

The background of the entire page is a large, faded watermark of the New Jersey State Seal. It features a central shield with a blue field containing three white sailing ships. Above the shield is a crest with a yellow helmet and a plume. Flanking the shield are two female figures: Liberty on the left in an orange dress holding a staff, and Justice on the right in a red dress holding a scale. The shield is surrounded by green foliage. The words "NEW JERSEY" are arched above the shield, and "LIBERTY AND JUSTICE" is on a banner below it.

New Jersey Medicaid HIPAA COMPANION GUIDE Version 4010 Addenda

May 2010 Version

**837 Professional, Institutional, and Dental
835 Remittance Advice**

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SECTION 1.1 – NEW JERSEY MEDICAID INTRODUCTION

New Jersey Medicaid and Molina Medicaid Solutions are very pleased to make available this May 2010 Version of our Health Insurance Portability and Accountability Act (HIPAA) Companion Guide. This document signifies our ongoing effort to adhere to the HIPAA transaction set requirements. HIPAA provides all healthcare entities a tremendous opportunity to realize many administrative and systemic benefits because it provides a national standard of transaction and code sets for the electronic exchange of healthcare information. New Jersey Medicaid and Molina Medicaid Solutions welcome this historical transition and are committed to the implementation of all HIPAA transaction sets as the sole format for all state and federal programs processed through the New Jersey Medicaid Management Information System (NJMMIS) at Molina Medicaid Solutions.

The purpose of this manual is to provide information necessary to submit claims and encounters to New Jersey Medicaid electronically. This manual is to be used in conjunction with the National Electronic Data Interchange Transaction Set Implementation Guides. The Implementation Guides can be obtained exclusively from the Washington Publishing Company by calling 1-800-972-4334 or are available for download on their web site at www.wpc-edi.com/hipaa/. The Implementation Guides provide the majority of the HIPAA transaction and code set requirements, compared to the New Jersey Medicaid Companion Guide, which only provides the supplemental requirements specific to New Jersey Medicaid, as permitted within the structure of the HIPAA transaction sets. All providers who submit claims electronically to New Jersey Medicaid must adhere to the HIPAA Implementation Guide and the New Jersey Medicaid Companion Guide requirements.

HIPAA does not mandate the use of these transaction sets for the exchange of healthcare data. Any provider may continue to submit paper claims and receive a paper remittance advice. However, if a provider elects to submit claims electronically and/or receive an electronic remittance advice, HIPAA does require the use of standard transaction and code sets.

All questions regarding New Jersey Medicaid's non-drug implementation schedule should be directed to the New Jersey Medicaid HIPAA Coordinator for transaction sets:

Michael Chiofolo, MIS Coordinator
New Jersey Medicaid
P.O. Box 712
Trenton, NJ 08625-0712
Phone: 609-588-6621
Email: michael.chiofolo@dhs.state.nj.us

All technical questions regarding the transaction sets should be directed to the Molina Medicaid Solutions EDI Unit at 609-588-6051. Users of this companion guide are reminded that claims billing manuals, provider newsletters, edit code descriptions and edit logic, and other pertinent information can be obtained at www.njmmis.com.

All other provider comments, suggestions, and/or questions regarding the Companion Guide and its contents should be directed to:

Molina Medicaid Solutions
Attn: Provider Services
P.O. Box 4801
Trenton, NJ 08650-4804
Phone: 800-776-6334

**SECTION 1.2 – HIPAA BACKGROUND**

In the early 1990s, the Bush Administration assembled an advisory group of health care industry leaders to discuss ways to reduce health care administrative costs across the nation. This group, which is now recognized as the Workgroup for Electronic Data Interchange (WEDI), recommended that Federal legislation be passed to implement a nationwide standard of transaction and code sets to be used by the healthcare industry. This law was entitled “The Health Insurance Portability and Accountability Act” (HIPAA) and was enacted on August 21, 1996 under the Clinton Administration.

HIPAA requires several provisions. One such provision dealt with the portability of health insurance coverage during a change in employment, and primarily affected employers and health insurers. This provision has already gone into effect. Another provision often referred to “Administrative Simplification”, deals with the implementation of healthcare standards, of which transaction and code sets are but one part. Although this Companion Guide deals with the claims and remittance advice transaction sets, there are several others transaction sets required by the mandatory implementation date of October 16, 2003:

- Eligibility Inquiry and Response: HIPAA mandates the use of Version 4010 of the X12 270/271 Eligibility & Benefit Inquiry & Response EDI Transactions for this purpose.
- Claim Status Inquiry and Response: HIPAA mandates the use of Version 4010 of the X12 276/277 Claim Status Inquiry & Response EDI Transaction for this purpose.
- Referral Certification & Authorization: HIPAA mandates the use of Version 4010 of the X12 278 Health Care Service Review EDI Transaction for this purpose.
- Enrollment & Disenrollment: HIPAA mandates the use of Version 4010 of the X12 834 Benefit Enrollment & Maintenance EDI Transaction for this purpose.
- Premium Payment & Remittance Advice: HIPAA mandates the use of Version 4010 of the X12 820 Group Premium Payment EDI Transaction for this purpose.

Other transaction sets, such as claim attachments and Version 4050 for all transaction sets, are actively being developed for future implementation.

HIPAA also requires the standardization of code sets. Any coded field or data element contained in a HIPAA transaction must adhere to a national set of code set values, including medical services and diagnoses. As such, New Jersey Medicaid is required to discontinue the use of local codes, most notably the Level III HCPCS (procedure codes), which are specific to New Jersey Medicaid.

In addition to the transaction and code set aspects, there are other requirements of the “Administrative Simplification” provision of HIPAA:

- Privacy: Standards must be adopted by all health plans, clearinghouses, and providers that ensure the protection and appropriate disclosure of individually identifiable health information. A final rule was published by the Department of Health and Human Services and required mandatory implementation by April 2003.



- Security: Standards must be adopted by all health plans, clearinghouses, and providers that ensure the integrity and confidentiality of the healthcare information. Whereas the transactions rule dealt specifically with electronic records, the security rule addresses healthcare information in all types of media. The Department of Health and Human Services has not yet published the final rule.
- National Identifier Codes: Standards must be adopted by all health plans, clearinghouses, and providers regarding unique identifiers for providers, plans, employers, and individuals (beneficiaries). Presently, a final rule has been issued for the Employer ID. The Department of Health and Human Services for all other remaining identifiers has not yet published final rules.
- Enforcement: The Office of Civil Rights has been appointed to administer enforcement efforts related to the privacy rule and has been given the authority to invoke penalties for compliance failures.

Although this Companion Guide deals with only one aspect of the entire “Administrative Simplification” provision, it is worth noting that all covered entities (health plans, clearinghouses, and providers) and their business partners are required to adhere to all aspects of the provision.

**SECTION 1.3 – HIPAA INTERNET LINKS**

The following is a list of government agencies, industry leaders, and transaction and code set standards organizations associated with HIPAA. Although this is not an exhaustive list, each entity plays an integral role in the success of HIPAA and collectively, represents a wealth of information that could not otherwise be included in our Companion Guide.

Accredited Standards Committee (ASC X12)
ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. http://www.x12.org/
American Dental Association (ADA)
This site is a resource for the Dental Terminology 3 rd Edition codes (CDT-3, HCPCS Level II “D” codes), and for the Dental Content Committee that sets standards for the dental claim form and maintains dental codes. http://www.ada.org
American Hospital Association Central Office on ICD-9-CM (AHA)
This site is a resource for the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level I HCPCS. www.ahacentraloffice.org/
American Medical Association (AMA)
This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. http://www.ama-assn.org/
Association for Electronic Health Care Transactions (AFEHCT)
A healthcare association dedicated to promoting the interchange of electronic healthcare information. http://www.afehct.org/



Centers for Medicare and Medicaid Services (CMS)
<p>Formerly known as HCFA, this site provides the Electronic Health Care Transactions and Code Sets Model Compliance Plan. http://www.cms.hhs.gov/TransactionCodeSetsStands/</p> <p>This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). http://www.cms.hhs.gov/HCPCSReleaseCodeSets/</p> <p>This site is the resource Medicaid HIPAA information related to the Administrative Simplification provision. http://www.cms.hhs.gov/ElectronicBillingEDITrans/04_AdministrativeSimplificationComplianceActEnforcementReviews.asp</p> <p>This site is the resource for Place of Service codes for professional claims. http://www.cms.hhs.gov/PlaceofServiceCodes/Downloads/2007_POSDataBase.pdf</p>
Designated Standard Maintenance Organizations (DSMO)
<p>This site is a resource for information about the standard setting organizations, and transaction change request system. http://www.hipaa-dsmo.org/</p>
Health Level Seven (HL7)
<p>HL7 is one of several ANSI accredited Standards Development Organizations (SDO), and is responsible for clinical and administrative data standards. http://www.hl7.org/</p>
Medicaid HIPAA Compliant Concept Model (MHCCM)
<p>This site presents the Medicaid HIPAA Compliance Concept Model, information and a toolkit. http://www.cms.hhs.gov/MMIS/Downloads/mcdhipp2.pdf</p>
National Council of Prescription Drug Programs (NCPDP)
<p>The NCPDP is the standards and codes development organization for pharmacy. http://www.ncdp.org/</p>
National Uniform Billing Committee (NUBC)
<p>NUBC is affiliated with the American Hospital Association, and develops standards for institutional claims. http://www.nubc.org/</p>



National Uniform Claim Committee (NUCC)
NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy. http://www.nucc.org/
Office for Civil Rights (OCR)
OCR is the Health and Human Services Office responsible for enforcing the Privacy Rule under HIPAA. http://www.hhs.gov/ocr/hipaa/
United States Department of Health and Human Services (DHHS)
This site is a resource for the Notice of Proposed Rule Making, rules and other information regarding HIPAA. http://aspe.hhs.gov/admsimp/
Washington Publishing Company (WPC)
WPC is a resource for HIPAA required transaction implementation guides and code sets. http://www.wpc-edit.com/hipaa/
Workgroup for Electronic Data Interchange (WEDI)
A workgroup dedicated to improving healthcare through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative simplification provisions of HIPAA. http://www.wedi.org



SECTION 1.4 – COMPANION GUIDE ORGANIZATION

The New Jersey Medicaid HIPAA Companion Guide is organized into the following sections to provide the necessary information, policies, processes, and requirements necessary to submit claims and encounters electronically:

Section 2 – Electronic Data Interchange

The section contains instructions and processes for becoming approved as an electronic submitter for HIPAA transactions, including a trading partner agreement, the process for testing HIPAA transactions, and telecommunication and media specifications.

Section 3 – 837 Institutional Specifications

This section details the supplemental requirements to the 837 Institutional Implementation Guide, which are required by New Jersey Medicaid. This transaction set is required when submitting inpatient, outpatient, and home health services, formerly submitted on UB92-based formats. In addition, this transaction set is required when submitting long term care, charity care, and Medicare Part A crossover transactions.

Section 4 – 837 Dental Specifications

This section details the supplemental requirements to the 837 Dental Implementation Guide, which are required by New Jersey Medicaid. This transaction set is required when submitting dental services.

Section 5 – 837 Professional Specifications

This section details the supplemental requirements to the 837 Professional Implementation Guide, which are required by New Jersey Medicaid. This transaction set is required when submitting all other types of services not previously mentioned in the institutional and dental sections above, including but not limited to physician, chiropractor, durable medical equipment, podiatrist, laboratory, prosthetics and orthotics, independent clinic, psychologist, optometrist, mid-level practitioner, hearing aid, home care, radiologist, federally qualified health center, nurse practitioner, transportation, vision care, EPSDT, and Part B Medicare crossover services.

Section 6 – 835 Specifications

This section details the supplemental requirements to the 835 Implementation Guide, which are required by New Jersey Medicaid. This transaction set is required when receiving remittance advice information.

Section 7 – Envelope & Acknowledgement Specifications

This section details the functional acknowledgement and envelope requirements which will be used by New Jersey Medicaid to exchange HIPAA transactions.

Appendix A

This section details those NJ local procedure/modifier codes that DO have an equivalent national procedure code; therefore, the local codes have been terminated as of 3/31/04 and have been replaced by the national equivalent code, effective 4/1/04.

Appendix B

This section details those local procedure/modifier codes that DO NOT have an equivalent national procedure code; therefore, they are being “mapped”. However, some of these local procedure codes have now been terminated and are replaced by a permanent national code (APPENDIX C).

Appendix C

This section details those NJ PROC codes that were previously “mapped” (APPENDIX B) and are now terminated, but replaced with permanent national codes.



SECTION 1.5 – CHANGES COMPARED TO PRIOR VERSION

This section lists the changes made to this **May 2010 Version** of the HIPAA Companion Guide compared to the previous version. The following changes indicate payer-specific requirements for the submission of Medicare Supplementation claims:

Page#	Change	May 2010 Version
2-15 to 2-16	Reworded sentences and added items A & B to instructions for completion of HIPAA Attachment Cover Sheet. Also, numbered fields for completion.	
2-17	Numbered Current Date and Attachment Code fields. Added Beginning and Ending ICN fields and added asterisks to Attachment Codes allowing Beginning and Ending ICN fields to be used.	
3-15	Removed HMO Encounters specific requirements for field NM1 in Loop 2310C.	
3-18	Removed HMO Encounters specific requirements for fields DTP01 & DTP03 in Loop 2330B.	
3-20	Indicated fields NM101, REF01 and REF02 in Loops 2420B and 2420C have NJ Medicaid specific requirements.	
3-21	Removed HMO Encounters specific requirements for fields SVD01, SVD02, DTP01 & DTP03 in Loop 2430.	
3-22	Removed HMO Encounters specific requirements.	
3-23	Removed HMO Encounters specific requirements.	
3-25	Removed HMO Encounters specific requirements.	
3-27	Removed HMO Encounters specific requirements. Removed Multiple Birth Indicator field from NTE02 in Loop 2300 and noted to submit Condition Codes M2, M3 & M4 for indicating multiple births in field HI01-2 instead.	
3-28	Removed HMO Encounters specific requirements.	
3-29	Changed requirements for Occurrence Span Information and changed the maximum number of Occurrence Codes from five to eight for field HI01-2 in Loop 2300.	
3-30	Added Condition Codes M2, M3 & M4 for indicating multiple births in field HI01-2 in Loop 2300.	
3-31	Changed number from six to eleven under requirements for field HI01-2 and removed HMO Encounters specific requirements for field NM1 in Loop 2310C.	
3-32	Removed HMO Encounters specific requirements.	
3-35	Removed HMO Encounters specific requirements.	
3-37	Removed HMO Encounters specific requirements. Added NJ Medicaid specific requirements for fields NM101, REF01 and REF02 for Loop 2420B.	
3-38	Removed HMO Encounters specific requirements. Added NJ Medicaid specific requirements for fields NM101, REF01 and REF02 for Loop 2420C.	
4-8	Removed HMO Encounters specific requirements for fields DTP01 & DTP03 in Loop 2430.	
4-11	Removed HMO Encounters specific requirements for fields SVD01 & SVD02 in Loop 2430.	
4-13	Removed HMO Encounters specific requirements.	
4-14	Removed HMO Encounters specific requirements.	
4-17	Removed HMO Encounters specific requirements.	
4-18	Removed HMO Encounters specific requirements.	
4-20	Removed HMO Encounters specific requirements.	
4-21	Removed HMO Encounters specific requirements.	
4-22	Removed HMO Encounters specific requirements.	
4-23	Removed HMO Encounters specific requirements.	
5-3	Removed HMO Encounters specific requirements for fields NM103 & NM104 in Loop 2010BA.	
5-16	Removed HMO Encounters specific requirements for fields CN101, CN102 & CN104 in Loop 2400.	
5-20	Removed HMO Encounters specific requirements for fields SVD01, SVD02, DTP01 & DTP03 in Loop 2430.	
5-21	Removed HMO Encounters specific requirements.	
5-22	Removed HMO Encounters specific requirements.	
5-24	Removed HMO Encounters specific requirements.	
5-27	Removed HMO Encounters specific requirements.	
5-28	Removed HMO Encounters specific requirements.	
5-29	Removed HMO Encounters specific requirements.	
5-31	Removed HMO Encounters specific requirements.	



Page#	Change	May 2010 Version - continued
5-33	Removed HMO Encounters specific requirements.	
5-34	Removed HMO Encounters specific requirements.	
5-35	Removed HMO Encounters specific requirements.	
5-36	Removed HMO Encounters specific requirements.	
5-37	Removed HMO Encounters specific requirements.	
6-8	Removed HMO Encounters specific requirements.	
6-10	Removed HMO Encounters specific requirements.	
6-11	Removed HMO Encounters specific requirements.	
6-12	Removed HMO Encounters specific requirements.	
6-13	Removed HMO Encounters specific requirements.	
B-5	Added DOS Thru Date for NJ Proc Code Y9898.	
B-6	Added DOS Thru Date for NJ Proc Code Z1243.	
C-1	Added NJ Proc Codes Y9898 and Z1243.	

Page#	Change	October 2009 Version
1-4	Updated URL.	
1-5	Updated URL.	
3-27	Added Example for field K301.	
3-29	Changed the number of maximum additional diagnosis codes recognized. Changed the number of maximum additional procedure codes recognized.	

Page#	Change	September 2009 Version
B-6	Added DOS THRU dates for NJ Proc codes Z1200, Z1295, Z1339.	
C-1	Added NJ Proc codes Z1200, Z1295, Z1339 with DOS FROM date of 10/01/2009.	

Page#	Change	August 2009 Version
2-18	Added text to the instructions for completing the EDI Agreements.	
2-21	Added text to the instructions for completing the EDI Agreements.	
3-20	Indicated fields LIN02, LIN03, CTP04 and CTP05-1 for Loop 2410 Drug Identification have NJ Medicaid specific requirements.	
3-36	Added NJ Medicaid specific requirements for fields LIN02 and LIN03 for Loop 2410.	
3-37	Added NJ Medicaid specific requirements for fields CTP04 and CTP05-1 for Loop 2410.	
5-17	Indicated field CTP05-1 for Loop 2410 Drug Identification has NJ Medicaid specific requirements.	
5-36	Added NJ Medicaid specific requirements for field CTP05-1 for Loop 2410.	

Page#	Change	July 2009 Version
5-17	Indicated field AMT02 in Loop 2400 has a NJ Medicaid specific requirement.	
5-20	Indicated fields CAS02, CAS05, CAS08, CAS11, CAS14, CAS17 in Loop 2430 have NJ Medicaid specific requirements.	
5-35	Added NJ Medicaid payer-specific requirement for Loop 2400 field AMT02 when reporting Medicare approved amount for Professional Crossover Claims.	
5-39	Added NJ Medicaid payer-specific requirements for Loop 2430 fields SDV02, CAS02, CAS05, CAS08, CAS11, CAS14, CAS17 when reporting Medicare paid, deductible, and coinsurance amounts for Professional Crossover Claims.	

Page#	Change	June 24, 2009 Version
1-7	Added description for Appendix C section that has been added to document.	
5-32	Changed description of requirement for field SV101-2 in Loop 2400 due to addition of Appendix C.	
B-1	Changed description of Appendix B due to addition of Appendix C.	



Page#	Change	June 24, 2009 Version – continued
B-2	to	Added column indicating the need to refer to Appendix C for a replacement code and added termination dates
B-8		for several local procedure codes.
C-1		Added Appendix C section for a listing of previously “mapped” codes that are now terminated.

Page#	Change	June 2009 Version
2-3		Added and changed statements to include HIPAA Claims Rejected Reports in a comma delimited file format are sent to Web site for retrieval.
2-4		Added sample of the comma delimited HIPAA Claims Rejected Report.
2-6		Added bullet and quotations to better describe location of upload link.
2-7		Added and changed statements to include availability of the comma delimited HIPAA Claims Rejected Reports. Also added bullet and quotations to better describe location of Recent Uploads link.
2-13		Added statements advising the comma delimited HIPAA Claims Rejected Reports are retained on the Web site for a period of 6 weeks.

Page#	Change	May 2009 Version
2-10		Added attention line to mailing addresses.
3-22		Added description of “DOC” to introduction of DED section to identify NJ Medicaid payer-specific field requirements for the submission of inpatient and outpatient Department of Corrections claims.
3-25		Added NJ Medicaid payer-specific requirement for Loop 2010BA field NM109 for Department of Corrections claims.
3-29		Changed description for codes 55 and 69 for field HI01-2 in Loop 2300.
3-30		Clarified requirements and added maximum dollar amount for HI - Value Information, HI01-5 in Loop 2300.
5-21		Added description of “DOC” to introduction of DED section to identify NJ Medicaid payer-specific field requirements for the submission of Department of Corrections claims.
5-24		Added NJ Medicaid payer-specific requirement for Loop 2010BA field NM109 for Department of Corrections claims.
B-4		Indicated the ending date for mapping the national to local codes for Y8338, Y8339, Y8343, Y8344, Y8345, Y8346.

Page#	Change	March 2009 Version
1-5		Updated HIPAA internet links.
2-2		Updated information for certification sites.
2-15		Added Attachment Code field to HIPAA Attachment Cover Sheet.
3-7		Indicated field K301 in Loop 2300 has a NJ Medicaid specific requirement.
3-27		Added NJ Medicaid payer-specific requirement for Loop 2300 field K301 when reporting Present on Admission data.
5-34		Added NJ Medicaid payer-specific requirement for Loop 2400 field SV104.
6-5		Indicated field DTM02 in Loop 2100 has a NJ Medicaid specific requirement.
6-14		Added NJ Medicaid specific requirement for Loop 2100 field DTM02.

Page#	Change	May 2008 Version
6-2		Indicated the following fields have a NJ Medicaid specific requirement: Loop 1000B, Payee Identification fields N103 and N104.
6-5		Indicated the following fields have a NJ Medicaid specific requirement: Loop 2100, Rendering Provider Information fields REF01 and REF02.
6-10		Added NJ Medicaid payer-specific requirements in Loop 1000B fields N103 & N104. Also added additional comments for fields REF01 and REF02 in Loop 1000B.
6-12		Added additional comments for field NM108 in Loop 2100.
6-13		Added additional comments for field NM109 in Loop 2100. Also added NJ Medicaid payer-specific requirements in Loop 2100 for fields REF01 and REF02.



Page#	Change	February 2008 Version
3-11	Indicated the following field has a NJ Medicaid specific requirement: Loop 2300 field HI01-2.	
3-15	Indicated the following field has a NJ Medicaid specific requirement: Loop 2320 field CAS02.	
3-29	Added additional requirements in Loop 2300 field HI01-2.	
3-32	Added NJ Medicaid payer-specific requirements: Loop 2320 field CAS02.	

The following changes made to the **February 2008 Version** indicate payer-specific requirements for the mandatory submission of NPIs on all HIPAA electronic claims, and will become effective on May 23, 2008. All existing payer-specific requirements for the Loops, Segments, and Fields identified below will remain in effect until May 23, 2008.

Page#	Change	February 2008 Version
3-2	Removed NJ Medicaid payer-specific requirement: Loop 2010AB field NM109.	
3-3	Indicated the following fields have NJ Medicaid payer-specific requirements: Loop 2010AB fields N403, REF01 and REF02.	
3-22	Added description of "XVR" to introduction of DED section to identify NJ Medicaid payer-specific field requirements for the submission of inpatient and outpatient provider-initiated Medicare crossover claims.	
3-30	Changed NJ Medicaid payer-specific requirements: Loop 2310A fields REF01 and REF02.	
3-23	Changed NJ Medicaid payer-specific requirements: Loop 2010AA fields REF01 and REF02.	
3-23	Added NJ Medicaid payer-specific requirements: Loop 2010AB fields N403 and REF01.	
3-24	Added NJ Medicaid payer-specific requirements: Loop 2010AB field REF02.	
3-24	Removed NJ Medicaid payer-specific requirements: Loop 2010AB field NM109.	
3-31	Changed NJ Medicaid payer-specific requirements: Loop 2310B fields REF01 and REF02 and Loop 2310C fields REF01 and REF02.	
3-36	Changed NJ Medicaid payer-specific requirements: Loop 2420A fields REF01 and REF01.	
4-2	Removed "X" marks in Loop 2010AB previously indicating the Loop will be ignored by NJ Medicaid.	
4-2	Indicated the following fields have NJ Medicaid specific requirements: Loop 2010AB field N403, REF01 and REF02.	
4-14	Changed NJ Medicaid payer-specific requirements: Loop 2010AA fields REF01 and REF02.	
4-14	Added NJ Medicaid payer-specific requirements: Loop 2010AB fields N403 and REF01.	
4-15	Added NJ Medicaid payer-specific requirements: Loop 2010AB field REF02.	
4-17	Changed NJ Medicaid payer-specific requirements: Loop 2310A field REF01 and REF02.	
4-18	Changed NJ Medicaid payer-specific requirements: Loop 2310B field REF01 and REF02.	
4-23	Changed NJ Medicaid payer-specific requirements: Loop 2420A field REF01 and REF02.	
5-2	Removed "X" marks in Loop 2010AB previously indicating the fields will be ignored by NJ Medicaid.	
5-3	Removed "X" marks in Loop 2010AB previously indicating the fields will be ignored by NJ Medicaid.	
5-3	Indicated the following fields have NJ Medicaid specific requirements: Loop 2010AB fields N403, REF01 and REF02.	
5-21	Added description of "XVR" to introduction of DED section to identify NJ Medicaid payer-specific field requirements for the submission of professional provider-initiated Medicare crossover claims.	
5-22	Changed NJ Medicaid payer-specific requirements: Loop 2010AA fields REF01 and REF02.	
5-22	Added NJ Medicaid payer-specific requirements: Loop 2010AB fields N403 and REF01.	
5-23	Added NJ Medicaid payer-specific requirements: Loop 2010AB field REF02.	
5-28	Changed NJ Medicaid payer-specific requirements: Loop 2310A fields REF01 and REF02.	
5-29	Changed NJ Medicaid payer-specific requirements: Loop 2310B fields REF01 and REF02.	
5-36	Changed NJ Medicaid payer-specific requirements: Loop 2420A field REF01.	
5-37	Changed NJ Medicaid payer-specific requirements: Loop 2420A field REF02 and Loop 2420E fields REF01 and REF02.	
5-38	Changed NJ Medicaid payer-specific requirements: Loop 2420F fields REF01 and REF02.	

Page#	Change	September 2007 Version
1-8	Added changes from prior versions of the NJ Medicaid HIPAA Companion Guide.	
3-23	Removed previous HMO only requirements for Loop 2010AA fields REF01 and REF02.	
3-25	Added note in field REF02 of Original Reference Number (ICN/DCN) regarding voiding a claim.	



Page#	Change	September 2007 Version – continued
4-14	Removed previous HMO only requirements for Loop 2010AA fields REF01 and REF02.	
4-16	Added note in field REF02 of Original Reference Number (ICN/DCN) regarding voiding a claim.	
5-22	Removed previous HMO only requirement for Loop 2010AA fields REF01 and REF02.	
5-24	Added note in field REF02 of Original Reference Number (ICN/DCN) regarding voiding a claim.	

Page#	Change	May 2007 Version
3-2	Indicated the following fields have NJ Medicaid specific requirements: for Loop 2000A field PRV03, for Loop 2010AA fields N403, REF01 and REF02.	
3-4	Changed Usage Indicator for Loop 2010BB – Credit/Debit Card Account Holder Name from R to S.	
3-14	Indicated the following fields have NJ Medicaid specific requirements: for Loop 2310A fields REF01 and REF02.	
3-15	Indicated the following fields have NJ Medicaid specific requirements: for Loop 2310B fields REF01 and REF02. For Loop 2310C fields REF01 and REF02. For Loop 2310E field N403.	
3-20	Indicated the following fields have NJ Medicaid specific requirements: for Loop 2420A fields REF01 and REF02.	
3-22	Added special requirements for Loop 2000A field PRV03 and for Loop 2010AA field N403.	
3-23	Added special requirements for Loop 2010AA field REF01.	
3-29	Added special requirements for Loop 2310A field REF01.	
3-30	Added special requirements for Loop 2310B field REF01 and Loop 2310C field REF01.	
3-31	Added special requirements for Loop 2310E field N403.	
3-35	Added special requirements for Loop 2420A field REF01.	
4-2	Indicated the following fields have NJ Medicaid specific requirements: for Loop 2000A field PRV03. For Loop 2010AA fields N403, REF01 and REF02.	
4-6	Indicated the following fields have NJ Medicaid specific requirements: for Loop 2310A fields REF01 and REF02. For 2310B fields PRV03, REF01 and REF02.	
4-10	Indicated the following fields have NJ Medicaid specific requirements: for Loop 2420A fields PRV03, REF01 and REF02.	
4-13	Added special requirements for Loop 2000A field PRV03 and Loop 2010AA field N403.	
4-14	Added special requirements for Loop 2010AA field REF01.	
4-16	Added special requirements for Loop 2310A field REF01.	
4-17	Added special requirements for Loop 2310B fields PRV03 and REF01.	
4-21	Added special requirements for Loop 2420A fields PRV03 and REF01.	
5-2	Indicated the following fields have NJ Medicaid specific requirements: for Loop 2000A field PRV03. For Loop 2010AA fields N403, REF01 and REF02.	
5-9	Indicated the following fields have NJ Medicaid specific requirements: for Loop 2310A fields REF01 and REF02.	
5-10	Indicated the following fields have NJ Medicaid specific requirements: for Loop 2310B fields PRV03, REF01 and REF02. For Loop 2310D field N403.	
5-17	Indicated fields LIN02, LIN03 and CTP04 for LOOP 2410 Drug Identification have NJ Medicaid specific requirements	
5-18	Indicated the following fields have NJ Medicaid specific requirements: for Loop 2420A fields PRV03, REF01 and REF02. For Loop 2420C field N403.	
5-19	Indicated the following fields have NJ Medicaid specific requirements: for Loop 2420E fields REF01 and REF02. For Loop 2420F fields REF01 and REF02.	
5-21	Added special requirements for Loop 2000A field PRV03 and Loop 2010AA field N403.	
5-22	Added special requirements for Loop 2010AA field REF01.	
5-27	Added special requirements for Loop 2310A fields REF01 and Loop 2310B field PRV03.	
5-28	Added special requirements for Loop 2310B field REF01 and Loop 2310D field N403.	
5-34	Added NJ Medicaid specific requirements for fields LIN02, LIN03 and CTP04 for LOOP 2410 Drug Identification.	
5-35	Added special requirements for Loop 2420A fields PRV03 and REF01 and Loop 2420C field N403.	
5-36	Added special requirements for Loop 2420E field REF01 and Loop 2420F field REF01.	



Page#	Change	October 2006 Version
3-16	Removed Loop 2310B heading at top of page.	
3-18	In Loop 2330B for Segment DTP – Claim Adjudication Date, indicated fields DTP01 & DTP03 have special requirements for HMOs.	
3-21	In Loop 2430 for Segment DTP – Service Adjudication Date, indicated fields DTP01 & DTP03 have special requirements for HMOs.	
3-30	Added comments to clarify use of NJ Medicaid Other Insurance Carrier Codes for field NM109 in Loop 2330B.	
3-32	For Loop 2330B, Segment DTP – Claim Adjudication Date, added special requirements for HMOs for fields DTP01 & DTP03.	
3-35	For Loop 2430, Segment DTP – Service Adjudication Date, added special requirements for HMOs for fields DTP01 & DTP03.	
4-8	In Loop 2330B for Segment DTP – Claim Paid Date, indicated fields DTP01 & DTP03 have special requirements for HMOs.	
4-12	In Loop 2430 for Segment DTP – Line Adjudication Date, indicated fields DTP01 & DTP03 have special requirements for HMOs.	
4-19	For Loop 2330B, Segment DTP – Claim Paid Date, added special requirements for HMOs for fields DTP01 & DTP03.	
4-21	For Loop 2430, Segment DTP – Line Adjudication Date, added special requirements for HMOs for fields DTP01 & DTP03.	
5-13	In Loop 2330B for Segment DTP – Claim Adjudication Date, indicated fields DTP01 & DTP03 have special requirements for HMOs.	
5-20	In Loop 2430 for Segment DTP – Line Adjudication Date, indicated fields DTP01 & DTP03 have special requirements for HMOs.	
5-30	For Loop 2330B, Segment DTP – Claim Adjudication Date, added special requirements for HMOs for fields DTP01 & DTP03.	
5-35	For Loop 2430, Segment DTP – Line Adjudication Date, added special requirements for HMOs for fields DTP01 & DTP03.	

Page#	Change	July 2006 Version
3-6	Indicated field REF02 of segment REF - Original Reference Number (ICN/DCN) in Loop 2300 – has special requirements.	
3-25	Added special requirements for field REF02 of segment REF - Original Reference Number (ICN/DCN).	
4-5	Indicated field REF02 of segment REF - Original Reference Number (ICN/DCN) in Loop 2300 – has special requirements.	
4-15	Added special requirements for field REF02 of segment REF - Original Reference Number (ICN/DCN).	
5-7	Indicated field REF02 of segment REF - Original Reference Number (ICN/DCN) in Loop 2300 – has special requirements.	
5-10	Indicated field PRV03 of segment PRV – Rendering Provider Specialty Information in Loop 2310B – has special requirements.	
5-18	Indicated field PRV03 of segment PRV – Rendering Provider Specialty Information in Loop 2420A – has special requirements.	
5-24	Added special requirements for field REF02 of segment REF - Original Reference Number (ICN/DCN).	
5-27	Added special requirements for field PRV03 of segment PRV – Rendering Provider Specialty Information.	
5-33	Deleted Value Set J – HMO Category of Service and changed data positions for field NTE02.	
5-33	Added special requirements for field PRV03 of segment PRV – Rendering Provider Specialty Information.	

Page#	Change	April 2006 Version
4-20	Deleted comments for field SV304-1 referring to modifier codes of YU and YL.	

Page#	Change	January 2006 Version
3-21	Indicated LOOP 2430 – SVD01 & SVD02 has special requirements.	



<u>Page#</u>	<u>Change</u>	<u>January 2006 Version - continued</u>
3-31	Added HMO requirement for LOOP 2330B – NM109 New Jersey Medicaid Affiliated HMO – Enter “HMO” Non-HMO Third Party Payer – Enter Carrier ID/Payer ID.	
3-33	Removed HMO requirement for LOOP 2400 –SV203 Monetary Amount “HMO – Enter the payment made to the network provider.”	
3-35	Added HMO requirement for LOOP 2430 – SVD01 & SVD02.	
4-12	Indicated LOOP 2430 – SVD01 & SVD02 has special requirements.	
4-19	Added HMO requirement: LOOP 2330B – NM109 New Jersey Medicaid Affiliated HMO – Enter “HMO” Non-HMO Third Party Payer – Enter Carrier ID/Payer ID.	
4-22	Added HMO requirement for LOOP 2430 – SVD01 & SVD02.	
5-22	Indicated LOOP 2430 – SVD01 & SVD02 has special requirements.	
5-31	Added HMO requirement: LOOP 2330B – NM109 New Jersey Medicaid Affiliated HMO – Enter “HMO” Non-HMO Third Party Payer – Enter Carrier ID/Payer ID.	
5-37	Added HMO requirement for LOOP 2430 – SVD01 & SVD02.	
B-6	Added Termination Date for NJ Local Procedure Code Z1860/National Procedure Code S5102.	

<u>Page#</u>	<u>Change</u>	<u>October 2005 Version</u>
2-13	Changed time period in which attachments must be submitted from 30 to 45 days and added additional information on the procedure for use of the HIPAA Attachment Cover Sheet.	
5-27	Corrected Value Set listed for Lead Screening Indicator for element NTE02.	
5-33	Removed requirement for element SV104 requesting unit of service be less than or equal to 9999.	
6-8	Added Suppressed Check Providers to the requirements for elements BPR01, BPR02 and BPR04.	

<u>Page#</u>	<u>Change</u>	<u>April 26, 2005 Version</u>
A-4	The National equivalent procedure code for NJ's Local Procedure Code, Y6334, has been changed from S9126 to T2043.	
B-3	The National equivalent procedure code for NJ's Local Procedure Code, Y9837, has been changed from S5120 to S5121.	
3-24	Revised Institutional DED entry for Loop 2000B – Subscriber Hierarchical Level, field HL04 - Hierarchical Child Code to make it clear that claims that include the Patient HL segment will not be processed.	
4-15	Revised Dental DED entry for Loop 2000B – Subscriber Hierarchical Level, field HL04 - Hierarchical Child Code to make it clear that claims that include the Patient HL segment will not be processed.	
5-24	Revised Professional DED entry for Loop 2000B – Subscriber Hierarchical Level, field HL04 - Hierarchical Child Code to make it clear that claims that include the Patient HL segment will not be processed.	

<u>Page#</u>	<u>Change</u>	<u>March 2005 Version</u>
1-1	Removed paragraphs discussing July 1, 2004 discontinuance of proprietary formats and October 1, 2004 mandate of the 837 and 835 transaction sets.	
2-5	Added bullet item stating the optimal file size recommendation.	
2-7	Added bullet item stating the optimal file size recommendation.	
3-31 & 3-32	Moved Code "LU" Location Number to REF01 & REF02 for the entry of Cottage Number for LTC claims.	

<u>Page#</u>	<u>Change</u>	<u>February 2005 Version</u>
3-29	Segment: HI – Occurrence Span Information, Codes: Add new line; 75 SNF Days. Requirements: Must be modified to read; FFS – Enter “75” when reporting SNF days. Enter “M3” when reporting ICF days. Enter “M4” when reporting Residential days.	
3-34	Segment: SV2 – Institutional Service, Requirements: Must be modified to read; FFS – When reporting Inpatient services, New Jersey Medicaid will use revenue codes 100 – 219 to identify charges for SNF, ICF, Residential, and Acute days.	



Page#	Change	September 2004 Version
1-6	Added HIPAA internet link for Centers for Medicare and Medicaid Services (CMS). This site is the resource for Place of Service codes for professional claims.	
Appendix A	Repeated the column headings at the top of each page identifying procedure codes and modifiers.	
Appendix B	Added column, "DOS Thru". When this field is valued, the date reflects the termination date of the procedure code. Repeated the column headings at the top of each page identifying procedure codes and modifiers.	

Page#	Change	August 2004 Version
2-6	Revised description of TA1 Acknowledgements for Web submissions under description of Recent Uploads link.	
A-3	Removed National HCPCS 99381& 99391 for NJ PROC code W9820 & W9820-AV.	
B-2	Added National HCPCS 59515-80-SB for NJ PROC code W9031 WM-80 or SB-80.	
B-6	Changed National HCPCS from S9122 to T1019 for NJ PROC codes Z1600-ZI or UC, Z1605-ZI or UC, Z1611-ZI or UC and Z1612-ZI or UC.	

Page#	Change	May 2004 Version
1-7	Added description for Appendix A section that has been added.	
1-8	Added description for Appendix B section that has been added.	
2-2 & 2-3	Added conditions for TA1 Interchange Acknowledgement rejections for the first level of editing.	
2-8	Added additional bullet items for the Transmission Retrieval option of the BBS.	
3-31	Added DED section for loop 2310B, fields REF01 and REF02.	
4-20	Changed DED for field SV301-2 to refer Appendices A and B for a listing of all local procedure code mappings as it relates to dental services.	
5-32	Changed DED section for field SV101-2 to refer to Appendices A and B for a listing of all local procedure code mappings.	
7-3	Added additional requirements for fields GS02 and GS03.	
A1-A5	Added Appendix A for a listing of terminated local procedure code listing.	
A-3	Added National Modifier for NJ PROC code W9820-AV / National HCPCS 99381-99385, 99391-99395 –SA-52.	
A-5	Removed National Modifier for NJ PROC code Z1735-WT / National HCPCS S9124-EP.	
B1-B8	Added Appendix B for a listing of mapped local procedure code listing.	
B-1	Removed National HCPCS 99331 for NJ PROC code W8900.	
B-3	Added National Modifier for NJ PROC code Y7339 / National HCPCS S9125-52-UJ.	
B-4	Added National Modifiers for NJ PROC code Y9543 / National HCPCS H0046-AM-HU.	
B-7	Added National Modifier for NJ PROC code Z1864 / National HCPCS S5102-52.	

Page#	Change	March 2004 Version
1-1	Added paragraph for discontinuance of electronic proprietary formats effective July 1, 2004 for existing Submitters approved for HIPAA claims based on their HIPAA certification and EDI Agreement as of March 31, 2004. Added paragraph about mandatory use of the 837 and the 835 transaction sets for electronic claims and remittance effective October 1, 2004 regardless of date of service.	
2-4	Added statement about maintenance windows for Web users.	
2-5	Added bullet item for Logging In To The Web Site. Users should allow 30 seconds or more before submitting additional files allowing for the TA1 to be created and returned to the user. Added statement about maintenance windows for BBS users.	
2-6	Added item 2 under Logging In to the BBS.	
2-7	Added bullet items for Transmission Submission and Transmission Retrieval options on BBS.	
2-10	Added statements regarding contacting EMC Unit for request of TA1 and 997 Acknowledgements for re-retrieval.	



<u>Page#</u>	<u>Change</u>	<u>March 2004 Version - continued</u>
2-11 & 2-12	Added paragraphs and example of recommendation of the unique numbering of the GS06/GE02 - Group Control Numbers for a Submitter.	
3-15	Marked loop 2310B/REF01 & REF02 as having NJ Medicaid-specific requirements.	
3-17	Removed "NJ Medicaid-specific" marks for loop 2320 field AMT02.	
3-20	Marked loop 2400/SV203 as having NJ Medicaid-specific requirements.	
3-25	Modified requirement not for field NM109, (CCP- If the Social Security Number is not available, enter "999999999".)	
3-27	Modified requirement for field NTE02, added HMO, CCP to requirement for Outpatient Clinic Code.	
3-29	Modified requirement for Value Code 55 for field HI01-2. Modified Value Code listed in field HI01-5, should have originally been listed as "69".	
3-30	Modified Industry Code descriptions for codes AE & AF for field HI01-2.	
3-32	Removed DED section for loop 2320 field AMT02.	
3-34	Removed value 999 due to removal of HMO requirement for field NM109.	
3-35	Modified value for maximum units for field SV205.	
4-8	Removed "NJ Medicaid-specific" marks for field AMT02.	
4-10	Marked loop 2400/SV302 as having NJ Medicaid-specific requirements.	
4-17	Removed DED section for loop 2320 field AMT02.	
4-20	Removed value 999 due to removal of HMO requirement for field NM109.	
5-12	Removed "NJ Medicaid-specific" marks for loop 2320 field AMT02.	
5-29	Removed DED section for loop 2320 field AMT02.	
5-31	Removed value 999 due to removal of HMO requirement for field NM109.	
5-35	Added "*" to NJ Procedure Codes Y0002 and Y0002 22 for field SV101-2 to indicate use of local code definition for units of service when reporting SV204. Changed mapping for local procedure codes X4890 and X4891.	
5-38	Changed mapping for local procedure code Y7634WF.	
5-39	Changed mapping for local procedure code Z0130.	
5-40	Added "*" to NJ Procedure Code Z0330 for field SV101-2 to indicate use of local code definition for units of service when reporting SV204.	
5-42	Modified National HCPCS to replace NJ Procedure Code Z6334.	
5-43	Corrected dates for which National Modifiers are required.	
5-44	Modified requirement for field SV102.	
6-13	Modified requirement note for field REF01. Added DED section for field REF02. Modified requirement notes for fields SVC01-1 and SVC01-2.	
7-1	Marked segments GS06/GE02 as having NJ Medicaid-specific requirements.	
7-4	Added DED section for fields GS06/GE02 as having NJ Medicaid-specific requirements.	

<u>Page#</u>	<u>Change</u>	<u>December 2003 Version</u>
1-1	Mandatory implementation delayed until April 2004.	
1-9	New section added to list document changes compared to prior version.	
2-ALL	All section 2 changes noted in yellow highlight.	
3-3	Marked Loop 2010AB/NM109 as having a NJ Medicaid-specific requirement.	
3-5	Deleted 2300/CLM12 (per HIPAA Addenda).	
3-16	Marked loop 2310E as ignored by NJ Medicaid.	
3-24	Modified requirement note for field 2010AA/REF02. Added requirement note for field 2010AB/NM109.	
3-25	Removed DED section for CLM12	
3-32	Modified requirement note for field NM109.	
3-34	Modified requirement note to field SV201.	
4-10	Marked fields SV304-2 through SV304-5 as ignored by NJ Medicaid.	
4-20	Added DED section for field SV301-2. Added requirement note for field SV304-1.	
4-10	Marked field SV302-2 as having a NJ Medicaid-specific requirement.	
5-7	Marked Loop CN1 as ignored by NJ Medicaid.	



Page#	Change	December 2003 Version- continued
5-8	Marked fields CR103 through CR106 as ignored by NJ Medicaid.	
5-17	Marked fields CN101, CN102, and CN104 as having a NJ Medicaid-specific requirement.	
5-25	Added requirement note to field CLM12.	
5-26	Deleted DED sections for Loop CN1.	
5-31	Added requirement note to field NM109	
5-33	Added mapping for local procedure code W9027 AA WM, W9029 AA WM, and W9029 AA WM.	
5-34	Changed mapping for local procedure code W9210.	
5-35	Added mapping for local procedure code X8200 WI and X8200 WR. Changed mapping for local procedure codes X8334-X8337, X8339, X8433, and X8434.	
5-36	Changed mapping for local procedure codes Y3005, Y3333, Y6333, Y6335, Y6336, and Y7346.	
5-37	Changed mapping for local procedure codes Y7555, Y7557, and Y8344-Y8346.	
5-38	Changed mapping for local procedure code Y9792.	
5-39	Changed mapping for local procedure codes Y9950, Y9952, Y9994, Y9995, Y9998, Y9999. Removed mapping for local procedure code Z0000.	
5-40	Changed mapping for local procedure codes Z1245, Z1250, Z1265, and Z1275.	
5-41	Changed mapping for local procedure code Z2015.	
5-43	Added requirement note to field SV101-3 and SV102. Added DED sections for fields CN101, CN102, and CN104.	
5-45	Change description of NTE from "Claim Note" to "Billing Note".	
6-1	Removed "NJ Medicaid-specific" marks for fields BPR12, BPR14, and BPR16.	
6-13	Modified requirement note for fields SVC01, SVC05 and SVC07.	
7-2	Modified requirement note for field ISA01.	
7-3	Modified requirement note for field GS03.	

July 2003 Version - Original Version of the NJ Medicaid HIPAA Companion Guide

**SECTION 2.1 – HIPAA TESTING AND CERTIFICATION**

New Jersey Medicaid will require each prospective electronic data interchange (EDI) submitter to be certified and approved before HIPAA transactions will be processed in production. The Workgroup for Electronic Data Interchange (WEDI), through a collaborative healthcare industry effort called the Strategic National Implementation Process (SNIP), has recommended six types of transaction testing:

1. Integrity Testing: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 syntax, and compliance with X12 rules. This will validate the basic level integrity of the EDI submission.
2. Requirement Testing: Testing for HIPAA Implementation Guide-specific syntax requirements, such as repeat counts, used and not used codes, elements and segments, required or intra-segment situational data elements. Testing for non-medical code sets as laid out in the implementation guide. Values noted in the implementation guide via an X12 code list or table.
3. Balance Testing: Testing the transaction for balanced field totals, financial balancing of claims or remittance advice, and balancing of summary fields, if appropriate.
4. Situational Testing: Testing of specific inter-segment situations described in the HIPAA Implementation Guide, including the validation of situational fields based on rules present in the Implementation Guide for loops, segments, and data elements. For example, if data element A is valued then data element B must also be valued.
5. External Code Set Testing: Testing for valid Implementation Guide-specific code set values. This level will not only validate the code sets but also make sure the usage is appropriate for any particular transaction.
6. Specialty of Line of Business Testing: Testing to ensure that the segments and data elements required for certain healthcare services are present and correctly formatted according to the Implementation Guide.

New Jersey Medicaid will require each prospective EDI Submitter to certify their capability to produce 837 transactions for all six levels of types of transaction testing. This certification must be obtained from a third-party vendor (a list of vendors is provided later in this section). It is worth noting that some vendors have added a seventh type of testing that ensures the segments and data element requirements, specific to a trading partner (such as New Jersey Medicaid) are present and correctly formatted. Molina Medicaid Solutions will publish the names of vendors who successfully test to the seventh level of testing. Although New Jersey Medicaid does not require the seventh level at this time, it is definitely a benefit for the submitter to consider when selecting a vendor for certification.

New Jersey Medicaid will NOT offer full production testing, including the creation of an 835 transaction, as part of internal testing at this time. However, New Jersey Medicaid will obtain a third-party certification of our capability to produce a compliant 835 transaction.



A separate certification will be required for the 837 Institutional, 837 Dental, and 837 Professional transaction sets. Once a certification is validated, the submitter will be placed into production.

As of the publication of this document, New Jersey Medicaid is aware of the following vendors that offer HIPAA certification services:

Company	Internet Address	Phone	Email Address
AppLabs Technologies	www.applabs.com	(877) 277-5227	info@applabs.net
Ingenex (formerly Claredi)	www.claredi.com	(800) 765-6089	claredi.sales@ingenix.com
Edifecs	www.edifecs.com	(425) 452-0620	info@edifecs.com

A submitter is not limited to these vendors in order to obtain the required certification. However, a submitter must be careful to select a vendor that offers a certification service, and not select a vendor that is limited to testing and validation services only. In addition, it is important that the vendor provide a certification for all six types of transaction testing as previously discussed.



SECTION 2.2 – TRANSLATOR REPORTS AND EDITS

New Jersey Medicaid will be using Mercator as our translator for HIPAA transactions submitted as production data. HIPAA Transactions submitted as test data (ISA15 Usage Indicator entered as "T"), will only be edited at the first level of validation as described below.

Validation of HIPAA interchanges will be done at four different levels of processing. The type of notification to the submitter will depend on where in the process the editing is executed.

1. The first level of editing will be at the point of receipt. A TA1 Interchange Acknowledgement will be sent to the EDI Submitter upon completion of uploading (dropping-off) their interchanges. If the submitter disconnects immediately after uploading and does not receive the TA1 then one is created for the submitter to retrieve from the original drop off location, either the Web site or BBS indicating the initial validation of the interchange. Conveyed in this acknowledgement will be whether the transmitted interchange was accepted for further processing. A rejection at this level will indicate the interchange needs immediate correction before additional processing can commence. Please refer to the Implementation Guide for details.

Interchanges will reject at this level for the following conditions:

- Duplicate Interchange Control Number received for same Submitter (duplicate file received)
 - Interchanges containing Carriage Return/Line Feed characters following the Segment Terminator
 - Invalid Segment Terminator
 - Invalid Subsequent Separator
 - Invalid Interchange Content
 - Submitter ID is not the same in ISA and GS records
 - Receiver ID is not the same in the ISA or GS Records
 - Invalid Version (i.e. if it is not 004010X96A1, 004010X97A1, 004010X98A1)
2. The second level of editing will be performed as part of the Mercator translator processing and will result in the creation of a 997 Functional Acknowledgement for the EDI Submitter to retrieve from the original drop off location, either the Web site or BBS indicating additional validation of the interchange. Validation is done on a one-to-one correspondence between the functional group, transactions sets or segments within the interchange. Data elements in error will be identified in this acknowledgement and will indicate whether the transmitted interchange is accepted or rejected and if correction and resubmission is required before additional processing is commenced. HIPAA Transactions submitted as test data (ISA15 Usage Indicator entered as "T") will not be processed thru this level of editing and will not receive a 997 Acknowledgement. Please refer to the Implementation Guide for details.
 3. The third level of editing will be performed in the NJMMIS preprocessing after the Mercator translator processing and will be related to the EDI Submitter/Provider relationship information. Errors found in this level of editing will be identified on the HIPAA Claims Rejected Report. The HIPAA Claims Rejected Report in a comma delimited file is sent to the Web site for the EDI Submitter to retrieve and import to a spreadsheet application. For those that do not have Internet capabilities the error report produced at this level of editing will be sent to the EDI Submitter via USPS mail for correction of the transaction sets in which the error was encountered. Samples of the HIPAA Claims Rejected Reports produced are provided later in this section.

3 rd Level Of Editing - NJMMIS Preprocessing	
HIPAA Claims Rejected Report	
Pre-Processing Edit and Description	
Billing Provider Not Valid	
Provider Not Valid For Submitter	
Transaction Type, Effective Date, Media Type Not Valid For This Submitter	
Acute Days Validation (Cannot Exceed 999)	
ICF Days Validation (Cannot Exceed 999)	
SNF Days Validation (Cannot Exceed 999)	
Residential Days Validation (Cannot Exceed 999)	
Revenue Units Validation (Cannot Exceed 999)	
Units Of Service Validation (Cannot Exceed 999)	
Revenue Code Validation (Cannot Exceed 999 And Cannot Equal 0)	

REPORT ID: P2033R03 STATE OF NEW JERSEY PAGE 1
 RUN DATE: 10/16/2003 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
 HIPAA CLAIMS REJECTED REPORT

SUBMITTER ID: 1234567 SUBMITTER NAME: EDI TRADING PARTNER NAME
INTERCHANGE CONTROL NBR: 032880001

PROVIDER ID:	1234567	PROVIDER NAME:	NJ MEDICAID PROVIDER NAME	*
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```
CLM # 5  EDIT: 435  UNABLE TO DEFINE CLM TYP
          PAT ACC # 0000000000001 CLM TYP: 99 RCN: 0328853730801 CLM CHRG: 14,143.00
CLM # 6  EDIT: 435  UNABLE TO DEFINE CLM TYP
          PAT ACC # 0000000000002 CLM TYP: 99 RCN: 0328853730901 CLM CHRG: 64,273.00
```

NBR	CLMS	GENERATED:	6	CLAIM	CHRGs:	144,936.00
NBR	CLMS	ACCEPTED :	4	CLAIM	CHRGs:	66,520.00
NBR	CLMS	REJECTED :	2	CLAIM	CHRGs:	78,416.00

```
>> INTERCHANGE TOTALS: TOT CLMS =          6          TOT CHRGS =          144,936.00
TOTAL PROVIDERS =          1
```

[illegible]



4. The fourth level of editing will be performed in the NJMMIS Claims Adjudication Cycle, which is performed over the weekend. Errors found at this level of editing will be conveyed as Adjustment Reason and Remark Codes in the 835 Health Care Claim Payment/Advice and on the hard copy remittance advice.



SECTION 2.3 - TELECOMMUNICATIONS SPECIFICATIONS

Internet Specifications

New Jersey Medicaid and Molina Medicaid Solutions have deployed an Internet-based solution that will allow the electronic exchange of HIPAA transactions through the HIPAA Claims link on the NJMMIS Web site (www.njmmis.com). HIPAA interchanges can be sent seven days a week, Sunday thru Saturday, with the following exceptions, which have been scheduled as maintenance windows.

- Wednesdays, 10 p.m. thru Thursdays 2 a.m. and
- Saturdays, 8 p.m. thru Sundays 4 a.m., Eastern time.

EDI Submitters using the Web site will drop-off 837 transactions and pick-up TA1 and 997 transactions through a secure area of the New Jersey Medicaid Web site. A valid username and password is required before access is granted for drop-off and pick-up. Only electronic data interchanges in the 837 4010A1 addenda format will be accepted for processing on the Web site.

Submitter Registration - Obtaining a Username and Password

EDI Submitters will receive their Username and Password via the United States Postal Service mail upon verification of their HIPAA Certification for the specified HIPAA transaction sets. EDI Submitters will be registered on the submitter database via their EDI Submitter Agreement and certification documentation.

Submitters are expected to maintain their own passwords and will be able to change their password thru a link on the **HIPAA Claims** Web site. Within 5 business days, your username and password will be sent to the Submitter information listed on the NJMMIS Molina Medicaid Solutions Submitter database, via the United States Postal Service mail.

Logging In To Web Site

1. After receiving your username and password, access the Web site (www.njmmis.com) and select the **HIPAA Claims** link from the menu options on left side of screen.
2. Enter your username and password and click on Submit.
3. On the **Welcome to the New Jersey Medical Assistance Program Transaction Services Home** screen click on the **upload** link at the “• Upload or download HIPAA files” prompt to upload files for processing.
 - Only files in the approved HIPAA formats may be uploaded.
 - You can upload up to five files at a time. All files being submitted must be of the same type as indicated in the file type selection area. (i.e. Up to five 837 – 4010X096A1 Institutional files can be submitted at one time. If you wish to also submit 837 – 4010X097A1 Dental files these must be sent after the previous file type has been submitted.
 - Users should allow 30 seconds or more before submitting additional files allowing for the TA1 to be created and returned to the user.
 - The optimal file size recommendation for efficient file transfers, processing, and analysis by Molina Medicaid Solutions EDI staff is 5MB or less. While files up to a maximum size of 40MB may be submitted, Molina Medicaid Solutions will not perform detailed analysis on files in excess of 5MB



when assisting submitters in resolving errors resulting in the full or partial rejection of a submission. Submitters requiring the technical assistance of Molina Medicaid Solutions EDI staff will be requested to resubmit the claims in question with one or more files where the file size does not exceed 5MB.

- If multiple files are being submitted at one time within a compressed file, the combined file sizes must not exceed 40 MB.
 - Files can be in ZIP or DAT format only. Please refer to the section on Interchange Naming Convention discussed later in this section for additional information regarding compressed files and naming conventions.
4. Click on the download link at the “• Upload or download HIPAA files” prompt to download (pick-up) your 835 remittance files and HIPAA Claims Rejected Report files.
- 835 remittance files are available for downloading the following Wednesday after your file has been submitted as long as your submission is received and accepted for processing within the published submission deadlines. Please refer to the EDI Submission Deadlines discussed later in this section.
 - HIPAA Claims Rejected Report files in a comma delimited format are available for downloading the next morning following the nightly preprocessing of your file as long as your submission is received and accepted for processing.
5. Click on the Recent Uploads link of the “• View a list of Recent Uploads” prompt to pick-up TA1 and 997 acknowledgements.
- TA1 acknowledgements are displayed as text messages indicating Accepted; No Error or Rejected; indicating type of error detected. These are not available for downloading.
 - 997 acknowledgements are available for downloading two to three hours after your file has been submitted.

Bulletin Board System (BBS) Specifications

New Jersey Medicaid and Molina Medicaid Solutions have also deployed a Point-To-Point Dial-Up Bulletin Board System (BBS)-based solution that will allow the electronic exchange of HIPAA transactions. HIPAA interchanges can be sent seven days a week, Sunday thru Saturday, with the following exceptions, which have been scheduled as maintenance windows.

- Wednesdays, 10 p.m. thru Thursdays 2 a.m. and,
- Saturdays, 8 p.m. thru Sundays 4 a.m., Eastern time.

EDI Submitters using the BBS will upload (drop-off) and download (pick-up) HIPAA transactions by dialing 609-631-9527. A valid username and password is required before access is granted. Only electronic data interchanges in the 837 4010A1 addenda format will be accepted for processing on the BBS.

We recommend XMODEM, ZMODEM or KERMIT as the preferred protocols for asynchronous transmission at 1200, 2400, 4800*, 9600* and 56K* baud rates.

*NOTE: Some telephone switching equipment will not accurately transmit at these speeds. Use a lower setting if problems are encountered.



Compatible Software Settings

Listed below are the software set-up instructions for most commercial telecommunication packages. The settings should match exactly.

- Data Bits: 8
- Parity Check: NONE
- Stop Bit: 1
- Duplex Mode: FULL
- Terminal Emulation: ANSI
- Flow (XON/XOFF): ON

Logging In to the BBS

- 1) After receiving your username and password, access the Bulletin Board System by dialing **609-631-9527** and upon connection enter your username and password when prompted.
- 2) Please note that Molina Medicaid Solutions is still in the process of making updates to the BBS. A date of the last update to the functions of the BBS is displayed on the initial connection screen.
- 3) Next enter the appropriate menu selection as displayed on the screen
 - Transmission Submission
 - Transmission Retrieval
 - Contacts Directory
 - Manuals & Specifications
 - Goodbye/Disconnect
- 4) Select **Transmission Submission** to upload files for processing.
 - Only files in the approved HIPAA formats may be uploaded.
 - Only one transaction type as selected can be submitted at one time in the file being submitted. (i.e. one 837 – 4010X096A1 Institutional file or one 837 – 4010X097A1 Dental file or one 837 – 4010X098A1 Professional file or one NCPDP Pharmacy Batch file).
 - Files can be in ZIP or DAT format only. Please refer to the section on Interchange Naming Convention discussed later in this section for additional information regarding compressed files and naming conventions.
 - The optimal file size recommendation for efficient file transfers, processing, and analysis by Molina Medicaid Solutions EDI staff is 5MB or less. While files up to a maximum size of 40MB may be submitted, Molina Medicaid Solutions will not perform detailed analysis on files in excess of 5MB when assisting submitters in resolving errors resulting in the full or partial rejection of a submission. Submitters requiring the technical assistance of Molina Medicaid Solutions EDI staff will be requested to resubmit the claims in question with one or more files where the file size does not exceed 5MB.
 - If multiple files are being submitted at one time within a compressed file, the combined file sizes must not exceed 40 MB.



- As part of this process, the TA1 is created and ready to be picked up. Follow the Transmission Retrieval process to retrieve this immediately upon completion of submission.
- 5) Select **Transmission Retrieval** to download TA1 and 997 Acknowledgement files.
- TA1 acknowledgements are available for downloading immediately after your file has been received.
 - The Interchange Control Number in the TA1 acknowledgement retrieved will correspond to the Interchange Control Number in the ISA segment of the original interchange.
 - The TA1 is only saved as a temporary file on the BBS. You must retrieve this immediately after sending your interchange. If you fail to retrieve your TA1 at this time, you must wait 15 to 20 minutes to retrieve this. Users are not required to retrieve their TA1 acknowledgements. The TA1 only acknowledges receipt of the interchange, not acceptance or rejection of an interchange. The 997 acknowledgement is much more useful in determining if a complete, successful interchange has been received for processing.
 - 997 acknowledgements are available for downloading three hours after your file has been submitted.
 - When selecting the option, **All Available**, ALL available 997 Acknowledgements are returned.
 - When selecting the option, **Specific Date**, ALL 997 Acknowledgements are returned for the date the original interchange(s) was/were sent.
 - When selecting the option, **Specific Control #**, the 997 Acknowledgement matching the ISA Control Number specified is returned.
 - When selecting the option, **No Compression** | **FileName = YOURID#.DAT**, only the latest available 997 Acknowledgement is returned in a single file.
 - When selecting the option, **Compressed [Zipped]** | **FileName = YOURID#.ZIP**, ALL available 997 Acknowledgements are returned as separate files within in a single .zip file.



SECTION 2.4 – ELECTRONIC MEDIA SPECIFICATIONS

CD-ROM Specifications

In addition to the Internet and the Point-To-Point Dial-Up Bulletin Board System, New Jersey Medicaid will permit the exchange of HIPAA transactions on Compact Disc (CD-ROM). **Please be advised that CD-ROM submissions will NOT be returned to the EDI Submitter and their TA1 Interchange Acknowledgements, 997 Functional Acknowledgements and 835 Health Care Claim Payment/Advices will have to be retrieved from the Web site. These will NOT be sent to the submitter.**

NJ Medicaid will accept HIPAA 837 transaction sets submitted on the following types of CD-ROM discs.

CD-RW (Rewritable) or CD-R (Recordable)

- 74 min. 650MB
- 80 min. 700MB

Tape Cartridge Specifications

New Jersey Medicaid has discontinued the use of other media, such as round reel tape, and diskette. In lieu of the discountenance of round reel tapes, New Jersey Medicaid will allow the exchange of HIPAA transactions on tape cartridge media. Tape cartridges will be returned to the submitter's address listed on the Molina Medicaid Solutions NJMMIS Submitter file following the weekly adjudication cycle. **Please be advised that TA1 Interchange Acknowledgements, 997 Functional Acknowledgements and 835 Health Care Claim Payment/Advices will have to be retrieved from the Web site. These will NOT be sent to the submitter.**

New Jersey Medicaid will accept HIPAA 837 transaction sets submitted on the following types of tape cartridge media.

18-Track 3480 (IBM 3480 compatible)
18-Track 3490 (IBM 3490 compatible)
36-Track 3490E (IBM 3490E compatible)

All tape cartridge interchanges must be recorded in Extended Binary Coded Decimal Interchange Code (EBCDIC) and have an internal label in the standard IBM tape label format.

The external label of the CD-ROM or Cartridge Tape submission must appear as follows:

NJMMIS HIPAA 837 – CD-ROM or CART TAPE SUBMISSION			
Creation Date	_____ (a)	Submitter ID #	_____ (g)
Cart/CD #	_____ (b)	Submitter Name	_____ (h)
# Of Trans Sets	_____ (c)		_____
\$ Amount	_____ (d)		_____
Trans Type	_____ (e)	Phone #	_____ (i)
Density	_____ (f)		



- a) **Creation Date:** The creation date of the submission as it appears on the encoded claims and as it appears in the ISA.
- b) **Cart/CD#:** An external identifying number.
- c) **# Of Trans Sets:** The Number of Transaction Sets Included in the interchange.
- d) **\$ Amount:** The total dollar amount of all the transactions billed in the interchange.
- e) **Trans Type:** The type of transaction set encoded on the tape: 837 - Institutional, Professional or Dental.
- f) **Density:** Specify on the outside of the label the recording density used when creating the tape cartridge.
- g) **Submitter ID #:** The Submitter's ID number assigned by Molina Medicaid Solutions.
- h) **Submitter Name:** The name of the Submitter submitting the interchange.
- i) **Phone Number:** This is not required, just helpful.

Mailing Address For CD-ROM And Tape Cartridge Submissions

CD-ROMs and tape cartridges must be properly packaged for mailing. New Jersey Medicaid is not responsible for damage occurring to interchanges in the mailing process. All CD-ROM and tape cartridge submissions are to be mailed to:

Via U.S. Mail

**Molina Medicaid Solutions
Computer Operations
Attn: EDI Unit
P.O. Box 4814
Trenton, New Jersey 08650- 4814**

Other Carriers

**Molina Medicaid Solutions
Computer Operations
Attn: EDI Unit
3705 Quakerbridge Road
Suite 101
Trenton, New Jersey 08619**

**SECTION 2.5 - INTERCHANGE NAMING CONVENTION**

Regardless of the media (CD-ROM or Cartridge Tape) or method used (BBS or Web site) for submission of HIPAA transactions, New Jersey Medicaid will support the DOS file-naming convention of 8-characters followed by a 3-character extension. The file name format **MUST** be **one alphabetic (A thru Z) character** followed by **the 7-digit EDI Submitter ID Number** (assigned by Molina Medicaid Solutions) with the REQUIRED 3-character extension of .DAT.

Example: **A1234567.DAT**

Any interchanges that do not follow this naming convention will NOT be processed. The EDI Submitter number in the interchange name **MUST** match the EDI Submitter number in the ISA.

EDI submissions may include any number of claims as long as the size of the interchange being submitted does NOT exceed 40 megabytes. There is no minimum or maximum number of claims required for an EDI submission, regardless of the media or method of submission, except that the size of the interchange being submitted does NOT exceed **40 megabytes**. **EDI submissions with file properties set to “READ ONLY” will NOT be accepted.**

Multiple interchanges may be sent daily however an EDI Submitter is NOT to exceed more than **999** interchanges in a day (from the period of midnight to midnight).

Only one ISA must be contained within a file and the file must contain only one file type, Professional, Institutional or Dental per file. If the Submitter sends multiple file types they must be sent as separate submissions. (i.e. one file containing one ISA including claims in the 837 - 4010X096A1 Institutional format only; one file containing one ISA including claims in the 837 - 4010X097A1 Dental format only; one file containing one ISA including claims in the 837 - 4010X098A1 Professional format only.)

Multiple files may be submitted in a compressed format with a .zip file extension, but again the .zip file must contain only one file type, all Institutional, Dental or Professional format claims only. (i.e. multiple files within one .zip file, all files containing only one ISA and all included claims are in one 837 - 4010X0??A1 format only.)

- A1234567.zip - Compressed file
- A1234567.dat – 1st file in compressed file, all Institutional claims
- B1234567.dat – 2nd file in compressed file, all Institutional claims
- C1234567.dat – 3rd file in compressed file, all Institutional claims

EDI Submission Verification

TA1 Interchange Acknowledgements will be available to the EDI Submitter upon completion of uploading (dropping-off) their interchanges on either the Web site or Bulletin Board System (BBS) as long as the submitter stays connected. If the submitter disconnects immediately after dropping-off their interchange and does not receive their TA1 then the EDI Submitter must contact the Molina Medicaid Solutions EDI Unit at 609-588-6051 and request the TA1 Interchange Acknowledgement be put back on the Web site or BBS for retrieval. **TA1 Acknowledgements are retained for two weeks.**

997 Functional Acknowledgements will be available for downloading to the EDI Submitter upon completion of uploading (dropping-off) their interchanges on either the Web site or Bulletin Board System (BBS) two to three



hours after the file has been submitted. For BBS Users once you have downloaded your 997 it is not available for retrieval an additional time. If you have lost your 997 and wish to re-retrieve this you must contact the Molina Medicaid Solutions EDI Unit at 609-588-6051 and request the 997 Acknowledgement be put back on the BBS for retrieval. **997 Acknowledgements are retained for 30 days.**

HIPAA Claims Rejected Report files in a comma delimited format will be available for downloading to the EDI Submitter the morning following the nightly preprocessing. **HIPAA Claims Rejected Report are retained for 6 weeks.**

If the EDI Submitter has executed an EDI Agreement to retrieve their 835 Health Care Claim Payment/Advices from the Web site, these will be available for downloading to the EDI Submitter the following Wednesday after the file has been submitted as long as your submission is received within the published submission deadlines. **835 Remittance files are retained for 6 weeks.**

EDI Submitters that have executed an EDI Agreement to receive their 835 Health Care Claim Payment/Advices on CD-ROM will receive these the following Wednesday after your file has been processed as long as your submission is received and accepted within the published submission deadlines.

EDI Submitters that have executed an EDI Agreement to receive their 835 Health Care Claim Payment/Advices on Tape Cartridges will receive these the following Wednesday after your file has been processed as long as your submission is received and accepted within the published submission deadlines. **Tape Cartridges must be returned to Molina Medicaid Solutions within 30 days.**

Submitters will NOT be able to retrieve “paper format” Remittance Advice data from the Web site. **Only approved Providers will be allowed to retrieve “Paper Format” Remittance Advice data from the Web site.**

It is strongly recommended that for accurate reconciliation of your 997 Acknowledgements to the corresponding 837 Interchange that the Group Control Numbers entered in the GS/GE segments be unique for each interchange submitted by an EDI Submitter. The GS06/GE02 - Group Control Number from the incoming 837 is returned in the outgoing 997. If it is your practice to have only one GS segment in an interchange we suggest the GS06/GE02 - Group Control Number be the same as the ISA13/IEA02 – Interchange Control Number. When the same value (0001) is entered as the GS06/GE02 - Group Control Number, it is impossible to reconcile.

Below is an example of this situation:

- One zip file is submitted containing six (6) Interchanges
- Each ISA/IEA Interchange Control Number is unique for each Interchange included within the file
- All Interchanges have the same GS06/GE02 number
- 997 Acknowledgements are returned back to the Submitter for each of the six (6) Interchanges included within the zip file
- Five 997 Acknowledgements report as Accepted
- One 997 Acknowledgement reports as Rejected
- All 997 Acknowledgement reports are returned with the originator's GS06/GE02 - Group Control Numbers (00001)



A0000000.ZIP

<u>Interchange</u>	<u>GS06/GE02 #</u>	<u>Interchange</u>	<u>GS06/GE02 #</u>	<u>Interchange</u>	<u>GS06/GE02 #</u>
A0000000.dat	00001	B0000000.dat	00001	C0000000.dat	00001
D0000000.dat	00001	E0000000.dat	00001	F0000000.dat	00001
997	ST02/SE02-	997	ST02/SE02-	997	ST02/SE02-
<u>Acknowledgement</u>	<u>GS06/GE02 #</u>	<u>Acknowledgement</u>	<u>GS06/GE02 #</u>	<u>Acknowledgement</u>	<u>GS06/GE02 #</u>
9970000.dat	00001	9970000.dat	00001	9970000.dat	00001
9970000.dat	00001	9970000.dat	00001	9970000.dat	00001

- Which Interchange with GS06/GE02 - Group Control Numbers (00001) Rejected?

It is for this reason that we have determined that the uniqueness of the GS06/GE02 - Group Control Numbers is mandatory for the accuracy of 997 Acknowledgement processing and reconciliation and have added this to our HIPAA Companion Guide as a Trading Partner requirement.

EDI Submission Deadlines

All EDI submissions must be received no later than close of business (5:00 p.m., Eastern time) on the Wednesday before the upcoming Adjudication Cycle for the designated program (New Jersey Medicaid, Charity Care or Encounters) to be included in that program's adjudication cycle. Exceptions may be made for weeks containing a Molina Medicaid Solutions holiday. Please refer to the FAQ link on the www.njmmis.com Web site for the specific program's Submission Deadline Schedule.

**SECTION 2.6 – HIPAA ATTACHMENT COVER SHEET**

With the inception of HIPAA, there is a conscious effort to reduce the amount of paper required for claim submission. Previously claims requiring additional information not provided on the hard copy claim forms or in electronic formats **had to be submitted with attachments to provide the additional information needed to meet federally prescribed documentation regulations.** With the implementation of HIPAA electronic data interchanges in the 837 4010A1 addenda format these claims may now initially be submitted electronically with the required attachments following in the mail.

Please keep the following items in mind when submitting attachments for HIPAA electronic data interchanges:

- The attachment cover sheet cannot be used as proof of timely filing;
- Attachments must be submitted within 45 days **of the electronic claim submission**;
- The Original ICN (Internal Control Number) as reported on the 835 Health Care Claim Payment/Advice put on the attachment form must be “in process”;
- Please do not use the HIPAA Attachment Cover Sheet form located in this document. The form can be retrieved through the “Forms & Documents” link found on the NJMMIS Web site (www.njmmis.com).
- **If the HIPAA Attachment Cover Sheet is not returned with the required attachment within 45 days the claim will deny.**

Claims that require attachments and are submitted electronically will show as “Claims In Process” on the provider's remittance advice the Wednesday following the claim adjudication cycle that the batch was received. In addition there will be two edits posted; edit 464 – “HIPAA Claim Denied No Attachment” and the edit describing what attachment is needed.

If the HIPAA Attachment Cover Sheet is not returned with the required attachment within 45 days the claim will deny.

Instructions for completing the HIPAA Attachment Cover Sheet

- A. Complete all necessary Loops and Segments for the electronic claim including Loop 2300; PWK01=OZ, PWK02=BM (BY MAIL), PWK06=Patient Account Number (from Loop 2300; CLM01)**
- B. Complete and mail the HIPAA Attachment Cover Sheet along with all associated attachments.**
 - 1. NJ Medicaid Provider ID:** Enter the Provider's provider number as assigned by Molina Medicaid Solutions.
 - 2. Current Date:** Enter the date completing the HIPAA Attachment Cover Sheet in MMDDCCYY format.
 - 3. Provider Name and Address:** Enter the Provider's name and service address.
 - 4. Control Number (ICN):** Enter the unique 13 digit Internal Control Number (ICN) as assigned to each claim received by Molina Medicaid Solutions. *A range of ICN control numbers may only be entered for claims containing consecutive lines for the Attachment Codes below indicated with an *.* *This option is not available for claims that require manual pricing.* Enter the beginning ICN in the **Beginning ICN** field and the last ICN in the **Ending ICN** field.
 - 5. Medicaid Beneficiary ID:** Enter the Medicaid Beneficiary ID exactly as it appears on the Eligibility Identification Card.
 - 6. Date of Service:** Enter the date or dates the service was provided to the beneficiary.



7. **Patient Account Number:** Enter the unique Patient Account Number as was submitted electronically.
8. **Attachment Code:** Check the appropriate box indicating the attachment code and type of documentation to be accompanied by the form. A maximum of three code boxes can be checked.

In the **ATTACHMENT CODE** section check the appropriate box indicating the attachment code and type of documentation to be accompanied by the form. A maximum of three code boxes can be checked.



State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services

HIPAA Attachment Cover Sheet

1. NJ Medicaid Provider ID

--	--	--	--	--	--	--	--

2. Current Date

M	M	D	D	C	C	Y	Y

3. Provider Name and Address:

City State Zip Code

4. Control Number (ICN)

Beginning ICN

2	0																
---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Ending ICN

2	0																
---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A range of ICN control numbers may only be entered for claims containing consecutive lines for the Attachment Codes below indicated with an *. This option is not available for claims that require manual pricing.

5. Medicaid Beneficiary ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Date of Service

M	M	D	D	C	C	Y	Y	M	M	D	D	C	C	Y	Y		

7. Patient Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8. Attachment Code

- | | |
|--|---|
| <ul style="list-style-type: none"> * <input type="checkbox"/> 01 - Third Party Liability (TPL)/Explanation of Benefits (EOB) or Denial Letter Other than Medicare * <input type="checkbox"/> 04 - Hysterectomy Receipt of Information form (FD-189) * <input type="checkbox"/> 05 - Sterilization Consent Form (7473-M-ED) * <input type="checkbox"/> 06 - Medical Records * <input type="checkbox"/> 07 - Medical Second Opinion Referral Form (FD-263) <input type="checkbox"/> 08 - Miscellaneous <ul style="list-style-type: none"> • Remittance Advice • Judge Runs • Invoice • Compound Drug Lists • Prescriptions | <ul style="list-style-type: none"> * <input type="checkbox"/> 09 - Transportation Medical Certification Stmt. (CITE-20) * <input type="checkbox"/> 10 - Out of State Prior Authorization (LD25) * <input type="checkbox"/> 11 - Medically Needy Transmittal Form (FD-311) * <input type="checkbox"/> 12 - Lock-in (SSP-14) * <input type="checkbox"/> 13 - Certification of Treatment of Emergency (FD-80) |
|--|---|

To the best of my knowledge, the above is true, accurate, complete, and the requested services are medically indicated and necessary to the health of the patient. **Note:** Authorization does not guarantee payment. Payment is subject to patient's eligibility. Be sure the patient's eligibility is current before rendering service. Please refer to the HIPAA Companion Guide on the NJMMIS website at www.njmmis.com for detailed instructions.

Submit this sheet with your attachments to:

Molina Medicaid Solutions
Attn: HIPAA Attachments
Post Office Box 4752
Trenton, New Jersey 08650-4752



SECTION 2.7 – TRADING PARTNER AGREEMENT

All New Jersey Medicaid, Charity Care or Encounter Providers desiring to submit HIPAA formatted electronic claims must complete a New Jersey Medicaid HIPAA EDI Agreement as part of the trading partner agreement as required by HIPAA guidelines. The New Jersey Medicaid HIPAA EDI Agreement and instructions for its completion are provided later in this section. The New Jersey Medicaid HIPAA EDI Agreement will replace the previous “New Jersey Medicaid Provider Electronic Billing Agreement For Providers With Billing Agents” and “New Jersey Medicaid Provider Electronic Billing Agreement” previously executed. The New Jersey Medicaid HIPAA EDI Agreement and HIPAA certification received for the specified HIPAA transaction sets must be prior approved and on file with Molina Medicaid Solutions before HIPAA formatted claims may be submitted electronically. Molina Medicaid Solutions will notify the EDI Submitter of New Jersey Medicaid’s approval for the submission of HIPAA formatted electronic claims.

Providers using a billing service to submit HIPAA formatted electronic claims must complete the New Jersey Medicaid HIPAA EDI Agreement along with the billing service. The billing service is responsible for ensuring that each provider properly completes and submits these agreements to Molina Medicaid Solutions along with a copy of the certification form received in testing certifying their capability to produce HIPAA compliant transactions. If the agreement is not properly completed, it will be returned to the submitter. If the certification form does not accompany the agreement the submitter will not be approved to submit claims electronically until the certification form is on file with Molina Medicaid Solutions.

Providers must notify Molina Medicaid Solutions in writing when the use of a billing service for the submission of electronic claims has been terminated. When a provider switches billing services, the new billing service must ensure that the provider completes a new, New Jersey Medicaid HIPAA EDI Agreement form and submit it to Molina Medicaid Solutions along with a copy of the HIPAA certification form. Molina Medicaid Solutions will notify the billing service when approval to submit claims electronically has been granted.

Providers must notify Molina Medicaid Solutions in writing when their use of a software developer’s application for the direct submission of electronic claims to Molina Medicaid Solutions has been terminated. When a provider switches to a new software developer’s application, the provider must complete a new, New Jersey Medicaid HIPAA EDI Agreement form and submit it to Molina Medicaid Solutions along with a copy of the HIPAA certification form. Molina Medicaid Solutions will notify the provider when approval to submit claims electronically has been granted.

A new agreement must be completed when a provider or billing service changes ownership.

All New Jersey Medicaid HIPAA EDI Agreements **MUST** be submitted to Molina Medicaid Solutions or DMAHS with **ORIGINAL** signatures. Facsimile copies of agreements will **NOT** be accepted. If the agreement is not properly completed, Molina Medicaid Solutions will return it.

**New Jersey Medicaid HIPAA EDI Agreement 837 ELECTRONIC CLAIMS INPUT– Instructions**

Following are instructions for completing the New Jersey Medicaid HIPAA EDI Agreement.

For the ☐ **MEDICAID**, ☐ **ENCOUNTER** or ☐ **CHARITY CARE** check boxes located at the top of the form, indicate the Provider Type for which you will be electronically submitting claims. Check **one** box only. A separate New Jersey Medicaid HIPAA EDI Agreement is required for each provider number you will be electronically submitting claims for unless the provider is a group practice and the group is responsible for the billing of the individual providers associated with the provider group.

SECTION 1: FISCAL AGENT USE ONLY

Who should complete this section? ONLY AUTHORIZED MOLINA MEDICAID SOLUTIONS PERSONNEL.

SECTION 2: PROVIDER

*Who should complete this section? The **PROVIDER** wishing to submit HIPAA Formatted claims. **The information entered in this section should be the same as is entered on the New Jersey Medicaid Provider file.***

- 01) Medicaid Provider Name: Enter the name of the Provider or Provider's Group name as registered with New Jersey Medicaid.
- 02) Medicaid Provider Number: Enter the New Jersey Medicaid Provider Number that was assigned by Molina Medicaid Solutions.
- 03) Street Address: Enter the **physical street** address of the Provider or Provider Agency. **PO Box addresses will not be accepted.**
- 04) City, State, Zip Code: Enter the city, state and zip code of the Provider or Provider Agency.
- 05) EDI Contact Person: Enter the name of the person to be contacted by Molina Medicaid Solutions regarding EDI submissions. This is a dual purpose form. Some providers do submit their claims directly to Molina Medicaid Solutions and therefore, there should be a person Molina Medicaid Solutions may contact. If a billing agent will be submitting claims on behalf of the provider, then this may be left blank as it will be entered in section 6.
- 06) Phone/Ext: Enter the area code, telephone number and the extension number for the physical address where the provider is located or the direct line of the EDI Contact Person when the provider is submitting the claims. If a billing agent will be submitting claims on behalf of the provider, then this phone number should be the physical location of the provider's place of service.
- 07) FAX: Enter the facsimile area code and telephone number of the **Provider** or Provider Agency's facsimile machine, if one exists.
- 08) E-Mail: Enter the e-mail address of the EDI Contact Person if one exists. This should be the provider's e-mail address, do not enter a billing agent's e-mail address in this field.



- 09) 2nd EDI Contact Person: Enter the name of an additional person to be contacted by Molina Medicaid Solutions regarding EDI.
- 10) 2nd Phone/Ext: Enter the area code, telephone number and the extension number of an additional EDI Contact Person.

SECTION 3: AGREEMENT

Who should complete this section? Any PROVIDER who submits claims directly to Molina Medicaid Solutions. OR in the case where a Billing Agent submits the claims on behalf of the Provider, both the Provider and the Billing Agent.

- 11) Provider's Signature: This field is for the signature of the New Jersey Medicaid Provider. In the case of a group practice, the person that has signature authority for the group as a whole enter the name of the Provider or Provider's Group name as registered with New Jersey Medicaid. THIS PERSON SHOULD HAVE LIABILITY AUTHORITY.
- 12) Date: Enter the date this form is signed by the Provider's representative.
- 13) Medicaid Provider ID: Enter the New Jersey Medicaid Provider number that was assigned by Molina Medicaid Solutions.
- 14) Billing Agent's Signature: This field is for the signature of the organization electronically submitting claims on behalf of the Provider. (If the provider is NOT using a billing agent, please leave this field blank or enter N/A (Not Applicable) in this field. By leaving this field blank, it is understood the PROVIDER is submitting all claims.)
- 15) Date: Enter the date this form is signed by the Billing Agent's representative.
- 16) Submitter ID: Enter the Electronic Submitter ID previously assigned by Molina Medicaid Solutions if one exists. Doing so will notify us that the Provider Number entered at the top of this EDI Agreement is to be linked to the previously assigned Electronic Submitter ID. If one has not been assigned or you do not wish the Provider Number entered above to be linked to the previously assigned Electronic Submitter ID leave this field blank. (NOTE: If the provider is submitting claims themselves, place the PROVIDER's SUBMITTER ID here.)

SECTION 4: HIPAA TRANSACTION SETS & CERTIFICATION

Who should complete this section? The person who is actually submitting claims directly to Molina Medicaid Solutions should complete this section. In the case of Providers, you may want to consult your software vendor or computer department before completing this section.

- 17) Transaction Sets: Indicate by placing a check mark in the appropriate boxes that describe the HIPAA transaction set type(s) to be submitted to Molina Medicaid Solutions for the Provider Number above.

Version 4010 Addenda:

- 004010X096A1-837 Institutional includes Inpatient, Outpatient, Home Health-UB-92 and Long Term Care Claims.
- 004010X097A1-837 Dental includes all Dental Claims



- 004010X098A1-837 Professional includes all claims that could be billed on a 1500 claim form such as Physician, Podiatry, Vision Care, Transportation EPSDT, Chiropractor, Independent Clinic, and Home Care etc.

NCPDP Pharmacy:

- Version 1.1 Batch or Version 5.1 Point of Sale (POS) is for Pharmacy Claims only.

- 18) Certification Vendor Name: Enter the name of the organization certifying your capability to produce 837 version 4010 Addenda transactions sets for all six levels of transaction testing. Example: EDIFICS, ClarEdi, etc. (Does not apply to submitters of NCPDP versions.)
- 19) Certification Attached: Indicate by putting a check mark in the appropriate box indicating whether the HIPAA certification document is attached. Certification must be provided before approval for electronic submission is granted. (Does not apply to submitters of NCPDP versions.)
- 20) Requested Effective Date: Enter the date the submitter/provider wishes to begin submissions using the system with the EDI Submitter. In a lot of cases it will be a new software product so it may be a date in the future. It is best to install new software after the weekly submission is sent and approved. We recommend a Monday date.
- 21) Claims Input Media: Please note: The check mark placed in this area does not limit your capabilities to switch from Internet to BBS or vice versa. The information presented in this area is used to plan for equipment performance. Indicate by putting a check mark in the appropriate box describing the method of EDI Submission. A check mark indicating your submission choice of;
- ☐ Internet - Indicates the EDI Submitter will drop-off 837 or NCPDP Version 1.1 Batch transactions and pick-up TA1 and 997 transactions through a secure area of the New Jersey Medicaid Web site.
 - ☐ BBS via Modem - A check mark indicating your submission choice of BBS via Modem, indicates the EDI Submitter will upload (drop-off) 837 or NCPDP Version 1.1 Batch transactions and download (pick-up) TA1 and 997 transactions via the Bulletin Board System
 - ☐ CD-ROM - A check mark indicating your submission choice of CD-ROM indicates the EDI Submitter will submit 837 or NCPDP Version 1.1 Batch transactions on Compact Disc and pick-up TA1 and 997 transactions through a secure area of the New Jersey Medicaid Web site
 - ☐ Tape Cartridge - A check mark indicates the EDI Submitter will submit 837 or NCPDP Version 1.1 Batch transactions on Tape Cartridge and pick-up TA1 and 997 transactions through a secure area of the New Jersey Medicaid Web site.

PAGE 2 - 837 ELECTRONIC CLAIMS INPUT - continued

Items one and two are repeated to ensure the correct paperwork is with the proper provider should any paper become separated.

- 01) Medicaid Provider Name: Enter the name of the Provider or Provider's Group names as registered with New Jersey Medicaid.
- 02) Medicaid Provider Number: Enter the New Jersey Medicaid Provider Number that was assigned by Molina Medicaid Solutions.

**SECTION 5: SOFTWARE VENDOR**

Who should complete this section? The provider should complete this section. This section of the HIPAA EDI Agreement is to be completed indicating the software vendor responsible for developing the application used in creating electronic transactions for submission to Molina Medicaid Solutions. Molina Medicaid Solutions does review all error reports. If we notice a high denial rate or pattern of denials, we contact the software vendor directly to suggest modifications or corrections. In some cases the software is written internally, customized or an off the shelf product. By completing this section it also enables Molina Medicaid Solutions to provide notices of changes to the software vendor.

If there are multiple billing agents, this Section may be completed several times for EACH billing agent or software vendor. EXAMPLE: The software being used is called MEDICAL ABC SOFTWARE, which is transmitted electronically to BILLING CLAIMS XYZ Company and then transmitted to MGM Billing INC and later transmitted to PROFESSIONAL CLEARING HOUSE. Simply copy Section 5 and attach it to the completed agreement. There would be 3 iterations of Section 5.

1. Medical ABC Software
2. Billing Claims XYZ Company
3. MGM Billing INC

- 22) Company Name: Enter the incorporated name of the software vendor responsible for developing the application used in creating electronic transactions for submission to Molina Medicaid Solutions.
- 23) Street Address: Enter the street address of the software vendor. PO Box addresses will not be accepted.
- 24) City, State, Zip Code: Enter the city, state and zip code of the software vendor
- 25) EDI Contact Person: Enter the name of the person to be contacted by Molina Medicaid Solutions regarding EDI submissions
- 26) Phone/Ext: Enter the area code, telephone number, and extension of the EDI Contact Person.
- 27) FAX: Enter the facsimile area code and telephone number of the EDI Contact Person if one exists.
- 28) E-Mail: Enter the e-mail address of the EDI Contact Person if one exists.
- 29) 2nd EDI Contact Person: Enter the name of an additional person to be contacted by Molina Medicaid Solutions regarding EDI submissions.
- 30) Phone/Ext: Enter the area code, telephone number and the extension number of the additional EDI Contact Person.

SECTION 6: BILLING AGENT

Who should complete this section? If you are using any kind of third party, the third party who actually electronically delivers the claims to Molina Medicaid Solutions should complete this section.

- 31) Submitter Name: Enter the incorporated name of the billing service submitting claims on the Provider's behalf.



- 32) Medicaid Submitter ID: Enter the Electronic Submitter ID previously assigned by Molina Medicaid Solutions if one exists. Doing so will notify us that the Provider Number entered at the top of this EDI Agreement is to be linked to the previously assigned Electronic Submitter ID. If one has not been assigned or you do not wish the Provider Number entered above to be linked to the previously assigned Electronic Submitter ID leave this blank.
- 33) Street Address: Enter the street address of the billing service. PO Box addresses will not be accepted.
- 34) City, State, Zip Code: Enter the city, state and zip code of the billing service
- 35) EDI Contact Person: Enter the name of the person to be contacted by Molina Medicaid Solutions regarding EDI submissions.
- 36) Phone/Ext: Enter the area code, telephone number, and extension of the EDI Contact Person.
- 37) FAX: Enter the facsimile area code and telephone number of the EDI Contact Person if one exists.
- 38) E-Mail: Enter the e-mail address of the EDI Contact Person if one exists.
- 39) 2nd EDI Contact Person: Enter the name of an additional person to be contacted by Molina Medicaid Solutions regarding EDI submissions.
- 40) Phone/Ext: Enter the name of an additional person to be contacted by Molina Medicaid Solutions regarding EDI submissions.
- 41) 2nd EDI Contact Person E-mail: Enter an additional e-mail address the EDI Contact Person if one exists.

Return the completed EDI Agreement to Molina Medicaid Solutions at the following address:

Via U.S. Mail

**Provider Enrollment
Molina Medicaid Solutions
P.O. Box 4804
Trenton, New Jersey 08650 - 4804**

Other Carriers

**Provider Enrollment
Molina Medicaid Solutions
3705 Quakerbridge Road, Suite 101
Trenton, New Jersey 08619**



837 – ELECTRONIC CLAIMS INPUT

☐ **MEDICAID**

☐ **ENCOUNTER**

☐ **CHARITY CARE**

SECTION 1: FISCAL AGENT USE ONLY

PROVIDER #: _____ SUBMITTER NAME: _____ SUBMITTER #: _____

AUTHORIZED BY: _____ DATE: _____ **DOCTYPE: EMCAGREE**

SECTION 2: PROVIDER

01) Medicaid Provider Name: _____ 02) Medicaid Provider Number: _____

03) Street Address: _____

04) City, State, Zip Code: _____

05) EDI Contact Person: _____ 06) Phone/Ext: (____) _____ / _____

07) Fax: (____) _____ 08) E-Mail: _____

09) 2nd EDI Contact Person: _____ 10) Phone/Ext: (____) _____ / _____

SECTION 3: AGREEMENT

I certify that the information on these claims will be true, accurate and complete; and agree to keep such records as are necessary to disclose fully the extent of services provided, and to furnish information for such services as the State agency may request; and that the services covered by these claims and the amounts charged will be in accordance with the regulations of the New Jersey Health Services Program; and that no part of the net amount payable under these claims has been paid; and that payment of such amount will be accepted as payment in full without additional charge to the patient or to others on his behalf. All services will be furnished in full compliance with the non-discrimination requirements of Title VI of the Federal Civil Rights Act, Section 504 of the Rehabilitation Act of 1973 and the Standards of Privacy of Individual Identifiable Health Information, the Electronic Transactions Standards and the Security Standards under the Health Insurance Portability and Accountability Act of 1996 as enacted, promulgated and amended from time to time. I understand that payment and satisfaction of all claims will be from Federal and State funds and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws, or both

I also certify that for each Medicaid service performed and claim submitted for payment, the patient certification will be on file at the provider's location.

11) _____ 12) _____ 13) _____
(Provider's Signature) (Date) (Medicaid Provider ID)

14) _____ 15) _____ 16) _____
(Billing Agent's Signature) (Date) (Submitter ID)

NOTICE: Anyone who misrepresents or falsifies essential information requested by these claims (or in the electronically produced data) may upon conviction be subject to fine and imprisonment under "State and Federal Law".

SECTION 4: HIPAA TRANSACTION SETS & CERTIFICATION

17) Transaction Sets: Version 4010 Addenda: NCPDP Pharmacy:
☐ 004010X096A1 ☐ 004010X097A1 ☐ 004010X098A1
837 Institutional 837 Dental 837 Professional
☐ Version 1.1 Batch
☐ Version 5.1 Point of Sale (POS)

18) Certification Vendor Name: _____ 19) Certification Attached: ☐ Yes ☐ No

20) Requested Effective Date: _____

21) Claims Input Media: ☐ Internet ☐ BBS via Modem ☐ CD-ROM ☐ Cartridge



837 – ELECTRONIC CLAIMS INPUT - continued

01) Medicaid Provider Name: _____ 02) Medicaid Provider Number: _____

SECTION 5: SOFTWARE VENDOR

22) Company Name: _____

23) Street Address: _____

24) City, State, Zip Code: _____

25) EDI Contact Person: _____ 26) Phone/Ext: (____) _____ / _____

27) Fax: (____) _____ 28) E-Mail: _____

29) 2nd EDI Contact Person: _____ 30) Phone/Ext: (____) _____ / _____

(Molina Medicaid Solutions would like to know the company name/author of the software you are using to submit claims to Molina Medicaid Solutions)

SECTION 6: BILLING AGENT

31) Submitter Name: _____ 32) Medicaid Submitter ID: _____

33) Street Address: _____

34) City, State, Zip Code: _____

35) EDI Contact Person: _____ 36) Phone/Ext: (____) _____ / _____

37) Fax: (____) _____ 38) E-Mail: _____

39) 2nd EDI Contact Person: _____ 40) Phone/Ext: (____) _____ / _____

41) 2nd EDI Contact Person E-Mail: _____

(This section should be completed if anyone but the provider is submitting claims to Molina Medicaid Solutions)

***** PLEASE MAINTAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS. *****

Return the completed EDI Agreement to Molina Medicaid Solutions at the following address:

Via U.S. Mail

**Provider Enrollment
Molina Medicaid Solutions
P.O. Box 4804
Trenton, New Jersey 08650 - 4804**

Other Carriers

**Provider Enrollment
Molina Medicaid Solutions
3705 Quakerbridge Road, Suite 101
Trenton, New Jersey 08619**

For detailed instructions on completing this agreement, please refer to the New Jersey Medicaid HIPAA Companion Guide – Section 2.

**New Jersey Medicaid HIPAA EDI 835 - ELECTRONIC REMITTANCE – Instructions**

Following are instructions for completing the New Jersey Medicaid HIPAA EDI Agreement for the 835 Electronic Remittance. Providers are to complete this form designating the entity you wish to have your 835 Electronic Remittance data sent to. Please understand Molina Medicaid Solutions will **ONLY** allow **one submitter** to receive your 835 Health Care Claim Payment Advice. This form is **ONLY** to be used to request the 835 HIPAA EDI format.

By completing this form, you have the option of receiving your 835 Health Care Claim Payment Advice or having another entity receive it for you.

For the ☐ **MEDICAID**, ☐ **ENCOUNTER** or ☐ **CHARITY CARE** check boxes located at the top of the form, indicate the Provider Type for which you would like to receive electronic remittance in the 835 HIPAA format. Check **one** box only. A separate New Jersey Medicaid HIPAA EDI Agreement is required for each provider number you will be electronically receiving claims for unless the provider is a group practice and the group is responsible for the billing of the individual providers associated with the provider group.

SECTION A: FISCAL AGENT USE ONLY

Who should complete this section? ONLY AUTHORIZED MOLINA MEDICAID SOLUTIONS PERSONNEL.

SECTION B: PREFERENCES

Who should complete this section? Any PROVIDER wishing to receive 835 HIPAA Formatted claims or designating a specific entity to receive your 835 HIPAA Claims Payment Remittance.

- 01) **835 Media Preference:** Indicate by putting a check mark in the appropriate box describing the preferred media for receipt of 835 Health Care Claim Payment/Advice information. A check mark indicating your choice of;
- ☐ **Internet** - Indicates the 835 information will be picked-up through a secure area of the New Jersey Medicaid Web site. Remittance Information will remain on the website for six weeks. INTERNET is the preferred method of receiving Remittance Information.
 - ☐ **CD-ROM** - Indicates the 835 information will be provided on compact disc and mailed. Before checking this box, there is a minimum number of claim submissions (1,000) per month in order to request a CD.
 - ☐ **Cartridge** - Indicates the 835 information will be provided on tape cartridge and mailed. Before checking this box, there is a minimum number of claim submissions (1,000) per month in order to request a cartridge. **In addition, the cartridges are the property of Molina Medicaid Solutions. The cartridges may not be reused for any reason. The cartridges must also be returned in 30 days. Failure to comply with these standards will be at the discretion of Molina Medicaid Solutions personnel to eliminate the use.**
- 02) **Provider Name:** Enter the New Jersey Medicaid Provider Name as registered with Molina Medicaid Solutions Provider Enrollment. PLEASE PRINT.
- 03) **Submitter Name:** Enter the Submitter's Name who you authorize to receive the 835 Health Care Claim Payment information. This could be your computer company or some other entity. It could be in the case of a provider who maintains their own computer department the Provider's name. If you are using the Provider's name, please use the group name as registered with Provider Enrollment.



- 04) Date: Enter the date you wish to begin the 835 Health Care Claim Payment information. In a lot of cases it will be a new software product so it may be a date in the future. It is best to install new software after the weekly submission is sent and approved. We recommend a Monday date.
- 05) Provider's Signature: This field is for the signature of the New Jersey Medicaid Provider. In the case of a group practice, the person that has signature authority for the group as a whole. **THIS PERSON SHOULD HAVE LIABILITY AUTHORITY.**
- 06) Date: Enter the date the form is being completed.
- 07) Medicaid Provider ID: Enter the New Jersey Medicaid Provider number that was assigned by Molina Medicaid Solutions.
- 08) Provider Name: Enter the New Jersey Medicaid Provider Name as registered with Molina Medicaid Solutions Provider Enrollment. **PLEASE PRINT.**
- 09) Provider Address: Enter the **street** address the 835 Health Care Claim Payment/Advice information is to be delivered to. PO Box addresses will not be accepted. If you have chosen INTERNET that is the preferred method of transmission of Remittance information, Molina Medicaid Solutions will still require a physical street address. Molina Medicaid Solutions will ship all 835 information created on CD-ROM or tape cartridge media via Federal Express second day and therefore we must have the physical street address for delivery.
- 10) Provider City, State, Zip Code: Enter the city, state and zip code of the physical address the 835 Health Care Claim Payment/Advice information is to be delivered to. If you have chosen INTERNET, a physical address is still required.
- 11) Submitter Name: Enter the incorporated name of the billing service/software vendor or computer firm who will be receiving your 835 Health Care Claim Payment/Advice.
- 12) Submitter ID: Enter the Electronic Submitter ID previously assigned by Molina Medicaid Solutions if one exists. Doing so will notify Molina Medicaid Solutions that the Provider Number entered at the top of this EDI Agreement is to be linked only to the 835 Health Care Claim Payment/Advice. If one has not been assigned or you do not wish the Provider Number entered above to be linked to the previously assigned Electronic Submitter ID leave this blank.
- 13) Submitter Address: Enter the **street** address of the entity receiving the 835 Health Care Claim Payment/Advice. PO Box addresses will not be accepted.
- 14) City, State, Zip Code: Enter the city, state and zip code of the entity receiving the 835 Health Care Claim Payment/Advice.
- 15) EDI Contact Person: Enter the name of the person to be contacted by Molina Medicaid Solutions regarding the 835 Health Care Claim Payment/Advice.
- 16) Phone/Ext: Enter the area code, telephone number, and extension of the EDI Contact Person regarding the 835 Health Care Claim Payment/Advice.
- 17) E-Mail: Enter the e-mail address of the EDI Contact Person if one exists.



Return the completed EDI Agreement to Molina Medicaid Solutions at the following address:

Via U.S. Mail

**Provider Enrollment
Molina Medicaid Solutions
P.O. Box 4804
Trenton, New Jersey 08650 - 4804**

Other Carriers

**Provider Enrollment
Molina Medicaid Solutions
3705 Quakerbridge Road, Suite 101
Trenton, New Jersey 08619**



835 - ELECTRONIC REMITTANCE

☐ MEDICAID

☐ ENCOUNTER

☐ CHARITY CARE

SECTION A: FISCAL AGENT USE ONLY

PROVIDER #: _____ SUBMITTER NAME: _____ SUBMITTER #: _____

AUTHORIZED FOR HIPAA EDI REMITTANCE ON: _____ MEDICAID SUBMITTER ID: _____

AUTHORIZED BY: _____ DOCTYPE: EMCAGREE

SECTION B: PREFERENCES

01) 835 Media Preference (check only one): ☐ Internet ☐ CD-ROM ☐ Cartridge

_____ hereby authorize _____ to

02) (Provider Name print)

03) (Submitter Name print)

receive my electronic remittance information as of _____ I understand this electronic information

04) (Date)

contains Patient Health Information (PHI) and have taken the necessary steps with the parties named on this document to maintain the confidentiality of all PHI data.

05) _____ 06) _____ 07) _____
(Provider's Signature) (Date) (Medicaid Provider ID)

08) Provider Name: _____

09) Provider Address: _____

10) Provider City, St, Zip Code: _____

835 RECEIVER

11) Submitter Name: _____ 12) Submitter ID: _____

13) Submitter Address: _____

14) Submitter City, St, Zip Code: _____

15) EDI Contact Person: _____ 16) Phone/Ext: (____) _____ / _____

17) E-Mail: _____

*** PLEASE MAINTAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS. ***

Return this completed REMITTANCE EDI Agreement to Molina Medicaid Solutions at the following address:

Via U.S. Mail

Provider Enrollment
Molina Medicaid Solutions
P.O. Box 4804
Trenton, New Jersey 08650 - 4804

Other Carriers

Provider Enrollment
Molina Medicaid Solutions
3705 Quakerbridge Road, Suite 101
Trenton, New Jersey 08619

For detailed instructions on completing this agreement, please refer to the New Jersey Medicaid HIPAA Companion Guide – Section 2.



SECTION 3.1 – 837 INSTITUTIONAL LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA loop, segment and field specifications for submitting 837 Institutional transactions to New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (YES), which supplements the national standard. In these cases, a data element dictionary (DED) reference will be included in Section 3.2, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 3.2 for 837 loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

SEGMENT	FIELD	NAME	USAGE	MEDICAID
HEADER				
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
BHT		BEGINNING OF HIERARCHICAL TRANSACTION	R	
	BHT01	Hierarchical Structure Code	R	
	BHT02	Transaction Set Purpose Code	R	
	BHT03	Reference Identification	R	
	BHT04	Date	R	
	BHT05	Time	R	
	BHT06	Transaction Type Code	R	
REF		TRANSMISSION TYPE IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 1000A – SUBMITTER NAME				
NM1		SUBMITTER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	YES
PER		SUBMITTER EDI CONTACT INFORMATION	R	
	PER01	Contact Function Code	R	
	PER02	Name	R	
	PER03	Communication Number Qualifier	R	
	PER04	Communication Number	R	
	PER05	Communication Number Qualifier	S	
	PER06	Communication Number	S	
	PER07	Communication Number Qualifier	S	
	PER08	Communication Number	S	



LOOP 1000B – RECEIVER NAME				
NM1		RECEIVER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	YES
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	YES
LOOP 2000A – BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL				
HL		BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
PRV		BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION	R	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Reference Identification	R	YES
CUR		FOREIGN CURRENCY INFORMATION	S	X
	CUR01	Entity Identifier Code	R	X
	CUR02	Currency Code	R	X
LOOP 2010AA – BILLING PROVIDER NAME				
NM1		BILLING PROVIDER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
N3		BILLING PROVIDER ADDRESS	R	
	N301	Address Information	R	
	N302	Address Information	S	
N4		BILLING PROVIDER CITY/STATE/ZIP CODE	R	
	N401	City Name	R	
	N402	State or Province Code	R	
	N403	Postal Code	R	YES
	N404	Country Code	S	
REF		BILLING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
REF		CREDIT/DEBIT CARD BILLING INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
PER		BILLING PROVIDER CONTACT INFORMATION	S	X
	PER01	Contact Function Code	R	X
	PER02	Name	R	X
	PER03	Communication Number Qualifier	R	X
	PER04	Communication Number	R	X
	PER05	Communication Number Qualifier	S	X
	PER06	Communication Number	S	X
	PER07	Communication Number Qualifier	S	X
	PER08	Communication Number	S	X
LOOP 2010AB – PAY-TO PROVIDER NAME				
NM1		PAY-TO PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	



N3		PAY-TO PROVIDER ADDRESS	R	
	N301	Address Information	R	
	N302	Address Information	S	
N4		PAY-TO PROVIDER CITY/STATE/ZIP CODE	R	
	N401	City Name	R	
	N402	State or Province Code	R	
	N403	Postal Code	R	YES
	N404	Country Code	S	
REF		PAY-TO-PROVIDER SECONDARY INFORMATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
LOOP 2000B – SUBSCRIBER HIERARCHICAL LEVEL				
HL		SUBSCRIBER HIERARCHICAL LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	YES
SBR		SUBSCRIBER INFORMATION	R	
	SBR01	Payer Responsibility Sequence Number Code	R	
	SBR02	Individual Relationship Code	S	
	SBR03	Reference Identification	S	
	SBR04	Name	S	
	SBR09	Claim Filing Indicator Code	S	YES
LOOP 2010BA – SUBSCRIBER NAME				
NM1		SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	YES
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	YES
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	
	NM109	Identification Code	S	YES
N3		SUBSCRIBER ADDRESS	S	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		SUBSCRIBER CITY/STATE/ZIP CODE	S	X
	N401	City Name	R	X
	N402	State or Province Code	R	X
	N403	Postal Code	R	X
	N404	Country Code	S	X
DMG		SUBSCRIBER DEMOGRAPHIC INFORMATION	S	
	DMG01	Date Time Period Format Qualifier	R	
	DMG02	Date Time Period	R	
	DMG03	Gender Code	R	
REF		SUBSCRIBER SECONDARY INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		PROPERTY AND CASUALTY CLAIM NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X



LOOP 2010BB – CREDIT/DEBIT CARD ACCOUNT HOLDER NAME				
NM1		CREDIT/DEBIT CARD ACCOUNT HOLDER NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM104	Name First	S	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	R	X
	NM109	Identification Code	R	X
REF		CREDIT/DEBIT CARD INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2010BC – PAYER NAME				
NM1		PAYER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	YES
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	YES
N3		PAYER ADDRESS	R	
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		PAYER CITY/STATE/ZIP CODE	R	X
	N401	City Name	R	X
	N402	State or Province Code	R	X
	N403	Postal Code	R	X
	N404	Country Code	S	X
REF		PAYER SECONDARY IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2010BD – RESPONSIBLE PARTY NAME				
NM1		CREDIT/DEBIT CARD HOLDER NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM104	Name First	S	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
N3		PAYER ADDRESS	R	X
	N301	Address Information	R	X
	N302	Address Information	R	X
N4		PAYER CITY/STATE/ZIP CODE	R	X
	N401	City Name	R	X
	N402	State or Province Code	R	X
	N403	Postal Code	R	X
	N404	Country Code	S	X
LOOP 2000C– PATIENT HIERARCHICAL LEVEL				
HL		PATIENT HIERARCHICAL LEVEL	S	X
	HL01	Hierarchical ID Number	R	X
	HL02	Hierarchical Parent ID Number	R	X
	HL03	Hierarchical Level Code	R	X
	HL04	Hierarchical Child Code	R	X
PAT		PATIENT INFORMATION	R	X
	PAT01	Individual Relationship Code	R	X



LOOP 2010CA – PATIENT NAME				
NM1		PATIENT NAME	R	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM104	Name First	R	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	S	X
	NM109	Identification Code	S	X
N3		PATIENT ADDRESS	R	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		PATIENT CITY/STATE/ZIP CODE	R	X
	N401	City Name	R	X
	N402	State or Province Code	R	X
	N403	Postal Code	R	X
	N404	Country Code	S	X
DMG		PATIENT DEMOGRAPHIC INFORMATION	R	X
	DMG01	Date Time Period Format Qualifier	R	X
	DMG02	Date Time Period	R	X
	DMG03	Gender	R	X
REF		PATIENT SECONDARY INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		PROPERTY AND CASUALTY CLAIM NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2300 – CLAIM INFORMATION				
CLM		CLAIM INFORMATION	R	
	CLM01	Claim Submitter's Identifier	R	YES
	CLM02	Monetary Amount	R	
	CLM05	Health Care Service Location Information	R	
	CLM05-1	Facility Code Value	R	YES
	CLM05-2	Facility Code Qualifier	R	
	CLM05-3	Claim Frequency Type Code	R	
	CLM06	Yes/No Condition or Response Code	R	
	CLM07	Provider Accept Assignment Code	S	
	CLM08	Yes/No Condition or Response Code	R	
	CLM09	Release of Information Code	R	
	CLM11	Related Causes Information	S	
	CLM11-1	Related-Causes Code	R	
	CLM11-2	Related-Causes Code	S	
	CLM11-3	Related-Causes Code	S	
	CLM11-4	State or Province Code	S	
	CLM11-5	Country Code	S	
	CLM18	Yes/No Condition or Response Code	R	YES
	CLM20	Delay Reason Code	S	X
DTP		DISCHARGE HOUR	S	
	DTP01	Date/Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Date Time Period	R	
DTP		STATEMENT DATES	R	
	DTP01	Date/Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Date Time Period	R	
DTP		ADMISSION DATE/HOUR	S	
	DTP01	Date/Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Date Time Period	R	YES



CL1		INSTITUTIONAL CLAIM CODE	S	
	CL101	Admission Type Code	S	
	CL102	Admission Source Code	S	
	CL103	Patient Status Code	S	YES
PWK		CLAIM SUPPLEMENTAL INFORMATION	S	
	PWK01	Report Type Code	R	YES
	PWK02	Report Transmission Code	R	YES
	PWK05	Identification Code Qualifier	S	
	PWK06	Identification Code	S	YES
	PWK07	Description	S	
CN1		CONTRACT INFORMATION	S	X
	CN101	Contract Type Code	R	X
	CN102	Monetary Amount	S	X
	CN103	Percent	S	X
	CN104	Reference Identification	S	X
	CN105	Terms Discount Percent	S	X
	CN106	Version Identifier	S	X
AMT		PAYER ESTIMATED AMOUNT PAID	S	X
	AMT01	Amount Qualifier Code	R	X
	AMT02	Monetary Amount	R	X
AMT		PATIENT ESTIMATED AMOUNT DUE	S	X
	AMT01	Amount Qualifier Code	R	X
	AMT02	Monetary Amount	R	X
AMT		PATIENT PAID AMOUNT	S	X
	AMT01	Amount Qualifier Code	R	X
	AMT02	Monetary Amount	R	X
AMT		CREDIT/DEBIT CARD MAXIMUM AMOUNT	S	X
	AMT01	Amount Qualifier Code	R	X
	AMT02	Monetary Amount	R	X
REF		ADJUSTED REPRICED CLAIM NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		REPRICED CLAIM NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		CLAIM IDENTIFICATION NUMBER FOR CLEARING HOUSES	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		DOCUMENT IDENTIFICATION CODE	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		ORIGINAL REFERENCE NUMBER (ICN/DCN)	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	YES
REF		INVESTIGATIONAL DEVICE EXEMPTION NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		SERVICE AUTHORIZATION EXCEPTION CODE	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		PEER REVIEW ORGANIZATION (PRO) APPROVAL NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		PRIOR AUTHORIZATION OR REFERRAL NUMBER	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	
REF		MEDICAL RECORD NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	YES



REF		DEMONSTRATION PROJECT IDENTIFIER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
K3		FILE INFORMATION	S	
	K301	Fixed Format Information	R	YES
NTE		CLAIM NOTE	S	X
	NTE01	Note Reference Code	R	X
	NTE02	Description	R	X
NTE		BILLING NOTE	S	
	NTE01	Note Reference Code	R	
	NTE02	Description	R	YES
CR6		HOME HEALTH CARE INFORMATION	S	X
	CR601	Prognosis Code	R	X
	CR602	Date	R	X
	CR603	Date Time Period Format Qualifier	R	X
	CR604	Date Time Period	S	X
	CR605	Date	R	X
	CR606	Yes/No Condition or Response Code	R	X
	CR607	Yes/No Condition or Response Code	R	X
	CR608	Certification Type Code	R	X
	CR609	Date	S	X
	CR610	Product/Service ID Qualifier	S	X
	CR611	Medical Code Value	S	X
	CR612	Date	S	X
	CR613	Date	S	X
	CR614	Date	S	X
	CR615	Date Time Period Format Qualifier	S	X
	CR616	Date Time Period	S	X
	CR617	Patient Location Code	R	X
	CR618	Date	S	X
	CR619	Date	S	X
	CR620	Date	S	X
	CR621	Date	S	X
CRC		HOME HEALTH FUNCTIONAL LIMITATIONS	S	X
	CRC01	Code Category	R	X
	CRC02	Yes/No Condition or Response Code	R	X
	CRC03	Condition Code Indicator	R	X
	CRC04	Condition Indicator	S	X
	CRC05	Condition Indicator	S	X
	CRC06	Condition Indicator	S	X
	CRC07	Condition Indicator	S	X
CRC		HOME HEALTH ACTIVITIES PERMITTED	S	X
	CRC01	Code Category	R	X
	CRC02	Yes/No Condition or Response Code	R	X
	CRC03	Condition Code Indicator	R	X
	CRC04	Condition Indicator	S	X
	CRC05	Condition Indicator	S	X
	CRC06	Condition Indicator	S	X
	CRC07	Condition Indicator	S	X
CRC		HOME HEALTH MENTAL STATUS	S	X
	CRC01	Code Category	R	X
	CRC02	Yes/No Condition or Response Code	R	X
	CRC03	Condition Code Indicator	R	X
	CRC04	Condition Indicator	S	X
	CRC05	Condition Indicator	S	X
	CRC06	Condition Indicator	S	X
	CRC07	Condition Indicator	S	X



HI		PRINCIPAL, ADMITTING, E-CODE AND PATIENT REASON FOR VISIT DIAGNOSIS INFORMATION	S	
	HI01	Health Care Code Information	R	
	HI01-1	Code List Qualifier Code	R	
	HI01-2	Industry Code	R	
	HI02	Health Care Code Information	S	
	HI02-1	Code List Qualifier Code	R	
	HI02-2	Industry Code	R	
	HI03	Health Care Code Information	S	
	HI03-1	Code List Qualifier Code	R	
	HI03-2	Industry Code	R	
HI		DIAGNOSIS RELATED GROUP (DRG) INFORMATION	S	
	HI01	Health Care Code Information	R	
	HI01-1	Code List Qualifier Code	R	
	HI01-2	Industry Code	R	YES
HI		OTHER DIAGNOSIS INFORMATION	S	YES
	HI01	Health Care Code Information	R	
	HI01-1	Code List Qualifier Code	R	
	HI01-2	Industry Code	R	
	HI02	Health Care Code Information	S	
	HI02-1	Code List Qualifier Code	R	
	HI02-2	Industry Code	R	
	HI03	Health Care Code Information	S	
	HI03-1	Code List Qualifier Code	R	
	HI03-2	Industry Code	R	
	HI04	Health Care Code Information	S	
	HI04-1	Code List Qualifier Code	R	
	HI04-2	Industry Code	R	
	HI05	Health Care Code Information	S	
	HI05-1	Code List Qualifier Code	R	
	HI05-2	Industry Code	R	
	HI06	Health Care Code Information	S	
	HI06-1	Code List Qualifier Code	R	
	HI06-2	Industry Code	R	
	HI07	Health Care Code Information	S	
	HI07-1	Code List Qualifier Code	R	
	HI07-2	Industry Code	R	
	HI08	Health Care Code Information	S	
	HI08-1	Code List Qualifier Code	R	
	HI08-2	Industry Code	R	
	HI09	Health Care Code Information	S	
	HI09-1	Code List Qualifier Code	R	
	HI09-2	Industry Code	R	
	HI10	Health Care Code Information	S	
	HI10-1	Code List Qualifier Code	R	
	HI10-2	Industry Code	R	
	HI11	Health Care Code Information	S	
	HI11-1	Code List Qualifier Code	R	
	HI11-2	Industry Code	R	
	HI12	Health Care Code Information	S	
	HI12-1	Code List Qualifier Code	R	
	HI12-2	Industry Code	R	
HI		PRINCIPAL PROCEDURE INFORMATION	S	
	HI01	Health Care Code Information	R	
	HI01-1	Code List Qualifier Code	R	YES
	HI01-2	Industry Code	R	
	HI01-3	Date Time Period Format Qualifier	R	
	HI01-4	Date Time Period	R	



HI		OTHER PROCEDURE INFORMATION	S	
	HI01	Health Care Code Information	R	
	HI01-1	Code List Qualifier Code	R	YES
	HI01-2	Industry Code	R	
	HI01-3	Date Time Period Format Qualifier	S	
	HI01-4	Date Time Period	S	
	HI02	Health Care Code Information	S	
	HI02-1	Code List Qualifier Code	R	
	HI02-2	Industry Code	R	
	HI02-3	Date Time Period Format Qualifier	S	
	HI02-4	Date Time Period	S	
	HI03	Health Care Code Information	S	
	HI03-1	Code List Qualifier Code	R	
	HI03-2	Industry Code	R	
	HI03-3	Date Time Period Format Qualifier	S	
	HI03-4	Date Time Period	S	
	HI04	Health Care Code Information	S	
	HI04-1	Code List Qualifier Code	R	
	HI04-2	Industry Code	R	
	HI04-3	Date Time Period Format Qualifier	S	
	HI04-4	Date Time Period	S	
	HI05	Health Care Code Information	S	
	HI05-1	Code List Qualifier Code	R	
	HI05-2	Industry Code	R	
	HI05-3	Date Time Period Format Qualifier	S	
	HI05-4	Date Time Period	S	
	HI06	Health Care Code Information	S	
	HI06-1	Code List Qualifier Code	R	
	HI06-2	Industry Code	R	
	HI06-3	Date Time Period Format Qualifier	S	
	HI06-4	Date Time Period	S	
	HI07	Health Care Code Information	S	
	HI07-1	Code List Qualifier Code	R	
	HI07-2	Industry Code	R	
	HI07-3	Date Time Period Format Qualifier	S	
	hi07-4	Date Time Period	s	
	HI08	Health Care Code Information	S	
	HI08-1	Code List Qualifier Code	R	
	HI08-2	Industry Code	R	
	HI08-3	Date Time Period Format Qualifier	S	
	HI08-4	Date Time Period	S	
	HI09	Health Care Code Information	S	
	HI09-1	Code List Qualifier Code	R	
	HI09-2	Industry Code	R	
	HI09-3	Date Time Period Format Qualifier	S	
	HI09-4	Date Time Period	S	
	HI10	Health Care Code Information	S	
	HI10-1	Code List Qualifier Code	R	
	HI10-2	Industry Code	R	
	HI10-3	Date Time Period Format Qualifier	S	
	HI10-4	Date Time Period	S	
	HI11	Health Care Code Information	S	
	HI11-1	Code List Qualifier Code	R	
	HI11-2	Industry Code	R	
	HI11-3	Date Time Period Format Qualifier	S	
	HI11-4	Date Time Period	S	
	HI12	Health Care Code Information	S	
	HI12-1	Code List Qualifier Code	R	
	HI12-2	Industry Code	R	
	HI12-3	Date Time Period Format Qualifier	S	
	HI12-4	Date Time Period	S	



HI		OCCURRENCE SPAN INFORMATION	S	
	HI01	Health Care Code Information	S	
	HI01-1	Code List Qualifier Code	R	
	HI01-2	Industry Code	R	YES
	HI01-3	Date Time Period Format Qualifier	R	
	HI01-4	Date Time Period	R	
	HI02	Health Care Code Information	S	
	HI02-1	Code List Qualifier Code	R	
	HI02-2	Industry Code	R	
	HI02-3	Date Time Period Format Qualifier	R	
	HI02-4	Date Time Period	R	
	HI03	Health Care Code Information	S	
	HI03-1	Code List Qualifier Code	R	
	HI03-2	Industry Code	R	
	HI03-3	Date Time Period Format Qualifier	R	
	HI03-4	Date Time Period	R	
	HI04	Health Care Code Information	S	
	HI04-1	Code List Qualifier Code	R	
	HI04-2	Industry Code	R	
	HI04-3	Date Time Period Format Qualifier	R	
	HI04-4	Date Time Period	R	
	HI05	Health Care Code Information	S	
	HI05-1	Code List Qualifier Code	R	
	HI05-2	Industry Code	R	
	HI05-3	Date Time Period Format Qualifier	R	
	HI05-4	Date Time Period	R	
	HI06	Health Care Code Information	S	
	HI06-1	Code List Qualifier Code	R	
	HI06-2	Industry Code	R	
	HI06-3	Date Time Period Format Qualifier	R	
	HI06-4	Date Time Period	R	
	HI07	Health Care Code Information	S	
	HI07-1	Code List Qualifier Code	R	
	HI07-2	Industry Code	R	
	HI07-3	Date Time Period Format Qualifier	R	
	HI07-4	Date Time Period	R	
	HI08	Health Care Code Information	S	
	HI08-1	Code List Qualifier Code	R	
	HI08-2	Industry Code	R	
	HI08-3	Date Time Period Format Qualifier	R	
	HI08-4	Date Time Period	R	
	HI09	Health Care Code Information	S	
	HI09-1	Code List Qualifier Code	R	
	HI09-2	Industry Code	R	
	HI09-3	Date Time Period Format Qualifier	R	
	HI09-4	Date Time Period	R	
	HI10	Health Care Code Information	S	
	HI10-1	Code List Qualifier Code	R	
	HI10-2	Industry Code	R	
	HI10-3	Date Time Period Format Qualifier	R	
	HI10-4	Date Time Period	R	
	HI11	Health Care Code Information	S	
	HI11-1	Code List Qualifier Code	R	
	HI11-2	Industry Code	R	
	HI11-3	Date Time Period Format Qualifier	R	
	HI11-4	Date Time Period	R	
	HI12	Health Care Code Information	S	
	HI12-1	Code List Qualifier Code	R	
	HI12-2	Industry Code	R	
	HI12-3	Date Time Period Format Qualifier	R	
	HI12-4	Date Time Period	R	



HI		OCCURRENCE INFORMATION	S	YES
	HI01	Health Care Code Information	S	
	HI01-1	Code List Qualifier Code	R	
	HI01-2	Industry Code	R	YES
	HI01-3	Date Time Period Format Qualifier	R	
	HI01-4	Date Time Period	R	
	HI02	Health Care Code Information	S	
	HI02-1	Code List Qualifier Code	R	
	HI02-2	Industry Code	R	
	HI02-3	Date Time Period Format Qualifier	R	
	HI02-4	Date Time Period	R	
	HI03	Health Care Code Information	S	
	HI03-1	Code List Qualifier Code	R	
	HI03-2	Industry Code	R	
	HI03-3	Date Time Period Format Qualifier	R	
	HI03-4	Date Time Period	R	
	HI04	Health Care Code Information	S	
	HI04-1	Code List Qualifier Code	R	
	HI04-2	Industry Code	R	
	HI04-3	Date Time Period Format Qualifier	R	
	HI04-4	Date Time Period	R	
	HI05	Health Care Code Information	S	
	HI05-1	Code List Qualifier Code	R	
	HI05-2	Industry Code	R	
	HI05-3	Date Time Period Format Qualifier	R	
	HI05-4	Date Time Period	R	
	HI06	Health Care Code Information	S	
	HI06-1	Code List Qualifier Code	R	
	HI06-2	Industry Code	R	
	HI06-3	Date Time Period Format Qualifier	R	
	HI06-4	Date Time Period	R	
	HI07	Health Care Code Information	S	
	HI07-1	Code List Qualifier Code	R	
	HI07-2	Industry Code	R	
	HI07-3	Date Time Period Format Qualifier	R	
	HI07-4	Date Time Period	R	
	HI08	Health Care Code Information	S	
	HI08-1	Code List Qualifier Code	R	
	HI08-2	Industry Code	R	
	HI08-3	Date Time Period Format Qualifier	R	
	HI08-4	Date Time Period	R	
	HI09	Health Care Code Information	S	
	HI09-1	Code List Qualifier Code	R	
	HI09-2	Industry Code	R	
	HI09-3	Date Time Period Format Qualifier	R	
	HI09-4	Date Time Period	R	
	HI10	Health Care Code Information	S	
	HI10-1	Code List Qualifier Code	R	
	HI10-2	Industry Code	R	
	HI10-3	Date Time Period Format Qualifier	R	
	HI10-4	Date Time Period	R	
	HI11	Health Care Code Information	S	
	HI11-1	Code List Qualifier Code	R	
	HI11-2	Industry Code	R	
	HI11-3	Date Time Period Format Qualifier	R	
	HI11-4	Date Time Period	R	
	HI12	Health Care Code Information	S	
	HI12-1	Code List Qualifier Code	R	
	HI12-2	Industry Code	R	
	HI12-3	Date Time Period Format Qualifier	R	
	HI12-4	Date Time Period	R	



HI		VALUE INFORMATION	S	
	HI01	Health Care Code Information	S	
	HI01-1	Code List Qualifier Code	R	
	HI01-2	Industry Code	R	YES
	HI01-5	Monetary Amount	R	YES
	HI02	Health Care Code Information	S	
	HI02-1	Code List Qualifier Code	R	
	HI02-2	Industry Code	R	
	HI02-5	Monetary Amount	R	
	HI03	Health Care Code Information	S	
	HI03-1	Code List Qualifier Code	R	
	HI03-2	Industry Code	R	
	HI03-5	Monetary Amount	R	
	HI04	Health Care Code Information	S	
	HI04-1	Code List Qualifier Code	R	
	HI04-2	Industry Code	R	
	HI04-5	Monetary Amount	R	
	HI05	Health Care Code Information	S	
	HI05-1	Code List Qualifier Code	R	
	HI05-2	Industry Code	R	
	HI05-5	Monetary Amount	R	
	HI06	Health Care Code Information	S	
	HI06-1	Code List Qualifier Code	R	
	HI06-2	Industry Code	R	
	HI06-5	Monetary Amount	R	
	HI07	Health Care Code Information	S	
	HI07-1	Code List Qualifier Code	R	
	HI07-2	Industry Code	R	
	HI07-5	Monetary Amount	R	
	HI08	Health Care Code Information	S	
	HI08-1	Code List Qualifier Code	R	
	HI08-2	Industry Code	R	
	HI08-5	Monetary Amount	R	
	HI09	Health Care Code Information	S	
	HI09-1	Code List Qualifier Code	R	
	HI09-2	Industry Code	R	
	HI09-5	Monetary Amount	R	
	HI10	Health Care Code Information	S	
	HI10-1	Code List Qualifier Code	R	
	HI10-2	Industry Code	R	
	HI10-5	Monetary Amount	R	
	HI11	Health Care Code Information	S	
	HI11-1	Code List Qualifier Code	R	
	HI11-2	Industry Code	R	
	HI11-5	Monetary Amount	R	
	HI12	Health Care Code Information	S	
	HI12-1	Code List Qualifier Code	R	
	HI12-2	Industry Code	R	
	HI12-5	Monetary Amount	R	
HI		CONDITION INFORMATION	S	
	HI01	Health Care Code Information	S	
	HI01-1	Code List Qualifier Code	R	
	HI01-2	Industry Code	R	YES
	HI02	Health Care Code Information	S	
	HI02-1	Code List Qualifier Code	R	
	HI02-2	Industry Code	R	
	HI03	Health Care Code Information	S	
	HI03-1	Code List Qualifier Code	R	
	HI03-2	Industry Code	R	
	HI04	Health Care Code Information	S	
	HI04-1	Code List Qualifier Code	R	
	HI04-2	Industry Code	R	



	HI05	Health Care Code Information	S	
	HI05-1	Code List Qualifier Code	R	
	HI05-2	Industry Code	R	
	HI06	Health Care Code Information	S	
	HI06-1	Code List Qualifier Code	R	
	HI06-2	Industry Code	R	
	HI07	Health Care Code Information	S	
	HI07-1	Code List Qualifier Code	R	
	HI07-2	Industry Code	R	
	HI08	Health Care Code Information	S	
	HI08-1	Code List Qualifier Code	R	
	HI08-2	Industry Code	R	
	HI09	Health Care Code Information	S	
	HI09-1	Code List Qualifier Code	R	
	HI09-2	Industry Code	R	
	HI10	Health Care Code Information	S	
	HI10-1	Code List Qualifier Code	R	
	HI10-2	Industry Code	R	
	HI11	Health Care Code Information	S	
	HI11-1	Code List Qualifier Code	R	
	HI11-2	Industry Code	R	
	HI12	Health Care Code Information	S	
	HI12-1	Code List Qualifier Code	R	
	HI12-2	Industry Code	R	
HI		TREATMENT CODE INFORMATION	S	X
	HI01	Health Care Code Information	S	X
	HI01-1	Code List Qualifier Code	R	X
	HI01-2	Industry Code	R	X
	HI02	Health Care Code Information	S	X
	HI02-1	Code List Qualifier Code	R	X
	HI02-2	Industry Code	R	X
	HI03	Health Care Code Information	S	X
	HI03-1	Code List Qualifier Code	R	X
	HI03-2	Industry Code	R	X
	HI04	Health Care Code Information	S	X
	HI04-1	Code List Qualifier Code	R	X
	HI04-2	Industry Code	R	X
	HI05	Health Care Code Information	S	X
	HI05-1	Code List Qualifier Code	R	X
	HI05-2	Industry Code	R	X
	HI06	Health Care Code Information	S	X
	HI06-1	Code List Qualifier Code	R	X
	HI06-2	Industry Code	R	X
	HI07	Health Care Code Information	S	X
	HI07-1	Code List Qualifier Code	R	X
	HI07-2	Industry Code	R	X
	HI08	Health Care Code Information	S	X
	HI08-1	Code List Qualifier Code	R	X
	HI08-2	Industry Code	R	X
	HI09	Health Care Code Information	S	X
	HI09-1	Code List Qualifier Code	R	X
	HI09-2	Industry Code	R	X
	HI10	Health Care Code Information	S	X
	HI10-1	Code List Qualifier Code	R	X
	HI10-2	Industry Code	R	X
	HI11	Health Care Code Information	S	X
	HI11-1	Code List Qualifier Code	R	X
	HI11-2	Industry Code	R	X
	HI12	Health Care Code Information	S	X
	HI12-1	Code List Qualifier Code	R	X
	HI12-2	Industry Code	R	X



QTY		CLAIM QUANTITY	S	
	QTY01	Quantity Qualifier	R	
	QTY02	Quantity	R	
	QTY03	Composite Unit of Measure	R	
	QTY03-1	Unit or Basis for Measurement Code	R	
HCP		CLAIM PRICING/REPRICING INFORMATION	S	
	HCP01	Pricing Methodology	R	
	HCP02	Monetary Amount	R	YES
	HCP03	Monetary Amount	R	
	HCP04	Reference Identification	S	
	HCP05	Rate	S	
	HCP06	Reference Identification	S	
	HCP07	Monetary Amount	S	
	HCP08	Product/Service ID	S	
	HCP09	Product/Service ID Qualifier	S	
	HCP10	Product/Service ID	S	
	HCP11	Unit or Basis for Measurement Code	S	
	HCP12	Quantity	S	
	HCP13	Reject Reason Code	S	
	HCP14	Policy Compliance Code	S	
	HCP15	Exception Code	S	
LOOP 2305 – HOME HEALTH CARE PLAN INFORMATION				
CR7		HOME HEALTH CARE PLAN INFORMATION	S	X
	CR701	Discipline Type Code	R	X
	CR702	Number	R	X
	CR703	Number	R	X
HSD		HEALTH CARE SERVICES DELIVERY	S	X
	HSD01	Quantity Qualifier	S	X
	HSD02	Quantity	S	X
	HSD03	Units or Basis for Measurement Code	S	X
	HSD04	Sample Selection Modulus	S	X
	HSD05	Time Period Qualifier	S	X
	HSD06	Number of Periods	S	X
	HSD07	Ship/Delivery or Calendar Pattern Code	S	X
	HSD08	Ship/Delivery Pattern Time Code	S	X
LOOP 2310A – ATTENDING PHYSICIAN NAME				
NM1		ATTENDING PHYSICIAN NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	
	NM109	Identification Code	S	
PRV		ATTENDING PHYSICIAN SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Reference Identification	R	
REF		ATTENDING PHYSICIAN SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES



LOOP 2310B – OPERATING PHYSICIAN NAME				
NM1		OPERATING PHYSICIAN NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	R	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
REF		OPERATING PHYSICIAN SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
LOOP 2310C – OTHER PROVIDER NAME				
NM1		OTHER PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	S	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
REF		OTHER PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
LOOP 2310E – SERVICE FACILITY NAME				
NM1		SERVICE FACILITY NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	S	X
	NM108	Identification Code Qualifier	S	X
	NM109	Identification Code	S	X
N3		SERVICE FACILITY ADDRESS	R	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		SERVICE FACILITY CITY/STATE/ZIP CODE	R	X
	N401	City Name	R	X
	N402	State or Province Code	R	X
	N403	Postal Code	R	YES
	N404	Country Code	R	X
REF		SERVICE FACILITY SECONDARY IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2320 – OTHER SUBSCRIBER INFORMATION				
SBR		OTHER SUBSCRIBER INFORMATION	S	
	SBR01	Payer Responsibility Sequence Number Code	R	
	SBR02	Individual Relationship Code	R	
	SBR03	Reference Identification	S	
	SBR04	Name	S	
	SBR09	Claim Filing Indicator Code	S	
CAS		CLAIM LEVEL ADJUSTMENTS	S	
	CAS01	Claim Adjustment Group Code	R	
	CAS02	Claim Adjustment Reason Code	R	YES
	CAS03	Monetary Amount	R	
	CAS04	Quantity	S	
	CAS05	Claim Adjustment Reason Code	S	
	CAS06	Monetary Amount	S	



	CAS07	Quantity	S	
	CAS08	Claim Adjustment Reason Code	S	
	CAS09	Monetary Amount	S	
	CAS10	Quantity	S	
	CAS11	Claim Adjustment Reason Code	S	
	CAS12	Monetary Amount	S	
	CAS13	Quantity	S	
	CAS14	Claim Adjustment Reason Code	S	
	CAS15	Monetary Amount	S	
	CAS16	Quantity	S	
	CAS17	Claim Adjustment Reason Code	S	
	CAS18	Monetary Amount	S	
	CAS19	Quantity	S	
AMT		PAYER PRIOR PAYMENT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) TOTAL ALLOWED AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) TOTAL SUBMITTED CHARGES	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		DIAGNOSTIC RELATED GROUP (DRG) OUTLIER AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) TOTAL MEDICARE PAID AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		MEDICARE PAID AMOUNT – 100%	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		MEDICARE PAID AMOUNT – 80%	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) MEDICARE A TRUST FUND PAID AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) MEDICARE B TRUST FUND PAID AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) TOTAL NON-COVERED AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) TOTAL DENIED AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
DMG		OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION	S	
	DMG01	Date Time Period Format Qualifier	R	
	DMG02	Date Time Period	R	
	DMG03	Gender Code	R	
OI		OTHER INSURANCE COVERAGE INFORMATION	R	
	OI03	Yes/No Condition or Response Code	R	
	OI06	Release of Information Code	R	



MIA		MEDICARE INPATIENT ADJUDICATION INFORMATION	S	
	MIA01	Quantity	R	
	MIA02	Quantity	S	
	MIA03	Quantity	S	
	MIA04	Monetary Amount	S	
	MIA05	Reference Identification	S	
	MIA06	Monetary Amount	S	
	MIA07	Monetary Amount	S	
	MIA08	Monetary Amount	S	
	MIA09	Monetary Amount	S	
	MIA10	Monetary Amount	S	
	MIA11	Monetary Amount	S	
	MIA12	Monetary Amount	S	
	MIA13	Monetary Amount	S	
	MIA14	Monetary Amount	S	
	MIA15	Quantity	S	
	MIA16	Monetary Amount	S	
	MIA17	Monetary Amount	S	
	MIA18	Monetary Amount	S	
	MIA19	Monetary Amount	S	
	MIA20	Reference Identification	S	
	MIA21	Reference Identification	S	
	MIA22	Reference Identification	S	
	MIA23	Reference Identification	S	
	MIA24	Monetary Amount	S	
MOA		MEDICARE OUTPATIENT ADJUDICATION INFORMATION	S	
	MOA01	Percent	R	
	MOA02	Monetary Amount	S	
	MOA03	Reference Identification	S	
	MOA04	Reference Identification	S	
	MOA05	Reference Identification	S	
	MOA06	Reference Identification	S	
	MOA07	Reference Identification	S	
	MOA08	Monetary Amount	S	
	MOA09	Monetary Amount	S	
LOOP 2330A – OTHER SUBSCRIBER NAME				
NM1		OTHER SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
N3		OTHER SUBSCRIBER ADDRESS	S	
	N301	Address Information	R	
	N302	Address Information	S	
N4		OTHER SUBSCRIBER CITY/STATE/ZIP CODE	S	
	N401	City Name	R	
	N402	State or Province Code	R	
	N403	Postal Code	R	
	N404	Country Code	S	
REF		OTHER SUBSCRIBER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	



LOOP 2330B – OTHER PAYER NAME				
NM1		OTHER PAYER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM108	Identification Code Qualifier	R	YES
	NM109	Identification Code	R	YES
N3		OTHER PAYER ADDRESS	S	
	N301	Address Information	R	
	N302	Address Information	S	
N4		OTHER PAYER CITY/STATE/ZIP CODE	S	
	N401	City Name	R	
	N402	State or Province Code	R	
	N403	Postal Code	R	
	N404	Country Code	S	
DTP		CLAIM ADJUDICATION DATE	S	
	DTP01	Date/Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Date Time Period	R	
REF		OTHER PAYER SECONDARY IDENTIFICATION AND REFERENCE UMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
REF		OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2330C – OTHER PAYER PATIENT INFORMATION				
NM1		OTHER PAYER PATIENT INFORMATION	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
REF		OTHER PAYER PATIENT IDENTIFICATION NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2330D – OTHER PAYER ATTENDING PROVIDER				
NM1		OTHER PAYER ATTENDING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
REF		OTHER PAYER ATTENDING PROVIDER IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2330E – OTHER PAYER OPERATING PROVIDER				
NM1		OTHER PAYER OPERATING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
REF		OTHER PAYER OPERATING PROVIDER IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2330F – OTHER PAYER OTHER PROVIDER				
NM1		OTHER PAYER OTHER PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
REF		OTHER PAYER OTHER PROVIDER IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	



LOOP 2330H – OTHER PAYER SERVICE FACILITY PROVIDER				
NM1		OTHER PAYER SERVICE FACILITY PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
REF		OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2400 – SERVICE LINE NUMBER				
LX		SERVICE LINE NUMBER	R	
	LX01	Assigned Number	R	YES
SV2		INSTITUTIONAL SERVICE LINE	R	
	SV201	Product/Service ID	R	YES
	SV202	Composite Medical Procedure Identifier	S	
	SV202-1	Product/Service ID Qualifier	R	YES
	SV202-2	Product/Service ID	R	YES
	SV202-3	Procedure Modifier	S	
	SV202-4	Procedure Modifier	S	
	SV202-5	Procedure Modifier	S	
	SV202-6	Procedure Modifier	S	
	SV203	Monetary Amount	R	
	SV204	Unit or Basis for Measurement Code	R	
	SV205	Quantity	R	YES
	SV206	Unit Rate	S	
	SV207	Monetary Amount	S	
PWK		LINE SUPPLEMENTAL INFORMATION	S	
	PWK01	Report Type Code	R	YES
	PWK02	Report Transmission Code	R	YES
	PWK05	Identification Code Qualifier	S	
	PWK06	Identification Code	S	YES
DTP		SERVICE LINE DATE	S	
	DTP01	Date/Time Qualifier	R	YES
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Date Time Period	R	
DTP		ASSESSMENT DATE	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		SERVICE TAX AMOUNT	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		FACILITY TAX AMOUNT	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
HCP		LINE PRICING/REPRICING INFORMATION	S	X
	HCP01	Pricing Methodology	R	X
	HCP02	Monetary Amount	R	X
	HCP03	Monetary Amount	S	X
	HCP04	Reference Identification	S	X
	HCP05	Rate	S	X
	HCP06	Reference Identification	S	X
	HCP07	Monetary Amount	S	X
	HCP08	Product/Service ID	S	X
	HCP09	Product/Service ID Qualifier	S	X
	HCP10	Product/Service ID	S	X
	HCP11	Unit or Basis for Measurement Code	S	X
	HCP12	Quantity	S	X
	HCP13	Reject Reason Code	S	X
	HCP14	Policy Compliance Code	S	X
	HCP15	Exception Code	S	X



LOOP 2410 – DRUG IDENTIFICATION				
LIN		DRUG IDENTIFICATION	S	YES
	LIN02	Product/Service ID Qualifier	R	YES
	LIN03	Product/Service ID	R	YES
CTP		DRUG PRICING	S	YES
	CTP03	Unit Price	R	X
	CTP04	Quantity	R	YES
	CTP05	Composite Unit of Measure	R	X
	CTP05-1	Unit or Basis for Measurement Code	R	YES
REF		PRESCRIPTION NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2420A – ATTENDING PHYSICIAN NAME				
NM1		ATTENDING PHYSICIAN NAME	S	
	NM101	Entity Identifier Code	R	YES
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
REF		ATTENDING PHYSICIAN SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
LOOP 2420B – OPERATING PHYSICIAN NAME				
NM1		OPERATING PHYSICIAN NAME	S	
	NM101	Entity Identifier Code	R	YES
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	R	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
REF		OPERATING PHYSICIAN SECONDARY INFORMATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
LOOP 2420C – OTHER PROVIDER NAME				
NM1		OTHER PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	YES
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
REF		OTHER PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES



LOOP 2430 – SERVICE LINE ADJUDICATION INFORMATION				
SVD		SERVICE LINE ADJUDICATION INFORMATION	S	
	SVD01	Identification Code	R	
	SVD02	Monetary Amount	R	
	SVD03	Composite Medical Procedure Identifier	S	
	SVD03-1	Product/Service ID Qualifier	R	
	SVD03-2	Product/Service ID	R	
	SVD03-3	Procedure Modifier	S	
	SVD03-4	Procedure Modifier	S	
	SVD03-5	Procedure Modifier	S	
	SVD03-6	Procedure Modifier	S	
	SVD03-7	Description	S	
	SVD04	Product/Service ID	R	
	SVD05	Quantity	R	
	SVD06	Assigned Number	S	
CAS		SERVICE LINE ADJUSTMENT	S	
	CAS01	Claim Adjustment Group Code	R	
	CAS02	Claim Adjustment Reason Code	R	
	CAS03	Monetary Amount	R	
	CAS04	Quantity	S	
	CAS05	Claim Adjustment Reason Code	S	
	CAS06	Monetary Amount	S	
	CAS07	Quantity	S	
	CAS08	Claim Adjustment Reason Code	S	
	CAS09	Monetary Amount	S	
	CAS10	Quantity	S	
	CAS11	Claim Adjustment Reason Code	S	
	CAS12	Monetary Amount	S	
	CAS13	Quantity	S	
	CAS14	Claim Adjustment Reason Code	S	
	CAS15	Monetary Amount	S	
	CAS16	Quantity	S	
	CAS17	Claim Adjustment Reason Code	S	
	CAS18	Monetary Amount	S	
	CAS19	Quantity	S	
DTP		SERVICE ADJUDICATION DATE	S	
	DTP01	Date/Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Date Time Period	R	
LOOP – TRANSACTION SET TRAILER				
SE		TRANSACTION SET TRAILER	R	
	SE01	Number of Included Segments	R	
	SE02	Transaction Set Control Number	R	

**SECTION 3.2 – 837 INSTITUTIONAL DATA ELEMENT DICTIONARY**

The following specifies the 837 Institutional fields for which New Jersey Medicaid has payer-specific requirements. The requirement section for each field will reference “FFS” when listing specifications for fee-for-service providers regarding inpatient, outpatient, and home health claim submissions, “CCP” when listing specifications for Charity Care, “XVR” when listing specifications for the submission of inpatient and outpatient provider-initiated Medicare crossover claims, “LTC” when listing specifications for Long Term Care providers and “DOC” when listing specifications for the submission of inpatient and outpatient Department of Corrections claim submissions. If no reference is specified, the requirement applies to all types of claims and encounters.

LOOP 1000A – SUBMITTER NAME

SEGMENT	NM1 – Submitter Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	Enter the seven-digit Submitter ID assigned by New Jersey Medicaid.

LOOP 1000B – RECEIVER NAME

SEGMENT	NM1 – Receiver Name
FIELD	NM103 – Name Last or Organization Name
CODES	
REQUIREMENT	Enter “NEW JERSEY MEDICAID”.

SEGMENT	NM1 – Receiver Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	Enter “610515”.

LOOP 2000A – BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL

SEGMENT	PRV – Billing/Pay-To Provider Specialty Information
FIELD	PRV03 – Reference Identification
CODES	
REQUIREMENT	A valid HIPAA taxonomy code is required on all FFS and CCP claims.

LOOP 2010AA – BILLING PROVIDER NAME

SEGMENT	N4 - Billing Provider City/State/Zip Code
FIELD	N403 - Postal Code
CODES	
REQUIREMENT	A valid zip code of the service location is required on all FFS and CCP claims. If the billing provider represents a group, the service location can be represented in the rendering provider or service facility location loop.



SEGMENT	REF – Billing Provider Secondary Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	1C	Medicare Provider Number
	1D	Medicaid Provider Number
	EI	Employer's Identification Number
	SY	Social Security Number
	LU	Location Number
REQUIREMENT	<p>When reporting a NPI as the primary identifier, the provider must be identified using the EIN (EI) or SSN (SY) in this segment.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>To report services rendered at alternate address locations, create additional REF segments specifying the alternate location numbers (LU).</p> <p>FFS, CCP, LTC – The provider must be identified using the Medicaid Provider Number (1D).</p> <p>XVR – The provider must be identified using the Medicare Provider Number (1C), Medicaid Provider Number (1D), EIN (EI), and/or SSN (SY).</p>	

SEGMENT	REF – Billing Provider Secondary Identification	
FIELD	REF02 – Reference Identification	
CODES		
REQUIREMENT	<p>Enter the nine-digit EIN when field REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.</p> <p>FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. In the case of an individual practice, enter the seven-digit Medicaid Provider Number assigned to the individual practice when REF01 equals 1D.</p> <p>XVR – Enter the Medicare Provider Number when REF01 equals 1C. Enter the nine-digit EIN when REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY.</p>	

LOOP 2010AB – PAY- TO PROVIDER NAME

SEGMENT	N4 – Pay-To Provider City/State/Zip Code	
FIELD	N403 – Postal Code	
CODES		
REQUIREMENT	<p>A valid zip code of the service location is required on all FFS and CCP. If the billing provider represents a group, the service location can be represented in the rendering provider or service facility location loop.</p>	

SEGMENT	REF – Billing Provider Secondary Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	1C	Medicare Provider Number
	1D	Medicaid Provider Number
	EI	Employer's Identification Number
	SY	Social Security Number
	LU	Location Number



REQUIREMENT	<p>When reporting a NPI as the primary identifier, the provider must be identified using the EIN (EI) or SSN (SY) in this segment.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>To report services rendered at alternate address locations, create additional REF segments specifying the alternate location numbers (LU).</p> <p>FFS, CCP, LTC – The provider must be identified using the Medicaid Provider Number (1D).</p> <p>XVR – The provider must be identified using the Medicare Provider Number (1C), Medicaid Provider Number (1D), EIN (EI), and/or SSN (SY).</p>
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SEGMENT	REF – Billing Provider Secondary Identification
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	<p>Enter the nine-digit EIN when field REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.</p> <p>FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. In the case of an individual practice, enter the seven-digit Medicaid Provider Number assigned to the individual practice when REF01 equals 1D.</p> <p>XVR – Enter the Medicare Provider Number when REF01 equals 1C. Enter the nine-digit EIN when REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY.</p>

LOOP 2000B – SUBSCRIBER HIERARCHICAL LEVEL

SEGMENT	HL – Subscriber Hierarchical Level
FIELD	HL04 – Hierarchical Child Code
CODES	0 No Subordinate HL Segment in this Hierarchical Structure
REQUIREMENT	<p>Enter "0". For Medicaid purposes, the Subscriber will always equal the Patient. Therefore, an additional subordinate (Patient) HL segment should not be used. Claims that include the Patient HL segment will not be processed.</p>

SEGMENT	SBR – Subscriber Information
FIELD	SBR09 – Claim Filing Indicator Code
CODES	MC Medicaid
REQUIREMENT	Enter "MC".

LOOP 2010BA – SUBSCRIBER NAME

SEGMENT	NM1 – Subscriber Name
FIELD	NM102 – Entity Type Qualifier
CODES	1 Person
REQUIREMENT	Enter "1".



SEGMENT	NM1 – Subscriber Name
FIELD	NM104 – Name First
CODES	
REQUIREMENT	New Jersey Medicaid requires the beneficiary's first name.

SEGMENT	NM1 – Subscriber Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	FFS - Enter the twelve-digit Medicaid Beneficiary ID assigned by New Jersey Medicaid. When billing services for newborns, the Medicaid Beneficiary ID Number of the mother may be entered for up to 60 days from the date of birth. LTC – Enter the twelve-digit Medicaid Beneficiary ID assigned by Medicaid. CCP – Enter the nine-digit Social Security Number. If the Social Security Number is not available, enter "999999999". DOC – Enter the 10-position SBI (State Bureau Identification) identifier.

LOOP 2010BC – PAYER NAME

SEGMENT	NM1 – Payer Name
FIELD	NM103 – Name Last or Organization Name
CODES	
REQUIREMENT	Enter "NEW JERSEY MEDICAID".

SEGMENT	NM1 – Payer Name
FIELD	NM109 – Identification Code
CODES	012 New Jersey Medicaid
REQUIREMENT	Enter "012".

LOOP 2300 – CLAIM INFORMATION

SEGMENT	CLM – Claim Information
FIELD	CLM01 – Claim Submitter's Identifier
CODES	
REQUIREMENT	New Jersey Medicaid will only recognize the first 20 characters of the Patient Control Number.

SEGMENT	CLM – Claim Information
FIELD	CLM05-1 – Facility Code Value
CODES	
REQUIREMENT	LTC – The first position of this field must be 2 or 6.

SEGMENT	CLM – Claim Information
FIELD	CLM18 – Yes/No Condition or Response Code
CODES	N No
REQUIREMENT	New Jersey Medicaid does not issue paper Explanation of Benefits (EOB).



SEGMENT	DTP – Admission Date/Hour
FIELD	DTP03 – Date Time Period
CODES	
REQUIREMENT	LTC – Use this field to communicate the admission date.

SEGMENT	CL1 – Institutional Claim Code
FIELD	CL103 – Patient Status Code
CODES	
REQUIREMENT	LTC – Use this field to communicate the patient status based on the HIPAA/UB92 code set (previously identified as General Status Code on the LTC Turn Around Document).

SEGMENT	PWK – Claim Supplemental Information
FIELD	PWK01 – Report Type Code
CODES	OZ Support Data for Claim
REQUIREMENT	FFS – Enter “OZ” when submitting paperwork (i.e. attachment) information.

SEGMENT	PWK – Claim Supplemental Information
FIELD	PWK02 – Report Transmission Code
CODES	BM By Mail
REQUIREMENT	FFS – Enter “BM” when submitting a paper attachment by mail.

SEGMENT	PWK – Claim Supplemental Information
FIELD	PWK06 – Identification Code
CODES	
REQUIREMENT	FFS – Enter the Patient Account Number coded in Segment CLM, Field CLM01.

SEGMENT	REF – Original Reference Number (ICN/DCN)
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	Enter the 15-digit claim control number of original claim being corrected or voided when REF01 equals “F8”. If claim control number is obtained from the hard copy remittance advice which displays only 13-digits of the claim control number, prefix the claim control number with the 2-digit century code. Note: When voiding a claim, the void may be submitted in one week and the replacement claim should be submitted the following week. If the voided claim and the replacement claim are submitted in the same week, the replacement claim will deny as a duplicate.

SEGMENT	REF – Prior Authorization or Referral Number
FIELD	REF01 – Reference Identification Qualifier
CODES	G1 Prior Authorization Number
REQUIREMENT	FFS – When appropriate, enter “G1” in the first occurrence of the REF segment.

SEGMENT	REF – Medical Record Number
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	FFS – New Jersey Medicaid will only capture the first 16 characters.



SEGMENT	K3 – File Information	
FIELD	K301 – Fixed Format Information	
CODES	Y	Diagnosis was present at time of inpatient admission
	N	Diagnosis was not present at time of inpatient admission
	U	Documentation insufficient to determine if the condition was present at the time of inpatient admission
	W	Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission
	1	Unreported/Not used - Exempt from POA reporting. This code is the equivalent of a blank on the UB-04 paper form.
REQUIREMENT	FFS, CCP, XVR – Acute Care Inpatient hospitals must use a POA Indicator for every Principal and Other diagnosis submitted on the claim. Providers are instructed to enter the letters “POA” followed by a single POA indicator value for every diagnosis reported, beginning with the Principal diagnosis and followed by each Other diagnosis code, in order. The letter “Z” should be entered at the end of the list to indicate the end of the POAs. The value “1” must be sent if none of the other values apply to a diagnosis. Example for 1 Principal and 5 Other Diagnoses: POAYNUW1YZ Example for 1 Principal and 16 Other Diagnoses: POAYNUW1YNUW1YNUW1YNZ	

SEGMENT	NTE – Billing Note		
FIELD	NTE02 – Description		
CODES			
REQUIREMENT	POSITION	FIELD NAME	VALUES
	1 27	LTC Service	
	1	TAD Tracheotomy	Y or N
	2	TAD Respiratory Therapy	Y or N
	3	TAD IV Therapy	Y or N
	4	TAD Head Trauma	Y or N
	5	TAD Oxygen Therapy	Y or N
	6	TAD NG Tube Feed	Y or N
	7	TAD Wound Care	Y or N
	8	TAD Physical Therapy	Y or N
	9	TAD Speech Therapy	Y or N
	10	TAD Occupational Therapy	Y or N
	11 18	LTC Other Payment (Right Justify, Zero Fill)	99999.99
	19	LTC Benefits Exhausted Indicator	Y or N
	20 27	LTC Benefits Exhausted Date	CCYYMMDD
LTC – When billing long term care claims, additional data is required at the positions identified within this NTE02 field, using the stated value sets.			
	POSITION	FIELD NAME	VALUES
	28	This field must contain a space	space
Submit Condition Code M2, M3 or M4 to indicate multiple birth order.			
Positions 29 thru 38 continued on next page.			



POSITION	FIELD NAME	VALUES
29 36	Charity Care Write-Off Date	CCYYMMDD
CCP – Enter the charity care write-off date (previously identified by occurrence code “J3”).		
POSITION	FIELD NAME	VALUE SET
37 38	Outpatient Clinic Code	A
FFS, CCP – When billing an outpatient service and a revenue code of 450 through 459, 510 through 515, or 519 is present, additional data is required at the positions identified within this NTE02 field, using the following value sets:		
	<u>SET</u>	<u>VALUE</u> <u>DESCRIPTION</u>
	A	00 Emergency Room (Revenue Code 450 and 459 Only)
		01 Alcoholism
		02 Allergy
		03 Arthritis, Rheumatology
		04 Cardiac, Cardiovascular Pacemaker, Rheumatic Fever
		05 Chest, TB
		06 Dental
		08 Diabetic, Endocrine
		09 Eye, E.N.T.
		10 Family Planning
		11 Gynecology
		12 Hematology
		13 Medical, Gastrointestinal, Gastroenterology
		14 Neurology, Neurosurgery
		15 OB, Pre-natal
		16 Orthopedic
		17 Pediatric
		18 Physical Therapy, Rehabilitation, Physical Medicine
		19 Podiatry
		20 Proctology
		21 Psychiatry
		22 Speech and Hearing Speech Pathology
		23 Surgery, Plastic Surgery
		24 Tumor
		25 Urology
		26 Other
		27 EPSDT
		28 Partial Hospitalization

SEGMENT	HI – Diagnosis Related Group (DRG) Information
FIELD	HI01-2 – Industry Code
CODES	
REQUIREMENT	FFS, CCP - A DRG Code is required on all inpatient claims and encounters.



SEGMENT	HI – Other Diagnosis Information	
FIELD		
CODES		
REQUIREMENT	In addition to the primary diagnosis code identified when HI01 = “BK”, NJ Medicaid will recognize a maximum of 16 additional diagnosis codes when HI01 = “BF”.	

SEGMENT	HI – Principal Procedure Information	
FIELD	HI01-1 – Code List Qualifier Code	
CODES	BR	International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure
REQUIREMENT	Enter “BR”.	

SEGMENT	HI – Other Procedure Information	
FIELD	HI01-1 – Code List Qualifier Code	
CODES	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
REQUIREMENT	In addition to the primary procedure code identified when HI01 = “BR”, NJ Medicaid will recognize a maximum of 5 additional procedure codes when HI01 = “BQ”.	

SEGMENT	HI – Occurrence Span Information	
FIELD	HI01-2 – Industry Code	
CODES	M3	ICF Days
	M4	Residential Days
	74	Days Not in this Facility
	75	SNF Days
REQUIREMENT	NJ Medicaid will recognize up to the first four occurrence span code and date ranges. FFS – Enter “M3” when reporting ICF days. Enter “M4” when reporting Residential days. Enter “74” and dates for when the recipient was NOT in the facility. Value “74” replaces the use of Occurrence Codes 60 & 61. Enter “75” when reporting SNF days.	

SEGMENT	HI – Occurrence Information	
FIELD	HI01-2 - Industry Code	
CODES		
REQUIREMENT	NJ Medicaid will recognize a maximum of eight occurrence codes when HI01-1 = “BH”. XVR – When reporting the date for benefits exhausted, enter A3, B3 or C3 if the corresponding payer is primary, secondary or tertiary respectively.	

SEGMENT	HI – Value Information	
FIELD	HI01-2 – Industry Code	
CODES	24	Medicaid Rate Code (NY Hospital Rate Code)
	31	LTC Patient Liability
	37	Blood Furnished
	39	Blood Replaced
	54	Patient Birth Weight (grams)
	55	Charity Care 30% Rule Threshold Amount
	69	Charity Care Percent Eligible



REQUIREMENT	<p>FFS – The value codes listed (24, 31, 37, 39, and 54) above are the values used by New Jersey Medicaid. All other valid value codes will be ignored. Use "24" to report the NY Hospital Rate Code (previously identified by value code X9).</p> <p>CCP – Use value "55" to report the Charity Care 30% Rule Threshold Amount (previously coded as X3). Use value "69" to report the Charity Care Percent Eligible (previously coded in the high order position of the Beneficiary ID field).</p> <p>LTC – Use value "31" to communicate a payment made by a patient. Other payments are required in the NTE segment.</p>
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SEGMENT	HI – Value Information
FIELD	HI01-5 – Monetary Amount
CODES	
REQUIREMENT	<p>FFS – Enter the birth weight in grams when HI01-2 equals "54".</p> <p>CCP – Enter the Charity Care Percent Eligible when HI01-2 equals "69" (enter 20, 40, 60, 80, or 100). Enter the Charity Care 30% Rule Threshold Amount when HI01-2 equals "55". (The dollar amount entered must not exceed 9,999,999.99.)</p>

SEGMENT	HI – Condition Information																																																						
FIELD	HI01-2 – Industry Code																																																						
CODES	<table> <tr><td>01</td><td>Military Service Related</td></tr> <tr><td>02</td><td>Condition is Employment Related</td></tr> <tr><td>03</td><td>Patient Covered by Insurance Not Reflected Here</td></tr> <tr><td>05</td><td>Lien Has Been Filed</td></tr> <tr><td>08</td><td>Beneficiary Would Not Provide Insurance Coverage Information</td></tr> <tr><td>10</td><td>Patient and/or Spouse is Employed But No EGHP Coverage Exists</td></tr> <tr><td>40</td><td>Same Day Transfer</td></tr> <tr><td>41</td><td>Partial Hospitalization</td></tr> <tr><td>M2</td><td>Second Newborn</td></tr> <tr><td>M3</td><td>Third Newborn</td></tr> <tr><td>M4</td><td>Fourth Newborn</td></tr> <tr><td>A0</td><td>CHAMPUS External Partnership Program</td></tr> <tr><td>A1</td><td>EPSDT/CHAP</td></tr> <tr><td>A2</td><td>Physically Handicapped Children's Program</td></tr> <tr><td>A3</td><td>Special Federal Funding</td></tr> <tr><td>A4</td><td>Family Planning</td></tr> <tr><td>A5</td><td>Disability</td></tr> <tr><td>A6</td><td>Vaccines/Medicare 100% Payment</td></tr> <tr><td>A9</td><td>Second Opinion Surgery</td></tr> <tr><td>AA</td><td>Abortion Performed due to Rape</td></tr> <tr><td>AB</td><td>Abortion Performed due to Incest</td></tr> <tr><td>AC</td><td>Abortion Performed due to Serious Fetal Genetic Defect, Deformity or Abnormality</td></tr> <tr><td>AD</td><td>Abortion Performed due to a Life Endangering Physical Condition Caused by, Arising from Or Exacerbated by the Pregnancy Itself</td></tr> <tr><td>AE</td><td>Abortion Performed due to Physical Health of the Mother that is not Life Endangering</td></tr> <tr><td>AF</td><td>Abortion Performed due to Emotional/Psychological Health of the Mother</td></tr> <tr><td>AG</td><td>Abortion Performed due to Social or Economic Reasons</td></tr> <tr><td>AH</td><td>Elective Abortion</td></tr> </table>	01	Military Service Related	02	Condition is Employment Related	03	Patient Covered by Insurance Not Reflected Here	05	Lien Has Been Filed	08	Beneficiary Would Not Provide Insurance Coverage Information	10	Patient and/or Spouse is Employed But No EGHP Coverage Exists	40	Same Day Transfer	41	Partial Hospitalization	M2	Second Newborn	M3	Third Newborn	M4	Fourth Newborn	A0	CHAMPUS External Partnership Program	A1	EPSDT/CHAP	A2	Physically Handicapped Children's Program	A3	Special Federal Funding	A4	Family Planning	A5	Disability	A6	Vaccines/Medicare 100% Payment	A9	Second Opinion Surgery	AA	Abortion Performed due to Rape	AB	Abortion Performed due to Incest	AC	Abortion Performed due to Serious Fetal Genetic Defect, Deformity or Abnormality	AD	Abortion Performed due to a Life Endangering Physical Condition Caused by, Arising from Or Exacerbated by the Pregnancy Itself	AE	Abortion Performed due to Physical Health of the Mother that is not Life Endangering	AF	Abortion Performed due to Emotional/Psychological Health of the Mother	AG	Abortion Performed due to Social or Economic Reasons	AH	Elective Abortion
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REQUIREMENT	FFS: Although there are other valid condition codes, the ones listed above impact claims pricing and/or claim editing. As a result, it is important that these values appear in the first eleven occurrences. Use values A0 through A9 to report the Hospital Program Indicator. Use values AA-AH to report the abortion reason code in place of the hardcopy attachment (Physician Certification – Abortion).
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SEGMENT	HCP – Claim Pricing/Repricing Information
FIELD	HCP02 – Monetary Amount
CODES	
REQUIREMENT	LTC – When submitting a LTC crossover claim, enter the LTC provider rate amount.

LOOP 2310A – ATTENDING PHYSICIAN NAME

SEGMENT	REF – Attending Physician Secondary Identification
FIELD	REF01 – Reference Identification Qualifier
CODES	1D Medicaid Provider Number
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (1D).

SEGMENT	REF – Attending Physician Secondary Identification
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. If the attending physician does not participate in New Jersey Medicaid, enter “5555555” to identify an out-of-state physician or “6666666” to identify an in-state physician.

LOOP 2310B – OPERATING PHYSICIAN NAME

SEGMENT	REF – Operating Physician Secondary Identification
FIELD	REF01 – Reference Identification Qualifier
CODES	1D Medicaid Provider Number
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (1D).

SEGMENT	REF – Operating Physician Secondary Identification
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. If the operating physician does not participate in New Jersey Medicaid, enter “5555555” to identify an out-of-state physician or “6666666” to identify an in-state physician.



LOOP 2310C – OTHER PROVIDER NAME

SEGMENT	REF – Other Provider Secondary Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	1D	Medicaid Provider Number
	LU	Location Number
REQUIREMENT	HIPAA NON-COVERED ENTITIES ONLY: FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (1D).	

SEGMENT	REF – Other Provider Secondary Identification	
FIELD	REF02 – Reference Identification	
CODES		
REQUIREMENT	HIPAA NON-COVERED ENTITIES ONLY: FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. If the other physician does not participate in New Jersey Medicaid, enter “5555555” to identify an out-of-state physician or “6666666” to identify an in-state physician.	

LOOP 2310E – SERVICE FACILITY NAME

SEGMENT	N4 – Service Facility Location City/State/Zip Code	
FIELD	N403 – Postal Code	
CODES		
REQUIREMENT	A valid zip code of the service location is required on all FFS and CCP. If the billing provider represents a group, the service location can be represented in the rendering provider or service facility location loop.	

LOOP 2320 – OTHER SUBSCRIBER INFORMATION

(NJ Medicaid will only recognize the first three occurrences of the payor identification information)

SEGMENT	CAS – Claim Level Adjustment	
FIELD	CAS02 – Claim Adjustment Reason Code	
CODES	1	Deductible Amount
	2	Co-Insurance Amount
	3	Co-Payment
	96	Carrier Non-Covered Charges
REQUIREMENT	XVR – Enter value '1' to indicate <u>Deductible Amount</u> . Enter value '2' to indicate <u>Co-Insurance Amount</u> . Enter value '3' to indicate <u>Co-Payment</u> . Enter value '96' to indicate <u>Carrier Non-Covered Charges</u> .	



LOOP 2330B – OTHER PAYER NAME

SEGMENT	NM1 – Other Payer Name
FIELD	NM108 – Identification Code Qualifier
CODES	PI Payer Identification
REQUIREMENT	Enter “PI” when completing this loop.

SEGMENT	NM1 – Other Payer Name
FIELD	NM109 – Identification Code
CODES	071 Aetna Health Plans 006 Aetna US Healthcare 094 Aetna US Healthcare HMO 104 Aetna US Healthcare Inc. – H3152 007 Allstate 008 American Association of Retired Persons (AARP) 009 American General Insurance 010 American National 054 American Postal Worker's Union (APWU) 105 Amerihealth HMO, Inc. – H3156 012 Benefit Trust Life 017 CAN 043 Capital Enterprises, Inc. 034 CIGNA Healthcare HMO 107 CIGNA Healthcare of Northern NJ, IN 106 CIGNA Healthcare of Southern NJ, IN 018 Colonial Life and Accident 047 Colonial Penn 019 Columbia Life Insurance 093 Co-Med HMO (CIGNA) 020 Continental General (CIGNA) 022 Continental Insurance 024 Employer's Health Insurance 025 Equicorp, Inc. 026 Equitable 027 Federal Blue Cross 052 Federal Express 028 Fireman's Fund 088 First Health 029 Garden State Hospitalization, NJ 030 GHI Claims Department 031 Great West Life & Annuity 032 Guardian Life 063 Hartford Insurance 087 HIP 089 HIP Health Plan of New Jersey 033 HIP Health Plan of NJ 091 HMO Blue 109 Horizon Medicare Blue – H3154 035 Independent Life 037 Inter County Health Plan 036 Intercontinental 038 John Hancock, L.I.C.



039	Liberty Mutual
040	Life Insurance Corporation of America
059	Local 798 Welfare Fund
086	MagnaCare (through Local 274)
042	Mail Handlers Benefit Plan
044	Massachusetts Mutual
045	Metropolitan
076	Monarch Life
048	Mutual Benefit
049	Mutual of New York
050	Mutual of Omaha
051	National Association of Letter Carriers
053	National Maritime Union
001	New Jersey Blue Cross/Blue Shield
002	New York Blue Cross/Blue Shield
057	New York Life/NYLCARE
058	New York Shipping Association
060	Northwestern National Life
061	Occidental Life Insurance
085	OmniCare
062	Pacific Mutual
064	Penn Mutual
013	People's Benefit Life Insurance
065	Philadelphia American Life
003	Philadelphia Blue Cross/Blue Shield
108	Physicians Health Services (Medicare)
066	Physicians Mutual Life
011	Principal Financial Group
067	Provident Life and Accident
092	PruCare
068	Prudential
046	Qualcare
069	Railroad Retirement
070	Reliance
072	Reliastar
074	Security Mutual
075	Sentry Life
096	Saint Barnabas System Health Plan
073	State Mutual Insurance
077	Travelers Insurance
014	Tri Care Region 1 – Claims
081	U.S. Life
023	Union Fidelity Life Insurance
078	Union Labor Life
079	Union Mutual Benefits
015	Unity Mutual Life
082	Veterans Administration
041	Virginia Health Network
083	Washington National
084	Wellmark Community
099	ALL OTHER INSURANCE PLANS



REQUIREMENT	LTC – Enter the New Jersey Medicaid Other Insurance Carrier Code from the list below. FFS, CCP – When submitting an institutional claim that is not a long term care claim enter the UB92-based payer identification code from the National Uniform Billing Committee (NUBC) (e.g. “012” for New Jersey Medicaid). The New Jersey Medicaid Other Insurance Carrier Codes listed below are not to be used when submitting institutional inpatient, outpatient or home health claims.
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LOOP 2400 – SERVICE LINE

SEGMENT	LX – Service Line Number
FIELD	LX01 – Assigned Number
CODES	
REQUIREMENT	New Jersey Medicaid will only accept a maximum of 45 lines for inpatient claims and encounters, and a maximum of 99 lines for outpatient, home health, charity care, and long term care claims and encounters.

SEGMENT	SV2 – Institutional Service
FIELD	SV201 – Product/Service ID
CODES	
REQUIREMENT	New Jersey Medicaid no longer requires revenue code 001. FFS – When reporting Inpatient services, New Jersey Medicaid will use revenue codes 100 – 219 to identify charges for SNF, ICF, Residential, and Acute days. LTC – Use revenue code 183 to report therapeutic leave days, 190 to report bed days, 185 and 190 to report hospital leave days, 185 without 190 to report Medicare leave days.

SEGMENT	SV2 – Institutional Service
FIELD	SV202-1 – Product/Service ID Qualifier
CODES	HC Healthcare Financing Administration Common Procedural Coding System (HCPCS) Codes
REQUIREMENT	FFS – Enter “HC” when revenue code 270 is used to report medical/surgical supplies for home health claims and encounters.

SEGMENT	SV2 – Institutional Service
FIELD	SV202-2 – Product/Service ID
CODES	
REQUIREMENT	FFS – Enter the durable medical equipment (DME) procedure code when revenue code 270 is used to report medical/surgical supplies for home health claims and encounters.

SEGMENT	SV2 – Institutional Service
FIELD	SV205 – Quantity
CODES	
REQUIREMENT	New Jersey Medicaid requires a unit of service to be less than or equal to 999.

SEGMENT	PWK – Claim Supplemental Information
FIELD	PWK01 – Report Type Code
CODES	OZ Support Data for Claim
REQUIREMENT	FFS – Enter “OZ” when submitting paperwork (i.e. attachment) information.



SEGMENT	PWK – Claim Supplemental Information
FIELD	PWK02 – Report Transmission Code
CODES	BM By Mail
REQUIREMENT	FFS – Enter “BM” when submitting a paper attachment by mail.

SEGMENT	PWK – Claim Supplemental Information
FIELD	PWK06 – Identification Code
CODES	
REQUIREMENT	FFS – Enter the Patient Account Number coded in Segment CLM, Field CLM01.

SEGMENT	DTP – Service Line Date
FIELD	DTP01 – Date/Time Qualifier
CODES	472 Service
REQUIREMENT	Date(s) of Service are required on all outpatient, home health, and long term care claims.

LOOP 2410 – DRUG IDENTIFICATION

SEGMENT	LIN – Item Identification
FIELD	LIN02 – Product/Service ID Qualifier
CODES	N4 National Drug Code in 5-4-2 Format
REQUIREMENT	Enter “N4” in this field when the procedure code for the corresponding line item (Loop 2400, Segment SV1, Element SV101-2) indicates that a drug was administered by a physician. Required only when Revenue Code is 25X or 63X for Pharmacy products.

SEGMENT	LIN – Item Identification
FIELD	LIN03 – Product/Service ID
CODES	
REQUIREMENT	Enter the National Drug Code (NDC) for the physician-administered drug when the value of LIN02 is “N4”.

SEGMENT	CTP – Pricing Information
FIELD	CTP04 – Quantity
CODES	
REQUIREMENT	Enter the quantity of the physician-administered drug identified in LIN03. The format of the quantity is xxxxxxxx.xxx (i.e., a maximum quantity of 99999999.999 may be specified), but whole numbers may also be specified (i.e., a quantity of 500 may be specified).

SEGMENT	CTP – Pricing Information
FIELD	CTP05-1 – Product/Service ID Qualifier
CODES	GR Gram
	ML Milliliter
	UN Unit
REQUIREMENT	Enter the Unit of Measure of “GR”, “ML” or “UN”.



LOOP 2420A – ATTENDING PHYSICIAN NAME

SEGMENT	NM1 – Attending Physician Name
FIELD	NM101 – Entity Identifier Code
CODES	71 Attending Physician
REQUIREMENT	If present, the attending provider identified in this loop applies to the line level, and overrides the attending provider identified at the claim level in Loop 2310A.

SEGMENT	REF – Attending Physician Secondary Identification
FIELD	REF01 – Reference Identification Qualifier
CODES	1D Medicaid Provider Number
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (1D).

SEGMENT	REF – Attending Physician Secondary Identification
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. If the attending physician does not participate in New Jersey Medicaid, enter “5555555” to identify an out-of-state physician or “6666666” to identify an in-state physician.

LOOP 2420B – OPERATING PHYSICIAN NAME

SEGMENT	NM1 – Operating Physician Name
FIELD	NM101 – Entity Identifier Code
CODES	72 Operating Physician
REQUIREMENT	If present, the operating provider identified in this loop applies to the line level, and overrides the operating provider identified at the claim level in Loop 2310B.

SEGMENT	REF – Operating Physician Secondary Identification
FIELD	REF01 – Reference Identification Qualifier
CODES	1D Medicaid Provider Number
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (1D).

SEGMENT	REF – Operating Physician Secondary Identification
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. If the operating physician does not participate in New Jersey Medicaid, enter “5555555” to identify an out-of-state physician or “6666666” to identify an in-state physician.

**LOOP 2420C – OTHER PHYSICIAN NAME**

SEGMENT	NM1 – Other Physician Name
FIELD	NM101 – Entity Identifier Code
CODES	73 Other Physician
REQUIREMENT	If present, the other provider identified in this loop applies to the line level, and overrides the other provider identified at the claim level in Loop 2310C.

SEGMENT	REF – Other Physician Secondary Identification
FIELD	REF01 – Reference Identification Qualifier
CODES	1D Medicaid Provider Number
REQUIREMENT	HIPAA NON-COVERED ENTITIES ONLY: FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (1D).

SEGMENT	REF – Other Physician Secondary Identification
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	HIPAA NON-COVERED ENTITIES ONLY: FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. If the other physician does not participate in New Jersey Medicaid, enter “555555” to identify an out-of-state physician or “666666” to identify an in-state physician.



SECTION 4.1 – 837 DENTAL LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA loop, segment and field specifications for submitting 837 Dental transactions to New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (YES), which supplements the national standard. In these cases, a data element dictionary (DED) reference will be included in Section 4.2, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 4.2 for 837 loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

SEGMENT	FIELD	NAME	USAGE	MEDICAID
HEADER				
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
BHT		BEGINNING OF HIERARCHICAL TRANSACTION	R	
	BHT01	Hierarchical Structure Code	R	
	BHT02	Transaction Set Purpose Code	R	
	BHT03	Reference Identification	R	
	BHT04	Date	R	
	BHT05	Time	R	
	BHT06	Transaction Type Code	R	
REF		TRANSMISSION TYPE IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 1000A – SUBMITTER NAME				
NM1		SUBMITTER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	YES
PER		SUBMITTER EDI CONTACT INFORMATION	R	
	PER01	Contact Function Code	R	
	PER02	Name	R	
	PER03	Communication Number Qualifier	R	
	PER04	Communication Number	R	
	PER05	Communication Number Qualifier	S	
	PER06	Communication Number	S	
	PER07	Communication Number Qualifier	S	
	PER08	Communication Number	S	
LOOP 1000B – RECEIVER NAME				
NM1		RECEIVER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	YES
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	YES



LOOP 2000A – BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL				
HL		BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
PRV		BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION	R	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Reference Identification	R	YES
CUR		FOREIGN CURRENCY INFORMATION	S	X
	CUR01	Entity Identifier Code	R	X
	CUR02	Currency Code	R	X
LOOP 2010AA – BILLING PROVIDER NAME				
NM1		BILLING PROVIDER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
N3		BILLING PROVIDER ADDRESS	R	
	N301	Address Information	R	
	N302	Address Information	S	
N4		BILLING PROVIDER CITY/STATE/ZIP CODE	R	
	N401	City Name	R	
	N402	State or Province Code	R	
	N403	Postal Code	R	YES
	N404	Country Code	S	
REF		BILLING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
REF		CREDIT/DEBIT CARD BILLING INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2010AB – PAY-TO PROVIDER NAME				
NM1		PAY-TO PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
N3		PAY-TO PROVIDER ADDRESS	R	
	N301	Address Information	R	
	N302	Address Information	S	
N4		PAY-TO PROVIDER CITY/STATE/ZIP CODE	R	
	N401	City Name	R	
	N402	State or Province Code	R	
	N403	Postal Code	R	YES
	N404	Country Code	S	
REF		PAY-TO-PROVIDER SECONDARY INFORMATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES



LOOP 2000B – SUBSCRIBER HIERARCHICAL LEVEL				
HL		SUBSCRIBER HIERARCHICAL LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	YES
SBR		SUBSCRIBER INFORMATION	R	
	SBR01	Payer Responsibility Sequence Number Code	R	
	SBR02	Individual Relationship Code	S	
	SBR03	Reference Identification	S	
	SBR04	Name	S	
	SBR06	Coordination of Benefits Code	R	
	SBR09	Claim Filing Indicator Code	S	YES
LOOP 2010BA – SUBSCRIBER NAME				
NM1		SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	YES
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	YES
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	
	NM109	Identification Code	S	YES
N3		SUBSCRIBER ADDRESS	S	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		SUBSCRIBER CITY/STATE/ZIP CODE	S	X
	N401	City Name	R	X
	N402	State or Province Code	R	X
	N403	Postal Code	R	X
	N404	Country Code	S	X
DMG		SUBSCRIBER DEMOGRAPHIC INFORMATION	S	
	DMG01	Date Time Period Format Qualifier	R	
	DMG02	Date Time Period	R	
	DMG03	Gender Code	R	
REF		SUBSCRIBER SECONDARY INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		PROPERTY AND CASUALTY CLAIM NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2010BB – PAYER NAME				
NM1		PAYER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	YES
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	YES
N3		PAYER ADDRESS	S	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		PAYER CITY/STATE/ZIP CODE	S	X
	N401	City Name	R	X
	N402	State or Province Code	R	X
	N403	Postal Code	R	X
	N404	Country Code	S	X
REF		PAYER SECONDARY INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X



LOOP 2010BC – CREDIT/DEBIT CARD HOLDER NAME				
NM1		CREDIT/DEBIT CARD HOLDER NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM104	Name First	S	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	R	X
	NM109	Identification Code	R	X
REF		CREDIT/DEBIT CARD INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2000C– PATIENT NAME				
HL		PATIENT HIERARCHICAL LEVEL	S	X
	HL01	Hierarchical ID Number	R	X
	HL02	Hierarchical Parent ID Number	R	X
	HL03	Hierarchical Level Code	R	X
	HL04	Hierarchical Child Code	R	X
PAT		PATIENT INFORMATION	R	X
	PAT01	Individual Relationship Code	R	X
	PAT04	Student Status Code	S	X
LOOP 2010CA – PATIENT NAME				
NM1		PATIENT NAME	R	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM104	Name First	R	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	S	X
	NM109	Identification Code	S	X
N3		PATIENT ADDRESS	R	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		PATIENT CITY/STATE/ZIP CODE	R	X
	N401	City Name	R	X
	N402	State or Province Code	R	X
	N403	Postal Code	R	X
	N404	Country Code	S	X
DMG		PATIENT DEMOGRAPHIC INFORMATION	R	X
	DMG01	Date Time Period Format Qualifier	R	X
	DMG02	Date Time Period	R	X
	DMG03	Gender	R	X
REF		PATIENT SECONDARY INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		PROPERTY AND CASUALTY CLAIM NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2300 – CLAIM INFORMATION				
CLM		CLAIM INFORMATION	R	
	CLM01	Claim Submitter's Identifier	R	YES
	CLM02	Monetary Amount	R	
	CLM05	Health Care Service Location Information	R	
	CLM05-1	Facility Code Value	R	
	CLM05-3	Claim Frequency Type Code	R	
	CLM06	Yes/No Condition or Response Code	R	
	CLM07	Provider Accept Assignment Code	S	



	CLM08	Yes/No Condition or Response Code	R	
	CLM09	Release of Information Code	R	
	CLM11	Related Causes Information	S	
	CLM11-1	Related-Causes Code	R	
	CLM11-2	Related-Causes Code	S	
	CLM11-3	Related-Causes Code	S	
	CLM11-4	State or Province Code	S	
	CLM11-5	Country Code	S	
	CLM12	Special Program Code	S	YES
	CLM20	Claim Submission Reason Code	S	X
	CLM20	Delay Reason Code	S	X
DTP		DATE – ADMISSION	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – DISCHARGE	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – REFERRAL	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – ACCIDENT	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – APPLIANCE PLACEMENT	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – SERVICE	S	
	DTP01	Date/Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Date Time Period	R	
DN1		ORTHODONTIC TOTAL MONTHS OF TREATMENT	S	X
	DN101	Quantity	S	X
	DN102	Quantity	S	X
	DN103	Yes/No Condition or Response Code	S	X
DN2		TOOTH STATUS	S	X
	DN201	Reference Identification	R	X
	DN202	Tooth Status Code	R	X
PWK		CLAIM SUPPLEMENTAL INFORMATION	S	
	PWK01	Report Type Code	R	YES
	PWK02	Report Transmission Code	R	YES
	PWK05	Identification Code Qualifier	S	
	PWK06	Identification Code	S	YES
AMT		PATIENT AMOUNT PAID	S	X
	AMT01	Amount Qualifier Code	R	X
	AMT02	Monetary Amount	R	X
AMT		CREDIT/DEBIT CARD MAXIMUM AMOUNT	S	X
	AMT01	Amount Qualifier Code	R	X
	AMT02	Monetary Amount	R	X
REF		PREDETERMINATION IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		SERVICE AUTHORIZATION EXCEPTION CODE	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		ORIGINAL REFERENCE NUMBER (ICN/DCN)	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	YES



REF		PRIOR AUTHORIZATION OR REFERRAL NUMBER	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	
REF		CLAIM IDENTIFICATION NUMBER FOR CLEARING HOUSES	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
NTE		CLAIM NOTE	S	X
	NTE01	Note Reference Code	R	X
	NTE02	Description	R	X
LOOP 2310A – REFERRING PROVIDER NAME				
NM1		REFERRING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	YES
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	
	NM109	Identification Code	S	
PRV		REFERRING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	128 Reference Identification Qualifier	R	
	PRV03	Reference Identification	R	
REF		REFERRING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
LOOP 2310B – RENDERING PROVIDER NAME				
NM1		RENDERING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
PRV		RENDERING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Reference Identification	R	YES
REF		RENDERING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
LOOP 2310C – SERVICE FACILITY LOCATION				
NM1		SERVICE FACILITY LOCATION	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	S	X
	NM108	Identification Code Qualifier	S	X
	NM109	Identification Code	S	X
REF		SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2310D – ASSISTANT SURGEON NAME				
NM1		ASSISTANT SURGEON NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM104	Name First	R	X



	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	S	X
	NM109	Identification Code	S	X
PRV		ASSISTANT SURGEON SPECIALTY INFORMATION	S	X
	PRV01	Provider Code	R	X
	PRV02	128 Reference Identification Qualifier	R	X
	PRV03	Reference Identification	R	X
REF		ASSISTANT SURGEON SECONDARY IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2320 – OTHER SUBSCRIBER INFORMATION				
SBR		OTHER SUBSCRIBER INFORMATION	S	
	SBR01	Payer Responsibility Sequence Number Code	R	
	SBR02	Individual Relationship Code	R	
	SBR03	Reference Identification	S	
	SBR04	Name	S	
	SBR09	Claim Filing Indicator Code	S	
CAS		CLAIM LEVEL ADJUSTMENTS	S	
	CAS01	Claim Adjustment Group Code	R	
	CAS02	Claim Adjustment Reason Code	R	
	CAS03	Monetary Amount	R	
	CAS04	Quantity	S	
	CAS05	Claim Adjustment Reason Code	S	
	CAS06	Monetary Amount	S	
	CAS07	Quantity	S	
	CAS08	Claim Adjustment Reason Code	S	
	CAS09	Monetary Amount	S	
	CAS10	Quantity	S	
	CAS11	Claim Adjustment Reason Code	S	
	CAS12	Monetary Amount	S	
	CAS13	Quantity	S	
	CAS14	Claim Adjustment Reason Code	S	
	CAS15	Monetary Amount	S	
	CAS16	Quantity	S	
	CAS17	Claim Adjustment Reason Code	S	
	CAS18	Monetary Amount	S	
	CAS19	Quantity	S	
AMT		COORDINATION OF BENEFITS (COB) PAYER PAID AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) APPROVED AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) ALLOWED AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) PATIENT RESPONSIBILITY AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) COVERED AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) DISCOUNT AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) PATIENT PAID AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
DMG		OTHER INSURED DEMOGRAPHIC INFORMATION	S	
	DMG01	Date Time Period Format Qualifier	R	



	DMG02	Date Time Period	R	
	DMG03	Gender Code	R	
OI		OTHER INSURANCE COVERAGE INFORMATION	R	
	OI03	Yes/No Condition or Response Code	R	
	OI06	Release of Information Code	R	
LOOP 2330A – OTHER SUBSCRIBER NAME				
NM1		OTHER SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
N3		OTHER SUBSCRIBER ADDRESS	S	
	N301	Address Information	R	
	N302	Address Information	S	
N4		OTHER SUBSCRIBER CITY/STATE/ZIP CODE	S	
	N401	City Name	S	
	N402	State or Province Code	S	
	N403	Postal Code	S	
	N404	Country Code	S	
REF		OTHER SUBSCRIBER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2330B – OTHER PAYER NAME				
NM1		OTHER PAYER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM108	Identification Code Qualifier	R	YES
	NM109	Identification Code	R	YES
PER		OTHER PAYER CONTACT INFORMATION	S	
	PER01	Contact Function Code	R	
	PER02	Name	R	
	PER03	Communication Number Qualifier	R	
	PER04	Communication Number	R	
	PER05	Communication Number Qualifier	S	
	PER06	Communication Number	S	
	PER07	Communication Number Qualifier	S	
	PER08	Communication Number	S	
DTP		CLAIM PAID DATE	S	
	DTP01	Date/Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Date Time Period	R	
REF		OTHER PAYER SECONDARY IDENTIFIER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
REF		OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
REF		OTHER PAYER CLAIM ADJUSTMENT INDICATOR	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	



LOOP 2330C – OTHER PAYER PATIENT INFORMATION				
NM1		OTHER PAYER PATIENT INFORMATION	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
REF		OTHER PAYER PATIENT IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2330D – OTHER PAYER REFERRING PROVIDER				
NM1		OTHER PAYER REFERRING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
REF		OTHER PAYER REFERRING PROVIDER IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2330E – OTHER RENDERING PROVIDER				
NM1		OTHER PAYER RENDERING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
REF		OTHER PAYER RENDERING PROVIDER IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2400 – DENTAL SERVICE				
LX		LINE COUNTER	R	
	LX01	Assigned Number	R	
SV3		DENTAL SERVICE	R	
	SV301	Composite Medical Procedure Identifier	R	
	SV301-1	Product/Service ID Qualifier	R	YES
	SV301-2	Product/Service ID	R	YES
	SV301-3	Procedure Modifier	S	
	SV301-4	Procedure Modifier	S	
	SV301-5	Procedure Modifier	S	
	SV301-6	Procedure Modifier	S	
	SV302	Monetary Amount	R	
	SV303	Facility Type Code	S	
	SV304	Oral Cavity Designation	S	
	SV304-1	Oral Cavity Designation Code	R	YES
	SV304-2	Oral Cavity Designation Code	S	X
	SV304-3	Oral Cavity Designation Code	S	X
	SV304-4	Oral Cavity Designation Code	S	X
	SV304-5	Oral Cavity Designation Code	S	X
	SV305	Prosthesis, Crown or Inlay Code	S	
	SV306	Quantity	R	YES
TOO		TOOTH INFORMATION	S	YES
	TOO01	Code List Qualifier Code	R	
	TOO02	Industry Code	S	YES
	TOO03	Tooth Surface	S	
	TOO03-1	Tooth Surface Code	R	YES
	TOO03-2	Tooth Surface Code	S	
	TOO03-3	Tooth Surface Code	S	
	TOO03-4	Tooth Surface Code	S	
	TOO03-5	Tooth Surface Code	S	
DTP		DATE – SERVICE DATE	R	
	DTP01	Date/Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Date Time Period	R	



DTP		DATE – PRIOR PLACEMENT	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – APPLIANCE PLACEMENT	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – REPLACEMENT	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
QTY		ANESTHESIA QUANTITY	S	X
	QTY01	Date/Time Qualifier	R	X
	QTY02	Date Time Period Format Qualifier	R	X
	QTY03	Date Time Period	R	X
REF		SERVICE PREDETERMINATION IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		PRIOR AUTHORIZATION OR REFERRAL NUMBER	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	
REF		LINE ITEM CONTROL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
AMT		APPROVED AMOUNT	S	X
	AMT01	Amount Qualifier Code	R	X
	AMT02	Monetary Amount	R	X
AMT		SALES TAX AMOUNT	S	X
	AMT01	Amount Qualifier Code	R	X
	AMT02	Monetary Amount	R	X
NTE		LINE NOTE	S	
	NTE01	Note Reference Code	R	
	NTE02	Description	R	YES
LOOP 2420A – RENDERING PROVIDER NAME				
NM1		RENDERING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
PRV		RENDERING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Reference Identification	R	YES
REF		RENDERING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES



LOOP 2420B – OTHER PAYER REFERRAL NUMBER				
NM1		OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM108	Identification Code Qualifier	R	X
	NM109	Identification Code	R	X
REF		OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2420C – ASSISTANT SURGEON NAME				
NM1		ASSISTANT SURGEON NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM104	Name First	R	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	S	X
	NM109	Identification Code	S	X
PRV		ASSISTANT SURGEON SPECIALTY INFORMATION	S	X
	PRV01	Provider Code	R	X
	PRV02	128 Reference Identification Qualifier	R	X
	PRV03	Reference Identification	R	X
REF		ASSISTANT SURGEON SECONDARY IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2430 – LINE ADJUDICATION INFORMATION				
SVD		LINE ADJUDICATION INFORMATION	S	
	SVD01	Identification Code	R	
	SVD02	Monetary Amount	R	
	SVD03	Composite Medical Procedure Identifier	R	
	SVD03-1	Product/Service ID Qualifier	R	
	SVD03-2	Product/Service ID	R	
	SVD03-3	Procedure Modifier	S	
	SVD03-4	Procedure Modifier	S	
	SVD03-5	Procedure Modifier	S	
	SVD03-6	Procedure Modifier	S	
	SVD03-7	Description	S	
	SVD05	Quantity	R	
	SVD06	Assigned Number	S	
CAS		LINE ADJUSTMENT	S	
	CAS01	Claim Adjustment Group Code	R	
	CAS02	Claim Adjustment Reason Code	R	
	CAS03	Monetary Amount	R	
	CAS04	Quantity	S	
	CAS05	Claim Adjustment Reason Code	S	
	CAS06	Monetary Amount	S	
	CAS07	Quantity	S	
	CAS08	Claim Adjustment Reason Code	S	
	CAS09	Monetary Amount	S	
	CAS10	Quantity	S	
	CAS11	Claim Adjustment Reason Code	S	
	CAS12	Monetary Amount	S	
	CAS13	Quantity	S	
	CAS14	Claim Adjustment Reason Code	S	
	CAS15	Monetary Amount	S	
	CAS16	Quantity	S	



	CAS17	Claim Adjustment Reason Code	S	
	CAS18	Monetary Amount	S	
	CAS19	Quantity	S	
DTP		LINE ADJUDICATION DATE	R	
	DTP01	Date/Time Qualifier	R	YES
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Date Time Period	R	YES
LOOP – TRANSACTION SET TRAILER				
SE		TRANSACTION SET TRAILER	R	
	SE01	Number of Included Segments	R	
	SE02	Transaction Set Control Number	R	



SECTION 4.2 – 837 DENTAL DATA ELEMENT DICTIONARY

The following specifies the 837 Dental fields for which New Jersey Medicaid has payer-specific requirements. The requirement section for each field will reference “FFS” when listing specifications for fee-for-service providers regarding dental claim submissions.

LOOP 1000A – SUBMITTER NAME

SEGMENT	NM1 – Submitter Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	Enter the seven-digit Submitter ID assigned by New Jersey Medicaid.

LOOP 1000B – RECEIVER NAME

SEGMENT	NM1 – Receiver Name
FIELD	NM103 – Name Last or Organization Name
CODES	
REQUIREMENT	Enter “NEW JERSEY MEDICAID”.

SEGMENT	NM1 – Receiver Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	Enter “610515”.

LOOP 2000A – BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL

SEGMENT	PRV – Billing/Pay-To Provider Specialty Information
FIELD	PRV03 – Reference Identification
CODES	
REQUIREMENT	A valid HIPAA taxonomy code is required on all FFS claims.

LOOP 2010AA – BILLING PROVIDER NAME

SEGMENT	N4 – Billing Provider City/State/Zip Code
FIELD	N403 – Postal Code
CODES	
REQUIREMENT	A valid zip code of the service location is required on all FFS claims. If the billing provider represents a group, the service location can be represented in the rendering provider or service facility location loop.



SEGMENT	REF – Billing Provider Secondary Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	1C	Medicare Provider Number
	1D	Medicaid Provider Number
	EI	Employer's Identification Number
	SY	Social Security Number
	LU	Location Number
REQUIREMENT	<p>When reporting a NPI as the primary identifier, the provider must be identified using the EIN (EI) or SSN (SY) in this segment.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>To report services rendered at alternate address locations, create additional REF segments specifying the alternate location numbers (LU).</p> <p>FFS, CCP, LTC – The provider must be identified using the Medicaid Provider Number (1D).</p> <p>XVR – The provider must be identified using the Medicare Provider Number (1C), Medicaid Provider Number (1D), EIN (EI), and/or SSN (SY).</p>	

SEGMENT	REF – Billing Provider Secondary Identification	
FIELD	REF02 – Reference Identification	
CODES		
REQUIREMENT	<p>Enter the nine-digit EIN when field REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.</p> <p>FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. In the case of an individual practice, enter the seven-digit Medicaid Provider Number assigned to the individual practice when REF01 equals 1D.</p> <p>XVR – Enter the Medicare Provider Number when REF01 equals 1C. Enter the nine-digit EIN when REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY.</p>	

LOOP 2010AB – PAY-TO PROVIDER NAME

SEGMENT	N4 – Pay-To Provider City/State/Zip Code	
FIELD	N403 – Postal Code	
CODES		
REQUIREMENT	A valid zip code of the service location is required on all FFS claims. If the billing provider represents a group, the service location can be represented in the rendering provider or service facility location loop.	

SEGMENT	REF – Pay-To Provider Secondary Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	1C	Medicare Provider Number
	1D	Medicaid Provider Number
	EI	Employer's Identification Number
	SY	Social Security Number
	LU	Location Number



REQUIREMENT	<p>When reporting a NPI as the primary identifier, the provider must be identified using the EIN (EI) or SSN (SY) in this segment.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>To report services rendered at alternate address locations, create additional REF segments specifying the alternate location numbers (LU).</p> <p>FFS, CCP, LTC – The provider must be identified using the Medicaid Provider Number (1D).</p> <p>XVR – The provider must be identified using the Medicare Provider Number (1C), Medicaid Provider Number (1D), EIN (EI), and/or SSN (SY).</p>
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SEGMENT	REF – Billing Provider Secondary Identification
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	<p>Enter the nine-digit EIN when field REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.</p> <p>FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. In the case of an individual practice, enter the seven-digit Medicaid Provider Number assigned to the individual practice when REF01 equals 1D.</p> <p>XVR – Enter the Medicare Provider Number when REF01 equals 1C. Enter the nine-digit EIN when REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY.</p>

LOOP 2000B – SUBSCRIBER HIERARCHICAL LEVEL

SEGMENT	HL – Subscriber Hierarchical Level
FIELD	HL04 – Hierarchical Child Code
CODES	0 No Subordinate HL Segment in this Hierarchical Structure
REQUIREMENT	<p>Enter "0". For Medicaid purposes, the Subscriber will always equal the Patient. Therefore, an additional subordinate (Patient) HL segment should not be used.</p> <p>Claims that include the Patient HL segment will not be processed.</p>

SEGMENT	SBR – Subscriber Information
FIELD	SBR09 – Claim Filing Indicator Code
CODES	MC Medicaid
REQUIREMENT	Enter "MC".

LOOP 2010BA – SUBSCRIBER NAME

SEGMENT	NM1 – Subscriber Name
FIELD	NM102 – Entity Type Qualifier
CODES	1 Person
REQUIREMENT	Enter "1".



SEGMENT	NM1 – Subscriber Name
FIELD	NM104 – Name First
CODES	
REQUIREMENT	New Jersey Medicaid requires the beneficiary's first name.

SEGMENT	NM1 – Subscriber Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	Enter the twelve-digit Medicaid Beneficiary ID Number assigned by New Jersey Medicaid.

LOOP 2010BB – PAYER NAME

SEGMENT	NM1 – Payer Name
FIELD	NM103 – Name Last or Organization Name
CODES	
REQUIREMENT	Enter "NEW JERSEY MEDICAID".

SEGMENT	NM1 – Payer Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	Enter "610515".

LOOP 2300 – CLAIM INFORMATION

SEGMENT	CLM – Claim Information
FIELD	CLM01 – Claim Submitter's Identifier
CODES	
REQUIREMENT	New Jersey Medicaid will only recognize the first 20 characters of the Patient Account Number.

SEGMENT	CLM – Claim Information
FIELD	CLM12 – Special Program Code
CODES	01 Early & Periodic Screening, Diagnosis, and Treatment (EPSDT)
REQUIREMENT	Enter "01" if the visit is the result of an EPSDT screening exam.

SEGMENT	PWK – Claim Supplemental Information
FIELD	PWK01 – Report Type Code
CODES	OZ Support Data for Claim
REQUIREMENT	FFS – Enter "OZ" when submitting paperwork (i.e. attachment) information.

SEGMENT	PWK – Claim Supplemental Information
FIELD	PWK02 – Report Transmission Code
CODES	BM By Mail
REQUIREMENT	FFS – Enter "BM" when submitting a paper attachment by mail.



SEGMENT	PWK – Claim Supplemental Information
FIELD	PWK06 – Identification Code
CODES	
REQUIREMENT	FFS – Enter the Patient Account Number coded in Segment CLM, Field CLM01.

SEGMENT	REF – Original Reference Number (ICN/DCN)
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	Enter the 15-digit claim control number of original claim being corrected or voided when REF01 equals “F8”. If claim control number is obtained from the hard copy remittance advice which displays only 13-digits of the claim control number, prefix the claim control number with the 2-digit century code. Note: When voiding a claim, the void may be submitted in one week and the replacement claim should be submitted the following week. If the voided claim and the replacement claim are submitted in the same week, the replacement claim will deny as a duplicate.

SEGMENT	REF – Prior Authorization or Referral Number
FIELD	REF01 – Reference Identification Qualifier
CODES	G1 Prior Authorization Number
REQUIREMENT	FFS – When appropriate, enter “G1” in the first occurrence of the REF segment.

LOOP 2310A – REFERRING PROVIDER NAME

SEGMENT	NM1 – Referring Provider Name
FIELD	NM101 – Entity Identifier Code
CODES	DN Referring Provider
REQUIREMENT	FFS – Enter “DN” when completing this loop.

SEGMENT	REF – Referring Provider Secondary Identification
FIELD	REF01 – Reference Identification Qualifier
CODES	1D Medicaid Provider Number
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (1D).

SEGMENT	REF – Referring Provider Secondary Identification
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. If the referring physician does not participate in New Jersey Medicaid, enter “5555555” to identify an out-of-state physician or “6666666” to identify an in-state physician.

**LOOP 2310B – RENDERING PROVIDER NAME**

SEGMENT	PRV – Rendering Provider Specialty Information
FIELD	PRV03 – Reference Identification
CODES	
REQUIREMENT	A valid HIPAA taxonomy code is required on all FFS claims.

SEGMENT	REF – Rendering Provider Secondary Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	1C	Medicare Provider Number
	1D	Medicaid Provider Number
	1G	Universal Provider Identification Number
	EI	Employer's Identification Number
	SY	Social Security Number
	LU	Location Number
REQUIREMENT	<p>When reporting a NPI as the primary identifier, the provider must be identified using the EIN (EI) or SSN (SY) in this segment.</p> <p><u>HIPAA NON-COVERED ENTITIES ONLY:</u></p> <p>To report services rendered at alternate address locations, create additional REF segments specifying the alternate location numbers (LU).</p> <p>FFS, CCP, LTC – The provider must be identified using the Medicaid Provider Number (1D).</p> <p>XVR – The provider must be identified using the Medicare Provider Number (1C), Medicaid Provider Number (1D), EIN (EI), SSN (SY) and/or UPIN (1G).</p>	

SEGMENT	REF – Rendering Provider Secondary Identification	
FIELD	REF02 – Reference Identification	
CODES		
REQUIREMENT	<p>Enter the nine-digit EIN when field REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY.</p> <p><u>HIPAA NON-COVERED ENTITIES ONLY:</u></p> <p>Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.</p> <p>FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. In the case of an individual practice, enter the seven-digit Medicaid Provider Number assigned to the individual practice when REF01 equals 1D.</p> <p>XVR – Enter the Medicare Provider Number when REF01 equals 1C. Enter the nine-digit EIN when REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY. Enter the six-character UPIN when REF01 equals 1G.</p>	

LOOP 2330B – OTHER PAYER NAME

SEGMENT	NM1 – Other Payer Name	
FIELD	NM108 – Identification Code Qualifier	
CODES	PI	Payer Identification
REQUIREMENT	Enter "PI" when completing this loop.	



SEGMENT	NM1 – Other Payer Name	
FIELD	NM109 – Identification Code	
CODES	071	Aetna Health Plans
	006	Aetna US Healthcare
	094	Aetna US Healthcare HMO
	104	Aetna US Healthcare Inc. – H3152
	007	Allstate
	008	American Association of Retired Persons (AARP)
	009	American General Insurance
	010	American National
	054	American Postal Worker's Union (APWU)
	105	Amerihealth HMO, Inc. – H3156
	012	Benefit Trust Life
	017	CAN
	043	Capital Enterprises, Inc.
	034	CIGNA Healthcare HMO
	107	CIGNA Healthcare of Northern NJ, IN
	106	CIGNA Healthcare of Southern NJ, IN
	018	Colonial Life and Accident
	047	Colonial Penn
	019	Columbia Life Insurance
	093	Co-Med HMO (CIGNA)
	020	Continental General (CIGNA)
	022	Continental Insurance
	024	Employer's Health Insurance
	025	Equicorp, Inc.
	026	Equitable
	027	Federal Blue Cross
	052	Federal Express
	028	Fireman's Fund
	088	First Health
	029	Garden State Hospitalization, NJ
	030	GHI Claims Department
	031	Great West Life & Annuity
	032	Guardian Life
	063	Hartford Insurance
	087	HIP
	089	HIP Health Plan of New Jersey
	033	HIP Health Plan of NJ
	091	HMO Blue
	109	Horizon Medicare Blue – H3154
	035	Independent Life
	037	Inter County Health Plan
	036	Intercontinental
	038	John Hancock, L.I.C.
	039	Liberty Mutual
	040	Life Insurance Corporation of America
	059	Local 798 Welfare Fund
	086	MagnaCare (through Local 274)
	042	Mail Handlers Benefit Plan
	044	Massachusetts Mutual
	100	Medicare Part A



	101	Medicare Part B
	045	Metropolitan
	076	Monarch Life
	048	Mutual Benefit
	049	Mutual of New York
	050	Mutual of Omaha
	051	National Association of Letter Carriers
	053	National Maritime Union
	001	New Jersey Blue Cross/Blue Shield
	002	New York Blue Cross/Blue Shield
	057	New York Life/NYLCARE
	058	New York Shipping Association
	060	Northwestern National Life
	061	Occidental Life Insurance
	085	OmniCare
	062	Pacific Mutual
	064	Penn Mutual
	013	People's Benefit Life Insurance
	065	Philadelphia American Life
	003	Philadelphia Blue Cross/Blue Shield
	108	Physicians Health Services (Medicare)
	066	Physicians Mutual Life
	011	Principal Financial Group
	067	Provident Life and Accident
	092	PruCare
	068	Prudential
	046	Qualcare
	069	Railroad Retirement
	070	Reliance
	072	Reliastar
	074	Security Mutual
	075	Sentry Life
	096	Saint Barnabas System Health Plan
	073	State Mutual Insurance
	077	Travelers Insurance
	014	Tri Care Region 1 – Claims
	081	U.S. Life
	023	Union Fidelity Life Insurance
	078	Union Labor Life
	079	Union Mutual Benefits
	015	Unity Mutual Life
	082	Veterans Administration
	041	Virginia Health Network
	083	Washington National
	084	Wellmark Community
	099	ALL OTHER INSURANCE PLANS
REQUIREMENT	Enter the New Jersey Medicaid Other Insurance Carrier Code.	



LOOP 2400 – DENTAL SERVICE

SEGMENT	SV3 – Dental Service	
FIELD	SV301-1 – Product/Service ID Qualifier	
CODES	AD	American Dental Association Codes
REQUIREMENT	Enter “AD”.	

SEGMENT	SV3 – Dental Service	
FIELD	SV301-2 – Product/Service ID	
CODES		
REQUIREMENT	Please refer to Loop 2400, Segment SV101-2 (837 Professional and Appendices A and B) for a listing of all local procedure code mappings as it relates to dental services.	

SEGMENT	SV3 – Dental Service	
FIELD	SV304-1 – Oral Cavity Designation Code	
CODES	00	Entire Oral Cavity
	01	Maxillary Area
	02	Mandibular Area
	09	Other Area of Oral Cavity
	10	Upper Right Quadrant
	20	Upper Left Quadrant
	30	Lower Left Quadrant
	40	Lower Right Quadrant
	L	Left
	R	Right
REQUIREMENT	Only one SV304 can be used for each 2400 loop. Occurrences SVC304-2 through SVC304-5 will be ignored by New Jersey Medicaid.	

SEGMENT	SV3 – Dental Service	
FIELD	SV306 – Quantity	
CODES		
REQUIREMENT	New Jersey Medicaid requires a unit of service to be less than or equal to 9999.	

SEGMENT	TOO – Tooth Information	
FIELD		
CODES		
REQUIREMENT	New Jersey Medicaid will only recognize the first iteration of the TOO segment for each 2400 loop.	

SEGMENT	TOO – Tooth Information	
FIELD	TOO02 – Industry Code	
CODES		
REQUIREMENT	When reporting a super-numerary tooth, NJ Medicaid requires an indicator to be valued in the NTE segment.	



SEGMENT	TOO – Tooth Information	
FIELD	TOO03-1 – Tooth Surface Code	
CODES	B	Buccal
	D	Distal
	F	Facial
	I	Incisal
	L	Lingual
	M	Mesial
	O	Occlusal
REQUIREMENT	Although all values will be valid, Medicaid will convert “F” to “B”.	

SEGMENT	REF – Prior Authorization or Referral Number	
FIELD	REF01 – Reference Identification Qualifier	
CODES	G1	Prior Authorization Number
REQUIREMENT	FFS – When appropriate, enter “G1” in the first occurrence of the REF segment.	

SEGMENT	NTE – Claim Note		
FIELD	NTE02 – Description		
CODES			
REQUIREMENT	POSITION		FIELD NAME
	1	2	Non-ADA Procedure Code Modifier
	When applicable, enter the two-position non-ADA procedure code modifier.		
	POSITION		FIELD NAME
	3	4	Super-Numerary Tooth Indicator
	When applicable, enter “SN” to indicate a super-numerary tooth.		

LOOP 2420A – RENDERING PROVIDER NAME

SEGMENT	PRV – Rendering Provider Specialty Information
FIELD	PRV03 – Reference Identification
CODES	
REQUIREMENT	A valid HIPAA taxonomy code is required on all FFS and CCP claims.



SEGMENT	REF – Rendering Provider Secondary Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	1C	Medicare Provider Number
	1D	Medicaid Provider Number
	1G	Universal Provider Identification Number
	EI	Employer's Identification Number
	SY	Social Security Number
	LU	Location Number
REQUIREMENT	<p>When reporting a NPI as the primary identifier, the provider must be identified using the EIN (EI) or SSN (SY) in this segment.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>To report services rendered at alternate address locations, create additional REF segments specifying the alternate location numbers (LU).</p> <p>FFS, CCP, LTC – The provider must be identified using the Medicaid Provider Number (1D).</p> <p>XVR – The provider must be identified using the Medicare Provider Number (1C), Medicaid Provider Number (1D), EIN (EI), SSN (SY) and/or UPIN (1G).</p>	

SEGMENT	REF – Rendering Provider Secondary Identification	
FIELD	REF02 – Reference Identification	
CODES		
REQUIREMENT	<p>Enter the nine-digit EIN when field REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.</p> <p>FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. In the case of an individual practice, enter the seven-digit Medicaid Provider Number assigned to the individual practice when REF01 equals 1D.</p> <p>XVR – Enter the Medicare Provider Number when REF01 equals 1C. Enter the nine-digit EIN when REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY. Enter the six-character UPIN when REF01 equals 1G.</p>	



SECTION 5.1 – 837 PROFESSIONAL LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA loop, segment and field specifications for submitting 837 Professional transactions to New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (YES), which supplements the national standard. In these cases, a data element dictionary (DED) reference will be included in Section 5.2, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 5.2 for 837 loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

SEGMENT	FIELD	NAME	USAGE	MEDICAID
HEADER				
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
BHT		BEGINNING OF HIERARCHICAL TRANSACTION	R	
	BHT01	Hierarchical Structure Code	R	
	BHT02	Transaction Set Purpose Code	R	
	BHT03	Reference Identification	R	
	BHT04	Date	R	
	BHT05	Time	R	
	BHT06	Transaction Type Code	R	
REF		TRANSMISSION TYPE IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 1000A – SUBMITTER NAME				
NM1		SUBMITTER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	YES
PER		SUBMITTER EDI CONTACT INFORMATION	R	
	PER01	Contact Function Code	R	
	PER02	Name	R	
	PER03	Communication Number Qualifier	R	
	PER04	Communication Number	R	
	PER05	Communication Number Qualifier	S	
	PER06	Communication Number	S	
	PER07	Communication Number Qualifier	S	
	PER08	Communication Number	S	
LOOP 1000B – RECEIVER NAME				
NM1		RECEIVER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	YES
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	YES



LOOP 2000A – BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL				
HL		BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
PRV		BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION	R	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Reference Identification	R	YES
CUR		FOREIGN CURRENCY INFORMATION	S	X
	CUR01	Entity Identifier Code	R	X
	CUR02	Currency Code	R	X
LOOP 2010AA – BILLING PROVIDER NAME				
NM1		BILLING PROVIDER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
N3		BILLING PROVIDER ADDRESS	R	
	N301	Address Information	R	
	N302	Address Information	S	
N4		BILLING PROVIDER CITY/STATE/ZIP CODE	R	
	N401	City Name	R	
	N402	State or Province Code	R	
	N403	Postal Code	R	YES
	N404	Country Code	S	
REF		BILLING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
REF		CREDIT/DEBIT CARD BILLING INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
PER		BILLING PROVIDER CONTACT INFORMATION	S	X
	PER01	Contact Function Code	R	X
	PER02	Name	R	X
	PER03	Communication Number Qualifier	R	X
	PER04	Communication Number	R	X
	PER05	Communication Number Qualifier	S	X
	PER06	Communication Number	S	X
	PER07	Communication Number Qualifier	S	X
	PER08	Communication Number	S	X
LOOP 2010AB – PAY-TO PROVIDER NAME				
NM1		PAY-TO PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
N3		PAY-TO PROVIDER ADDRESS	R	
	N301	Address Information	R	
	N302	Address Information	S	



N4		PAY-TO PROVIDER CITY/STATE/ZIP CODE	R	
	N401	City Name	R	
	N402	State or Province Code	R	
	N403	Postal Code	R	YES
	N404	Country Code	S	
REF		PAY-TO-PROVIDER SECONDARY INFORMATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
LOOP 2000B – SUBSCRIBER HIERARCHICAL LEVEL				
HL		SUBSCRIBER HIERARCHICAL LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	YES
SBR		SUBSCRIBER INFORMATION	R	
	SBR01	Payer Responsibility Sequence Number Code	R	
	SBR02	Individual Relationship Code	S	
	SBR03	Reference Identification	S	
	SBR04	Name	S	
	SBR05	Insurance Type Code	S	
	SBR09	Claim Filing Indicator Code	S	YES
PAT		PATIENT INFORMATION	S	X
	PAT05	Date Time Period Format Qualifier	S	X
	PAT06	Date Time Period	S	X
	PAT07	Unit or Basis for Measurement Code	S	X
	PAT08	Weight	S	X
	PAT09	Yes/No Condition or Response Code	S	X
LOOP 2010BA – SUBSCRIBER NAME				
NM1		SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	YES
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	
	NM109	Identification Code	S	YES
N3		SUBSCRIBER ADDRESS	S	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		SUBSCRIBER CITY/STATE/ZIP CODE	S	X
	N401	City Name	R	X
	N402	State or Province Code	R	X
	N403	Postal Code	R	X
	N404	Country Code	S	X
DMG		SUBSCRIBER DEMOGRAPHIC INFORMATION	S	
	DMG01	Date Time Period Format Qualifier	R	
	DMG02	Date Time Period	R	
	DMG03	Gender Code	R	
REF		SUBSCRIBER SECONDARY INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		PROPERTY AND CASUALTY CLAIM NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X



LOOP 2010BB – PAYER NAME				
NM1		PAYER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	YES
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	YES
N3		PAYER ADDRESS	S	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		PAYER CITY/STATE/ZIP CODE	S	X
	N401	City Name	R	X
	N402	State or Province Code	R	X
	N403	Postal Code	R	X
	N404	Country Code	S	X
REF		PAYER SECONDARY INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2010BC – RESPONSIBLE PARTY NAME				
NM1		RESPONSIBLE PARTY NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM104	Name First	S	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
N3		RESPONSIBLE PARTY ADDRESS	R	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		RESPONSIBLE PARTY CITY/STATE/ZIP CODE	R	X
	N401	City Name	R	X
	N402	State or Province Code	R	X
	N403	Postal Code	R	X
	N404	Country Code	S	X
LOOP 2010BD – CREDIT/DEBIT CARD HOLDER NAME				
NM1		CREDIT/DEBIT CARD HOLDER NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM104	Name First	S	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	R	X
	NM109	Identification Code	R	X
REF		CREDIT/DEBIT CARD INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2000C – PATIENT NAME				
HL		PATIENT HIERARCHICAL LEVEL	S	X
	HL01	Hierarchical ID Number	R	X
	HL02	Hierarchical Parent ID Number	R	X
	HL03	Hierarchical Level Code	R	X
	HL04	Hierarchical Child Code	R	X



PAT		PATIENT INFORMATION	R	X
	PAT01	Individual Relationship Code	R	X
	PAT05	Date Time Period Format Qualifier	S	X
	PAT06	Date Time Period	S	X
	PAT07	Unit or Basis for Measurement Code	S	X
	PAT08	Weight	S	X
	PAT09	Yes/No Condition or Response Code	S	X
LOOP 2010CA – PATIENT NAME				
NM1		PATIENT NAME	R	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM104	Name First	R	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	S	X
	NM109	Identification Code	S	X
N3		PATIENT ADDRESS	R	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		PATIENT CITY/STATE/ZIP CODE	R	X
	N401	City Name	R	X
	N402	State or Province Code	R	X
	N403	Postal Code	R	X
	N404	Country Code	S	X
DMG		PATIENT DEMOGRAPHIC INFORMATION	R	X
	DMG01	Date Time Period Format Qualifier	R	X
	DMG02	Date Time Period	R	X
	DMG03	Gender	R	X
REF		PATIENT SECONDARY INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		PROPERTY AND CASUALTY CLAIM NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2300 – CLAIM INFORMATION				
CLM		CLAIM INFORMATION	R	
	CLM01	Claim Submitter's Identifier	R	YES
	CLM02	Monetary Amount	R	
	CLM05	Health Care Service Location Information	R	
	CLM05-1	Facility Code Value	R	
	CLM05-3	Claim Frequency Type Code	R	
	CLM06	Yes/No Condition or Response Code	R	
	CLM07	Provider Accept Assignment Code	R	
	CLM08	Yes/No Condition or Response Code	R	
	CLM09	Release of Information Code	R	
	CLM10	Patient Signature Source Code	S	
	CLM11	Related Causes Information	S	
	CLM11-1	Related-Causes Code	R	
	CLM11-2	Related-Causes Code	S	
	CLM11-3	Related-Causes Code	S	
	CLM11-4	State or Province Code	S	
	CLM11-5	Country Code	S	
	CLM12	Special Program Code	S	YES
	CLM16	Provider Agreement Code	S	
	CLM20	Delay Reason Code	S	X



DTP		DATE – INITIAL TREATMENT	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – DATE LAST SEEN	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – ONSET OF CURRENT ILLNESS/SYMPTOM	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – ACUTE MANIFESTATION	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – SIMILAR ILLNESS/SYMPTOM ONSET	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – ACCIDENT	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – LAST MENSTRUAL PERIOD	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – LAST X-RAY	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – HEARING AND VISION PRESCRIPTION DATE	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – DISABILITY BEGIN	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – DISABILITY END	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – LAST WORKED	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – AUTHORIZED RETURN TO WORK	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – ADMISSION	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – DISCHARGE	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X



DTP		DATE – ASSUMED AND RELINQUISHED CARE DATES	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
PWK		CLAIM SUPPLEMENTAL INFORMATION	S	
	PWK01	Report Type Code	R	YES
	PWK02	Report Transmission Code	R	YES
	PWK05	Identification Code Qualifier	S	
	PWK06	Identification Code	S	YES
CN1		CONTRACT INFORMATION	S	X
	CN101	Contract Type Code	R	X
	CN102	Monetary Amount	S	X
	CN103	Percent	S	X
	CN104	Reference Identification	S	X
	CN105	Terms Discount Percent	S	X
	CN106	Version Identifier	S	X
AMT		CREDIT/DEBIT CARD MAXIMUM AMOUNT	S	X
	AMT01	Amount Qualifier Code	R	X
	AMT02	Monetary Amount	R	X
AMT		PATIENT AMOUNT PAID	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	YES
AMT		TOTAL PURCHASED SERVICE AMOUNT	S	X
	AMT01	Amount Qualifier Code	R	X
	AMT02	Monetary Amount	R	X
REF		SERVICE AUTHORIZATION EXCEPTION CODE	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		MAMMOGRAPHY CERTIFICATION NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		PRIOR AUTHORIZATION OR REFERRAL NUMBER	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	
REF		ORIGINAL REFERENCE NUMBER (ICN/DCN)	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	YES
REF		CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
REF		REPRICED CLAIM NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		ADJUSTED REPRICED CLAIM NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		INVESTIGATIONAL DEVICE EXEMPTION NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		CLAIM IDENTIFICATION NUMBER FOR CLEARING HOUSES AND OTHER TRANSMISSION INTERMEDIARIES	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		AMBULATORY PATIENT GROUP (APG)	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X



REF		MEDICAL RECORD NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	YES
REF		DEMONSTRATION PROJECT IDENTIFIER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
K3		FILE INFORMATION	S	X
	K301	Fixed Format Information	R	X
NTE		CLAIM NOTE	S	
	NTE01	Note Reference Code	R	YES
	NTE02	Description	R	YES
CR1		AMBULANCE TRANSPORT INFORMATION	S	
	CR101	Unit or Basis for Measurement Code	S	X
	CR102	Weight	S	X
	CR103	Ambulance Transport Code	R	X
	CR104	Ambulance Transport Reason Code	R	X
	CR105	Unit or Basis for Measurement Code	R	X
	CR106	Quantity	R	X
	CR109	Description	S	X
	CR110	Description	S	X
CR2		SPINAL MANIPULATION SERVICE INFORMATION	S	X
	CR208	Nature of Condition Code	R	X
	CR210	Description	S	X
	CR211	Description	S	X
	CR212	Yes/No Condition or Response Code	S	X
CRC		AMBULANCE CERTIFICATION	S	X
	CRC01	Code Category	R	X
	CRC02	Yes/No Condition or Response Code	R	X
	CRC03	Condition Indicator	R	X
	CRC04	Condition Indicator	S	X
	CRC05	Condition Indicator	S	X
	CRC06	Condition Indicator	S	X
	CRC07	Condition Indicator	S	X
CRC		PATIENT CONDITION INFORMATION: VISION	S	X
	CRC01	Code Category	R	X
	CRC02	Yes/No Condition or Response Code	R	X
	CRC03	Condition Indicator	R	X
	CRC04	Condition Indicator	S	X
	CRC05	Condition Indicator	S	X
	CRC06	Condition Indicator	S	X
	CRC07	Condition Indicator	S	X
CRC		HOMEBOUND INDICATOR	S	X
	CRC01	Code Category	R	X
	CRC02	Yes/No Condition or Response Code	R	X
	CRC03	Condition Indicator	R	X
CRC		EPSDT REFERRAL	S	X
	CRC01	Code Category	R	X
	CRC02	Yes/No Condition or Response Code	R	X
	CRC03	Condition Indicator	R	X
	CRC04	Condition Indicator	S	X
	CRC05	Condition Indicator	S	X
HI		HEALTH CARE DIAGNOSIS CODE	S	
	HI01	Health Care Code Information	R	
	HI01-1	Code List Qualifier Code	R	
	HI01-2	Industry Code	R	
	HI02	Health Care Code Information	S	
	HI02-1	Code List Qualifier Code	R	
	HI02-2	Industry Code	R	
	HI03	Health Care Code Information	S	
	HI03-1	Code List Qualifier Code	R	
	HI03-2	Industry Code	R	
	HI04	Health Care Code Information	S	
	HI04-1	Code List Qualifier Code	R	



	HI04-2	Industry Code	R	
	HI05	Health Care Code Information	S	
	HI05-1	Code List Qualifier Code	R	
	HI05-2	Industry Code	R	
	HI06	Health Care Code Information	S	
	HI06-1	Code List Qualifier Code	R	
	HI06-2	Industry Code	R	
	HI07	Health Care Code Information	S	
	HI07-1	Code List Qualifier Code	R	
	HI07-2	Industry Code	R	
	HI08	Health Care Code Information	S	
	HI08-1	Code List Qualifier Code	R	
	HI08-2	Industry Code	R	
HCP		CLAIM PRICING/REPRICING INFORMATION	S	X
	HCP01	Pricing Methodology	R	X
	HCP02	Monetary Amount	R	X
	HCP03	Monetary Amount	S	X
	HCP04	Reference Identification	S	X
	HCP05	Rate	S	X
	HCP06	Reference Identification	S	X
	HCP07	Monetary Amount	S	X
	HCP13	Reject Reason Code	S	X
	HCP14	Policy Compliance Code	S	X
	HCP15	Exception Code	S	X
LOOP 2305 – HOME HEALTH PLAN INFORMATION				
CR7		HOME HEALTH CARE PLAN INFORMATION	S	X
	CR701	Discipline Type Code	R	X
	CR702	Number	R	X
	CR703	Number	R	X
HSD		HEALTH CARE SERVICES DELIVERY	S	X
	HSD01	Quantity Qualifier	S	X
	HSD02	Quantity	S	X
	HSD03	Unit or Basis for Measurement Code	S	X
	HSD04	Sample Selection Modulus	S	X
	HSD05	Time Period Qualifier	S	X
	HSD06	Number of Periods	S	X
	HSD07	Ship/Delivery or Calendar Pattern Code	S	X
	HSD08	Ship/Delivery Pattern Time Code	S	X
LOOP 2310A – REFERRING PROVIDER NAME				
NM1		REFERRING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	YES
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	
	NM109	Identification Code	S	
PRV		REFERRING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Reference Identification	R	
REF		REFERRING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES



LOOP 2310B – RENDERING PROVIDER NAME				
NM1		RENDERING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
PRV		RENDERING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Reference Identification	R	YES
REF		RENDERING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
LOOP 2310C – PURCHASED SERVICE PROVIDER NAME				
NM1		PURCHASED SERVICE PROVIDER NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM108	Identification Code Qualifier	S	X
	NM109	Identification Code	S	X
REF		PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2310D – SERVICE FACILITY LOCATION				
NM1		SERVICE FACILITY LOCATION	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	S	X
	NM108	Identification Code Qualifier	S	X
	NM109	Identification Code	S	X
N3		SERVICE FACILITY LOCATION ADDRESS	R	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		SERVICE FACILITY LOCATION CITY/STATE/ZIP	R	X
	N401	City Name	R	X
	N402	State or Province Code	R	X
	N403	Postal Code	R	YES
	N404	Country Code	S	X
REF		SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2310E – SUPERVISING PROVIDER NAME				
NM1		SUPERVISING PROVIDER NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM104	Name First	R	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	S	X
	NM109	Identification Code	S	X



REF		SUPERVISING PROVIDER SECONDARY IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2320 – OTHER SUBSCRIBER INFORMATION				
SBR		OTHER SUBSCRIBER INFORMATION	S	
	SBR01	Payer Responsibility Sequence Number Code	R	
	SBR02	Individual Relationship Code	R	
	SBR03	Reference Identification	S	
	SBR04	Name	S	
	SBR05	Insurance Type Code	R	
	SBR09	Claim Filing Indicator Code	S	
CAS		CLAIM LEVEL ADJUSTMENTS	S	
	CAS01	Claim Adjustment Group Code	R	
	CAS02	Claim Adjustment Reason Code	R	
	CAS03	Monetary Amount	R	
	CAS04	Quantity	S	
	CAS05	Claim Adjustment Reason Code	S	
	CAS06	Monetary Amount	S	
	CAS07	Quantity	S	
	CAS08	Claim Adjustment Reason Code	S	
	CAS09	Monetary Amount	S	
	CAS10	Quantity	S	
	CAS11	Claim Adjustment Reason Code	S	
	CAS12	Monetary Amount	S	
	CAS13	Quantity	S	
	CAS14	Claim Adjustment Reason Code	S	
	CAS15	Monetary Amount	S	
	CAS16	Quantity	S	
	CAS17	Claim Adjustment Reason Code	S	
	CAS18	Monetary Amount	S	
	CAS19	Quantity	S	
AMT		COORDINATION OF BENEFITS (COB) PAYER PAID AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) APPROVED AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) ALLOWED AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) PATIENT RESPONSIBILITY AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) COVERED AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) DISCOUNT AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) PER DAY LIMIT AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) PATIENT PAID AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
AMT		COORDINATION OF BENEFITS (COB) TAX AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	



AMT		COORDINATION OF BENEFITS (COB) TOTAL CLAIM BEFORE TAXES AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	
DMG		SUBSCRIBER DEMOGRAPHIC INFORMATION	S	
	DMG01	Date Time Period Format Qualifier	R	
	DMG02	Date Time Period	R	
	DMG03	Gender Code	R	
OI		OTHER INSURANCE COVERAGE INFORMATION	R	
	OI03	Yes/No Condition or Response Code	R	
	OI04	Patient Signature Source Code	S	
	OI06	Release of Information Code	R	
MOA		MEDICARE OUTPATIENT ADJUDICATION INFORMATION	S	
	MOA01	Percent	S	
	MOA02	Monetary Amount	S	
	MOA03	Reference Identification	S	
	MOA04	Reference Identification	S	
	MOA05	Reference Identification	S	
	MOA06	Reference Identification	S	
	MOA07	Reference Identification	S	
	MOA08	Monetary Amount	S	
	MOA09	Monetary Amount	S	
LOOP 2330A – OTHER SUBSCRIBER NAME				
NM1		OTHER SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
N3		OTHER SUBSCRIBER ADDRESS	S	
	N301	Address Information	R	
	N302	Address Information	S	
N4		OTHER SUBSCRIBER CITY/STATE/ZIP CODE	S	
	N401	City Name	S	
	N402	State or Province Code	S	
	N403	Postal Code	S	
	N404	Country Code	S	
REF		OTHER SUBSCRIBER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2330B – OTHER PAYER NAME				
NM1		OTHER PAYER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM108	Identification Code Qualifier	R	YES
	NM109	Identification Code	R	YES
PER		OTHER PAYER CONTACT INFORMATION	S	
	PER01	Contact Function Code	R	
	PER02	Name	R	
	PER03	Communication Number Qualifier	R	
	PER04	Communication Number	R	
	PER05	Communication Number Qualifier	S	
	PER06	Communication Number	S	
	PER07	Communication Number Qualifier	S	
	PER08	Communication Number	S	



DTP		CLAIM ADJUDICATION DATE	S	
	DTP01	Date/Time Qualifier	R	YES
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Date Time Period	R	YES
REF		OTHER PAYER SECONDARY IDENTIFIER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
REF		OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
REF		OTHER PAYER CLAIM ADJUSTMENT INDICATOR	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2330C – OTHER PAYER PATIENT INFORMATION				
NM1		OTHER PAYER PATIENT INFORMATION	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
REF		OTHER PAYER PATIENT IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2330D – OTHER PAYER REFERRING PROVIDER				
NM1		OTHER PAYER REFERRING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
REF		OTHER PAYER REFERRING PROVIDER IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2330E – OTHER RENDERING PROVIDER				
NM1		OTHER PAYER RENDERING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
REF		OTHER PAYER RENDERING PROVIDER SECONDARY	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2330F – OTHER PAYER PURCHASED SERVICE PROVIDER				
NM1		OTHER PAYER PURCHASED SERVICE PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
REF		OTHER PAYER PURCHASED SERVICE PROVIDER IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2330G – OTHER PAYER SERVICE FACILITY LOCATION				
NM1		OTHER PAYER SERVICE FACILITY LOCATION	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
REF		OTHER PAYER SERVICE FACILITY LOCATION IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	



LOOP 2330H – OTHER PAYER SUPERVISING PROVIDER				
NM1		OTHER PAYER SUPERVISING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
REF		OTHER PAYER SUPERVISING PROVIDER IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
LOOP 2400 – SERVICE LINE				
LX		SERVICE LINE	R	
	LX01	Assigned Number	R	
SV1		PROFESSIONAL SERVICE	R	
	SV101	Composite Medical Procedure Identifier	R	
	SV101-1	Product/Service ID Qualifier	R	YES
	SV101-2	Product/Service ID	R	YES
	SV101-3	Procedure Modifier	S	YES
	SV101-4	Procedure Modifier	S	
	SV101-5	Procedure Modifier	S	
	SV101-6	Procedure Modifier	S	
	SV102	Monetary Amount	R	
	SV103	Unit or Basis for Measurement Code	R	YES
	SV104	Quantity	R	YES
	SV105	Facility Code Value	S	
	SV107	Composite Diagnosis Code Pointer	S	
	SV107-1	Diagnosis Code Pointer	R	
	SV107-2	Diagnosis Code Pointer	S	
	SV107-3	Diagnosis Code Pointer	S	
	SV107-4	Diagnosis Code Pointer	S	
	SV109	Yes/No Condition or Response Code	S	
	SV111	Yes/No Condition or Response Code	S	
	SV112	Yes/No Condition or Response Code	S	
	SV115	Copay Status Code	S	X
SV5		DURABLE MEDICAL EQUIPMENT SERVICE	S	X
	SV501	Composite Medical Procedure Identifier	R	X
	SV501-1	Product/Service ID Qualifier	R	X
	SV501-2	Product/Service ID	R	X
	SV502	Unit or Basis for Measurement Code	R	X
	SV503	Quantity	R	X
	SV504	Monetary Amount	S	X
	SV505	Monetary Amount	S	X
	SV506	Frequency Code	S	X
PWK		DMERC CMN INDICATOR	S	X
	PWK01	Report Type Code	R	X
	PWK02	Report Transmission Code	R	X
CR1		AMBULANCE TRANSPORT INFORMATION	S	X
	CR101	Unit or Basis for Measurement Code	S	X
	CR102	Weight	S	X
	CR103	Ambulance Transport Code	R	X
	CR104	Ambulance Transport Reason Code	R	X
	CR105	Unit or Basis for Measurement Code	R	X
	CR106	Quantity	R	X
	CR109	Description	S	X
	CR110	Description	S	X
CR2		SPINAL MANIPULATION SERVICE INFORMATION	S	X
	CR208	Nature of Condition Code	R	X
	CR210	Description	S	X
	CR211	Description	S	X
	CR212	Yes/No Condition or Response Code	S	X



CR3		DURABLE MEDICAL EQUIPMENT CERTIFICATION	S	X
	CR301	Certification Type Code	R	X
	CR302	Unit or Basis for Measurement Code	R	X
	CR303	Quantity	R	X
CR5		HOME OXYGEN THERAPY INFORMATION	S	X
	CR501	Certification Type Code	R	X
	CR502	Quantity	R	X
	CR510	Quantity	S	X
	CR511	Quantity	S	X
	CR512	Oxygen Test Condition Code	R	X
	CR513	Oxygen Test Findings Code	S	X
	CR514	Oxygen Test Findings Code	S	X
	CR515	Oxygen Test Findings Code	S	X
CRC		AMBULANCE CERTIFICATION	S	X
	CRC01	Code Category	R	X
	CRC02	Yes/No Condition or Response Code	R	X
	CRC03	Condition Indicator	R	X
	CRC04	Condition Indicator	S	X
	CRC05	Condition Indicator	S	X
	CRC06	Condition Indicator	S	X
	CRC07	Condition Indicator	S	X
CRC		HOSPICE EMPLOYEE INDICATOR	S	X
	CRC01	Code Category	R	X
	CRC02	Yes/No Condition or Response Code	R	X
	CRC03	Condition Indicator	R	X
CRC		DMERC CONDITION INDICATOR	S	X
	CRC01	Code Category	R	X
	CRC02	Yes/No Condition or Response Code	R	X
	CRC03	Condition Indicator	R	X
	CRC04	Condition Indicator	S	X
	CRC05	Condition Indicator	S	X
	CRC06	Condition Indicator	S	X
	CRC07	Condition Indicator	S	X
DTP		DATE – SERVICE DATE	R	
	DTP01	Date/Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	YES
	DTP03	Date Time Period	R	
DTP		DATE – CERTIFICATION REVISION DATE	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – BEGIN THERAPY DATE	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – LAST CERTIFICATION DATE	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – DATE LAST SEEN	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – TEST	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – OXYGEN SATURATION/ARTERIAL BLOOD GAS TEST	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X



DTP		DATE – SHIPPED	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – ONSET OF CURRENT SYMPTOM/ILLNESS	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – LAST X-RAY	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – ACUTE MANIFESTATION	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – INITIAL TREATMENT	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
DTP		DATE – SIMILAR ILLNESS/SYMPTOM ONSET	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
MEA		TEST RESULT	S	X
	MEA01	Measurement Reference ID Code	R	X
	MEA02	Measurement Qualifier	R	X
	MEA03	Measurement Value	R	X
CN1		CONTRACT INFORMATION	S	
	CN101	Contract Type Code	R	X
	CN102	Monetary Amount	S	X
	CN103	Percent	S	X
	CN104	Reference Identification	S	X
	CN105	Terms Discount Percent	S	X
	CN106	Version Identifier	S	X
REF		REPRICED LINE ITEM REFERENCE NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		PRIOR AUTHORIZATION OR REFERRAL NUMBER	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	
REF		LINE ITEM CONTROL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
REF		MAMMOGRAPHY CERTIFICATION NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
REF		REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		IMMUNIZATION BATCH NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X



REF		AMBULATORY PATIENT GROUP (APG)	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		OXYGEN FLOW RATE	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
REF		UNIVERSAL PRODUCT NUMBER (UPN)	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
AMT		SALES TAX AMOUNT	S	X
	AMT01	Amount Qualifier Code	R	X
	AMT02	Monetary Amount	R	X
AMT		APPROVED AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Monetary Amount	R	YES
AMT		POSTAGE CLAIMED AMOUNT	S	X
	AMT01	Amount Qualifier Code	R	X
	AMT02	Monetary Amount	R	X
K3		FILE INFORMATION	S	X
	K301	Fixed Format Information	R	X
NTE		LINE NOTE	S	
	NTE01	Note Reference Code	R	
	NTE02	Description	R	
PS1		PURCHASED SERVICE INFORMATION	S	X
	PS101	Reference Identification	R	X
	PS102	Monetary Amount	R	X
HSD		HEALTH CARE SERVICES DELIVERY	S	X
	HSD01	Quantity Qualifier	S	X
	HSD02	Quantity	S	X
	HSD03	Unit or Basis for Measurement Code	S	X
	HSD04	Sample Selection Modulus	S	X
	HSD05	Time Period Qualifier	S	X
	HSD06	Number of Periods	S	X
	HSD07	Ship/Delivery or Calendar Pattern Code	S	X
	HSD08	Ship/Delivery Pattern Time Code	S	X
HCP		LINE PRICING/REPRICING INFORMATION	S	X
	HCP01	Pricing Methodology	R	X
	HCP02	Monetary Amount	R	X
	HCP03	Monetary Amount	S	X
	HCP04	Reference Identification	S	X
	HCP05	Rate	S	X
	HCP06	Reference Identification	S	X
	HCP07	Monetary Amount	S	X
	HCP09	Product/Service ID Qualifier	S	X
	HCP10	Product/Service ID	S	X
	HCP11	Unit or Basis for Measurement Code	S	X
	HCP12	Quantity	S	X
	HCP13	Reject Reason Code	S	X
	HCP14	Policy Compliance Code	S	X
	HCP15	Exception Code	S	X
LOOP 2410 – DRUG IDENTIFICATION				
LIN		ITEM IDENTIFICATION	S	YES
	LIN02	Product/Service ID Qualifier	R	YES
	LIN03	Product/Service ID	R	YES
CTP		DRUG PRICING	S	YES
	CTP03	Unit Price	R	X
	CTP04	Quantity	R	YES
	CTP05	Composite Unit of Measure	R	X
	CTP05-1	Unit or Basis for Measurement Code	R	YES
REF		PRESCRIPTION NUMBER	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X



LOOP 2420A – RENDERING PROVIDER NAME				
NM1		RENDERING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
PRV		RENDERING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Reference Identification	R	YES
REF		RENDERING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
LOOP 2420B – PURCHASED SERVICE PROVIDER NAME				
NM1		PURCHASED SERVICE PROVIDER NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM108	Identification Code Qualifier	S	X
	NM109	Identification Code	S	X
REF		PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2420C – SERVICE FACILITY LOCATION				
NM1		SERVICE FACILITY LOCATION	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	S	X
	NM108	Identification Code Qualifier	S	X
	NM109	Identification Code	S	X
N3		SERVICE FACILITY LOCATION ADDRESS	R	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		SERVICE FACILITY LOCATION CITY/STATE/ZIP	R	X
	N401	City Name	R	X
	N402	State or Province Code	R	X
	N403	Postal Code	R	YES
	N404	Country Code	S	X
REF		SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
LOOP 2420D – SUPERVISING PROVIDER NAME				
NM1		SUPERVISING PROVIDER NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM104	Name First	R	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	S	X
	NM109	Identification Code	S	X
REF		SUPERVISING PROVIDER SECONDARY IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X



LOOP 2420E – ORDERING PROVIDER NAME				
NM1		ORDERING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	R	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	
	NM109	Identification Code	S	
N3		ORDERING PROVIDER ADDRESS	S	
	N301	Address Information	R	
	N302	Address Information	S	
N4		ORDERING PROVIDER CITY/STATE/ZIP CODE	S	
	N401	City Name	R	
	N402	State or Province Code	R	
	N403	Postal Code	R	
	N404	Country Code	S	
REF		ORDERING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
PER		ORDERING PROVIDER CONTACT INFORMATION	S	X
	PER01	Contact Function Code	R	X
	PER02	Name	R	X
	PER03	Communication Number Qualifier	R	X
	PER04	Communication Number	R	X
	PER05	Communication Number Qualifier	S	X
	PER06	Communication Number	S	X
	PER07	Communication Number Qualifier	S	X
	PER08	Communication Number	S	X
LOOP 2420F – REFERRING PROVIDER NAME				
NM1		REFERRING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	YES
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	R	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	
	NM109	Identification Code	S	
PRV		REFERRING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Reference Identification	R	
REF		REFERRING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
LOOP 2420G – OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER				
NM1		OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
REF		OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	



LOOP 2430 – LINE ADJUDICATION INFORMATION				
SVD		LINE ADJUDICATION INFORMATION	S	
	SVD01	Identification Code	R	
	SVD02	Monetary Amount	R	
	SVD03	Composite Medical Procedure Identifier	R	
	SVD03-1	Product/Service ID Qualifier	R	
	SVD03-2	Product/Service ID	R	
	SVD03-3	Procedure Modifier	S	
	SVD03-4	Procedure Modifier	S	
	SVD03-5	Procedure Modifier	S	
	SVD03-6	Procedure Modifier	S	
	SVD03-7	Description	S	
	SVD05	Quantity	R	
	SVD06	Assigned Number	S	
CAS		LINE ADJUSTMENT	S	
	CAS01	Claim Adjustment Group Code	R	
	CAS02	Claim Adjustment Reason Code	R	YES
	CAS03	Monetary Amount	R	
	CAS04	Quantity	S	
	CAS05	Claim Adjustment Reason Code	S	YES
	CAS06	Monetary Amount	S	
	CAS07	Quantity	S	
	CAS08	Claim Adjustment Reason Code	S	YES
	CAS09	Monetary Amount	S	
	CAS10	Quantity	S	
	CAS11	Claim Adjustment Reason Code	S	YES
	CAS12	Monetary Amount	S	
	CAS13	Quantity	S	
	CAS14	Claim Adjustment Reason Code	S	YES
	CAS15	Monetary Amount	S	
	CAS16	Quantity	S	
	CAS17	Claim Adjustment Reason Code	S	YES
	CAS18	Monetary Amount	S	
	CAS19	Quantity	S	
DTP		LINE ADJUDICATION DATE	R	
	DTP01	Date/Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Date Time Period	R	
LOOP 2440 – FORM IDENTIFICATION CODE				
LQ		FORM IDENTIFICATION CODE	S	X
	LQ01	Code List Qualifier Code	R	X
	LQ02	Industry Code	R	X
FRM		SUPPORTING DOCUMENTATION	R	X
	FRM01	Assigned Identification	R	X
	FRM02	Yes/No Condition or Response Code	S	X
	FRM03	Reference Identification	S	X
	FRM04	Date	S	X
	FRM05	Percent	S	X
LOOP – TRANSACTION SET TRAILER				
SE		TRANSACTION SET TRAILER	R	
	SE01	Number of Included Segments	R	
	SE02	Transaction Set Control Number	R	

**SECTION 5.2 – 837 PROFESSIONAL DATA ELEMENT DICTIONARY**

The following specifies the 837 Professional fields for which New Jersey Medicaid has payer-specific requirements. The requirement section for each field will reference “FFS” when listing specifications for fee-for-service providers regarding professional claim submissions, “XVR” when listing specifications for the submission of professional provider-initiated Medicare crossover claims and “DOC” when listing specifications for the submission of inpatient and outpatient Department of Corrections claim submissions. If no reference is specified, the requirement applies to all claims.

LOOP 1000A – SUBMITTER NAME

SEGMENT	NM1 – Submitter Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	Enter the seven-digit Submitter ID assigned by Medicaid.

LOOP 1000B – RECEIVER NAME

SEGMENT	NM1 – Receiver Name
FIELD	NM103 – Name Last or Organization Name
CODES	
REQUIREMENT	Enter “NEW JERSEY MEDICAID”.

SEGMENT	NM1 – Receiver Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	Enter “610515”.

LOOP 2000A – BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL

SEGMENT	PRV – Billing/Pay-To Provider Specialty Information
FIELD	PRV03 – Reference Identification
CODES	
REQUIREMENT	A valid HIPAA taxonomy code is required on all FFS and CCP claims.

LOOP 2010AA – BILLING PROVIDER NAME

SEGMENT	N4 - Billing Provider City/State/Zip Code
FIELD	N403 - Postal Code
CODES	
REQUIREMENT	A valid zip code of the service location is required on all FFS and CCP claims. If the billing provider represents a group, the service location can be represented in the rendering provider or service facility location loop.



SEGMENT	REF – Billing Provider Secondary Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	1C	Medicare Provider Number
	1D	Medicaid Provider Number
	EI	Employer's Identification Number
	SY	Social Security Number
	LU	Location Number
REQUIREMENT	<p>When reporting a NPI as the primary identifier, the provider must be identified using the EIN (EI) or SSN (SY) in this segment.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>To report services rendered at alternate address locations, create additional REF segments specifying the alternate location numbers (LU).</p> <p>FFS, CCP, LTC – The provider must be identified using the Medicaid Provider Number (1D).</p> <p>XVR – The provider must be identified using the Medicare Provider Number (1C), Medicaid Provider Number (1D), EIN (EI), and/or SSN (SY).</p>	

SEGMENT	REF – Billing Provider Secondary Identification	
FIELD	REF02 – Reference Identification	
CODES		
REQUIREMENT	<p>Enter the nine-digit EIN when field REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.</p> <p>FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. In the case of an individual practice, enter the seven-digit Medicaid Provider Number assigned to the individual practice when REF01 equals 1D.</p> <p>XVR – Enter the Medicare Provider Number when REF01 equals 1C. Enter the nine-digit EIN when REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY.</p>	

LOOP 2010AB – PAY-TO PROVIDER NAME

SEGMENT	N4 – Pay-To Provider City/State/Zip Code	
FIELD	N403 - Postal Code	
CODES		
REQUIREMENT	<p>A valid zip code of the service location is required on all FFS and CCP claims. If the billing provider represents a group, the service location can be represented in the rendering provider or service facility location loop.</p>	

SEGMENT	REF – Billing Provider Secondary Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	1C	Medicare Provider Number
	1D	Medicaid Provider Number
	EI	Employer's Identification Number
	SY	Social Security Number
	LU	Location Number



REQUIREMENT	<p>When reporting a NPI as the primary identifier, the provider must be identified using the EIN (EI) or SSN (SY) in this segment.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>To report services rendered at alternate address locations, create additional REF segments specifying the alternate location numbers (LU).</p> <p>FFS, CCP, LTC – The provider must be identified using the Medicaid Provider Number (1D).</p> <p>XVR – The provider must be identified using the Medicare Provider Number (1C), Medicaid Provider Number (1D), EIN (EI), and/or SSN (SY).</p>
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SEGMENT	REF – Billing Provider Secondary Identification
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	<p>Enter the nine-digit EIN when field REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.</p> <p>FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. In the case of an individual practice, enter the seven-digit Medicaid Provider Number assigned to the individual practice when REF01 equals 1D.</p> <p>XVR – Enter the Medicare Provider Number when REF01 equals 1C. Enter the nine-digit EIN when REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY.</p>

LOOP 2000B – SUBSCRIBER HIERARCHICAL LEVEL

SEGMENT	HL – Subscriber Hierarchical Level
FIELD	HL04 – Hierarchical Child Code
CODES	0 No Subordinate HL Segment in this Hierarchical Structure
REQUIREMENT	<p>Enter "0". For Medicaid purposes, the Subscriber will always equal the Patient. Therefore, an additional subordinate (Patient) HL segment should not be used. Claims that include the Patient HL segment will not be processed.</p>

SEGMENT	SBR – Subscriber Information
FIELD	SBR09 – Claim Filing Indicator Code
CODES	MC Medicaid
REQUIREMENT	Enter "MC".

LOOP 2010BA – SUBSCRIBER NAME

SEGMENT	NM1 – Subscriber Name
FIELD	NM102 – Entity Type Qualifier
CODES	1 Person
REQUIREMENT	Enter "1".



SEGMENT	NM1 – Subscriber Name
FIELD	NM104 – Name First
CODES	
REQUIREMENT	New Jersey Medicaid requires the beneficiary's first name.

SEGMENT	NM1 – Subscriber Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	Enter the twelve-digit Medicaid Beneficiary ID Number assigned by New Jersey Medicaid. DOC – Enter the 10-position SBI (State Bureau Identification) identifier.

LOOP 2010BB – PAYER NAME

SEGMENT	NM1 – Payer Name
FIELD	NM103 – Name Last or Organization Name
CODES	
REQUIREMENT	Enter "NEW JERSEY MEDICAID".

SEGMENT	NM1 – Payer Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	Enter "610515".

LOOP 2300 – CLAIM INFORMATION

SEGMENT	CLM – Claim Information
FIELD	CLM01 – Claim Submitter's Identifier
CODES	
REQUIREMENT	New Jersey Medicaid will only recognize the first 20 characters of the Patient Account Number.

SEGMENT	CLM – Claim Information
FIELD	CLM12 – Special Program Code
CODES	01 Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) 07 Induced Abortion – Danger to Life 08 Induced Abortion – Rape or Incest
REQUIREMENT	FFS – Use of value "07" or "08" will be used in place of the hardcopy attachment (Physician Certification – Abortion). If an abortion was induced because it was medically necessary, this is indicated in Loop NTE (Claim Note). Use value "01" if the service is a result of an EPSDT screening exam.

SEGMENT	PWK – Claim Supplemental Information
FIELD	PWK01 – Report Type Code
CODES	OZ Support Data for Claim
REQUIREMENT	FFS – Enter "OZ" when submitting paperwork (i.e. attachment) information. Please see Section 2 for instructions on submitting paper attachment(s).



SEGMENT	PWK – Claim Supplemental Information	
FIELD	PWK02 – Report Transmission Code	
CODES	BM	By Mail
REQUIREMENT	FFS – Enter “BM” when submitting a paper attachment by mail.	

SEGMENT	PWK – Claim Supplemental Information	
FIELD	PWK06 – Identification Code	
CODES		
REQUIREMENT	FFS – Enter the Patient Account Number coded in Segment CLM, Field CLM01.	

SEGMENT	AMT – Patient Amount Paid	
FIELD	AMT02 – Monetary Amount	
CODES		
REQUIREMENT	FFS – When submitting an Assisted Living/Adult Family Care claim or a hospice claim, enter any amount already paid by the beneficiary as their cost share amount (This was previously identified by an insurance carrier code of “098”).	

SEGMENT	REF – Prior Authorization or Referral Number	
FIELD	REF01 – Reference Identification Qualifier	
CODES	G1	Prior Authorization Number
REQUIREMENT	FFS – When appropriate, enter “G1” in the first occurrence of the REF segment.	

SEGMENT	REF – Original Reference Number (ICN/DCN)	
FIELD	REF02 – Reference Identification	
CODES		
REQUIREMENT	Enter the 15-digit claim control number of original claim being corrected or voided when REF01 equals “F8”. If claim control number is obtained from the hard copy remittance advice which displays only 13-digits of the claim control number, prefix the claim control number with the 2-digit century code. Note: When voiding a claim, the void may be submitted in one week and the replacement claim should be submitted the following week. If the voided claim and the replacement claim are submitted in the same week, the replacement claim will deny as a duplicate.	

SEGMENT	REF – Medical Record Number	
FIELD	REF02 – Reference Identification	
CODES		
REQUIREMENT	New Jersey Medicaid will only recognize the first 16 characters of the Medical Record Number.	

SEGMENT	NTE – Claim Note	
FIELD	NTE01 – Note Reference Code	
CODES	ADD	Additional Information
REQUIREMENT	When appropriate, enter “ADD” if additional information is required in NTE02.	



SEGMENT	NTE – Claim Note		
FIELD	NTE02 – Description		
CODES			
REQUIREMENT	POSITION	FIELD NAME	VALUE SET
	1	Induced Abortion – Medically Necessary	A
	FFS – When billing an abortion service, additional data is required at the position 1, using the following value set:		
	<u>SET</u>	<u>VALUE</u>	<u>DESCRIPTION</u>
	A	Y	Yes
		Space	No
	POSITION	FIELD NAME	VALUE SET
	2 43	EPSDT Service	
	2	Continued Care Indicator	B
	3	WIC Indicator	C
	4	Guidance Indicator	B
	5	Physical Indicator	D
	6	Urinalysis Indicator	E
	7	Hemoglobin Indicator	E
	8	Sickle Cell Indicator	E
	9	Tuberculin Indicator	E
	10	Lead Screening Indicator	E
	11	DPT Indicator	F
	12	Polio Indicator	F
	13	MMR Indicator	F
	14	HAEM Indicator	F
	15	Cardiac Indicator	G
	16	Cardiac Diagnosis	H
	17	Orthopedic Indicator	G
	18	Orthopedic Diagnosis	H
	19	Neurologic Indicator	G
	20	Neurologic Diagnosis	H
	21	Genito-Urinary Indicator	G
	22	Genito-Urinary Diagnosis	H
	23	ENT Indicator	G
	24	ENT Diagnosis	H
	25	Endocrine Indicator	G
	26	Endocrine Diagnosis	H
	27	Other Indicator	G
	28	Other Diagnosis	H
	29	Vision Indicator	G
	30	Vision Diagnosis	H
	31	Hearing Indicator	G
	32	Hearing Diagnosis	H
	33	Dental Indicator	G
	34	Dental Diagnosis	H
	35	Nutrition Indicator	G
	36	Nutrition Diagnosis	H
	37	Growth Indicator	G
	38	Growth Diagnosis	H



39	Behavior Indicator	G
40	Behavior Diagnosis	H
41	Development Indicator	G
42	Development Diagnosis	H
43	Hispanic Race Indicator	B or Space
When billing an EPSDT service (2300/CLM12 = "01"), additional data is required at the positions 2 through 43, using the following value sets:		
	<u>SET</u>	<u>VALUE</u> <u>DESCRIPTION</u>
	B	Y Yes N No
	C	Y Yes N Not Indicated R Referred
	D	1 Normal Space Not Entered
	E	1 Normal 2 Abnormal – Treatment not required 3 Abnormal – Treatment by screening provider 4 Abnormal – Referral other provider 5 Laboratory procedure not done 6 Laboratory procedure done and results pending
	F	1 Child is too young for the shot 2 Complete for age at the end of visit 3 Given but still incomplete for age 4 Not given and still incomplete for age
	G	1 Normal 2 Abnormal – Treatment not required 3 Abnormal – Treatment by screening provider 4 Abnormal – Referral other provider
	H	5 New Condition 6 Prior Condition
POSITION FIELD NAME FORMAT		
44 51	Previous Exam Date	CCYYMMDD
When billing a vision service, additional data is required at the 44 through 51.		

LOOP 2310A – REFERRING PROVIDER NAME

SEGMENT	NM1 – Referring Provider Name	
FIELD	NM101 – Entity Identifier Code	
CODES	DN	Referring Provider
REQUIREMENT	FFS – Enter "DN" when completing this loop. A referring provider is required when the procedure code billed represents a consultation, second opinion visit, or radiology. In addition, a referring provider is required when the beneficiary has transferred from a LTC facility.	



SEGMENT	REF – Referring Provider Secondary Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	1D	Medicaid Provider Number
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (1D).	

SEGMENT	REF – Referring Provider Secondary Identification	
FIELD	REF02 – Reference Identification	
CODES		
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. If the referring physician does not participate in New Jersey Medicaid, enter “555555” to identify an out-of-state physician or “666666” to identify an in-state physician.	

LOOP 2310B – RENDERING PROVIDER NAME

SEGMENT	PRV – Rendering Provider Specialty Information	
FIELD	PRV03 – Reference Identification	
CODES		
REQUIREMENT	A valid HIPAA taxonomy code is required on all FFS and CCP claims.	

SEGMENT	REF – Rendering Provider Secondary Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	1C	Medicare Provider Number
	1D	Medicaid Provider Number
	1G	Universal Provider Identification Number
	EI	Employer’s Identification Number
	SY	Social Security Number
	LU	Location Number
REQUIREMENT	When reporting a NPI as the primary identifier, the provider must be identified using the EIN (EI) or SSN (SY) in this segment. <u>HIPAA NON-COVERED ENTITIES ONLY:</u> To report services rendered at alternate address locations, create additional REF segments specifying the alternate location numbers (LU). FFS, CCP, LTC – The provider must be identified using the Medicaid Provider Number (1D). XVR – The provider must be identified using the Medicare Provider Number (1C), Medicaid Provider Number (1D), EIN (EI), SSN (SY) and/or UPIN (1G).	



SEGMENT	REF – Rendering Provider Secondary Identification
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	Enter the nine-digit EIN when field REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY. HIPAA NON-COVERED ENTITIES ONLY: Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU. FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. In the case of an individual practice, enter the seven-digit Medicaid Provider Number assigned to the individual practice when REF01 equals 1D. XVR – Enter the Medicare Provider Number when REF01 equals 1C. Enter the nine-digit EIN when REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY. Enter the six-character UPIN when REF01 equals 1G.

LOOP 2310D – SERVICE FACILITY LOCATION

SEGMENT	N4 – Service Facility Location City/State/Zip
FIELD	N403 - Postal Code
CODES	
REQUIREMENT	A valid zip code of the service location is required on all FFS and CCP claims. If the billing provider represents a group, the service location can be represented in the rendering provider or service facility location loop.

LOOP 2330B – OTHER PAYER NAME

SEGMENT	NM1 – Other Payer Name
FIELD	NM108 – Identification Code Qualifier
CODES	PI Payer Identification
REQUIREMENT	Enter “PI” when completing this loop.

SEGMENT	NM1 – Other Payer Name
FIELD	NM109 – Identification Code
CODES	071 Aetna Health Plans
	006 Aetna US Healthcare
	094 Aetna US Healthcare HMO
	104 Aetna US Healthcare Inc. – H3152
	007 Allstate
	008 American Association of Retired Persons (AARP)
	009 American General Insurance
	010 American National
	054 American Postal Worker's Union (APWU)
	105 Amerihealth HMO, Inc. – H3156
	012 Benefit Trust Life
	017 CAN
	043 Capital Enterprises, Inc.
	034 CIGNA Healthcare HMO
	107 CIGNA Healthcare of Northern NJ, IN
	106 CIGNA Healthcare of Southern NJ, IN



018	Colonial Life and Accident
047	Colonial Penn
019	Columbia Life Insurance
093	Co-Med HMO (CIGNA)
020	Continental General (CIGNA)
022	Continental Insurance
024	Employer's Health Insurance
025	Equicorp, Inc.
026	Equitable
027	Federal Blue Cross
052	Federal Express
028	Fireman's Fund
088	First Health
029	Garden State Hospitalization, NJ
030	GHI Claims Department
031	Great West Life & Annuity
032	Guardian Life
063	Hartford Insurance
087	HIP
089	HIP Health Plan of New Jersey
033	HIP Health Plan of NJ
091	HMO Blue
109	Horizon Medicare Blue – H3154
035	Independent Life
037	Inter County Health Plan
036	Intercontinental
038	John Hancock, L.I.C.
039	Liberty Mutual
040	Life Insurance Corporation of America
059	Local 798 Welfare Fund
086	MagnaCare (through Local 274)
042	Mail Handlers Benefit Plan
044	Massachusetts Mutual
100	Medicare Part A
101	Medicare Part B
045	Metropolitan
076	Monarch Life
048	Mutual Benefit
049	Mutual of New York
050	Mutual of Omaha
051	National Association of Letter Carriers
053	National Maritime Union
001	New Jersey Blue Cross/Blue Shield
002	New York Blue Cross/Blue Shield
057	New York Life/NYLCARE
058	New York Shipping Association
060	Northwestern National Life
061	Occidental Life Insurance
085	OmniCare
062	Pacific Mutual
064	Penn Mutual
013	People's Benefit Life Insurance



	065	Philadelphia American Life
	003	Philadelphia Blue Cross/Blue Shield
	108	Physicians Health Services (Medicare)
	066	Physicians Mutual Life
	011	Principal Financial Group
	067	Provident Life and Accident
	092	PruCare
	068	Prudential
	046	Qualcare
	069	Railroad Retirement
	070	Reliance
	072	Reliastar
	074	Security Mutual
	075	Sentry Life
	096	Saint Barnabas System Health Plan
	073	State Mutual Insurance
	077	Travelers Insurance
	014	Tri Care Region 1 – Claims
	081	U.S. Life
	023	Union Fidelity Life Insurance
	078	Union Labor Life
	079	Union Mutual Benefits
	015	Unity Mutual Life
	082	Veterans Administration
	041	Virginia Health Network
	083	Washington National
	084	Wellmark Community
	099	ALL OTHER INSURANCE PLANS
REQUIREMENT	Enter the New Jersey Medicaid Other Insurance Carrier Code.	

LOOP 2400 – SERVICE LINE

SEGMENT	SV1 – Professional Service	
FIELD	SV101-1 – Product/Service ID Qualifier	
CODES	HC	Healthcare Financing Administration Common Procedural Coding System (HCPCS) Codes
REQUIREMENT	Enter “HC”.	



SEGMENT	SV1 – Professional Service
FIELD	SV101-2 – Product/Service ID
CODES	
REQUIREMENT	<p>Enter the five-character national procedure code. If the date of service is greater than 03/31/04, the local procedure code is no longer allowable and a NATIONAL procedure code must be entered in field SV101-2. Any required national modifier(s) must be entered in SV101-3 and SV101-4, as specified in columns MOD1 and MOD2 respectively. Refer to Appendices A and B for the list of procedure/modifier codes.</p> <p>For all codes referred to in Appendices A, B and C, when the date of service is less than 04/01/2004, regardless of the format (HIPAA, proprietary or hardcopy), the LOCAL procedure code is required.</p> <p>Any local procedure code, not present in either Appendices A, B or C, has been terminated and is no longer valid for NJ Medicaid.</p> <p style="text-align: center;">REFER TO APPENDICES A, B and C</p>

SEGMENT	SV1 – Professional Service																														
FIELD	SV101-3 – Procedure Modifier																														
CODES																															
REQUIREMENT	<p>Enter the two-character procedure code modifier. If the date of service is greater than 03/31/2004, a national code modifier must be entered for the following local procedure code modifiers.</p> <p>Any local procedure code modifier, not present in the list that follows, has been discontinued and is no longer valid for NJ Medicaid when the date of service is greater than 03/31/2004.</p> <table border="1"> <thead> <tr> <th>NJ MODIFIER</th><th>NATIONAL MODIFIER</th></tr> </thead> <tbody> <tr><td>AV</td><td>SA</td></tr> <tr><td>WB</td><td>78</td></tr> <tr><td>WF</td><td>FP</td></tr> <tr><td>WI</td><td>U6</td></tr> <tr><td>WM</td><td>SB</td></tr> <tr><td>WR</td><td>UE</td></tr> <tr><td>WT</td><td>EP</td></tr> <tr><td>WY</td><td>UA</td></tr> <tr><td>WZ</td><td>UB</td></tr> <tr><td>XE</td><td>GY</td></tr> <tr><td>YD</td><td>UD</td></tr> <tr><td>YY</td><td>SM</td></tr> <tr><td>ZI</td><td>UC</td></tr> <tr><td>ZZ</td><td>SN</td></tr> </tbody> </table> <p>For all transportation services, a modifier is required in SV101-3 in order to report the place of origin (first position of the modifier) and the destination (second position of the modifier):</p>	NJ MODIFIER	NATIONAL MODIFIER	AV	SA	WB	78	WF	FP	WI	U6	WM	SB	WR	UE	WT	EP	WY	UA	WZ	UB	XE	GY	YD	UD	YY	SM	ZI	UC	ZZ	SN
NJ MODIFIER	NATIONAL MODIFIER																														
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WY	UA																														
WZ	UB																														
XE	GY																														
YD	UD																														
YY	SM																														
ZI	UC																														
ZZ	SN																														



	<u>CODE</u>	<u>DESCRIPTION</u>
	D	Diagnosis or therapeutic site other than P or H
	E	Residential, domiciliary, custodial facility
	G	Hospital-based dialysis facility (hospital or hospital related)
	H	Hospital
	I	Site of transfer (e.g. airport or helicopter pad) between modes of transport
	J	Non hospital-based dialysis facility
	N	Skilled nursing facility
	P	Physician's office (includes HMO non-hospital facility, clinic, etc.)
	R	Residence
	S	Scene of accident or acute event
	X	Destination code only (Intermediate stop at physician's office, en route to hospital (includes HMO non-hospital facility)

SEGMENT	SV1 – Professional Service	
FIELD	SV103 – Unit or Basis for Measurement Code	
CODES	UN	Unit
REQUIREMENT	New Jersey Medicaid requires all services to be billed as units (UN). For anesthesia services, each unit is defined as a 15-minute interval.	

SEGMENT	SV1 – Professional Service	
FIELD	SV104 – Quantity	
CODES		
REQUIREMENT	Units must be entered as whole numbers.	

SEGMENT	REF – Prior Authorization or Referral Number	
FIELD	REF01 – Reference Identification Qualifier	
CODES	G1	Prior Authorization Number
REQUIREMENT	FFS – When appropriate, enter “G1” in the first occurrence of the REF segment.	

SEGMENT	AMT – Approved Amount	
FIELD	AMT02 – Monetary Amount	
CODES		
REQUIREMENT	XVR – Enter the Medicare approved amount in field AMT02 (field AMT01 equals “AAE”). If the Medicare approved amount is not specified in this segment, the Medicare approved amount in the NJMMIS claim that is created from the source line item will be set to zero.	

SEGMENT	NTE – Claim Note	
FIELD	NTE01 – Note Reference Code	
CODES	ADD	Additional Information
REQUIREMENT	When appropriate, enter “ADD” if additional information is required in NTE02.	



SEGMENT	NTE – Claim Note																											
FIELD	NTE02 – Description																											
CODES																												
REQUIREMENT	FIELD NAME	VALUE SET																										
	SEMI Placement Code	I																										
	<p>FFS – When billing a Special Education Medicaid Initiative (SEMI) service, additional data is required at the position 1, using the following value set:</p> <table> <thead> <tr> <th>SET</th><th>VALUE</th><th>DESCRIPTION</th></tr> </thead> <tbody> <tr> <td>I</td><td>1</td><td>In District</td></tr> <tr> <td></td><td>2</td><td>Out of District</td></tr> <tr> <td></td><td>3</td><td>Non Public</td></tr> <tr> <td></td><td>4</td><td>State Facility</td></tr> <tr> <td></td><td>5</td><td>Regional Service</td></tr> <tr> <td></td><td>6</td><td>Early Intervention</td></tr> <tr> <td></td><td>7</td><td>Special Education</td></tr> <tr> <td></td><td>8</td><td>Day Training</td></tr> </tbody> </table>		SET	VALUE	DESCRIPTION	I	1	In District		2	Out of District		3	Non Public		4	State Facility		5	Regional Service		6	Early Intervention		7	Special Education		8
SET	VALUE	DESCRIPTION																										
I	1	In District																										
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	3	Non Public																										
	4	State Facility																										
	5	Regional Service																										
	6	Early Intervention																										
	7	Special Education																										
	8	Day Training																										

LOOP 2410 – DRUG IDENTIFICATION

SEGMENT	LIN – Item Identification	
FIELD	LIN02 – Product/Service ID Qualifier	
CODES	N4	National Drug Code in 5-4-2 Format
REQUIREMENT	Enter "N4" in this field when the procedure code for the corresponding line item (Loop 2400, Segment SV1, Element SV101-2) indicates that a drug was administered by a physician.	

SEGMENT	LIN – Item Identification	
FIELD	LIN03 – Product/Service ID	
CODES		
REQUIREMENT	Enter the National Drug Code (NDC) for the physician-administered drug when the value of LIN02 is "N4".	

SEGMENT	CTP – Pricing Information	
FIELD	CTP04 – Quantity	
CODES		
REQUIREMENT	Enter the quantity of the physician-administered drug identified in LIN03. The format of the quantity is xxxxxxxx.xxx (i.e., a maximum quantity of 9999999.999 may be specified), but whole numbers may also be specified (i.e., a quantity of 500 may be specified).	

SEGMENT	CTP – Pricing Information	
FIELD	CTP05-1 – Product/Service ID Qualifier	
CODES	GR	Gram
	ML	Milliliter
	UN	Unit
REQUIREMENT	Enter the Unit of Measure of "GR", "ML" or "UN".	



LOOP 2420A – RENDERING PROVIDER NAME

SEGMENT	PRV – Rendering Provider Specialty Information
FIELD	PRV03 – Reference Identification
CODES	
REQUIREMENT	A valid HIPAA taxonomy code is required on all FFS and CCP claims.

SEGMENT	REF – Rendering Provider Secondary Identification
FIELD	REF01 – Reference Identification Qualifier
CODES	1C Medicare Provider Number
	1D Medicaid Provider Number
	1G Universal Provider Identification Number
	EI Employer's Identification Number
	SY Social Security Number
	LU Location Number
REQUIREMENT	<p>When reporting a NPI as the primary identifier, the provider must be identified using the EIN (EI) or SSN (SY) in this segment.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>To report services rendered at alternate address locations, create additional REF segments specifying the alternate location numbers (LU).</p> <p>FFS, CCP, LTC – The provider must be identified using the Medicaid Provider Number (1D).</p> <p>XVR – The provider must be identified using the Medicare Provider Number (1C), Medicaid Provider Number (1D), EIN (EI), SSN (SY) and/or UPIN (1G).</p>

SEGMENT	REF – Rendering Provider Secondary Identification
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	<p>Enter the nine-digit EIN when field REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY.</p> <p>HIPAA NON-COVERED ENTITIES ONLY:</p> <p>Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.</p> <p>FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. In the case of an individual practice, enter the seven-digit Medicaid Provider Number assigned to the individual practice when REF01 equals 1D.</p> <p>XVR – Enter the Medicare Provider Number when REF01 equals 1C. Enter the nine-digit EIN when REF01 equals EI. Enter the nine-digit SSN when REF01 equals SY. Enter the six-character UPIN when REF01 equals 1G.</p>

LOOP 2420C – SERVICE FACILITY LOCATION

SEGMENT	N4 – Service Facility Location City/State/Zip
FIELD	N403 - Postal Code
CODES	
REQUIREMENT	A valid zip code of the service location is required on all FFS and CCP claims. If the billing provider represents a group, the service location can be represented in the rendering provider or service facility location loop.



LOOP 2420E – ORDERING PROVIDER NAME

SEGMENT	REF – Ordering Provider Secondary Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	1D	Medicaid Provider Number
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (1D).	

SEGMENT	REF – Ordering Provider Secondary Identification	
FIELD	REF02 – Reference Identification	
CODES		
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. If the ordering physician does not participate in New Jersey Medicaid, enter “555555” to identify an out-of-state physician or “666666” to identify an in-state physician.	

LOOP 2420F – REFERRING PROVIDER NAME

SEGMENT	NM1 – Referring Provider Name	
FIELD	NM101 – Entity Identifier Code	
CODES	DN	Referring Provider
REQUIREMENT	FFS – Enter “DN” when completing this loop. A referring provider is required when the procedure code billed represents a consultation, second opinion visit, or radiology. In addition, a referring provider is required when the beneficiary has transferred from a LTC facility.	

SEGMENT	REF – Referring Provider Secondary Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	1D	Medicaid Provider Number
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (1D).	

SEGMENT	REF – Referring Provider Secondary Identification	
FIELD	REF02 – Reference Identification	
CODES		
REQUIREMENT	<u>HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals 1D. If the referring physician does not participate in New Jersey Medicaid, enter “555555” to identify an out-of-state physician or “666666” to identify an in-state physician.	



LOOP 2430 – SERVICE LINE ADJUDICATION INFORMATION

SEGMENT	CAS – Service Line Adjustment
FIELD	CAS02, CAS05, CAS08, CAS11, CAS14, CAS17 – Claim Adjustment Reason Code
CODES	
REQUIREMENT	XVR – Enter a “1” as the claim adjustment reason code to identify the corresponding monetary amount as the Medicare deductible amount for the line item. If a Medicare deductible amount is not specified in any CAS segment, the Medicare deductible amount in the NJMMIS claim that is created from the source line item will be set to zero. Enter a “2” as the claim adjustment reason code to identify the corresponding monetary amount as the Medicare coinsurance amount for the line item. If a Medicare coinsurance amount is not specified in any CAS segment, the Medicare coinsurance amount in the NJMMIS claim that is created from the source line item will be set to zero. NOTE: If claim level adjustments are submitted, they will be ignored, as Medicare deductible and coinsurance amounts will only be obtained from the line level.

SECTION 6.1 – 835 LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA loop, segment and field specifications for receiving 835 transactions (Remittance Advice) from New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (YES), which supplements the national standard. In these cases, a data element dictionary (DED) reference will be included in Section 6.2, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 6.2 for 835 loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

SEGMENT	FIELD	NAME	USAGE	MEDICAID
HEADER				
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
BPR		FINANCIAL INFORMATION	R	
	BPR01	Transaction Handling Code	R	YES
	BPR02	Monetary Amount	R	YES
	BPR03	Credit/Debit Flag Code	R	YES
	BPR04	Payment Method Code	R	YES
	BPR05	Payment Format Code	S	YES
	BPR06	DFI ID Number Qualifier	S	YES
	BPR07	DFI Identification Number	S	
	BPR08	Account Number Qualifier	S	
	BPR09	Account Number	S	
	BPR10	Originating Company Identifier	S	
	BPR11	Originating Company Supplemental Code	S	
	BPR12	DFI ID Number Qualifier	S	
	BPR13	DFI Identification Number	S	
	BPR14	Account Number Qualifier	S	
	BPR15	Account Number	S	
	BPR16	Date	R	
TRN		REASSOCIATION TRACE NUMBER	R	
	TRN01	Trace Type Code	R	
	TRN02	Reference Identification	R	
	TRN03	Originating Company Identifier	R	
	TRN04	Reference Identification	S	X
CUR		FOREIGN CURRENCY INFORMATION	S	X
	CUR01	Entity Identifier Code	R	X
	CUR02	Currency Code	R	X
	CUR03	Exchange Rate	S	X
REF		RECEIVER IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
REF		VERSION IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
DTM		PRODUCTION DATE	S	
	DTM01	Date/Time Qualifier	R	
	DTM02	Date	R	

LOOP 1000A – PAYER IDENTIFICATION				
N1		PAYER IDENTIFICATION	R	
	N101	Entity Identifier Code	R	
	N102	Name	S	YES
	N103	Identification Code Qualifier	S	X
	N104	Identification Code	S	X
N3		PAYER ADDRESS	R	
	N301	Address Information	R	YES
	N302	Address Information	S	X
N4		PAYER CITY, STATE, ZIP CODE	R	
	N401	City Name	R	YES
	N402	State Code	R	YES
	N403	Postal Code	R	YES
REF		ADDITIONAL PAYER IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
PER		PAYER CONTACT INFORMATION	S	
	PER01	Contact Function Code	R	
	PER02	Name	S	YES
	PER03	Communication Number Qualifier	S	YES
	PER04	Communication Number	S	YES
	PER05	Communication Number Qualifier	S	X
	PER06	Communication Number	S	X
	PER07	Communication Number Qualifier	S	X
	PER08	Communication Number	S	X
LOOP 1000B – PAYEE IDENTIFICATION				
N1		PAYEE IDENTIFICATION	R	
	N101	Entity Identifier Code	R	
	N102	Name	S	
	N103	Identification Code Qualifier	R	YES
	N104	Identification Code	R	YES
N3		PAYEE ADDRESS	S	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		PAYEE CITY, STATE, ZIP CODE	S	X
	N401	City Name	R	X
	N402	State Code	R	X
	N403	Postal Code	R	X
	N404	Country Code	S	X
REF		PAYEE ADDITIONAL IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
LOOP 2000 – HEADER NUMBER				
LX		HEADER NUMBER	S	
	LX01	Assigned Number	R	
TS3		PROVIDER SUMMARY INFORMATION	S	X
	TS301	Reference Identification	R	X
	TS302	Facility Value Code	R	X
	TS303	Date	R	X
	TS304	Quantity	R	X
	TS305	Monetary Amount	R	X
	TS306	Monetary Amount	S	X
	TS323	Quantity	S	X
	TS324	Monetary Amount	S	X

TS2		PROVIDER SUPPLEMENTAL SUMMARY INFORMATION	S	X
	TS201	Monetary Amount	S	X
	TS202	Monetary Amount	S	X
	TS203	Monetary Amount	S	X
	TS204	Monetary Amount	S	X
	TS205	Monetary Amount	S	X
	TS206	Monetary Amount	S	X
	TS207	Quantity	S	X
	TS208	Monetary Amount	S	X
	TS209	Monetary Amount	S	X
	TS210	Quantity	S	X
	TS211	Quantity	S	X
	TS212	Quantity	S	X
	TS213	Quantity	S	X
	TS214	Quantity	S	X
	TS215	Monetary Amount	S	X
	TS216	Quantity	S	X
	TS217	Monetary Amount	S	X
	TS218	Monetary Amount	S	X
	TS219	Monetary Amount	S	X
LOOP 2100 – CLAIM PAYMENT INFORMATION				
CLP		CLAIM PAYMENT INFORMATION	R	
	CLP01	Claim Submitter's Identifier	R	YES
	CLP02	Claim Status Code	R	YES
	CLP03	Monetary Amount	R	
	CLP04	Monetary Amount	R	YES
	CLP05	Monetary Amount	S	
	CLP06	Claim Filing Indicator Code	R	YES
	CLP07	Reference Identification	S	
	CLP08	Facility Code Value	S	YES
	CLP09	Claim Frequency Type Code	S	
	CLP11	Diagnosis Related Group (DRG) Code	S	
	CLP12	Quantity	S	
	CLP13	Percent	S	
CAS		CLAIM ADJUSTMENT	S	X
	CAS01	Claim Adjustment Group Code	R	X
	CAS02	Claim Adjustment Reason	R	X
	CAS03	Monetary Amount	R	X
	CAS04	Quantity	S	X
	CAS05	Claim Adjustment Reason Code	S	X
	CAS06	Monetary Amount	S	X
	CAS07	Quantity	S	X
	CAS08	Claim Adjustment Reason Code	S	X
	CAS09	Monetary Amount	S	X
	CAS10	Quantity	S	X
	CAS11	Claim Adjustment Reason Code	S	X
	CAS12	Monetary Amount	S	X
	CAS13	Quantity	S	X
	CAS14	Claim Adjustment Reason Code	S	X
	CAS15	Monetary Amount	S	X
	CAS16	Quantity	S	X
	CAS17	Claim Adjustment Reason Code	S	X
	CAS18	Monetary Amount	S	X
	CAS19	Quantity	S	X



NM1		PATIENT NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	YES
	NM104	Name First	R	YES
	NM105	Name Middle	S	YES
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	S	YES
	NM109	Identification Code	S	YES
NM1		INSURED NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	S	X
	NM104	Name First	S	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	R	X
	NM109	Identification Code	R	X
NM1		CORRECTED PATIENT/INSURED NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	YES
	NM103	Name Last or Organization Name	S	X
	NM104	Name First	S	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	S	
	NM109	Identification Code	S	
NM1		SERVICE PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	S	YES
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	R	YES
	NM109	Identification Code	R	YES
NM1		CROSSOVER CARRIER NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM108	Identification Code Qualifier	R	X
	NM109	Identification Code	R	X
NM1		CORRECTED PRIORITY PAYER NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM108	Identification Code Qualifier	R	X
	NM109	Identification Code	R	X
MIA		INPATIENT ADJUDICATION INFORMATION	S	X
	MIA01	Quantity	R	X
	MIA02	Quantity	S	X
	MIA03	Quantity	S	X
	MIA04	Monetary Amount	S	X
	MIA05	Reference Identification	S	X
	MIA06	Monetary Amount	S	X
	MIA07	Monetary Amount	S	X
	MIA08	Monetary Amount	S	X
	MIA09	Monetary Amount	S	X
	MIA10	Monetary Amount	S	X
	MIA11	Monetary Amount	S	X
	MIA12	Monetary Amount	S	X
	MIA13	Monetary Amount	S	X
	MIA14	Monetary Amount	S	X



	MIA15	Quantity	S	X
	MIA16	Monetary Amount	S	X
	MIA17	Monetary Amount	S	X
	MIA18	Monetary Amount	S	X
	MIA19	Monetary Amount	S	X
	MIA20	Reference Identification	S	X
	MIA21	Reference Identification	S	X
	MIA22	Reference Identification	S	X
	MIA23	Reference Identification	S	X
	MIA24	Monetary Amount	S	X
MOA		OUTPATIENT ADJUDICATION INFORMATION	S	X
	MOA01	Percent	S	X
	MOA02	Monetary Amount	S	X
	MOA03	Reference Identification	S	X
	MOA04	Reference Identification	S	X
	MOA05	Reference Identification	S	X
	MOA06	Reference Identification	S	X
	MOA07	Reference Identification	S	X
	MOA08	Monetary Amount	S	X
	MOA09	Monetary Amount	S	X
REF		OTHER CLAIM RELATED IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
REF		RENDERING PROVIDER INFORMATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
DTM		CLAIM DATE	S	
	DTM01	Date/Time Qualifier	R	YES
	DTM02	Date	R	YES
PER		CLAIM CONTACT INFORMATION	S	X
	PER01	Contact Function Code	R	X
	PER02	Name	S	X
	PER03	Communication Number Qualifier	S	X
	PER04	Communication Number	S	X
	PER05	Communication Number Qualifier	S	X
	PER06	Communication Number	S	X
	PER07	Communication Number Qualifier	S	X
	PER08	Communication Number	S	X
AMT		CLAIM SUPPLEMENTAL INFORMATION	S	X
	AMT01	Amount Qualifier Code	R	X
	AMT02	Monetary Amount	R	X
QTY		CLAIM SUPPLEMENTAL INFORMATION quantity	S	X
	QTY01	Quantity Qualifier	R	X
	QTY02	Quantity	R	X
LOOP 2110 – SERVICE PAYMENT INFORMATION				
SVC		SERVICE PAYMENT INFORMATION	S	
	SVC01	Composite Medical Procedure	R	
	SVC01-1	Product/Service ID Qualifier	R	YES
	SVC01-2	Product/Service ID	R	YES
	SVC01-3	Procedure Modifier	S	
	SVC01-4	Procedure Modifier	S	
	SVC01-5	Procedure Modifier	S	
	SVC01-6	Procedure Modifier	S	
	SVC01-7	Description	S	X
	SVC02	Monetary Amount	R	
	SVC03	Monetary Amount	R	YES
	SVC04	Product/Service ID	S	
	SVC05	Quantity	S	YES
	SVC06	Composite Medical Procedure Identifier	S	X
	SVC06-1	Product/Service ID Qualifier	R	X
	SVC06-2	Product/Service ID Qualifier	R	X
	SVC06-3	Procedure Modifier	S	X



	SVC06-4	Procedure Modifier	S	X
	SVC06-5	Procedure Modifier	S	X
	SVC06-6	Procedure Modifier	S	X
	SVC06-7	Description	S	X
	SVC07	Quantity	S	YES
DTM		SERVICE DATE	S	
	DTM01	Date/Time Qualifier	R	
	DTM02	Date	R	
CAS		SERVICE ADJUSTMENT	S	
	CAS01	Claim Adjustment Group Code	R	
	CAS02	Claim Adjustment Reason Code	R	
	CAS03	Monetary Amount	R	
	CAS04	Quantity	S	
	CAS05	Claim Adjustment Reason Code	S	
	CAS06	Monetary Amount	S	
	CAS07	Quantity	S	
	CAS08	Claim Adjustment Reason Code	S	
	CAS09	Monetary Amount	S	
	CAS10	Quantity	S	
	CAS11	Claim Adjustment Reason Code	S	
	CAS12	Monetary Amount	S	
	CAS13	Quantity	S	
	CAS14	Claim Adjustment Reason Code	S	
	CAS15	Monetary Amount	S	
	CAS16	Quantity	S	
	CAS17	Claim Adjustment Reason Code	S	
	CAS18	Monetary Amount	S	
	CAS19	Quantity	S	
REF		SERVICE IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	
REF		RENDERING PROVIDER INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
AMT		SERVICE SUPPLEMENTAL AMOUNT	S	
	AMT01	Amount Qualifier Code	R	YES
	AMT02	Monetary Amount	R	YES
QTY		SERVICE SUPPLEMENTAL QUANTITY	S	X
	QTY01	Quantity Qualifier	R	X
	QTY02	Quantity	R	X
LQ		HEALTH CARE REMARK CODES	S	
	LQ01	Code List Qualifier Code	R	YES
	LQ02	Industry Code	R	
LOOP – TRANSACTION SET TRAILER				
PLB		PROVIDER ADJUSTMENT	S	
	PLB01	Reference Identification	R	YES
	PLB02	Date	R	
	PLB03	Adjustment Identifier	R	
	PLB03-1	Adjustment Reason Code	R	YES
	PLB03-2	Reference Identification	S	
	PLB04	Monetary Amount	R	
	PLB05	Adjustment Identifier	S	
	PLB05-1	Adjustment Reason Code	R	
	PLB05-2	Reference Identification	S	
	PLB06	Monetary Amount	R	
	PLB07	Adjustment Identifier	S	
	PLB07-1	Adjustment Reason Code	R	
	PLB07-2	Reference Identification	S	
	PLB08	Monetary Amount	R	
	PLB09	Adjustment Identifier	S	
	PLB09-1	Adjustment Reason Code	R	
	PLB09-2	Reference Identification	S	



	PLB10	Monetary Amount	R	
	PLB11	Adjustment Identifier	S	
	PLB11-1	Adjustment Reason Code	R	
	PLB11-2	Reference Identification	S	
	PLB12	Monetary Amount	R	
	PLB13	Adjustment Identifier	S	
	PLB13-1	Adjustment Reason Code	R	
	PLB13-2	Reference Identification	S	
	PLB14	Monetary Amount	R	
SE		TRANSACTION SET TRAILER	R	
	SE01	Number of Included Segments	R	
	SE02	Transaction Set Control Number	R	

**SECTION 6.2 – 835 DATA ELEMENT DICTIONARY**

The following specifies the 835 fields for which New Jersey Medicaid has payer-specific requirements. The requirement section for each field will reference “FFS” when listing specifications for non-pharmacy fee-for-service claims, “RX” when listing specifications for pharmacy fee-for-service claims, “CCP” when listing specifications for charity care claims. If “FFS”, “RX” and “CCP” are not specified, the requirement applies to all claims.

LOOP - TRANSACTION SET HEADER

SEGMENT	BPR – Financial Information	
FIELD	BPR01 – Transaction Handling Code	
CODES	H	Notification Only
	I	Remittance Information Only
REQUIREMENT	FFS – “I” will be used. Suppressed Check Providers and CCP – “H” will be used.	

SEGMENT	BPR – Financial Information	
FIELD	BPR02 – Monetary Amount	
CODES		
REQUIREMENT	Suppressed Check Providers and CCP – All transactions will be reported with a zero value.	

SEGMENT	BPR – Financial Information	
FIELD	BPR03 – Credit/Debit Flag Code	
CODES	C	Credit
REQUIREMENT	All transactions will be reported with “C”.	

SEGMENT	BPR – Financial Information	
FIELD	BPR04 – Payment Method Code	
CODES	ACH	Automated Clearing House
	CHK	Check
	NON	Non-Payment Data
REQUIREMENT	FFS – A value of “ACH” or “CHK” will be valued, depending on method the provider elected for receiving payment. Suppressed Check Providers and CCP – The value “NON” will be used for no payment issued.	

SEGMENT	BPR – Financial Information	
FIELD	BPR05 – Payment Format Code	
CODES	CCP	Cash Concentration/Disbursement plus Addenda
REQUIREMENT	FFS – When BPR04 = “ACH”, this field will be valued with “CCP”.	

SEGMENT	BPR – Financial Information	
FIELD	BPR06 – (DFI) ID Number Qualifier	
CODES	01	ABA Transit Routing Number Including Check Digits
REQUIREMENT	FFS – When BPR04 = “ACH”, this field will be valued with “01”.	



SEGMENT	REF – Receiver Identification
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	This field will be valued with the seven-digit Submitter ID assigned by New Jersey Medicaid.

LOOP 1000A – PAYER IDENTIFICATION

SEGMENT	N1 – Payer Identification
FIELD	N102 – Name
CODES	
REQUIREMENT	This field will be valued with “New Jersey Medicaid”.

SEGMENT	N3 – Payer Address
FIELD	N301 – Address Information
CODES	
REQUIREMENT	This field will be valued with “3705 Quakerbridge Road, Suite 101”.

SEGMENT	N4 – Payer City, State, Zip Code
FIELD	N401 – City Name
CODES	
REQUIREMENT	This field will be valued with “Trenton”.

SEGMENT	N4 – Payer City, State, Zip Code
FIELD	N402 – State Code
CODES	
REQUIREMENT	This field will be valued with “NJ”.

SEGMENT	N4 – Payer City, State, Zip Code
FIELD	N403 – Postal Code
CODES	
REQUIREMENT	This field will be valued with “08619-1288”.

SEGMENT	PER – Payer Contact Information
FIELD	PER02 – Name
CODES	
REQUIREMENT	This field will be valued with “New Jersey Medicaid Provider Services”.

SEGMENT	PER – Payer Contact Information
FIELD	PER03 – Communication Number Qualifier
CODES	TE Telephone
REQUIREMENT	This field will be valued with “TE”.

SEGMENT	PER – Payer Contact Information
FIELD	PER04 – Communication Number
CODES	
REQUIREMENT	This field will be valued with “1-800-776-6334”.

**LOOP 1000B – PAYEE IDENTIFICATION**

SEGMENT	N1 – Payee Identification	
FIELD	N103 – Identification Code Qualifier	
CODES	FI	Federal Taxpayer's Identification Number
REQUIREMENT	The NPI will be returned in the N1 segment if sent on the original claim if not the field will be valued with "FI".	

SEGMENT	N1 – Payee Identification	
FIELD	N104 – Identification Code	
CODES		
REQUIREMENT	The NPI will be returned in the N1 segment if sent on the original claim if not the field will be valued with the EIN/SSN.	

SEGMENT	REF – Payee Additional Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	1D	Medicaid Provider Number
	TJ	Federal Taxpayer's Identification Number
REQUIREMENT	FFS, CCP – This field will be valued with "1D" when the seven-digit Provider Number assigned by New Jersey Medicaid was submitted as a secondary identifier on the claim. This field will be valued with "TJ" when the Billing Provider NPI is submitted in the N1 segment.	

SEGMENT	REF – Payee Additional Identification	
FIELD	REF02 – Reference Identification Qualifier	
CODES		
REQUIREMENT	This field will be valued with the seven-digit Provider Number assigned by New Jersey Medicaid when submitted as a secondary identifier on the claim. If no NPI is submitted on the claim, then the New Jersey Medicaid Provider Number is reported as the primary identifier.	

LOOP 2100 – CLAIM PAYMENT INFORMATION

SEGMENT	CLP – Claim Payment Information	
FIELD	CLP01 – Claim Submitter's Identification	
CODES		
REQUIREMENT	FFS, CCP – New Jersey Medicaid will only capture and report the first 20 characters of the Patient Control Number from the 837 transactions. RX – This field will be valued with the Prescription Number.	

SEGMENT	CLP – Claim Payment Information	
FIELD	CLP02 – Claim Status Code	
CODES	1	Processed as Primary
	4	Denied
	5	Pended
	22	Reversal of Previous Payment
REQUIREMENT	New Jersey Medicaid will only use the above value set for all reported transactions.	



SEGMENT	CLP – Claim Payment Information
FIELD	CLP04 – Claim Payment Amount
CODES	
REQUIREMENT	FFS, RX and CCP – This field will be valued with zero when CLP02 equals “4” or “5”.

SEGMENT	CLP – Claim Payment Information
FIELD	CLP06 – Claim Filing Indicator Code
CODES	MC Medicaid
REQUIREMENT	This field will be valued with “MC”.

SEGMENT	CLP – Claim Payment Information																						
FIELD	CLP08 – Facility Type Code																						
CODES	<table> <tr><td>11</td><td>Office</td></tr> <tr><td>12</td><td>Home</td></tr> <tr><td>21</td><td>Inpatient Hospital</td></tr> <tr><td>22</td><td>Outpatient Hospital</td></tr> <tr><td>23</td><td>Emergency Room – Hospital</td></tr> <tr><td>31</td><td>Skilled Nursing Facility</td></tr> <tr><td>35</td><td>Adult Living Care Facility</td></tr> <tr><td>71</td><td>State or Local Public Facility</td></tr> <tr><td>81</td><td>Independent Laboratory</td></tr> <tr><td>99</td><td>Other Unlisted Facility</td></tr> </table>	11	Office	12	Home	21	Inpatient Hospital	22	Outpatient Hospital	23	Emergency Room – Hospital	31	Skilled Nursing Facility	35	Adult Living Care Facility	71	State or Local Public Facility	81	Independent Laboratory	99	Other Unlisted Facility		
11	Office																						
12	Home																						
21	Inpatient Hospital																						
22	Outpatient Hospital																						
23	Emergency Room – Hospital																						
31	Skilled Nursing Facility																						
35	Adult Living Care Facility																						
71	State or Local Public Facility																						
81	Independent Laboratory																						
99	Other Unlisted Facility																						
REQUIREMENT	<p>FFS – For professional claims submitted on paper or via a non-HIPAA electronic format, New Jersey Medicaid will convert the Place of Service Code to the following Facility Type Code:</p> <table> <tr> <th>PLACE OF SERVICE</th><th>FACILITY TYPE CODE</th></tr> <tr><td>0 Emergency Room</td><td>23 Emergency Room – Hospital</td></tr> <tr><td>1 Doctor's Office</td><td>11 Office</td></tr> <tr><td>2 Patient's Home</td><td>12 Home</td></tr> <tr><td>3 Inpatient Hospital</td><td>21 Inpatient Hospital</td></tr> <tr><td>4 Boarding Home</td><td>14 Boarding Home</td></tr> <tr><td>5 Skilled Nursing Home</td><td>31 Skilled Nursing Facility</td></tr> <tr><td>6 Independent Laboratory</td><td>81 Independent Laboratory</td></tr> <tr><td>7 Outpatient Hospital</td><td>22 Outpatient Hospital</td></tr> <tr><td>8 Clinic</td><td>49 Independent Clinic</td></tr> <tr><td>9 Other</td><td>99 Other Unlisted Facility</td></tr> </table>	PLACE OF SERVICE	FACILITY TYPE CODE	0 Emergency Room	23 Emergency Room – Hospital	1 Doctor's Office	11 Office	2 Patient's Home	12 Home	3 Inpatient Hospital	21 Inpatient Hospital	4 Boarding Home	14 Boarding Home	5 Skilled Nursing Home	31 Skilled Nursing Facility	6 Independent Laboratory	81 Independent Laboratory	7 Outpatient Hospital	22 Outpatient Hospital	8 Clinic	49 Independent Clinic	9 Other	99 Other Unlisted Facility
PLACE OF SERVICE	FACILITY TYPE CODE																						
0 Emergency Room	23 Emergency Room – Hospital																						
1 Doctor's Office	11 Office																						
2 Patient's Home	12 Home																						
3 Inpatient Hospital	21 Inpatient Hospital																						
4 Boarding Home	14 Boarding Home																						
5 Skilled Nursing Home	31 Skilled Nursing Facility																						
6 Independent Laboratory	81 Independent Laboratory																						
7 Outpatient Hospital	22 Outpatient Hospital																						
8 Clinic	49 Independent Clinic																						
9 Other	99 Other Unlisted Facility																						

SEGMENT	NM1 – Patient Name
FIELD	NM103 – Name Last or Organization Name
CODES	
REQUIREMENT	This field will be valued with the first 5 characters of the last name submitted on the 837 or NCPDP transaction. If no name was submitted, this field will be valued with “No Name Submitted”.

SEGMENT	NM1 – Patient Name
FIELD	NM104 – Name First
CODES	
REQUIREMENT	This field will be valued with the first character of the first name submitted on the 837 or NCPDP transaction. If no name was submitted, this field will be valued with “No Name Submitted”.



SEGMENT	NM1 – Patient Name
FIELD	NM105 – Name Middle
CODES	
REQUIREMENT	This field will be valued with the first character of the middle name submitted on the 837 or NCPDP transaction. If no name was submitted, this field will be valued with “No Name Submitted”.

SEGMENT	NM1 – Patient Name
FIELD	NM108 – Identification Code Qualifier
CODES	MR Medicaid Recipient Identification Number
REQUIREMENT	This field will be valued with “MR”.

SEGMENT	NM1 – Patient Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	This field will be valued with twelve-digit beneficiary number assigned by New Jersey Medicaid.

SEGMENT	NM1 – Corrected Patient/Insured Name
FIELD	NM102 – Entity Type Qualifier
CODES	1 Person
REQUIREMENT	This field will be valued with “1” when this segment is completed.

SEGMENT	NM1 – Service Provider Name
FIELD	NM103 – Name Last of Organization Name
CODES	
REQUIREMENT	FFS, RX – This field will be valued with the provider name from the New Jersey Medicaid Provider File. CCP – This field will not be sent since the Billing Provider and the Rendering Provider is always the same.

SEGMENT	NM1 – Service Provider Name
FIELD	NM108 – Identification Code Qualifier
CODES	FI Federal Taxpayer’s Identification Number MC Medicaid Provider Number.
REQUIREMENT	The NPI will be returned in the N1 segment if sent on the original claim or encounter if not the field will be valued as follows: FFS, RX – This field will be valued with “MC”. CCP – This segment is not sent.

SEGMENT	NM1 – Service Provider Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	The NPI will be returned in the N1 segment if sent on the original claim or encounter if not the field will be valued as follows: FFS, RX – This field will be valued with the seven-digit provider number assigned by New Jersey Medicaid. CCP – This segment is not sent.



SEGMENT	REF – Other Claim Related Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	BB	Authorization Number
	EA	Medical Record Identification Number
	F8	Original Reference Number
	G1	Prior Authorization
REQUIREMENT	When appropriate, the above value set will be used to communicate additional claim or encounter information in REF02.	

SEGMENT	REF – Other Claim Related Identification	
FIELD	REF02 – Reference Identification	
CODES		
REQUIREMENT	<p>RX – When the value "BB" is present in field REF01, the value in REF02 will be populated with "2435" to indicate authorization of PAAD/Medicare COB adjustments. Please refer to Senior Services Newsletter Vol. 6 No. 2 for more details.</p> <p>When the value "F8" is present in field REF01, the value in REF02 will contain the 15-digit Internal Control Number (ICN) assigned to the claim by Molina Medicaid Solutions.</p>	

SEGMENT	REF – Rendering Provider Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	1D	Medicaid Provider Number.
REQUIREMENT	<p>The NPI will be returned in the N1 segment if sent on the original claim or encounter if not the field will be valued as follows:</p> <p>FFS, RX – This field will be valued with "1D".</p> <p>CCP – This segment is not sent.</p>	

SEGMENT	REF – Rendering Provider Identification	
FIELD	REF02 – Reference Identification	
CODES		
REQUIREMENT	<p>The NPI will be returned in the N1 segment if sent on the original claim or encounter if not the field will be valued as follows:</p> <p>FFS, RX – This field will be valued with the seven-digit provider number assigned by New Jersey Medicaid.</p> <p>CCP – This segment is not sent.</p>	

SEGMENT	DTM – Claim Date	
FIELD	DTM01 – Date/Time Qualifier	
CODES	232	Claim Statement Period Start
	233	Claim Statement Period End
REQUIREMENT	The above value set will be used to communicate claim date information.	

SEGMENT	DTM – Claim Date	
FIELD	DTM02 – Date	
CODES		
REQUIREMENT	This field will be valued with 00010101 and field DTM01 with qualifier 232 when no date was submitted on the claim.	



LOOP 2110 – SERVICE PAYMENT INFORMATION

SEGMENT	SVC – Service Payment Information	
FIELD	SVC01-1 – Product/Service ID Qualifier	
CODES	AD	American Dental Codes
	HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Code
	N4	National Drug Code in 5-4-1 Format
	NU	National Uniform Billing Committee (NUBC) UB92 Codes
REQUIREMENT	The above value set will be used to communicate service code information.	

SEGMENT	SVC – Service Payment Information	
FIELD	SVC01-2 – Product Service ID	
CODES		
REQUIREMENT	RX – For value N4 in SVC01-1 the NDC will be provided.	
	For crossover claims, pended claims, or denied claims when a service code is not available for reporting, the following values will returned:	
	SVC01-1 VALUE	VALUE REPORTED
	AD	"00001" for Dental procedure codes
	HC	"00001" for HCPCS procedure codes
	N4	"00000000001" for NDC
	NU	"001" for Inpatient, LTC, crossover claims

SEGMENT	SVC – Service Payment Information	
FIELD	SVC05 – Units of Service Paid Count	
CODES		
REQUIREMENT	RX – for HIPAA submitted claims this will be the metric quantity. For non-HIPAA submitted claims, the 3C service units will be specified.	

SEGMENT	SVC – Service Payment Information	
FIELD	SVC07 – Original Units of Service Count	
CODES		
REQUIREMENT	RX – for HIPAA submitted claims this will be the metric quantity. For non-HIPAA submitted claims, the 3C service units will be specified.	

SEGMENT	REF – Service Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	6R	Provider Control Number
REQUIREMENT	The value "6R" will be used to communicate line item control information.	

SEGMENT	AMT – Service Supplemental Amount	
FIELD	AMT01 – Amount Qualifier Code	
CODES	B6	Allowed – Actual
REQUIREMENT	The value "B6" will be used to communicate allowed charge information.	

SEGMENT	AMT – Service Supplemental Amount	
FIELD	AMT02 – Monetary Amount	
CODES		
REQUIREMENT	This field will be valued with Medicaid allowed amount prior to deductions.	



SEGMENT	LQ – Health Care Remark Code	
FIELD	LQ01 – Code List Qualifier Code	
CODES	HE	Claim Payment Remark Codes
	RX	National Council for Prescription Drug Program reject/payment codes will be provided since the NJ DMAHS edit codes are not permitted.
REQUIREMENT	RX – The value “HE” will be used to communicate remark code information on all claims and encounters, including pharmacy.	

LOOP – TRANSACTION SET TRAILER

SEGMENT	PLB – Provider Adjustment	
FIELD	PLB01 – Reference Identification	
CODES		
REQUIREMENT	FFS and CCP - This field will be valued with seven-digit provider number assigned by New Jersey Medicaid.	

SECTION 7.1 – ENVELOPE LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA segment and field specifications for submitting envelope transactions to New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (YES), which supplements the national standard. In these cases, a data element dictionary (DED) reference will be included in Section 7.2, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 7.2 for loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

SEGMENT	FIELD	NAME	USAGE	MEDICAID
INTERCHANGE CONTROL HEADER				
ISA		INTERCHANGE CONTROL HEADER	R	
	ISA01	Authorization Information Qualifier	R	YES
	ISA02	Authorization Information	R	YES
	ISA03	Security Information Qualifier	R	YES
	ISA04	Security Information	R	YES
	ISA05	Interchange ID Qualifier	R	YES
	ISA06	Interchange Sender ID	R	YES
	ISA07	Interchange ID Qualifier	R	YES
	ISA08	Interchange Receiver ID	R	YES
	ISA09	Interchange Date	R	
	ISA10	Interchange Time	R	
	ISA11	Interchange Control Standards Identifier	R	
	ISA12	Interchange Control Version Number	R	
	ISA13	Interchange Control Number	R	YES
	ISA14	Acknowledgement Requested	R	
	ISA15	Usage Indicator	R	
	ISA16	Component Element Separator	R	YES
INTERCHANGE CONTROL TRAILER				
IEA		INTERCHANGE CONTROL TRAILER	R	
	IEA01	Number of Included Functional Groups	R	
	IEA02	Interchange Control Number	R	YES
FUNCTIONAL GROUP HEADER				
GS		FUNCTIONAL GROUP HEADER	R	
	GS01	Functional Identifier Code	R	
	GS02	Application Sender's Code	R	YES
	GS03	Application Receiver's Code	R	YES
	GS04	Date	R	
	GS05	Time	R	
	GS06	Group Control Number	R	YES
	GS07	Responsible Agency Code	R	
	GS08	Version / Release / Industry Identifier Code	R	
FUNCTIONAL GROUP TRAILER				
GE		FUNCTIONAL GROUP TRAILER	R	
	GE01	Number of Transaction Sets Included	R	
	GE02	Group Control Number	R	YES

**SECTION 7.2 – ENVELOPE DATA ELEMENT DICTIONARY**

The following delimiters are required to be used in all 837 4010A1 addenda electronic data interchanges sent to New Jersey Medicaid.

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
:	Colon	Subsequent Separator
~	Tilde	Segment Terminator

Please be sure to remove such characters from all data content, as it will be interpreted as a delimiter. **Also, please note that New Jersey Medicaid requires transaction set files WITHOUT carriage return and line feed characters.**

ISA LOOP – INTERCHANGE CONTROL HEADER

SEGMENT	ISA – Interchange Control Header	
FIELD	ISA01 – Authorization Information Qualifier	
CODES	03	Additional Data Identification
REQUIREMENT	Enter "03".	

SEGMENT	ISA – Interchange Control Header	
FIELD	ISA02 – Authorization Information	
CODES		
REQUIREMENT	Enter the seven-digit Submitter ID assigned by Medicaid followed by three spaces.	

SEGMENT	ISA – Interchange Control Header	
FIELD	ISA03 – Security Information	
CODES	00	No security Information present
REQUIREMENT	Enter "00".	

SEGMENT	ISA – Interchange Control Header	
FIELD	ISA04 – Security Information	
CODES		
REQUIREMENT	Enter "NONE" followed by six spaces.	

SEGMENT	ISA – Interchange Control Header	
FIELD	ISA05 – Interchange ID Qualifier	
CODES	ZZ	Mutually Defined
REQUIREMENT	Enter "ZZ".	

SEGMENT	ISA – Interchange Control Header	
FIELD	ISA06 – Interchange Sender ID	
CODES		
REQUIREMENT	Enter the seven-digit Submitter ID assigned by New Jersey Medicaid followed by eight spaces.	



SEGMENT	ISA – Interchange Control Header	
FIELD	ISA07 – Interchange ID Qualifier	
CODES	ZZ	Mutually Defined
REQUIREMENT	Enter "ZZ".	

SEGMENT	ISA – Interchange Control Header	
FIELD	ISA08 – Interchange Receiver ID	
CODES		
REQUIREMENT	Enter "610515" followed by nine spaces.	

SEGMENT	ISA – Interchange Control Header	
FIELD	ISA13 – Interchange Control Number	
CODES		
REQUIREMENT	Because this field is fixed-width, any characters entered in this field must be padded with leading zeros. This unique number from the submitted file is used in duplicate interchange checking.	

SEGMENT	ISA – Interchange Control Header	
FIELD	ISA16 – Component Element Separator	
CODES		
REQUIREMENT	Enter a colon ":" for the Component Element Separator value.	

IEA LOOP – INTERCHANGE CONTROL TRAILER

SEGMENT	IEA – Interchange Control Trailer	
FIELD	IEA02 – Interchange Control Number	
CODES		
REQUIREMENT	Because this field is fixed-width, any characters entered in this field must be padded with leading zeros. This unique number from the submitted file is used in duplicate interchange checking.	

GS LOOP – FUNCTIONAL GROUP HEADER

SEGMENT	GS – Functional Group Header	
FIELD	GS02 – Application Sender's Code	
CODES		
REQUIREMENT	Enter the seven-digit Submitter ID assigned by New Jersey Medicaid. Although this is a variable length field and the value entered in this field is comparable to the ISA06 field, enter only what is specified for this field. Do not enter trailing spaces or zero padding in this field.	

SEGMENT	GS – Functional Group Header	
FIELD	GS03 – Application Receiver's Code	
CODES		
REQUIREMENT	Enter "610515". Although this is a variable length field and the value entered in this field is comparable to the ISA08 field, enter only what is specified for this field. Do not enter trailing spaces or zero padding in this field.	



SEGMENT	GS – Functional Group Header
FIELD	GS06 – Group Control Number
CODES	
REQUIREMENT	Enter a unique number assigned and maintained by the originator. Group Control Numbers entered in the GS06/GE02 segments must be unique for each interchange submitted by an EDI Submitter for accurate reconciliation of your 997 Acknowledgements to the corresponding 837 Interchange. It is suggested that the GS06/GE02 - Group Control Number be the same as the ISA13/IEA02 – Interchange Control Number.

GE LOOP – FUNCTIONAL GROUP TRAILER

SEGMENT	GE – Functional Group Trailer
FIELD	GE02 – Group Control Number
CODES	
REQUIREMENT	Enter a unique number assigned and maintained by the originator. Group Control Numbers entered in the GS06/GE02 segments must be unique for each interchange submitted by an EDI Submitter for accurate reconciliation of your 997 Acknowledgements to the corresponding 837 Interchange. It is suggested that the GS06/GE02 - Group Control Number be the same as the ISA13/IEA02 – Interchange Control Number.

SECTION 7.3 – TA1 INTERCHANGE ACKNOWLEDGEMENT - LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA segment and field specifications for receiving TA1 interchange acknowledgement transactions from New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (YES), which supplements the national standard. In these cases, a data element dictionary (DED) reference will be included in Section 7.4, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 7.4 for loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

SEGMENT	FIELD	NAME	USAGE	MEDICAID
INTERCHANGE ACKNOWLEDGMENT				
TA1		INTERCHANGE ACKNOWLEDGMENT	R	
	TA101	Interchange Control Number	R	YES
	TA102	Interchange Date	R	
	TA103	Interchange Time	R	
	TA104	Interchange Acknowledgment Code	R	
	TA105	Interchange Note Code	R	

SECTION 7.4 – TA1 INTERCHANGE ACKNOWLEDGEMENT DATA ELEMENT DICTIONARY

TA1 LOOP – INTERCHANGE ACKNOWLEDGEMENT

SEGMENT	TA1 – Interchange Control Number
FIELD	TA101 – Authorization Information Qualifier
CODES	
REQUIREMENT	This is the Unique Control number from the submitted file. This unique number from the submitted file is used in duplicate interchange checking.

SECTION 7.5 – 997 ACKNOWLEDGEMENT LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA segment and field specifications for receiving 997 functional acknowledgement transactions from New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (YES), which supplements the national standard. In these cases, a data element dictionary (DED) section will be included in Section 7.6, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 7.6 for loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

SEGMENT	FIELD	NAME	USAGE	MEDICAID
TRANSACTION SET HEADER				
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
FUNCTIONAL GROUP RESPONSE HEADER				
AK1		FUNCTIONAL GROUP RESPONSE HEADER	R	
	AK101	Functional Identifier Code	R	
	AK102	Group Control Number	R	
TRANSACTION SET RESPONSE HEADER				
AK2		TRANSACTION SET RESPONSE HEADER	S	
	AK201	Transaction Set Identifier Code	R	
	AK202	Transaction Set Control Number	R	
DATA SEGMENT NOTE				
AK3		DATA SEGMENT NOTE	S	
	AK301	Segment ID Code	R	
	AK302	Segment Position in Transaction Set	R	
	AK303	Loop Identifier Code	S	
	AK304	Segment Syntax Error Code	S	
DATA ELEMENT NOTE				
AK4		DATA ELEMENT NOTE	S	
	AK401-1	Element Position in Segment	R	
	AK401-2	Component Data Element Position in Composite	R	
	AK402	Data Element Reference Number	S	
	AK403	Data Element Syntax Error Code	R	
	AK404	Copy of Bad Data Element	S	
TRANSACTION SET RESPONSE TRAILER				
AK5		TRANSACTION SET RESPONSE TRAILER	R	
	AK501	Transaction Set Acknowledgement Code	R	
	AK502	Transaction Set Syntax Error Code	S	
	AK503	Transaction Set Syntax Error Code	S	
	AK504	Transaction Set Syntax Error Code	S	
	AK505	Transaction Set Syntax Error Code	S	
	AK506	Transaction Set Syntax Error Code	S	

FUNCTIONAL GROUP RESPONSE TRAILER				
AK9		FUNCTIONAL GROUP RESPONSE TRAILER	R	
	AK901	Functional Group Acknowledgement Code	R	
	AK902	Number of Transaction Sets Included	R	
	AK903	Number of Received Transaction Sets	R	
	AK904	Number of Accepted Transaction Sets	R	
	AK905	Functional Group Syntax Error Code	S	
	AK906	Functional Group Syntax Error Code	S	
	AK907	Functional Group Syntax Error Code	S	
	AK908	Functional Group Syntax Error Code	S	
	AK909	Functional Group Syntax Error Code	S	
TRANSACTION SET TRAILER				
SE		TRANSACTION SET TRAILER	R	
	SE01	Number of Included Segments	R	
	SE02	Transaction Set Control Number	R	

SECTION 7.6 – 997 ACKNOWLEDGEMENT DATA ELEMENT DICTIONARY

No requirements specific to New Jersey Medicaid.

APPENDIX A

TERMINATE WITH REPLACEMENT:

Appendix A represents those local procedure/modifier codes that DO have an equivalent national procedure code; therefore, the NJ local procedure and modifier codes have been terminated as of 3/31/04 and have been replaced by the national equivalent code, effective 4/1/04. As a result, when billing a claim for dates of service 4/1/2004 or greater, bill the NATIONAL equivalent procedure code regardless of the format used (HIPAA, proprietary or hardcopy).

Note: New Prior Authorization requests with a date of service 4/1/2004 or greater should also be requested under the new NATIONAL procedure code, not the local code, for this list of codes.

LOOP 2400 – SERVICE LINE

SEGMENT	SV1 – Professional Service				
FIELD	SV101-2 – Product/Service ID				
CODES					
REQUIREMENT	APPENDIX A				
	NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2
	W1000	AA	50360	AA	
	W1000		50360		
	W1008	AA	66820	AA	
	W1008		66820		
	W1009		66820	52	
	W1009	AA	66820	AA	
	W2000		22315	52	
	W2000	AA	22315	AA	
	W3600		36005		
	W4850	AA	49420	AA	
	W4850		49420		
	W5650	AA	57415	AA	
	W5650		57415		
	W5760	76AA	50978	AA	
	W5760	AA	50978	AA	
	W5760		50978		
	W5930	AA	59414	AA	
	W5930		59414		
	W6499	AA	90870	AA	
	W8200		82947	52	
	W8260		80173		
	W8265		80102		
	W8730		87850		
	W8920		G0001		
	W9002		S5102		
	W9027	AA	59409	AA	
	W9027	AAWM	59409	AA	SB



NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2
W9029	AAWM	59410	AA	SB
W9030	AA	59400	AA	
W9030	AAWM	59400	AA	SB
W9031	AA	59514	AA	
W9060	WT	99381, 99391	22	EP
W9060	AV	99381, 99391	22	SA
W9060		99381, 99391	22	
W9060	AVWT	99381, 99391	EP	SA
W9061	WT	99381, 99391	22	EP
W9061	AV	99381, 99391	22	SA
W9061		99381, 99391	22	
W9061	AVWT	99381, 99391	EP	SA
W9062	WT	99381, 99391	22	EP
W9062	AV	99381, 99391	22	SA
W9062		99381, 99391	22	
W9062	AVWT	99381, 99391	EP	SA
W9063	WT	99381, 99391	22	EP
W9063	AV	99381, 99391	22	SA
W9063		99381, 99391	22	
W9063	AVWT	99381, 99391	EP	SA
W9064	WT	99381, 99391	22	EP
W9064	AV	99381, 99391	22	SA
W9064		99381, 99391	22	
W9064	AVWT	99381, 99391	EP	SA
W9065	WT	99382, 99392	22	EP
W9065	AV	99382, 99392	22	SA
W9065		99382, 99392	22	
W9065	AVWT	99382, 99392	EP	SA
W9066	WT	99382, 99392	22	EP
W9066	AV	99382, 99392	22	SA
W9066		99382, 99392	22	
W9066	AVWT	99382, 99392	EP	SA
W9067	WT	99382, 99392	22	EP
W9067	AV	99382, 99392	22	SA
W9067		99382, 99392	22	
W9067	AVWT	99382, 99392	EP	SA
W9068	WT	99382, 99392	22	EP
W9068	AV	99382, 99392	22	SA
W9068		99382, 99392	22	
W9068	AVWT	99382, 99392	EP	SA
W9096		90744		
W9096	22	90744		
W9097		90744		
W9098		90744 or 90746		
W9170		90945		
W9210		92065	22	
W9310		93268		
W9333		90744		
W9334		90744		
W9335		90744 or 90746		
W9343		J9217		
W9344		J1950		



NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2
W9345		J9217		
W9382		93736		
W9384		93736		
W9385		93736		
W9386		93736		
W9387		93736		
W9388		93736		
W9450	26	78596	26	
W9450	TC	78596	TC	
W9450		78596		
W9820		99382-99385, 99392-99395	EP	
W9820	AV	99382-99385, 99392-99395	SA	52
W9855	AV	99203	SA	
W9855	WM	99203	SB	
W9855		99203		
W9856	AV	59425 or 59426	SA	
W9856	WM	59425 or 59426	SB	
W9856		59425 or 59426		
X3001		L5695		
X3002		L5978 or L5986		
X3410		L5690 or L5684		
X3435		L5650		
X3620		L2785		
X4003		L2270		
X4004		L2755		
X4005		L1960		
X4006		L1960		
X4007		L1906		
X4008		L2755		
X4070		L0972		
X4280		L3580		
X4290		L3649		
X4350		L2795		
X4355		L2800		
X4370		L4110		
X4375		L4090		
X4450		L1960		
X4810		L3580	52	
X4890		L3649	52	
X4891		L3649	22	
X4892		L3649		
X4893		L3649		
X4894		L3649		
X7200		A4209		
X7300		A4649		
X8200		E1902		
X8200	WI	E1902	U6	
X8200	WR	E1902	UE	
X8339		A4930		
X8433		A4927		
Y0004		A0425	22	
Y0070		T2001		



NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2
Y0075		A0422	TP	
Y2115		D1510	52	
Y2125		D9999		
Y2125	22	D9999	22	
Y2310		D3230-D3330		
Y3005		D9999	52	
Y3333		D0120	22	
Y4100		V5050	52	
Y4200		V5014		
Y4200	YF	V5014	52	
Y4300		V5265		
Y4300	YF	V5265	52	
Y4400		V5266		
Y5200		V2600, V2610, or V2615		
Y5201		S0580		
Y6333		T2042		
Y6334		T2043		
Y6335		T2044		
Y6336		T2045		
Y7438		S5102	ST	
Y7439		S5101	ST	
Y7446		S5135	22	ST
Y7449		S5120	ST	
Y7554		S8990	ST	
Y7555		97535	ST	
Y7557		97532	22	ST
Y7565		H0004	22	ST
Y8365		A0425	TP	
Y9838		S5120	52	
Y9839		S5160		
Y9843		S5161		
Y9844		S5125	52	
Y9847		S5170		
Y9867		S5120	22	
Y9873		S5125	22	
Y9876		S5170	22	
Z0130		96100	UC	
Z0270		97799		
Z0280		97535		
Z0300		92507		
Z1245		T1021		
Z1250		T1021	22	
Z1255		S8990	22	
Z1265		S9129		
Z1481		T1005	22	
Z1482		S9125		
Z1534		T2018		
Z1710	WT	S9123	EP	
Z1730	WT	S9123	22	EP
Z1735	WT	S9124	EP	



	NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2
	Z3370		H0040	22	
	Z6332		90899		
	Z6333		92499		
	Z6334		92700		
	Z6335		D0150		
	Z6336		83655		
	Z6337		84999		
	Z6338		99241		

APPENDIX B

MAPPED:

Appendix B represents those local procedure/modifier codes that **DO NOT** have an equivalent national procedure code; therefore, they are being “mapped”. However, some of these local procedure codes have now been terminated and are replaced by a permanent national code (APPENDIX C).

Note: For this list of procedure codes, submitters must bill the national procedure code that was crosswalked to the local procedure code, when submitting a HIPAA claim, for dates of service 4/1/04 or greater.

However, proprietary and hardcopy claims should continue to be submitted using the local procedure code and the local modifier if date of service is prior to 4/1/04 – **OR** – the local procedure code and the national modifier if date of service is 4/1/04 or greater.

Example:

<u>Svc Date</u>	<u>Format</u>	<u>Local Code</u>	<u>National Code</u>
3/10/04	HIPAA	W9028 WM	N/A
3/10/04	Proprietary	W9028 WM	N/A
3/10/04	Hardcopy	W9028 WM	N/A
4/01/04	HIPAA	N/A	59430 HD SB
4/01/04	Proprietary	W9028 SB	N/A
4/01/04	Hardcopy	W9028 SB	N/A

Note: For those NJ procedure codes in Appendix B marked with an “*”, use the local code definition of units of service. This asterisk denotes that there is a difference in the units of measure between the national and local code definitions.

Note: When requesting Prior Authorization for any of the codes in Appendix B, use the LOCAL procedure code and NOT the NATIONAL procedure code, regardless of the date of service unless the local code has been terminated. If the “+” column is valued, use Appendix C to locate the permanent replacement code and request Prior Authorization using the National HCPCS Code.

Note: When the "DOS Thru" column field is valued for a procedure code, the date reflects the termination date of the local procedure code.

* The asterisk denotes that there is a difference in the units of measure between the national and local code definitions. For those NJ procedure codes in Appendix B marked with an “*”, use the local code definition of units of service.

+ Refer to Appendix C for a permanent replacement code. In some instances, this new replacement code will be the same as the previously “mapped” National code in Appendix B.

LOOP 2400 – SERVICE LINE

SEGMENT	SV1 – Professional Service						
FIELD	SV101-2 – Product/Service ID						
CODES							
REQUIREMENT	APPENDIX B						
	NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS THRU	+
	W8900		99341	52		06/30/2009	+
	W9025		99201	HD			
	W9025	WM or SB	99201	HD	SB		
	W9026		59425 or 59426				
	W9026	WM or SB	59425 or 59426	SB			
	W9027		59409	HD			
	W9027	WM or SB	59409	HD	SB		
	W9028		59430	HD			
	W9028	WM or SB	59430	HD	SB		
	W9029		59410	HD			
	W9029	WM or SB	59410	HD	SB		
	W9030		59400	HD			
	W9030	WM or SB	59400	SB			
	W9031		59514	HD			
	W9031	WM-80 or SB-80	59515	80	SB		
	W9040		99241	52	HD		
	W9041		99241	22	HD		
	W9042		99241	HD			
	W9043		99241	HD			
	W9070		99211	EP		06/30/2009	
	W9205		92012	22		06/30/2009	+
	W9215		S0620 or S0621			06/30/2009	+
	W9220		S0620 or S0621	22		06/30/2009	+
	W9828		99429				
	W9840		T1015				
	W9843		T1015	EP			
	W9858		59400	TH		06/30/2009	
	W9859		59409	TH		06/30/2009	
	X0250		94772			06/30/2009	
	X3680		99082				
	X3690		99241			06/30/2009	
	X8334		S5497				
	X8335		S5497	22			
	X8336		S5501				
	X8337		S5502				
	X8434		S5498				
	Y0002 *		A0130	52		06/30/2009	+
	Y0002 *	22	A0130	22		06/30/2009	+
	Y0010		A0420	TP			
	Y3433		99201				
	Y3533		T1018	TR			



NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS THRU	+
Y3534		A0120	TR			
Y4410		V5267	52			
Y4510		V5267	22			
Y4520		V5267	SC			
Y4530		V5267				
Y4540		V5299	SC			
Y4550		V5040	52		06/30/2009	+
Y4560		V5299	22			
Y4620		V5011				
Y4630		V5243				
Y4640		V5249				
Y5100		S0506	22			
Y5105		S0504	22			
Y5110		S0504				
Y5112		S0506				
Y5114		S0508				
Y5150		V2020	RP		06/30/2009	+
Y5165		V2020	26			
Y6337		S9126	52		06/30/2009	
Y6338		S9126	U7			
Y7333		T2022			06/30/2009	
Y7334		S9122			06/30/2009	
Y7335		S9122	TV		06/30/2009	
Y7338		S9125	52		06/30/2009	
Y7339		S9125	52	UJ	06/30/2009	
Y7345		S9125	22		06/30/2009	
Y7346		S5151			06/30/2009	
Y7347		S9123			06/30/2009	
Y7348		S9123	TV	UH	06/30/2009	
Y7349		S9123	22		06/30/2009	
Y7353		S9123	TV		06/30/2009	
Y7354		S9124			06/30/2009	
Y7355		S9124	TV	UH	06/30/2009	
Y7356		S9124	22		06/30/2009	
Y7357		S9124	22	TV	06/30/2009	
Y7358		T2001			06/30/2009	
Y7363		99341			06/30/2009	
Y7364		S5145			06/30/2009	
Y7365		E1399			06/30/2009	
Y7366		S9470			06/30/2009	
Y7368		J8499			06/30/2009	
Y7369		99341			06/30/2009	
Y7373 *		S9125			06/30/2009	
Y7433		T2022	22	ST		
Y7434		T2022	ST			
Y7435		S5105	ST	U1		
Y7436		S5105	ST	U2		
Y7437		S5105	ST	U3		
Y7443 *		S5100	ST			
Y7444		S9122	ST		06/30/2009	+



NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS THRU	+
Y7445		S9122	ST	TV	06/30/2009	+
Y7448		S5126	ST	UJ	06/30/2009	
Y7454		S9123	ST		06/30/2009	+
Y7455		S9123	22	ST	06/30/2009	+
Y7456		S9125	52	ST		
Y7458		S9125	ST	TU		
Y7463		S9125	22	ST		
Y7556		92507	ST			
Y7558		99404	ST			
Y7559		90847	ST			
Y7564		H0002	ST			
Y7566		H2012	ST			
Y7568		S5165	ST			
Y7573		S5111	52			
Y7574		T2031				
Y7575		T2022				
Y7633	WF or FP	99201	22	FP		
Y7634	WF or FP	99393 or 99394 or 99395	FP	52		
Y7733		S5105	ST	U4		
Y8338		T2004	52		06/30/2009	
Y8339		T2004			06/30/2009	
Y8343		T2004	22		06/30/2009	
Y8344		A0110	52		06/30/2009	
Y8345		A0110			06/30/2009	
Y8346		A0110	22		06/30/2009	
Y8363		A0080	52			
Y8368		T2002			06/30/2009	
Y8370		T2003				
Y9333		T1018	TR			
Y9334		99361	TR			
Y9336		T2023	TR			
Y9337		T2023	22	TR		
Y9433		99361	TM	TR		
Y9434		T1018	TR			
Y9435		T1018	TR			
Y9436		T1018	TR			
Y9438		A0130	TR			
Y9439		T1018	TR			
Y9533		H0031	AH	HU		
Y9534		H0004	AH	HU		
Y9535		H0004	AH	HQ		
Y9536		H0046	AH	HU		
Y9537		H0031	HU			
Y9538		H0004	HU			
Y9539		H0004	HQ	HU		
Y9543		H0046	AM	HU		
Y9633		T2031				
Y9634		T2031				
Y9733		T1029				
Y9734		T1029	TS			



NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS THRU	+
Y9735		99361	TR			
Y9736		T2022			06/30/2009	
Y9787		V2020	22	RP		
Y9792		S5151				
Y9793		S9125				
Y9794 *		S9125	52			
Y9795		S5165				
Y9833		T2025				
Y9834		A0080				
Y9835		T2002				
Y9836		A4649				
Y9837 *		S5121				
Y9845 *		T1022				
Y9846 *		T1022	52			
Y9848		S5111				
Y9849		S5111	22			
Y9853		S5102				
Y9854		S5165	52			
Y9855		A4649	52			
Y9856		S5126	22			
Y9857		A0080	52			
Y9858		T2002	52			
Y9863		A0080	22			
Y9868		S9125	UF	UG		
Y9869 *		S9125	22			
Y9874 *		T1022	22			
Y9879		S5102	22			
Y9898		T2022	HC		10/31/2009	
Y9930		H0043	22	HU		
Y9931		H0046	HD	HU		
Y9932		H0046	HU			
Y9933		H0037	HW			
Y9935		H0019	HU			
Y9936		H0019	52	HU		
Y9938		H0019	HW			
Y9943		H0018	HU			
Y9944		H0043	HU			
Y9945		H0043	HW			
Y9946		H0043	HA			
Y9947		H0017	HW			
Y9948		H0017	HU			
Y9949		H2020	52	HW		
Y9950		99231	HW			
Y9951		H2020	52	HU		
Y9952		99231	HU			
Y9992		H2020	HE	HW		
Y9993		H2020	HA	HW		
Y9994		99231	HE	HW		
Y9995		99231	HA	HW		
Y9996		H2020	HE	HU		



NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS THRU	+
Y9997		H2020	HA	HU		
Y9998		99231	HE	HU		
Y9999		99231	HA	HU		
Z0100		H2011			06/30/2009	+
Z0170		H0035				
Z0180		H0035	22		06/30/2004	
Z0310		92506	TU		06/30/2009	
Z0330 *		A0090				
Z1200		S9122			09/30/2009	+
Z1205		S9123				
Z1210		S9125	52			
Z1215		S9125	52	UJ		
Z1220		S9125				
Z1225		S9125	UJ			
Z1230		S9125	22			
Z1235		S5102				
Z1240		T2022				
Z1243		T2022	HC		10/31/20009	
Z1260		92507				
Z1270		S9127				
Z1275		T1030				
Z1280		A4649				
Z1285		S9125	TU			
Z1290		S9123	22			
Z1295		S9122	TV		09/30/2009	+
Z1339		S9122	52		09/30/2009	+
Z1400		T2022				
Z1405		T2020				
Z1410		H2016	22	HI		
Z1413		H2016	52	HI		
Z1435		H2016				
Z1435	22	H2016	22			
Z1467		T2015				
Z1520		H2016	HI			
Z1533		H2016	HI	SE		
Z1535		T1024				
Z1537		H2016	SE			
Z1541		T2016				
Z1600		S9122			06/30/2009	+
Z1600	ZI or UC	T1019				
Z1605		S9122	HQ			
Z1605	ZI or UC	T1019	HQ			
Z1610		T1001			06/30/2009	+
Z1610	ZI or UC	T1001	UC			
Z1611 *		S9122	52			
Z1611 *	ZI or UC	T1019	52			
Z1612 *		S9122	52	HQ		
Z1612 *	ZI or UC	T1019	52	HQ		
Z1613		T1001	76		06/30/2009	+
Z1613	ZI or UC	T1001	76	UC		



NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS THRU	+
Z1614 *		S9122	TV		06/30/2009	+
Z1615 *		S9122	52	TV		
Z1616		S9122	22	HQ		
Z1617 *		S9122	HQ	TV		
Z1700		T2022				
Z1710		S9123				
Z1715		S9124				
Z1720		S9123	TD	TV		
Z1725		S9124	TE	TV		
Z1730		S9123	TD			
Z1735		S9124	TE			
Z1740		S9123	TV			
Z1745		S9124	TV			
Z1800		T2022				
Z1801		T2022	22			
Z1810		S9126				
Z1820		S9122				
Z1821 *		S9122	52			
Z1822		S9122	TV			
Z1823 *		S9122	52	TV		
Z1824		S9122	HQ			
Z1825 *		T1019	22			
Z1828		99341 – 99345				
Z1829		99347				
Z1830		H0020	SE		06/30/2009	
Z1834		T1006			06/30/2009	
Z1835		T1006	HR		06/30/2009	
Z1850		S5146			06/30/2009	
Z1851		S5146			06/30/2009	
Z1853		S5146	52		06/30/2009	
Z1860		S5102			11/30/2004	+
Z1863		S5102	22			
Z1864		S5102	52			
Z2000		90847				
Z2001		T1006				
Z2002		90862				
Z2003		90806				
Z2004		90853				
Z2005		96100				
Z2006		H0020				
Z2007		90804				
Z2010		H0003				
Z3333		H0001	HF			
Z3334		H0010	HF			
Z3335		H0018	HF			
Z3336		H2012	HF			
Z3337		H0026	HF			
Z3338		H0047	HF			
Z3339		H2034	HF			
Z3343		H2034	52	HF		



NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS THRU	+
Z3344		H0035	HF			
Z3345		H0035	52	HF		
Z3346		S9475	HF			
Z3347		S9475	52	HF		
Z3348		T1006	22	HF		
Z3349		T1006	52	HF		
Z3353		90862	HF			
Z3354		90806	HF			
Z3355		90853	HF			
Z3356		96100	HF			
Z3357		H0020	HF			
Z3358		90804	HF			
Z3359		H0003	HF			
Z3363		T2022	HF			
Z4333		J8499	FP		06/30/2009	
Z4334		J8499	52	FP		
Z5005		T1017	HB			
Z5006		T1017	52			
Z5007		T1017	22			
Z5008		T2023	TJ			
Z7333		H2018	U1			
Z7333	52	H2018	52	U1		
Z7334		H2018	U2			
Z7334	52	H2018	52	U2		
Z7335		H2018	U3			
Z7335	52	H2018	52	U3		
Z7336		H2017	U4			
Z7336	52	H2017	52	U4		
Z7337		H2018	U5			
Z9638		H0045				
Z9639 *		T1005				

APPENDIX C

Appendix C represents those NJ PROC codes that were previously “mapped” (APPENDIX B) and are now terminated. The NATIONAL HCPCS, listed below, is the permanent replacement code and its effective “DOS FROM” date. In some instances, this permanent replacement code will be the same as the previously “mapped” National code.

Note: For this list of procedure codes, submitters must bill the National HCPCS for dates of services on or after the “DOS FROM” date.

LOOP 2400 – SERVICE LINE

SEGMENT	SV1 – Professional Service					
FIELD	SV101-2 – Product/Service ID					
CODES						
REQUIREMENT	APPENDIX C					
	NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS FROM
	W8900		S9529	22		07/01/2009
	W9205		92065	22		07/01/2009
	W9215		99211			07/01/2009
	W9220		99211			07/01/2009
	Y0002		A0425			07/01/2009
	Y0002	22	A0425	22		07/01/2009
	Y4550		V5299			07/01/2009
	Y5150		V2020			07/01/2009
	Y7444		S9122			07/01/2009
	Y7445		S9122	TV		07/01/2009
	Y7454		T1001			07/01/2009
	Y7455		T1001	76		07/01/2009
	Y9898		T2022	HC		11/01/2009
	Z0100		H2011	UC		07/01/2009
	Z1200		S5130	22		10/01/2009
	Z1243		T2022	HC		11/01/2009
	Z1295		S5130	22	TV	10/01/2009
	Z1339		T1004	22		10/01/2009
	Z1600		S9122			07/01/2009
	Z1610		T1001			07/01/2009
	Z1613		T1001	76		07/01/2009
	Z1614		S9122	TV		07/01/2009
	Z1860		S5102			12/01/2004