



HIPAA TRANSACTION STANDARD

837 HEALTH CARE CLAIM: PROFESSIONAL COMPANION GUIDE

**APRIL 21, 2004
VERSION 004010X098A1**

837

Health Care Claim: Professional

Below is a summary of the fields that have additional companion guide information in this document.

Functional Group=**HC**

Heading:

| Pos | Id | Segment Name | Req | Max Use | Repeat | Notes |
|------------------------|-----|---------------------------------------|-----|---------|----------|----------------|
| 010 | BHT | Beginning of Hierarchical Transaction | M | 1 | | |
| LOOP ID - 1000B | | | | | 1 | N1/020L |
| 020 | NM1 | Receiver Name | O | 1 | | N1/020 |

Detail:

| Pos | Id | Segment Name | Req | Max Use | Repeat | Notes |
|-------------------------|-----|---|-----|---------|--------------|----------------|
| LOOP ID - 2000A | | | | | >1 | |
| 010 | CUR | Foreign Currency Information | O | 1 | | |
| LOOP ID - 2010AA | | | | | 1 | N2/015L |
| 035 | REF | Billing Provider Secondary Identification | O | 8 | | |
| LOOP ID - 2010AB | | | | | 1 | N2/015L |
| 035 | REF | Pay-to-Provider Secondary Identification | O | 5 | | |
| LOOP ID - 2000B | | | | | >1 | |
| LOOP ID - 2010BA | | | | | 1 | N2/015L |
| 015 | NM1 | Subscriber Name | O | 1 | | N2/015 |
| 035 | REF | Subscriber Secondary Identification | O | 4 | | |
| LOOP ID - 2010BB | | | | | 1 | N2/015L |
| 025 | N3 | Payer Address | O | 1 | | |
| 035 | REF | Payer Secondary Identification | O | 3 | | |
| LOOP ID - 2300 | | | | | 100 | |
| 130 | CLM | Claim Information | O | 1 | | |
| 155 | PWK | Claim Supplemental Information | O | 10 | | |
| 160 | CN1 | Contract Information | O | 1 | | |
| 180 | REF | Claim Identification Number for Clearing Houses and Other Transmission Intermediaries | O | 1 | | |
| 231 | HI | Health Care Diagnosis Code | O | 1 | | |
| LOOP ID - 2310A | | | | | 2 | N2/250L |
| 271 | REF | Referring Provider Secondary Identification | O | 5 | | |
| LOOP ID - 2310B | | | | | 1 | N2/250L |
| 250 | NM1 | Rendering Provider Name | O | 1 | | N2/250 |
| 271 | REF | Rendering Provider Secondary Identification | O | 5 | | |
| LOOP ID - 2400 | | | | | 50 | N2/365L |
| 370 | SV1 | Professional Service | O | 1 | | |
| 465 | CN1 | Contract Information | O | 1 | | |
| LOOP ID - 2420A | | | | | 1 | N2/500L |
| 500 | NM1 | Rendering Provider Name | O | 1 | | N2/500 |
| 525 | REF | Rendering Provider Secondary Identification | O | 5 | | |
| LOOP ID - 2420F | | | | | 2 | N2/500L |
| 525 | REF | Referring Provider Secondary Identification | O | 5 | | |

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| | | | | | | |
|-------------------------|-----|---|---|---|--------------|-----------------------|
| LOOP ID - 2000C | | | | | >1 | |
| LOOP ID - 2010CA | | | | | 1 | <u>N2/015L</u> |
| 015 | NM1 | Patient Name | O | 1 | | N2/015 |
| LOOP ID - 2300 | | | | | 100 | |
| LOOP ID - 2310B | | | | | 1 | <u>N2/250L</u> |
| 250 | NM1 | Rendering Provider Name | O | 1 | | N2/250 |
| 271 | REF | Rendering Provider Secondary Identification | O | 5 | | |
| LOOP ID - 2400 | | | | | 50 | <u>N2/365L</u> |
| 370 | SV1 | Professional Service | O | 1 | | |
| LOOP ID - 2420A | | | | | 1 | <u>N2/500L</u> |
| 500 | NM1 | Rendering Provider Name | O | 1 | | N2/500 |
| 525 | REF | Rendering Provider Secondary Identification | O | 5 | | |

BHT Beginning of Hierarchical Transaction

| | |
|---------------------|-------------|
| Pos: 010 | Max: 1 |
| Heading - Mandatory | |
| Loop: N/A | Elements: 1 |

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| BHT02 | 353 | Transaction Set Purpose Code Description: Code identifying purpose of transaction set <i>NIA Specific Note: A reissue (18) should only be sent when requested by NIA.</i> | M | ID | 2/2 | Required |

NM1 Receiver Name

| | |
|--------------------|-------------|
| Pos: 020 | Max: 1 |
| Heading - Optional | |
| Loop: 1000B | Elements: 1 |

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| NM109 | 67 | Identification Code Description: Code identifying a party or other code NIA Specific Note: <i>This field stores NIA's NAIC number (with a leading zero). Please populate with a value of '01260'.</i> | C | AN | 2/80 | Required |

CUR Foreign Currency Information

| | |
|-------------------|-------------|
| Pos: 010 | Max: 1 |
| Detail - Optional | |
| Loop: 2000A | Elements: 1 |

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| CUR02 | 100 | Currency Code Description: Code (Standard ISO) for country in whose currency the charges are specified NIA Specific Note: <i>NIA can only process US currency (code USD).</i> | M | ID | 3/3 | Required |

REF Billing Provider Secondary Identification

| | |
|-------------------|-------------|
| Pos: 035 | Max: 8 |
| Detail - Optional | |
| Loop: 2010AA | Elements: 0 |

NIA Specific Note:

In order to correctly identify providers for claims processing, submission of the following provider identifiers is necessary:

The NIA Provider Identifier (MIS#) is requested for all providers. Use qualifier "G2" Commercial Number to report the MIS#.

In the future, the MIS# will be required.

If Pay-to or Rendering providers are not submitted, The Identifiers should be submitted on the Billing Provider.

REF

Pay-to-Provider Secondary Identification

| | |
|-------------------|-------------|
| Pos: 035 | Max: 5 |
| Detail - Optional | |
| Loop: 2010AB | Elements: 0 |

NIA Specific Note:

In order to correctly identify providers for claims processing, submission of the following provider identifiers is necessary:

The NIA Provider Identifier (MIS#) is requested for all providers. Use qualifier "G2" Commercial Number to report the MIS#.

In the future, the MIS# will be required.

If Pay-to provider is submitted, The Identifiers should be submitted with the Pay-to Provider.

NM1 Subscriber Name

| | |
|-------------------|-------------|
| Pos: 015 | Max: 1 |
| Detail - Optional | |
| Loop: 2010BA | Elements: 4 |

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| NM103 | 1035 | Name Last or Organization Name Description: Individual last name or organizational name <i>NIA Specific Note: Full legal name is necessary to correctly identify the subscriber. Use name as printed on Member Identification card.</i> | O | AN | 1/35 | Required |
| NM104 | 1036 | Name First Description: Individual first name <i>NIA Specific Note: Full legal name is necessary to correctly identify the subscriber. Use name as printed on Member Identification card.</i> | O | AN | 1/25 | Situational |
| NM108 | 66 | Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <i>NIA Specific Note: Only value 'MI' is used by NIA.</i> | C | ID | 1/2 | Required |
| NM109 | 67 | Identification Code Description: Code identifying a party or other code <i>NIA Specific Note: Submit the number printed on the Member Identification Card.</i> | C | AN | 2/80 | Required |

REF Subscriber Secondary Identification

| | |
|-------------------|-------------|
| Pos: 035 | Max: 4 |
| Detail - Optional | |
| Loop: 2010BA | Elements: 1 |

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| REF01 | 128 | Reference Identification Qualifier Description: Code qualifying the Reference Identification <i>NIA Specific Note: "SY" Social Security Number is necessary to identify the subscriber.</i> | M | ID | 2/3 | Required |

N3 Payer Address

| | |
|-------------------|-------------|
| Pos: 025 | Max: 1 |
| Detail - Optional | |
| Loop: 2010BB | Elements: 1 |

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| N301 | 166 | Address Information | M | AN | 1/55 | Required |

Description: Address information

NIA Specific Note: PO Box number can be sent in this segment. Send only claim submission PO Box number in this field. For example send '1000' not 'PO Box 1000'. This is the same PO Box as used for paper claims.

If PO Box number is not sent here, it must be sent in 2010BB REF segment with a qualifier "FY". The 2010BB REF segment is preferred and HIPAA compliant.

REF Payer Secondary Identification

| | |
|-------------------|-------------|
| Pos: 035 | Max: 3 |
| Detail - Optional | |
| Loop: 2010BB | Elements: 2 |

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| REF01 | 128 | Reference Identification Qualifier Description: Code qualifying the Reference Identification <i>NIA Specific Note: This value is either 'NF' (for NAIC number) or 'FY' (for PO Box number for internal routing.) If PO box number is sent in this segment, NIA should receive two REF segments. This segment is the preferred submittal location for PO Box number (as a Claim Office Number).</i> | M | ID | 2/3 | Required |
| REF02 | 127 | Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <i>NIA Specific Note: This field is used to store NIA's NAIC number (with a leading zero) or an additional PO BOX number. Please populate with a value of '01260' for the Identification number or populate with the PO BOX value for an additional PO BOX.</i> | C | AN | 1/30 | Required |

CLM Claim Information

| | |
|-------------------|-------------|
| Pos: 130 | Max: 1 |
| Detail - Optional | |
| Loop: 2300 | Elements: 1 |

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| CLM05 | C023 | Health Care Service Location Information Description: To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered | O | Comp | | Required |
| | 1325 | Claim Frequency Type Code Description: Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type NIA Specific Note: <i>Claims with a value of '7' or '8' may result in a duplicate claim rejection.</i> | O | ID | 1/1 | Required |

PWK Claim Supplemental Information

| | |
|-------------------|-------------|
| Pos: 155 | Max: 10 |
| Detail - Optional | |
| Loop: 2300 | Elements: 4 |

NIA Specific Note: NIA may not utilize this supplemental information segment.

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| PWK01 | 755 | Report Type Code Description: Code indicating the title or contents of a document, report or supporting item | M | ID | 2/2 | Required |
| PWK02 | 756 | Report Transmission Code Description: Code defining timing, transmission method or format by which reports are to be sent | O | ID | 1/2 | Required |
| PWK05 | 66 | Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) | C | ID | 1/2 | Situational |
| PWK06 | 67 | Identification Code Description: Code identifying a party or other code | C | AN | 2/80 | Situational |

CN1 Contract Information

| | |
|-------------------|-------------|
| Pos: 160 | Max: 1 |
| Detail - Optional | |
| Loop: 2300 | Elements: 1 |

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| CN101 | 1166 | Contract Type Code Description: Code identifying a contract type <i>NIA Specific Note: If submitting a Caserate Claim, this field should be populated with a value of '04'.</i> | M | ID | 2/2 | Required |

REF Claim Identification Number for Clearing Houses and Other Transmission Intermediaries

| | |
|-------------------|-------------|
| Pos: 180 | Max: 1 |
| Detail - Optional | |
| Loop: 2300 | Elements: 2 |

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| REF01 | 128 | Reference Identification Qualifier Description: Code qualifying the Reference Identification NIA Specific Note: <i>Please populate this field with a value of 'D9' and provide accompanying trace number in REF02.</i> | M | ID | 2/3 | Required |
| REF02 | 127 | Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NIA Specific Note: <i>NIA would like all clearinghouses and/or providers to submit a unique trace number within this field. This number will be relayed back to the sender within the response file, which will allow the sender to trace a specific claim to a specific claim response.</i> | C | AN | 1/30 | Required |

HI**Health Care Diagnosis Code**

| | |
|-------------------|-------------|
| Pos: 231 | Max: 1 |
| Detail - Optional | |
| Loop: 2300 | Elements: 4 |

NIA Specific Note: NIA will only use the first 4 diagnosis codes for processing.

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| HI01 | C022 | Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities | M | Comp | | Required |
| | 1270 | Code List Qualifier Code Description: Code identifying a specific industry code list | M | ID | 1/3 | Required |
| | 1271 | Industry Code Description: Code indicating a code from a specific industry code list | M | AN | 1/30 | Required |
| HI02 | C022 | Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | Code List Qualifier Code Description: Code identifying a specific industry code list | M | ID | 1/3 | Required |
| | 1271 | Industry Code Description: Code indicating a code from a specific industry code list | M | AN | 1/30 | Required |
| HI03 | C022 | Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | Code List Qualifier Code Description: Code identifying a specific industry code list | M | ID | 1/3 | Required |
| | 1271 | Industry Code Description: Code indicating a code from a specific industry code list | M | AN | 1/30 | Required |
| HI04 | C022 | Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | Code List Qualifier Code Description: Code identifying a specific industry code list | M | ID | 1/3 | Required |
| | 1271 | Industry Code Description: Code indicating a code from a specific industry code list | M | AN | 1/30 | Required |

REF Referring Provider Secondary Identification

| | |
|-------------------|-------------|
| Pos: 271 | Max: 5 |
| Detail - Optional | |
| Loop: 2310A | Elements: 1 |

NIA Specific Requirement: If a referral is required and the patient is a Medicaid recipient this REF segment is necessary in order for NIA to correctly identify the Referring Provider.

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| REF01 | 128 | Reference Identification Qualifier Description: Code qualifying the Reference Identification <i>NIA Specific Note: If a referral is required and the patient is a Medicaid recipient the Referring Provider Medicaid Number is necessary to adjudicate the claim.</i> | M | ID | 2/3 | Required |

NM1 Rendering Provider Name

| | |
|-------------------|-------------|
| Pos: 250 | Max: 1 |
| Detail - Optional | |
| Loop: 2310B | Elements: 0 |

NIA Specific Note:

If more than one Rendering Provider (based on Primary ID match) is submitted on a claim, the claim will not load to the host adjudication system and a negative response will be returned.

Rendering Provider is required on TennCare Caserate claims.

REF Rendering Provider Secondary Identification

| | |
|-------------------|-------------|
| Pos: 271 | Max: 5 |
| Detail - Optional | |
| Loop: 2310B | Elements: 0 |

NIA Specific Note:

In order to correctly identify providers for claims processing, submission of the following provider identifiers is necessary:

The NIA Provider Identifier (MIS#) is requested for all providers. Use qualifier "G2" Commercial Number to report the MIS#.

In the future, the MIS# will be required.

If Rendering provider is submitted, The Identifiers should be submitted with the Rendering Provider.

If more than one Rendering Provider (based on Primary ID match) is submitted on a claim, the claim will not load to the host adjudication system and a negative response will be returned.

SV1 Professional Service

| | |
|-------------------|-------------|
| Pos: 370 | Max: 1 |
| Detail - Optional | |
| Loop: 2400 | Elements: 1 |

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| SV101 | C003 | Composite Medical Procedure Identifier Description: To identify a medical procedure by its standardized codes and applicable modifiers | M | Comp | | Required |
| | 1339 | Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners NIA Specific Note: EAP claims can only be processed using a case closing form. Do not submit EAP claims (modifier "HJ") on the 837. | O | AN | 2/2 | Situational |

CN1 Contract Information

| | |
|-------------------|-------------|
| Pos: 465 | Max: 1 |
| Detail - Optional | |
| Loop: 2400 | Elements: 1 |

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| CN101 | 1166 | Contract Type Code Description: Code identifying a contract type NIA Specific Note: <i>If submitting a Caserate Claim, this field should be populated with a value of '04'.</i> | M | ID | 2/2 | Required |

NM1

Rendering Provider Name

| | |
|-------------------|-------------|
| Pos: 500 | Max: 1 |
| Detail - Optional | |
| Loop: 2420A | Elements: 0 |

NIA Specific Note:

If more than one Rendering Provider (based on Primary ID match) is submitted on a claim, the claim will not load to the host adjudication system and a negative response will be returned.

REF Rendering Provider Secondary Identification

| | |
|-------------------|-------------|
| Pos: 525 | Max: 5 |
| Detail - Optional | |
| Loop: 2420A | Elements: 0 |

NIA Specific Note:

In order to correctly identify providers for claims processing, submission of the following provider identifiers is necessary:

The NIA Provider Identifier (MIS#) is requested for all providers. Use qualifier "G2" Commercial Number to report the MIS#.

In the future, the MIS# will be required.

If Rendering provider is submitted, The Identifiers should be submitted with the Rendering Provider.

REF Referring Provider Secondary Identification

| | |
|-------------------|-------------|
| Pos: 525 | Max: 5 |
| Detail - Optional | |
| Loop: 2420F | Elements: 1 |

NIA Specific Requirement: If a referral is required and the patient is a Medicaid recipient this REF segment is necessary in order for NIA to correctly identify the Referring Provider.

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| REF01 | 128 | Reference Identification Qualifier Description: Code qualifying the Reference Identification <i>NIA Specific Note: If a referral is required and the patient is a Medicaid recipient the Referring Provider Medicaid Number is necessary to adjudicate the claim.</i> | M | ID | 2/3 | Required |

NM1 Patient Name

| | |
|-------------------|-------------|
| Pos: 015 | Max: 1 |
| Detail - Optional | |
| Loop: 2010CA | Elements: 3 |

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| NM104 | 1036 | Name First Description: Individual first name NIA Specific Note: <i>Full legal name is necessary to correctly identify the patient. Use name as printed on Member Identification card.</i> | O | AN | 1/25 | Required |
| NM105 | 1037 | Name Middle Description: Individual middle name or initial NIA Specific Note: <i>Full legal name is necessary to correctly identify the patient. Use name as printed on Member Identification card.</i> | O | AN | 1/25 | Situational |
| NM108 | 66 | Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) NIA Specific Note: <i>Only value 'MI' is used by NIA.</i> | C | ID | 1/2 | Situational |

NM1

Rendering Provider Name

| | |
|-------------------|-------------|
| Pos: 250 | Max: 1 |
| Detail - Optional | |
| Loop: 2310B | Elements: 0 |

NIA Specific Note:

If more than one Rendering Provider (based on Primary ID match) is submitted on a claim, the claim will not load to the host adjudication system and a negative response will be returned.

REF Rendering Provider Secondary Identification

| | |
|-------------------|-------------|
| Pos: 271 | Max: 5 |
| Detail - Optional | |
| Loop: 2310B | Elements: 0 |

NIA Specific Note:

In order to correctly identify providers for claims processing, submission of the following provider identifiers is necessary:

The NIA Provider Identifier (MIS#) is requested for all providers. Use qualifier "G2" Commercial Number to report the MIS#.

In the future, the MIS# will be required.

If Rendering provider is submitted, The Identifiers should be submitted with the Rendering Provider.

SV1 Professional Service

| | |
|-------------------|-------------|
| Pos: 370 | Max: 1 |
| Detail - Optional | |
| Loop: 2400 | Elements: 1 |

Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| SV101 | C003 | Composite Medical Procedure Identifier Description: To identify a medical procedure by its standardized codes and applicable modifiers | M | Comp | | Required |
| | 1339 | Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners NIA Specific Note: <i>EAP claims can only be processed using a case closing form. Do not submit EAP claims (modifier "HJ") on the 837.</i> | O | AN | 2/2 | Situational |

NM1

Rendering Provider Name

| | |
|-------------------|-------------|
| Pos: 500 | Max: 1 |
| Detail - Optional | |
| Loop: 2420A | Elements: 0 |

NIA Specific Note:

If more than one Rendering Provider (based on Primary ID match) is submitted on a claim, the claim will not load to the host adjudication system and a negative response will be returned.

REF Rendering Provider Secondary Identification

| | |
|-------------------|-------------|
| Pos: 525 | Max: 5 |
| Detail - Optional | |
| Loop: 2420A | Elements: 0 |

NIA Specific Note:

In order to correctly identify providers for claims processing, submission of the following provider identifiers is necessary:

The NIA Provider Identifier (MIS#) is requested for all providers. Use qualifier "G2" Commercial Number to report the MIS#.

In the future, the MIS# will be required.

If Rendering provider is submitted, The Identifiers should be submitted with the Rendering Provider.

Change Summary

Change history of this document

| Revision Date | Version # | Change Description | Author |
|----------------------|------------------|--|---------------|
| 7/31/03 | 1 | Added Change Summary Section | Al Howlett |
| 9/15/03 | 2 | Added 2000B and 2000C Loop 2400 SV1-01-3 Business Rules | Al Howlett |
| 10/3/03 | 3 | Language modification to 2400 SV1-01-3 business rule. | Al Howlett |
| 12/16/03 | 4 | Removed or modified REF segments and their respective loops | Al Howlett |
| 03/17/04 | 5 | Modified several REF, NM1, SV1 and N3 segments: <ul style="list-style-type: none"> • Remove MIS# requirement for all providers • Add note defining specific accounts and provider ID requirements for adjudication • Changed PO Box submittal requirement: If it is not sent in Payer address, it must be sent in Payer Secondary ID REF segment • Allow only one rendering provider per claim | Al Howlett |
| 4/21/04 | 6 | Revised wording for NIA Note: MIS# and other provider ID requirement | HHHusmann |