

HEALTH CARE CLAIM: PROFESSIONAL 837

(004010X098A1)

Use this Companion Document when creating UnitedHealthcare professional claim transactions.

Each state may have a list of required and conditionally required clean claim data elements, consistent with this companion document and applicable state laws, including but not limited to state prompt pay laws. Those state law required and conditionally required clean claim data elements may be found in state laws and regulations, provider contracts and Administrative Guides, and are incorporated into this companion document by reference.

Note: National Provider Identifiers (NPI's) will be issued beginning in May 2005.

This Companion Document has been updated to reflect the implementation requirements for NPI's.

We will continue to process the HIPAA standard transactions regardless of whether or not NPI is present if it has enough information for us to process. This means we will not reject a transaction on the basis of missing or incorrect NPI unless we cannot process the transaction without this information.

We are considering a timeframe in which we will reject transactions that come in without NPI. Analysis of this timeframe will partially be based on how the overall industry implementation goes May 23rd, 2007 and after. Any changes to our current policy for accepting transactions without NPI will be preceded with communications to physicians, health care professionals, organizations and trading partners regarding the timeframe in which we expect to begin to reject HIPAA transactions that do not contain an NPI in the fields specified by the Implementation Guide.

Special Note Regarding Delimiters:

**UnitedHealthcare sends the following delimiters in 835 Health Care Claim Payment/Advice transactions.
Please do not transmit these characters in any data field in the 837 Health Care Claim transaction.**

CHARACTER	NAME	DELIMITER	ISA	Comment
*	Asterisk	Data Element Separator	Byte 4	
^	Caret	Repetition Separator	Byte 83	sent in X12 version 004040 and higher
:	Colon	Component Element Separator	Byte 105	
~	Tilde	Segment Terminator	Byte 106	

NOTE: This companion document has been updated to reflect proper 837 claim submissions with NPI number(s). For claim submissions without NPI(s), please submit the provider TIN / EIN in the NM109 data element.

Pg #	Seg.	D E	Desi gnat or	PIC	MIN/MAX	Usage	Description	X12 Code	X12 Code Definition	Value	UNIPRISE Trading Partner Instructions
LOOP 2000 A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL											
76	PRV					S	Billing/pay-to provider specialty information				When rendering provider submitted in loop 2000A, submit rendering provider specialty information in this segment
LOOP 2010 AA BILLING PROVIDER NAME											
82	NM102	1065	M	ID	1/1	R	Entity Type Qualifier			1 = Person 2 = Non-Person	Entity type 1 = person entity - physicians and other healthcare professionals Entity type 2 = non-person entity - organizations
82	NM103	1035	O	AN	1/35	R	Billing Provider Last Name or Organization Name				For entity type 1 (person) – submit the billing provider last name For entity type 2 (non-person) – submit the billing provider organization name
82	NM104	1036	O	AN	1/25	S	Billing Provider First Name				Only applies to entity type 1 (person) – submit the billing provider first name
82	NM105	1037	O	AN	1/25	S	Billing Provider Middle Name or Initial				Only applies to entity type 1 (person) – submit the billing provider middle name or middle initial
83	NM107	1039	O	AN	1/10	S	Billing Provider Name Suffix				Only applies to entity type 1 (person) – submit the billing provider name suffix

Pg #	Seg.	D E	Designator	PIC	MIN/MAX	Usage	Description	X12 Code	X12 Code Definition	Value	UNIPRISE Trading Partner Instructions
83	NM109	67	X	AN	2/80	R	Billing provider identifier				Submit provider National Provider Identification Number (NPI). Qualifier XX.
88	REF					S	Billing provider secondary identification				Submit Tax identification number or Provider SSN (required). Qualifier EI or SY.

Pg #	Seg.	D E	Desi gnat or	PIC	MIN/MAX	Usage	Description	X12 Code	X12 Code Definition	Value	UNIPRISE Trading Partner Instructions
LOOP 2010 AB PAY-TO PROVIDER NAME											
82	NM102	1065	M	ID	1/1	R	Entity Type Qualifier			1 = Person 2 = Non-Person	Entity type 1 = person entity - physicians and other healthcare professionals Entity type 2 = non-person entity - organizations
82	NM103	1035	O	AN	1/35	R	Pay-To Provider Last Name or Organization Name				For entity type 1 (person) – submit the pay-to provider last name For entity type 2 (non-person) – submit the pay-to provider organization name
82	NM104	1036	O	AN	1/25	S	Pay-To Provider First Name				Only applies to entity type 1 (person) – submit the pay-to provider first name
82	NM105	1037	O	AN	1/25	S	Pay-To Provider Middle Name or Initial				Only applies to entity type 1 (person) – submit the pay-to provider middle name or middle initial
83	NM107	1039	O	AN	1/10	S	Pay-To Provider Name Suffix				Only applies to entity type 1 (person) – submit the pay-to provider name suffix
97	NM109	67	X	AN	2/80	S	Pay-to provider identifier				Submit provider National Provider Identification Number (NPI). Qualifier XX.

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101	REF					S	Pay-to-provider secondary identification				The following instructions apply only when there is a Pay-to Provider loop: Submit Tax identification number or Provider SSN Qualifier EI or SY.
LOOP 2300 CLAIM INFORMATION											
170	DTP					S	Date – initial treatment				Submit Initial Treatment Date for ESRD services Submit Initial Treatment Date for dental services required as the result of an accident
193	DTP					S	Date – admission				Submit Admission Date for ER visits when patient is admitted from the ER
258	HCP					S	Claim pricing/repricing information				Submit pricing information for priced claims in the HCP segment of Loop 2400 (line level)

Pg #	Seg.	D E	Desi gnat or	PIC	MIN/MAX	Usage	Description	X12 Code	X12 Code Definition	Value	UNIPRISE Trading Partner Instructions
LOOP 2310A REFERRING PROVIDER NAME											
271	NM109	67	X	AN	2/80	S	Referring provider identifier				Submit provider National Provider Identification Number (NPI). Qualifier XX.
274	REF					S	Referring provider secondary identification				Submit Tax identification number or Provider SSN Qualifier EI or SY.
LOOP 2310B RENDERING PROVIDER NAME											
278	NM109	67	X	AN	2/80	R	Rendering provider identifier				Submit provider National Provider Identification Number (NPI). Qualifier XX.
279	PRV				2/3	S	Provider Taxonomy code				Provide the taxonomy code when available in field PRV03.
281	REF					S	Rendering Provider secondary identification				Submit Tax identification number or Provider SSN Qualifier EI or SY.
LOOP 2310C PURCHASED SERVICE PROVIDER NAME											
285	NM109	67	X	AN	2/80	S	Purchased service provider identifier				Submit provider National Provider Identification Number (NPI). Qualifier XX.
286	REF					S	Purchased service provider secondary identification				Submit Tax identification number or Provider SSN Qualifier EI or SY.

LOOP 2310D SERVICE FACILITY LOCATION											
290	NM1 09	67	X	AN	2/80	S	Service Facility Location				Submit provider National Provider Identification Number (NPI). Qualifier XX.
294	REF					S	Service Facility Location secondary identification				Submit Tax identification number or Provider SSN. Use qualifier TJ
LOOP 2310E SUPERVISING PROVIDER NAME											
298	NM1 09	67	X	AN	2/80	S	Supervising provider identifier				Submit provider National Provider Identification Number (NPI). Qualifier XX.
299	REF					S	Supervising Provider secondary identification				Submit Tax identification number or Provider SSN. Qualifier EI or SY.

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LOOP 2320 OTHER SUBSCRIBER INFORMATION											
302	SBR01	1138	M	ID	1/1	R	Payor responsibility sequence number				Submit an other payer responsibility sequence number on COB claims when UHC is secondary to other commercial insurance
302	SBR02	1069	O	ID	2/2	R	Individual relationship code				Submit an other subscriber relationship code on COB claims when UHC is secondary to other commercial insurance
303	SBR03	127	O	AN	1/30	S	Group or policy number				Submit an other subscriber policy number on COB claims when UHC is secondary to other commercial insurance
304	SBR05	1336	O	ID	1/3	R	Insurance type code				Submit an other payer insurance type code on COB claims when UHC is secondary to Medicare or other commercial insurance
315	AMT02	782	M	R	1/18	R	Payor paid amount				Submit an other payer claim level paid amount on COB claims when UHC is secondary to Medicare or other commercial insurance
317	AMT02	782	M	R	1/18	R	Allowed amount				Submit an other payer claim level allowed amount on COB claims when UHC is secondary to other commercial insurance
327	DMG02	1251	X	AN	1/35	R	Other insured birth date				Submit an other subscriber birth date on COB claims when UHC is secondary to other commercial insurance
327	DMG03	1068	O	ID	1/1	R	Other insured gender				Submit an other subscriber gender code on COB claims when UHC is secondary to other commercial insurance

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LOOP 2320 OTHER SUBSCRIBER INFORMATION											
329	OI03	1073	O	ID	1/1	R	Assignment of Benefits indicator				Submit an other insurance assignment of benefits on COB claims when UHC is secondary to other commercial insurance
329	OI04	1351	O	ID	1/1	S	Patient signature source				Submit an other insurance patient signature source on COB claims when UHC is secondary to other commercial insurance
329	OI06	1363	O	ID	1/1	R	Release of information				Submit an other insurance release of information on COB claims when UHC is secondary to other commercial insurance
LOOP 2330A OTHER SUBSCRIBER NAME											
335	NM103	1035	O	AN	1/35	R	Other insured last name				Submit an other subscriber last name on COB claims when UHC is secondary to other commercial insurance
335	NM104	1036	O	AN	1/25	S	Other insured first name				Submit an other subscriber first name on COB claims when UHC is secondary to other commercial insurance
335	NM105	1037	O	AN	1/25	S	Other insured middle initial				Submit an other subscriber middle initial on COB claims when UHC is secondary to other commercial insurance
336	NM109	67	X	AN	2/80	R	Other Insured Primary ID				Submit an other subscriber ID on COB claims when UHC is secondary to other commercial insurance

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LOOP 2330B OTHER PAYOR NAME											
343	NM103	1035	O	AN	1/35	R	Other payor name				Submit the other payor name on COB claims when UHC is secondary to other commercial insurance
344	NM109	67	X	AN	2/80	R	Other payor Primary ID				Submit the other payor ID on COB claims when UHC is secondary to other commercial insurance
349	DTP03	1251	M	AN	1/35	R	Other payer adjudication date				Submit the other payor adjudication date on COB claims date when UHC is secondary to other commercial insurance

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LOOP 2400 SERVICE LINE											
385	SV103	355	X	ID	2/2	R	Unit or Basis for Measurement Code	MJ	Minutes		Submit code MJ when reporting anesthesia minutes in Loop 2400 SV104
385	SV104	380	X	R	1/15	R	Quantity				<p><u>Units</u></p> <p>Submit a maximum unit quantity of 999 per occurrence of Loop 2400 SV1. When unit quantity is greater than 999, submit multiple occurrences with up to 999 units per occurrence.</p> <p><u>Minutes</u></p> <p>Submit quantity as minutes for time based anesthesia services, using MJ qualifier in Loop 2400 SV103</p>

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440	MEA01	737	O	ID	2/2	S	Measurement Identification code				Hematocrit (HCT) test level is requested on all claims with services for erythropoietin (EPO). Submit reference identification code=TR.
440	MEA02	738	O	ID	1/3	S	Hematocrit Qualifier				Submit qualifier R2 to indicate test results being reported is for Hematocrit
440	MEA03	739	X	R	1/20	S	Hematocrit test results				Submit Hematocrit test result value.
461	AMT					S	Sales tax amount				Submit Sales Tax Amount when sales tax applies to the service rendered
462	AMT02	782	M	R	1/18	R	Approved Amount				Submit a line level Medicare approved amount on COB claims when UHC is secondary to Medicare
466	PS1					S	Purchased Service Information				Submit Purchased Service Information when contract between UHG and the provider indicates reimbursement based on a percentage of invoice
472	HCP					S	Line pricing/repricing information				Submit Line Pricing Information for priced claims.

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LOOP 2410 DRUG IDENTIFICATION											
478	LIN					S	Drug Identification				Submit NDC for all unlisted injectable drugs and for other injectable drugs when required per the contract between UHG and the provider

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LOOP 2420A RENDERING PROVIDER NAME											
488	NM109	67	X	AN	280	R	Rendering provider identifier				Submit provider National Provider Identification Number (NPI). Qualifier XX.
489	PRV					S	Rendering Provider Specialty Information				When rendering provider submitted in loop 2420A, submit rendering provider specialty information in this segment
491	REF						Rendering provider secondary identifier				Submit Tax identification number or Provider SSN. Qualifier EI or SY.
LOOP 2420B PURCHASED SERVICE PROVIDER NAME											
495	NM109	67	X	AN	280	S	Purchased service provider identifier				Submit provider National Provider Identification Number (NPI). Qualifier XX.
496	REF						Purchased service provider secondary identifier				Submit Tax identification number or Provider SSN. Qualifier EI or SY.
LOOP 2420C SERVICE FACILITY LOCATION											
500	NM109	67	X	AN	280	S	Servicing facility primary identifier				Submit provider National Provider Identification Number (NPI). Qualifier XX.
504	REF						Servicing facility secondary identifier				Submit Tax identification number, qualifier TJ
LOOP 2420D SUPERVISING PROVIDER NAME											

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508	NM109	67	X	AN	280	S	Supervising provider identifier				Submit provider National Provider Identification Number (NPI). Qualifier XX.
510	REF						Supervising provider secondary identifier				Submit Tax identification number or Provider SSN. Qualifier EI or SY.
LOOP 2420E ORDERING PROVIDER NAME											
513	NM109	67	X	AN	280	S	Ordering provider identifier				Submit provider National Provider Identification Number (NPI). Qualifier XX.
518	REF						Ordering provider secondary identifier				Submit Tax identification number or Provider SSN. Qualifier EI or SY.

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LOOP 2420F REFERRING PROVIDER NAME											
524	NM109	67	X	AN	280	S	Referring service provider identifier				Submit provider National Provider Identification Number (NPI). Qualifier XX.
528	REF						Referring service provider secondary identifier				Submit Tax identification number or Provider SSN. Qualifier EI or SY.
LOOP 2430 LINE ADJUDICATION INFORMATION											

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534	SVD02	782	M	R	1/18	S	Service Line Paid Amount				Submit a line level primary paid amount on COB claims when UHC is secondary
539	CAS01	1033	M	ID	1/2	S	Claim adjustment group code				Submit an other payer claim adjustment group code on COB claims when UHC is secondary
539	CAS02	1034	M	ID	1/5	S	Claim adjustment reason code				Submit an other payer claim adjustment reason code on COB claims when UHC is secondary
539	CAS03	782	M	R	1/18	S	Adjustment amount				Submit an other payer adjustment amount on COB claims when UHC is secondary