

EDI Addendum
837 Claims

MS*Health/CMHC 5.0
Social Services & Behavioral Healthcare Management Software

MS*Health Software Corp.

MS*Health/CMHC 5.0

Social Services & Behavioral Healthcare Management Software

MS*Health Software Corp.

605 Grand Avenue

Hackettstown, NJ 07840

Main: (908) 850-5564

Support: (908) 850-5525

Fax: (908) 850-5567

www.mshealth.com

support@mshealth.com

© 1997- 2004 MS*Health Software Corp. All rights reserved.

Published 2004.

Printed in the United States of America.

MS*Health Software Corp. (“MS*Health”) has made every effort to ensure the accuracy of this document. MS*Health makes no warranties with respect to this documentation and disclaims any implied warranties of merchantability and fitness for a particular purpose. The information in this document is subject to change without notice. MS*Health assumes no responsibility for any errors that may appear in this document. Names and data used in examples herein are fictitious unless otherwise noted.

The information contained herein is the exclusive and confidential property of MS*Health Software Corp. and, except as otherwise indicated, shall not be disclosed or reproduced in whole or in part. No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, for any purpose, without the express written permission of MS*Health Software Corp.

Trademarks

MS*Health/CMHC and the MS*Health Software Corp. logo are trademarks of MS*Health Software Corp.

All other trademarks acknowledged.

Revised April 29, 2004

MS*Health /CMHC EDI

MS*Health/CMHC 5.0 includes features for transmitting and, optionally, receiving information in HIPAA compliant transaction set between trading partners. These transactions include sending electronic claims and receiving remittance advice. Typically, the partners used with MS*Health/CMHC EDI are Medicare and Medicaid processing agents. For other partners, customization of the application may be required.

How it works

Periodically, the user runs a process that reformats charge history data into EDI standard X12 format files. These files can be sent electronically to the payor or clearing house. The receiving partner processes the file, and optionally creates a remittance advice in 835 format which the user can receive back and process as payments. This document details the submission process of professional and institutional 837 claims.

Setup of EDI Data

Before creating and submitting data to the various receiving payors, clearing houses, or processing agents, payors, it will be necessary to set up some identifying data in a specific way. Some partners have specific requirements. Listed below is a generic setup process, as well as a list of partners for whom the application handles specific requirements.

Generic Setup

1. For each Submitter ID assigned by partner, add an EDI Partner record via Maintenance – EDI Partners. The EDI Partner is selected each time you process EDI claims. For EDI Partner record, enter the following:

Code - a user defined code to identify this Partner Record

Name – Name of partner or assigned by partner.

Receiver ETIN – Partner’s Electronic Transmission Identification Number or ID code 00805

Submitter ETIN – Partner assigned Sender ID or Submitter ID

Authorization Info - the Partner assigned Authorization Info (User ID)

Security Info - the Partner assigned Password

2. For each Provider ID assigned by the partner, add a Charge Type or Location Record. If assigning Provider IDs by location, enter the Provider ID in the appropriate ECS # field (Medicare or Medicaid), and use this location code during charge entry.

If using charge types, use "ECS Provider ID" field enter the Provider ID. Indicate in the "Type" field if this provider ID applies to Medicaid. Even if you are using locations, you can still enter a Provider ID in the charge type to act a default value when no location is assigned. During charge entry, assign the appropriate charge type to the service.

3. For each client to be submitted for reimbursement, a client's payor record for the payor needs to be added. If the client is the subscriber, as in the case of Medicaid, enter the client's Medicaid number in the Pol #/Pat ID field. If the client is not the subscriber, enter the client's member ID in the Pol #/Pat ID and the subscriber's member ID in the Sub ID field, and also enter the name, address, and other information about the subscriber here.

4. A payor record for each payor processed by the partner need to be entered on Payor Maintenance. On each payor record, be sure to enter the payor assigned Payor ID code.

5. In "Admin - Options, on the EDI tab, enter the ECS contact name and an phone number or email address. Leave the "EDI SD" and "EDI FD" field blank.

When preparing claims for submission, in addition to entering the selection criteria of date range, charge type range, etc., it will be necessary to select appropriate 837 format and the appropriate EDI Partner set up earlier.

Value Options 837 Professional Setup

Prior to sending claims to Value Options, it will be necessary to set up some identifying data in a specific way. It will be necessary to send test claim to before sending live claims. Following these steps will help you in the proper setup.

1. For each Submitter ID assigned by Value Options, add an EDI Partner. The EDI Partner is selected each time you process EDI claims. For Each Value Options EDI Partner record, enter the following:

- Code - a user defined code to identify this Partner Record
- Name - "Value Options, Inc."
- Receiver ETIN - "FHC & AFFILIATES" (sent as
- Submitter ETIN - the Value Options assigned Sender ID or Submitter ID
- Authorization Info - the Value Options assigned User ID
- Security Info - the Value Options assigned Password

2. For each Practice Location Vendor Number assigned by Value Options, add a Location Code record. Enter the name and address of the location. Enter the location vendor number in the "Other ECS # 1" field. Make sure the "Medicaid ECS #" field is blank" Use this location code when entering charges for services provided at that location.

3. For each Provider Number assigned by Value Options, add a Charge Type. In the "ECS Provider ID" field enter the Value Options Provider Number. Indicate in the "Type" field if this provider ID applies to Medicaid. During charge entry, assign the appropriate charge type to the service.

4. For each client to be submitted to Value Options for reimbursement, a client's payor record for the Value Options payor needs to be added. If the client is the subscriber, as in the case of Medicaid, enter the client's Medicaid number in the Pol #/Pat ID field. If the client is not the subscriber, enter the client's member ID in the Pol #/Pat ID and the subscriber's member ID in the Sub ID field, and also enter the name, address, and other information about the subscriber here.

5. A payor record for Value Options need to be entered with the name "Value Options, Inc".

6. In "Organization Info" maintenance, enter your state assigned Medicaid ID # in the "Medicaid ECS #" field.

7. In "Admin - Options, on the EDI tab, enter the ECS contact name and an phone number or email address. Leave the "EDI SD" and "EDI FD" field blank.

When preparing claims for submission, in addition to entering the selection criteria of date range, charge type range, etc., it will be necessary to select appropriate 837 format (typically "Medicaid 837 Pro ver 4010A1) and the appropriate EDI Partner set up earlier.

Below is a cross reference list of CMHC 5.0 fields sent with EDI 837 Professional claims:

EDI PARTNER

- Name - "Value Options, Inc." NM103/loop 1000B/Receiver Name
- Receiver ETIN - ISA08 and NM109/loop 1000B/Receiver Name
- Submitter ETIN - ISA06/Interchange Control Header and NM109/loop 1000A/Submitter Name
- Authorization Info - ISA02/Interchange Control Header
- Security Info - ISA04/Interchange Control Header

LOCATION CODES

Other ECS # 1 - REF02/loop 2010AA/Billing Provider Secondary Info (qualifier "LU")

CHARGE TYPES

ECS Provider ID - REF02/loop 2010AA/Billing Provider Secondary Info (qualifier "G2")

ORGANIZATION INFO

Medicaid ECS # - REF02/loop 2010AA/Billing Provider Secondary Info (qualifier "1D", Medicaid submissions only)

NJ Medicaid 837 FFS Professional & Institutional Setup

Prior to sending claims to NJ Medicaid, it will be necessary to set up some identifying data in a specific way. It will not be necessary to send test claim to before sending live claims, however, this is recommended. Following these steps will help you in the proper setup.

1. For each Submitter ID assigned by Medicaid, add an EDI Partner. The EDI Partner is selected each time you process EDI claims. For each Medicaid EDI Partner record, enter the following:

Code - a user defined code to identify this Partner Record

Name - "New Jersey Medicaid"

Receiver ETIN - "610515" Medicare ETIN "00805"

Submitter ETIN - the NJ Medicaid assigned seven-digit Submitter ID

Authorization Info - the NJ Medicaid assigned seven-digit Submitter ID

Security Info – leave blank

2. For each seven-digit Medicaid Provider Number assigned by NJ Medicaid, add a Charge Type or Location Record. If assigning Provider Numbers by location, enter the Medicaid Provider Number in the Medicaid ECS # field, and use this location code during charge entry.

If using charge types, in the "ECS Provider ID" field enter the Medicaid Provider Number. Indicate in the "Type" field that this provider ID applies to Medicaid. Even if you are using locations, you can still enter a Provider Number in the charge type to act a default value when no location is assigned. During charge entry, assign the appropriate charge type to the service.

3. A payor record with the name "New Jersey Medicaid" needs to be entered. Enter "610515" in the Organization ID.

4. For each client to be submitted to NJ Medicaid for reimbursement, a client's payor record for the NJ Medicaid payor must be added. Enter the client's 12-digit Medicaid number in the Pol #/Pat ID field.

5. In "Admin - Options, on the EDI tab, enter the ECS contact name and phone number or email address. Leave the "EDI SD" and "EDI FD" field blank.

When preparing claims for submission, in addition to entering the selection criteria of date range, charge type range, etc., it will be necessary to select "Medicaid 837 Pro ver 4010A1" or "Medicaid 837 Pro ver 4010A1" and the NJ Medicaid EDI Partner set up earlier.

Below is a cross reference list of CMHC 5.0 fields sent with EDI 837 Professional claims:

EDI PARTNER

Name - "Value Options, Inc." NM103/loop 1000B/Receiver Name

Receiver ETIN - ISA08 and NM109/loop 1000B/Receiver Name

Submitter ETIN - ISA06/Interchange Control Header and NM109/loop 1000A/Submitter Name

Authorization Info - ISA02/Interchange Control Header

Authorization Info - ISA04/Interchange Control Header

LOCATION CODES

Other ECS # 1 - REF02/loop 2010AA/Billing Provider Secondary Info (qualifier "LU")

NJ Medicare Part B Setup

Empire Medicare Services, the processor for NJ Medicare Part B, has implemented additional edits that are not discussed in the 837 Implementation Guides.

When a place of service other than 03,04,11,12,14,15 or 20 is used, Service Facility information must be sent (loop 2420C). This is sent only when services are assigned a location code and the location code name and address are completed. Therefore, if other places of service codes are used, the location table must be properly maintained and each service assigned a location code.

A complete list of edits can be found at the ir website www.empiremedicare.com

EDI SEGMENT/ELEMENT CROSS REFERENCE

This is a list of all segments and elements sent with 837 transactions (version 4010A1) mapped to CMHC 5 application data. Any elements not listed are assumed to be blank. Data may be truncated or padded to accommodate element size minimums/restrictions.

The data element separator defaults to "*", but can be overridden in OPTIONS-EDI-EDI FD. The segment terminator defaults to "~", but can be overridden in OPTIONS-EDI-EDI. The component separator is fixed as ":"

Data fields are listed in "table.fieldname" format, and thus can be found in the data manager for further details.

* INTERCHANGE CONTROL HEADER

ISA Interchange Control Header

ISA01/I01:

 If c4edirec.authinfo is blank use "00"
 otherwise use "03"

ISA02/I02 - c4edirec.authinfo

ISA03/I03:

 If Unysis/NJ Medicaid (edirec.recieverid='610515') or
 c4edirec.secinfo is blank, use "00" otherwise use "01"

ISA04/I04:

 If Unysis/NJ Medicaid use "NONE"
 otherwise use c4edirec.secinfo

ISA05/I05:

 If c4edirec.submitid is not blank, or
 Medicaid and c4ctl_v.caidecsno is not blank or
 Medicare and c4ctl_v.careecsno is not blank use 'ZZ'
 otherwise use '05'

ISA06/I06:

 Use c4edirec.submitid is not blank
 otherwise if Medicaid use c4ctl_v.caidecsno if not blank
 otherwise if Medicare use c4ctl_v.careecsno if not blank
 otherwise use c4ctl_v.taxid

ISA07/I05 - Always "ZZ"

ISA08/I07 - c4edirec.id

ISA09/I08 - system date (YYMMDD)

ISA10/I09 - system time (HHMM)

ISA11/I10 - always 'U'

ISA12/I11 - always '004010'

ISA13/I12 - c4ctl_v.esubmitno

ISA14/I13 - always "0"

ISA15/I14 - "T" if test, otherwise "P"

ISA16/I15 - always ":"

* FUNCTIONAL GROUP HEADER

GS Functional Group Header

GS01/479 - always "HC"

GS02/142 - same as ISA06

GS03/124:

 If Value Options use "EDI"
 otherwise use c4edirec.id

GS04/373 - system date (CCYYMMDD)

GS05/337 - system time (HHMM)

GS06/28 - c4ctl_v.esubmitno

```

GS07/455    - always "X"
GS08/480:
    If 837 Pro use "004010X098A1"
    If 837 Inst use "004010X096A1"
*****
* TRANSACTION SET HEADER
*****
ST - Transaction Set Header
ST01/143    - Always "837"
ST02/329    - c4ctl_v.esubmitno
*****
BHT - Beginning Hierarchical Transaction
BHT01/1005  - always "0019"
BHT02/353   - always "00"
BHT03/127   - c4ctl_v.esubmitno
BHT04/373   - system date
BHT05/337   - system time
BHT06/640   - always "CH"
*****
REF - Transmission Type Identification
REF01/128   - always "87"
REF02/127:
    837 Pro claims    - '004010X098A1'
    837 Inst claims   - '004010X096A1'
*****
* LOOP 1000A SUBMITTER NAME
*****
NM1 - Submitter Name
NM101/98    - always "41"
NM102/1065  - always "2"
NM103/1035  - first 35 chars of c4ctl_v.cmhcname
NM104/1036  - always blank
NM105/1037  - always blank
NM106/1038  - always blank
NM107/1039  - always blank
NM108/66    - always "46"
NM109/67:
    Use c4edirec.submitid if not blank,
    otherwise use appropriate ECSNO from c4ctl_v
    depending on the type (Medicaid, Medicare, etc)
NM110/706   - always blank
NM111/98    - always blank
*****
N2 - Additional Submitter Info
(Sent only for 837 Pro claims, when length of submitter name
is greater than 35 chars)
N201/93     - first 60 characters of c4ctl_v.cmhcname
*****
PER - Submitter EDI contact
PER01/366   - always "IC"
PER02/93    - c4ctl_v.ecscontact
PER03/365   - c4ctl_v.ecscommttype
PER04/364   - c4ctl_v.ecscomm
*****
* LOOP 1000B RECEIVER NAME
*****
NM1 - Receiver Name
NM101/98    - always "40"
NM102/1065  - always "2"
NM103/1035  - c4edirec.name

```

NM104/1036 - always blank
 NM105/1037 - always blank
 NM106/1038 - always blank
 NM107/1039 - always blank
 NM108/66 - always "46"
 NM109/67 - c4edirec.id

 * LOOP 2000A BILLING/PAY TO PROVIDER LEVEL

 HL - Billing/Pay to Provider Hierarchical Level
 HL01/628 - generated
 HL02/734 - always blank
 HL03/735 - always "20"
 HL04/736 - always "1"

 * LOOP 2010AA

 N1 - Billing Provider Name
 NM101/98 - always "85"
 NM102/1065 - always "2"
 NM103/1035 - first 35 chars of c4ctl_v.cmhcname
 NM104/1036 - always blank
 NM105/1037 - always blank
 NM106/1038 - always blank
 NM107/1039 - always blank
 NM108/66 - always "24"
 NM109/67 - c4ctl_v.taxid

 N2 - Additional Provider Info
 (Sent only for 837 Pro claims, when length of provider name
 is greater than 35 chars)
 N201/93 - first 60 characters of c4ctl_v.cmhcname

 N3 - Billing Provider Address
 N301/166:
 Use c4ctl_v.cmhcadd1 if not blank,
 otherwise use c4ctl_v.cmhcadd2
 N302/166:
 If c4ctl_v.cmhcadd1 if not blank, use c4ctl_v.cmhcadd2,
 otherwise use blank

 N4 - Billing Provider City/State/Zip
 N401/19 - c4ctl_v.cmhccity
 N402/156 - c4ctl_v.cmhcstate
 N403/116 - c4ctl_v.cmhczip

 REF - Billing Provider Secondary ID

There may be special processing of this segment based on EDI Partner.

If Value Options (edirec.recieverid='FHC &AFFILIATES') and Medicaid, up to three REF segments are sent:

First REF segment:
 REF01/128 - "1D"
 REF02/127 - c4ctl_v.caidecsno

 Second REF segment:
 REF01/128 - "G2"
 REF02/127:

Use c4locat.caidecsno if not blank,
Otherwise use c4paytyp.tab_id

If c4locat_v.otheconsno1 id not blank
Third REF segment:
REF01/128 - "LU"
REF02/127 - c4locat_v.otheconsno1

If edirec.recieverid='610515' (Unisys/NJ Medicaid), up to two REF segments are sent:

First REF segment:
REF01/128 - "1D"
REF02/127:
Use c4locat.caidecsno if not blank,
Otherwise use c4paytyp.tab_id

If c4locat_v.otheconsno1 id not blank
Third REF segment:
REF01/128 - "LU"
REF02/127 - c4locat_v.otheconsno1

In all other cases, one REF segment is sent:

REF01/128:
If Medicaid, use "1D"
If Medicare, use "1C"
otherwise, use "EI"
REF02/127:
If Medicaid:
Use c4locat.caidecsno if not blank,
otherwise use c4paytyp.tab_id
If Medicare:
Use c4staff_v.providerid3 from client's staff
supervisor if available, otherwise
Use c4staff_v.providerid3 from service staff
if available, otherwise
Use c4staff_v.providerid3 from client's staff
psychiatrist if available, otherwise
Use c4locat.careecsno if available, otherwise
Use c4paytyp.tab_id
otherwise:
Use c4ctl_v.taxid

* LOOP 2000B SUBSCRIBER LEVEL

HL - Subscriber Hierarchical Level
HL01/628 - generated
HL02/734 - HL01 from prev Billing/Pay to Prov HL Segment (HL03=20)
HL03/735 - always "22"
HL04/736:
If Medicare, use "0", otherwise
If c4clipay_v.payrprel<>"SE" use "1" otherwise
use "0"

SBR - Subscriber Information
SBR01/1138:
If clipay.payseq=1, use "P"
If clipay.payseq=2, use "S"
otherwise use "T"

SBR02/1069:
 If c4clipay_v.payrprel='SE' or blank, use 18
 otherwise use blank

SBR03/127 - c4clipay_v.paygroup
 SBR04/93 - c4clipay_v.payrpemp
 SBR05/1336:
 If Medicare and 837 Pro, use c4clipay_v.sbrtypcod,
 otherwise use blank

SBR06/1143 - use blank
 SBR07/1073 - use blank
 SBR08/584 - use blank
 SBR09/1032:
 If Medicare, use "MB"
 If Medicaid, use "MC"
 otherwise use c4payor_v.paysubtyp

 * LOOP 2010BA SUBSCRIBER NAME

 NM1 - Subscriber Name
 NM101/98 - always "IL"
 NM102/1065 - always "1"
 NM103/1035:
 If c4clipay_v.payrplname not blank and c4clipay_v.payrprel<>'SE',
 use c4clipay_v.payrplname, otherwise,
 If c4client_v.rplname not blank and c4client_v.rprel <>'SE',
 use c4client_v.rplname
 otherwise, use c4client_v.lastname

NM104/1036:
 If c4clipay_v.payrplname not blank and c4clipay_v.payrprel<>'SE',
 use c4clipay_v.payrpfname, otherwise,
 If c4client_v.rplname not blank and c4client_v.rprel <>'SE',
 use c4client_v.rpfname,
 otherwise, use c4client_v.firstname

NM105/1037:
 If c4clipay_v.payrplname not blank and c4clipay_v.payrprel<>'SE',
 use c4clipay_v.payrpmi, otherwise,
 If c4client_v.rplname not blank and c4client_v.rprel <>'SE',
 use c4client_v.rpmi
 otherwise, use c4client_v.mi

NM106/1038 - always blank
 NM107/1039 - always blank
 NM108/66 - always "MI"
 NM109/67:
 If no c4clipay_v record found, use "NOTFOUND", otherwise
 use c4clipay_v.payrpaid if not blank, otherwise
 use c4clipay_v.paypol if not blank, otherwise
 use "UNKNOWN"

N3 - Subscriber Address
 N301/166:
 If c4clipay_v.payrplname not blank and c4clipay_v.payrprel<>'SE'
 use c4clipay_v.payrpaddr1, otherwise,
 If c4client_v.rplname not blank and c4client_v.rprel <>'SE'
 use c4client_v.rpaddr1 otherwise,
 use c4client_v.address1

N302/166:
 If c4clipay_v.payrplname not blank and c4clipay_v.payrprel<>'SE'
 use c4clipay_v.payrpaddr2, otherwise,
 If c4client_v.rplname not blank and c4client_v.rprel <>'SE'
 use c4client_v.rpaddr2,

```

        otherwise, use c4client_v.address2
*****
N4 - Subscriber City/State/Zip
N401/19:
    If c4clipay_v.payrplname not blank and c4clipay_v.payrprel <>'SE'
        use c4clipay_v.payrpcity, otherwise,
    If c4client_v.rplname not blank and c4client_v.rprel <>'SE'
        use c4client_v.rpcity
    otherwise, use c4client_v.city
N402/156:
    If c4clipay_v.payrplname not blank and c4clipay_v.payrprel <>'SE'
        use c4clipay_v.payrpstate, otherwise,
    If c4client_v.rplname not blank and c4client_v.rprel <>'SE'
        use c4client_v.rpstate
    otherwise, use c4client_v.state
N403/116:
    If c4clipay_v.payrplname not blank and c4clipay_v.payrprel <>'SE'
        use c4clipay_v.payrpzip, otherwise,
    If c4client_v.rplname not blank and c4client_v.rprel <>'SE'
        use c4client_v.rpzip
    otherwise, use c4client_v.zip
*****
DMG - Subscriber Demographic Info
DMG01/1250 - always "D8"
DMG02/1251 (in CCYYMMDD format):
    If c4clipay_v.payrplname not blank and c4clipay_v.payrprel <>'SE'
        use c4clipay_v.payrpdob, otherwise,
    If c4client_v.rplname not blank and c4client_v.rprel <>'SE'
        use c4client_v.rpdob
    otherwise, use c4client_v.dob
DMG03/1061:
    If c4clipay_v.payrplname not blank and c4clipay_v.payrprel <>'SE'
        use c4clipay_v.payrpsex, otherwise,
    If c4client_v.rplname not blank and c4client_v.rprel <>'SE'
        use c4client_v.rpsex
    otherwise, use c4client_v.sex
*****
REF - Subscriber Secondary ID
Up to two REF segments may be sent
    If c4client_v.rpid is not blank, send this REF segment:
        REF01/128 - "IG"
        REF02/127 - c4client_v.rpid
    If not Medicare, send this segment:
        REF01/128 - "SY"
        REF02/127:
            If c4clipay_v.payrplname is not blank and
                c4clipay_v.payrprel <>'SE' use
                c4clipay_v.payrpssno,
            otherwise,
            If c4client_v.rplname is not blank and
                c4client_v.rprel <>'SE' use c4client_v.rpssno
            otherwise, use c4client_v.ss_no
*****
* LOOP 2010BB PAYER NAME
*****
NM1 - Payer Name
NM101/98 - always "PR"
NM102/1065 - always "2"
NM103/1035 - c4payor_v.payname
NM104/1036 - always blank

```

```

NM105/1037 - always blank
NM106/1038 - always blank
NM107/1039 - always blank
NM108/66 - always "PI"
NM109/67:
    If Value Options (edirec.recieverid='FHC &AFFILIATES')
        use 'FHC &AFFILIATES'
    If 837 Inst and Unysis/NJ Medicaid
        (edirec.recieverid='610515') use "012"
    otherwise use c4payor_v.payorg_cd
*****
N3 - Payer Address
N301/166:
    Use c4payor_v.payaddr1 if not blank, otherwise
    Use c4payor_v.payaddr2
N302/166:
    If c4payor_v.payaddr1 is not blank, use c4payor_v.payaddr2,
    otherwise use blank
*****
N4 - Payer City/State/Zip
N401/19 - c4payor_v.paycity
N402/156 - c4payor_v.paystate
N403/116 - c4payor_v.payzip
*****
* LOOP 2010BC RESPONSIBLE PARTY NAME
*****
NM1 - Responsible Party Name
NM101/98 - always "PR"
NM102/1065 - always "2"
NM103/1035 - c4payor_v.payname
NM104/1036 - always blank
NM105/1037 - always blank
NM106/1038 - always blank
NM107/1039 - always blank
NM108/66 - always "PI"
NM109/67:
    If Value Options (edirec.recieverid='FHC &AFFILIATES')
        use 'FHC &AFFILIATES'
    If 837 Inst and Unysis/NJ Medicaid
        (edirec.recieverid='610515') use "012"
    otherwise use c4payor_v.payorg_cd
*****
N3 - Responsible Party Address
N301/166:
    Use c4payor_v.payaddr1 if not blank,
    otherwise use c4payor_v.payaddr2
N302/166:
    If c4payor_v.payaddr1 is not blank, use c4payor_v.payaddr2,
    otherwise use blank
*****
N4 - Responsible Party City/State/Zip
N401/19 - c4payor_v.paycity
N402/156 - c4payor_v.paystate
N403/116 - c4payor_v.payzip
*****
* LOOP 2000C PATIENT LEVEL
* The 2000C loop is only included when the patient
* different from the subscriber, (never for Medicare):
* c4clipay_v.payrplname is not blank and c4clipay_v.payrprel<>'SE'
*****

```

```

HL - Patient Hierarchical Level
HL01/628 - generated
HL02/734 - HL01 from prev Subscriber HL Segment (HL03=22)
HL03/735 - always "23"
HL04/736 - always "0"
*****
PAT - Patient Information
PAT01/1069:
    If c4clipay_v.payrprel='SP', use "01"
    If c4clipay_v.payrprel='CH', use "19"
    If c4clipay_v.payrprel='OT', use "G8"
    If c4clipay_v.payrprel is blank, use "G8"
    otherwise use c4clipay_v.payrprel
*****
* LOOP 2010CA PATIENT NAME
* The 2010CA loop is only included when the patient
* different from the subscriber, (never for Medicare):
* c4clipay_v.payrplname is not blank and c4clipay_v.payrprel<>'SE'
*****
NM1 - Patient Name
NM101/98 - always "QC"
NM102/1065 - always "1"
NM103/1035 - c4client_v.lastname
NM104/1036 - c4client_v.firstname
NM105/1037 - c4client_v.mi
NM106/1038 - always blank
NM107/1039 - always blank
NM108/66 - always "MI"
NM109/67:
    If no c4clipay_v found, use 'NOTFOUND'
    If c4clipay_v.paypol is blank, use 'UNKNOWN'
    otherwise use c4clipay_v.paypol
*****
N3 - Patient Address
N301/166:
    Use c4client_v.address1 if not blank,
    otherwise use c4client_v.address2
N302/166:
    If c4client_v.address1 is not blank, use c4client_v.address2,
    otherwise use blank
*****
N4 - Patient City/State/Zip
* only include if city, state and zip not blank
N401/19 - c4client_v.city
N402/156 - c4client_v.state
N403/116 - c4client_v.zip
*****
DMG - Patient Demographic Info
DMG01/1250 - always "D8"
DMG02/1251 - c4client_v.dob in CCYYMMDD format
DMG03/1061 - c4client_v.sex
*****
REF - Patient Secondary ID
Up to two REF segments might be sent in this loop. No segments are sent
for Value Options (edirec.recieverid='FHC &AFFILIATES') claims.

REF01/128 - "IG"
REF02/127:
    If no c4clipay_v record found, use "NOTFOUND", otherwise

```

Use c4clipay_v.paypol if not blank,
otherwise use "UNKNOWN"

If c4client_v.ss_no is not blank, also send second segment:

```
REF01/128 - "SY"
REF02/127 - c4client_v.ss_no
*****
* LOOP 2300 CLAIM INFORMATION
*****
* CLM - Claim Information
*
CLM01/1028 - c4ctl_v.claim837
CLM02/782 - calculated
CLM03/1032 - always blank
CLM04/1343 - always blank
CLM05/C023 (POS may be overridden in service line):
    If 837 Pro, use "99::1"
    otherwise use "74:A:1"
CLM06/1073 - "Y"
CLM07/1359:
    If c4clipay_v.payrpassign=T use 'A',
    otherwise:
        If 837 Pro use 'P'
        If 837 Inst use 'C'
CML08/1073
    If c4clipay_v.payrpassign=T use 'Y'
    otherwise use 'N'
CML09/1363:
    If c4client_v.roidate is not blank use "Y"
    otherwise use "N"
CML10/1351:
    If c4client_v.roidate is not blank use "B"
    otherwise use blank
CLM11 thru CLM17 - always blank
CLM18/1073:
    If 837 Inst, use "N"
    otherwise blank
*****
DTP - Statement date
This segment is only sent for
837 Inst claims
DTP01/374 - always "434"
DTP02/1250 - always "RD8"
DTP03/12510 - "from" date, dash, "to" date from selection criteria
*****
REF - Medical Record Number
REF01/128 - "EA"
REF02/127 - c4client_v.client_id
*****
HI - Health Care Diagnosis Code

HI01-1/1270 - always "BK"
HI01-2/1271 - c4chghst_v.diag_1
HI02-1/1270 -
    If 837 Inst, "BJ"
    otherwise blank
HI02-2/1271 -
    If 837 Inst, c4chghst_v.diag_1
    otherwise blank
```

* LOOP 2310A ATTENDING PHYSICIAN NAME
* This loop is only included for
* Unysis/NJ Medicaid 837 Inst claims

NM1 - Attending Physician Name

The rendering provider is determined according the following process:

1. Look for a staff supervisor in the additional staff related to the charge in history. Use this staff code to lookup staff record in staff table. If found, and the Medicare Provider ID for the corresponding staff record is not blank, that staff record is use in attending physician segment.
2. If not found, or provider ID is blank, look through the client's assigned staff for psychiatrist. If found use that staff code to lookup staff record in staff table. If found, that staff record is use in attending physician segment.
3. If still not found, use the staff code assigned to the charge to lookup staff record in staff table. If found, that staff record is use in rendering provider segment.
4. 4. If still no staff record ha been selected, "NOT FOUND" is use in attending physician segment.

NM101/98:

If 837 Inst use "71"

If 837 Pro use "82"

NM102/1065 - always "1"

NM103/1035 - c4staff_v.lastname

NM104/1036 - c4staff_v.firstname

NM105/1037 - c4staff_v.mi

NM106/1038 - always blank

NM107/1039 - always blank

NM108/66:

If Medicare, use "24, otherwise use "34"

NM109/67:

If Medicare, use c4ctl_v.taxid

otherwise use c4staff_v.ss_no

* LOOP 2320 OTHER SUBSCRIBER INFO
* This loop is only included when
* there are multiple client payors.
* Include payors other than the one
* included in loop 2000B SBR segment.

SBR01/1138:

If clipay.payseq=1, use "P"

If clipay.payseq=2, use "S"

otherwise use "T"

SBR02/1069:

If c4clipay_v.payrprel='SE' or blank, use 18

otherwise use blank

SBR03/127 - c4clipay_v.paygroup

SBR04/93 - c4clipay_v.payrpemp

SBR05/1336:

If 837 Pro

Use c4clipay_v.sbrtypcod if not blank

otherwise use 'OT'

If 837 Inst

Use blank

SBR06/1143 - use blank
SBR07/1073 - use blank
SBR08/584 - use blank
SBR09/1032:
 If Medicare, use "MB"
 If Medicaid, use "MC"
 otherwise, use c4payor_v.paysubtyp

DMG - Other Subscriber Demographic Info
DMG01/1250 - always "D8"
DMG02/1251 (in CCYYMMDD format):
 If c4clipay_v.payrplname not blank and c4clipay_v.payrprel<>'SE'
 use c4clipay_v.payrpdob, otherwise,
 If c4client_v.rplname not blank and c4client_v.rprel <>'SE'
 use c4client_v.rpdob
 otherwise, use c4client_v.dob
DMG03/1061:
 If c4clipay_v.payrplname not blank and c4clipay_v.payrprel<>'SE'
 use c4clipay_v.payrpssex, otherwise,
 If c4client_v.rplname not blank and c4client_v.rprel <>'SE'
 use c4client_v.rpssex
 otherwise, use c4client_v.sex

OI - other insurance info
OI01/1032 - always blank
OI02/1083:
 If c4clipay_v.payrpassign=T use "Y"
 otherwise use "N")
OI03/1073:
 If 873 Pro and c4client_v.roidate is not blank use "B"
 otherwise use blank
OI04/1351 - always blank
OI05/1360 - always blank
OI06/1363:
 If c4client_v.roidate is not blank use "Y"
 otherwise use "N"

* LOOP 2330A OTHER SUBSCRIBER NAME
* This loop is only included when
* there are multiple client payors.
* Include payor referenced in loop
* 2320 above.

NM1 - Other Subscriber Name
NM101/98 - always "IL"
NM102/1065 - always "1"
NM103/1035:
 If c4clipay_v.payrplname not blank and c4clipay_v.payrprel<>'SE'
 use c4clipay_v.payrplname, otherwise,
 If c4client_v.rplname not blank and c4client_v.rprel <>'SE'
 use c4client_v.rplname
 otherwise, use c4client_v.lastname
NM104/1036:
 If c4clipay_v.payrplname not blank and c4clipay_v.payrprel<>'SE'
 use c4clipay_v.payrpfname, otherwise,
 If c4client_v.rplname not blank and c4client_v.rprel <>'SE'
 use c4client_v.rpfname
 otherwise use c4client_v.firstname
NM105/1037:

```

    If c4clipay_v.payrplname not blank and c4clipay_v.payrprel <>'SE'
        use c4clipay_v.payrpmi, otherwise,
    If c4client_v.rplname not blank and c4client_v.rprel <>'SE'
        use c4client_v.rpmi
    otherwise, use c4client_v.mi
NM106/1038 - always blank
NM107/1039 - always blank
NM108/66 - always "MI"
NM109/67:
    IF no c4clipay_v record found, use "NOTFOUND", otherwise
    Use c4clipay_v.payrpaid if not blank, otherwise
    Use c4clipay_v.paypol if not blank, otherwise
    Use "UNKNOWN"
*****
N3 - Other Subscriber Address
N301/166:
    If c4clipay_v.payrplname not blank and c4clipay_v.payrprel <>'SE'
        use c4clipay_v.payrpaddr1, otherwise,
    If c4client_v.rplname not blank and c4client_v.rprel <>'SE'
        use c4client_v.rpaddr1
    otherwise, use c4client_v.address1
N302/166:
    If c4clipay_v.payrplname not blank and c4clipay_v.payrprel <>'SE'
        use c4clipay_v.payrpaddr2, otherwise,
    If c4client_v.rplname is not blank and c4client_v.rprel <>'SE'
        use c4client_v.rpaddr2
    otherwise, use c4client_v.address2
*****
N4 - Other Subscriber City/State/Zip
N401/19:
    If c4clipay_v.payrplname not blank and c4clipay_v.payrprel <>'SE'
        use c4clipay_v.payrpcity, otherwise,
    If c4client_v.rplname is not blank and c4client_v.rprel <>'SE'
        use c4client_v.rpcity
    otherwise, use c4client_v.city
N402/156:
    If c4clipay_v.payrplname not blank and c4clipay_v.payrprel <>'SE'
        use c4clipay_v.payrpstate, otherwise,
    If c4client_v.rplname not blank and c4client_v.rprel <>'SE'
        use c4client_v.rpstate
    otherwise, use c4client_v.state
N403/116:
    If c4clipay_v.payrplname not blank and c4clipay_v.payrprel <>'SE'
        use c4clipay_v.payrpzip, otherwise,
    If c4client_v.rplname not blank and c4client_v.rprel <>'SE'
        use c4client_v.rpzip
    otherwise, use c4client_v.zip

*****
REF - Other Subscriber Secondary ID
Up to two REF segments may be sent
    If c4client_v.rpid is not blank, sent this REF segment:
        REF01/128 - "IG"
        REF02/127 - c4client_v.rpid
    If not Medicare, send this segment:
        REF01/128 - "SY"
        REF02/127:
            If c4clipay_v.payrplname is not blank and
            c4clipay_v.payrprel <>'SE' use
            c4clipay_v.payrpssno,

```

```

        otherwise,
        If c4client_v.rplname is not blank and
            c4client_v.rprel <>'SE' use c4client_v.rpsno
        otherwise,
        use c4client_v.ss_no
*****
* LOOP 2330A OTHER PAYER NAME
* This loop is only included when
* there are multiple client payors.
* Include payor referenced in loop
* 2320/2330A above.
*****
NM1 - Payer Name
NM101/98 - always "PR"
NM102/1065 - always "2"
NM103/1035 - c4payor_v.payname
NM104/1036 - always blank
NM105/1037 - always blank
NM106/1038 - always blank
NM107/1039 - always blank
NM108/66 - always "PI"
NM109/67:
    If Value Options (edirec.recieverid='FHC &AFFILIATES')
        use 'FHC &AFFILIATES'
    If 837 Inst and Unysis/NJ Medicaid (edirec.recieverid='610515')
        use "012"
    If 837 Pro and Unysis/NJ Medicaid (edirec.recieverid='610515')
        use c4payor_v.paymd_cd
    otherwise use c4payor_v.payorg_cd
*****
* LOOP 2400 SERVICE LINE
*****
LX - Service Line
LX01/554 - generated
*****
SV1 - Service Line
This segment is only sent with 873 Pro Claims
SV101-1/235 - always "HC"
SV101-2/234:
    Use first 5 chars of c4paysrv_v.ps_type if not blank,
    otherwise
    If Medicare and c4scode_v.mcare_cd not blank,
        use first 5 chars of c4scode_v.mcare_cd
    If Medicaid and c4scode_v.mcaid_cd not blank,
        use first 5 chars of c4scode_v.mcaid_cd
    otherwise use first 5 chars of c4chghst_v.serv_code
SV101-3/1339:
    Use chars 6-7 of c4paysrv_v.ps_type if not blank,
    otherwise
    If Medicare and c4scode_v.mcare_cd not blank,
        use chars 6-7 of c4scode_v.mcare_cd
    If Medicaid and c4scode_v.mcaid_cd not blank,
        use chars 6-7 of c4scode_v.mcaid_cd
    otherwise chars 6-7 of c4chghst_v.serv_code
SV101-4/1339:
    Use chars 8-9 of c4paysrv_v.ps_type if not blank,
    otherwise
    If Medicare and c4scode_v.mcare_cd not blank,
        use chars 8-9 of c4scode_v.mcare_cd
    If Medicaid and c4scode_v.mcaid_cd not blank,

```

```

        use chars 8-9 of c4score_v.mcaid_cd
    otherwise chars 8-9 of c4chghst_v.serv_code
SV102/782 - c4chghst_v.cunits X c4chghst_v.amount
SV103/355 - always "UN"
SV104/380 - c4chghst_v.cunits
SV105/1331 - c4chghst_v.pos

SV106/1365 - always blank
SV107-1/1328- always "1"
SV108/782 - always blank
SV109 - always blank
*****
SV2 - Service Line
This segment is only sent with 873 Inst Claims
SV201/234 - c4score_v.res_cd
SV201-1/235 - always "HC"
SV202-2/234:
    Use first 5 chars of c4paysrv_v.ps_type if not blank,
    otherwise
    If Medicare and c4score_v.mcare_cd not blank,
        use first 5 chars of c4score_v.mcare_cd
    If Medicaid and c4score_v.mcaid_cd not blank,
        use first 5 chars of c4score_v.mcaid_cd
    otherwise use first 5 chars of c4chghst_v.serv_code
SV202-3/1339:
    Use chars 6-7 of c4paysrv_v.ps_type if not blank,
    otherwise
    If Medicare and c4score_v.mcare_cd not blank,
        use chars 6-7 of c4score_v.mcare_cd
    If Medicaid and c4score_v.mcaid_cd not blank,
        use chars 6-7 of c4score_v.mcaid_cd
    otherwise chars 6-7 of c4chghst_v.serv_code
SV202-4/1339:
    Use chars 8-9 of c4paysrv_v.ps_type if not blank,
    otherwise
    If Medicare and c4score_v.mcare_cd not blank,
        use chars 8-9 of c4score_v.mcare_cd
    If Medicaid and c4score_v.mcaid_cd not blank,
        use chars 8-9 of c4score_v.mcaid_cd
    otherwise chars 8-9 of c4chghst_v.serv_code
SV203/782 - c4chghst_v.cunits X c4chghst_v.amount
SV204/355 - always "UN"
SV205/380 - c4chghst_v.cunits
SV206/1371 - c4chghst_v.amount
SV207/782 - always blank
*****
DTP - Service Date
DTP01/374 - always "472"
DTP02/1250:
    If c4chghst_v.end_date is empty, use "D8"
    otherwise use "RD8"
DTP03/12510:
    If c4chghst_v.end_date is empty, c4chghst.trans_date
    otherwise use chchghst_v.trans_date, dash, chchghst_v.end_date
*****
REF - Prior Auth or Referral No.
REF01/128 - "G1"
REF02/127 - c4cliffee_v.authno
*****
REF - Line Item Control No.

```

This segment is only sent with 837 Pro claims

REF01/128 - "6R"

REF02/127 - generated

* LOOP 2420 RENDERING PROVIDER

NM1 - Rendering Provider Name

The rendering provider is determined according the following process:

5. Look for a staff supervisor in the additional staff related to the charge in history. Use this staff code to lookup staff record in staff table. If found, and the Medicare Provider ID for the corresponding staff record is not blank, that staff record is use in rendering provider segment.
6. If not found, or provider ID is blank, look through the client's assigned staff for psychiatrist. If found use that staff code to lookup staff record in staff table. If found, that staff record is use in rendering provider segment.
7. If still not found, use the staff code assigned to the charge to lookup staff record in staff table. If found, that staff record is use in rendering provider segment.
8. 4. If still no staff record ha been selected, "NOT FOUND" is use in rendering provider segment.

NM101/98:

If 837 Inst and edirec.recieverid='610515' (Unisys/NJ Medicaid), use "AT"

If 837 Inst and not Unisys/NJ Medicaid, use "71"

If 837 Pro use "82"

NM102/1065 - always "1"

NM103/1035 - c4staff_v.lastname

NM104/1036 - c4staff_v.firstname

NM105/1037 - c4staff_v.mi

NM106/1038 - always blank

NM107/1039 - always blank

NM108/66:

If Medicare, use "24, otherwise use "34"

NM109/67:

If Medicare, use c4ctl_v.taxid

otherwise use c4staff_v.ss_no

REF - Rendering Provider Secondary ID

This segment is only sent if the provider ID for the rendering provider send in the NM1 segment above can be determined (REF02 is not blank).

REF01/128:

If Medicare use "1C"

If Medicaid use "1D"

otherwise use "1G"

REF02/127:

If Medicare use c4staff_v.providerid1

If Medicaid use c4staff_v.providerid2

otherwise use c4staff_v.upin

* LOOP 2420C SERVICE FACILITY NAME

* This loop is only included in

* 837 Pro claims and if the location code

* name is not blank

NM1 - Service Facility Name
 NM101/98 - always "77"
 NM102/1065 - always "2"
 NM103/1035 - c4locat_v.cmhcname
 NM104/1036 - always blank
 NM105/1037 - always blank
 NM106/1038 - always blank
 NM107/1039 - always blank
 NM108/66 - always "24"
 NM109/67 - c4ctl_v.tax_id

 N3 - Service Facility Address
 N301/166:
 Use c4locat_v.cmhcadd1 if not blank, otherwise
 Use c4locat_v.cmhcadd2
 N302/166:
 If c4locat_v.cmhcadd1 if not blank, use c4locat_v.cmhcadd2,
 otherwise use blank

 N4 - Service Facility City/State/Zip
 N401/19 - c4locat_v.cmhccity
 N402/156 - c4locat_v.cmhcstate
 N403/116 - c4locat_v.cmhczip

 REF - Service Facility Secondary ID
 This segment is only sent if the ID for the
 Service Facility sent in the NM1 segment above
 can be determined (REF02 is not blank).

 REF01/128:
 If Medicare use "1C"
 If Medicaid use "1D"
 REF02/127:
 If Medicare use c4locat_v.careecsno if not blank
 If Medicaid use c4locat_v.caidecsno if not blank
 otherwise use provider ID sent in REF02 in loop 2420 above

 * FUNCTIONAL GROUP TRAILER

 GE - Functional Group Trailer
 GE01/97 - always "1"
 GE02/28 - c4ctl_v.esubmitno

 * INTERCHANGE TRAILER

 IEA - Interchange Trailer
 IEA/I16 - always "1"
 IEA/I12 - c4ctl_v.esubmitno