R	2330E	3		
REF01	Reference Identification Qualifier		ID	2-3	R			1B, 1C, 1D, EI, G2, LU, N5	
REF02	Other Payer Rendering Provider Secondary Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	OTHER PAYER PURCHASED SERVICE PROVIDER	386			S	2330F	1		
NM101	Entity Identifier Code		ID	2-3	R			QB	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Purchased Service Provider Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	OTHER PAYER PURCHASED SERVICE PROVIDER IDENTIFICATION	388			R	2330F	3		
REF01	Reference Identification Qualifier		ID	2-3	R			1A, 1B, 1C, 1D, EI, G2, LU, N5	
REF02	Other Payer Purchased Service Provider Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	OTHER PAYER SERVICE FACILITY LOCATION	390			S	2330G	1		
NM101	Entity Identifier Code		ID	2-3	R			77, FA, LI, TL	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Service Facility Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	OTHER PAYER SERVICE FACILITY LOCATION IDENTIFICATION	392			R	2330G	3		

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
REF01	Reference Identification Qualifier		ID	2-3	R			1A, 1B, 1C, 1D, G2, LU, N5	
REF02	Other Payer Service Facility Location Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	OTHER PAYER SUPERVISING PROVIDER	394			S	2330H	1		
NM101	Entity Identifier Code		ID	2-3	R			DQ	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Supervising Provider Last Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	OTHER PAYER SUPERVISING PROVIDER IDENTIFICATION	396			R	2330H	3		
REF01	Reference Identification Qualifier		ID	2-3	R			1B, 1C, 1D, EI, G2, N5	
REF02	Other Payer Supervising Provider Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
LX	SERVICE LINE	398			R	2400	50		

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
LX01	Assigned Number		N0	1-6	R				
SV1	PROFESSIONAL SERVICE	400			R	2400	1		
SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER				R				
SV101-1	Product or Service ID Qualifier		ID	2-2	R			HC, IV, ZZ	The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410 only. IV is not allowed for use under HIPAA at the time of this writing.
SV101-2	Procedure Code		AN	1-48	R				
SV101-3	Procedure Modifier		AN	2-2	S				
SV101-4	Procedure Modifier		AN	2-2	S				
SV101-5	Procedure Modifier		AN	2-2	S				
SV101-6	Procedure Modifier		AN	2-2	S				
SV101-7	Description		AN	1-80	N/U				
SV102	Line Item Charge Amount		R	1-18	R				Negative values are invalid.
SV103	Unit or Basis for Measurement Code		ID	2-2	R			F2,MJ,UN	
SV104	Service Unit Count		R	1-15	R				
SV105	Place of Service Code		AN	1-2	S			11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65, 71, 72, 81, 99	
SV106	Service Type Code		ID	1-2	N/U				
SV107	COMPOSITE DIAGNOSIS CODE POINTER				S				
SV107-1	Diagnosis Code Pointer		N0	1-2	R				
SV107-2	Diagnosis Code Pointer		N0	1-2	S				
SV107-3	Diagnosis Code Pointer		N0	1-2	S				
SV107-4	Diagnosis Code Pointer		N0	1-2	S				
SV108	Monetary Amount		R	1-18	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
SV109	Emergency Indicator		ID	1-1	S			Y	Required when the service is known to be an emergency by the provider. Emergency definition: The patient requires immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions.
SV110	Multiple Procedure Code		ID	1-2	N/U				
SV111	EPSDT Indicator		ID	1-1	S			Y	
SV112	Family Planning Indicator		ID	1-1	S			Y	
SV113	Review Code		ID	1-2	N/U				
SV114	National or Local Assigned Review Value		AN	1-2	N/U				
SV115	Co-Pay Status Code		ID	1-1	S			0	
SV116	Health Care Professional Shortage Area Code		ID	1-1	N/U				
SV117	Reference Identification		AN	1-30	N/U				
SV118	Postal Code		ID	3-15	N/U				
SV119	Monetary Amount		R	1-18	N/U				
SV120	Level of Care Code		ID	1-1	N/U				
SV121	Provider Agreement Code		ID	1-1	N/U				
SV5	DME SERVICE	Addenda			S	2400	1		
SV501	COMPOSITE MEDICAL PROCEDURE IDENTIFIER				R				
SV501-1	Product or Service ID Qualifier		ID	2-2	R			HC	
SV501-2	Procedure Code		AN	1-48	R				This value must be the same as that reported in SV101-2.
SV501-3	Procedure Modifier		AN	2-2	N/U				
SV501-4	Procedure Modifier		AN	2-2	N/U				
SV501-5	Procedure Modifier		AN	2-2	N/U				
SV501-6	Procedure Modifier		AN	2-2	N/U				
SV501-7	Description		AN	1-80	N/U				
SV502	Unit or Basis for Measurement Code		ID	2-2	R			DA	Days
SV503	Length of Medical Necessity		R	1-15	R				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
SV504	DME Rental Price		R	1-18	S				
SV505	DME Purchase Price		R	1-18	S				
SV506	Rental Unit Price Indicator		ID	1-1	S			1, 4, 6	
SV507	Prognosis Code		ID	1-1	N/U				
PWK	DMERC CMN INDICATOR	410			S	2400	1		
PWK01	Attachment Report Type Code		ID	2-2	R			CT	
PWK02	Attachment Transmission Code		ID	1-2	R			AB, AD, AF, AG, NS	
PWK03	Report Copies Needed		N0	1-2	N/U				
PWK04	Entity Identifier Code		ID	2-3	N/U				
PWK05	Identification Code Qualifier		ID	1-2	N/U				
PWK06	Identification Code		AN	2-80	N/U				
PWK07	Description		AN	1-80	N/U				
PWK08	ACTIONS INDICATED				N/U				
PWK09	Request Category Code		ID	1-2	N/U				
CR1	AMBULANCE TRANSPORT INFORMATION	412			S	2400	1		Use when required by payer
CR101	Unit or Basis for Measurement Code		ID	2-2	S			LB	
CR102	Patient Weight 9(3)		R	1-10	S				
CR103	Ambulance Transport Code		ID	1-1	R			I, R, T, X	
CR104	Ambulance Transport Reason Code		ID	1-1	R			A, B, C, D, E	
CR105	Unit or Basis for Measurement Code		ID	2-2	R			DH	
CR106	Transport Distance 9(4)		R	1-15	R				
CR107	Address Information		AN	1-55	N/U				
CR108	Address Information		AN	1-55	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
CR109	Round Trip Purpose Description		AN	1-80	S				
CR110	Stretcher Purpose Description		AN	1-80	S				
									manipulation and known to impact payer's adjudication process.
CR2	SPINAL MANIPULATION SERVICE INFORMATION	415			S	2400	5		
CR201	Treatment Series Number 9(3)		N0	1-9	N/U				
CR202	Treatment Count 9(3)		R	1-15	N/U				
CR203	Subluxation Level Code		ID	2-3	N/U				
CR204	Subluxation Level Code		ID	2-3	N/U				
CR205	Unit or Basis for Measurement Code		ID	2-2	N/U				
CR206	Treatment Period Count 9(3)		R	1-15	N/U				
CR207	Monthly Treatment Count 9(2)		R	1-15	N/U				
CR208	Patient Condition Code		ID	1-1	R			A, C, D, E, F, G, M	
CR209	Complication Indicator		ID	1-1	NU				
CR210	Patient Condition Description		AN	1-80	S				
CR211	Patient Condition Description		AN	1-80	S				
CR212	X-ray Availability Indicator		ID	1-1	S			N, Y	Required for service dates prior to January 1, 2000.
CR3	DURABLE MEDICAL EQUIPMENT CERTIFICATION	421			S	2400	1		Use when required by payer.
CR301	Certification Type Code		ID	1-1	R			I,R,S	
CR302	Unit or Basis for Measurement Code		ID	2-2	R			MO	
CR303	Durable Medical Equipment Duration 9(2)		R	1-15	R				
CR304	Insulin Dependent Code		ID	1-1	N/U				
CR305	Description		AN	1-80	N/U				
CR5	HOME OXYGEN THERAPY INFORMATION	423			S	2400	1		Use when required by payer.

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
CR501	Certification Type Code		ID	1-1	R			I,R,S	
CR502	Treatment Period Count 9(2)		R	1-15	R				
CR503	Oxygen Equipment Type Code		ID	1-1	N/U				
CR504	Oxygen Equipment Type Code		ID	1-1	N/U				
CR505	Description		AN	1-80	N/U				
CR506	Quantity		R	1-15	N/U				
CR507	Quantity		R	1-15	N/U				
CR508	Quantity		R	1-15	N/U				
CR509	Description		AN	1-80	N/U				
CR510	Arterial Blood Gas Quantity 9(2)V9		R	1-15	S				
CR511	Oxygen Saturation Quantity 9(2)V9		R	1-15	S				
CR512	Oxygen Test Condition Code		ID	1-1	R			E,R,S	
CR513	Oxygen Test Findings Code		ID	1-1	S			1	
CR514	Oxygen Test Findings Code		ID	1-1	S			2	
CR515	Oxygen Test Findings Code		ID	1-1	S			3	
CR516	Quantity		R	1-15	N/U				
CR517	Oxygen Delivery System code		ID	1-1	N/U				
CR518	Oxygen Equipment Type Code		ID	1-1	N/U				
CRC	AMBULANCE CERTIFICATION	427			S	2400	3		Use when required by payer
CRC01	Code Category		ID	2-2	R			7	
CRC02	Certification Condition Indicator		ID	1-1	R			N, Y	
CRC03	Condition Code		ID	2-2	R			01, 02, 03, 04, 05, 06, 07, 08, 09, 60	
CRC04	Condition Code		ID	2-2	S			Same as above	
CRC05	Condition Code		ID	2-2	S			Same as above	

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
CRC06	Condition Code		ID	2-2	S			Same as above	
CRC07	Condition Code		ID	2-2	S			Same as above	
CRC	HOSPICE EMPLOYEE INDICATOR	430			S	2400	1		Use when required by payer.
CRC01	Code Category		ID	2-2	R			70	
CRC02	Hospice Employed Provider Indicator		ID	1-1	R			N, Y	
CRC03	Condition Indicator		ID	2-2	R			65	
CRC04	Condition Indicator		ID	2-2	N/U				
CRC05	Condition Indicator		ID	2-2	N/U				
CRC06	Condition Indicator		ID	2-2	N/U				
CRC07	Condition Indicator		ID	2-2	N/U				
CRC	DMERC CONDITION INDICATOR	432			S	2400	2		Use when required by payer.
CRC01	Code Category		ID	2-2	R			09,11	
CRC02	Certification Condition Indicator		ID	1-1	R			N, Y	
CRC03	Condition Indicator		ID	2-2	R			37,38,AL,P1, ZV	
CRC04	Condition Indicator		ID	2-2	S			37,38,AL,P1, ZV	
CRC05	Condition Indicator		ID	2-2	S			37,38,AL,P1, ZV	
CRC06	Condition Indicator		ID	2-2	S			37,38,AL,P1, ZV	
CRC07	Condition Indicator		ID	2-2	S			37,38,AL,P1, ZV	
DTP	DATE - SERVICE DATE	435			R	2400	1		
DTP01	Date Time Qualifier		ID	3-3	R			472	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8, RD8	

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
DTP03	Service Date		AN	1-35	R			CCYYMMDD- CCYYMMDD	
DTP	DATE - CERTIFICATION REVISION DATE	437			S	2400	1		
DTP01	Date Time Qualifier		ID	3-3	R			607	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Certification Revision Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - REFERRAL DATE	439			S	2400	1		
DTP01	Date Time Qualifier		ID	3-3	R			330	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Referral Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - BEGIN THERAPY DATE	440			S	2400	1		
DTP01	Date Time Qualifier		ID	3-3	R			463	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Begin Therapy Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - LAST CERTIFICATION DATE	442			S	2400	1		
DTP01	Date Time Qualifier		ID	3-3	R			461	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Last Certification Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ORDER DATE	444			S	2400	1		
DTP01	Date Time Qualifier		ID	3-3	R			938	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
DTP03	Order Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - DATE LAST SEEN	445			S	2400	1		Required when a claim involves services from an independent physical therapist, occupational therapist, or physician service involving routine foot care and is different than the date listed at the claim level and is known to impact the payer's adjudication process.
DTP01	Date Time Qualifier		ID	3-3	R			304	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Last Seen Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - TEST	447			S	2400	2		are being billed/reported. The total number of DTP segments in the 2400 loop cannot exceed 15.
DTP01	Date Time Qualifier		ID	3-3	R			738, 739	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Test Performed Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - OXYGEN SATURATION/ARTERIAL BLOOD GAS TEST	449			S	2400	3		
DTP01	Date Time Qualifier		ID	3-3	R			119, 480, 481	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Oxygen Saturation Test Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - SHIPPED	451			S	2400	1		
DTP01	Date Time Qualifier		ID	3-3	R			11	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Shipped Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ONSET OF CURRENT SYMPTOM/ILLNESS	452			S	2400	1		Only use when different from the date entered at claim level (Loop 2300).

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
DTP01	Date Time Qualifier		ID	3-3	R			431	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Onset Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - LAST X-RAY	454			S	2400	1		
DTP01	Date Time Qualifier		ID	3-3	R			455	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Last X-Ray Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ACUTE MANIFESTATION	456			S	2400	1		
DTP01	Date Time Qualifier		ID	3-3	R			453	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Acute Manifestation Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - INITIAL TREATMENT	458			S	2400	1		Required on all claims involving spinal manipulation for Medicare Part B if different than information at the claim level (Loop ID-2300).
DTP01	Date Time Qualifier		ID	3-3	R			454	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Initial Treatment Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - SIMILAR ILLNESS/SYMPTOM ONSET	460			S	2400	1		Only use when different from the date entered at claim level (Loop 2300).
DTP01	Date Time Qualifier		ID	3-3	R			438	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Similar Illness or Symptom Date		AN	1-35	R			CCYYMMDD	
QTY	ANESTHESIA MODIFYING UNITS	462			S	2400	5		

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
QTY01	Quantity Qualifier		ID	2-2	R			BF, EC, EM, HM, HO, HP, P3, P4, P5, SG	
QTY02	Anesthesia Modifying Units 9(2)		R	1-15	R				
QTY03	COMPOSITE UNIT OF MEASURE				N/U				
QTY04	Fee-Form Message		AN	1-30	N/U				
MEA	TEST RESULTS	464			S	2400	20		1. Required on service lines for Dialysis for ESRD. Use R1, R2, R3, or R4 to qualify the Hemoglobin, Hematocrit, Epoetin Starting Dosage and Creatinine test results. 2. Required on Oxygen Therapy service lines to report the Oxygen Saturation measurement from the Certificate of Medical Necessity (CMN). Use ZO qualifier. 3. Required on Oxygen Therapy service lines to report the Arterial Blood Gas measurement from the Certificate of Medical Necessity (CMN). Use GRA qualifier. 4. Required on DMERC service lines to report the Patient's Height from the Certificate of Medical Necessity (CMN). Use HT qualifier.
MEA01	Measurement Reference Identification Code		ID	2-2	R			OG, TR	
MEA02	Measurement Qualifier		ID	1-3	R			CON, GRA, HT, R1, R2, R3, R4, ZO	
MEA03	Test Result		R	1-20	R				
MEA04	COMPOSITE UNIT OF MEASURE				N/U				
MEA05	Range Minimum		R	1-20	N/U				
MEA06	Range Maximum		R	1-20	N/U				
MEA07	Measurement Significance Code		ID	2-2	N/U				
MEA08	Measurement Attribute Code		ID	2-2	N/U				
MEA09	Surface/Layer/Position Code		ID	2-2	N/U				
MEA10	Measurement Method or Device		ID	2-4	N/U				
CN1	CONTRACT INFORMATION	466			S	2400	1		
CN101	Contract Type Code		ID	2-2	R			01, 02, 03, 04, 05, 06, 09	
CN102	Contract Amount		R	1-18	S				
CN103	Contract Percentage		R	1-6	S				
CN104	Contract Code		AN	1-30	S				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
CN105	Terms Discount Percent		R	1-6	S				
CN106	Contract Version Identifier		AN	1-30	S				
REF	REPRICED LINE ITEM REFERENCE NUMBER	468			S	2400	1		
REF01	Reference Identification Qualifier		ID	2-3	R			9B	
REF02	Repriced Line Item Reference Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER	469			S	2400	1		
REF01	Reference Identification Qualifier		ID	2-3	R			9D	
REF02	Adjusted Repriced Line Item Reference Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	PRIOR AUTHORIZATION OR REFERRAL NUMBER	470			S	2400	2		
REF01	Reference Identification Qualifier		ID	2-3	R			9F, G1	
REF02	Prior Authorization or Referral Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	LINE ITEM CONTROL NUMBER	472			S	2400	1		
REF01	Reference Identification Qualifier		ID	2-3	R			6R	
REF02	Line Item Control Number		AN	1-30	R				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Min. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	MAMMOGRAPHY CERTIFICATION NUMBER	474			S	2400	1		Use as required by payer. Required when mammography services are rendered by a certified mammography provider.
REF01	Reference identification Qualifier		ID	2-3	R			EW	
REF02	Mammography Certification Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION	475			S	2400	1		Use as required by payer
REF01	Reference Identification Qualifier		ID	2-3	R			X4	
REF02	Clinical Laboratory Improvement Amendment Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY IDENTIFICATION	477			S	2400	1		Use as required by payer.
REF01	Reference Identification Qualifier		ID	2-3	R			F4	
REF02	Referring CLIA Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	IMMUNIZATION BATCH NUMBER	478			S	2400	1		Use as required by payer.
REF01	Reference Identification Qualifier		ID	2-3	R			BT	
REF02	Immunization Batch Number		AN	1-30	R				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	AMBULATORY PATIENT GROUP (APG)	479			S	2400	4		Use as required by payer.
REF01	Reference Identification Qualifier		ID	2-3	R			1S	
REF02	Ambulatory Patient Group Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	OXYGEN FLOW RATE	480			S	2400	1		Use as required by payer.
REF01	Reference Identification Qualifier		ID	2-3	R			TP	
REF02	Oxygen Flow Rate		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	UNIVERSAL PRODUCT NUMBER (UPN)	482			S	2400	1		Use as required by payer.
REF01	Reference Identification Qualifier		ID	2-3	R			OZ, VP	
REF02	Universal Product Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
AMT	SALES TAX AMOUNT	484			S	2400	1		Use as required by payer.
AMT01	Amount Qualifier Code		ID	1-3	R			T	
AMT02	Sales Tax Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
AMT	APPROVED AMOUNT	485			S	2400	1		This is the other payer approved amount at the service line level.
AMT01	Amount Qualifier Code		ID	1-3	R			AAE	
AMT02	Approved Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	POSTAGE CLAIMED AMOUNT	486			S	2400	1		
AMT01	Amount Qualifier Code		ID	1-3	R			F4	
AMT02	Postage Claimed Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
K3	FILE INFORMATION	487			S	2400	10		
K301	Fixed Format Information		AN	1-80	R				
K302	Record Format Code		ID	1-2	N/U				
K303	COMPOSITE UNIT OF MEASURE				N/U				
NTE	LINE NOTE	488			S	2400	1		
NTE01	Note Reference Code		ID	3-3	R			ADD, DCP, PMT, TPO	
NTE02	Line Note Text		AN	1-80	R				
PS1	PURCHASED SERVICE INFORMATION	489			S	2400	1		Use as required by payer. Using the PS1 segment indicates that services were purchased from another source. Required on service lines when the purchased service charge amount is necessary for processing. Use this segment on vision claims when the acquisition cost of lenses is known to impact adjudication or reimbursement.
PS101	Purchased Service Provider Identifier		AN	1-30	R				
PS102	Purchased Service Charge Amount		R	1-18	R				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
PS103	State or Province Code		ID	2-2	N/U				
HSD	HEALTH CARE SERVICES DELIVERY	491			S	2400	1		
HSD01	Visits		ID	2-2	S			VS	
HSD02	Number of Visits		R	1-15	S				
HSD03	Frequency Period		ID	2-2	S			DA, MO, Q1, WK	
HSD04	Frequency Count		R	1-6	S				
HSD05	Duration of Visits Units		ID	1-2	S			7, 34, 35	
HSD06	Duration of Visits, Number of Units		N0	1-3	S				
HSD07	Ship, Delivery or Calendar Pattern Code		ID	1-2	S			1, 2, 3, 4, 5, 6, 7, A, B, C, D, E, F, G, H, J, K, L, N, O, SA, SB, SC, SD, SG, SL, SP, SX, SY, SZ, W	
HSD08	Delivery Pattern Time Code		ID	1-1	S			D, E, F	
HCP	LINE PRICING/REPRICING INFORMATION	495			S	2400	1		
HCP01	Pricing Methodology		ID	2-2	R			00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14	
HCP02	Repriced Allowed Amount		R	1-18	R				
HCP03	Repriced Saving Amount		R	1-18	S				
HCP04	Repricing Organization Identifier		AN	1-30	S				
HCP05	Repricing Per Diem or Flat Rate Amount		R	1-9	S				
HCP06	Repriced Approved Ambulatory Patient Group Code		AN	1-30	S				
HCP07	Repriced Approved Ambulatory Patient Group Amount		R	1-18	S				
HCP08	Product/Service ID		AN	1-48	N/U				
HCP09	Product or Service ID Qualifier		ID	2-2	S			HC, IV, ZZ	
HCP10	Procedure Code		AN	1-48	S				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
HCP11	Unit or Basis for Measurement Code		ID	2-2	S			DA, UN	
HCP12	Repriced Approved Service Unit Count "DA" = 9(3) "UN" = 9(3)V9		R	1-15	S				
HCP13	Reject Reason Code		ID	2-2	S			T1, T2, T3, T4, T5, T6	
HCP14	Policy Compliance Code		ID	1-2	S			1, 2, 3, 4, 5	
HCP15	Exception Code		ID	1-2	S			1, 2, 3, 4, 5, 6	
LIN	Drug Identification	Addenda			S	2410	1		The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410. Use Loop ID 2410 to specify billing/reporting for drugs provided that may be part of the service(s) described in SV1.
LIN01	Assigned Identification		AN	1-20	N/U				
LIN02	Product/Service ID Qualifier		ID	2-2	R			N4	LIN02 through LIN31 provide for fifteen different product/service IDs for each item. For example: Case, Color, Drawing No., U.P.C. No., ISBN No., Model No., or SKU.
LIN03	Product/Service ID		AN	1-48	R				National Drug Code
LIN04	Product/Service ID Qualifier		ID	2-2	S				
LIN05	Product/Service ID		AN	1-48	S				
LIN06	Product/Service ID Qualifier		ID	2-2	N/U				
LIN07	Product/Service ID		AN	1-48	N/U				
LIN08	Product/Service ID Qualifier		ID	2-2	N/U				
LIN09	Product/Service ID		AN	1-48	N/U				
LIN10	Product/Service ID Qualifier		ID	2-2	N/U				
LIN11	Product/Service ID		AN	1-48	N/U				
LIN12	Product/Service ID Qualifier		ID	2-2	N/U				
LIN13	Product/Service ID		AN	1-48	N/U				
LIN14	Product/Service ID Qualifier		ID	2-2	N/U				
LIN15	Product/Service ID		AN	1-48	N/U				
LIN16	Product/Service ID Qualifier		ID	2-2	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
LIN17	Product/Service ID		AN	1-48	N/U				
LIN18	Product/Service ID Qualifier		ID	2-2	N/U				
LIN19	Product/Service ID		AN	1-48	N/U				
LIN20	Product/Service ID Qualifier		ID	2-2	N/U				
LIN21	Product/Service ID		AN	1-48	N/U				
LIN22	Product/Service ID Qualifier		ID	2-2	N/U				
LIN23	Product/Service ID		AN	1-48	N/U				
LIN24	Product/Service ID Qualifier		ID	2-2	N/U				
LIN25	Product/Service ID		AN	1-48	N/U				
LIN26	Product/Service ID Qualifier		ID	2-2	N/U				
LIN27	Product/Service ID		AN	1-48	N/U				
LIN28	Product/Service ID Qualifier		ID	2-2	N/U				
LIN29	Product/Service ID		AN	1-48	N/U				
LIN30	Product/Service ID Qualifier		ID	2-2	N/U				
LIN31	Product/Service ID		AN	1-48	N/U				
CTP	DRUG PRICING	Addenda			S	2410	1		Required when it is necessary to provide a price specific to the NDC provided in LIN03 that is different than the price reported in SV102.
CTP01	Class of Trade Code		ID	2-2	N/U				
CTP02	Price Identifier Code		ID	3-3	N/U				
CTP03	Drug Unit Price		R	1-17	R				
CTP04	National Drug Unit Count		R	1-15	R				
CTP05	COMPOSITE UNIT OF MEASURE		X						
CTP05-1	Unit or Basis for Measurement Code		ID	1-15	R			F2, GR, ML, UN	
CTP05-2	Exponent		R	1-10	N/U				
CTP05-3	Multiplier		R	2-2	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
REF04	REFERENCE IDENTIFIER				N/U				
NM1	RENDERING PROVIDER NAME	501			S	2420A	1		Use this segment when different from the rendering provider data in Loop 2310B.
NM101	Entity Identifier Code		ID	2-3	R			82	
NM102	Entity Type Qualifier		ID	1-1	R			1,2	
NM103	Rendering Provider Last or Organization Name		AN	1-35	R				
NM104	Rendering Provider First Name		AN	1-25	S				Required when NM102 = 1
NM105	Rendering Provider Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Rendering Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Rendering Provider Identifier		AN	2-80	R				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	RENDERING PROVIDER SPECIALTY INFORMATION	504			R	2420A	1		Required when adjudication is known to be impacted by provider taxonomy code.
PRV01	Provider Code		ID	1-3	R			PE	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Provider Taxonomy Code		AN	1-30	R				This is a 10-byte taxonomy code.
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	PROVIDER SPECIALTY INFORMATION				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
REF	RENDERING PROVIDER SECONDARY IDENTIFICATION	507			S	2420A	5		Use this segment when different from the rendering provider data in Loop 2310B.

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
REF01	Reference Identification Qualifier		ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	Use LU for the 3 - 4 character numeric practice # (group # on the CMS 1500 form, box 33; BA0 field 17-Prov N02 in the NSF format) when submitted by the provider Effective 5/23/2007 - EI when tax ID submitted 1D or G2 for Legacy ID
REF02	Rendering Provider Secondary Identifier		AN	1-30	R				Enter the rendering provider number assigned by the payer. Effective 5/23/2007 - EIN with code qualifier EI 1D or G2 for Legacy ID
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	PURCHASED SERVICE PROVIDER NAME	509			S	2420B	1		
NM101	Entity Identifier Code		ID	2-3	R			QB	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Name Last or Organization Name		AN	1-35	S				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	S			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Purchased Service Provider Identifier		AN	2-80	S				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION	512			S	2420B	5		
REF01	Reference Identification Qualifier		ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, U3, X5	Use LU for the 3 - 4 character numeric practice # (group # on the CMS 1500 form, box 33; BA0 field 17-Prov N02 in the NSF format) when submitted by the provider Effective 5/23/2007 - EI when tax ID submitted 1D or G2 for Legacy ID

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
REF02	Purchased Service Provider Secondary Identifier		AN	1-30	R				Enter the rendering provider number assigned by the payer. Effective 5/23/2007 - EIN with code qualifier EI 1D or G2 for Legacy ID
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	SERVICE FACILITY LOCATION	514			S	2420C	1		Only use if different from facility data in Loop 2310D.
NM101	Entity Identifier Code		ID	2-3	R			77, FA, LI, TL	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Laboratory or Facility Name		AN	1-35	S				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	S			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Laboratory or Facility Primary Identifier		AN	2-80	S				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	SERVICE FACILITY LOCATION ADDRESS	518			R	2420C	1		
N301	Laboratory or Facility Address Line		AN	1-55	R				
N302	Laboratory or Facility Address Line		AN	1-55	S				
N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP	519		1	R	2420C			
N401	Laboratory or Facility City Name		AN	2-30	R				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
N402	Laboratory or Facility State or Province Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Laboratory or Facility Postal Zone or ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		ID	1-30	N/U				
REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	521			S	2420C	5		
REF01	Reference Identification Qualifier		ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, G2, LU, N5, TJ, X4, X5	Use LU for the 3 - 4 character numeric practice # (group # on the CMS 1500 form, box 33; BA0 field 17-Prov N02 in the NSF format) when submitted by the provider Effective 5/23/2007 - EI when tax ID submitted
REF02	Service Facility Location Secondary Identifier		AN	1-30	R				Effective 5/23/2007 - EIN with code qualifier EI 1D or G2 for Legacy ID
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	SUPERVISING PROVIDER NAME	523			S	2420D	1		
NM101	Entity Identifier Code		ID	2-3	R			DQ	Use if different from supervising provider data in Loop 2310E.
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Supervising Provider Last Name		AN	1-35	R				
NM104	Supervising Provider First Name		AN	1-25	R				
NM105	Supervising Provider Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Supervising Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Supervising Provider Identifier		AN	2-80	S				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	SUPERVISING PROVIDER SECONDARY IDENTIFICATION	527			S	2420D	5		Use if different from supervising provider data in Loop 2310E.
REF01	Reference Identification Qualifier		ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	Use LU for the 3 - 4 character numeric practice # (group # on the CMS 1500 form, box 33; BA0 field 17-Prov N02 in the NSF format) when submitted by the provider Effective 5/23/2007 - EI when tax ID submitted 1D or G2 for Legacy ID
REF02	Supervising Provider Secondary Identifier		AN	1-30	R				Effective 5/23/2007 - EIN with code qualifier EI 1D or G2 for Legacy ID
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	ORDERING PROVIDER NAME	529			S	2420E	1		
NM101	Entity Identifier Code		ID	2-3	R			DK	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Ordering Provider Last Name		AN	1-35	R				
NM104	Ordering Provider First Name		AN	1-25	R				
NM105	Ordering Provider Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Ordering Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Ordering Provider Identifier		AN	2-80	S				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	ORDERING PROVIDER ADDRESS	533			S	2420E	1		

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
N301	Ordering Provider Address Line		AN	1-55	R				
N302	Ordering Provider Address Line		AN	1-55	S				
N4	ORDERING PROVIDER CITY/STATE/ZIP CODE	534			S	2420E	1		
N401	Ordering Provider City Name		AN	2-30	R				
N402	Ordering Provider State Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Ordering Provider Postal Zone or ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	ORDERING PROVIDER SECONDARY IDENTIFICATION	536			S	2420E	5		
REF01	Reference Identification Qualifier		ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	box 33; BA0 field 17-Prov N02 in the NSF format) when submitted by the provider Effective 5/23/2007 - EI when tax ID submitted
REF02	Ordering Provider Secondary Identifier		AN	1-30	R				Effective 5/23/2007 - EIN with code qualifier EI 1D or G2 for Legacy ID
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
PER	ORDERING PROVIDER CONTACT INFORMATION	538			S	2420E	1		
PER01	Contact Function Code		ID	2-2	R			1C	
PER02	Ordering Provider Contact Name		AN	1-60	R				
PER03	Communication Number Qualifier		ID	2-2	R			EM, FX, TE	
PER04	Communication Number		AN	1-80	R				
PER05	Communication Number Qualifier		ID	2-2	S			EM, EX, FX, TE	

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
PER06	Communication Number		AN	1-80	S				
PER07	Communication Number Qualifier		ID	2-2	S			EM, EX, FX, TE	
PER08	Communication Number		AN	1-80	S				
PER09	Contact Inquiry Reference		AN	1-20	N/U				
NM1	REFERRING PROVIDER NAME	541			S	2420F	2		Use this segment when the number is different from the rendering provider number in Loop 2310A.
NM101	Entity Identifier Code		ID	2-3	R			DN, P3	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Referring Provider Last Name		AN	1-35	R				
NM104	Referring Provider First Name		AN	1-25	R				
NM105	Referring Provider Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Referring Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Referring Provider Identifier		AN	2-80	S				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	REFERRING PROVIDER SPECIALTY INFORMATION	544			S	2420F	1		Use this segment when different from the referring provider data in Loop 2310A.
PRV01	Provider Code		ID	1-3	R			RF	
PRV02	Reference Identification Code		ID	2-3	R			ZZ	
PRV03	Provider Taxonomy Code		AN	1-30	R				
PRV04	State or Province Code		ID	2-2	N/U				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
PRV05	PROVIDER SPECIALTY INFORMATION				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
N2	ADDITIONAL REFERRING PROVIDER NAME INFORMATION	546			S	2420F	1		Use this segment when the number is different from the referring provider data in Loop 2310A.
N201	Referring Provider Name Additional Text		AN	1-60	R				
N202	Name		AN	1-60	N/U				
REF	REFERRING PROVIDER SECONDARY IDENTIFICATION	547			S	2420F	5		Use this segment when the number is different from the referring provider data in Loop 2310A.
REF01	Reference Identification Qualifier		ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	Use LU for the 3 - 4 character numeric practice # (group # on the CMS 1500 form, box 33; BA0 field 17-Prov N02 in the NSF format) when submitted by the provider Effective 5/23/2007 - EI when tax ID submitted 1D or G2 for Legacy ID
REF02	Referring Provider Secondary Identifier		AN	1-30	R				Enter the rendering provider number assigned by the payer. Effective 5/23/2007 - EIN with code qualifier EI 1D or G2 for Legacy ID
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	549			S	2420G	4		
NM101	Entity Identifier Code		ID	2-3	R			PR	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Payer Name		AN	1-35	R				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			PI, XV	Value XV is not valid at this time.
NM109	Other Payer Identification Number		AN	2-80	R				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	552			R	2420G	2		
REF01	Reference Identification Qualifier		ID	2-3	R			9F, G1	
REF02	Other Payer Prior Authorization or Referral Number		AN	1-30	R				Enter provider number as required by payer.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
SVD	LINE ADJUDICATION INFORMATION	554			S	2430	25		
SVD01	Other Payer Primary Identifier		AN	2-80	R				
SVD02	Service Line Paid Amount		R	1-18	R				
SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER				R				
SVD03-1	Product or Service ID Qualifier		ID	2-2	R			HC, ZZ	The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410 only.
SVD03-2	Procedure Code		AN	1-48	R				
SVD03-3	Procedure Modifier		AN	2-2	S				
SVD03-4	Procedure Modifier		AN	2-2	S				
SVD03-5	Procedure Modifier		AN	2-2	S				
SVD03-6	Procedure Modifier		AN	2-2	S				
SVD03-7	Procedure Code Description		AN	1-80	S				
SVD04	Product or Service ID		AN	1-48	N/U				
SVD05	Paid units of service		R	1-15	R				
SVD06	Bundled Line Number		N0	1-6	S				

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
CAS	LINE ADJUSTMENT	558			S	2430	99		
CAS01	Claim Adjustment Group Code		ID	1-2	R			CO, CR, OA, PI, PR	
CAS02	Adjustment Reason Code		ID	1-5	R				
CAS03	Adjustment Amount		R	1-18	R				
CAS04	Adjustment Quantity		R	1-15	S				
CAS05	Adjustment Reason Code		ID	1-5	S				
CAS06	Adjustment Amount		R	1-18	S				
CAS07	Adjustment Quantity		R	1-15	S				
CAS08	Adjustment Reason Code		ID	1-5	S				
CAS09	Adjustment Amount		R	1-18	S				
CAS10	Adjustment Quantity		R	1-15	S				
CAS11	Adjustment Reason Code		ID	1-5	S				
CAS12	Adjustment Amount		R	1-18	S				
CAS13	Adjustment Quantity		R	1-15	S				
CAS14	Adjustment Reason Code		ID	1-5	S				
CAS15	Adjustment Amount		R	1-18	S				
CAS16	Adjustment Quantity		R	1-15	S				
CAS17	Adjustment Reason Code		ID	1-5	S				
CAS18	Adjustment Amount		R	1-18	S				
CAS19	Adjustment Quantity		R	1-15	S				
DTP	LINE ADJUDICATION DATE	566			R	2430	1		
DTP01	Date Time Qualifier		ID	3-3	R			573	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
DTP03	Adjudication or Payment Date		AN	1-35	R			CCYYMMDD	
LQ	FORM IDENTIFICATION CODE	567			S	2440	5		
LQ01	Code List Qualifier Code		ID	1-3	R			AS, UT	
LQ02	Form Identifier		AN	1-30	R				
FRM	SUPPORTING DOCUMENTATION	569			S	2440	99		
FRM01	Question Number/Letter		AN	1-20	R				
FRM02	Question Response		ID	1-1	S			N, W, Y	
FRM03	Question Response		AN	1-30	S				
FRM04	Question Response		DT	8-8	S			CCYYMMDD	
FRM05	Question Response		R	1-6	S				
SE	TRANSACTION SET TRAILER	572			R	1	1		
SE01	Transaction Segment Count		N0	1-10	R				Must match ST02
SE02	Transaction Set Control Number		AN	4-9	R				
GE	FUNCTION GROUP TRAILER	B.10			R	1	1		
GE01	Number of Transaction Sets Included		N0	1-6	R				
GE02	Group Control Number		N0	1-9	R				Must match GS06
IEA	INTERCHANGE CONTROL TRAILER	B.7			R	1	1		
IEA01	Number of Included Functional Groups		N0	1-5	R				
IEA02	Interchange Control Number		N0	9-9	R				Must match ISA13