



# South Carolina

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**ASC X12N 837P (005010X222A1)**

**HEALTH CARE CLAIM: PROFESSIONAL  
SUPPLEMENTAL IMPLEMENTATION GUIDE**

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## INTRODUCTION

The Secretary of Health and Human Services has established version 5010 of the X12N 837 Electronic Data Interchange Transaction Set Implementation Guides as national standards for use by all health plans in the United States. This fulfills certain requirements of the Administrative Simplification provisions of HIPAA. You can get more information on the HIPAA standards requirements in general at <http://aspe.hhs.gov/admsimp>.

Version 5010A1 (addenda) of the 837 – Professional transaction will be the version recognized by BlueCross BlueShield of South Carolina.

The following information is only a companion document to the HIPAA ASC X12N 837 Professional Implementation Guide. This document is solely for the purpose of clarification. The information describes specific requirements for processing BlueCross BlueShield of South Carolina HIPAA ASC X12N 837 Professional Claims submitted via EDI (Electronic Data Interchange). Please note that the HIPAA ASC X12N 837 Supplemental Implementation Guide is subject to change. Changes will be available at <http://www.SouthCarolinaBlues.com>.

BlueCross BlueShield of South Carolina currently accepts one type of transaction per transmission. Therefore, all ST01 elements within the transmission will equal the same transaction number. For example, 14 837P transactions are acceptable within one enveloping sequence, but 13 837Ps and one 276 within one enveloping sequence is unacceptable.

**Shaded text in the body of this document indicates  
BlueCross BlueShield of South Carolina-specific information.**

## REVISION LOG

<b>Date</b>	<b>Author</b>	<b>Revision Description</b>
January 25, 2011	Jody Brown	Original with document formatting
February 1, 2011	Jody Brown	Initial recommended updates from Stacey Caulder
February 18, 2011	Jody Brown	Final updates from Stacey Caulder
March 2, 2011	Jody Brown	Updated to new BlueCross logos
March 2, 2011	Jody Brown	Final updates from Earle Mayfield
March 7, 2011	Jody Brown	Final updates from Janet Forktus
March 11, 2011	Jody Brown	Final updates from EDI Services
March 31, 2011	Jody Brown	Final updates from EB Communications
June 20, 2011	Jody Brown	Updates from Cindy Murphy
August 22, 2011	Jody Brown	Updates from Jason Gandy & Cindy Murphy

**Segment:** **BHT** Beginning of Hierarchical Transaction  
**Position:** 0100  
**Loop:**  
**Level:** Heading  
**Usage:** Required  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<b>BHT06</b>	<b>640</b>	<b>Transaction Type Code</b>	<b>O 1 ID 2/2</b>
<p>The claim must be a chargeable claim. Reporting and subrogation claims are not accepted.</p>			
	CH	Chargeable	

**Segment:** **NM1** Billing Provider Name  
**Position:** 0150  
**Loop:** 2010AA  
**Level:** Detail  
**Usage:** Required  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X ID 1/2</b>
<p>All providers eligible under CMS guidelines to receive a National Provider ID (NPI) number must report the NPI number in element NM109 using the qualifier "XX" in element NM1008. Additionally, either the billing provider's Employer Identification Number or the billing provider's Social Security Number must be reported in the 2010AA-REF segment.</p> <p>If a Service Facility physical address is not reported in the Service Facility loop (2310C N3 and N4), the address reported in this loop will be used to calculate payment. If the service was not performed at the Billing Provider's physical location, the location of the service should be reported in the Service Facility loop to avoid potential problems in payment.</p>			
	XX	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)	

**Segment:** **N3 Billing Provider Address Line**  
**Position:** 0250  
**Loop:** 2010AA  
**Level:** Detail  
**Usage:** Required  
**Segment Repeat:** 1  
**Notes:** The Billing Provider Address must be a street address. Post Office Box or Lock Box addresses are to be sent in the Pay-To Address (Loop ID-2010AB), if necessary.

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<b>N301</b>	<b>166</b>	<b>Address Information</b> Billing provider Address Line	<b>M 1 AN 1/55</b>

**Segment:** **N4 Billing Provider Postal Zone or ZIP Code**  
**Position:** 0300  
**Loop:** 2010AA  
**Level:** Detail  
**Usage:** Required  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<b>N403</b>	<b>166</b>	<b>Postal Code</b> A nine-digit ZIP code is required on claims if address is in USA, including its territories or Canada.	<b>O 1 AN 3/15</b>

**Segment:** **REF Billing Provider Tax Identification Number**  
**Position:** 0350  
**Loop:** 2010AA  
**Level:** Detail  
**Usage:** Required  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<b>REF01</b>	<b>128</b>	<b>Reference Identification Qualifier</b> The provider's Employer Identification Number or Social Security Number must be reported in this segment. EI                      Employer's Identification Number (EIN) SY                      Social Security Number (SSN)	<b>M 1 ID 2/3</b>
<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction set or as specified by the Reference Identification Qualifier.	<b>X 1 AN 1/50</b>

**Segment:** **PER** Billing Provider Contact Information  
**Position:** 0400  
**Loop:** 2010AA  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 2  
**Notes:** When provided this segment should contain the billing provider telephone number.

**Segment:** **N3** Pay-To Address Line  
**Position:** 0250  
**Loop:** 2010AB  
**Level:** Detail  
**Usage:** Required  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element Name</u>	
N301	166 Address Information	M 1 AN 1/55
Address information when different from the billing address.		

**Segment:** **SBR** Subscriber Information  
**Position:** 0050  
**Loop:** 2000B  
**Level:** Detail  
**Usage:** Required  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element Name</u>	
SBR01	1138 Payer Responsibility Sequence Number Code	M 1 ID 1/1
A value of "U" will not be accepted in this element, since a value of "U" pertains to payer to payer COB only. This element must contain one of the following values:		
	A Payer Responsibility Four	
	B Payer Responsibility Five	
	C Payer Responsibility Six	
	D Payer Responsibility Seven	
	E Payer Responsibility Eight	
	F Payer Responsibility Nine	
	G Payer Responsibility Ten	
	H Payer Responsibility Eleven	
	P Primary	
	S Secondary	
	T Tertiary	

**Segment:** **NM1** Subscriber Name  
**Position:** 0150  
**Loop:** 2010BA  
**Level:** Detail  
**Usage:** Required  
**Segment Repeat:** 1

**Data Element Summary**

<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
<b>Des.</b>	<b>Element</b>	<b>Entity Type</b>	<b>Qualifier</b>
NM102	1065	Entity Type Qualifier	M 1 ID 1/1
		1 Person	A subscriber may only be a person, so this value must be "1."
NM108	66	Identification Code Qualifier	X 1 ID 1/2
		MI Member Identification Number	This value must be "MI" to indicate a subscriber's Member Identification Number in the NM109 element.
NM109	67	Identification Code	X 1 ID 2/180
			The member's BlueCross BlueShield of South Carolina or subsidiary Member Identification Number from the member's insurance card must be reported in this element.

**Segment:** **NM1 Payer Name**  
**Position:** 0150  
**Loop:** 2010BB  
**Level:** Detail  
**Usage:** Required  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Element</u> <u>Name</u>	<u>Attributes</u>
NM108	66	<b>Identification Code Qualifier</b>	<b>X 1 ID 1/2</b>
		This element must contain value "PI" until the use of the National Plan ID is mandated.	
		PI	Payer Identification
NM109	67	<b>Identification Code</b>	<b>X 1 AN 2/80</b>
		On behalf of BlueCross, Planned Administrators, Inc. (PAI), Thomas Cooper and Employee Benefit Services (EBS) provide third party administration services. PAI, Thomas Cooper and EBS are separate companies.	
		The following codes are accepted:	
		315	Thomas Cooper Agency
		400	BlueCross BlueShield State Employees Health Plan
		401	BlueCross BlueShield of South Carolina
		402	FEP BlueCross
		446	Employee Benefit Services dba Key Benefit Admin.
		481	Preferred Blue
		886	®Planned Administrators
		922	BlueChoice HealthPlan
		C62	Medicare Private Fee For Service (PFFS)
		C63	Medicare Preferred Provider Organizations (PPO)

**Segment:** **REF Billing Provider Secondary Identifier**  
**Position:** 0350  
**Loop:** 2010BB  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 2

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Element</u> <u>Name</u>	<u>Attributes</u>
REF01	128	<b>Reference Identification Qualifier</b>	<b>M 1 ID 2/3</b>
		Required when NPI number is not used in NM109 and secondary ID is required to identify the provider.	
		If this segment is used it must contain the following: Payer – Assigned Provider Number.	
		G2	Provider Commercial Number
		This code designates a proprietary provider number for the destination payer in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, BlueCross, etc.	

**Segment:** **CLM Claim Information**  
**Position:** 1300  
**Loop:** 2300  
**Level:** Detail  
**Usage:** Required  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
CLM05	C023	<b>Health Care Service Location Information</b>	O 1
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.			
CLM05-3	1325	<b>Claim Frequency Code</b>	O ID 1/1
Code specifying the frequency of the claim. This is the third position of the Uniform Billing Claim Form Type.			
Only original, replacement or voided claims are accepted.			
		1	Original
		7	Replacement
		8	Void

**Segment:** **REF Payer Claim Control Number**  
**Position:** 1800  
**Loop:** 2300  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1

**Notes:** Required when CLM05-3 (Claim Frequency Code) indicates this claim is a replacement (7) or void (8) to a previously adjudicated claim.

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
REF01	128	<b>Reference Identification Qualifier</b>	M 1 ID 2/3
Code qualifying the Reference Identification.			
		F8	Original Reference Number

**Segment:** **NM1 Referring Provider Name**  
**Position:** 2500  
**Loop:** 2310A  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1  
**Notes:** Required when this claim involves a referral.

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
NM108	66	Identification Code Qualifier	X 1 ID 1/2
If this loop is used, all providers eligible under CMS guidelines to receive an NPI number must report the NPI in this NM1 segment. XX Centers for Medicare and Medicaid Services National Provider Identifier (NPI)			

**Segment:** **REF Referring Provider Secondary Identification**  
**Position:** 2710  
**Loop:** 2310A  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 3  
**Notes:** Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider.

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
REF01	128	Reference Identification Qualifier	M 1 ID 2/3
If the NPI is reported in 2310A-NM109, this segment must not be used.  If this segment is used it must contain the following: Payer – Assigned Provider Number. G2 Provider Commercial Number			

**Segment:** **NM1 Rendering Provider Name**  
**Position:** 2500  
**Loop:** 2310B  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
NM108	66	Identification Code Qualifier	X 1 ID 1/2
If this loop is used, all providers eligible under CMS guidelines to receive an NPI number must report the NPI in this NM1 segment. XX Centers for Medicare and Medicaid Services National Provider Identifier (NPI)			

**Segment:** **REF** **Rendering Provider Secondary Identification**  
**Position:** 2710  
**Loop:** 2310B  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 4

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element Name</u>	<u></u>
REF01	128 <b>Reference Identification Qualifier</b>	M 1 ID 2/3
	If the NPI is reported in 2310B-NM109, this segment must not be reported.	
	If this segment is used it must contain the following: Payer – Assigned Provider Number.	
	G2	Provider Commercial Number

**Segment:** **NM1** **Service Facility Location Name**  
**Position:** 2500  
**Loop:** 2310C  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1

**Notes:** Required when the location of health care service is different than that carried in Loop ID-2010AA (Billing Provider).

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element Name</u>	<u></u>
NM108	66 <b>Identification Code Qualifier</b>	X1 ID 1/2
	If this loop is used, all providers eligible under CMS guidelines to receive an NPI number must report the NPI in this NM1 segment.	
	XX	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)

**Segment:** **N3** **Service Facility Location Address**  
**Position:** 2650  
**Loop:** 2310C  
**Level:** Detail  
**Usage:** Required  
**Segment Repeat:** 1

**Notes:** If the service facility's physical address differs from the Billing or Pay-To Provider physical address reported in the Billing or Pay-To Provider loops (2010AA or 2010AB), the physical address of the service facility should be reported in this segment.

If the service location is not identical to the Billing/Pay-To Provider address and is not reported in this segment, errors in claim payment may occur.

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element Name</u>	<u></u>
N301	166 <b>Address Information</b>	M 1 AN 1/55
	Address or Facility Information line.	

**Segment:** **N4 Service Facility Location City/State/ZIP**  
**Position:** 2700  
**Loop:** 2310C  
**Level:** Detail  
**Usage:** Required  
**Segment Repeat:** 1  
**Notes:** If the service facility's physical address differs from the Billing or Pay-To Provider physical address reported in the Billing or Pay-To Provider loops (2010AA or 2010AB), the physical city, state, and ZIP code of the service facility should be reported in this segment.  
  
 If the service location is not identical to the Billing/Pay-To Provider address and is not reported in this segment, errors in claim payment may occur.

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
N403	116	Postal Code	O 1 AN 3/15
A nine-digit ZIP code is required on claims if address is in USA, including its territories or Canada.			

**Segment:** **REF Service Facility Location Secondary Identification**  
**Position:** 2710  
**Loop:** 2310C  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 3

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
REF01	128	Reference Identification Qualifier	M 1 ID 2/3
If the provider's NPI is reported in 2310C-NM109, this segment must not be used.			
If this segment is used it must contain the following: Payer – Assigned Provider Number.			
	G2	Provider Commercial Number	

**Segment:** **NM1** Supervising Provider Name  
**Position:** 2500  
**Loop:** 2310D  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
NM108	66	Identification Code Qualifier	X 1 ID 1/2

If this loop is used, all providers eligible under CMS guidelines to receive an NPI number must report the NPI in this NM1 segment.

XX	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)
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**Segment:** **REF** Supervising Provider Secondary Identification  
**Position:** 2710  
**Loop:** 2310D  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 4

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
REF01	128	Reference Identification Qualifier	M 1 ID 2/3

If the provider's NPI is used in 2310D-NM109, this segment must not be reported.

If this segment is used it must contain the following: Payer – Assigned Provider Number.

G2	Provider Commercial Number
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**Segment:** **SBR** Other Subscriber Information  
**Position:** 2900  
**Loop:** 2320  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u> <u>Name</u>	<u>M</u> <u>1</u> <u>ID</u> <u>1/1</u>
SBR01	1138 Payer Responsibility Sequence Number Code	

When the 2320 loop is used to report COB information, a value of "U" will not be accepted in this element, since a value of "U" pertains to payer to payer COB only. This element must contain one of the following values:

- A Payer Responsibility Four
- B Payer Responsibility Five
- C Payer Responsibility Six
- D Payer Responsibility Seven
- E Payer Responsibility Eight
- F Payer Responsibility Nine
- G Payer Responsibility Ten
- H Payer Responsibility Eleven
- P Primary
- S Secondary
- T Tertiary

**Segment:** **AMT** Coordination of Benefits (COB) Payer Paid Amount  
**Position:** 3000  
**Loop:** 2320  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1  
**Notes:** Payer Paid Amount must be reported when BlueCross BlueShield of South Carolina or its subsidiaries is not the primary payer (2320-SBR01 does not equal "P").

**Segment:** **SV1 Professional Service**  
**Position:** 3700  
**Loop:** 2400  
**Level:** Detail  
**Usage:** Required  
**Segment Repeat:** 1

**Data Element Summary**

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
SV101	C003	<b>Composite Medical Procedure Identifier</b>	<b>M 1</b>
		To identify a medical procedure by its standardized codes and applicable modifiers.	
SV101-1	235	<b>Product/Service ID Qualifier</b>	<b>M 1 ID 2/2</b>
		Only an HCPCS procedure code may be reported in this element.	
		HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
SV102	782	<b>Monetary Amount</b>	<b>O 1 R 1/18</b>
		The dollar value in this element must not be greater than \$99,999,999.99.	

**Segment:** **CR3 Durable Medical Equipment Certification**  
**Position:** 4350  
**Loop:** 2400  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1  
**Notes:** Durable Medical Equipment Certification information must be reported when the DMERC Condition Indicator (2400-CRC) segment is reported and the Code Category in CRC element 01 is Durable Medical Equipment Certification (09).

**Segment:** **CRC Condition Indicator/Durable Medical Equipment**  
**Position:** 4500  
**Loop:** 2400  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1  
**Notes:** The DMERC Condition Indicator segment is required when the claim includes Durable Medical Equipment.

**Segment:** **NM1** Rendering Provider Name  
**Position:** 5000  
**Loop:** 2420A  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
NM108	66	Identification Code Qualifier	X 1 ID 1/2
If this loop is used, all providers eligible under CMS guidelines to receive an NPI number must report the NPI in this NM1 segment.			
	XX	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)	

**Segment:** **REF** Rendering Provider Secondary Identification  
**Position:** 5250  
**Loop:** 2420A  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 20

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
REF01	128	Reference Identification Qualifier	M 1 ID 2/3
If the provider's NPI is reported in 2420A-NM109, this segment must not be reported.			
If this segment is used it must contain the following: Payer – Assigned Provider Number.			
	G2	Provider Commercial Number	

**Segment:** **NM1** Purchased Service Provider Name  
**Position:** 5000  
**Loop:** 2420B  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
NM108	66	Identification Code Qualifier	X 1 ID 1/2
If this loop is used, all providers eligible under CMS guidelines to receive an NPI number must report the NPI in this NM1 segment.			
	XX	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)	



**Segment:** **N4 Service Facility Location City/State/ZIP**  
**Position:** 5200  
**Loop:** 2420C  
**Level:** Detail  
**Usage:** Required  
**Segment Repeat:** 1  
**Notes:** If the service facility's physical address differs from the Billing or Pay-To Provider physical address reported in the Billing or Pay-To Provider loops (2010AA or 2010AB), the physical city, state and ZIP code of the service facility should be reported in this segment.  
  
 A nine-digit ZIP code is required on claims if address is in USA, including its territories or Canada.  
  
 If the service location is not identical to the Billing/Pay-To Provider address and is not reported in this segment, errors in claim payment may occur.

**Segment:** **REF Service Facility Location Secondary Identification**  
**Position:** 5250  
**Loop:** 2420C  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 3

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u> <u>Name</u>	<u>M</u> <u>I</u> <u>ID</u> <u>2/3</u>
REF01	128 <b>Reference Identification Qualifier</b>	M 1 ID 2/3
	If the provider's NPI is reported in 2420A-NM109, this segment must not be reported.	
	If this segment is used it must contain the following: Payer – Assigned Provider Number.	
	G2	Provider Commercial Number

**Segment:** **NM1 Supervising Provider Name**  
**Position:** 5000  
**Loop:** 2420D  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u> <u>Name</u>	<u>X</u> <u>1</u> <u>ID</u> <u>1/2</u>
NM108	66 <b>Identification Code Qualifier</b>	X 1 ID 1/2
	If this loop is used, all providers eligible under CMS guidelines to receive an NPI number must report the NPI in this NM1 segment.	
	XX	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)

**Segment:** **REF** **Supervising Provider Secondary Identification**  
**Position:** 5250  
**Loop:** 2420D  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 20

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u>		
REF01	128	<b>Reference Identification Qualifier</b>	<b>M 1 ID 2/3</b>

If the provider's NPI is reported in 2420A-NM109, this segment must not be reported.

If this segment is used it must contain the following: Payer – Assigned Provider Number.

G2	Provider Commercial Number
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**Segment:** **NM1** **Ordering Provider Name**  
**Position:** 5000  
**Loop:** 2420E  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u>		
NM108	66	<b>Identification Code Qualifier</b>	<b>X 1 ID 1/2</b>

If this loop is used, all providers eligible under CMS guidelines to receive an NPI number must report the NPI in this NM1 segment.

XX	Centers for Medicare and Medicaid Services National Provider Identifier (NPI)
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**Segment:** **REF** Ordering Provider Secondary Identification  
**Position:** 5250  
**Loop:** 2420E  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 20

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
REF01	128	Reference Identification Qualifier	M 1 ID 2/3
<p>If the provider's NPI is reported in 2420E-NM109, this segment must not be reported.</p> <p>If this segment is used it must contain the following: Payer – Assigned Provider Number.</p> <p>If the DMERC Condition Indicator (2400-CRC) segment is present, at least one repeat of this segment must contain the Ordering Provider's State License Number (0B).</p> <p>0B State License Number G2 Provider Commercial Number</p>			

**Segment:** **NM1** Referring Provider Name  
**Position:** 5000  
**Loop:** 2420F  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 1

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
NM108	66	Identification Code Qualifier	X 1 ID 1/2
<p>If this loop is used, all providers eligible under CMS guidelines to receive an NPI number must report the NPI in this NM1 segment.</p> <p>XX Centers for Medicare and Medicaid Services National Provider Identifier (NPI)</p>			

**Segment:** **REF** Referring Provider Secondary Identification  
**Position:** 5250  
**Loop:** 2420F  
**Level:** Detail  
**Usage:** Situational  
**Segment Repeat:** 20

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
REF01	128	Reference Identification Qualifier	M 1 ID 2/3
If the provider's NPI is reported in 2420F-NM109, this segment must not be reported.			
If this segment is used it must contain the following: Payer – Assigned Provider Number.			
		G2	Provider Commercial Number