

# Locations of Provider Information in EDI Transactions

## 837 Professional version 4010A1 Implementation Guide (IG)

**2000A Billing/Pay-to-Provider Specialty Information:** Required if the rendering provider is the same as the billing or pay-to-provider.

PRV = *Taxonomy code* required when adjudication is known to be impacted by the provider's *specialty* and the rendering provider is the same as the Billing and/or Pay-to-Provider.

**2010AA Billing Provider Name:** *Required. If the billing (or pay-to) provider is a non-person, such as a group practice or home office of a chain, the individual who provided the service must be reported in the rendering provider loop.*

NM108, NM109 = Either an EIN, SSN, or NPI qualifier *must always be reported in NM108 and the corresponding number in NM109*

*No PRV in this loop.*

REF - Full list of secondary qualifiers; *situational but required if necessary to report another identifier, such as a taxpayer identification number when NPI is reported in NM109*

**2010AB Pay-to-Provider Name:** Required if different than the billing provider

NM108, NM109 = Same as in 2010AA; always required

REF - Full list of secondary qualifiers; *situational but required if necessary to report another identifier, such as a taxpayer identification number when NPI is reported in NM109*

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

*CLM05 - Place of service code (maintained by CMS); always required Codes include: 11-office, 21 inpatient hospital, 22-outpatient hospital, 23-ER hospital, 24 ASC, 26-Military Treatment Facility, 31-SNF, 34-hospice, 41-land ambulance, 42-air or water ambulance, 49-independent clinic, 50-FQHC, 51-inpatient psychiatric facility, 52-outpatient psychiatric facility (partial hospitalization), 53-community mental health center*

**2310A Referring Provider Name:** *Required if the claim involved a referral and the specialty of that provider is needed for adjudication (not previously the case)*

NM108, NM109 = Same as in 2010AA; *situational; the EIN, SSN or NPI would be reported here "if known"*

*PRV - Taxonomy code may not be reported unless required as part of a provider-payer contract (not the case for Medicare)*

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

**2310B Rendering Provider Name:** Required if different than the billing or pay-to-provider name.

NM108, NM109 = Same as in 2010AA; *always required*

PRV - *Required if taxonomy code is needed for adjudication (not previously the case for Medicare)*

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

**2310C Purchased Service Provider Name:** Required if the claim involves purchased services such as a diagnostic examination obtained from a third party

NM108, NM109 = *Situational; either an EIN, SSN or NPI would be reported here "if known"*

*No PRV in this loop.*

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

**2310D Service Facility Location:** Required if the place where the health care was rendered is Different than the location of the billing or pay-to-provider, or if the service qualifies for a HPSA bonus *and the place of service is other than the HPSA billing address*

NM108, NM109 = *Situational; either EIN, SSN or NPI would be reported here "if known"*

*No PRV in this loop.*

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

**2310E Supervising Provider Name:** Required if the rendering provider was supervised by a physician

NM108, NM109 = *Situational; either the EIN, SSN or NPI would be reported here "if known"*

*No PRV in this loop.*

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-P if there is a need to report additional payer specific provider IDs for a COB payer. NM108 and NM109 are never reported in these loops and there is no PRV segment in these loops.**

2330D Other Payer Referring Provider

REF - Same as in 2010AA but there would not be a second REF segment for reporting of the EIN or an SSN (not possible to report NPI in this segment)

2330E Other Payer Rendering Provider

2330F Other Payer Purchased Service Provider

2330G Other Payer Service Facility Location

2330H Other Payer Supervision Provider

**The following would only be reported if needed to identify where the provider of a specific service is different than the provider that furnished the other services/supplies in the claim.**

2400 CLIA Identification: Required if claim includes lab services and some of those services were referred to an external lab for processing, that lab is also CLIA certified, and the cost of the services provided by that lab are included in this claim.

REF02 - CLIA number.

2400 Purchased Service Identifier (PSI): *Situational, but required for Medicare when a physician's claim includes purchased services. There is no qualifier for this identifier data element; any payer that requires this segment was to specify the identifier to be reported in the segment. Although this is intended to be an identifier for the entity that sold the service to the physician, due to current limitation on carrier access to PINs issued by other carriers, physicians were directed to insert their own identifier in this data element when the purchased service provider is out-of-state. This segment is required by Medicare as it is the only location where the price charged by the purchased service provider can be reported. The NPI of the purchased service provider, even if out-of-state, must be reported as the identifier by May 23, 2007. Once the NPI is required, a physician identifier may no longer be reported in this segment.*

2420A Rendering Provider Name: Required if other than the provider that rendered the other services on the claim

NM108, NM109 = Same as in 2010AA

PRV - *Taxonomy code required when this loop is reported if specialty is needed for adjudication*

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

2420B Purchased Service Provider

NM108, NM109 = *Situational; EIN, SSN or NPI would be reported here "if known"*

*No PRV in this loop.*

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

2420C Service Facility Location - same as 2420B

2420D Supervising Provider Name - same as 2420B

2420E Ordering Provider Name - same as 2420B

2420F Referring Provider Name - same as 2420A (includes a PRV segment)