

**Oregon DHS NPI Companion Guide for 837 FEE FOR SERVICE Institutional Claim
and 837 Transaction Coordination of Benefits - Examples for Fee-For-Service**

The NPI is a single identification number that will be assigned to all covered health care providers. It is intended to improve the efficiency of the health care system and help to reduce fraud and abuse. The intent of the NPI is to eliminate the need for payers and providers to keep numerous identifiers and in turn simplify transaction processing between these entities. This companion guide is meant to be used as a technical reference guide for NPI usage in Oregon.

The objectives of this document are:

*To clarify what information is needed by Oregon Dept. of Human Services (OR-DHS) where the guide indicates that the choice is dependent on the Payer.

*To point out preferred selections for data elements where multiple alternatives exist.

This Companion Guide supplements the 837 Institutional Claim Implementation Guide Version 004010X096A1.

In order to create an OR-DHS HIPAA compliant transaction, you must first meet the requirements of the Implementation Guide and then incorporate the payer (OR-DHS) specific requirements.

OR-DHS processes all alpha characters in upper case (except data reported in the ISA06 and GS02). Do not use special characters.

To properly process 837 transactions, OR-DHS requires only ONE transaction type in each transmission file beginning with the ISA and ending with the ISE segments. For example if the submitter sends Chargeable/FFS 837 transaction data for Professional, Dental and Institutional, there would be a separate file for each transaction (e.g. one containing only the 837P professional data, one containing only 837I institutional data and one file containing only 837D dental data.).

For faster adjudication, OR-DHS requires only one rendering (performing) provider per claim to avoid conflict between claim and line level data.

Every effort has been made to prevent errors in this document. However, if there is a discrepancy between this document and the Implementation Guide, the Implementation Guide is the final authority.

In the examples given in this Companion Guide, a lowercase "b" denotes a blank space.

IMPORTANT NOTE: When determining the delimiters to use/send, please take data content, communication protocols, and industry standards into account. If transmission or transaction errors can be traced to the choice of a delimiter, trading partners will be notified, and the use of that delimiter will be prohibited. For example: When the EBCDIC character for <new line> is used as a delimiter, and it is converted to ASCII, it becomes two characters - <carriage return> and <line feed>. Systems using ASCII characters encounter extra, non-conforming characters and reject the transmission.

ISA - Interchange Control Header - page B3

Usage: Required

Segment Max Use within Loop: 1

Example: ISA*00*bbbbbbbb*00*bbbbbbbb*ZZ*tp345678bbbbbb*ZZ*ORDHSOMAPbbbb*010801*1452*U*00401*000000001*0*P*:-

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
ISA01	Authorization Information Qualifier	R	2/2	ID	00	
ISA03	Security Information Qualifier	R	2/2	ID	00	
ISA05	Sender Interchange ID Qualifier	R	2/2	ID	ZZ	
ISA06	Interchange Sender ID	R	15/15	AN		The sender's trading partner (mailbox) number assigned at the beginning of Business-to-Business (B2B) testing, used for testing and production purposes. The letters "tp" should be in lower-case (i.e., tp#####). Insert spaces <u>after</u> data to meet 15-byte requirement.
ISA07	Interchange Receiver ID Qualifier	R	2/2	ID	ZZ	
ISA08	Interchange Receiver ID	R	15/15	AN	ORDHSOMAP	Insert spaces <u>after</u> data to meet 15-byte requirement.

GS - Functional Group Header-Page-B8

Usage: Required

Segment Max Use within Transmission: 1

Example: GS*HC*tp345678*ORDHSOMAP*20010801*1452*000000001*X*004010X096A1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
GS02	Application Senders Code	R	2/15			The sender's trading partner (mailbox) number assigned at the beginning of Business-to-Business (B2B) testing, used for testing and production purposes. The letters "tp" should be in lower-case (i.e., tp#####).
GS03	Application Receiver's Code	R	2/15		ORDHSOMAP	

ST -- Transaction Set Header - 56

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: None

Example: ST*837*987654~

Note: In order to ensure this unique number is returned on your 997, do not use this number more than once a day.

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
ST01	Transaction Identification Code	R	2/2	ID	00	In order to ensure this unique number is returned on your 997, it is recommended this number not repeat for 180 days.
ST02	Transaction Set Control	R	1/30	AN		The unique number that will be returned on your 997.

BHT -- Beginning of Hierarchical Transaction-Page-57

Usage: Required

Segment Max Use within Loop: 1

Loop ID: None

Example: BHT*0019*00*0123*19970618*0932*CH~

		ATTRIBUTES				Comments
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	
BHT02	Transaction Set Purpose Code	R	2/2	ID	00	This identifier <u>must</u> be unique across all submitted data files, and may or may not be the same as ST02.
BHT06	Claim or Encounter Identifier	R	2/2	ID	CH	

NM1 -- Submitter Name-Page - 61

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 1000A

Example: NM1*41*2*CRAMMER, DOLE, PALMER, AND JOHANSON*****46*PROVIDER~

		ATTRIBUTES				Comments
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	
NM109	Submitter Identifier	R	2/80	AN	PROVIDER	

NM1 -- Receiver Name-Page-67

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 1000B

Example: NM1*40*2*OREGON DHS OMAP*****46*ORDHSOMAP~

		ATTRIBUTES				Comments
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	
NM103	Receiver Name	R	1/35	AN	OREGON DHS OMAP	
NM109	Receiver Primary Identifier	R	2/80	AN	ORDHSOMAP	

PRV -- Billing/Pay-To-Provider Specialty - page 71

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2000A

Example: PRV*PT*ZZ*207R00000X~

NOTE: Per the CMS feedback page, "... the guide [IG] is therefore inconsistent with the enumeration of providers allowed by the NPI final rule. In order to define a sub-part or component that is not enumerated with a distinct NPI, the Billing Provider field - 2000A PRV - may be used."

		ATTRIBUTES				NEW	OLD (Previously Allowed Values)
ELEMENT	NAME	USE	Min/Max	Data Type	Codes/Values	Comments	Comments
PRV02	Reference Identification Qualifier	R	2/3	AN	ZZ	Mutually Defined	As defined by Implementation Guide
PRV03	Reference Identification	R	1/30	ID		Provider Taxonomy Code	As defined by Implementation Guide

NM1 -- Billing Provider Name-Page - 76

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2010AA

Example: NM1*85*1*DOE*JOHN****XX*0123456789~

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values	Comments	Comments
NM108	Identification Code Qualifier	R	2/80	AN	XX	Health Care Financing Administration National Provider Identifier	As defined by Implementation Guide
NM109	Identification Code	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)	As defined by Implementation Guide

REF -- Billing Provider Secondary Identification-Page-82

Usage: Situational

Segment Max Use within Loop: 8

Loop ID: 2010AA

Example: REF*EI*123456789~

NOTE: OR-DHS required in addition to data sent on NM109 (Billing Provider Identifier).

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values	Comments	Comments
REF01	Reference Identification Qualifier	R	2/3	ID	EI / SY	EI - Employers Identification Number SY- Social Security Number	OR-DHS required element. OR-DHS currently accepts only the following: 1C - Medicare Provider Number 1D - Medicaid Provider Number (OR-DHS assigned number is preferable) 1G - Provider UPIN number Only 1 occurrence per unique qualifier.
REF02	Reference Identification	R	1/30	AN		Employer's Identification Number or Social Security Number	OR-DHS required field.

HL -- Subscriber Hierarchical Level-Page-99

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2000B

Example: HL*2*1*22*0~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
HL04	Hierarchical Child Code	R	1/1	ID	0	

SBR -- Subscriber Information-Page-101

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2000B

Example: SBR*P**GRP01020102*****MC~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SBR09	Claim Filing Indicator Code	R	1/2	ID	MC	

NM1 -- Subscriber Name-Page-108

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2010BA

Example: NM1*IL*1*DOE*JOHN*T**JR*MI*12345678~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM103	Subscriber Last Name	R	1/35	AN		Patient's last name as it appears on the OMAP medical care identification. Do not use special characters in name.
NM104	Subscriber First Name	S	1/25	AN		Patient's first name as it appears on the OMAP medical care identification. Cannot be blank. Do not use special characters in name.
NM108	Identification Code Qualifier	R	1/2	ID	MI	
NM109	Subscriber Primary Identifier	R	2/80	AN		Patient's 8-character Prime I.D. as it appears on the OMAP medical care identification.

NM1 -- Payer Name-Page-126

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2010BC

Example: NM1*PR*2*OREGON DHS OMAP*****PI*ORDHSOMAPFFS~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
NM103	Payer Name	R	1/35	AN	OREGON DHS OMAP	
NM108	Identification Code Qualifier	R	1/2	ID	PI	
NM109	Payer Identifier	R	2/80	AN	ORDHSOMAPFFS	

N3 -- Payer Address-Page-129

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2010BC
Example: N3*500 SUMMER STREET NE~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
N301	Payer Address Line	R	1/55	AN	500 SUMMER STREET NE	

N4 -- Payer City/State/Zip-Page-130

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2010BC
Example: N4*SALEM*OR*973010315~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
N401	Payer City Name	R	2/30	AN	SALEM	
N402	Payer State Code	R	2/2	ID	OR	
N403	Payer Postal Zone or ZIP Code	R	3/15	ID	973010315	

CLM -- Claim Information-Page-157

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2300
Example: CLM*0131930000001*500***11::1*Y*A*Y*Y~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
CLM01	Patient Account Number	R	1/38	AN		The 'Patient Account Number' is returned in the 'Patient Control Number' (Element CLP01) on the outbound 835 transaction. Although the X-12 standard allows for 38 characters, the HIPAA standard allows only up to 20. Therefore, OR-DHS will truncate any data after the 20th character, and report same.
CLM02	Total Claim Charge Amount	R	1/18	R		Amount must not exceed \$999,999.99.
CLM05-1	Facility Type Code	R	1/2	R		CLM05-1 applies to all service lines unless it is overwritten at the line level.
CLM05-3	Claim Frequency Code	R	1/1	ID	1	OR-DHS required field. OR-DHS currently accepts only the following: 1 - Original claim submission

HI - Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information-Page-227

Usage: OR-DHS Required

Segment Max Use within Loop: 1

Loop ID: 2300

Example: HI*BK:8901*BF:87200*BF:5559~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
HI01	Health Care Code Information	R				OR-DHS requires the Principle Diagnosis code.
HI01-2	Industry Code	R	1/30	AN		Report the Primary Diagnosis Code to the highest level of specificity for the date of service.

HI - Other Diagnosis Information-Page-232

Usage: Situational

Segment Max Use within Loop: 2

Loop ID: 2300

Example: HI*BR:92795:D8:19980321~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
HI01	Health Care Code Information	R				OR-DHS only uses four additional diagnosis codes to process and adjudicate data.

HI - Principal Procedure Information-Page-242

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2300

Example: HI*BP:92795:D8:19980321~

NOTE: OR-DHS uses the Principal Procedure Code when it exists.

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
HI01	Health Care Code Information	R				

HI - Other Procedure Information-Page-244

Usage: Situational

Segment Max Use within Loop: 2

Loop ID: 2300

Example: HI*BQ:92795:D8:19980321~

NOTE: In addition to the principle procedure code. OR-DHS only uses two additional procedure codes to process and adjudicate data.

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
HI01	Health Care Code Information	R				

HI - Occurrence Information-Page-267

Usage: Situational
Segment Max Use within Loop: 2
Loop ID: 2300
Example: HI*BH:04:D8:19980321~

NOTE: OR-DHS uses the first 5 occurrence codes.

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
HI01	Health Care Code Information	R				

HI - Value Information-Page-280

Usage: Situational
Segment Max Use within Loop: 2
Loop ID: 2300
Example: HI*BE:08::::1740~

Note: OR-DHS uses only first 10 value codes and associated amounts.

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
HI01	Health Care Code Information	R				

HI - Condition Information-Page-290

Usage: Situational
Segment Max Use within Loop: 2
Loop ID: 2300
Example: HI*BG:67~

Note: OR-DHS uses only the first 5 condition codes

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
HI01	Health Care Code Information	R				

NM1 -- Attending Physician Name-Page-321

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2310A
Example: NM1*71*1*DOE*JOHN****XX*0123456789~

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values	Comments	Comments
NM108	Identification Code Qualifier	R	1/2	ID	XX	Health Care Financing Administration National Provider Identifier	As defined by Implementation Guide
NM109	Identification Code Identifier	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)	As defined by Implementation Guide

NM1 -- Operating Physician Name-Page-328

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2310B

Example: NM1*72*1*DOE*JOHN****XX*0123456789~

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values	Comments	Comments
NM108	Identification Code Qualifier	R	1/2	ID	XX	Health Care Financing Administration National Provider Identifier	As defined by Implementation Guide
NM109	Identification Code Identifier	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)	As defined by Implementation Guide

NM1 -- Service Facility Name -Page-349

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2310E

Example: NM1*FA*2*OREGON DHS OMAP****XX*0123456789~

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values	Comments	Comments
NM108	Identification Code Qualifier	R	1/2	ID	XX	Health Care Financing Administration National Provider Identifier	As defined by Implementation Guide
NM109	Payer Identifier	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)	As defined by Implementation Guide

SBR - Other Subscriber Information-Page-359

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2320

NOTE: Required if the patient has Medicare or Other Insurance, repeat the loop for each other payer.

Example: SBR*P**GRP01020102*****MC~

ELEMENT	NAME	USE	ATTRIBUTES			Comments	
			Min/Max	Data Type	Codes/Values		
SBR09	Claim Filing Indicator Code	R	1/2	ID	MC		

NM1 - Other Payer Name-Page 410

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2330B

Example: NM1*PR*2*MUTUAL OF OREGON*****PI*43140~

ELEMENT	NAME	USE	ATTRIBUTES			Comments	
			Min/Max	Data Type	Codes/Values		
NM108	Identification Code Qualifier	R	1/2	ID	PI		
NM109	Other Payer Primary Identifier	R	2/80	AN		Other Payer identification Number. Used to match with SVD01 in 2430 loop to pick up the Service adjustment data of the same payer.	

LX - Line Counter - Page 444

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2400

Example: LX*1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
LX01	Assigned Number	R	1/6	N		OR-DHS' system processes only the first 28 lines. For outpatient only. DHS receives an inpatient claim with more then 28 lines, an attempt will be made to roll additional lines to 28. If OR

LIN - Drug Identification, CTP - Drug Pricing, & REF - Prescription Number - 4010A1 pages 35 - 37 (after page 443)

Usage: Situational

Loop ID: 2410

NOTE: On July 1, 2006, OMAP implemented a new rule, OAR 410-130-0180, to reflect a federal regulation requiring inclusion of a NDC number in conjunction with HCPC codes when billing for physician-administered drugs.

Example: LIN*N4*12345123412~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
LIN02	Product/Service ID	R	1/48	AN		

SV2 - Institutional Service Line-Page-445

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2400

Example: SV2*300*HC:80019*73.42*UN*1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SV201	Service Line Revenue Code	R	1/48	AN		OR-DHS requires a revenue code for each service. All revenue codes placed across loop repeats must be in ascending order using a preceding zero.
SV202-2	Service Line Procedure Code	S	1/48	ID		OR-DHS uses one Procedure Code and the first two modifiers where the revenue center code requires a procedure code. The last two modifiers may not be considered in processing of claims by the OR-DHS system.
SV203	Line Item Charge Amount	R	1/18	R		Outpatient claims only: Amount must not exceed \$99,999.99. Only enter '0' if the service is generally rendered at no cost.
SV205	Service Unit Count	R	1/15	R		Not to exceed 9999.9.

NM1 - Attending Physician Name-Page-462

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2310A

Example: NM1*71*1*DOE*JOHN****XX*0123456789~

NOTE: OR-DHS uses only 1 attending physician per claim at the 2310A level. If the 2310A level is not used, OR-DHS will only use the attending provider information from the first service line. OR-DHS required if NM109 Attending Physician Primary Identifier in 2420A is used.

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values	Comments	Comments
NM108	Identification Code Qualifier	R	1/2	ID	XX	Health Care Financing Administration National Provider Identifier	As defined by Implementation Guide
NM109	Identification Code	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)	As defined by Implementation Guide

NM1 -- Operating Physician Name-Page-469

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2420B

Example: NM1*72*1*DOE*JOHN****XX*0123456789~

NOTE: Required when any surgical procedure code is listed on this claim. OR-DHS uses only one operating physician per claim. OR-DHS prefers Operating provider data at the claim level.

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data Type	Codes/Values	Comments	Comments
NM108	Identification Code Qualifier	R	1/2	ID	XX	Health Care Financing Administration National Provider Identifier	OR-DHS required element. OR-DHS currently accepts only the following: 1C - Medicare Provider Number 1D - Medicaid Provider Number (OR-DHS assigned number is preferable) 1G - Provider UPIN number Only 1 occurrence per unique qualifier.
NM109	Subscriber Primary Identifier	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)	OR-DHS required field.

SVD - Line Adjudication Information - Page - 490

Usage: Situational

Segment Max Use within Loop: 1

Loop ID: 2430

Example: SVD*NR002*50.5**0305*1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
SVD01	Payer Identifier	R	2/80	AN		Used to match with other payer identifier in Loop 2330B.

CAS - Service Line Adjustment - page 494

Usage: Situational

Segment Max Use within Loop: 5

Loop ID: 2430

Example: CAS*PR*1*7.93~

NOTE: OR-DHS processes five times within loop. OR-DHS will process only the first occurrence.

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
CAS03	Monetary Amount	R	1/18	R		

837 Transaction
Coordination of Benefits
Examples for **Fee-For-Service**

Note: These are examples only and are not intended to show all situations that could potentially occur. This is only DHS' expectation of the data for the situations most commonly found for Medicaid claims.

Loop 2000B–Subscriber Hierarchical Level is a required loop and thus is always expected.

SBR01-Payer Responsibility Sequence Number is expected to be one of the following:

- * "P" when Medicaid is the only medical coverage the client.
- * "S" when the client has Medicaid coverage and medical coverage by ONE of the following:
 - Medicare Part A
 - Medicare Part B
 - Private Medical Insurance
- * "T" when the client has Medicaid coverage and medical coverage by MORE THAN ONE of the following:
 - Medicare Part A
 - Medicare Part B
 - Private Medical Insurance

SBR09-Claim Filing Indicator must be MC (Medicaid) indicating Medicaid as the payer receiving this information and has the current responsibility for adjudication.

When the client has no insurance coverage other than Medicaid, the following information is expected:

- * When DHS is the Primary Payer, do not use:
 - 2320-Other Subscriber Information loop
 - 2330B-Other Payer Name loop
 - 2430-Line Adjudication loop.

When the client has Medicaid and another medical coverage, the following information is expected:

- * The other coverage could be ONE of the following:
 - Medicare Part A
 - Medicare Part B
 - Private Medical Insurance

* Since Loop 2320-Other Subscriber Information repeats for each known payer, there is one 2320-Other Subscriber Information loop with the SBR01-Payer Responsibility Sequence Number Code of "P" (primary) showing Medicare or the medical coverage as the Primary payer.

* If any service line is not paid, or the payment is other than the service line billed amount, you must use a 2430-Line Adjudication loop. When there is a 2430-Line Adjudication loop, you must also use a 2330B-Other Payer Name loop with the NM109-Other Payer Primary Identifier, which must match the SVD01-Other Payer Primary Identifier in the 2430-Line Adjudication loop.

When the client has Medical insurance coverage A, B and Medicaid coverage, the following information is expected:

* Coverage A or B could be any combination of the following:

Medicare Part A

Medicare Part B

Private Medical Insurance

Loop 2320-Other Subscriber Information repeats for each known payer. Examples are:

* One 2320-Other Subscriber Information loop with the SBR01-Payer Responsibility Sequence Number Code of "P" (primary) showing Medicare or the medical coverage as the Primary payer.

* If any service line is not paid, or the payment is other than the service line billed amount, use a 2430-Line Adjudication loop. When there is a 2430-Line Adjudication loop, also use a 2330B-Other Payer Name loop with the NM109-Other Payer Primary Identifier, which must match the SVD01-Other Payer Primary Identifier in the 2430-Line Adjudication loop.

AND

* You should use a 2320-Other Subscriber Information loop with the SBR01-Payer Responsibility Sequence Number Code of "S" (secondary) for the Secondary payer.

* If any service line is not paid, or the payment is other than the service line billed amount, use a 2430-Line Adjudication loop. When there is a 2430-Line Adjudication loop, also use a 2330B-Other Payer Name loop with the NM109-Other Payer Primary Identifier, which must match the SVD01-Other Payer Primary Identifier in the 2430-Line Adjudication loop.

AND

* You should use a 2320-Other Subscriber Information loop with the SBR01-Payer Responsibility Sequence Number Code of "T" (tertiary) for the Tertiary payer.

* If any service line is not paid, or the payment is other than the service line billed amount, use a 2430-Line Adjudication loop. If there is a 2430-Line Adjudication loop, also use a 2330B-Other Payer Name loop with the NM109-Other Payer Primary Identifier, which must match the SVD01-Other Payer Primary Identifier in the 2430-Line Adjudication loop.