

Locations of Provider Information in EDI Transactions

837 Institutional version 4010A1 Implementation Guide (IG)

2000A Billing/Pay-to-Provider PRV: *Taxonomy code required here* if the Service Facility Provider is the same entity as the billing provider and/or the pay-to-provider. *Do not report if the billing/pay-to-provider did not render the services.* When used, ZZ must be reported in PRV02 and the taxonomy code in PRV03.

2010AA Billing Provider Name NM1: Required segment & loop

NM108 = Entry of either the EIN, SSN or NPI qualifier *always required*

NM109 = The applicable number; *always required*

REF - Situational but required if necessary to report a secondary ID, such as a legacy identifier and a taxpayer identification number. (*TIN always required in REF if NPI is in NM108 and the billing provider is also the pay-to-provider; between October 1, 2006 and May 22, 2007, if the NPI is in NM109, providers are strongly encouraged to submit the corresponding legacy ID.*) Contains qualifiers for the legacy IDs (state license #, BC#, BS#, Medicare Provider #, Provider UPIN, Medicaid Provider #, Tricare #, Facility ID #, PPO #, HMO #, Clinic #, Provider Commercial #, Provider Site #, Location #, State Industrial Accident Provider #, EIN, SSN). Two REF segments needed in the same loop if necessary to report both a legacy identifier and a tax ID.

2010AB Pay-to-Provider Name NM1: Required if the pay-to-provider is different than the billing provider.

NM108, NM109 = Same as in 2010AA; *always required when this loop is reported*

REF - Same as in 2010AA

2300 Claim Information (CLM): Segment and loop *is always required*

CLM05 = Health Care Service Location Information *is always required*

CLM05-1 = Facility Code Value *is always required*

CLM05-2 = Facility Code Qualifier (codes maintained by the NUBC; see the *Type of Bill information* in Chapter 25 of the Medicare Claims Processing manual) *is always required*

CR6 = Situational but required for home health claims

CR617 = Patient Location Code for the place where the services were supplied to the patient.

Required. Contains codes such as A-acute care facility, C-hospice, E-long term or extended care facility, M-rehabilitation facility, O-outpatient facility, S-SNF, and L-other location.

2310A Attending Physician Name: Required for each inpatient claim or when a home health plan of treatment is needed

NM108, NM109 = Same as in 2010AA; *always required when this loop is reported*

REF - Same as in 2010AA but there would not be a second REF segment for reporting of the EIN or an SSN.

2310B Operating Physician Name: Required when the surgeon is other than the attending physician.

NM108, NM109 = Same as in 2010AA; *always required when this loop is reported*

REF - Same as in 2010AA but there would not be a second REF segment for reporting of the EIN or an SSN

2310C Other Provider Name: Required for outpatient and home health claims to identify who rendered the care if rendered by a party other than the billing or pay-to-provider, *such as in a locum tenens situation*. Would apply if another provider temporarily furnished care while the primary provider was unavailable for a short period, such as during vacation. Required for non-outpatient claims if the physician who rendered the service for the principal procedure on the claim is other than the operating physician.

NM108, NM109 = Same as in 2010AA; always required when this loop is reported

REF - Same as in 2010AA but there would not be a second REF segment for reporting of the EIN or an SSN

2310E Service Facility Name: Required if the location of the service is other than the billing or pay-to-provider's location.

NM108, NM109 = Same as in 2010AA; *required "if known"*

REF - Same as in 2010AA but there would not be a second REF segment for reporting of the EIN or an SSN.

The following would only be included in an 837-I if there is a need to report additional payer specific provider IDs for a COB payer. NM108 and NM109 for NPI cannot be reported in these loops. The same REF information in 2330D applies to each of these segments.

2330D Other Payer Attending Provider

REF - Same as in 2010AA.

2330E Other Payer Operating Provider

2330F Other Payer Other Provider

2330H Other Payer Service Facility Provider

The following would only be included if needed to identify where the provider for a specific service differed from the provider information for the rest of the claim.

2420A Attending Physician Name

NM108, NM109 = Same as in 2010AA; *always required when this loop is reported*

REF - Same as in 2010AA but there would not be a second REF segment for reporting of the EIN or an SSN

2420B Operating Physician Name

NM108, NM109 = Same as in 2010AA; *always required when this loop is reported*

REF - Same as in 2010AA but there would not be a second REF segment for reporting of the EIN or an SSN

2420C Other Provider Name: *Required when this service involved another provider, such as a referring, ordering or assisting physician.*

NM108, NM109 = Same as in 2010AA; *always required when this loop is reported*

REF - Same as in 2010AA but there would not be a second REF segment for reporting of the EIN or an SSN