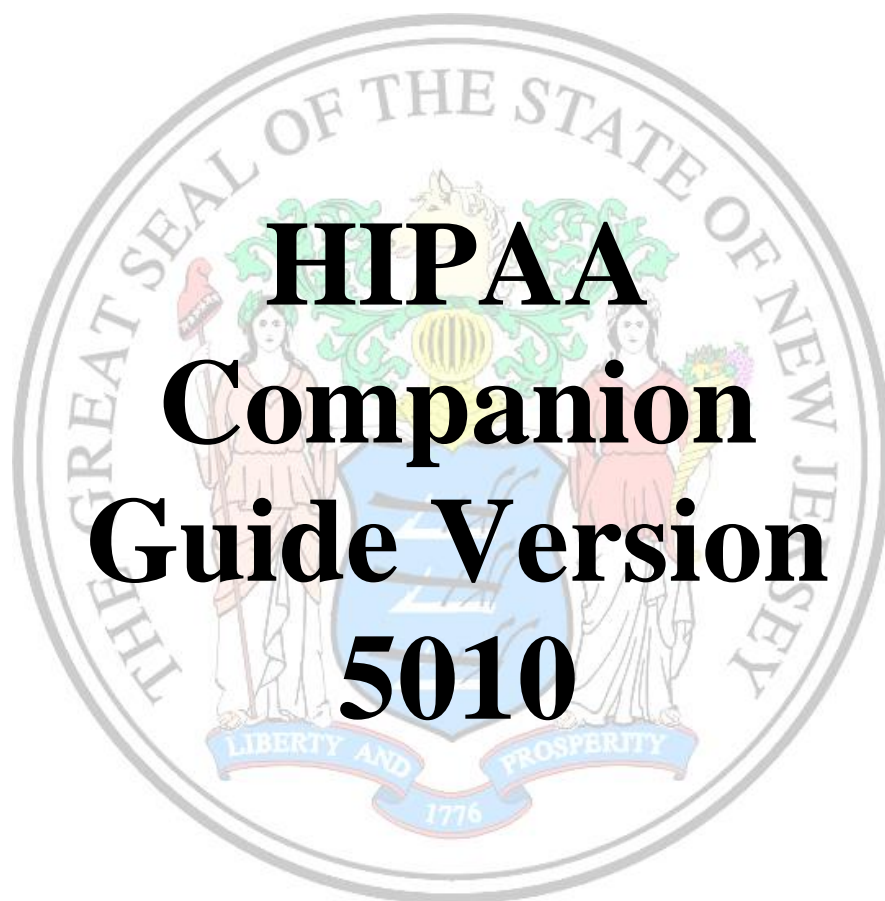


New Jersey Medicaid



HIPAA Companion Guide Version 5010

837 Professional,
Institutional & Dental
835 Payment/Advice
277P Pending/Advice

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Section 1 Version History

This section lists the changes made to this **April 2024 Version** of the HIPAA Companion Guide compared to the previous version. The following changes indicate New Jersey Medicaid payer-specific requirements for the submission of Medicare Supplementation claims:

April 2024 Version	
PAGE#	CHANGE
12	Changed New Jersey Medicaid HIPAA Coordinator and contact information.
20	Updated list of HIPAA certification services.
54	Changes delimiters in section 10.
September 2023 Version	
PAGE#	CHANGE
33	Added Attachment Code 17 to the HIPAA Attachment Cover Sheet in Section 7.
232	Added Condition Code 84 to Section 16.3 Institutional Condition Codes in the Data Element Dictionary.
245	Changed DOS THRU Date to 12/31/2022 for NJ Procedure Code W9828 in Appendix B - NJ LOCAL PROCEDURE CODES MAPPED TO NATIONAL PROCEDURE CODES indicating this code as terminated.
June 2023 Version	
PAGE#	CHANGE
228	Changed NJ Specific requirements for field REF02 in Loop 2200D Patient Control Number in Section 15 - 277P Claims Pending Status Remittance Advice Specifications.
232	Added Condition Codes 81, 82, 83 to Section 16.3 Institutional Condition Codes in the Data Element Dictionary.
250	Changed DOS Thru Date to 12/31/2022 for NJ Procedure Codes Z1801, Z1810, Z1828, Z1829, in Appendix B - NJ LOCAL PROCEDURE CODES MAPPED TO NATIONAL PROCEDURE CODES indicating these code as terminated.
March 2023 Version	
PAGE#	CHANGE
248	Changed DOS THRU Date to 06/15/2023 for multiple NJ Procedure Codes in Appendix B - NJ LOCAL PROCEDURE CODES MAPPED TO NATIONAL PROCEDURE CODES indicating these code as terminated.
252 - 253	Changed DOS FROM Date to 06/16/2023 for multiple NJ Procedure Codes in Appendix C - NJ LOCAL PROCEDURE CODES PREVIOUSLY MAPPED TO NATIONAL PROCEDURE CODES NOW TERMINATED indicating these codes as terminated.
November 2022 Version	
PAGE#	CHANGE
220	Changed NJ Specific requirements for fields DTM01 and DTM02 in Loop 2100 in Section 5 835 Remittance Advice Specifications adding Charity Care Write-Off Date.
September 2022 Version	
PAGE#	CHANGE
17 & 18	Added Section 9 – Submitter EDI Update Form to Section 2.4 Companion Guide Organization and renumbered remaining section numbers.
22	Changed references for WebSphere to IBM's Integrated Transformation Extender (ITX) in Section 4 Translator Reports and Edits.
May 2022 Version	
PAGE#	CHANGE
27	Changed special characters used in Section 6.1 Interchange Naming Convention. Removed (& and +) as allowable special characters.
117	Changed the requirements for field DTP03 Date - Claim Check Or Remittance Date in Section 11 837 Institutional Specifications.

May 2022 Version - continued	
PAGE#	CHANGE
129	Changed the requirements for field DTP03 Adjudication or Payment Date in Section 11 837 Institutional Specifications.
248 & 249	Changed DOS THRU Dates to 12/31/2022 for NJ Procedure Codes Z1600:UC, Z1605:UC, Z1610:UC, Z1611:UC, Z1613:UC in Appendix B - NJ LOCAL PROCEDURE CODES MAPPED TO NATIONAL PROCEDURE CODES indicating this code as terminated.
November 2021 Version	
PAGE#	CHANGE
68, 139, 172	Clarified the requirements for field REF02 Claim Original Reference Number in Section 11 837 Institutional Specifications, Section 12 837 Dental Specifications, and Section 13 837 Professional Specifications.
September 2021 Version	
PAGE#	CHANGE
10 & 212	Changed e-mail addresses referencing DXC to Gainwell Technologies.
November 2020 Version	
PAGE#	CHANGE
Through-out Document	Changed references from DXC Technology to Gainwell Technologies.
September 2020 Version	
PAGE#	CHANGE
10 & 212	Changed e-mail address from NJMMISEDI@MOLINAHEALTHCARE.COM to NJMMISEDI@DXC.COM.
June 2019 Version	
PAGE#	CHANGE
246	Changed DOS THRU Dates to 06/30/2019 for NJ Procedure Code Z0170 / National HCPCS code H0035 in Appendix B - NJ LOCAL PROCEDURE CODES MAPPED TO NATIONAL PROCEDURE CODES indicating this code as terminated.
250	Added NJ Procedure Code Z0170 and DOS From Dates of 07/01/2019 in Appendix C - NJ LOCAL PROCEDURE CODES PREVIOUSLY MAPPED TO NATIONAL PROCEDURE CODES NOW TERMINATED indicating / National HCPCS code H0035 indicating this codes is to be used instead.
October 2018 Version	
PAGE#	CHANGE
Through-out Document	Changed references from Molina Medicaid Solutions to DXC Technology.
August 2018 Version	
PAGE#	CHANGE
82	Changed NJ Specific requirements for HI01-2 for Loop 2300 regarding use of a 4-digit APR-DRG code.
January 2018 Version	
PAGE#	CHANGE
250	Changed DOS THRU Dates to 03/31/2018 for NJ Procedure Codes Z7333 thru Z7337 / National HCPCS codes H2018 U1 thru H2018 U5 in Appendix B - NJ LOCAL PROCEDURE CODES MAPPED TO NATIONAL PROCEDURE CODES indicating these codes as terminated.
251	Added NJ Procedure Codes Z7333 thru Z7337 and DOS From Dates of 04/01/2018 in Appendix C - NJ LOCAL PROCEDURE CODES PREVIOUSLY MAPPED TO NATIONAL PROCEDURE CODES NOW TERMINATED indicating / National HCPCS codes H0019 U1 thru H2018 U5 indicating these codes are to be used instead.

June 2017 Version	
PAGE#	CHANGE
219	Added HMO requirements to field REF02 for Loop 2100 in Section 14 - 835 Remittance Advice Specifications.
October 2016 Version	
PAGE#	CHANGE
18	Removed 3 rd paragraph regarding NJ Medicaid will NOT offer full production testing, including the creation of an 835 transaction, as part of internal testing.
113 to 114	Changed data requirements for CAS03, CAS05, CAS06, CAS08, CAS09, CAS11, CAS12, CAS14, CAS15, CAS17 and CAS18 for Loop 2320 in Section 11 – 837 Institutional Specifications.
146	Changed data requirements for CAS01 for Loop 2320 in Section 10 – 837 Dental Specifications removing Adjustment Reason Code 122 - Psychiatric Reduction. Also changed data requirements for CAS03, CAS05, CAS06, CAS08, CAS09, CAS11, CAS12, CAS14, CAS15, CAS17 and CAS18.
207	Changed data requirements for CAS03, CAS06, CAS09, CAS12, CAS15 and CAS18 for Loop 2430 in Section 13 – 837 Professional Specifications.
238 to 241	Corrected Field ID in header of the NJ LOCAL PROCEDURE CODES REPLACED BY NATIONAL PROCEDURE CODES table in Appendix A for codes that DO have an equivalent national code.
242 to 249	Corrected Field ID in header of the NJ LOCAL PROCEDURE CODES MAPPED TO NATIONAL PROCEDURE CODES table in Appendix B for codes that DO NOT have an equivalent national code.
250	Corrected Field ID in header of the NJ LOCAL PROCEDURE CODES PREVIOUSLY MAPPED TO NATIONAL PROCEDURE CODES NOW TERMINATED table in Appendix B.
October 2015 Version	
PAGE#	CHANGE
73	Corrected usage code for Admitting Diagnosis segment for Loop 2300 in Section 11 – 837 Institutional Specifications.
75	Corrected usage code for Patient Reason For Visit segment for Loop 2300.
78	Corrected usage code for External Cause of Injury segment for Loop 2300.
105	Corrected usage code for Treatment Code Information segment for Loop 2300.
116	Corrected usage code for Other Payer City/State/Zip Code for Loop 2300B.
117	Corrected description for Other Payer Operating Physician segment for Loop 2330D.
118	Corrected description for Other Payer Operating Physician Secondary Identification segment for Loop 2330D. Also corrected Other Payer Other Operating Physician and Other Payer Other Operating Physician Secondary Identification segment for Loop 2330E.
225	Added NJ Medicaid Specific Requirement for Patient Control Number field REF02 for Loop 2200D in Section 15 – 277P Claims Pending Status Remittance Advice Specifications
January 2015 Version	
PAGE#	CHANGE
137	Changed data requirements for CLM05-1 for Loop 2300 in Section 12 - 837 Dental Specifications.
152	Changed data requirements for SV303 for Loop 2400 in Section 12 - 837 Dental Specifications.
168	Changed data requirements for CLM05-1 for Loop 2300 in Section 13 - 837 Professional Specifications.
192	Changed data requirements for SV105 for Loop 2400 in Section 13 - 837 Professional Specifications.
236	Removed Facility Type Codes (Professional/Dental) table from Section 16 – Data Element Dictionary.
October 2014 Version	
PAGE#	CHANGE
2	Removed Sections 5.4 & 5.5 referring to BBS & Sections 6, 6.1, 6.2 referring to CD-ROM renumbering remaining sections of Section 6.
16	Changed description of Section 6 removing CD-ROM.
20	Changed <u>HIPAA Claims</u> to <u>HIPAA Submitter Login</u> in 2 nd paragraph of section 3.1.
21	Revised paragraphs #1 & #2 of Section 4 removing references to BBS.

October 2014 Version - continued

PAGE#	CHANGE
24	Changed HIPAA Claims to HIPAA Submitter Login in 2 nd paragraph of section 5.2.
25	Removed Sections 5.4 & 5.5 referring to BBS.
26	Removed previous Sections 6.1 & 6.2 referring to CD-ROM renumber remaining sections. Removed references to CD-ROM & BBS in 1 st paragraph of Section 6.1. Removed reference to BBS in 1 st & 2 nd paragraphs of 6.2.
112	Revised NJ Medicaid Specific Requirements for Referring Provider Name Loop 2310F, field NM108 for Section 11 – 837 Institutional Specifications.
126	Revised NJ Medicaid Specific Requirements for Referring Provider Name Loop 2420D, field NM108 for Section 11 – 837 Institutional Specifications.
181	Revised NJ Medicaid Specific Requirements for Referring Provider Name Loop 2310A, field NM101 for Section 13 – 837 Professional Specifications.
203	Revised NJ Medicaid Specific Requirements for Ordering Provider Name Loop 2420E, field NM101 for Section 13 – 837 Professional Specifications.
205	Revised NJ Medicaid Specific Requirements for Referring Provider Name Loop 2420F, field NM101 for Section 13 – 837 Professional Specifications.

July 2014 Version

PAGE#	CHANGE
Through-out Document	Changed previous ICD-10 implementation date of 10/1/2014 to 10/1/2015 through document.

January 2014 Version

PAGE#	CHANGE
19	Revised Sect. 3.1, 3 rd para. indicating 835 and 277P reports will also be available when testing.
23	Revised Sect. 5.1, 1 st bullet noting a change in the scheduled maintenance window.
24	Revised Sect. 5.3, 4 th para.
48	Revised Section 1 name in the Instructions for completing the EDI Agreement (Form EDI-801).
49	Revised Section 2 name in the Instructions for completing the EDI Agreement (Form EDI-801).
50	Revised Section 1 name in the EDI Agreement (Form EDI-801).
51	Revised Section 2 name in the EDI Agreement (Form EDI-801).

October 2013 Version

PAGE#	CHANGE
28	Revised Sect. 6.4, para. 1.
31	Revised Sect. 7, 3 rd para. following bullet items.
73	Revised NJ Medicaid Specific Requirement for Principal Diagnosis Loop 2300 fields HI01-1 & HI01-2.
76	Revised NJ Medicaid Specific Requirement for Admitting Diagnosis Loop 2300 fields HI01-1 & HI01-2.
78	Revised NJ Medicaid Specific Requirement for Patient Reason For Visit Loop 2300 fields HI01-1 & HI01-2.
79	Revised NJ Medicaid Specific Requirement for Patient Reason For Visit Loop 2300 fields HI02-1 & HI02-2, HI03-1 & HI03-2.
81	Revised NJ Medicaid Specific Requirement for External Cause of Injury Loop 2300 fields HI01-1 & HI01-2, HI02-1 & HI02-2.
82	Revised NJ Medicaid Specific Requirement for External Cause of Injury Loop 2300 fields HI03-1 & HI03-2, HI04-1 & HI04-2, HI05-1 & HI05-2, HI06-1 & HI06-2.
83	Revised NJ Medicaid Specific Requirement for External Cause of Injury Loop 2300 fields HI07-1 & HI07-2, HI08-1 & HI08-2, HI09-1 & HI09-2, HI10-1 & HI10-2.
84	Revised NJ Medicaid Specific Requirement for External Cause of Injury Loop 2300 fields HI11-1 & HI11-2, HI12-1 & HI12-2.
87	Revised NJ Medicaid Specific Requirement for Other Diagnosis Information Loop 2300 fields HI01-1 & HI01-2, HI02-1 & HI02-2, HI03-1 & HI03-2.

October 2013 Version - continued

PAGE#	CHANGE
88	Revised NJ Medicaid Specific Requirement for Other Diagnosis Information Loop 2300 fields HI04-1 & HI04-2, HI05-1 & HI05-2, HI06-1 & HI06-2, HI07-1 & HI07-2.
89	Revised NJ Medicaid Specific Requirement for Other Diagnosis Information Loop 2300 fields HI08-1 & HI08-2, HI09-1 & HI09-2, HI10-1 & HI10-2.
90	Revised NJ Medicaid Specific Requirement for Other Diagnosis Information Loop 2300 fields HI11-1 & HI11-2, HI12-1 & HI12-2. Also revised NJ Medicaid Specific Requirement for Principal Procedure Information Loop 2300 fields HI01-1 & HI01-2.
93	Revised NJ Medicaid Specific Requirement for Other Procedure Information Loop 2300 fields HI01-1 & HI01-2, HI02-1 & HI02-2, HI03-1 & HI03-2.
94	Revised NJ Medicaid Specific Requirement for Other Procedure Information Loop 2300 fields HI04-1 & HI04-2, HI05-1 & HI05-2, HI06-1 & HI06-2, HI07-1 & HI07-2.
95	Revised NJ Medicaid Specific Requirement for Other Procedure Information Loop 2300 fields HI08-1 & HI08-2, HI09-1 & HI09-2, HI10-1 & HI10-2.
96	Revised NJ Medicaid Specific Requirement for Other Procedure Information Loop 2300 fields HI11-1 & HI11-2, HI12-1 & HI12-2.
143	Revised NJ Medicaid Specific Requirement for Health Care Diagnosis Code Loop 2300 fields HI01-1 & HI01-2, HI02-1 & HI02-2, HI03-1 & HI03-2.
144	Revised NJ Medicaid Specific Requirement for Health Care Diagnosis Code Loop 2300 fields HI04-1 & HI04-2.
177	Revised NJ Medicaid Specific Requirement for Health Care Diagnosis Code Loop 2300 fields HI01-1 & HI01-2.
178	Revised NJ Medicaid Specific Requirement for Health Care Diagnosis Code Loop 2300 fields HI02-1 & HI02-2, HI03-1 & HI03-2, HI04-1 & HI04-2, HI05-1 & HI05-2.
179	Revised NJ Medicaid Specific Requirement for Health Care Diagnosis Code Loop 2300 fields HI06-1 & HI06-2, HI07-1 & HI07-2, HI08-1 & HI08-2.
180	Revised NJ Medicaid Specific Requirement for Health Care Diagnosis Code Loop 2300 fields HI09-1 & HI09-2, HI10-1 & HI10-2, HI11-1 & HI11-2, HI12-1 & HI12-2.
220	Revised NJ Medicaid Specific Requirement for Loop 2100 fields REF02.

August 2013 Version

PAGE#	CHANGE
247	Revised table to reflect NJ Local Psych codes Z2002 & Z3353 replaced with National HCPCS codes 99201HF, 99202HF, 99211HF & 99211HV.

July 31, 2013 Version

PAGE#	CHANGE
245	Revised table to reflect NJ Local Psych codes being terminated.
247	Revised table to reflect Psych codes replaced with National HCPCS codes.

July 2013 Version

PAGE#	CHANGE
3	Added Section 16.8 and renamed section 16.9.
136	Revised NJ Medicaid Specific Requirement column for CLM05-1 and removed NJ Medicaid Specific Requirement for field CLM12.
150	Revised NJ Medicaid Specific Requirement column for SV303.
166	Revised NJ Medicaid Specific Requirement column for CLM05-1.
189	Revised NJ Medicaid Specific Requirement column for SV105.
233	Added Section 16.8 for Facility Type Codes (Professional/Dental).
234	Renamed prior section 16.8 to 16.9 and renamed table to Facility Type Codes (835).
245 to 247	Revised table to reflect new Psych codes.

April 2013 Version

PAGE#	CHANGE
23	Revised Sect. 5.3, para 5, 2 nd bullet indicating length of time to expect a 999.
27	Revised Sect. 6.3 changing the interchange naming convention to allow for a numeric character or one of eight special characters to also be used in the file name and revised the examples of allowable file names. Also noted that the same file name could be used for a file previously submitted on the same day once the TA1 for the previously submitted file has been received.
27	Sect. 6.4, 2 nd para., indicating length of time to expect a 999.
28	Sect. 6.4, the file name in the example was changed to: #0000000.ZIP
112	Revised NJ Medicaid Specific Requirement column for Loop 2320: SBR09.
183	Revised NJ Medicaid Specific Requirement column for Loop 2320: SBR09.
61	Revised NJ Medicaid Specific Requirement column for Loop 2010AA: NM108 and NM109.
66	Revised NJ Medicaid Specific Requirement column for Loop 2010BB: REF02.
106	Revised NJ Medicaid Specific Requirement column for Loop 2310A: NM108, NM109 and REF02.
107	Revised NJ Medicaid Specific Requirement column for Loop 2310B: NM108, NM109 and REF02 and 2310C: NM108.
108	Revised NJ Medicaid Specific Requirement column for Loop 2310C: NM109, REF02 and Loop 2310D: NM108 and NM109.
109	Revised NJ Medicaid Specific Requirement column for Loop 2310D: REF01 and REF02.
110	Revised NJ Medicaid Specific Requirement column for Loop 2310F: NM108, NM109, REF01 and REF02.
121 & 194	Changed 'Millimeter' to 'Milliliter' in Loop 2410: CTP05-1.
122	Revised NJ Medicaid Specific Requirement column for Loop 2420A: NM108, NM109, REF01 and REF02.
123	Revised NJ Medicaid Specific Requirement column for Loop 2420B: NM108 and NM109 and REF02.
124	Revised NJ Medicaid Specific Requirement column for Loop 2420D: NM108 and NM109.
125	Revised NJ Medicaid Specific Requirement column for Loop 2420D: REF02.
129	Revised NJ Medicaid Specific Requirement column for Loop 2010AA: NM108 and NM109.
133	Revised NJ Medicaid Specific Requirement column for Loop 2010BB: REF02.
139	Revised NJ Medicaid Specific Requirement column for Loop 2310A: NM108 and NM109.
140	Revised NJ Medicaid Specific Requirement column for Loop 2310A: REF02 and 2310B: NM108 and NM109.
141	Revised NJ Medicaid Specific Requirement column for Loop 2310B: REF02.
142	Revised NJ Medicaid Specific Requirement column for Loop 2310E: NM108 and NM109.
143	Removed 'Rendering' from Loop 2310E: REF02 and revised NJ Medicaid Specific Requirement column.
152	Revised NJ Medicaid Specific Requirement column for Loop 2420A: NM108 and NM109.
153	Revised NJ Medicaid Specific Requirement column for Loop 2420A: REF02.
154	Revised NJ Medicaid Specific Requirement column for Loop 2420C: NM108, NM109 and REF02.
159	Revised NJ Medicaid Specific Requirement column for Loop 2010AA: NM108 and NM109.
163 & 164	Revised NJ Medicaid Specific Requirement column for Loop 2010BB: REF02.
177	Revised NJ Medicaid Specific Requirement column for Loop 2310A: NM108.
178	Revised NJ Medicaid Specific Requirement column for Loop 2310A: NM109 and REF02 and Loop 2310B: NM108 and NM109.
179	Revised NJ Medicaid Specific Requirement column for Loop 2310B: REF02.
180	Revised NJ Medicaid Specific Requirement column for Loop 2310D: NM108, NM109 and REF02.
195	Revised NJ Medicaid Specific Requirement column for Loop 2420A: NM108 and NM109.
196	Revised NJ Medicaid Specific Requirement column for Loop 2420A: REF02.

January 2013 Version - continued

PAGE#	CHANGE
198	Revised NJ Medicaid Specific Requirement column for Loop 2420D: NM108, NM109 and REF02 and Loop 2420E: NM108 and NM109.
199	Revised NJ Medicaid Specific Requirement column for Loop 2420E: REF02.
200	Revised NJ Medicaid Specific Requirement column for and Loop 2420F: NM108, NM109 and REF02.

October 2012 Version

PAGE#	CHANGE
Through-out Document	Global changes were made to update contact information from Provider Services to EDI Unit.
7	Changed 'Provider Services' to 'EDI Unit', corrected address and changed phone number.
8	Sect 2.2, 3 rd para. Changed date to July 29, 2012, deleted sentence and deleted 4 th paragraph.
14	2 nd para. Revised sentence.
16-17,21,25	Changed 'comma delimited' to 'semi-colon delimited'.
17	Sect. 4, para. 1, 8 th bullet. Changed to show that 4010 versions will be rejected.
17	Para. 2 & 3. Changed 'Mercator' to 'WebSphere'.
17	Para. 3. Deleted sentence.
20	Sect. 5.1 2 nd para. Deleted sentence.
21	Sect. 5.4 2 nd para. Deleted sentence.
22	Sect. 5.5 2 nd para. Changed 'still in process' to 'continually'.
24	Sect. 6.2. Changed contact information from Provider Services to EDI Unit and changed zip code.
26	Sect. 6.4. 5 th para. Deleted sentence.
31	Sect 8. 3 rd bullet. Added form name.
33	Sect. 8.1 Changed paragraph for clarity.
35	Changed contact information from Provider Services to EDI Unit.
37	Item 14. Deleted 4010 transaction set information.
45	Sect. 8.5. 1 st para. Changed for clarity. 2 nd para. Changed for clarity.
45	Sect. 2, 5 th para. Changed for clarity.
50	Sect. 9. Added form name. 3 rd para. Added "as well as all other..".
50	Sect. 9. Changed last sentence.
50	Sect. 9.1 Added NOTE:
51	Changed contact information from Provider Services to EDI Unit.
174	Revised the description of NJ Medicaid specific requirements for NM101 in Loop 2310A.
176	Revised the description of NJ Medicaid specific requirements for NM109 in Loop 2310C.
204	Added new qualifier "PQ" to the 1000B/REF Payee Additional Identification segment.
204	Loop 1000B Payee Additional Identification, REF02 Changed to "...NJ Provider ID of the Billing Provider when REF01 is valued with "PQ".

July 2012 Version

PAGE#	CHANGE
64	Corrected usage to "S" Situational for the Patient Hierarchical Level segment in Loop 2000C.
66	Corrected references from UB92 to UB04.
110	Corrected references from UB92 to UB04.
173	Corrected reference to qualifier value to be entered when entering Medicaid Provider Number in REF02 for Loop 2310A.

April 2012 Version

PAGE#	CHANGE
68	Added hyperlinks to the Data Element Dictionary section for values to be entered in the NTE02 field in Loop 2300. Added requirements for entering Charity Care Write-off Date.

April 2012 Version - continued

PAGE#	CHANGE
95	Added hyperlinks to the Data Element Dictionary section for values to be entered in the HI1-2 Value Code field in Loop 2300.
98	Added hyperlink to the Data Element Dictionary section for values to be entered in the HI1-2 Condition Code field in Loop 2300.
110	Added hyperlinks to the Data Element Dictionary section for values to be entered in the NM109 Other Payer Primary Identifier field in Loop 2330B.
141	Added hyperlinks to the Data Element Dictionary section for values to be entered in the NM109 Other Payer Primary Identifier field in Loop 2330B.
165	Added hyperlink to the Data Element Dictionary section for Professional Claim Note values to be entered in the NTE02 field in Loop 2300.
220 to 222	Added additional Other Insurance Carrier Codes to the Data Element Dictionary.

October 2011 Version

PAGE#	CHANGE
13	Revised information for HIPAA certification services.
14	Added Section 3.1 NJ Specific Requirements Testing.
15	Revised section removing references to test transaction sets.
29 to 47	Revised section on Trading Partner Agreement.
48 & 49	Added Sections 9 and 9.1 for Submitter File EDI Update From.
52	Revised the description of the Usage column.
53	Revised the description of the Usage column.
56	Revised the description of the Usage column.
107	Corrected Loop #.
109	Revised requirements or field DTP03 in Loop 2330B.
119	Revised requirements or field SVD02 in Loop 2430.
120	Revised requirements or field DTP03 in Loop 2430.
121	Revised the description of the Usage column.
139	Revised requirements or field DTP03 in Loop 2330B.
148	Revised requirements or field SVD02 in Loop 2430.
149	Revised requirements or field DTP03 in Loop 2430.
150	Revised the description of the Usage column.
177	Revised requirements or field DTP03 in Loop 2330B.
193	Revised requirements or field SVD02 in Loop 2430.
194	Revised requirements or field DTP03 in Loop 2430.
196	Revised the description of the Usage column.
210	Revised the description of the Usage column.
216	Added section 16.1 Billing Note Values (837 Institutional) to Data Element Dictionary.
218 to 219	Added Carrier Codes for Medicare Part A and Part B to Section 15.3 Other Insurance Carrier Codes.

April 2011 Version

PAGE#	CHANGE
ALL	1 st production version of the 5010 NJ Medicaid HIPAA Companion Guide.

Section 2 Introduction**2.1 New Jersey Medicaid Introduction**

New Jersey Medicaid and Gainwell Technologies are very pleased to make available this April 2024 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 Gainwell Technologies 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 Gainwell Technologies.

The purpose of this manual is to provide information necessary to submit claims to New Jersey Medicaid electronically. This manual is to be used in conjunction with the HIPAA ASC X12 Standards for Electronic Data Interchange Technical Reports Type 3 (TR3s) implementation guides. The HIPAA TR3s can be obtained exclusively from the Washington Publishing Company and are available for download from their website at <http://www.wpc-edi.com/content/view/817/1> or by calling 425-562-2245. The HIPAA TR3s 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 TR3s and the New Jersey Medicaid Companion Guide requirements.

The HIPAA Companion Guide is revised and published on a quarterly basis. The schedule for replacement versions (if updates are required) is January, April, July and October. Updates that become necessary between these times will be published in the 837/835/277P Technical Update on an as-needed basis.

The associated Technical Update is used in conjunction with the last published Companion Guide or Payer Sheet until the next replacement Companion Guide or Payer Sheet is published. The Technical Updates contain all updates (and effective dates of those updates) to be made to the Companion Guide or Payer Sheet up until the quarterly publication on the website. At that time, all previous updates incorporated in the associated Technical Update will be refreshed and dated for the next quarterly publication.

HIPAA does not mandate the exclusive 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:

Robert Larkin
New Jersey Medicaid
P.O. BOX 712
Trenton, NJ 08625-0712
Phone: 609-631-6619
Email: Robert.Larkin@dhs.nj.gov

All technical questions regarding the transaction sets should be directed to the Gainwell Technologies EDI Unit at 609-588-6051 or email at NJMMISEDI@gainwelltechnologies.com. 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:



Medicaid HIPAA Companion Guide

Gainwell Technologies
Attn: EDI Unit
P.O. Box 4804
Trenton, NJ 08650-4804
Phone: 1-609-588-6051

2.2 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. On October 16, 2003 HIPAA mandated the use of the ASC X12 4010A1 versions of electronic transaction sets to submit claims electronically or to receive electronic remittance advice data.

Since June 29, 2012 HIPAA required all HIPAA covered entities to transition to the next adopted standard known as Version 5010. Any transactions which are not compliant with HIPAA and New Jersey Medicaid will be rejected.

This Companion Guide deals with the HIPAA 5010 Version transaction sets.

- Eligibility Inquiry and Response: ASC X12 270/271 Health Care Eligibility Benefit Inquiry and Response (X279A1) EDI Transactions.
- Claim Transaction Sets: ASC X12 837 Institutional (X223A2), 837 Dental (X224A2) and 837 Professional (X222A1) EDI Transactions.
- Claim Status Response: ASC X12 277P (X228) Health Care Claims Pending Status Information EDI Transactions.
- Remittance Advice: ASC X12 835 Health Care Claim Payment/Advice (X221A1) EDI Transactions.
- Interchange Acknowledgement: ASC X12 999 Implementation Acknowledgment for Health Care Insurance (X231A1) EDI Transactions.

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.

2.3 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/
Centers for Medicare and Medicaid Services (CMS)
Formerly known as HCFA, this site provides the Electronic Health Care Transactions and Code Sets Model Compliance Plan. http://www.cms.hhs.gov/TransactionCodeSetsStands/
This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). http://www.cms.hhs.gov/HCPCSReleaseCodeSets/
This site is the resource for Medicaid HIPAA information related to the Administrative Simplification provision. http://www.cms.gov/ElectronicBillingEDITrans/04_Administrative%20Simplification%20Compliance%20Act%20Enforcement%20Reviews.asp
Designated Standard Maintenance Organizations (DSMO)
This site is a resource for information about the standard setting organizations, and transaction change request system. http://www.hipaa-dsmo.org/
Health Level Seven (HL7)
HL7 is one of several ANSI accredited Standards Development Organizations (SDO), and is responsible for clinical and administrative data standards. http://www.hl7.org/

Medicaid HIPAA Compliant Concept Model (MHCCM)

This site presents the Medicaid HIPAA Compliance Concept Model, information and a toolkit. [http://www.docstoc.com/docs/2315218/What-Is-the-Medicaid-HIPAA-Compliant-Concept-Model-\(the-MHCCM\)](http://www.docstoc.com/docs/2315218/What-Is-the-Medicaid-HIPAA-Compliant-Concept-Model-(the-MHCCM))

National Council of Prescription Drug Programs (NCPDP)

The NCPDP is the standards and codes development organization for pharmacy. <http://www.ncpdp.org/>

National Uniform Billing Committee (NUBC)

NUBC is affiliated with the American Hospital Association, and develops standards for institutional claims. <http://www.nubc.org/>

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 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-edi.com/>

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>

2.4 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 electronically:

Section 1 – Version History

This section contains a list of the changes made to the HIPAA Companion Guide compared to the previous version.

Section 2 – Introduction

This section contains information regarding our ongoing effort to adhere to the HIPAA transaction sets requirements and the implementation of HIPAA and the benefits of administrative simplification.

Section 3 - HIPAA Testing and Certification

This section describes the testing requirements for becoming approved as an electronic submitter for HIPAA transactions.

Section 4 - Translator Reports and Edits

This section describes the different levels of editing performed on the transaction sets sent in for processing and how the results of the editing performed at each level is reported back to the submitter.

Section 5 – Telecommunications Specifications

This section contains instructions for obtaining a submitter username and password for the submission of electronic HIPAA transactions, including telecommunication specifications along with instructions for logging into the website.

Section 6 – Electronic Media Specifications

This section contains specifications for the submission of electronic HIPAA transactions.

Section 7 – HIPAA Attachment Cover Sheet

This section contains details for the use of the HIPAA Attachment Cover Sheet when submitting attachments for HIPAA electronic data interchanges.

Section 8 – Trading Partner Agreement

The section contains instructions and processes for becoming approved as an electronic submitter for HIPAA transactions, including a trading partner agreement.

Section 9 – Submitter EDI Update Form

This section contains the instructions for accessing the Submitter EDI Update form for updating contact information for your submitter profile.

Section 10 – Envelope and Acknowledgement Specifications

This section details the TA1 and 999 acknowledgements and envelope requirements which will be used by New Jersey Medicaid to exchange HIPAA transactions.

Section 11 – 837 Institutional Specifications

This section details the supplemental requirements to the 837 Institutional TR3, which are required by New Jersey Medicaid. This transaction set is required when submitting inpatient, outpatient, and home health services, formerly submitted on UB04-based formats. In addition, this transaction set is required when submitting long term care, charity care, and Medicare Part A crossover transactions.

Section 12 – 837 Dental Specifications

This section details the supplemental requirements to the 837 Dental TR3, which are required by New Jersey Medicaid. This transaction set is required when submitting dental services.

Section 13 – 837 Professional Specifications

This section details the supplemental requirements to the 837 Professional TR3, 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 14 – 835 Remittance Advice Specifications

This section details the supplemental requirements to the 835 TR3, which are required by New Jersey Medicaid. This transaction set is required when receiving remittance advice information.

Section 15 – 277P Pending Claims Status Information Specifications

This section details the supplemental requirements to the 277P TR3, which are required by New Jersey Medicaid. This transaction set is required when receiving pending claims remittance advice information.

Section 16 - Data Element Dictionary

This section contains code lists that are New Jersey Medicaid specific and are not part of the standard code sets.

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 3 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 the transaction testing types. 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. Gainwell Technologies 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.

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
Optum	https://www.optum.com/contact-us/technical-support.html	(866) 678-8646 ext. 1866, option 2	insight@optum.com
Edifecs	www.edifecs.com	(425) 435-2000	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.

3.1 NJ Specific Requirements Testing

New Jersey Medicaid will offer testing for NJ specific requirements as stated in the NJ Medicaid HIPAA Companion Guides. Submitters wishing to test the NJ specific requirements must have an approved EDI Agreement on file with Gainwell Technologies including a valid HIPAA Certification for the transaction type they wish to test.

Test files must be submitted using the [HIPAA Submitter Login](#) link on the NJMMIS website at www.njmmis.com and may contain a maximum of 100 claims. Files containing more than 100 claims will be rejected. Refer to section 5.3 Logging Into Website for instructions on submitting files via the website.

Summary and detail test result files in a semi-colon delimited format will be available for downloading from the [download](#) link on the "Upload or download HIPAA files" prompt on the website. In addition to the summary and detail reports, the 835 and 277P reports will also be available. The 835 will only be available to those submitters who are set up to receive the 835 transaction set. These files will be available after 09:00 a.m. Eastern Time the following morning the test files are sent.

Section 4 Translator Reports and Edits

New Jersey Medicaid will be using IBM's Integrated Transformation Extender (ITX) (formerly known as WebSphere) as our translator for HIPAA transactions submitted as production data.

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 completed.

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 Website 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 TR3s 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 004010X96A1, 004010X97A1, 004010X98A1) the file will reject.
 - Invalid 5010 Version (i.e., if it is not 005010X222A1, 005010X223A2, 005010X224A2)
2. The second level of editing will be performed as part of the ITX (formerly WebSphere) translator processing and will result in the creation of a 999 Implementation Acknowledgement for the EDI Submitter to retrieve from the Website 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. Please refer to the TR3 for details.
 3. The third level of editing will be performed in the NJMMIS preprocessing after the ITX (formerly WebSphere) 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 semi-colon delimited file is sent to the Website for the EDI Submitter to retrieve and import to a spreadsheet application. Samples of the HIPAA Claims Reject Reports produced are provided later in this section.

3rd 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      *

CLM # 5  EDIT: 435 UNABLE TO DEFINE CLM TYP
          PAT ACC # 0000000000001 CLM TYP: 99 RCN: 0328853730801 CLM CHR: 14,143.00
CLM # 6  EDIT: 435 UNABLE TO DEFINE CLM TYP
          PAT ACC # 0000000000002 CLM TYP: 99 RCN: 0328853730901 CLM CHR: 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
    
```

RUN DATE	SUBM ID	SUBM NAME	INTERCHNG	PROV NPI	PROV ID	PROV NAME	CLM #	REJ CODE	REJ DESC	CLM TYPE	PAT #	REJ #	CLM CHARGES
06/15/2009	8899999	SUBMITTER NAME:000001234;0123456789;1234567				PROVIDER NAME,MD; 1,458	271		SUB/PRV INELIG ON CLM-ACTV-DT;	02		PATIENT ACCOUNT #;0908253435901;	0.00;
													TOTAL CHARGES; 0.00;
06/15/2009	8899999	SUBMITTER NAME:100001234;1111111111;				PROVIDER NOT ON FILE;	403	206	BILLING PROVIDER NOT ON FILE;	01		PATIENT ACCOUNT #;0908254648901;	189.00;
06/15/2009	8899999	SUBMITTER NAME:100001234;1111111111;				PROVIDER NOT ON FILE;	404	206	BILLING PROVIDER NOT ON FILE;	03		PATIENT ACCOUNT #;0908254649001;	250.00;
						TOTAL CLAIMS		2;					TOTAL CHARGES; 439.00;
06/15/2009	8899999	SUBMITTER NAME:110001234;1100000123;				PROVIDER NOT ON FILE;	61	1240	PROVIDER NOT MAPPED - BILLING;	04		PATIENT ACCOUNT #;0908254374401;	126.00;
06/15/2009	8899999	SUBMITTER NAME:110001234;1100000123;				PROVIDER NOT ON FILE;	79	1240	PROVIDER NOT MAPPED - BILLING;	13		PATIENT ACCOUNT #;0908254374901;	132.36;
06/15/2009	8899999	SUBMITTER NAME:110001234;1100000123;				PROVIDER NOT ON FILE;	80	1240	PROVIDER NOT MAPPED - BILLING;	13		PATIENT ACCOUNT #;0908254374902;	132.36;
06/15/2009	8899999	SUBMITTER NAME:110001234;1100000123;				PROVIDER NOT ON FILE;	81	1240	PROVIDER NOT MAPPED - BILLING;	04		PATIENT ACCOUNT #;0908254375001;	273.60;
06/15/2009	8899999	SUBMITTER NAME:110001234;1100000123;				PROVIDER NOT ON FILE;	82	1240	PROVIDER NOT MAPPED - BILLING;	04		PATIENT ACCOUNT #;0908254375101;	508.91;
						TOTAL CLAIMS		5;					TOTAL CHARGES; 1,173.23;
06/15/2009	8899999	SUBMITTER NAME:111001234;1234567890;1234567				PROVIDER NAME,MD; 15	271		SUB/PRV INELIG ON CLM-ACTV-DT;	11		PATIENT ACCOUNT #;0908254375461;	148.00;
													TOTAL CHARGES; 148.00;
06/15/2009	8899999	SUBMITTER NAME:000011234;0123456789;1234567				PROVIDER NAME,MD; 4	271		SUB/PRV INELIG ON CLM-ACTV-DT;	07		PATIENT ACCOUNT #;0908254375611;	130.00;
													TOTAL CHARGES; 130.00;

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 for paid or denied claims or as Claim Status or Entity Codes in the 277P Health Care Claims Pending Status Information interchange for claims pending final adjudication or as NJMMIS Edit Codes on the Website in a PDF image of the hard copy remittance advice or on the hard copy remittance advice.

Section 5 **Telecommunications Specifications**

5.1 **Internet Specifications**

New Jersey Medicaid and Gainwell Technologies have deployed an Internet-based solution that will allow the electronic exchange of HIPAA transactions through the HIPAA Claims link on the NJMMIS Website (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.

- Thursday, 8 p.m. thru Friday 12 a.m. and
- Saturdays, 8 p.m. thru Sundays 4 a.m., Eastern time.

EDI Submitters using the Website will drop-off 837 transactions and pick-up TA1 and 999 transactions through a secure area of the New Jersey Medicaid Website. A valid submitter username and password is required before access is granted for drop-off and pick-up.

5.2 **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 Submitter Login** Website. Within 5 business days, your username and password will be sent to the Submitter information listed on the NJMMIS Gainwell Technologies Submitter database, via the United States Postal Service mail.

5.3 **Logging In To Website**

1. After receiving your submitter username and password access the Website (www.njmmis.com) and select the **HIPAA Submitter Login** link from the menu options on left side of screen.
2. Enter your submitter 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 – 005010X223A2 Institutional files can be submitted at one time. If you wish to also submit 837 – 005010X224A2 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 Gainwell Technologies EDI staff is 5MB or less. While files up to a maximum size of 40MB may be submitted, Gainwell Technologies 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 Gainwell Technologies 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 in a later 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 Claim Payment/Advice or 277P Claims Pending Status interchanges and HIPAA Claims Rejected Report files, as well as summary and detail reports if you have submitted Test files.
- 835 Claim Payment/Advice or 277P Claims Pending Status interchanges 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 in a later section of this companion guide.
 - HIPAA Claims Rejected Report files in a semi-colon 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 999 Implementation 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.
 - 999 Implementation Acknowledgements are available for downloading no more than three hours after the TA1 acknowledgement has been received.

Section 6 Electronic Media Specifications

6.1 Interchange Naming Convention

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 character (A - Z) or one numeric character (0 - 9) or one of six special characters (~, @, #, \$, %, ^)** followed by **the 7-digit EDI Submitter ID Number** (assigned by Gainwell Technologies) with the REQUIRED 3-character extension of .DAT. The eight special characters listed are the only special characters that will be allowed. If any other special characters are used, the file will be rejected at the time of submission.

Example: **A1234567.DAT or 01234567.DAT or #1234567.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. An EDI submitter can reuse the same file name used for a file previously submitted file on the same day after the EDI submitter has received the TA1 acknowledgement for the previously submitted file.

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 - 005010X223A2 Institutional format only; one file containing one ISA including claims in the 837 - 005010X224A2 Dental format only; one file containing one ISA including claims in the 837 - 005010X222A1 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 - 5010 format only).

- #1234567.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

6.2 EDI Submission Verification

TA1 Interchange Acknowledgements will be available to the EDI Submitter upon completion of uploading (dropping-off) their interchanges on the Website 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 Gainwell Technologies EDI Unit at 609-588-6051 and request the TA1 Interchange Acknowledgement be put back on the Website for retrieval. The status of the TA1 is posted for viewing.

999 Implementation Acknowledgements will be available for downloading to the EDI Submitter upon completion of uploading (dropping-off) their interchanges on the Website no more than three hours after the file has been submitted. **999 Implementation Acknowledgements are retained for 30 days.**

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

If the EDI Submitter has completed an EDI Agreement to retrieve their 835 Health Care Claim Payment/Advice and 277P Claims Pending Status Information interchanges from the Website, 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 and 277P Remittance interchanges are retained for 6 weeks.**

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

It is strongly recommended that for accurate reconciliation of your 999 Implementation 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 999. 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
- 999 Implementation Acknowledgements are returned back to the Submitter for each of the six (6) Interchanges included within the zip file
- Five 999 Implementation Acknowledgements report as Accepted
- One 999 Implementation Acknowledgement reports as Rejected
- All 999 Implementation Acknowledgement reports are returned with the originator's GS06/GE02 - Group Control Numbers (00001)

#0000000.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
999	ST02/SE02-	999	ST02/SE02-	999	ST02/SE02-
<u>Acknowledgement</u>	<u>GS06/GE02 #</u>	<u>Acknowledgement</u>	<u>GS06/GE02 #</u>	<u>Acknowledgement</u>	<u>GS06/GE02 #</u>
9990000.dat	00001	9990000.dat	00001	9990000.dat	00001
9990000.dat	00001	9990000.dat	00001	9990000.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 999 Implementation Acknowledgement processing and reconciliation and have added this to our HIPAA Companion Guide as a Trading Partner requirement.

6.3 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 or Charity Care) to be included in that program's adjudication cycle. Exceptions may be made for weeks containing a Gainwell Technologies holiday. Please refer to the FAQ link on the www.njmms.com Website for the specific program's Submission Deadline Schedule.

Section 7 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 5010 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 15-digit ICN (Internal Control Number) as reported on the 277P Health Care Claim Pending Status Information transaction that is 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 that is to be submitted can be retrieved through the "Forms & Documents" link found on the NJMMIS Website (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 277P Pend report. In addition, there will be two edits posted; edit 0464 – "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.

7.1 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 Gainwell Technologies.
 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 15-digit Internal Control Number (ICN) as assigned to each claim received by Gainwell Technologies. *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.

Section 8 Trading Partner Agreement

All New Jersey Medicaid and Charity Care Providers desiring to submit HIPAA formatted electronic claims must complete a HIPAA 837 Claims EDI Agreement as required by HIPAA guidelines. The New Jersey HIPAA 837 Claims EDI Agreement and instructions for their completion are provided later in this section. The EDI Agreement and HIPAA certification received for the specified HIPAA transaction sets must be prior approved and on file with Gainwell Technologies before HIPAA formatted claims may be submitted electronically. Gainwell Technologies will notify the EDI Submitter of New Jersey Medicaid's approval for the submission of HIPAA formatted electronic claims.

Submitters who are currently enrolled with Gainwell Technologies for the submission of HIPAA 4010A1 formatted electronic claims **and** have completed and returned the Addendum to the existing EDI Agreement along with a 5010 HIPAA Certification do NOT have to complete the EDI Agreements included in this Companion Guide. The Addendum Agreement replaces the previously completed EDI Agreement on file with Gainwell Technologies.

All other providers/submitters who have not been approved to submit claims electronically with Gainwell Technologies must complete one of the following New Jersey Medicaid EDI Agreements.

- If the provider/submitter intends on submitting the claims directly to New Jersey Medicaid, then the **HIPAA 837 Claims EDI Agreement (Form EDI-101)** must be completed and returned to the Gainwell Technologies EDI Unit. In addition, a copy of the HIPAA certification form certifying their capability to produce HIPAA compliant transactions must be included as an attachment to the EDI agreement. Only after the agreement and certification have been received and accepted by the Gainwell Technologies EDI Unit will a Submitter ID be assigned.
- A new agreement must be completed when a provider or billing service changes ownership or name of the company and a new HIPAA Certification is also required to be provided.
- It is the responsibility of each submitter to notify the EDI UNIT if there is a change in address, contact information or email address. Please use the **EDI SUBMITTER UPDATE Form (Form EDI-301)**
- In addition, a completed **Submitter/Provider Relationship EDI Agreement (Form EDI-201)** for each New Jersey Medicaid Provider Number under which claims will be submitted needs to be completed and returned either with the **HIPAA 837 Claims EDI Agreement (Form EDI-101)** or subsequent to the assignment of the Submitter ID by Gainwell Technologies.
- New Jersey Medicaid and Charity Care providers who are submitting claims directly to Gainwell Technologies that have already been assigned a Submitter ID must complete a **Submitter/Provider Relationship EDI Agreement (Form EDI-201)** for each Billing/Pay-to New Jersey Medicaid provider number.
- New Jersey Medicaid and Charity Care providers who are submitting claims through Clearing House/Billing Service are required along with the Clearing House/Billing Service to complete a **Submitter/Provider Relationship EDI Agreement (Form EDI-201)**. A separate agreement is required for each Billing/Pay-to New Jersey Medicaid provider number.
- New Jersey Medicaid and Charity Care providers wishing to receive their remittance advice information electronically must complete the **Submitter Electronic Remittance EDI Agreement (Form EDI-801)**.

Providers must notify Gainwell Technologies in writing when the provider has terminated their agreement with a Clearing House/Billing Service to submit claims to New Jersey Medicaid on behalf of the provider. If the provider elects to contract with a different Clearing House/Billing Service, the provider and new billing service must complete the Submitter/Provider Relationship EDI Agreement and return the completed agreement to the Gainwell Technologies EDI Unit.

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

Providers must notify Gainwell Technologies in writing when their use of a software developer's application for the direct submission of electronic claims to Gainwell Technologies has been terminated. When a provider changes to a new software developer's application, the provider must complete a new **New Jersey Submitter/Provider Relationship EDI Agreement (Form EDI-201)** and submit it to Gainwell Technologies along with a copy of the HIPAA certification form. Gainwell Technologies will notify the provider when approval to submit claims electronically has been granted.

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

8.1 HIPAA 837 Claims EDI Agreement; (Form EDI –101) Instructions

WHO SHOULD COMPLETE THIS AGREEMENT?

If you are a provider or a Clearing House/Billing Service for a provider who would like to submit claims directly to Gainwell Technologies, you should complete this form. By completing this form, a submitter number will be assigned to you in order to submit HIPAA 837 formatted claims. Only fill out this form if you currently do *not* have a submitter number. This agreement **MUST** be completed and must be accompanied with a HIPAA Certification and the EDI-201 Form (Submitter/Provider Relationship Agreement) in order to link a provider to a submitter.

SECTION 1: SUBMITTER INFORMATION

For the **MEDICAID**, or **CHARITY CARE** check boxes located at the top of the form, indicate the type of claims you will be submitting electronically. Check **one** box only.

1. **Submitter Name:** Enter the name of the Provider or Clearing House/Billing Service Name as registered with New Jersey Medicaid/Gainwell Technologies.
2. **Submitter Street Address:** Enter the physical street address of the Provider or Clearing House/Billing Service. This **MUST** be a physical address. If a P. O. Box is entered in this area, the document will be rejected and returned for correction.
3. **City, State, Zip Code:** Enter the city, state and zip code. This **MUST** be part of the physical address.
4. **EDI Contact Person:** Enter the name of a person in the event Gainwell Technologies needs to contact someone from your company should there be a problem with your file or transmission of claims.
5. **Phone/Ext:** Enter the phone number along with the extension of a person from your company in the event Gainwell Technologies needs to contact someone should there be a problem with your file or transmission of claims.
6. **FAX:** Enter the FAX number of your place of business.
7. **Email Address:** Enter the email address. **PLEASE PRINT CLEARLY.** This should be a business email address. This email address will be entered as part of your submitter file profile. This email address will be used to notify you if there is a problem with your file transmission.
8. **2nd EDI Contact Person:** Enter the name of a secondary person in the event Gainwell Technologies needs to contact someone from your company. Preferably the ENROLLMENT DEPARTMENT responsible for handling the EDI Agreement applications.
9. **Phone/Ext:** Enter the secondary phone number along with the extension of a person from your company in the event Gainwell Technologies needs to contact someone.
10. **2nd EDI Contact Person Email Address:** Enter the email address. **PLEASE PRINT CLEARLY.** This should be a business email address. This email address will be used to send a confirmation to acknowledge the processing of the EDI Agreement and confirm your submitter profile has been updated to allow you to send HIPAA electronic claims.
11. **Submitter Representative's Signature:** This **MUST** be an original signature of the provider, business owner or Billing Service. **THIS MAY NOT BE STAMPED.** This person should have liability authority of the business.

12. **Date Signed:** Date signature was placed on the form.
13. **Submitter Representative's Name:** PLEASE PRINT CLEARLY and LEGIBLY the person's name who signed the form (from Item #11 above).

SECTION 2: HIPAA TRANSACTION SETS & CERTIFICATION

14. **Transaction Sets:** Indicate by placing a check mark in the appropriate boxes that describe the HIPAA transaction set type(s) to be submitted to Gainwell Technologies for the Provider Number above.
15. **Certification Vendor Name:** Enter the name of the organization certifying your ability to produce version 5010 837 transaction sets to Level 3 transaction testing. The HIPAA Certification MUST have either the Submitter's company name or the Software Vendor's company name on the certification.
16. **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. HIPAA Certification is REQUIRED individually for each of the transactions sets you will be submitting.

SECTION 3: SOFTWARE VENDOR INFORMATION**NOTE:**

- *If you are a Billing Service and you are using an in house product that was developed by your company, this section is still required.*
 - *If you are a Provider submitting claims directly to Gainwell Technologies this section must be completed.*
17. **SOFTWARE VENDOR NAME:** Enter the BUSINESS name of the software vendor.
 18. **STREET ADDRESS:** Enter the physical street address of the software vendor. This MUST be a physical address. If a P. O. Box is entered in this area, the document will be rejected and returned for correction.
 19. **CITY, STATE, ZIP CODE:** Enter the city, state and zip code. This **MUST** be part of the physical address.
 20. **SOFTWARE CONTACT PERSON:** Enter the name of a person from the software company in the event Gainwell Technologies needs to contact someone at the software company.
 21. **PHONE/EXT:** Enter the phone number along with the extension of a person from the software company in the event Gainwell Technologies needs to contact someone at the software company.
 22. **SOFTWARE CONTACT PERSON EMAIL ADDRESS:** Enter the email address of a contact person from the software company in the event Gainwell Technologies needs to contact someone at the software company regarding updates, changes, problems, etc., with software.
 23. **2nd SOFTWARE CONTACT PERSON:** Enter the name of a secondary person from the software company in the event Gainwell Technologies needs to contact someone at the software company.
 24. **PHONE/EXT:** Enter a secondary phone number along with the extension of a person from the software company in the event Gainwell Technologies needs to contact someone at the software company.

25. **2nd SOFTWARE CONTACT PERSON EMAIL ADDRESS:** Enter the email address of a second contact person from the software company in the event Gainwell Technologies needs to contact someone at the software company regarding updates, changes, problems, etc., with software.
26. **FAX:** Enter the FAX number of the software company.
27. **SOFTWARE PRODUCT NAME:** If a software company has multiple products, please enter the name of the product you are installing for the submission of the HIPAA transaction sets indicated in Section 2 above.
28. **SOFTWARE PRODUCT VERSION/RELEASE NUMBER/NAME:** Please enter the release number of the software product you are installing for submission of the HIPAA transaction sets indicated in Section 2 above.
29. **SOFTWARE PRODUCT RELEASE DATE:** Please enter the release date of the software product you are installing for submission of the HIPAA transaction sets indicated in Section 2 above.

Return the completed EDI Agreement to Gainwell Technologies at the following address:

Via U.S. Mail

EDI Unit

Gainwell Technologies

P.O. Box 4804

Trenton, New Jersey 08650 – 4804

Other Carriers

EDI Unit

Gainwell Technologies

3705 Quakerbridge Road, Suite 101

Trenton, New Jersey 08619

For Internal Use Only EMCAGREE			
DOCTYPE	Submitter ID	Submitter & Provider Name	
Update Initials	Date	QA Initials/Date	Provider Group Number

- 837-I-D-P
- E-RA
- SIGN
- ADD
- TERM



HIPAA 837 Claims EDI Agreement

- MEDICAID CHARITY CARE

SECTION 1: SUBMITTER INFORMATION

Every Submitter or their designated Clearing House/Billing Service, as a condition for submitting electronic claim transactions to New Jersey Medicaid, must complete, sign and submit this HIPAA 837 Claims EDI Agreement to the New Jersey Medicaid Program or their designated agent. A submitter is defined as either 1) a third party Clearing House/Billing Service who has entered into a contract with one or more New Jersey Medicaid providers to submit claims to New Jersey Medicaid on behalf of the provider or 2) a New Jersey Medicaid provider that will be submitting their claims directly to New Jersey Medicaid rather than through a third party Clearing House/Billing Service. By signing this agreement you are certifying that the claim transactions you submit will be true, accurate and complete; and agree to keep such records as are necessary to disclose fully the extent of software services provided, and to furnish information for such services as the State agency may request.

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.

- 1) Submitter Name: _____
- 2) Submitter Street Address: _____
(P.O. Boxes not accepted. Agreement will be rejected and returned if P.O. Box is listed. This must be the physical street address of the submitter).
- 3) City, State, Zip Code: _____
- 4) EDI Contact Person: _____ 5) Phone/Ext: (____) _____ / _____
- 6) FAX: (____) _____ 7) Email Address: _____
- 8) 2nd EDI Contact Person: _____ 9) Phone/ Ext:(____) _____ / _____
- 10) 2nd EDI Contact Person Email Address: _____

11) Submitter Representative's Signature (must be original) 12) Date Signed

13) (Submitter Representative's Name – Please Print Clearly)

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".

Submitter Name: _____ Submitter #: _____

SECTION 2: HIPAA TRANSACTION SETS & CERTIFICATION

14) Transaction Sets:

5010	<input type="checkbox"/>	837 Claim Professional 005010X222A1	<input type="checkbox"/>	837 Claim Institutional 005010X223A2	<input type="checkbox"/>	837 Claim Dental 005010X224A2
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15) Certification Vendor Name: _____

16) Certification Attached: Yes No

FOR EACH BOX CHECKED, THERE MUST BE A HIPAA CERTIFICATION – LEVEL III WITH EITHER THE SUBMITTER'S COMPANY NAME OR THE SOFTWARE VENDOR'S COMPANY NAME ON THE CERTIFICATION.

SECTION 3: SOFTWARE VENDOR INFORMATION

This section is to identify third party software vendor and software product information if you are using a third party software product for the actual creation and submission of transactions to New Jersey Medicaid. If you are using software capabilities that were developed in house, please enter your company name followed by "In House" in the Software Vendor Name field.

17) SOFTWARE VENDOR NAME: _____

18) STREET ADDRESS: _____
(P.O. Boxes not accepted. Agreement will be rejected and returned if P.O. Box is listed. This must be the physical street address of the submitter).

19) CITY, STATE, ZIP CODE: _____

20) SOFTWARE CONTACT PERSON: _____ 21) PHONE/EXT:() /

22) SOFTWARE CONTACT PERSON EMAIL ADDRESS: _____

23) 2nd SOFTWARE CONTACT PERSON: _____ 24) PHONE/EXT:() /

25) 2nd SOFTWARE CONTACT PERSON EMAIL ADDRESS: _____

26) FAX: () _____

27) SOFTWARE PRODUCT NAME: _____

28) SOFTWARE PRODUCT VERSION/RELEASE NUMBER/NAME: _____

29) SOFTWARE PRODUCT RELEASE DATE: _____

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

Return the completed EDI Agreement to Gainwell Technologies at the following address:

Via U.S. Mail
EDI UNIT
Gainwell Technologies
P.O. Box 4804
Trenton, New Jersey 08650-4804

Other Carriers
EDI UNIT
Gainwell Technologies
3705 Quakerbridge Road, Suite 101
Trenton, New Jersey 08619

8.3 Submitter/Provider Relationship EDI Agreement (Form EDI-201) Instructions

WHO SHOULD COMPLETE THIS AGREEMENT?

WHAT IF I AM THE PROVIDER AND SUBMIT MY CLAIMS DIRECTLY TO NEW JERSEY MEDICAID?

Providers who are submitting their claims directly to New Jersey Medicaid will need to complete an agreement for each of their New Jersey Medicaid billing/pay-to provider numbers. In this case, the provider is considered to serve as both the submitter and the provider. In most cases, a provider submitting their claims directly to New Jersey Medicaid will be submitting claims under a single New Jersey Medicaid billing/pay-to provider number. However, there are cases where the provider may have been issued multiple New Jersey Medicaid billing/pay-to provider numbers. When this occurs, a separate agreement is required for each provider number.

WHAT IF I USE A CLEARINGHOUSE/BILLING SERVICE TO SUBMIT THE CLAIMS TO NEW JERSEY MEDICAID ON MY BEHALF?

Providers who are submitting their claims to New Jersey Medicaid through a Clearing House/Billing Service must also complete a **Submitter/Provider Relationship EDI Agreement (Form EDI-201)** with the Clearing House/Billing Service and the completed agreement must be returned to the Gainwell Technologies EDI Unit for processing. A separate agreement is required for each New Jersey Medicaid billing/pay-to provider number.

In this case, the Submitter (or the Clearing House who owns the NJ Submitter ID) completes Section 1 of the agreement and the provider completes Section 2 of the agreement. Original signatures are required.

Section 3 is to be completed by the provider to identify the software that is being used within the provider's office to capture the claims data and to then send that claims data to the clearing house/billing service.

SECTION 1: SUBMITTER INFORMATION

For the **MEDICAID**, or **CHARITY CARE** check boxes located at the top of the form, indicate the type of claims you will be electronically submitting. Check **one** box only. A separate New Jersey Medicaid Submitter/Provider Relationship 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.

1. **Submitter Name:** Enter the name of the Provider or Billing Service as registered with New Jersey Medicaid/Gainwell Technologies.
2. **Submitter ID:** Enter the Submitter ID as assigned by Gainwell Technologies.
3. **Submitter Street Address:** Enter the physical street address of the Provider or Clearing House/Billing Service. This **MUST** be a physical address. If a P. O. Box is entered in this area, the document will be rejected and returned for correction.
4. **City, State, Zip Code:** Enter the city, state and zip code. This **MUST** be part of the physical address.
5. **Submitter Representative's Signature:** This **MUST** be an original signature of the Provider or Clearing House/Billing Service. **THIS MAY NOT BE STAMPED.** This person should have liability authority of the business.
6. **Date Signed:** Date signature was placed on this form.
7. **Submitter Representative's Name:** PLEASE PRINT CLEARLY and LEGIBLY the person's name who signed this form (Item# 5 above).

8. **Submitter Representative Telephone Number/Ext:** Enter the phone number along with the extension of a person from your company in the event Gainwell Technologies needs to contact someone in reference to their electronic file submission.
9. **FAX:** Enter the FAX number of your place of business.
10. **Submitter Representative Email Address:** Enter the email address. **PLEASE PRINT CLEARLY.** This should be a business email address. This email address will be used to contact someone from your company concerning the electronic file submission or allow you to submit HIPAA electronic claims.
11. **2nd Submitter Contact Person:** Enter the name of a person in the event Gainwell Technologies needs to contact someone from your company. This person's name will be entered as part of your Submitter file profile. This person's name will be used to confirm a provider has been linked to your Submitter ID, preferably someone in the Enrollment Department who handles the EDI Agreement applications.
12. **Phone/Ext:** Enter the secondary phone number along with the extension of a person from your company in the event Gainwell Technologies needs to contact someone.
13. **2nd Submitter Contact Person Email Address:** Enter the email address. **PLEASE PRINT CLEARLY.** This should be a business email address. This email address will be entered as part of your Submitter file profile. This email address will be entered as part of your Submitter file profile. This email address will be used to confirm a provider has been linked to your Submitter ID, preferably someone in the Enrollment Department who handles the EDI Agreement applications.

SECTION 2: PROVIDER INFORMATION

NOTE: THIS INFORMATION SHOULD ONLY BE THE INFORMATION OF A NEW JERSEY MEDICAID PROVIDER. IF YOU ARE A SECONDARY BILLING SERVICE, PLEASE ADD A SUPPLEMENTARY SECTION 3 AND PLACE BILLING SERVICE INFORMATION ONLY IN SECTION 3.

14. **Action Requested:** Please check appropriate box if you are either adding a new provider number to be linked to your Submitter ID or terminating an existing provider from your Submitter ID.
15. **Provider Name:** Enter the BUSINESS name of the provider as they are registered with Gainwell Technologies.
16. **New Jersey Medicaid Provider Number:** Enter the New Jersey Medicaid Provider number assigned to the provider by Gainwell Technologies. In the case of a GROUP PRACTICE, the New Jersey Medicaid provider number assigned to the group practice should be used. If a provider practices as a sole practitioner, then his individual number may be used.
17. **NPI Number:** Enter the NPI number of the provider as assigned by NPPES and registered with Gainwell Technologies.
18. **Provider Street Address:** Enter the physical street address of the provider's place of business or service address as it is registered with Gainwell Technologies. This **MUST** be a physical address. If a P. O. Box is entered in this area, the document will be rejected and returned for correction.
19. **City, State, Zip Code:** Enter the city, state and zip code. This **MUST** be part of the physical address.
20. **Provider EDI Contact Person:** Enter the name of a person from the provider's place of business in the event Gainwell Technologies needs to contact someone at the provider level. (This must be someone at the provider's place of business. If a provider chooses to use a secondary billing service, the billing service information should be placed in Section 5.

21. **Phone/Ext:** Enter the phone number along with the extension of a person from the provider's or place of business in the event Gainwell Technologies needs to contact someone. This phone number is used to verify a current phone number is on file for the provider.
22. **FAX:** Enter the FAX number of the provider's place of business.
23. **Email Address:** PLEASE PRINT CLEARLY. Enter the email address of a contact person from the provider's place of business in the event Gainwell Technologies needs to contact someone.
24. **Provider Representative's Signature:** This **MUST** be an original signature of the New Jersey provider business owner. **THIS MAY NOT BE STAMPED.** This person should have liability authority of the business.
25. **Date Signed:** Date signature was placed on this form.
26. **Provider Representative's Name:** PLEASE PRINT CLEARLY and LEGIBLY the person's name who signed this form (Item# 24 above).

SECTION 3: PROVIDER SOFTWARE VENDOR INFORMATION

27. **SOFTWARE VENDOR NAME:** Enter the BUSINESS name of the Software Vendor.
28. **STREET ADDRESS:** Enter the physical street address of the software vendor. This **MUST** be a physical address. If a P. O. Box is entered in this area, the document will be rejected and returned for correction.
29. **CITY, STATE, ZIP CODE:** Enter the city, state and zip code. This **MUST** be part of the physical address.
30. **SOFTWARE CONTACT PERSON:** Enter the name of a person from the software company in the event Gainwell Technologies needs to contact someone at the software company.
31. **PHONE/EXT:** Enter the phone number along with the extension of a person from the software company in the event Gainwell Technologies needs to contact someone at the software company.
32. **SOFTWARE CONTACT PERSON EMAIL ADDRESS:** Enter the email address of a contact person from the software company in the event Gainwell Technologies needs to contact someone at the software company regarding updates, changes, problems etc., with software.
33. **2nd SOFTWARE CONTACT PERSON:** Enter the name of a secondary person from the software company in the event Gainwell Technologies needs to contact someone at the software company.
34. **PHONE/EXT:** Enter a secondary phone number along with the extension of a person from the software company in the event Gainwell Technologies needs to contact someone at the software company.
35. **2nd SOFTWARE CONTACT PERSON EMAIL ADDRESS:** Enter the email address of a second contact person from the software company in the event Gainwell Technologies needs to contact someone at the software company regarding updates, changes, problems etc., with software.
36. **FAX:** Enter the FAX number of the software company.
37. **SOFTWARE PRODUCT NAME:** If a software company has multiple products, please enter the name of the product you are installing for the submission of the HIPAA transaction sets indicated in Section 3 above.
38. **SOFTWARE PRODUCT VERSION/RELEASE NUMBER/NAME:** Please enter the release number of the software product you are installing for submission of the HIPAA transaction sets indicated in Section 3 above.

39. **SOFTWARE PRODUCT RELEASE DATE:** Please enter the release date of the software product you are installing for submission of the HIPAA transaction sets indicated in Section 3 above.

Return the completed EDI Agreement to Gainwell Technologies at the following address:

Via U.S. Mail

EDI Unit

Gainwell Technologies

P.O. Box 4804

Trenton, New Jersey 08650 – 4804

Other Carriers

EDI Unit

Gainwell Technologies

3705 Quakerbridge Road, Suite 101

Trenton, New Jersey 08619

For Internal Use Only EMCAGREE			
DOCTYPE	Submitter ID	Submitter & Provider Name	
Update Initials	Date	QA Initials/Date	Provider Group Number

- 837-I-D-P
- E-RA
- SIGN
- ADD
- TERM



Submitter/Provider Relationship EDI Agreement

- MEDICAID CHARITY CARE

SECTION 1: SUBMITTER INFORMATION

Every EDI submitter assigned a Submitter ID by New Jersey Medicaid must complete, sign and submit this New Jersey Medicaid Submitter/Provider Relationship Agreement before the submitter is authorized to submit claims for a New Jersey Medicaid Provider.

In some cases the submitter may be a New Jersey Medicaid provider and in other cases the submitter may be a third party Clearing House/Billing Service. Regardless, New Jersey Medicaid cannot process claims submitted with a specific Submitter ID for a specific New Jersey Medicaid provider number unless this agreement has been properly completed and submitted to New Jersey Medicaid or their designated agent. By signing this agreement the New Jersey Medicaid provider is authorizing the submitter to submit claims electronically to New Jersey Medicaid on their behalf.

A separate agreement is required for each New Jersey Medicaid Billing Provider Number.

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.

1) Submitter Name: _____ 2) Submitter ID: _____

3) Submitter Street Address: _____
(P.O. Boxes not accepted. Agreement will be rejected and returned if P.O. Box is listed. This must be the physical street address of the submitter).

4) City, State, Zip Code: _____

5) Submitter Representative's Signature (must be original) _____

6) Date Signed _____

7) Submitter Representative's Name – Please Print Clearly _____

8) Submitter Representative Telephone Number/Ext: (____) _____ / _____ 9) FAX: (____) _____

10) Submitter Representative Email Address: _____

11) 2nd Submitter Contact Person: _____ 12) Phone/Ext (____) _____ / _____

13) 2nd Submitter Contact Person Email Address: _____

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".

Provider Name: _____ Provider #: _____

SECTION 2: PROVIDER INFORMATION

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.

14) Action Requested: Add New Provider Terminate Existing Provider

15) Provider Name: _____

16) New Jersey Medicaid Provider Number: _____

17) Provider NPI Number: _____

18) Provider Street Address: _____
(P.O. Boxes not accepted. Agreement will be rejected and returned if P.O. Box is listed. This must be the physical street address of the submitter).

19) City, State, Zip Code: _____

20) Provider EDI Contact Person: _____ 21) Phone/Ext: (____) _____ / _____

22) FAX: (____) _____ 23) Email Address: _____

24) Provider Representative's Signature (must be original)_____
25) Date Signed_____
26) Provider Representative's Name – Please Print Clearly

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 3: PROVIDER SOFTWARE VENDOR INFORMATION

This section is to identify the third party software vendor practice management system that the provider is using to exchange information with their third party billing service. This section may also be repeated if a secondary billing service is being used in addition to a clearing house.

27) SOFTWARE VENDOR NAME: _____

28) STREET ADDRESS: _____
(P.O. Boxes not accepted. Agreement will be rejected and returned if P.O. Box is listed. This must be the physical street address of the software vendor).

Provider Name: _____ Provider #: _____

29) CITY, STATE, ZIP CODE: _____

30) SOFTWARE CONTACT PERSON: _____ 31) PHONE/EXT: (____) ____ / _____

32) SOFTWARE CONTACT PERSON EMAIL ADDRESS: _____

33) 2nd SOFTWARE CONTACT PERSON: _____ 34) PHONE/EXT:(____) ____ / _____

35) SOFTWARE CONTACT PERSON EMAIL ADDRESS: _____

36) FAX: (____) _____

37) SOFTWARE PRODUCT NAME: _____

38) SOFTWARE PRODUCT VERSION/RELEASE NUMBER/NAME: _____

39) SOFTWARE PRODUCT RELEASE DATE: _____

***** PLEASE MAINTAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS. *******Return the completed EDI Agreement to Gainwell Technologies at the following address:**

Via U.S. Mail
EDI Unit
Gainwell Technologies
P.O. Box 4804
Trenton, New Jersey 08650 – 4804

Other Carriers
EDI Unit
Gainwell Technologies
3705 Quakerbridge Road, Suite 101
Trenton, New Jersey 08619

8.5 Electronic Remittance Advice EDI Agreement (Form EDI-801) Instructions

WHO SHOULD COMPLETE THIS AGREEMENT?

If you are a New Jersey Medicaid provider who is not already being provided electronic remittance advice and you now wish to receive electronic remittance advice, you must complete the Electronic Remittance Advice (ERA) EDI Agreement (Form EDI-801). You must include the designation of the Submitter ID under which the electronic remittance advice will be made available. The completed agreement must be returned to the Gainwell Technologies EDI Unit for processing. Gainwell Technologies will ONLY allow one entity to receive your electronic remittance data.

For the **MEDICAID**, or **CHARITY CARE** check boxes located at the top of the form, indicate the Provider Type for which you will receive electronic remittance data for. Check **one** box only. A separate New Jersey Medicaid Electronic Remittance Advice EDI Agreement is required for each provider number you will be electronically receiving remittance advice 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: PROVIDER INFORMATION

1. **Action Requested:** Please check appropriate box if you are either adding a new provider number to be linked to your Submitter ID or terminating an existing provider from your Submitter ID.
2. **Provider Name:** PRINT CLEARLY the BUSINESS name of the provider as they are registered with Gainwell Technologies.
3. **Submitter Name:** PRINT CLEARLY the BUSINESS name of the entity to receive the electronic remittance information.
4. **Date:** Enter the date you wish to begin receiving the electronic remittance information. NOTE: In many cases it will be a new software product to be installed, so you may use a future date. It is best to install new software after the weekly submission is sent and processed. We recommend a Monday date).
5. **Provider Representative's Signature:** This should be the signature of the provider business owner or someone in the business with liability authority. This must be original.
6. **Date:** Date signature was placed on form.
7. **Provider Representative's Name:** PRINT CLEARLY the person's name who signed this form (item # 6 above).
8. **Medicaid Provider ID (GROUP ID):** Enter the New Jersey Medicaid Provider Number or Group Provider Number assigned to the provider by Gainwell Technologies. In the case of a GROUP PRACTICE, the New Jersey Medicaid provider number assigned to the group practice should be used. If a provider practices as a sole practitioner, then the provider number assigned to the individual should be used.
9. **NPI Number:** Enter the NPI number of the Provider as assigned by NPPES and registered with Gainwell Technologies. Please indicate the GROUP NPI if this is a group practice. If a provider practices as a sole practitioner, then use the NPI assigned to the individual practitioner.
10. **Provider Name:** Enter the BUSINESS name of the provider as they are registered with Gainwell Technologies.
11. **Provider Street Address:** Enter the physical street address of the provider's place of business or service address as it is registered with Gainwell Technologies. This **MUST** be a physical address. If a P. O. Box is entered in this area, the document will be rejected and returned for correction.

12. **City, State, Zip Code:** Enter the city, state and zip code. This **MUST** be part of the physical address.
13. **Provider Contact Person:** Enter the name of a person from the provider's place of business in the event Gainwell Technologies needs to contact someone at the provider level.
14. **Phone/Ext:** Enter the phone number along with the extension of a person from the provider's or place of business in the event Gainwell Technologies needs to contact someone.

SECTION 2: RECEIVER INFORMATION

15. **Submitter Name:** Enter the business name of the Provider/Submitter or Billing Agent/Submitter who will be receiving the 835 Health Care Claim Payment/Advice and 277 Health Care Claim Pending Status Information .
16. **Submitter ID:** Enter the Submitter ID previously assigned by Gainwell Technologies. Doing so will notify Gainwell Technologies that the Provider Number entered above is to be linked for electronic remittance information. If a submitter number has not been assigned, please complete the HIPAA 837 EDI Agreement (EDI-101).
17. **Submitter Address:** Enter the physical street address of the Provider or Billing Agent/Service receiving the electronic remittance information. This **MUST** be a physical address. If a P. O. Box is entered in this area, the document will be rejected and returned for correction.
18. **City, St., Zip:** Enter the city, state and zip code. This **MUST** be part of the physical address.
19. **FAX:** Enter the FAX number of your place of business.
20. **Submitter Contact Person:** Enter the name of a person in the event Gainwell Technologies needs to contact someone from your company.
21. **Phone/Ext:** Enter the phone number along with the extension of a person from your company in the event Gainwell Technologies needs to contact someone.
22. **Submitter Email Address:** Enter the email address. **PLEASE PRINT CLEARLY.** This should be a business email address. This email address used to communicate technical problems concerning 835 processing.
23. **2nd Submitter Contact Person:** Enter the name of a person in the event Gainwell Technologies needs to contact someone from your company.
24. **Phone/Ext:** Enter the secondary phone number along with the extension of a person from your company in the event Gainwell Technologies needs to contact someone.
25. **2nd Submitter Contact Person Email Address:** Enter the email address. **PLEASE PRINT CLEARLY.** This should be a business email address. This email address will be used to acknowledge the processing of the EDI Agreement and confirm your submitter profile has been updated to allow you to receive 835 Electronic Remittance Advice.

Return the completed EDI Agreement to Gainwell Technologies at the following address:

Via U.S. Mail
EDI Unit
Gainwell Technologies
P.O. Box 4804
Trenton, New Jersey 08650 – 4804

Other Carriers
EDI Unit
Gainwell Technologies
3705 Quakerbridge Road, Suite 101
Trenton, New Jersey 08619

For Internal Use Only EMCAGREE			
DOCTYPE	Submitter ID	Submitter & Provider Name	
Update Initials	Date	QA Initials/Date	Provider Group Number

- 837-I-D-P
- E-RA
- SIGN
- ADD
- TERM



Electronic Remittance Advice (ERA) EDI Agreement

- MEDICAID CHARITY CARE

SECTION 1: PROVIDER INFORMATION

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.

1) Action Requested: Add New Provider Terminate Existing Provider

2) _____ hereby authorize
(Provider Name – Print Clearly)

3) _____ to receive my
(Submitter Name– Print Clearly) (*Entity receiving electronic remittance information*)

Electronic remittance advice as of 4) Date: ____/____/____ I understand this electronic remittance advice 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.

5) _____ 6) Date: _____
(Provider Representative's Signature)

7) Provider Representative's Name _____
(Please Print Clearly)

8) Medicaid Provider ID (GROUP ID): _____ 9) NPI (GROUP ID) _____

10) Provider Name: _____

11) Provider Street Address: _____

12) City, State, Zip Code: _____

13) Provider Contact Person: _____ 14) Phone/Ext: (____) _____

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"

Provider Name: _____ Provider Number: _____

SECTION 2: RECEIVER INFORMATION

15) Submitter Name: _____ 16) Submitter ID: _____

17) Submitter Address: _____

18) City, St., Zip: _____ 19) FAX: (____) _____

20) Submitter Contact Person: _____ 21) Phone/Ext:(____) _____

22) Submitter Email Address: _____

23) 2nd Submitter Contact Person: _____ 24) Phone/Ext:(____) _____ /25) 2nd Submitter Contact Person Email Address: _____**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"******* PLEASE MAINTAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS. *****

Return the completed EDI Agreement to Gainwell Technologies at the following address:

Via U.S. Mail
EDI Unit
Gainwell Technologies
P.O. Box 4804
Trenton, New Jersey 08650 – 4804

Other Carriers
EDI Unit
Gainwell Technologies
3705 Quakerbridge Road, Suite 101
Trenton, New Jersey 08619

Section 9 Submitter EDI Update Form (Form EDI-301)

It is very important that Gainwell Technologies always have the current address and contact information on file for the EDI Submitter. This information is necessary for a variety of reasons:

- It can be necessary to contact the submitter in the event there is an issue with the submitter's electronic claim submission, or
- confirmation on their EDI enrollment, or
- In the event we need to communicate changes to the electronic requirements.

Submitters must notify Gainwell Technologies in writing when the Submitter's address or contact information changes. The Submitter must complete a Submitter EDI Update Form and submit it to Gainwell Technologies. Failure to do so can result in the suspension of the Submitter's EDI privileges.

Some common reasons EDI privileges would be suspended are:

- US Mail being returned to Gainwell Technologies
- Email address is undeliverable
- Phone contact: Phone has been disconnected.

This form, as well as all others, is located under Forms and Documents on the main page of the NJMMIS website (www.njmmis.com).

9.1 Instructions for accessing the Submitter EDI Update Form

- Access the New Jersey Medicaid website at www.njmmis.com
- Under the **Information** Tab located on the lower left hand side of your screen, click on **Forms & Documents**
- For the **Choose a Type** field you want to select the value of **All**
- For the **Choose a Topic** field you want to select the value of **HIPAA**
- Click on the **Submit Request** button
- Click on the document titled **EDI-301 Submitter EDI Update Form**.

See the following page for a copy of the Submitter EDI Update Form.

NOTE: This is the only form that you are permitted to FAX. All other forms MUST have original signatures.

DOCTYPE: EMCAGREE



SUBMITTER EDI UPDATE FORM

USE THIS FORM TO REPORT ANY CHANGES TO THE CONTACT INFORMATION ON OUR RECORDS

SUBMITTER NUMBER: _____ (NOT TAX ID)	EFFECTIVE DATE: _____
SUBMITTER ADDRESS (Location from which EDI files are sent, <u>do not use P.O. Box</u>)	
NAME: _____	
ADDRESS: _____	
CITY: _____	
STATE: _____	ZIP: _____

SUBMITTER CONTACT NAME: _____ (Primary Person)	
SUBMITTER CONTACT PHONE #: _____	EXT: _____
FAX #: _____	
E-MAIL ADDRESS: _____	
<small>Note: If two e-mail addresses are entered there may only be a maximum of 58 characters</small>	

ADDITIONAL CONTACT NAME: _____	
ADDITIONAL CONTACT PHONE #: _____	EXT: _____
E-MAIL ADDRESS: _____	
<small>Note: If two e-mail addresses are entered there may only be a maximum of 58 characters</small>	

If you have a separate ENROLLMENT DEPARTMENT for notification of when a provider is linked to your SUBMITTER ID, please indicate it here:

ENROLLMENT CONTACT NAME: _____	
ENROLLMENT CONTACT PHONE #: _____	EXT: _____
E-MAIL ADDRESS: _____ (Primary) <small>Note: If two e-mail addresses are entered there may only be a maximum of 58 characters</small>	
E-MAIL ADDRESS: _____ (Secondary) <small>Note: If two e-mail addresses are entered there may only be a maximum of 58 characters</small>	

COMMENTS: _____

SIGNATURE

DATE

RETURN TO:	GAINWELL TECHNOLOGIES EDI UNIT P.O. BOX 4804 TRENTON, NJ 08650-4804	FAX: 1-609-584-8268	April 2024
EDI-301			

Section 10 ISA/IEA GS/GE Envelope and Acknowledgement Specifications

10.1 Delimiter Specifications

The following delimiters are required to be used in all 837 5010 electronic data interchanges sent to New Jersey Medicaid.

Character	Name	Delimiter
*	ASTERISK	DATA ELEMENT SEPARATOR
^	CARAT	REPETITION SEPARATOR
:	COLON	SEGMENT 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 nulls, tabs or carriage return and line feed characters. (These characters are displayed in Hexadecimal as 00 (null), 09 (tab) or 0D 0A (carriage return/line feed). Data interchanges containing these characters will be rejected from processing).**

10.2 ISA/IEA GS/GE 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), situational (S) or not used (N/U). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed. Segments and/or fields, which will be ignored by New Jersey Medicaid, are also indicated in this column.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
ISA		INTERCHANGE CONTROL HEADER	R	
	ISA01	Authorization Information Qualifier	R	Enter "03".
	ISA02	Authorization Information	R	Enter the seven-digit Submitter ID assigned by Medicaid followed by three spaces.
	ISA03	Security Information Qualifier	R	Enter "00".
	ISA04	Security Information	R	Enter "NONE" followed by six spaces.
	ISA05	Interchange ID Qualifier	R	Enter "ZZ".
	ISA06	Interchange Sender ID	R	Enter the seven-digit Submitter ID assigned by New Jersey Medicaid followed by eight spaces.
	ISA07	Interchange ID Qualifier	R	Enter "ZZ".
	ISA08	Interchange Receiver ID	R	Enter "610515" followed by nine spaces.
	ISA09	Interchange Date	R	
	ISA10	Interchange Time	R	
	ISA11	Repetition Separator	R	Enter a carat "^" for the Repetition Separator value.
	ISA12	Interchange Control Version Number	R	
	ISA13	Interchange Control Number	R	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.
	ISA14	Acknowledgement Requested	R	
	ISA15	Usage Indicator	R	Enter "P" in this field as interchanges sent with a "T" will not be processed nor will they be acknowledged by a 999.
	ISA16	Component Element Separator	R	Enter a colon ":" for the Component Element Separator value.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
IEA		INTERCHANGE CONTROL TRAILER	R	
	IEA01	Number of Included Functional Groups	R	
	IEA02	Interchange Control Number	R	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		FUNCTIONAL GROUP HEADER	R	
	GS01	Functional Identifier Code	R	
	GS02	Application Sender Code	R	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.
	GS03	Application Receiver Code	R	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.
	GS04	Date	R	
	GS05	Time	R	
	GS06	Group Control Number	R	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 999 Implementation 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.
	GS07	Responsible Agency Code	R	
	GS08	Version Identifier Code	R	005010X222A1 – 837 Professional 005010X223A2 – 837 Institutional 005010X224A2 – 837 Dental 005010X228 – 277 Claim Pending Status Information 005010X221A1 – 835 Claim Payment/Advice 005010X231A1 – 999 Implementation Acknowledgement
GE		FUNCTIONAL GROUP TRAILER	R	
	GE01	Number of Transaction Sets Included	R	
	GE02	Group Control Number	R	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 999 Implementation 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.

10.3 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), situational (S) or not used (N/U). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
TA1		INTERCHANGE ACKNOWLEDGMENT	R	
	TA101	Interchange Control Number	R	This is the Unique Control number from the submitted file. This unique number from the submitted file is used in duplicate interchange checking.
	TA102	Interchange Date	R	
	TA103	Interchange Time	R	
	TA104	Interchange Acknowledgment Code	R	
	TA105	Interchange Note Code	R	

10.4 999 Implementation Acknowledgement For Health Care Insurance Loops, Segments, And Fields

The following tables outline the HIPAA segment and field specifications for receiving 999 Implementation Acknowledgement For Health Care Insurance transactions from New Jersey Medicaid. The **Usage** column indicates whether the segment or field is required (R), situational (S), optional (O) or not used (N/U). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
	ST03	Implementation Convention Reference	S	
AK1		FUNCTIONAL GROUP RESPONSE HEADER	R	
	AK101	Functional Identifier Code	R	
	AK102	Group Control Number	R	
	AK103	Version / Release / Industry Identifier Code	S	
AK2		TRANSACTION SET RESPONSE HEADER	S	
	AK201	Transaction Set Identifier Code	R	
	AK202	Transaction Set Control Number	R	
	AK203	Implementation Convention Reference	S	
IK3		ERROR IDENTIFICATION	S	
	IK301	Segment ID Code	R	
	IK302	Segment Position in Transaction Set	R	
	IK303	Loop Identifier Code	S	
	IK304	Implementation Convention Reference	S	
CTX		SEGMENT CONTEXT	S	
	CTX01	CONTEXT IDENTIFICATION	R	
	CTX01-1	Context Name	R	
	CTX01-2	Context Reference	N/U	
	CTX02	Segment ID Code	S	
	CTX03	Segment Position in Transaction Set	S	
	CTX04	Loop Identifier Code	S	
	CTX05	POSITION IN SEGMENT	S	
	CTX05-1	Element Position in Segment	R	
	CTX05-2	Component Data Element Position in Composite	S	
	CTX05-3	Repeating Data Element Position	S	
	CTX06	REFERENCE IN SEGMENT	S	
	CTX06-1	Data Element Reference Number	R	
	CTX06-2	Data Element Reference Number	N/U	
CTX		BUSINESS UNIT IDENTIFIER	S	
	CTX01	CONTEXT IDENTIFICATION	R	
	CTX01-1	Context Name	R	
	CTX01-2	Context Reference	R	
	CTX02	Segment ID Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
CTX	CTX03	Segment Position in Transaction Set	N/U	
	CTX04	Loop Identifier Code	N/U	
	CTX05	POSITION IN SEGMENT	N/U	
	CTX06	REFERENCE IN SEGMENT	N/U	
IK4		IMPLEMENTATION DATA ELEMENT NOTE	S	
	IK401	POSITION IN SEGMENT	R	
	IK401-1	Element Position in Segment	R	
	IK401-2	Component Data Element Position in Composite	S	
	IK401-3	Repeating Data Element Position	S	
	IK402	Data Element Reference Number	S	
	IK403	Implementation Data Element Syntax Error Code	R	
	IK404	Copy of Bad Data Element	S	
CTX		ELEMENT CONTEXT	S	
	CTX01	CONTEXT IDENTIFICATION	R	
	CTX01-1	Context Name	R	
	CTX01-2	Context Reference	N/U	
	CTX02	Segment ID Code	R	
	CTX03	Segment Position in Transaction Set	R	
	CTX04	Loop Identifier Code	S	
	CTX05	POSITION IN SEGMENT	S	
	CTX05-1	Element Position in Segment	R	
	CTX05-2	Component Data Element Position in Composite	S	
	CTX05-3	Repeating Data Element Position	S	
	CTX06	REFERENCE IN SEGMENT	S	
	CTX06-1	Data Element Reference Number	R	
	CTX06-2	Data Element Reference Number	N/U	
IK5		TRANSACTION SET RESPONSE TRAILER	R	
	IK501	Transaction Set Acknowledgment Code	R	
	IK502	Implementation Transaction Set Syntax Error Code	S	
	IK503	Implementation Transaction Set Syntax Error Code	S	
	IK504	Implementation Transaction Set Syntax Error Code	S	
	IK505	Implementation Transaction Set Syntax Error Code	S	
	IK506	Implementation Transaction Set Syntax Error Code	S	
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	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
AK9	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	
SE		TRANSACTION SET TRAILER	R	
	SE01	Number of Included Segments	R	
	SE02	Transaction Set Control Number	R	

Section 11 837 Institutional Specifications

11.1 Loops, Segments, Fields/NJ Medicaid Specific Requirements

The following tables outline the HIPAA 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), situational (S) or not used (N/U). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed. Segments and/or fields, which will be ignored by New Jersey Medicaid, are also indicated in this column. The symbol “FFS” in this column makes reference to special requirements for fee-for-service providers regarding inpatient, outpatient, and home health claim submissions. The symbol “CCP” makes reference to special requirements for Charity Care submissions. The symbol “XVR” makes reference to special requirements for the submission of inpatient and outpatient provider-initiated Medicare crossover claims. The symbol “LTC” makes reference to special requirements for Long Term Care providers regarding the submission of long term care claims and the symbol “DOC” makes reference to special requirements for the submission of inpatient and outpatient Department of Corrections claims.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
	ST03	Implementation Convention Reference	R	
BHT		BEGINNING OF HIERARCHICAL TRANSACTION	R	
	BHT01	Hierarchical Structure Code	R	
	BHT02	Transaction Set Purpose Code	R	
	BHT03	Originator Application Transaction Identifier	R	
	BHT04	Transaction Set Creation Date	R	
	BHT05	Time	R	
	BHT06	Transaction Type Code	R	
1000A	NM1	SUBMITTER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Submitter Last or Organization Name	R	
	NM104	Submitter First Name	S	
	NM105	Submitter Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	
	NM109	Submitter Identifier	R	Enter the seven-digit Submitter ID assigned by New Jersey Medicaid.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
1000A	PER	SUBMITTER EDI CONTACT INFORMATION	R	
	PER01	Contact Function Code	R	
	PER02	Submitter Contact Name	S	
	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	
	PER09	Contact Inquiry Reference	N/U	
1000B	NM1	RECEIVER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Receiver Name	R	Enter "NEW JERSEY MEDICAID".
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	
	NM109	Receiver Primary Identifier	R	Enter "610515".
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2000A	HL	BILLING PROVIDER HIERARCHICAL LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	N/U	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
2000A	PRV	BILLING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Provider Taxonomy Code	R	A valid HIPAA taxonomy code is required on all <u>FFS</u> and <u>CCP</u> claims.
	PRV04	State or Province Code	N/U	
	PRV05	Provider Specialty Information	N/U	
	PRV06	Provider Organization Code	N/U	
2000A	CUR	FOREIGN CURRENCY INFORMATION	S	
	CUR01	Entity Identifier Code	R	
	CUR02	Currency Code	R	
	CUR03	Exchange Rate	N/U	
	CUR04	Entity Identifier Code	N/U	
	CUR05	Currency Code	N/U	
	CUR06	Currency Market/Exchange Code	N/U	
	CUR07	Date/Time Qualifier	N/U	
	CUR08	Date	N/U	
	CUR09	Time	N/U	
	CUR10	Date/Time Qualifier	N/U	
	CUR11	Date	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2000A	CUR12	Time	N/U	
	CUR13	Date/Time Qualifier	N/U	
	CUR14	Date	N/U	
	CUR15	Time	N/U	
	CUR16	Date/Time Qualifier	N/U	
	CUR17	Date	N/U	
	CUR18	Time	N/U	
	CUR19	Date/Time Qualifier	N/U	
	CUR20	Date	N/U	
	CUR21	Time	N/U	
2010AA	NM1	BILLING PROVIDER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Billing Provider Last or Organizational Name	R	A valid zip code of the service location is required on all <u>FFS</u> and <u>CCP</u> claims. If the billing provider represents a group, the service location zip code can be represented in the service facility location loop.
	NM104	Billing Provider First Name	N/U	
	NM105	Billing Provider Middle Name	N/U	
	NM106	Name Prefix	N/U	
	NM107	Billing Provider Name Suffix	N/U	
	NM108	Identification Code Qualifier	S	On or after Date of Service or Admit Date (for Inpatient and Inpatient Crossovers only) of 1/1/2013 <u>FFS</u> , <u>CCP</u> , <u>LTC</u> , <u>XVR</u> - All providers must be identified using the NPI.
	NM109	Billing Provider Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2010AA	N3	BILLING PROVIDER ADDRESS	R	
	N301	Billing Provider Address Line	R	
	N302	Billing Provider Address Line	S	
2010AA	N4	BILLING PROVIDER CITY/STATE/ZIP CODE	R	
	N401	Billing Provider City Name	R	
	N402	Billing Provider State or Province Code	S	
	N403	Billing Provider Postal Zone or ZIP Code	S	A valid zip code of the service location is required on all <u>FFS</u> and <u>CCP</u> claims. If the billing provider represents a group, the service location zip code can be represented in the service facility location loop.
	N404	Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010AA	REF	BILLING PROVIDER TAX IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Billing Provider Additional Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2010AA	PER	BILLING PROVIDER CONTACT INFORMATION	S	
	PER01	Contact Function Code	R	
	PER02	Billing Provider Contact Name	S	
	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	
	PER09	Contact Inquiry Reference	N/U	
2010AB	NM1	PAY-TO ADDRESS NAME	S	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Pay-to Provider Last or Organization Name	N/U	ignored
	NM104	Pay-to Provider First Name	N/U	ignored
	NM105	Pay-to Provider Middle Name	N/U	ignored
	NM106	Name Prefix	N/U	ignored
	NM107	Pay-to Provider Name Suffix	N/U	ignored
	NM108	Identification Code Qualifier	N/U	ignored
	NM109	Pay-to Provider Identifier	N/U	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2010AB	N3	PAY-TO PROVIDER ADDRESS	R	THIS LOOP WILL BE IGNORED
	N301	Pay-to Provider Address Line	R	ignored
	N302	Pay-to Provider Address Line	S	ignored
2010AB	N4	PAY-TO PROVIDER CITY/STATE/ZIP CODE	R	THIS LOOP WILL BE IGNORED
	N401	Pay-to Provider City Name	R	ignored
	N402	Pay-to Provider State Code	S	ignored
	N403	Pay-to Provider Postal Zone or ZIP Code	S	ignored
	N404	Pay-to Provider Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored
2010AC	NM1	PAY TO PLAN NAME	S	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Pay to Plan Organizational Name	R	ignored
	NM104	Name First	N/U	ignored
	NM105	Name Middle	N/U	ignored
	NM106	Name Prefix	N/U	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010AC	NM107	Name Suffix	N/U	ignored
	NM108	Identification Code Qualifier	R	ignored
	NM109	Identification Code	R	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2010AC	N3	PAY-TO PLAN ADDRESS	R	THIS LOOP WILL BE IGNORED
	N301	Pay-to Plan Address Line	R	ignored
	N302	Pay-to Plan Address Line	S	ignored
2010AC	N4	PAY-TO PLAN CITY/STATE/ZIP CODE	R	THIS LOOP WILL BE IGNORED
	N401	Pay-to Plan City Name	R	ignored
	N402	Pay-to Plan State Code	S	ignored
	N403	Pay-to Plan Postal Zone or ZIP Code	S	ignored
	N404	Pay-to Plan Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored
2010AC	REF	PAY-TO PLAN SECONDARY IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Reference Identification	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2010AC	REF	PAY-TO PLAN TAX IDENTIFICATION	R	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Reference Identification	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2000B	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	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.
2000B	SBR	SUBSCRIBER INFORMATION	R	
	SBR01	Payer Responsibility Sequence Number Code	R	
	SBR02	Individual Relationship Code	S	
	SBR03	Insured Group or Policy Number	S	
	SBR04	Insured Group Name	S	
	SBR05	Insurance Type Code	N/U	
	SBR06	Coordination of Benefits Code	N/U	
	SBR07	Yes/No Condition or Response Code	N/U	
	SBR08	Employment Status Code	N/U	
	SBR09	Claim Filing Indicator Code	S	Enter "MC".

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010BA	NM1	SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	Enter "1".
	NM103	Subscriber Last Name	R	
	NM104	Subscriber First Name	S	New Jersey Medicaid requires the beneficiary's first name.
	NM105	Subscriber Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Subscriber Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Subscriber Primary Identifier	R	<p><u>FFS</u> - 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.</p> <p><u>LTC</u> - Enter the twelve-digit Medicaid Beneficiary ID assigned by Medicaid.</p> <p><u>CCP</u> - Enter the nine-digit Social Security Number. If the Social Security Number is not available, enter "999999999".</p> <p><u>DOC</u> - Enter the 10-position SBI (State Bureau Identification) identifier.</p>
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2010BA	N3	SUBSCRIBER ADDRESS	S	
	N301	Subscriber Address Line	R	
	N302	Subscriber Address Line	S	
2010BA	N4	SUBSCRIBER CITY/STATE/ZIP CODE	S	
	N401	Subscriber City Name	R	
	N402	Subscriber State Code	S	
	N403	Subscriber Postal Zone or ZIP Code	S	
	N404	Subscriber Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	
2010BA	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION	S	
	DMG01	Date Time Period Format Qualifier	R	
	DMG02	Subscriber Birth Date	R	
	DMG03	Subscriber Gender Code	R	
	DMG04	Marital Status Code	N/U	
	DMG05	Race or Ethnicity Code	N/U	
	DMG06	Citizenship Status Code	N/U	
	DMG07	Country Code	N/U	
	DMG08	Basis of Verification Code	N/U	
	DMG09	Quantity	N/U	
	DMG10	Code List Qualifier Code	N/U	
	DMG11	Industry Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010BA	REF	SUBSCRIBER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Subscriber Supplemental Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2010BA	REF	PROPERTY AND CASUALTY CLAIM NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Property Casualty Claim Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2010BB	NM1	PAYER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Payer Name	R	Enter "NEW JERSEY MEDICAID".
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	
	NM109	Payer Identifier	R	Enter "012".
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2010BB	N3	PAYER ADDRESS	S	
	N301	Payer Address Line	R	
	N302	Payer Address Line	S	
2010BB	N4	PAYER CITY/STATE/ZIP CODE	S	
	N401	Payer City Name	R	
	N402	Payer State Code	S	
	N403	Payer Postal Zone or ZIP Code	S	
	N404	Payer Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	
2010BB	REF	PAYER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Payer Additional Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010BB	REF	BILLING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 - Provider Commercial Number LU – Location Number
	REF02	Reference Identification	R	<p>Prior to Date of Service or Admit Date (for Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 HIPAA NON-COVERED ENTITIES ONLY: FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 FFS, CCP, LTC, XVR - All providers must be identified using the NPI in Loop 2010AA in the NM1 segment.</p> <p>After dates of service 12/31/12, there are no Non-Covered Entities, and the LU should NOT be submitted. For dates of service BEFORE 1/1/2013 and for HIPAA NON-COVERED ENTITIES ONLY: Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2000C	HL	PATIENT HIERARCHICAL LEVEL	S	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
2000C	PAT	PATIENT INFORMATION	R	
	PAT01	Individual Relationship Code	R	
	PAT02	Patient Location Code	N/U	
	PAT03	Employment Status Code	N/U	
	PAT04	Student Status Code	N/U	
	PAT05	Date Time Period Format Qualifier	N/U	
	PAT06	Patient Death Date	N/U	
	PAT07	Unit or Basis for Measurement Code	N/U	
	PAT08	Patient Weight	N/U	
	PAT09	Pregnancy Indicator	N/U	
2010CA	NM1	PATIENT NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Patient Last Name	R	
	NM104	Patient First Name	S	
	NM105	Patient Middle Name	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010CA	NM106	Name Prefix	N/U	
	NM107	Patient Name Suffix	S	
	NM108	Identification Code Qualifier	N/U	
	NM109	Patient Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2010CA	N3	PATIENT ADDRESS	R	
	N301	Patient Address Line	R	
	N302	Patient Address Line	S	
2010CA	N4	PATIENT CITY/STATE/ZIP CODE	R	
	N401	Patient City Name	R	
	N402	Patient State Code	S	
	N403	Patient Postal Zone or ZIP Code	S	
	N404	Patient Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	
2010CA	DMG	PATIENT DEMOGRAPHIC INFORMATION	R	
	DMG01	Date Time Period Format Qualifier	R	
	DMG02	Patient Birth Date	R	
	DMG03	Patient Gender Code	R	
	DMG04	Marital Status Code	N/U	
	DMG05	Race or Ethnicity Code	N/U	
	DMG06	Citizenship Status Code	N/U	
	DMG07	Country Code	N/U	
	DMG08	Basis of Verification Code	N/U	
	DMG09	Quantity	N/U	
	DMG10	Code List Qualifier Code	N/U	
	DMG11	Industry Code	N/U	
2010CA	REF	PROPERTY AND CASUALTY CLAIM NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Property Casualty Claim Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	CLM	CLAIM INFORMATION	R	
	CLM01	Patient Account Number	R	New Jersey Medicaid will only recognize the first 20 characters of the Patient Control Number.
	CLM02	Total Claim Charge Amount	R	
	CLM03	Claim Filing Indicator Code	N/U	
	CLM04	Non-Institutional Claim Type Code	N/U	
	CLM05	Health Care Service Location Information	R	
	CLM05-1	Facility Type Code	R	LTC – The first position of this field must be 2 or 6.
	CLM05-2	Facility Code Qualifier	R	
	CLM05-3	Claim Frequency Code	R	
	CLM06	Provider or Supplier Signature Indicator	N/U	
	CLM07	Medicare Assignment Code	R	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	CLM08	Benefits Assignment Certification Indicator	R	
	CLM09	Release of Information Code	R	
	CLM10	Patient Signature Source Code	N/U	
	CLM11	RELATED CAUSES INFORMATION	N/U	
	CLM12	Special Program Indicator	N/U	
	CLM13	Yes/No Condition or Response Code	N/U	
	CLM14	Level of Service Code	N/U	
	CLM15	Yes/No Condition or Response Code	N/U	
	CLM16	Participation Agreement	N/U	
	CLM17	Claim Status Code	N/U	
	CLM18	Yes/No Condition or Response Code	N/U	
	CLM19	Claim Submission Reason Code	N/U	
	CLM20	Delay Reason Code	S	
2300	DTP	DATE - DISCHARGE HOUR	S	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Discharge Time	R	
2300	DTP	DATE - STATEMENT DATES	S	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Statement From and To Date	R	
2300	DTP	DATE - ADMISSION DATE/HOUR	S	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Admission Date and Hour	R	LTC – Use this field to communicate the admission date.
2300	DTP	DATE - REPRICER RECEIVED DATE	S	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Order Date	R	
2300	CL1	INSTITUTIONAL CLAIM CODE	S	
	CL101	Admission Type Code	S	
	CL102	Admission Source Code	S	
	CL103	Patient Status Code	R	LTC – Use this field to communicate the patient status based on the HIPAA/UB04 code set (previously identified as General Status Code on the LTC Turn Around Document).
	CL104	Nursing Home Code	NU	
2300	PWK	CLAIM SUPPLEMENTAL INFORMATION	S	
	PWK01	Attachment Report Type Code	R	FFS – Enter "OZ" when submitting paperwork (i.e. attachment) information. Refer to Section 7 of this manual for information on the HIPAA Attachment Cover Sheet.
	PWK02	Attachment Transmission Code	R	FFS – Enter "BM" when submitting a paper attachment by mail.
	PWK03	Report Copies Needed	N/U	
	PWK04	Entity Identifier Code	N/U	
	PWK05	Identification Code Qualifier	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	PWK06	Attachment Control Number	S	FFS – Enter the Patient Account Number coded in Segment CLM, Field CLM01.
	PWK07	Description	N/U	
	PWK08	ACTIONS INDICATED	N/U	
	PWK09	Request Category Code	N/U	
2300	CN1	CONTRACT INFORMATION	S	
	CN101	Contract Type Code	R	
	CN102	Contract Amount	S	
	CN103	Contract Percentage	S	
	CN104	Contract Code	S	
	CN105	Terms Discount Percent	S	
	CN106	Contract Version Identifier	S	
2300	AMT	PATIENT ESTIMATED AMOUNT DUE	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Patient Responsibility Amount	R	
	AMT03	Credit/Debit Flag Code	N/U	
2300	REF	SERVICE AUTHORIZATION EXCEPTION CODE	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Service Authorization Exception Code	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	REFERRAL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Referral Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	PRIOR AUTHORIZATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Prior Authorization Number	R	FFS – Enter the 10 digit Prior Authorization Number when REF01 equals "G1".
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	PAYER CLAIM CONTROL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Claim Original Reference Number	R	<p>Enter the 15-digit NJMMIS claim control number of original claim being corrected or voided when REF01 equals "F8".</p> <p>If claim control number is obtained from the NJMMIS 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.</p> <p>Note: When voiding a claim, the void should 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.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	REF	REPRICED CLAIM NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Repriced Claim Reference Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	ADJUSTED REPRICED CLAIM NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Adjusted Repriced Claim Reference Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	INVESTIGATIONAL DEVICE EXEMPTION NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Investigational Device Exemption Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Clearinghouse Trace Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	AUTO ACCIDENT STATE	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Auto Accident State or Province	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	MEDICAL RECORD NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Medical Record Number	R	FFS – New Jersey Medicaid will only capture the first 16 characters.
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	DEMONSTRATION PROJECT IDENTIFIER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Demonstration Project Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	PEER REVIEW ORGANIZATION (PRO) APPROVAL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	PRO Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	K3	FILE INFORMATION	S	
	K301	Fixed Format Information	R	
	K302	Record Format Code	N/U	
	K303	COMPOSITE UNIT OF MEASURE	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	NTE	CLAIM NOTE	S	
	NTE01	Note Reference Code	R	
	NTE02	Claim Note Text	R	
2300	NTE	BILLING NOTE	S	
	NTE01	Note Reference Code	R	
	NTE02	Billing Note Text	R	<p><u>LTC</u> - When billing long term care claims, additional <u>LTC Service</u> data is required at the positions identified within this NTE02 field, using the stated value sets.</p> <p><u>CCP</u> - The <u>Charity Care Write-off Date</u> is required at the positions identified within this NTE02 field, using the stated value sets.</p> <p>Refer to the <u>Institutional Billing Note Values</u> in the Data Element Dictionary section for a list of the value codes and their meanings.</p>
2300	CRC	EPSDT REFERRAL	S	
	CRC01	Code Category	R	
	CRC02	Certification Condition Indicator	R	
	CRC03	Condition Code	R	
	CRC04	Condition Code	S	
	CRC05	Condition Code	S	
	CRC06	Condition Indicator	N/U	
	CRC07	Condition Indicator	N/U	
2300	HI	PRINCIPAL DIAGNOSIS	R	
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI01-2	Principal Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI01-3	Date Time Period Format Qualifier	N/U	
	HI01-4	Date Time Period	N/U	
	HI01-5	Monetary Amount	N/U	
	HI01-6	Quantity	N/U	
	HI01-7	Version Identifier	N/U	
	HI01-8	Industry code	N/U	
	HI01-9	Present on Admission indicator	S	The NJMMIS will default the value to '1' if no value is submitted.
	HI02	HEALTH CARE CODE INFORMATION	N/U	
	HI02-1	Diagnosis Type Code	N/U	
	HI02-2	Principal Diagnosis Code	N/U	
	HI02-3	Date Time Period Format Qualifier	N/U	
	HI02-4	Date Time Period	N/U	
	HI02-5	Monetary Amount	N/U	
	HI02-6	Quantity	N/U	
	HI02-7	Version Identifier	N/U	
	HI02-8	Industry code	N/U	
	HI02-9	Present on Admission indicator	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI03	HEALTH CARE CODE INFORMATION	N/U	
	HI03-1	Diagnosis Type Code	N/U	
	HI03-2	Principal Diagnosis Code	N/U	
	HI03-3	Date Time Period Format Qualifier	N/U	
	HI03-4	Date Time Period	N/U	
	HI03-5	Monetary Amount	N/U	
	HI03-6	Quantity	N/U	
	HI03-7	Version Identifier	N/U	
	HI03-8	Industry code	N/U	
	HI03-9	Present on Admission indicator	N/U	
	HI04	HEALTH CARE CODE INFORMATION	N/U	
	HI04-1	Diagnosis Type Code	N/U	
	HI04-2	Principal Diagnosis Code	N/U	
	HI04-3	Date Time Period Format Qualifier	N/U	
	HI04-4	Date Time Period	N/U	
	HI04-5	Monetary Amount	N/U	
	HI04-6	Quantity	N/U	
	HI04-7	Version Identifier	N/U	
	HI04-8	Industry code	N/U	
	HI04-9	Present on Admission indicator	N/U	
	HI05	HEALTH CARE CODE INFORMATION	N/U	
	HI05-1	Diagnosis Type Code	N/U	
	HI05-2	Principal Diagnosis Code	N/U	
	HI05-3	Date Time Period Format Qualifier	N/U	
	HI05-4	Date Time Period	N/U	
	HI05-5	Monetary Amount	N/U	
	HI05-6	Quantity	N/U	
	HI05-7	Version Identifier	N/U	
	HI05-8	Industry code	N/U	
	HI05-9	Present on Admission indicator	N/U	
	HI06	HEALTH CARE CODE INFORMATION	N/U	
	HI06-1	Diagnosis Type Code	N/U	
	HI06-2	Principal Diagnosis Code	N/U	
	HI06-3	Date Time Period Format Qualifier	N/U	
	HI06-4	Date Time Period	N/U	
	HI06-5	Monetary Amount	N/U	
	HI06-6	Quantity	N/U	
	HI06-7	Version Identifier	N/U	
	HI06-8	Industry code	N/U	
	HI06-9	Present on Admission indicator	N/U	
	HI07	HEALTH CARE CODE INFORMATION	N/U	
	HI07-1	Diagnosis Type Code	N/U	
	HI07-2	Principal Diagnosis Code	N/U	
	HI07-3	Date Time Period Format Qualifier	N/U	
	HI07-4	Date Time Period	N/U	
	HI07-5	Monetary Amount	N/U	
	HI07-6	Quantity	N/U	
	HI07-7	Version Identifier	N/U	
	HI07-8	Industry code	N/U	
	HI07-9	Present on Admission indicator	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI08	HEALTH CARE CODE INFORMATION	N/U	
	HI08-1	Diagnosis Type Code	N/U	
	HI08-2	Principal Diagnosis Code	N/U	
	HI08-3	Date Time Period Format Qualifier	N/U	
	HI08-4	Date Time Period	N/U	
	HI08-5	Monetary Amount	N/U	
	HI08-6	Quantity	N/U	
	HI08-7	Version Identifier	N/U	
	HI08-8	Industry code	N/U	
	HI08-9	Present on Admission indicator	N/U	
	HI09	HEALTH CARE CODE INFORMATION	N/U	
	HI09-1	Diagnosis Type Code	N/U	
	HI09-2	Principal Diagnosis Code	N/U	
	HI09-3	Date Time Period Format Qualifier	N/U	
	HI09-4	Date Time Period	N/U	
	HI09-5	Monetary Amount	N/U	
	HI09-6	Quantity	N/U	
	HI09-7	Version Identifier	N/U	
	HI09-8	Industry code	N/U	
	HI09-9	Present on Admission indicator	N/U	
	HI10	HEALTH CARE CODE INFORMATION	N/U	
	HI10-1	Diagnosis Type Code	N/U	
	HI10-2	Principal Diagnosis Code	N/U	
	HI10-3	Date Time Period Format Qualifier	N/U	
	HI10-4	Date Time Period	N/U	
	HI10-5	Monetary Amount	N/U	
	HI10-6	Quantity	N/U	
	HI10-7	Version Identifier	N/U	
	HI10-8	Industry code	N/U	
	HI10-9	Present on Admission indicator	N/U	
	HI11	HEALTH CARE CODE INFORMATION	N/U	
	HI11-1	Diagnosis Type Code	N/U	
	HI11-2	Principal Diagnosis Code	N/U	
	HI11-3	Date Time Period Format Qualifier	N/U	
	HI11-4	Date Time Period	N/U	
	HI11-5	Monetary Amount	N/U	
	HI11-6	Quantity	N/U	
	HI11-7	Version Identifier	N/U	
	HI11-8	Industry code	N/U	
	HI11-9	Present on Admission indicator	N/U	
	HI12	HEALTH CARE CODE INFORMATION	N/U	
	HI12-1	Diagnosis Type Code	N/U	
	HI12-2	Principal Diagnosis Code	N/U	
	HI12-3	Date Time Period Format Qualifier	N/U	
	HI12-4	Date Time Period	N/U	
	HI12-5	Monetary Amount	N/U	
	HI12-6	Quantity	N/U	
	HI12-7	Version Identifier	N/U	
	HI12-8	Industry code	N/U	
	HI12-9	Present on Admission indicator	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI	ADMITTING DIAGNOSIS	S	
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BJ. For service/discharge dates on or after 10/1/2015, use ABJ.
	HI01-2	Admitting Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI01-3	Date Time Period Format Qualifier	N/U	
	HI01-4	Date Time Period	N/U	
	HI01-5	Monetary Amount	N/U	
	HI01-6	Quantity	N/U	
	HI01-7	Version Identifier	N/U	
	HI01-8	Industry code	N/U	
	HI01-9	Yes/No Condition or Response Code	N/U	
	HI02	HEALTH CARE CODE INFORMATION	N/U	
	HI02-1	Diagnosis Type Code	N/U	
	HI02-2	Principal Diagnosis Code	N/U	
	HI02-3	Date Time Period Format Qualifier	N/U	
	HI02-4	Date Time Period	N/U	
	HI02-5	Monetary Amount	N/U	
	HI02-6	Quantity	N/U	
	HI02-7	Version Identifier	N/U	
	HI02-8	Industry code	N/U	
	HI02-9	Present on Admission indicator	N/U	
	HI03	HEALTH CARE CODE INFORMATION	N/U	
	HI03-1	Diagnosis Type Code	N/U	
	HI03-2	Principal Diagnosis Code	N/U	
	HI03-3	Date Time Period Format Qualifier	N/U	
	HI03-4	Date Time Period	N/U	
	HI03-5	Monetary Amount	N/U	
	HI03-6	Quantity	N/U	
	HI03-7	Version Identifier	N/U	
	HI03-8	Industry code	N/U	
	HI03-9	Present on Admission indicator	N/U	
	HI04	HEALTH CARE CODE INFORMATION	N/U	
	HI04-1	Diagnosis Type Code	N/U	
	HI04-2	Principal Diagnosis Code	N/U	
	HI04-3	Date Time Period Format Qualifier	N/U	
	HI04-4	Date Time Period	N/U	
	HI04-5	Monetary Amount	N/U	
	HI04-6	Quantity	N/U	
	HI04-7	Version Identifier	N/U	
	HI04-8	Industry code	N/U	
	HI04-9	Present on Admission indicator	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI05	HEALTH CARE CODE INFORMATION	N/U	
2300	HI05-1	Diagnosis Type Code	N/U	
	HI05-2	Principal Diagnosis Code	N/U	
	HI05-3	Date Time Period Format Qualifier	N/U	
	HI05-4	Date Time Period	N/U	
	HI05-5	Monetary Amount	N/U	
	HI05-6	Quantity	N/U	
	HI05-7	Version Identifier	N/U	
	HI05-8	Industry code	N/U	
	HI05-9	Present on Admission indicator	N/U	
	HI06	HEALTH CARE CODE INFORMATION	N/U	
	HI06-1	Diagnosis Type Code	N/U	
	HI06-2	Principal Diagnosis Code	N/U	
	HI06-3	Date Time Period Format Qualifier	N/U	
	HI06-4	Date Time Period	N/U	
	HI06-5	Monetary Amount	N/U	
	HI06-6	Quantity	N/U	
	HI06-7	Version Identifier	N/U	
	HI06-8	Industry code	N/U	
	HI06-9	Present on Admission indicator	N/U	
	HI07	HEALTH CARE CODE INFORMATION	N/U	
	HI07-1	Diagnosis Type Code	N/U	
	HI07-2	Principal Diagnosis Code	N/U	
	HI07-3	Date Time Period Format Qualifier	N/U	
	HI07-4	Date Time Period	N/U	
	HI07-5	Monetary Amount	N/U	
	HI07-6	Quantity	N/U	
	HI07-7	Version Identifier	N/U	
	HI07-8	Industry code	N/U	
	HI07-9	Present on Admission indicator	N/U	
	HI08	HEALTH CARE CODE INFORMATION	N/U	
	HI08-1	Diagnosis Type Code	N/U	
	HI08-2	Principal Diagnosis Code	N/U	
	HI08-3	Date Time Period Format Qualifier	N/U	
	HI08-4	Date Time Period	N/U	
	HI08-5	Monetary Amount	N/U	
	HI08-6	Quantity	N/U	
	HI08-7	Version Identifier	N/U	
	HI08-8	Industry code	N/U	
	HI08-9	Present on Admission indicator	N/U	
	HI09	HEALTH CARE CODE INFORMATION	N/U	
	HI09-1	Diagnosis Type Code	N/U	
	HI09-2	Principal Diagnosis Code	N/U	
	HI09-3	Date Time Period Format Qualifier	N/U	
	HI09-4	Date Time Period	N/U	
	HI09-5	Monetary Amount	N/U	
	HI09-6	Quantity	N/U	
	HI09-7	Version Identifier	N/U	
	HI09-8	Industry code	N/U	
	HI09-9	Present on Admission indicator	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI10	HEALTH CARE CODE INFORMATION	N/U	
2300	HI10-1	Diagnosis Type Code	N/U	
	HI10-2	Principal Diagnosis Code	N/U	
	HI10-3	Date Time Period Format Qualifier	N/U	
	HI10-4	Date Time Period	N/U	
	HI10-5	Monetary Amount	N/U	
	HI10-6	Quantity	N/U	
	HI10-7	Version Identifier	N/U	
	HI10-8	Industry code	N/U	
	HI10-9	Present on Admission indicator	N/U	
	HI11	HEALTH CARE CODE INFORMATION	N/U	
	HI11-1	Diagnosis Type Code	N/U	
	HI11-2	Principal Diagnosis Code	N/U	
	HI11-3	Date Time Period Format Qualifier	N/U	
	HI11-4	Date Time Period	N/U	
	HI11-5	Monetary Amount	N/U	
	HI11-6	Quantity	N/U	
	HI11-7	Version Identifier	N/U	
	HI11-8	Industry code	N/U	
	HI11-9	Present on Admission indicator	N/U	
	HI12	HEALTH CARE CODE INFORMATION	N/U	
	HI12-1	Diagnosis Type Code	N/U	
	HI12-2	Principal Diagnosis Code	N/U	
	HI12-3	Date Time Period Format Qualifier	N/U	
	HI12-4	Date Time Period	N/U	
	HI12-5	Monetary Amount	N/U	
	HI12-6	Quantity	N/U	
	HI12-7	Version Identifier	N/U	
	HI12-8	Industry code	N/U	
	HI12-9	Present on Admission indicator	N/U	
2300	HI	PATIENT REASON FOR VISIT	S	
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use PR. For service/discharge dates on or after 10/1/2015, use APR.
	HI01-2	Patient Reason For Visit	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI01-3	Date Time Period Format Qualifier	N/U	
	HI01-4	Date Time Period	N/U	
	HI01-5	Monetary Amount	N/U	
	HI01-6	Quantity	N/U	
	HI01-7	Version Identifier	N/U	
	HI01-8	Industry code	N/U	
	HI01-9	Yes/No Condition or Response Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI02	HEALTH CARE CODE INFORMATION	S	
2300	HI02-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use PR. For service/discharge dates on or after 10/1/2015, use APR.
	HI02-2	Patient Reason For Visit	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI02-3	Date Time Period Format Qualifier	N/U	
	HI02-4	Date Time Period	N/U	
	HI02-5	Monetary Amount	N/U	
	HI02-6	Quantity	N/U	
	HI02-7	Version Identifier	N/U	
	HI02-8	Industry code	N/U	
	HI02-9	Yes/No Condition or Response Code	N/U	
	HI03	HEALTH CARE CODE INFORMATION	S	
	HI03-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use PR. For service/discharge dates on or after 10/1/2015, use APR.
	HI03-2	Patient Reason For Visit	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI03-3	Date Time Period Format Qualifier	N/U	
	HI03-4	Date Time Period	N/U	
	HI03-5	Monetary Amount	N/U	
	HI03-6	Quantity	N/U	
	HI03-7	Version Identifier	N/U	
	HI03-8	Industry code	N/U	
	HI03-9	Yes/No Condition or Response Code	N/U	
	HI04	HEALTH CARE CODE INFORMATION	N/U	
	HI04-1	Diagnosis Type Code	N/U	
	HI04-2	Principal Diagnosis Code	N/U	
	HI04-3	Date Time Period Format Qualifier	N/U	
	HI04-4	Date Time Period	N/U	
	HI04-5	Monetary Amount	N/U	
	HI04-6	Quantity	N/U	
	HI04-7	Version Identifier	N/U	
	HI04-8	Industry code	N/U	
	HI04-9	Present on Admission indicator	N/U	
	HI05	HEALTH CARE CODE INFORMATION	N/U	
	HI05-1	Diagnosis Type Code	N/U	
	HI05-2	Principal Diagnosis Code	N/U	
	HI05-3	Date Time Period Format Qualifier	N/U	
	HI05-4	Date Time Period	N/U	
	HI05-5	Monetary Amount	N/U	
	HI05-6	Quantity	N/U	
	HI05-7	Version Identifier	N/U	
	HI05-8	Industry code	N/U	
	HI05-9	Present on Admission indicator	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI06	HEALTH CARE CODE INFORMATION	N/U	
2300	HI06-1	Diagnosis Type Code	N/U	
	HI06-2	Principal Diagnosis Code	N/U	
	HI06-3	Date Time Period Format Qualifier	N/U	
	HI06-4	Date Time Period	N/U	
	HI06-5	Monetary Amount	N/U	
	HI06-6	Quantity	N/U	
	HI06-7	Version Identifier	N/U	
	HI06-8	Industry code	N/U	
	HI06-9	Present on Admission indicator	N/U	
	HI07	HEALTH CARE CODE INFORMATION	N/U	
	HI07-1	Diagnosis Type Code	N/U	
	HI07-2	Principal Diagnosis Code	N/U	
	HI07-3	Date Time Period Format Qualifier	N/U	
	HI07-4	Date Time Period	N/U	
	HI07-5	Monetary Amount	N/U	
	HI07-6	Quantity	N/U	
	HI07-7	Version Identifier	N/U	
	HI07-8	Industry code	N/U	
	HI07-9	Present on Admission indicator	N/U	
	HI08	HEALTH CARE CODE INFORMATION	N/U	
	HI08-1	Diagnosis Type Code	N/U	
	HI08-2	Principal Diagnosis Code	N/U	
	HI08-3	Date Time Period Format Qualifier	N/U	
	HI08-4	Date Time Period	N/U	
	HI08-5	Monetary Amount	N/U	
	HI08-6	Quantity	N/U	
	HI08-7	Version Identifier	N/U	
	HI08-8	Industry code	N/U	
	HI08-9	Present on Admission indicator	N/U	
	HI09	HEALTH CARE CODE INFORMATION	N/U	
	HI09-1	Diagnosis Type Code	N/U	
	HI09-2	Principal Diagnosis Code	N/U	
	HI09-3	Date Time Period Format Qualifier	N/U	
	HI09-4	Date Time Period	N/U	
	HI09-5	Monetary Amount	N/U	
	HI09-6	Quantity	N/U	
	HI09-7	Version Identifier	N/U	
	HI09-8	Industry code	N/U	
	HI09-9	Present on Admission indicator	N/U	
	HI10	HEALTH CARE CODE INFORMATION	N/U	
	HI10-1	Diagnosis Type Code	N/U	
	HI10-2	Principal Diagnosis Code	N/U	
	HI10-3	Date Time Period Format Qualifier	N/U	
	HI10-4	Date Time Period	N/U	
	HI10-5	Monetary Amount	N/U	
	HI10-6	Quantity	N/U	
	HI10-7	Version Identifier	N/U	
	HI10-8	Industry code	N/U	
	HI10-9	Present on Admission indicator	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI11	HEALTH CARE CODE INFORMATION	N/U	
2300	HI11-1	Diagnosis Type Code	N/U	
	HI11-2	Principal Diagnosis Code	N/U	
	HI11-3	Date Time Period Format Qualifier	N/U	
	HI11-4	Date Time Period	N/U	
	HI11-5	Monetary Amount	N/U	
	HI11-6	Quantity	N/U	
	HI11-7	Version Identifier	N/U	
	HI11-8	Industry code	N/U	
	HI11-9	Present on Admission indicator	N/U	
	HI12	HEALTH CARE CODE INFORMATION	N/U	
	HI12-1	Diagnosis Type Code	N/U	
	HI12-2	Principal Diagnosis Code	N/U	
	HI12-3	Date Time Period Format Qualifier	N/U	
	HI12-4	Date Time Period	N/U	
	HI12-5	Monetary Amount	N/U	
	HI12-6	Quantity	N/U	
	HI12-7	Version Identifier	N/U	
	HI12-8	Industry code	N/U	
	HI12-9	Present on Admission indicator	N/U	
2300	HI	EXTERNAL CAUSE OF INJURY	S	
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BN. For service/discharge dates on or after 10/1/2015, use ABN.
	HI01-2	External Cause of Injury Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI01-3	Date Time Period Format Qualifier	N/U	
	HI01-4	Date Time Period	N/U	
	HI01-5	Monetary Amount	N/U	
	HI01-6	Quantity	N/U	
	HI01-7	Version Identifier	N/U	
	HI01-8	Industry code	N/U	
	HI01-9	Present on Admission indicator	S	
	HI02	HEALTH CARE CODE INFORMATION	S	
	HI02-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BN. For service/discharge dates on or after 10/1/2015, use ABN.
	HI02-2	External Cause of Injury Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI02-3	Date Time Period Format Qualifier	N/U	
	HI02-4	Date Time Period	N/U	
	HI02-5	Monetary Amount	N/U	
	HI02-6	Quantity	N/U	
	HI02-7	Version Identifier	N/U	
	HI02-8	Industry code	N/U	
	HI02-9	Present on Admission indicator	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI03	HEALTH CARE CODE INFORMATION	S	
2300	HI03-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BN. For service/discharge dates on or after 10/1/2015, use ABN.
	HI03-2	External Cause of Injury Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI03-3	Date Time Period Format Qualifier	N/U	
	HI03-4	Date Time Period	N/U	
	HI03-5	Monetary Amount	N/U	
	HI03-6	Quantity	N/U	
	HI03-7	Version Identifier	N/U	
	HI03-8	Industry code	N/U	
	HI03-9	Present on Admission indicator	S	
	HI04	HEALTH CARE CODE INFORMATION	S	
	HI04-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BN. For service/discharge dates on or after 10/1/2015, use ABN.
	HI04-2	External Cause of Injury Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI04-3	Date Time Period Format Qualifier	N/U	
	HI04-4	Date Time Period	N/U	
	HI04-5	Monetary Amount	N/U	
	HI04-6	Quantity	N/U	
	HI04-7	Version Identifier	N/U	
	HI04-8	Industry code	N/U	
	HI04-9	Present on Admission indicator	N/U	
	HI05	HEALTH CARE CODE INFORMATION	S	
	HI05-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BN. For service/discharge dates on or after 10/1/2015, use ABN.
	HI05-2	External Cause of Injury Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI05-3	Date Time Period Format Qualifier	N/U	
	HI05-4	Date Time Period	N/U	
	HI05-5	Monetary Amount	N/U	
	HI05-6	Quantity	N/U	
	HI05-7	Version Identifier	N/U	
	HI05-8	Industry code	N/U	
	HI05-9	Present on Admission indicator	S	
	HI06	HEALTH CARE CODE INFORMATION	S	
	HI06-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BN. For service/discharge dates on or after 10/1/2015, use ABN.
	HI06-2	External Cause of Injury Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI06-3	Date Time Period Format Qualifier	N/U	
	HI06-4	Date Time Period	N/U	
	HI06-5	Monetary Amount	N/U	
	HI06-6	Quantity	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI06-7	Version Identifier	N/U	
	HI06-8	Industry code	N/U	
	HI06-9	Present on Admission indicator	S	
	HI07	HEALTH CARE CODE INFORMATION	S	
	HI07-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BN. For service/discharge dates on or after 10/1/2015, use ABN.
	HI07-2	External Cause of Injury Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI07-3	Date Time Period Format Qualifier	N/U	
	HI07-4	Date Time Period	N/U	
	HI07-5	Monetary Amount	N/U	
	HI07-6	Quantity	N/U	
	HI07-7	Version Identifier	N/U	
	HI07-8	Industry code	N/U	
	HI07-9	Present on Admission indicator	S	
	HI08	HEALTH CARE CODE INFORMATION	S	
	HI08-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BN. For service/discharge dates on or after 10/1/2015, use ABN.
	HI08-2	External Cause of Injury Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI08-3	Date Time Period Format Qualifier	N/U	
	HI08-4	Date Time Period	N/U	
	HI08-5	Monetary Amount	N/U	
	HI08-6	Quantity	N/U	
	HI08-7	Version Identifier	N/U	
	HI08-8	Industry code	N/U	
	HI08-9	Present on Admission indicator	S	
	HI09	HEALTH CARE CODE INFORMATION	S	
	HI09-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BN. For service/discharge dates on or after 10/1/2015, use ABN.
	HI09-2	External Cause of Injury Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI09-3	Date Time Period Format Qualifier	N/U	
	HI09-4	Date Time Period	N/U	
	HI09-5	Monetary Amount	N/U	
	HI09-6	Quantity	N/U	
	HI09-7	Version Identifier	N/U	
	HI09-8	Industry code	N/U	
	HI09-9	Present on Admission indicator	S	
	HI10	HEALTH CARE CODE INFORMATION	S	
	HI10-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BN. For service/discharge dates on or after 10/1/2015, use ABN.
	HI10-2	External Cause of Injury Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI10-3	Date Time Period Format Qualifier	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI10-4	Date Time Period	N/U	
	HI10-5	Monetary Amount	N/U	
	HI10-6	Quantity	N/U	
	HI10-7	Version Identifier	N/U	
	HI10-8	Industry code	N/U	
	HI10-9	Present on Admission indicator	S	
	HI11	HEALTH CARE CODE INFORMATION	S	
	HI11-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BN. For service/discharge dates on or after 10/1/2015, use ABN.
	HI11-2	External Cause of Injury Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
HI11-3	Date Time Period Format Qualifier	N/U		
HI11-4	Date Time Period	N/U		
HI11-5	Monetary Amount	N/U		
HI11-6	Quantity	N/U		
HI11-7	Version Identifier	N/U		
HI11-8	Industry code	N/U		
HI11-9	Present on Admission indicator	S		
HI12	HEALTH CARE CODE INFORMATION	S		
HI12-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BN. For service/discharge dates on or after 10/1/2015, use ABN.	
HI12-2	External Cause of Injury Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.	
HI12-3	Date Time Period Format Qualifier	N/U		
HI12-4	Date Time Period	N/U		
HI12-5	Monetary Amount	N/U		
HI12-6	Quantity	N/U		
HI12-7	Version Identifier	N/U		
HI12-8	Industry code	N/U		
HI12-9	Present on Admission indicator	S		
2300	HI	DIAGNOSIS RELATED GROUP (DRG) INFORMATION	S	
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Qualifier	R	
	HI01-2	DRG Code	R	FFS, CCP - A DRG Code is required on all inpatient claims. Use a 3 digit AP-DRG code for claims with service thru/discharge dates before 10/1/2018. Use a 4-digit APR-DRG code for claims with service/discharge dates after 9/30/2018.
	HI01-3	Date Time Period Format Qualifier	N/U	
	HI01-4	Date Time Period	N/U	
	HI01-5	Monetary Amount	N/U	
	HI01-6	Quantity	N/U	
	HI01-7	Version Identifier	N/U	
	HI01-8	Industry code	N/U	
	HI01-9	Yes/No Condition or Response Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI02	HEALTH CARE CODE INFORMATION	S	
2300	HI02-1	Diagnosis Type Code	N/U	
	HI02-2	Principal Diagnosis Code	N/U	
	HI02-3	Date Time Period Format Qualifier	N/U	
	HI02-4	Date Time Period	N/U	
	HI02-5	Monetary Amount	N/U	
	HI02-6	Quantity	N/U	
	HI02-7	Version Identifier	N/U	
	HI02-8	Industry code	N/U	
	HI02-9	Present on Admission indicator	N/U	
	HI03	HEALTH CARE CODE INFORMATION	N/U	
	HI03-1	Diagnosis Type Code	N/U	
	HI03-2	Principal Diagnosis Code	N/U	
	HI03-3	Date Time Period Format Qualifier	N/U	
	HI03-4	Date Time Period	N/U	
	HI03-5	Monetary Amount	N/U	
	HI03-6	Quantity	N/U	
	HI03-7	Version Identifier	N/U	
	HI03-8	Industry code	N/U	
	HI03-9	Present on Admission indicator	N/U	
	HI04	HEALTH CARE CODE INFORMATION	N/U	
	HI04-1	Diagnosis Type Code	N/U	
	HI04-2	Principal Diagnosis Code	N/U	
	HI04-3	Date Time Period Format Qualifier	N/U	
	HI04-4	Date Time Period	N/U	
	HI04-5	Monetary Amount	N/U	
	HI04-6	Quantity	N/U	
	HI04-7	Version Identifier	N/U	
	HI04-8	Industry code	N/U	
	HI04-9	Present on Admission indicator	N/U	
	HI05	HEALTH CARE CODE INFORMATION	N/U	
	HI05-1	Diagnosis Type Code	N/U	
	HI05-2	Principal Diagnosis Code	N/U	
	HI05-3	Date Time Period Format Qualifier	N/U	
	HI05-4	Date Time Period	N/U	
	HI05-5	Monetary Amount	N/U	
	HI05-6	Quantity	N/U	
	HI05-7	Version Identifier	N/U	
	HI05-8	Industry code	N/U	
	HI05-9	Present on Admission indicator	N/U	
	HI06	HEALTH CARE CODE INFORMATION	N/U	
	HI06-1	Diagnosis Type Code	N/U	
	HI06-2	Principal Diagnosis Code	N/U	
	HI06-3	Date Time Period Format Qualifier	N/U	
	HI06-4	Date Time Period	N/U	
	HI06-5	Monetary Amount	N/U	
	HI06-6	Quantity	N/U	
	HI06-7	Version Identifier	N/U	
	HI06-8	Industry code	N/U	
	HI06-9	Present on Admission indicator	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI07	HEALTH CARE CODE INFORMATION	N/U	
2300	HI07-1	Diagnosis Type Code	N/U	
	HI07-2	Principal Diagnosis Code	N/U	
	HI07-3	Date Time Period Format Qualifier	N/U	
	HI07-4	Date Time Period	N/U	
	HI07-5	Monetary Amount	N/U	
	HI07-6	Quantity	N/U	
	HI07-7	Version Identifier	N/U	
	HI07-8	Industry code	N/U	
	HI07-9	Present on Admission indicator	N/U	
	HI08	HEALTH CARE CODE INFORMATION	N/U	
	HI08-1	Diagnosis Type Code	N/U	
	HI08-2	Principal Diagnosis Code	N/U	
	HI08-3	Date Time Period Format Qualifier	N/U	
	HI08-4	Date Time Period	N/U	
	HI08-5	Monetary Amount	N/U	
	HI08-6	Quantity	N/U	
	HI08-7	Version Identifier	N/U	
	HI08-8	Industry code	N/U	
	HI08-9	Present on Admission indicator	N/U	
	HI09	HEALTH CARE CODE INFORMATION	N/U	
	HI09-1	Diagnosis Type Code	N/U	
	HI09-2	Principal Diagnosis Code	N/U	
	HI09-3	Date Time Period Format Qualifier	N/U	
	HI09-4	Date Time Period	N/U	
	HI09-5	Monetary Amount	N/U	
	HI09-6	Quantity	N/U	
	HI09-7	Version Identifier	N/U	
	HI09-8	Industry code	N/U	
	HI09-9	Present on Admission indicator	N/U	
	HI10	HEALTH CARE CODE INFORMATION	N/U	
	HI10-1	Diagnosis Type Code	N/U	
	HI10-2	Principal Diagnosis Code	N/U	
	HI10-3	Date Time Period Format Qualifier	N/U	
	HI10-4	Date Time Period	N/U	
	HI10-5	Monetary Amount	N/U	
	HI10-6	Quantity	N/U	
	HI10-7	Version Identifier	N/U	
	HI10-8	Industry code	N/U	
	HI10-9	Present on Admission indicator	N/U	
	HI11	HEALTH CARE CODE INFORMATION	N/U	
	HI11-1	Diagnosis Type Code	N/U	
	HI11-2	Principal Diagnosis Code	N/U	
	HI11-3	Date Time Period Format Qualifier	N/U	
	HI11-4	Date Time Period	N/U	
	HI11-5	Monetary Amount	N/U	
	HI11-6	Quantity	N/U	
	HI11-7	Version Identifier	N/U	
	HI11-8	Industry code	N/U	
	HI11-9	Present on Admission indicator	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI12	HEALTH CARE CODE INFORMATION	N/U	
2300	HI12-1	Diagnosis Type Code	N/U	
	HI12-2	Principal Diagnosis Code	N/U	
	HI12-3	Date Time Period Format Qualifier	N/U	
	HI12-4	Date Time Period	N/U	
	HI12-5	Monetary Amount	N/U	
	HI12-6	Quantity	N/U	
	HI12-7	Version Identifier	N/U	
	HI12-8	Industry code	N/U	
	HI12-9	Present on Admission indicator	N/U	
2300	HI	OTHER DIAGNOSIS INFORMATION	S	
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BF. For service/discharge dates on or after 10/1/2015, use ABF.
	HI01-2	Other Diagnosis	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI01-3	Date Time Period Format Qualifier	N/U	
	HI01-4	Date Time Period	N/U	
	HI01-5	Monetary Amount	N/U	
	HI01-6	Quantity	N/U	
	HI01-7	Version Identifier	N/U	
	HI01-8	Industry code	N/U	
	HI01-9	Present on Admission indicator	S	The NJMMIS will default the value to '1' if no value is submitted.
	HI02	HEALTH CARE CODE INFORMATION	S	
	HI02-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BF. For service/discharge dates on or after 10/1/2015, use ABF.
	HI02-2	Other Diagnosis	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI02-3	Date Time Period Format Qualifier	N/U	
	HI02-4	Date Time Period	N/U	
	HI02-5	Monetary Amount	N/U	
	HI02-6	Quantity	N/U	
	HI02-7	Version Identifier	N/U	
	HI02-8	Industry code	N/U	
	HI02-9	Present on Admission indicator	S	The NJMMIS will default the value to '1' if no value is submitted.
	HI03	HEALTH CARE CODE INFORMATION	S	
	HI03-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BF. For service/discharge dates on or after 10/1/2015, use ABF.
	HI03-2	Other Diagnosis	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI03-3	Date Time Period Format Qualifier	N/U	
	HI03-4	Date Time Period	N/U	
	HI03-5	Monetary Amount	N/U	
	HI03-6	Quantity	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI03-7	Version Identifier	N/U	
	HI03-8	Industry code	N/U	
	HI03-9	Present on Admission indicator	S	The NJMMIS will default the value to '1' if no value is submitted.
	HI04	HEALTH CARE CODE INFORMATION	S	
	HI04-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BF. For service/discharge dates on or after 10/1/2015, use ABF.
	HI04-2	Other Diagnosis	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI04-3	Date Time Period Format Qualifier	N/U	
	HI04-4	Date Time Period	N/U	
	HI04-5	Monetary Amount	N/U	
	HI04-6	Quantity	N/U	
	HI04-7	Version Identifier	N/U	
	HI04-8	Industry code	N/U	
	HI04-9	Present on Admission indicator	S	The NJMMIS will default the value to '1' if no value is submitted.
	HI05	HEALTH CARE CODE INFORMATION	S	
	HI05-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BF. For service/discharge dates on or after 10/1/2015, use ABF.
	HI05-2	Other Diagnosis	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI05-3	Date Time Period Format Qualifier	N/U	
	HI05-4	Date Time Period	N/U	
	HI05-5	Monetary Amount	N/U	
	HI05-6	Quantity	N/U	
	HI05-7	Version Identifier	N/U	
	HI05-8	Industry code	N/U	
	HI05-9	Present on Admission indicator	S	The NJMMIS will default the value to '1' if no value is submitted.
	HI06	HEALTH CARE CODE INFORMATION	S	
	HI06-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BF. For service/discharge dates on or after 10/1/2015, use ABF.
	HI06-2	Other Diagnosis	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI06-3	Date Time Period Format Qualifier	N/U	
	HI06-4	Date Time Period	N/U	
	HI06-5	Monetary Amount	N/U	
	HI06-6	Quantity	N/U	
	HI06-7	Version Identifier	N/U	
	HI06-8	Industry code	N/U	
	HI06-9	Present on Admission indicator	S	The NJMMIS will default the value to '1' if no value is submitted.
	HI07	HEALTH CARE CODE INFORMATION	S	
	HI07-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BF. For service/discharge dates on or after 10/1/2015, use ABF.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI07-2	Other Diagnosis	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI07-3	Date Time Period Format Qualifier	N/U	
	HI07-4	Date Time Period	N/U	
	HI07-5	Monetary Amount	N/U	
	HI07-6	Quantity	N/U	
	HI07-7	Version Identifier	N/U	
	HI07-8	Industry code	N/U	
	HI07-9	Present on Admission indicator	S	The NJMMIS will default the value to '1' if no value is submitted.
	HI08	HEALTH CARE CODE INFORMATION	S	
	HI08-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BF. For service/discharge dates on or after 10/1/2015, use ABF.
	HI08-2	Other Diagnosis	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI08-3	Date Time Period Format Qualifier	N/U	
	HI08-4	Date Time Period	N/U	
	HI08-5	Monetary Amount	N/U	
	HI08-6	Quantity	N/U	
	HI08-7	Version Identifier	N/U	
	HI08-8	Industry code	N/U	
	HI08-9	Present on Admission indicator	S	The NJMMIS will default the value to '1' if no value is submitted.
	HI09	HEALTH CARE CODE INFORMATION	S	
	HI09-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BF. For service/discharge dates on or after 10/1/2015, use ABF.
	HI09-2	Other Diagnosis	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI09-3	Date Time Period Format Qualifier	N/U	
	HI09-4	Date Time Period	N/U	
	HI09-5	Monetary Amount	N/U	
	HI09-6	Quantity	N/U	
	HI09-7	Version Identifier	N/U	
	HI09-8	Industry code	N/U	
	HI09-9	Present on Admission indicator	S	The NJMMIS will default the value to '1' if no value is submitted.
	HI10	HEALTH CARE CODE INFORMATION	S	
	HI10-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BF. For service/discharge dates on or after 10/1/2015, use ABF.
	HI10-2	Other Diagnosis	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI10-3	Date Time Period Format Qualifier	N/U	
	HI10-4	Date Time Period	N/U	
	HI10-5	Monetary Amount	N/U	
	HI10-6	Quantity	N/U	
	HI10-7	Version Identifier	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI10-8	Industry code	N/U	
	HI10-9	Present on Admission indicator	S	The NJMMIS will default the value to '1' if no value is submitted.
	HI11	HEALTH CARE CODE INFORMATION	S	
	HI11-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BF. For service/discharge dates on or after 10/1/2015, use ABF.
	HI11-2	Other Diagnosis	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI11-3	Date Time Period Format Qualifier	N/U	
	HI11-4	Date Time Period	N/U	
	HI11-5	Monetary Amount	N/U	
	HI11-6	Quantity	N/U	
	HI11-7	Version Identifier	N/U	
	HI11-8	Industry code	N/U	
	HI11-9	Present on Admission indicator	S	The NJMMIS will default the value to '1' if no value is submitted.
	HI12	HEALTH CARE CODE INFORMATION	S	
	HI12-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BF. For service/discharge dates on or after 10/1/2015, use ABF.
	HI12-2	Other Diagnosis	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI12-3	Date Time Period Format Qualifier	N/U	
	HI12-4	Date Time Period	N/U	
	HI12-5	Monetary Amount	N/U	
	HI12-6	Quantity	N/U	
	HI12-7	Version Identifier	N/U	
	HI12-8	Industry code	N/U	
	HI12-9	Present on Admission indicator	S	The NJMMIS will default the value to '1' if no value is submitted.
2300	HI	PRINCIPAL PROCEDURE INFORMATION	S	
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Qualifier	R	For discharge dates before 10/1/2015, use BR. For discharge dates on or after 10/1/2015, use BBR.
	HI01-2	Principal Procedure Code	R	Use ICD-9 Principal Procedure Codes for discharge dates before 10/1/2015. Use ICD-10 Principal Procedure Codes for discharge dates on or after 10/1/2015.
	HI01-3	Date Time Period Format Qualifier	N/U	
	HI01-4	Date Time Period	N/U	
	HI01-5	Monetary Amount	N/U	
	HI01-6	Quantity	N/U	
	HI01-7	Version Identifier	N/U	
	HI01-8	Industry code	N/U	
	HI01-9	Present on Admission indicator	N/U	
	HI02	HEALTH CARE CODE INFORMATION	N/U	
	HI02-1	Diagnosis Type Code	N/U	
	HI02-2	Principal Diagnosis Code	N/U	
	HI02-3	Date Time Period Format Qualifier	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI02-4	Date Time Period	N/U	
	HI02-5	Monetary Amount	N/U	
	HI02-6	Quantity	N/U	
	HI02-7	Version Identifier	N/U	
	HI02-8	Industry code	N/U	
	HI02-9	Present on Admission indicator	N/U	
	HI03	HEALTH CARE CODE INFORMATION	N/U	
	HI03-1	Diagnosis Type Code	N/U	
	HI03-2	Principal Diagnosis Code	N/U	
	HI03-3	Date Time Period Format Qualifier	N/U	
	HI03-4	Date Time Period	N/U	
	HI03-5	Monetary Amount	N/U	
	HI03-6	Quantity	N/U	
	HI03-7	Version Identifier	N/U	
	HI03-8	Industry code	N/U	
	HI03-9	Present on Admission indicator	N/U	
	HI04	HEALTH CARE CODE INFORMATION	N/U	
		HI04-1	Diagnosis Type Code	N/U
HI04-2		Principal Diagnosis Code	N/U	
HI04-3		Date Time Period Format Qualifier	N/U	
HI04-4		Date Time Period	N/U	
HI04-5		Monetary Amount	N/U	
HI04-6		Quantity	N/U	
HI04-7		Version Identifier	N/U	
HI04-8		Industry code	N/U	
HI04-9		Present on Admission indicator	N/U	
HI05	HEALTH CARE CODE INFORMATION	N/U		
	HI05-1	Diagnosis Type Code	N/U	
	HI05-2	Principal Diagnosis Code	N/U	
	HI05-3	Date Time Period Format Qualifier	N/U	
	HI05-4	Date Time Period	N/U	
	HI05-5	Monetary Amount	N/U	
	HI05-6	Quantity	N/U	
	HI05-7	Version Identifier	N/U	
	HI05-8	Industry code	N/U	
	HI05-9	Present on Admission indicator	N/U	
HI06	HEALTH CARE CODE INFORMATION	N/U		
	HI06-1	Diagnosis Type Code	N/U	
	HI06-2	Principal Diagnosis Code	N/U	
	HI06-3	Date Time Period Format Qualifier	N/U	
	HI06-4	Date Time Period	N/U	
	HI06-5	Monetary Amount	N/U	
	HI06-6	Quantity	N/U	
	HI06-7	Version Identifier	N/U	
	HI06-8	Industry code	N/U	
	HI06-9	Present on Admission indicator	N/U	
HI07	HEALTH CARE CODE INFORMATION	N/U		
	HI07-1	Diagnosis Type Code	N/U	
	HI07-2	Principal Diagnosis Code	N/U	
	HI07-3	Date Time Period Format Qualifier	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI07-4	Date Time Period	N/U	
	HI07-5	Monetary Amount	N/U	
	HI07-6	Quantity	N/U	
	HI07-7	Version Identifier	N/U	
	HI07-8	Industry code	N/U	
	HI07-9	Present on Admission indicator	N/U	
	HI08	HEALTH CARE CODE INFORMATION	N/U	
	HI08-1	Diagnosis Type Code	N/U	
	HI08-2	Principal Diagnosis Code	N/U	
HI08-3	Date Time Period Format Qualifier	N/U		
HI08-4	Date Time Period	N/U		
HI08-5	Monetary Amount	N/U		
HI08-6	Quantity	N/U		
HI08-7	Version Identifier	N/U		
HI08-8	Industry code	N/U		
HI08-9	Present on Admission indicator	N/U		
HI09	HEALTH CARE CODE INFORMATION	N/U		
HI09-1	Diagnosis Type Code	N/U		
HI09-2	Principal Diagnosis Code	N/U		
HI09-3	Date Time Period Format Qualifier	N/U		
HI09-4	Date Time Period	N/U		
HI09-5	Monetary Amount	N/U		
HI09-6	Quantity	N/U		
HI09-7	Version Identifier	N/U		
HI09-8	Industry code	N/U		
HI09-9	Present on Admission indicator	N/U		
HI10	HEALTH CARE CODE INFORMATION	N/U		
HI10-1	Diagnosis Type Code	N/U		
HI10-2	Principal Diagnosis Code	N/U		
HI10-3	Date Time Period Format Qualifier	N/U		
HI10-4	Date Time Period	N/U		
HI10-5	Monetary Amount	N/U		
HI10-6	Quantity	N/U		
HI10-7	Version Identifier	N/U		
HI10-8	Industry code	N/U		
HI10-9	Present on Admission indicator	N/U		
HI11	HEALTH CARE CODE INFORMATION	N/U		
HI11-1	Diagnosis Type Code	N/U		
HI11-2	Principal Diagnosis Code	N/U		
HI11-3	Date Time Period Format Qualifier	N/U		
HI11-4	Date Time Period	N/U		
HI11-5	Monetary Amount	N/U		
HI11-6	Quantity	N/U		
HI11-7	Version Identifier	N/U		
HI11-8	Industry code	N/U		
HI11-9	Present on Admission indicator	N/U		
HI12	HEALTH CARE CODE INFORMATION	N/U		
HI12-1	Diagnosis Type Code	N/U		
HI12-2	Principal Diagnosis Code	N/U		
HI12-3	Date Time Period Format Qualifier	N/U		

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI12-4	Date Time Period	N/U	
	HI12-5	Monetary Amount	N/U	
	HI12-6	Quantity	N/U	
	HI12-7	Version Identifier	N/U	
	HI12-8	Industry code	N/U	
	HI12-9	Present on Admission indicator	N/U	
2300	HI	OTHER PROCEDURE INFORMATION	S	
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Qualifier Code	R	For discharge dates before 10/1/2015, use BQ. For discharge dates on or after 10/1/2015, use BBQ.
	HI01-2	Procedure Code	R	Use ICD-9 Principal Procedure Codes for discharge dates before 10/1/2015. Use ICD-10 Principal Procedure Codes for discharge dates on or after 10/1/2015.
	HI01-3	Date Time Period Format Qualifier	R	
	HI01-4	Date Time Period	R	
	HI01-5	Monetary Amount	N/U	
	HI01-6	Quantity	N/U	
	HI01-7	Version Identifier	N/U	
	HI01-8	Industry code	N/U	
	HI01-9	Yes/No Condition or Response Code	N/U	
	HI02	HEALTH CARE CODE INFORMATION	S	
	HI02-1	Qualifier Code	R	For discharge dates before 10/1/2015, use BQ. For discharge dates on or after 10/1/2015, use BBQ.
	HI02-2	Procedure Code	R	Use ICD-9 Principal Procedure Codes for discharge dates before 10/1/2015. Use ICD-10 Principal Procedure Codes for discharge dates on or after 10/1/2015.
	HI02-3	Date Time Period Format Qualifier	R	
	HI02-4	Date Time Period	R	
	HI02-5	Monetary Amount	N/U	
	HI02-6	Quantity	N/U	
	HI02-7	Version Identifier	N/U	
	HI02-8	Industry code	N/U	
	HI02-9	Yes/No Condition or Response Code	N/U	
	HI03	HEALTH CARE CODE INFORMATION	S	
	HI03-1	Qualifier Code	R	For discharge dates before 10/1/2015, use BQ. For discharge dates on or after 10/1/2015, use BBQ.
	HI03-2	Procedure Code	R	Use ICD-9 Principal Procedure Codes for discharge dates before 10/1/2015. Use ICD-10 Principal Procedure Codes for discharge dates on or after 10/1/2015.
	HI03-3	Date Time Period Format Qualifier	R	
	HI03-4	Date Time Period	R	
	HI03-5	Monetary Amount	N/U	
	HI03-6	Quantity	N/U	
	HI03-7	Version Identifier	N/U	
	HI03-8	Industry code	N/U	
	HI03-9	Yes/No Condition or Response Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI04	HEALTH CARE CODE INFORMATION	S	
2300	HI04-1	Qualifier Code	R	For discharge dates before 10/1/2015, use BQ. For discharge dates on or after 10/1/2015, use BBQ.
	HI04-2	Procedure Code	R	Use ICD-9 Principal Procedure Codes for discharge dates before 10/1/2015. Use ICD-10 Principal Procedure Codes for discharge dates on or after 10/1/2015.
	HI04-3	Date Time Period Format Qualifier	R	
	HI04-4	Date Time Period	R	
	HI04-5	Monetary Amount	N/U	
	HI04-6	Quantity	N/U	
	HI04-7	Version Identifier	N/U	
	HI04-8	Industry code	N/U	
	HI04-9	Yes/No Condition or Response Code	N/U	
	HI05	HEALTH CARE CODE INFORMATION	S	
	HI05-1	Qualifier Code	R	For discharge dates before 10/1/2015, use BQ. For discharge dates on or after 10/1/2015, use BBQ.
	HI05-2	Procedure Code	R	Use ICD-9 Principal Procedure Codes for discharge dates before 10/1/2015. Use ICD-10 Principal Procedure Codes for discharge dates on or after 10/1/2015.
	HI05-3	Date Time Period Format Qualifier	R	
	HI05-4	Date Time Period	R	
	HI05-5	Monetary Amount	N/U	
	HI05-6	Quantity	N/U	
	HI05-7	Version Identifier	N/U	
	HI05-8	Industry code	N/U	
	HI05-9	Yes/No Condition or Response Code	N/U	
	HI06	HEALTH CARE CODE INFORMATION	S	
	HI06-1	Qualifier Code	R	For discharge dates before 10/1/2015, use BQ. For discharge dates on or after 10/1/2015, use BBQ.
	HI06-2	Procedure Code	R	Use ICD-9 Principal Procedure Codes for discharge dates before 10/1/2015. Use ICD-10 Principal Procedure Codes for discharge dates on or after 10/1/2015.
	HI06-3	Date Time Period Format Qualifier	R	
	HI06-4	Date Time Period	R	
	HI06-5	Monetary Amount	N/U	
	HI06-6	Quantity	N/U	
	HI06-7	Version Identifier	N/U	
	HI06-8	Industry code	N/U	
	HI06-9	Yes/No Condition or Response Code	N/U	
	HI07	HEALTH CARE CODE INFORMATION	S	
	HI07-1	Qualifier Code	R	For discharge dates before 10/1/2015, use BQ. For discharge dates on or after 10/1/2015, use BBQ.
	HI07-2	Procedure Code	R	Use ICD-9 Principal Procedure Codes for discharge dates before 10/1/2015. Use ICD-10 Principal Procedure Codes for discharge dates on or after 10/1/2015.
	HI07-3	Date Time Period Format Qualifier	R	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement	
2300	HI07-4	Date Time Period	R		
	HI07-5	Monetary Amount	N/U		
	HI07-6	Quantity	N/U		
	HI07-7	Version Identifier	N/U		
	HI07-8	Industry code	N/U		
	HI07-9	Yes/No Condition or Response Code	N/U		
	HI08	HEALTH CARE CODE INFORMATION		S	
	HI08-1	Qualifier Code	R	For discharge dates before 10/1/2015, use BQ. For discharge dates on or after 10/1/2015, use BBQ.	
	HI08-2	Procedure Code	R	Use ICD-9 Principal Procedure Codes for discharge dates before 10/1/2015. Use ICD-10 Principal Procedure Codes for discharge dates on or after 10/1/2015.	
HI08-3	Date Time Period Format Qualifier	R			
HI08-4	Date Time Period	R			
HI08-5	Monetary Amount	N/U			
HI08-6	Quantity	N/U			
HI08-7	Version Identifier	N/U			
HI08-8	Industry code	N/U			
HI08-9	Yes/No Condition or Response Code	N/U			
HI09	HEALTH CARE CODE INFORMATION		S		
HI09-1	Qualifier Code	R	For discharge dates before 10/1/2015, use BQ. For discharge dates on or after 10/1/2015, use BBQ.		
HI09-2	Procedure Code	R	Use ICD-9 Principal Procedure Codes for discharge dates before 10/1/2015. Use ICD-10 Principal Procedure Codes for discharge dates on or after 10/1/2015.		
HI09-3	Date Time Period Format Qualifier	R			
HI09-4	Date Time Period	R			
HI09-5	Monetary Amount	N/U			
HI09-6	Quantity	N/U			
HI09-7	Version Identifier	N/U			
HI09-8	Industry code	N/U			
HI09-9	Yes/No Condition or Response Code	N/U			
HI10	HEALTH CARE CODE INFORMATION		S		
HI10-1	Qualifier Code	R	For discharge dates before 10/1/2015, use BQ. For discharge dates on or after 10/1/2015, use BBQ.		
HI10-2	Procedure Code	R	Use ICD-9 Principal Procedure Codes for discharge dates before 10/1/2015. Use ICD-10 Principal Procedure Codes for discharge dates on or after 10/1/2015.		
HI10-3	Date Time Period Format Qualifier	R			
HI10-4	Date Time Period	R			
HI10-5	Monetary Amount	N/U			
HI10-6	Quantity	N/U			
HI10-7	Version Identifier	N/U			
HI10-8	Industry code	N/U			
HI10-9	Yes/No Condition or Response Code	N/U			

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI11	HEALTH CARE CODE INFORMATION	S	
2300	HI11-1	Qualifier Code	R	For discharge dates before 10/1/2015, use BQ. For discharge dates on or after 10/1/2015, use BBQ.
	HI11-2	Procedure Code	R	Use ICD-9 Principal Procedure Codes for discharge dates before 10/1/2015. Use ICD-10 Principal Procedure Codes for discharge dates on or after 10/1/2015.
	HI11-3	Date Time Period Format Qualifier	R	
	HI11-4	Date Time Period	R	
	HI11-5	Monetary Amount	N/U	
	HI11-6	Quantity	N/U	
	HI11-7	Version Identifier	N/U	
	HI11-8	Industry code	N/U	
	HI11-9	Yes/No Condition or Response Code	N/U	
	HI12	HEALTH CARE CODE INFORMATION	S	
	HI12-1	Qualifier Code	R	For discharge dates before 10/1/2015, use BQ. For discharge dates on or after 10/1/2015, use BBQ.
	HI12-2	Procedure Code	R	Use ICD-9 Principal Procedure Codes for discharge dates before 10/1/2015. Use ICD-10 Principal Procedure Codes for service/discharge dates on or after 10/1/2015.
	HI12-3	Date Time Period Format Qualifier	R	
	HI12-4	Date Time Period	R	
	HI12-5	Monetary Amount	N/U	
	HI12-6	Quantity	N/U	
	HI12-7	Version Identifier	N/U	
	HI12-8	Industry code	N/U	
	HI12-9	Yes/No Condition or Response Code	N/U	
2300	HI	OCCURRENCE SPAN INFORMATION	S	
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Qualifier	R	BI
	HI01-2	Occurrence Span Code	R	<p>M3 – ICF Days M4 – Residential Days 74 – Days Not In This Facility 75 – SNF Days</p> <p>NJ Medicaid will recognize up to the first four occurrence span code and date ranges.</p> <p><u>FFS</u> – 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.</p>
	HI01-3	Date Time Period Format Qualifier	R	
	HI01-4	Date Time Period	R	
	HI01-5	Monetary Amount	N/U	
	HI01-6	Quantity	N/U	
	HI01-7	Version Identifier	N/U	
	HI01-8	Industry code	N/U	
	HI01-9	Yes/No Condition or Response Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI02	HEALTH CARE CODE INFORMATION	S	
2300	HI02-1	Qualifier	R	
	HI02-2	Occurrence Span Code	R	
	HI02-3	Date Time Period Format Qualifier	R	
	HI02-4	Date Time Period	R	
	HI02-5	Monetary Amount	N/U	
	HI02-6	Quantity	N/U	
	HI02-7	Version Identifier	N/U	
	HI02-8	Industry code	N/U	
	HI02-9	Yes/No Condition or Response Code	N/U	
	HI03	HEALTH CARE CODE INFORMATION	S	
	HI03-1	Qualifier	R	
	HI03-2	Occurrence Span Code	R	
	HI03-3	Date Time Period Format Qualifier	R	
	HI03-4	Date Time Period	R	
	HI03-5	Monetary Amount	N/U	
	HI03-6	Quantity	N/U	
	HI03-7	Version Identifier	N/U	
	HI03-8	Industry code	N/U	
	HI03-9	Yes/No Condition or Response Code	N/U	
	HI04	HEALTH CARE CODE INFORMATION	S	
	HI04-1	Qualifier	R	
	HI04-2	Occurrence Span Code	R	
	HI04-3	Date Time Period Format Qualifier	R	
	HI04-4	Date Time Period	R	
	HI04-5	Monetary Amount	N/U	
	HI04-6	Quantity	N/U	
	HI04-7	Version Identifier	N/U	
	HI04-8	Industry code	N/U	
	HI04-9	Yes/No Condition or Response Code	N/U	
	HI05	HEALTH CARE CODE INFORMATION	S	
	HI05-1	Qualifier	R	
	HI05-2	Occurrence Span Code	R	
	HI05-3	Date Time Period Format Qualifier	R	
	HI05-4	Date Time Period	R	
	HI05-5	Monetary Amount	N/U	
	HI05-6	Quantity	N/U	
	HI05-7	Version Identifier	N/U	
	HI05-8	Industry code	N/U	
	HI05-9	Yes/No Condition or Response Code	N/U	
	HI06	HEALTH CARE CODE INFORMATION	S	
	HI06-1	Qualifier	R	
	HI06-2	Occurrence Span Code	R	
	HI06-3	Date Time Period Format Qualifier	R	
	HI06-4	Date Time Period	R	
	HI06-5	Monetary Amount	N/U	
	HI06-6	Quantity	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI06-7	Version Identifier	N/U	
	HI06-8	Industry code	N/U	
	HI06-9	Yes/No Condition or Response Code	N/U	
	HI07	HEALTH CARE CODE INFORMATION	S	
	HI07-1	Qualifier	R	
	HI07-2	Occurrence Span Code	R	
	HI07-3	Date Time Period Format Qualifier	R	
	HI07-4	Date Time Period	R	
	HI07-5	Monetary Amount	N/U	
	HI07-6	Quantity	N/U	
	HI07-7	Version Identifier	N/U	
	HI07-8	Industry code	N/U	
	HI07-9	Yes/No Condition or Response Code	N/U	
	HI08	HEALTH CARE CODE INFORMATION	S	
	HI08-1	Qualifier	R	
	HI08-2	Occurrence Span Code	R	
	HI08-3	Date Time Period Format Qualifier	R	
	HI08-4	Date Time Period	R	
	HI08-5	Monetary Amount	N/U	
	HI08-6	Quantity	N/U	
	HI08-7	Version Identifier	N/U	
	HI08-8	Industry code	N/U	
	HI08-9	Yes/No Condition or Response Code	N/U	
	HI09	HEALTH CARE CODE INFORMATION	S	
	HI09-1	Qualifier	R	
	HI09-2	Occurrence Span Code	R	
	HI09-3	Date Time Period Format Qualifier	R	
	HI09-4	Date Time Period	R	
	HI09-5	Monetary Amount	N/U	
	HI09-6	Quantity	N/U	
	HI09-7	Version Identifier	N/U	
	HI09-8	Industry code	N/U	
	HI09-9	Yes/No Condition or Response Code	N/U	
	HI10	HEALTH CARE CODE INFORMATION	S	
	HI10-1	Qualifier	R	
	HI10-2	Occurrence Span Code	R	
	HI10-3	Date Time Period Format Qualifier	R	
	HI10-4	Date Time Period	R	
	HI10-5	Monetary Amount	N/U	
	HI10-6	Quantity	N/U	
	HI10-7	Version Identifier	N/U	
	HI10-8	Industry code	N/U	
	HI10-9	Yes/No Condition or Response Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI11	HEALTH CARE CODE INFORMATION	S	
2300	HI11-1	Qualifier	R	
	HI11-2	Occurrence Span Code	R	
	HI11-3	Date Time Period Format Qualifier	R	
	HI11-4	Date Time Period	R	
	HI11-5	Monetary Amount	N/U	
	HI11-6	Quantity	N/U	
	HI11-7	Version Identifier	N/U	
	HI11-8	Industry code	N/U	
	HI11-9	Yes/No Condition or Response Code	N/U	
	HI12	HEALTH CARE CODE INFORMATION	S	
	HI12-1	Qualifier	R	
	HI12-2	Occurrence Span Code	R	
	HI12-3	Date Time Period Format Qualifier	R	
	HI12-4	Date Time Period	R	
	HI12-5	Monetary Amount	N/U	
	HI12-6	Quantity	N/U	
	HI12-7	Version Identifier	N/U	
	HI12-8	Industry code	N/U	
	HI12-9	Yes/No Condition or Response Code	N/U	
2300	HI	OCCURRENCE INFORMATION	S	
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Qualifier	R	
	HI01-2	Occurrence Code	R	NJ Medicaid will recognize a maximum of eight occurrence codes when HI01-1 equals "BH". <u>XVR</u> – When reporting the date for benefits exhausted, enter A3, B3 or C3 if the corresponding payer is primary, secondary or tertiary respectively.
	HI01-3	Date Time Period Format Qualifier	R	
	HI01-4	Date Time Period	R	
	HI01-5	Monetary Amount	N/U	
	HI01-6	Quantity	N/U	
	HI01-7	Version Identifier	N/U	
	HI01-8	Industry code	N/U	
	HI01-9	Yes/No Condition or Response Code	N/U	
	HI02	HEALTH CARE CODE INFORMATION	S	
	HI02-1	Qualifier	R	
	HI02-2	Occurrence Code	R	
	HI02-3	Date Time Period Format Qualifier	R	
	HI02-4	Date Time Period	R	
	HI02-5	Monetary Amount	N/U	
	HI02-6	Quantity	N/U	
	HI02-7	Version Identifier	N/U	
	HI02-8	Industry code	N/U	
	HI02-9	Yes/No Condition or Response Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI03	HEALTH CARE CODE INFORMATION	S	
2300	HI03-1	Qualifier	R	
	HI03-2	Occurrence Code	R	
	HI03-3	Date Time Period Format Qualifier	R	
	HI03-4	Date Time Period	R	
	HI03-5	Monetary Amount	N/U	
	HI03-6	Quantity	N/U	
	HI03-7	Version Identifier	N/U	
	HI03-8	Industry code	N/U	
	HI03-9	Yes/No Condition or Response Code	N/U	
	HI04	HEALTH CARE CODE INFORMATION	S	
	HI04-1	Qualifier	R	
	HI04-2	Occurrence Code	R	
	HI04-3	Date Time Period Format Qualifier	R	
	HI04-4	Date Time Period	R	
	HI04-5	Monetary Amount	N/U	
	HI04-6	Quantity	N/U	
	HI04-7	Version Identifier	N/U	
	HI04-8	Industry code	N/U	
	HI04-9	Yes/No Condition or Response Code	N/U	
	HI05	HEALTH CARE CODE INFORMATION	S	
	HI05-1	Qualifier	R	
	HI05-2	Occurrence Code	R	
	HI05-3	Date Time Period Format Qualifier	R	
	HI05-4	Date Time Period	R	
	HI05-5	Monetary Amount	N/U	
	HI05-6	Quantity	N/U	
	HI05-7	Version Identifier	N/U	
	HI05-8	Industry code	N/U	
	HI05-9	Yes/No Condition or Response Code	N/U	
	HI06	HEALTH CARE CODE INFORMATION	S	
	HI06-1	Qualifier	R	
	HI06-2	Occurrence Code	R	
	HI06-3	Date Time Period Format Qualifier	R	
	HI06-4	Date Time Period	R	
	HI06-5	Monetary Amount	N/U	
	HI06-6	Quantity	N/U	
	HI06-7	Version Identifier	N/U	
	HI06-8	Industry code	N/U	
	HI06-9	Yes/No Condition or Response Code	N/U	
	HI07	HEALTH CARE CODE INFORMATION	S	
	HI07-1	Qualifier	R	
	HI07-2	Occurrence Code	R	
	HI07-3	Date Time Period Format Qualifier	R	
	HI07-4	Date Time Period	R	
	HI07-5	Monetary Amount	N/U	
	HI07-6	Quantity	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI07-7	Version Identifier	N/U	
	HI07-8	Industry code	N/U	
	HI07-9	Yes/No Condition or Response Code	N/U	
	HI08	HEALTH CARE CODE INFORMATION	S	
	HI08-1	Qualifier	R	
	HI08-2	Occurrence Code	R	
	HI08-3	Date Time Period Format Qualifier	R	
	HI08-4	Date Time Period	R	
	HI08-5	Monetary Amount	N/U	
	HI08-6	Quantity	N/U	
	HI08-7	Version Identifier	N/U	
	HI08-8	Industry code	N/U	
	HI08-9	Yes/No Condition or Response Code	N/U	
	HI09	HEALTH CARE CODE INFORMATION	S	
	HI09-1	Qualifier	R	
	HI09-2	Occurrence Code	R	
	HI09-3	Date Time Period Format Qualifier	R	
	HI09-4	Date Time Period	R	
	HI09-5	Monetary Amount	N/U	
	HI09-6	Quantity	N/U	
	HI09-7	Version Identifier	N/U	
	HI09-8	Industry code	N/U	
	HI09-9	Yes/No Condition or Response Code	N/U	
	HI10	HEALTH CARE CODE INFORMATION	S	
	HI10-1	Qualifier	R	
	HI10-2	Occurrence Code	R	
	HI10-3	Date Time Period Format Qualifier	R	
	HI10-4	Date Time Period	R	
	HI10-5	Monetary Amount	N/U	
	HI10-6	Quantity	N/U	
	HI10-7	Version Identifier	N/U	
	HI10-8	Industry code	N/U	
	HI10-9	Yes/No Condition or Response Code	N/U	
	HI11	HEALTH CARE CODE INFORMATION	S	
	HI11-1	Qualifier	R	
	HI11-2	Occurrence Code	R	
	HI11-3	Date Time Period Format Qualifier	R	
	HI11-4	Date Time Period	R	
	HI11-5	Monetary Amount	N/U	
	HI11-6	Quantity	N/U	
	HI11-7	Version Identifier	N/U	
	HI11-8	Industry code	N/U	
	HI11-9	Yes/No Condition or Response Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI12	HEALTH CARE CODE INFORMATION	S	
2300	HI12-1	Qualifier	R	
	HI12-2	Occurrence Code	R	
	HI12-3	Date Time Period Format Qualifier	R	
	HI12-4	Date Time Period	R	
	HI12-5	Monetary Amount	N/U	
	HI12-6	Quantity	N/U	
	HI12-7	Version Identifier	N/U	
	HI12-8	Industry code	N/U	
	HI12-9	Yes/No Condition or Response Code	N/U	
2300	HI	VALUE INFORMATION	S	
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Qualifier	R	
	HI01-2	Value Code	R	<p><u>FFS</u> – The value codes listed in the Data Element Dictionary (24, 31, 37, 39, 54, 80, 81, 82 and 83) are the values used by NJ 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><u>CCP</u> – Use value code "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><u>LTC</u> – Use value code "31" to communicate a payment made by a patient. Other payments are required in the NTE segment.</p> <p>Refer to the Data Element Dictionary section for a list of the value codes and their meanings.</p>
	HI01-3	Date Time Period Format Qualifier	N/U	
	HI01-4	Date Time Period	N/U	
	HI01-5	Value Code Amount	R	<p><u>FFS</u> – Enter the birth weight in grams when HI01-2 equals "54". Enter number of days as whole numbers when HI01-2 equals "80", "81", "82" or "83".</p> <p><u>CCP</u> – 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>
	HI01-6	Quantity	N/U	
	HI01-7	Version Identifier	N/U	
	HI01-8	Industry code	N/U	
	HI01-9	Yes/No Condition or Response Code	N/U	
	HI02	HEALTH CARE CODE INFORMATION	S	
	HI02-1	Qualifier	R	
	HI02-2	Value Code	R	
	HI02-3	Date Time Period Format Qualifier	N/U	
	HI02-4	Date Time Period	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI02-5	Value Code Amount	R	
	HI02-6	Quantity	N/U	
	HI02-7	Version Identifier	N/U	
	HI02-8	Industry code	N/U	
	HI02-9	Yes/No Condition or Response Code	N/U	
HI03	HEALTH CARE CODE INFORMATION		S	
	HI03-1	Qualifier	R	
	HI03-2	Value Code	R	
	HI03-3	Date Time Period Format Qualifier	N/U	
	HI03-4	Date Time Period	N/U	
	HI03-5	Value Code Amount	R	
	HI03-6	Quantity	N/U	
	HI03-7	Version Identifier	N/U	
	HI03-8	Industry code	N/U	
	HI03-9	Yes/No Condition or Response Code	N/U	
HI04	HEALTH CARE CODE INFORMATION		S	
	HI04-1	Qualifier	R	
	HI04-2	Value Code	R	
	HI04-3	Date Time Period Format Qualifier	N/U	
	HI04-4	Date Time Period	N/U	
	HI04-5	Value Code Amount	R	
	HI04-6	Quantity	N/U	
	HI04-7	Version Identifier	N/U	
	HI04-8	Industry code	N/U	
	HI04-9	Yes/No Condition or Response Code	N/U	
HI05	HEALTH CARE CODE INFORMATION		S	
	HI05-1	Qualifier	R	
	HI05-2	Value Code	R	
	HI05-3	Date Time Period Format Qualifier	N/U	
	HI05-4	Date Time Period	N/U	
	HI05-5	Value Code Amount	R	
	HI05-6	Quantity	N/U	
	HI05-7	Version Identifier	N/U	
	HI05-8	Industry code	N/U	
	HI05-9	Yes/No Condition or Response Code	N/U	
HI06	HEALTH CARE CODE INFORMATION		S	
	HI06-1	Qualifier	R	
	HI06-2	Value Code	R	
	HI06-3	Date Time Period Format Qualifier	N/U	
	HI06-4	Date Time Period	N/U	
	HI06-5	Value Code Amount	R	
	HI06-6	Quantity	N/U	
	HI06-7	Version Identifier	N/U	
	HI06-8	Industry code	N/U	
	HI06-9	Yes/No Condition or Response Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI07	HEALTH CARE CODE INFORMATION	S	
2300	HI07-1	Qualifier	R	
	HI07-2	Value Code	R	
	HI07-3	Date Time Period Format Qualifier	N/U	
	HI07-4	Date Time Period	N/U	
	HI07-5	Value Code Amount	R	
	HI07-6	Quantity	N/U	
	HI07-7	Version Identifier	N/U	
	HI07-8	Industry code	N/U	
	HI07-9	Yes/No Condition or Response Code	N/U	
	HI08	HEALTH CARE CODE INFORMATION	S	
	HI08-1	Qualifier	R	
	HI08-2	Value Code	R	
	HI08-3	Date Time Period Format Qualifier	N/U	
	HI08-4	Date Time Period	N/U	
	HI08-5	Value Code Amount	R	
	HI08-6	Quantity	N/U	
	HI08-7	Version Identifier	N/U	
	HI08-8	Industry code	N/U	
	HI08-9	Yes/No Condition or Response Code	N/U	
	HI09	HEALTH CARE CODE INFORMATION	S	
	HI09-1	Qualifier	R	
	HI09-2	Value Code	R	
	HI09-3	Date Time Period Format Qualifier	N/U	
	HI09-4	Date Time Period	N/U	
	HI09-5	Value Code Amount	R	
	HI09-6	Quantity	N/U	
	HI09-7	Version Identifier	N/U	
	HI09-8	Industry code	N/U	
	HI09-9	Yes/No Condition or Response Code	N/U	
	HI10	HEALTH CARE CODE INFORMATION	S	
	HI10-1	Qualifier	R	
	HI10-2	Value Code	R	
	HI10-3	Date Time Period Format Qualifier	N/U	
	HI10-4	Date Time Period	N/U	
	HI10-5	Value Code Amount	R	
	HI10-6	Quantity	N/U	
	HI10-7	Version Identifier	N/U	
	HI10-8	Industry code	N/U	
	HI10-9	Yes/No Condition or Response Code	N/U	
	HI11	HEALTH CARE CODE INFORMATION	S	
	HI11-1	Qualifier	R	
	HI11-2	Value Code	R	
	HI11-3	Date Time Period Format Qualifier	N/U	
	HI11-4	Date Time Period	N/U	
	HI11-5	Value Code Amount	R	
	HI11-6	Quantity	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI11-7	Version Identifier	N/U	
	HI11-8	Industry code	N/U	
	HI11-9	Yes/No Condition or Response Code	N/U	
	HI12	HEALTH CARE CODE INFORMATION	S	
	HI12-1	Qualifier	R	
	HI12-2	Value Code	R	
	HI12-3	Date Time Period Format Qualifier	N/U	
	HI12-4	Date Time Period	N/U	
	HI12-5	Value Code Amount	R	
	HI12-6	Quantity	N/U	
	HI12-7	Version Identifier	N/U	
	HI12-8	Industry code	N/U	
	HI12-9	Yes/No Condition or Response Code	N/U	
2300	HI	CONDITION INFORMATION	S	
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Qualifier	R	
	HI01-2	Condition Code	R	<p>Enter the appropriate Condition Code per the Data Element Dictionary.</p> <p>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).</p>
	HI01-3	Date Time Period Format Qualifier	N/U	
	HI01-4	Date Time Period	N/U	
	HI01-5	Monetary Amount	N/U	
	HI01-6	Quantity	N/U	
	HI01-7	Version Identifier	N/U	
	HI01-8	Industry code	N/U	
	HI01-9	Yes/No Condition or Response Code	N/U	
	HI02	HEALTH CARE CODE INFORMATION	S	
	HI02-1	Qualifier	R	
	HI02-2	Condition Code	R	
	HI02-3	Date Time Period Format Qualifier	N/U	
	HI02-4	Date Time Period	N/U	
	HI02-5	Monetary Amount	N/U	
	HI02-6	Quantity	N/U	
	HI02-7	Version Identifier	N/U	
	HI02-8	Industry code	N/U	
	HI02-9	Yes/No Condition or Response Code	N/U	
	HI03	HEALTH CARE CODE INFORMATION	S	
	HI03-1	Qualifier	R	
	HI03-2	Condition Code	R	
	HI03-3	Date Time Period Format Qualifier	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI03-4	Date Time Period	N/U	
	HI03-5	Monetary Amount	N/U	
	HI03-6	Quantity	N/U	
	HI03-7	Version Identifier	N/U	
	HI03-8	Industry code	N/U	
	HI03-9	Yes/No Condition or Response Code	N/U	
	HI04	HEALTH CARE CODE INFORMATION	S	
	HI04-1	Qualifier	R	
	HI04-2	Condition Code	R	
HI04-3	Date Time Period Format Qualifier	N/U		
HI04-4	Date Time Period	N/U		
HI04-5	Monetary Amount	N/U		
HI04-6	Quantity	N/U		
HI04-7	Version Identifier	N/U		
HI04-8	Industry code	N/U		
HI04-9	Yes/No Condition or Response Code	N/U		
HI05	HEALTH CARE CODE INFORMATION	S		
HI05-1	Qualifier	R		
HI05-2	Condition Code	R		
HI05-3	Date Time Period Format Qualifier	N/U		
HI05-4	Date Time Period	N/U		
HI05-5	Monetary Amount	N/U		
HI05-6	Quantity	N/U		
HI05-7	Version Identifier	N/U		
HI05-8	Industry code	N/U		
HI05-9	Yes/No Condition or Response Code	N/U		
HI06	HEALTH CARE CODE INFORMATION	S		
HI06-1	Qualifier	R		
HI06-2	Condition Code	R		
HI06-3	Date Time Period Format Qualifier	N/U		
HI06-4	Date Time Period	N/U		
HI06-5	Monetary Amount	N/U		
HI06-6	Quantity	N/U		
HI06-7	Version Identifier	N/U		
HI06-8	Industry code	N/U		
HI06-9	Yes/No Condition or Response Code	N/U		
HI07	HEALTH CARE CODE INFORMATION	S		
HI07-1	Qualifier	R		
HI07-2	Condition Code	R		
HI07-3	Date Time Period Format Qualifier	N/U		
HI07-4	Date Time Period	N/U		
HI07-5	Monetary Amount	N/U		
HI07-6	Quantity	N/U		
HI07-7	Version Identifier	N/U		
HI07-8	Industry code	N/U		
HI07-9	Yes/No Condition or Response Code	N/U		

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI08	HEALTH CARE CODE INFORMATION	S	
2300	HI08-1	Qualifier	R	
	HI08-2	Condition Code	R	
	HI08-3	Date Time Period Format Qualifier	N/U	
	HI08-4	Date Time Period	N/U	
	HI08-5	Monetary Amount	N/U	
	HI08-6	Quantity	N/U	
	HI08-7	Version Identifier	N/U	
	HI08-8	Industry code	N/U	
	HI08-9	Yes/No Condition or Response Code	N/U	
	HI09	HEALTH CARE CODE INFORMATION	S	
	HI09-1	Qualifier	R	
	HI09-2	Condition Code	R	
	HI09-3	Date Time Period Format Qualifier	N/U	
	HI09-4	Date Time Period	N/U	
	HI09-5	Monetary Amount	N/U	
	HI09-6	Quantity	N/U	
	HI09-7	Version Identifier	N/U	
	HI09-8	Industry code	N/U	
	HI09-9	Yes/No Condition or Response Code	N/U	
	HI10	HEALTH CARE CODE INFORMATION	S	
	HI10-1	Qualifier	R	
	HI10-2	Condition Code	R	
	HI10-3	Date Time Period Format Qualifier	N/U	
	HI10-4	Date Time Period	N/U	
	HI10-5	Monetary Amount	N/U	
	HI10-6	Quantity	N/U	
	HI10-7	Version Identifier	N/U	
	HI10-8	Industry code	N/U	
	HI10-9	Yes/No Condition or Response Code	N/U	
	HI11	HEALTH CARE CODE INFORMATION	S	
	HI11-1	Qualifier	R	
	HI11-2	Condition Code	R	
	HI11-3	Date Time Period Format Qualifier	N/U	
	HI11-4	Date Time Period	N/U	
	HI11-5	Monetary Amount	N/U	
	HI11-6	Quantity	N/U	
	HI11-7	Version Identifier	N/U	
	HI11-8	Industry code	N/U	
	HI11-9	Yes/No Condition or Response Code	N/U	
	HI12	HEALTH CARE CODE INFORMATION	S	
	HI12-1	Qualifier	R	
	HI12-2	Condition Code	R	
	HI12-3	Date Time Period Format Qualifier	N/U	
	HI12-4	Date Time Period	N/U	
	HI12-5	Monetary Amount	N/U	
	HI12-6	Quantity	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI12-7	Version Identifier	N/U	
	HI12-8	Industry code	N/U	
	HI12-9	Yes/No Condition or Response Code	N/U	
2300	HI	TREATMENT CODE INFORMATION	S	THIS LOOP WILL BE IGNORED
	HI01	HEALTH CARE CODE INFORMATION	R	ignored
	HI01-1	Qualifier	R	ignored
	HI01-2	Treatment Code	R	ignored
	HI01-3	Date Time Period Format Qualifier	N/U	ignored
	HI01-4	Date Time Period	N/U	ignored
	HI01-5	Monetary Amount	N/U	ignored
	HI01-6	Quantity	N/U	ignored
	HI01-7	Version Identifier	N/U	ignored
	HI01-8	Industry code	N/U	ignored
	HI01-9	Yes/No Condition or Response Code	N/U	ignored
	HI02	HEALTH CARE CODE INFORMATION	S	ignored
	HI02-1	Qualifier	R	ignored
	HI02-2	Treatment Code	R	ignored
	HI02-3	Date Time Period Format Qualifier	N/U	ignored
	HI02-4	Date Time Period	N/U	ignored
	HI02-5	Monetary Amount	N/U	ignored
	HI02-6	Quantity	N/U	ignored
	HI02-7	Version Identifier	N/U	ignored
	HI02-8	Industry code	N/U	ignored
	HI02-9	Yes/No Condition or Response Code	N/U	ignored
	HI03	HEALTH CARE CODE INFORMATION	S	ignored
	HI03-1	Qualifier	R	ignored
	HI03-2	Treatment Code	R	ignored
	HI03-3	Date Time Period Format Qualifier	N/U	ignored
	HI03-4	Date Time Period	N/U	ignored
	HI03-5	Monetary Amount	N/U	ignored
	HI03-6	Quantity	N/U	ignored
	HI03-7	Version Identifier	N/U	ignored
	HI03-8	Industry code	N/U	ignored
	HI03-9	Yes/No Condition or Response Code	N/U	ignored
	HI04	HEALTH CARE CODE INFORMATION	S	ignored
	HI04-1	Qualifier	R	ignored
	HI04-2	Treatment Code	R	ignored
	HI04-3	Date Time Period Format Qualifier	N/U	ignored
	HI04-4	Date Time Period	N/U	ignored
	HI04-5	Monetary Amount	N/U	ignored
	HI04-6	Quantity	N/U	ignored
	HI04-7	Version Identifier	N/U	ignored
	HI04-8	Industry code	N/U	ignored
	HI04-9	Yes/No Condition or Response Code	N/U	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI05	HEALTH CARE CODE INFORMATION	S	ignored
2300	HI05-1	Qualifier	R	ignored
	HI05-2	Treatment Code	R	ignored
	HI05-3	Date Time Period Format Qualifier	N/U	ignored
	HI05-4	Date Time Period	N/U	ignored
	HI05-5	Monetary Amount	N/U	ignored
	HI05-6	Quantity	N/U	ignored
	HI05-7	Version Identifier	N/U	ignored
	HI05-8	Industry code	N/U	ignored
	HI05-9	Yes/No Condition or Response Code	N/U	ignored
	HI06	HEALTH CARE CODE INFORMATION	S	ignored
	HI06-1	Qualifier	R	ignored
	HI06-2	Treatment Code	R	ignored
	HI06-3	Date Time Period Format Qualifier	N/U	ignored
	HI06-4	Date Time Period	N/U	ignored
	HI06-5	Monetary Amount	N/U	ignored
	HI06-6	Quantity	N/U	ignored
	HI06-7	Version Identifier	N/U	ignored
	HI06-8	Industry code	N/U	ignored
	HI06-9	Yes/No Condition or Response Code	N/U	ignored
	HI07	HEALTH CARE CODE INFORMATION	S	ignored
	HI07-1	Qualifier	R	ignored
	HI07-2	Treatment Code	R	ignored
	HI07-3	Date Time Period Format Qualifier	N/U	ignored
	HI07-4	Date Time Period	N/U	ignored
	HI07-5	Monetary Amount	N/U	ignored
	HI07-6	Quantity	N/U	ignored
	HI07-7	Version Identifier	N/U	ignored
	HI07-8	Industry code	N/U	ignored
	HI07-9	Yes/No Condition or Response Code	N/U	ignored
	HI08	HEALTH CARE CODE INFORMATION	S	ignored
	HI08-1	Qualifier	R	ignored
	HI08-2	Treatment Code	R	ignored
	HI08-3	Date Time Period Format Qualifier	N/U	ignored
	HI08-4	Date Time Period	N/U	ignored
	HI08-5	Monetary Amount	N/U	ignored
	HI08-6	Quantity	N/U	ignored
	HI08-7	Version Identifier	N/U	ignored
	HI08-8	Industry code	N/U	ignored
	HI08-9	Yes/No Condition or Response Code	N/U	ignored
	HI09	HEALTH CARE CODE INFORMATION	S	ignored
	HI09-1	Qualifier	R	ignored
	HI09-2	Treatment Code	R	ignored
	HI09-3	Date Time Period Format Qualifier	N/U	ignored
	HI09-4	Date Time Period	N/U	ignored
	HI09-5	Monetary Amount	N/U	ignored
	HI09-6	Quantity	N/U	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI09-7	Version Identifier	N/U	ignored
	HI09-8	Industry code	N/U	ignored
	HI09-9	Yes/No Condition or Response Code	N/U	ignored
	HI10	HEALTH CARE CODE INFORMATION	S	ignored
	HI10-1	Qualifier	R	ignored
	HI10-2	Treatment Code	R	ignored
	HI10-3	Date Time Period Format Qualifier	N/U	ignored
	HI10-4	Date Time Period	N/U	ignored
	HI10-5	Monetary Amount	N/U	ignored
	HI10-6	Quantity	N/U	ignored
	HI10-7	Version Identifier	N/U	ignored
	HI10-8	Industry code	N/U	ignored
	HI10-9	Yes/No Condition or Response Code	N/U	ignored
	HI11	HEALTH CARE CODE INFORMATION	S	ignored
	HI11-1	Qualifier	R	ignored
	HI11-2	Treatment Code	R	ignored
	HI11-3	Date Time Period Format Qualifier	N/U	ignored
	HI11-4	Date Time Period	N/U	ignored
	HI11-5	Monetary Amount	N/U	ignored
	HI11-6	Quantity	N/U	ignored
	HI11-7	Version Identifier	N/U	ignored
	HI11-8	Industry code	N/U	ignored
	HI11-9	Yes/No Condition or Response Code	N/U	ignored
	HI12	HEALTH CARE CODE INFORMATION	S	ignored
	HI12-1	Qualifier	R	ignored
	HI12-2	Treatment Code	R	ignored
	HI12-3	Date Time Period Format Qualifier	N/U	ignored
	HI12-4	Date Time Period	N/U	ignored
	HI12-5	Monetary Amount	N/U	ignored
	HI12-6	Quantity	N/U	ignored
	HI12-7	Version Identifier	N/U	ignored
	HI12-8	Industry code	N/U	ignored
	HI12-9	Yes/No Condition or Response Code	N/U	ignored
2300	HCP	CLAIM PRICING/REPRICING INFORMATION	S	
	HCP01	Pricing Methodology	R	
	HCP02	Repriced Allowed Amount	R	LTC – When submitting a LTC crossover claim, enter the LTC provider rate amount.
	HCP03	Repriced Saving Amount	S	
	HCP04	Repricing Organization Identifier	S	
	HCP05	Repricing Per Diem or Flat Rate Amount	S	
	HCP06	Repriced Approved Ambulatory Patient Group Code	S	
	HCP07	Repriced Approved Ambulatory Patient Group Amount	S	
	HCP08	Product/Service ID	S	
	HCP09	Product/Service ID Qualifier	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HCP10	Product/Service ID	N/U	
	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	
2310A	NM1	ATTENDING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Last Name	R	
	NM104	First Name	S	
	NM105	Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service or Admit Date (for Inpatient and Inpatient Crossovers only) of 1/1/2013 FFS, CCP, LTC, XVR - All providers must be identified using the NPI.
	NM109	Provider Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2310A	PRV	ATTENDING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Provider Taxonomy Code	R	
	PRV04	State or Province Code	N/U	
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	
	PRV06	Provider Organization Code	N/U	
2310A	REF	ATTENDING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number
	REF02	Secondary Identifier	R	<p>Prior to Date of Service or Admit Date (for Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 HIPAA NON-COVERED ENTITIES ONLY: FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 FFS, CCP, LTC, XVR - All providers must be identified using the NPI in the NM1 segment of this loop.</p>
	REF03	Description	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2310A	REF04	REFERENCE IDENTIFIER	N/U	
2310B	NM1	OPERATING PHYSICIAN NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Last or Organization Name	R	
	NM104	First Name	S	
	NM105	Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service or Admit Date (for Inpatient and Inpatient Crossovers only) of 1/1/2013 <u>FFS, CCP, LTC, XVR</u> - All providers must be identified using the NPI.
	NM109	Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2310B	REF	OPERATING PHYSICIAN SECONDARY IDENTIFICATION	S	
	REF01	Qualifier	R	G2 – Provider Commercial Number
	REF02	Secondary Identifier	R	<p>Prior to Date of Service or Admit Date (for Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 <u>HIPAA NON-COVERED ENTITIES ONLY: FFS, CCP, LTC, XVR</u> – The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 <u>FFS, CCP, LTC, XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 <u>FFS, CCP, LTC, XVR</u> - All providers must be identified using the NPI in the NM1 segment of this loop.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2310C	NM1	OTHER OPERATING PHYSICIAN NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Last or Organization Name	R	
	NM104	First Name	S	
	NM105	Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service or Admit Date (for Inpatient and Inpatient Crossovers only) of 1/1/2013 <u>FFS, CCP, LTC, XVR</u> - All providers must be identified using the NPI.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2310C	NM109	Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2310C	REF	OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number
	REF02	Secondary Identifier	R	<p>Prior to Date of Service or Admit Date (for Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> – The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> - All providers must be identified using the NPI in the NM1 segment of this loop.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2310D	NM1	RENDERING PHYSICIAN NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Rendering Provider Last or Organization Name	R	
	NM104	Rendering Provider First Name	S	
	NM105	Rendering Provider Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Rendering Provider Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service or Admit Date (for Inpatient and Inpatient Crossovers only) of 1/1/2013 <u>FFS</u> , <u>CCP</u> , <u>LTC</u> , <u>XVR</u> - All providers must be identified using the NPI.
	NM109	Rendering Provider Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2310D	REF	RENDERING PHYSICIAN SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number
	REF02	Rendering Provider Secondary Identifier	R	<p><u>Prior to Date of Service or Admit Date (for Inpatient and Inpatient Crossover claims only) of 1/1/2013 HIPAA NON-COVERED ENTITIES ONLY:</u> <u>FFS, CCP, LTC, XVR</u> – The provider must be identified using the Medicaid Provider Number (G2).</p> <p><u>Prior to Date of Service or Admit Date (Inpatient and Inpatient Crossover claims only) of 1/1/2013 FFS, CCP, LTC, XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service or Admit Date (Inpatient and Inpatient Crossover claims only) of 1/1/2013 <u>FFS, CCP, LTC, XVR</u> - All providers must be identified using the NPI in the NM1 segment of this loop.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2310E	NM1	SERVICE FACILITY LOCATION	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Laboratory or Facility Name	R	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	S	
	NM109	Laboratory or Facility Primary Identifier	S	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2310E	N3	SERVICE FACILITY LOCATION ADDRESS	R	
	N301	Laboratory or Facility Address Line	R	
	N302	Laboratory or Facility Address Line	S	
2310E	N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP	R	
	N401	Laboratory or Facility City Name	R	
	N402	Laboratory or Facility State or Province Code	S	
	N403	Laboratory or Facility Postal Zone ZIP Code	S	A valid zip code of the service location is required on all <u>FFS</u> and <u>CCP</u> . If the billing provider represents a group, the service location zip code can be represented in the service facility location loop.
	N404	Laboratory/Facility Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2310E	N407	Country Subdivision Code	S	
2310E	REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Laboratory or Facility Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2310F	NM1	REFERRING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Referring Provider Last Name	R	
	NM104	Referring Provider First Name	S	
	NM105	Referring Provider Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Referring Provider Name Suffix	S	
	NM108	Identification Code Qualifier	S	<p>On or after Date of Service or Admit Date (for Inpatient and Inpatient Crossovers only) of 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> - All providers must be identified using the NPI.</p> <p>Referring Provider NPI is required for all Home Health claims with a date of service of 1/1/2013 or greater.</p>
	NM109	Referring Provider Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2310F	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number
	REF02	Secondary Identifier	R	<p>Prior to Date of Service or Admit Date (for Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 HIPAA NON-COVERED ENTITIES ONLY: <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> – The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> - All providers must be identified using the NPI in the NM1 segment of this loop.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2320	SBR	OTHER SUBSCRIBER INFORMATION	S	
	SBR01	Payer Responsibility Sequence Number Code	R	
	SBR02	Individual Relationship Code	R	
	SBR03	Insured Group or Policy Number	S	
	SBR04	Other Insured Group Name	S	
	SBR05	Insurance Type Code	N/U	
	SBR06	Coordination of Benefits Code	N/U	
	SBR07	Yes/No Condition or Response Code	N/U	
	SBR08	Employment Status Code	N/U	
	SBR09	Claim Filing Indicator Code	S	If the primary payer is a Medicare plan, whether straight Medicare or a Medicare HMO, use MA. Although there are other valid SBR09 values, the submission of MA (Medicare Part A) marks the claims for potential Medicare Crossover processing.
2320	CAS	CLAIM LEVEL ADJUSTMENTS	S	
	CAS01	Claim Adjustment Group Code	R	
	CAS02	Adjustment Reason Code	R	<p>1 – Deductible Amount 2 – Co-Insurance Amount 3 – Co-Payment 96 – Carrier Non-Covered Charges 122 – Psychiatric Reduction</p> <p><u>XVR</u> – 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>. Enter value "122" to indicate <u>Psychiatric Reduction</u>.</p> <p>Although there are other valid Adjustment Reason 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 5 occurrences of the CAS segment.</p>
	CAS03	Adjustment Amount	R	<p>When CAS02 equals 1; Deductible, 2; Co-Insurance or 3; Co-payment, the maximum amount allowed entered is 99,999.99.</p> <p>When CAS02 equals 96; Non-Covered charges or 122; Psychiatric Reduction, the maximum allowed entered is 9,999,999.99.</p> <p>Note: Dollar amounts are not to be entered with commas or decimal points per the TR3, they have been entered here only to help identify the dollar amounts allowable by the NJMMIS.</p>
	CAS04	Adjustment Quantity	S	
	CAS05	Adjustment Reason Code	S	Refer to requirements for CAS02.
	CAS06	Adjustment Amount	S	Refer to requirements for CAS03.
	CAS07	Adjustment Quantity	S	
	CAS08	Adjustment Reason Code	S	Refer to requirements for CAS02.
	CAS09	Adjustment Amount	S	Refer to requirements for CAS03.
	CAS10	Adjustment Quantity	S	
	CAS11	Adjustment Reason Code	S	Refer to requirements for CAS02.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2320	CAS12	Adjustment Amount	S	Refer to requirements for CAS03.
	CAS13	Adjustment Quantity	S	
	CAS14	Adjustment Reason Code	S	
	CAS15	Adjustment Amount	S	
	CAS16	Adjustment Quantity	S	
	CAS17	Adjustment Reason Code	S	
	CAS18	Adjustment Amount	S	
	CAS19	Adjustment Quantity	S	
	2320	AMT	COB PAYER PAID AMOUNT	
	AMT01	Amount Qualifier Code	R	
	AMT02	Payer Paid Amount	R	
	AMT03	Credit/Debit Flag Code	N/U	
2320	AMT	REMAINING PATIENT LIABILITY	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Remaining Patient Liability Amount	R	
	AMT03	Credit/Debit Flag Code	N/U	
2320	AMT	COB TOTAL NON-COVERED AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Non-Covered Amount	R	
	AMT03	Credit/Debit Flag Code	N/U	
2320	OI	OTHER INSURANCE COVERAGE INFORMATION	R	
	OI01	Claim Filing Indicator Code	N/U	
	OI02	Claim Submission Reason Code	N/U	
	OI03	Benefits Assignment Certification Indicator	R	
	OI04	Patient Signature Source Code	N/U	
	OI05	Provider Agreement Code	N/U	
	OI06	Release of Information Code	R	
2320	MIA	INPATIENT ADJUDICATION INFORMATION	S	
	MIA01	Covered Days or Visits Count	S	
	MIA02	Amount	N/U	
	MIA03	Lifetime Psychiatric Days	S	
	MIA04	Remaining Patient Liability Amount	S	
	MIA05	Claim Payment Remark Code	S	
	MIA06	Claim Disproportionate Share Amount	S	
	MIA07	Claim MSP Pass-through Amount	S	
	MIA08	Claim PPS Capital Amount	S	
	MIA09	PPS-Capital FSP DRG Amount	S	
	MIA10	PPS-Capital HSP DRG Amount	S	
	MIA11	PPS-Capital DSH DRG Amount	S	
	MIA12	Old Capital Amount	S	
	MIA13	PPS-Capital IME Amount	S	
	MIA14	PPS-Operating Hospital Specific DRG Amount	S	
	MIA15	Cost Report Day Count	S	
	MIA16	PPS-Operating Federal Specific DRG Amount	S	
	MIA17	Claim PPS Capital Outlier Amount	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2320	MIA18	Claim Indirect Teaching Amount	S	
	MIA19	Non-Payable Professional Component Billed Amount	S	
	MIA20	Claim Payment Remark Code	S	
	MIA21	Claim Payment Remark Code	S	
	MIA22	Claim Payment Remark Code	S	
	MIA23	Claim Payment Remark Code	S	
	MIA24	PPS-Capital Exception Amount	S	
2320	MOA	MEDICARE OUTPATIENT ADJUDICATION INFORMATION	S	
	MOA01	Reimbursement Rate	S	
	MOA02	HCPCS Payable Amount	S	
	MOA03	Remark Code	S	
	MOA04	Remark Code	S	
	MOA05	Remark Code	S	
	MOA06	Remark Code	S	
	MOA07	Remark Code	S	
	MOA08	End Stage Renal Disease Payment Amount	S	
	MOA09	Non-Payable Professional Component Billed Amount	S	
2330A	NM1	OTHER SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Other Insured Last Name	R	
	NM104	Other Insured First Name	S	
	NM105	Other Insured Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Other Insured Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Other Insured Identifier	R	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330A	N3	OTHER SUBSCRIBER ADDRESS	S	
	N301	Other Insured Address Line	R	
	N302	Other Insured Address Line	S	
2330A	N4	OTHER SUBSCRIBER CITY/STATE/ZIP CODE	R	
	N401	Other Insured City Name	R	
	N402	Other Insured State Code	S	
	N403	Other Insured Postal Zone or ZIP Code	S	
	N404	Subscriber Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2330A	REF	OTHER SUBSCRIBER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Insured Additional Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330B	NM1	OTHER PAYER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Other Payer Last or Organization Name	R	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	Enter "PI" when completing this loop.
	NM109	Other Payer Primary Identifier	R	<p><u>LTC</u> – Enter the New Jersey Medicaid <u>Other Insurance Carrier Code</u> per the Data Element Dictionary.</p> <p><u>FFS, CCP</u> – When submitting an institutional claim that is not a long term care claim enter the UB04-based payer identification code from the National Uniform Billing Committee (NUBC) (e.g. "012" for New Jersey Medicaid).</p> <p>The New Jersey Medicaid <u>Other Insurance Carrier Codes</u> listed in the Data Element Dictionary are <u>not</u> to be used when submitting institutional inpatient, outpatient or home health claims.</p>
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330B	N3	OTHER PAYER ADDRESS	S	
	N301	Other Payer Address Line	R	
	N302	Other Payer Address Line	S	
2330B	N4	OTHER PAYER CITY/STATE/ZIP CODE	S	
	N401	Other Payer City Name	R	
	N402	Other Payer State Code	S	
	N403	Other Payer Postal Zone or ZIP Code	S	
	N404	Other Payer Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	
2330B	DTP	DATE - CLAIM CHECK OR REMITTANCE DATE	S	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Adjudication or Payment Date	R	<p><u>Inpatient and LTC Services</u> - Submit claim level payment date in this loop and the 2430 line level payment date for each line item.</p> <p><u>All other services</u> - Submit the payment date at the 2430 line level.</p>

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2330B	REF	OTHER PAYER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330B	REF	OTHER PAYER PRIOR AUTHORIZATION NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Prior Authorization Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330B	REF	OTHER PAYER REFERRAL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Referral Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330B	REF	OTHER PAYER CLAIM ADJUSTMENT INDICATOR	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Claim Adjustment Indicator	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330B	REF	OTHER PAYER CLAIM CONTROL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Claim Control Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330C	NM1	OTHER PAYER ATTENDING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330C	REF	OTHER PAYER ATTENDING PROVIDER SECONDARY IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2330D	NM1	OTHER PAYER OPERATING PHYSICIAN	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330D	REF	OTHER PAYER OPERATING PHYSICIAN SECONDARY IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330E	NM1	OTHER PAYER OTHER OPERATING PHYSICIAN	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330E	REF	OTHER PAYER OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330F	NM1	OTHER PAYER SERVICE FACILITY LOCATION	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2330F	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330F	REF	OTHER PAYER SERVICE FACILITY LOCATION SECONDARY IDENTIFIER	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Service Facility Location Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330G	NM1	OTHER PAYER RENDERING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330G	REF	OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFIER	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Rendering Provider Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330H	NM1	OTHER PAYER REFERRING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330H	REF	OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFIER	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Referring Provider Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2330I	NM1	OTHER PAYER BILLING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330I	REF	OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Billing Provider Secondary Identification	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2400	LX	SERVICE LINE	R	
	LX01	Assigned Number	R	New Jersey Medicaid will only accept a maximum of 45 lines for inpatient claims, and a maximum of 99 lines for outpatient, home health, and Charity Care And Long Term Care claims.
2400	SV2	INSTITUTIONAL SERVICE LINE	R	
	SV201	Revenue Code	R	New Jersey Medicaid no longer requires revenue code 001. <u>FFS</u> – When reporting Inpatient services, New Jersey Medicaid will use revenue codes 100 – 219 to identify charges for SNF, ICF, Residential, and Acute days. <u>LTC</u> – 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.
	SV202	COMPOSITE	R	
	SV202-1	Product or Service ID Qualifier	R	HC - Healthcare Financing Administration Common Procedural Coding System (HCPCS) Codes <u>FFS</u> – Enter “HC” when revenue code 270 is used to report medical/surgical supplies for home health claims.
	SV202-2	Procedure Code	R	<u>FFS</u> – Enter the durable medical equipment (DME) procedure code when revenue code 270 is used to report medical/surgical supplies for home health claims.
	SV202-3	Procedure Modifier	S	
	SV202-4	Procedure Modifier	S	
	SV202-5	Procedure Modifier	S	
	SV202-6	Procedure Modifier	S	
	SV202-7	Description	S	
	SV202-8	Product/Service ID	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2400	SV203	Line Item Charge Amount	R	
	SV204	Unit or Basis for Measurement Code	R	
	SV205	Service Unit Count	R	New Jersey Medicaid requires a unit of service to be less than or equal to 999.
	SV206	Unit Rate	N/U	
	SV207	Line Item Denied Charge or Non-Covered Charge Amount	S	
	SV208	Yes/No Condition or Response Code	N/U	
	SV209	Nursing Home Residential Status Code	N/U	
	SV210	Level of Care Code	N/U	
2400	PWK	LINE SUPPLEMENTAL INFORMATION	S	
	PWK01	Attachment Report Type Code	R	FFS – Enter “OZ” when submitting paperwork (i.e. attachment) information. Refer to Section 7 of this manual for information on the HIPAA Attachment Cover Sheet.
	PWK02	Attachment Transmission Code	R	FFS – Enter “BM” when submitting a paper attachment by mail.
	PWK03	Report Copies Needed	N/U	
	PWK04	Entity Identifier Code	N/U	
	PWK05	Identification Code Qualifier	S	
	PWK06	Identification Code	S	FFS – Enter the Patient Account Number coded in Segment CLM, Field CLM01.
	PWK07	Description	N/U	
	PWK08	ACTIONS INDICATED	N/U	
	PWK09	Request Category Code	N/U	
2400	DTP	DATE - SERVICE DATE	R	
	DTP01	Date Time Qualifier	R	472 – Service Date(s) of Service are required on all outpatient, home health, and long term care claims.
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Service Date	R	
2400	REF	LINE ITEM CONTROL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Line Item Control Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2400	REF	REPRICED LINE ITEM REFERENCE NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Repriced Line Item Reference Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2400	REF	ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Adjusted Repriced Line Item Reference Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2400	AMT	SERVICE TAX AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Tax Amount	R	
	AMT03	Credit/Debit Flag Code	N/U	
2400	AMT	FACILITY TAX AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Facility Tax Amount	R	
	AMT03	Credit/Debit Flag Code	N/U	
2400	NTE	THIRD PARTY ORGANIZATION NOTES	S	
	NTE01	Note Reference Code	R	
	NTE02	Claim Note Text	R	
2400	HCP	LINE PRICING/REPRICING INFORMATION	S	
	HCP01	Pricing Methodology	R	
	HCP02	Repriced Allowed Amount	R	
	HCP03	Repriced Saving Amount	S	
	HCP04	Repricing Organization Identifier	S	
	HCP05	Repricing Per Diem or Flat Rate Amount	S	
	HCP06	Repriced Approved Ambulatory Patient Group Code	S	
	HCP07	Repriced Approved Ambulatory Patient Group Amount	S	
	HCP08	Product/Service ID	N/U	
	HCP09	Product or Service ID Qualifier	S	
	HCP10	Procedure Code	S	
	HCP11	Unit or Basis for Measurement Code	S	
	HCP12	Repriced Approved Service Unit Count "DA" "UN"	S	
	HCP13	Reject Reason Code	S	
	HCP14	Policy Compliance Code	S	
	HCP15	Exception Code	S	
2410	LIN	DRUG IDENTIFICATION	S	
	LIN01	Assigned Identification	N/U	
	LIN02	Product or Service ID Qualifier	R	N4 - National Drug Code in 5-4-2 Format. 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.
	LIN03	National Drug Code	R	Enter the National Drug Code (NDC) for the physician-administered drug when the value of LIN02 is "N4".
	LIN04	Product/Service ID Qualifier	N/U	
	LIN05	Product/Service ID	N/U	
	LIN06	Product/Service ID Qualifier	N/U	
	LIN07	Product/Service ID	N/U	
	LIN08	Product/Service ID Qualifier	N/U	
	LIN09	Product/Service ID	N/U	
	LIN10	Product/Service ID Qualifier	N/U	
	LIN11	Product/Service ID	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement	
2410	LIN12	Product/Service ID Qualifier	N/U		
	LIN13	Product/Service ID	N/U		
	LIN14	Product/Service ID Qualifier	N/U		
	LIN15	Product/Service ID	N/U		
	LIN16	Product/Service ID Qualifier	N/U		
	LIN17	Product/Service ID	N/U		
	LIN18	Product/Service ID Qualifier	N/U		
	LIN19	Product/Service ID	N/U		
	LIN20	Product/Service ID Qualifier	N/U		
	LIN21	Product/Service ID	N/U		
	LIN22	Product/Service ID Qualifier	N/U		
	LIN23	Product/Service ID	N/U		
	LIN24	Product/Service ID Qualifier	N/U		
	LIN25	Product/Service ID	N/U		
	LIN26	Product/Service ID Qualifier	N/U		
	LIN27	Product/Service ID	N/U		
	LIN28	Product/Service ID Qualifier	N/U		
	LIN29	Product/Service ID	N/U		
	LIN30	Product/Service ID Qualifier	N/U		
	LIN31	Product/Service ID	N/U		
	2410	CTP	DRUG QUANTITY	R	
		CTP01	Class of Trade Code	N/U	
		CTP02	Price Identifier Code	N/U	
		CTP03	Unit Price	N/U	
		CTP04	National Drug Unit Count	R	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).
		CTP05	COMPOSITE UNIT OF MEASURE	R	
		CTP05-1	Unit or Basis For Measurement Code	R	GR – Gram ML – Milliliter UN – Unit Enter the Unit of Measure of “GR”, “ML” or “UN”.
		CTP05-2	Exponent	N/U	
		CTP05-3	Multiplier	N/U	
		CTP05-4	Unit or Basis For Measurement Code	N/U	
		CTP05-5	Exponent	N/U	
	CTP05-6	Multiplier	N/U		
	CTP05-7	Unit or Basis For Measurement Code	N/U		
	CTP05-8	Exponent	N/U		
	CTP05-9	Multiplier	N/U		
	CTP05-10	Unit or Basis For Measurement Code	N/U		
	CTP05-11	Exponent	N/U		
	CTP05-12	Multiplier	N/U		
	CTP05-13	Unit or Basis For Measurement Code	N/U		
	CTP05-14	Exponent	N/U		
	CTP05-15	Multiplier	N/U		
	CTP06	Price Multiplier Qualifier	N/U		
	CTP07	Multiplier	N/U		

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2410	CTP08	Monetary Amount	N/U	
	CTP09	Basis of Unit Price Code	N/U	
	CTP10	Condition Value	N/U	
	CTP11	Multiple Price Quantity	N/U	
2410	REF	PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Prescription Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2420A	NM1	OPERATING PHYSICIAN NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Last Name	R	
	NM104	First Name	S	
	NM105	Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service or Admit Date (for Inpatient and Inpatient Crossovers only) of 1/1/2013 FFS, CCP, LTC, XVR - All providers must be identified using the NPI.
	NM109	Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2420A	REF	OPERATING PHYSICIAN SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number
	REF02	Secondary Identifier	R	<p>Prior to Date of Service or Admit Date (for Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 HIPAA NON-COVERED ENTITIES ONLY: FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 FFS, CCP, LTC, XVR - All providers must be identified using the NPI in the NM1 segment of this loop.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	S	
	REF04-1	Reference Identifier Qualifier	R	
	REF04-2	Identifier	R	
	REF04-3	Reference Identification Qualifier	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2420A	REF04-4	Reference Identification	N/U	
	REF04-5	Reference Identification Qualifier	N/U	
	REF04-6	Reference Identification	N/U	
2420B	NM1	OTHER OPERATING PHYSICIAN NAME	S	
	NM101	Entity Identifier Code	R	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.
	NM102	Entity Type Qualifier	R	
	NM103	Last Name	R	
	NM104	First Name	S	
	NM105	Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service or Admit Date (for Inpatient and Inpatient Crossovers only) of 1/1/2013 <u>FFS, CCP, LTC, XVR</u> - All providers must be identified using the NPI.
	NM109	Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2420B	REF	OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number
	REF02	Secondary Identifier	R	<p>Prior to Date of Service or Admit Date (for Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 <u>HIPAA NON-COVERED ENTITIES ONLY: FFS, CCP, LTC, XVR</u> – The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 <u>FFS, CCP, LTC, XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the attending 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.</p> <p>On or after Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 <u>FFS, CCP, LTC, XVR</u> - All providers must be identified using the NPI in the NM1 segment of this loop.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	S	
	REF04-1	Reference Identifier Qualifier	R	
	REF04-2	Identifier	R	
	REF04-3	Reference Identification Qualifier	N/U	
	REF04-4	Reference Identification	N/U	
	REF04-5	Reference Identification Qualifier	N/U	
	REF04-6	Reference Identification	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2420C	NM1	RENDERING PROVIDER NAME	S	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Rendering Provider Last or Organization Name	R	ignored
	NM104	Rendering Provider First Name	S	ignored
	NM105	Rendering Provider Middle Name	S	ignored
	NM106	Name Prefix	N/U	ignored
	NM107	Rendering Provider Name Suffix	S	ignored
	NM108	Identification Code Qualifier	S	ignored
	NM109	Rendering Provider Identifier	S	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2420C	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Rendering Provider Secondary Identifier	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	S	ignored
	REF04-1	Reference Identifier Qualifier	R	ignored
	REF04-2	Other Payer Primary Identifier	R	ignored
	REF04-3	Reference Identification Qualifier	N/U	ignored
	REF04-4	Reference Identification	N/U	ignored
	REF04-5	Reference Identification Qualifier	N/U	ignored
	REF04-6	Reference Identification	N/U	ignored
2420D	NM1	REFERRING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Referring Provider Last Name	R	
	NM104	Referring Provider First Name	S	
	NM105	Referring Provider Middle Name or Initial	S	
	NM106	Name Prefix	N/U	
	NM107	Referring Provider Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service or Admit Date (for Inpatient and Inpatient Crossovers only) of 1/1/2013 FFS, CCP, LTC, XVR - All providers must be identified using the NPI. FFS, CCP, LTC, XVR – Referring Provider NPI is required for all Home Health claims with date of service of 1/1/2013 or greater.
	NM109	Other Payer Primary Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2420D	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number
	REF02	Secondary Identifier	R	<p><u>Prior to Date of Service or Admit Date (for Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 HIPAA NON-COVERED ENTITIES ONLY:</u> <u>FFS, CCP, LTC, XVR</u> – The provider must be identified using the Medicaid Provider Number (G2).</p> <p><u>Prior to Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 FFS, CCP, LTC, XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service or Admit Date (Inpatient and Inpatient Medicare Crossover claims only) of 1/1/2013 FFS, CCP, LTC, XVR - All providers must be identified using the NPI in the NM1 segment of this loop.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	S	
	REF04-1	Reference Identifier Qualifier	R	
	REF04-2	Other Payer Primary Identifier	R	
	REF04-3	Reference Identification Qualifier	N/U	
	REF04-4	Reference Identification	N/U	
	REF04-5	Reference Identification Qualifier	N/U	
	REF04-6	Reference Identification	N/U	
2430	SVD	LINE ADJUDICATION INFORMATION	S	
	SVD01	Other Payer Primary Identifier	R	
	SVD02	Service Line Paid Amount	R	Submit the line level payment amount. The total of all SVD02 amounts should equal the 2320/AMT02 amount for this payer.
	SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	R	
	SVD03-1	Product or Service ID Qualifier	R	
	SVD03-2	Procedure Code	R	
	SVD03-3	Procedure Modifier	S	
	SVD03-4	Procedure Modifier	S	
	SVD03-5	Procedure Modifier	S	
	SVD03-6	Procedure Modifier	S	
	SVD03-7	Procedure Code Description	S	
	SVD03-8	Product/Service ID	N/U	
	SVD04	Product or Service ID	N/U	
	SVD05	Paid Service Unit Count	R	
	SVD06	Bundled or Unbundled Line Number	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2430	CAS	LINE ADJUSTMENT	S	
	CAS01	Claim Adjustment Group Code	R	
	CAS02	Adjustment Reason Code	R	
	CAS03	Adjustment Amount	R	
	CAS04	Adjustment Quantity	S	
	CAS05	Adjustment Reason Code	S	
	CAS06	Adjustment Amount	S	
	CAS07	Adjustment Quantity	S	
	CAS08	Adjustment Reason Code	S	
	CAS09	Adjustment Amount	S	
	CAS10	Adjustment Quantity	S	
	CAS11	Adjustment Reason Code	S	
	CAS12	Adjustment Amount	S	
	CAS13	Adjustment Quantity	S	
	CAS14	Adjustment Reason Code	S	
	CAS15	Adjustment Amount	S	
	CAS16	Adjustment Quantity	S	
	CAS17	Adjustment Reason Code	S	
	CAS18	Adjustment Amount	S	
	CAS19	Adjustment Quantity	S	
2430	DTP	LINE CHECK OR REMITTANCE DATE	R	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Adjudication or Payment Date	R	For all services submit the date for each line level segment.
2430	AMT	REMAINING PATIENT LIABILITY	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Remaining Patient Liability Amount	R	
	AMT03	Credit/Debit Flag Code	N/U	
SE		TRANSACTION SET TRAILER	R	
	SE01	Transaction Segment Count	R	
	SE02	Transaction Set Control Number	R	

Section 12 837 Dental Specifications

12.1 Loops, Segments, Fields/NJ Medicaid Specific Requirements

The following tables outline the HIPAA 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), situational (S) or not used (N/U). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed. Segments and/or fields, which will be ignored by New Jersey Medicaid, are also indicated in this column. The symbol “FFS” in this column makes reference to special requirements for fee-for-service providers regarding dental claim submissions.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
	ST03	Implementation Convention Reference	R	
BHT		BEGINNING OF HIERARCHICAL TRANSACTION	R	
	BHT01	Hierarchical Structure Code	R	
	BHT02	Transaction Set Purpose Code	R	
	BHT03	Originator Application Transaction ID	R	
	BHT04	Transaction Set Creation Date	R	
	BHT05	Transaction Set Creation Time	R	
	BHT06	Claim or Encounter ID	R	
1000A	NM1	SUBMITTER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Submitter Last or Organization Name	R	
	NM104	Submitter First Name	S	
	NM105	Submitter Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	
	NM109	Submitter Identifier	R	Enter the seven-digit Submitter ID assigned by New Jersey Medicaid.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
1000A	PER	SUBMITTER EDI CONTACT INFORMATION	R	
	PER01	Contact Function Code	R	
	PER02	Submitter Contact Name	S	
	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	
	PER09	Contact Inquiry Reference	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
1000B	NM1	RECEIVER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Receiver Name	R	Enter "NEW JERSEY MEDICAID".
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	
	NM109	Receiver Primary Identifier	R	Enter "610515".
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2000A	HL	BILLING PROVIDER HIERARCHICAL LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	N/U	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
2000A	PRV	BILLING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Provider Taxonomy Code	R	A valid HIPAA taxonomy code is required on all <u>FFS</u> claims.
	PRV04	State or Province Code	N/U	
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	
	PRV06	Provider Organization Code	N/U	
2000A	CUR	FOREIGN CURRENCY INFORMATION	S	
	CUR01	Entity Identifier Code	R	
	CUR02	Currency Code	R	
	CUR03	Exchange Rate	N/U	
	CUR04	Entity Identifier Code	N/U	
	CUR05	Currency Code	N/U	
	CUR06	Currency Market/Exchange Code	N/U	
	CUR07	Date/Time Qualifier	N/U	
	CUR08	Date	N/U	
	CUR09	Time	N/U	
	CUR10	Date/Time Qualifier	N/U	
	CUR11	Date	N/U	
	CUR12	Time	N/U	
	CUR13	Date/Time Qualifier	N/U	
	CUR14	Date	N/U	
	CUR15	Time	N/U	
	CUR16	Date/Time Qualifier	N/U	
	CUR17	Date	N/U	
	CUR18	Time	N/U	
	CUR19	Date/Time Qualifier	N/U	
	CUR20	Date	N/U	
	CUR21	Time	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010AA	NM1	BILLING PROVIDER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Billing Provider Last or Organizational Name	R	
	NM104	Billing Provider First Name	S	
	NM105	Billing Provider Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Billing Provider Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service 1/1/2013 <u>FFS</u> , <u>CCP</u> , <u>LTC</u> , <u>XVR</u> - All providers must be identified using the NPI.
	NM109	Billing Provider Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2010AA	N3	BILLING PROVIDER ADDRESS	R	
	N301	Billing Provider Address Line	R	
	N302	Billing Provider Address Line	S	
2010AA	N4	BILLING PROVIDER CITY/STATE/ZIP CODE	R	
	N401	Billing Provider City Name	R	
	N402	Billing Provider State or Province Code	S	
	N403	Billing Provider Postal Zone or ZIP Code	S	A valid zip code of the service location is required on all <u>FFS</u> claims. If the billing provider represents a group, the service location zip code can be represented in the service facility location loop.
	N404	Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	
2010AA	REF	BILLING PROVIDER TAX IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Billing Provider Additional Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2010AA	REF	BILLING PROVIDER UPIN/LICENSE INFORMATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Billing Provider Additional Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2010AA	PER	BILLING PROVIDER CONTACT INFORMATION	S	
	PER01	Contact Function Code	R	
	PER02	Billing Provider Contact Name	S	
	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	
	PER09	Contact Inquiry Reference	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010AB	NM1	PAY-TO PROVIDER NAME	S	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Pay-to Provider Last or Organization Name	N/U	ignored
	NM104	Pay-to Provider First Name	N/U	ignored
	NM105	Pay-to Provider Middle Name	N/U	ignored
	NM106	Name Prefix	N/U	ignored
	NM107	Pay-to Provider Name Suffix	N/U	ignored
	NM108	Identification Code Qualifier	N/U	ignored
	NM109	Pay-to Provider Identifier	N/U	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2010AB	N3	PAY-TO PROVIDER ADDRESS	R	THIS LOOP WILL BE IGNORED
	N301	Pay-to Provider Address Line	R	ignored
	N302	Pay-to Provider Address Line	S	ignored
2010AB	N4	PAY-TO PROVIDER CITY/STATE/ZIP CODE	R	THIS LOOP WILL BE IGNORED
	N401	Pay-to Provider City Name	R	ignored
	N402	Pay-to Provider State Code	S	ignored
	N403	Pay-to Provider Postal Zone or ZIP Code	S	ignored
	N404	Pay-to Provider Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored
2010AC	NM1	PAY-TO PLAN NAME	S	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Pay to Plan Organizational Name	R	ignored
	NM104	Name First	N/U	ignored
	NM105	Name Middle	N/U	ignored
	NM106	Name Prefix	N/U	ignored
	NM107	Name Suffix	N/U	ignored
	NM108	Identification Code Qualifier	R	ignored
	NM109	Identification Code	R	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2010AC	N3	PAY-TO PLAN ADDRESS	R	THIS LOOP WILL BE IGNORED
	N301	Pay-to Plan Address Line	R	ignored
	N302	Pay-to Plan Address Line	S	ignored
2010AC	N4	PAY-TO PLAN CITY/STATE/ZIP CODE	R	THIS LOOP WILL BE IGNORED
	N401	Pay-to Plan City Name	R	ignored
	N402	Pay-to Plan State Code	S	ignored
	N403	Pay-to Plan Postal Zone or ZIP Code	S	ignored
	N404	Pay-to Plan Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010AC	REF	PAY-TO PLAN SECONDARY IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Reference Identification	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2010AC	REF	PAY-TO PLAN TAX IDENTIFICATION NUMBER	R	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Reference Identification	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2000B	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	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.
2000B	SBR	SUBSCRIBER INFORMATION	R	
	SBR01	Payer Responsibility Sequence Number Code	R	
	SBR02	Individual Relationship Code	S	
	SBR03	Insured Group or Policy Number	S	
	SBR04	Insured Group Name	S	
	SBR05	Insurance Type Code	S	
	SBR06	Coordination of Benefits Code	N/U	
	SBR07	Yes/No Condition or Response Code	N/U	
	SBR08	Employment Status Code	N/U	
	SBR09	Claim Filing Indicator Code	S	Enter "MC".
2010BA	NM1	SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	Enter "1" for Person.
	NM103	Subscriber Last Name	R	
	NM104	Subscriber First Name	S	New Jersey Medicaid requires the beneficiary's first name.
	NM105	Subscriber Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Subscriber Name Suffix	S	
	NM108	Identification Code Qualifier	S	
	NM109	Subscriber Primary Identifier	S	Enter the twelve-digit Medicaid Beneficiary ID Number assigned by New Jersey Medicaid.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2010BA	N3	SUBSCRIBER ADDRESS	S	THIS LOOP WILL BE IGNORED
	N301	Subscriber Address Line	R	ignored
	N302	Subscriber Address Line	S	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010BA	N4	SUBSCRIBER CITY/STATE/ZIP CODE	S	THIS LOOP WILL BE IGNORED
	N401	Subscriber City Name	R	ignored
	N402	Subscriber State Code	S	ignored
	N403	Subscriber Postal Zone or ZIP Code	S	ignored
	N404	Subscriber Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored
2010BA	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION	S	
	DMG01	Date Time Period Format Qualifier	R	
	DMG02	Subscriber Birth Date	R	
	DMG03	Subscriber Gender Code	R	
	DMG04	Marital Status Code	N/U	
	DMG05	Race or Ethnicity Code	N/U	
	DMG06	Citizenship Status Code	N/U	
	DMG07	Country Code	N/U	
	DMG08	Basis of Verification Code	N/U	
	DMG09	Quantity	N/U	
	DMG10	Code List Qualifier Code	N/U	
	DMG11	Industry Code	N/U	
2010BA	REF	SUBSCRIBER SECONDARY IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Subscriber Supplemental Identifier	R	ignored
	REF03	Description	N/U	ignored
	REF04	Reference Identifier	N/U	ignored
2010BA	REF	PROPERTY AND CASUALTY CLAIM NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Property Casualty Claim Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	Reference Identifier	N/U	ignored
2010BB	NM1	PAYER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Payer Name	R	Enter "NEW JERSEY MEDICAID".
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	
	NM109	Payer Identifier	R	Enter "610515".
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2010BB	N3	PAYER ADDRESS	S	THIS LOOP WILL BE IGNORED
	N301	Payer Address Line	R	ignored
	N302	Payer Address Line	S	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010BB	N4	PAYER CITY/STATE/ZIP CODE	S	THIS LOOP WILL BE IGNORED
	N401	Payer City Name	R	ignored
	N402	Payer State Code	S	ignored
	N403	Payer Postal Zone or ZIP Code	S	ignored
	N404	Payer Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored
2010BB	REF	PAYER SECONDARY IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Reference Identification	R	ignored
	REF03	Description	N/U	ignored
	REF04	Reference Identifier	N/U	ignored
2010BB	REF	BILLING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 - Provider Commercial Number LU – Location Number
	REF02	Reference Identification	R	<p>Prior to Date of Service 1/1/2013 HIPAA NON-COVERED ENTITIES ONLY: FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service 1/1/2013 FFS, CCP, LTC, XVR – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the attending 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.</p> <p>On or after Date of Service 1/1/2013 FFS, CCP, LTC, XVR - All providers must be identified using the NPI in Loop 2010AA in the NM1 segment.</p> <p>After dates of service 12/31/12, there are no Non-Covered Entities, and the LU should NOT be submitted. For dates of service BEFORE 1/1/2013 and for HIPAA NON-COVERED ENTITIES ONLY: Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2000C	HL	PATIENT HIERARCHICAL LEVEL	S	THIS LOOP WILL BE IGNORED
	HL01	Hierarchical ID Number	R	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.
	HL02	Hierarchical Parent ID Number	R	ignored
	HL03	Hierarchical Level Code	R	ignored
	HL04	Hierarchical Child Code	R	ignored
2000C	PAT	PATIENT INFORMATION	R	THIS LOOP WILL BE IGNORED
	PAT01	Individual Relationship Code	R	ignored
	PAT02	Patient Location Code	N/U	ignored
	PAT03	Employment Status Code	N/U	ignored
	PAT04	Student Status Code	N/U	ignored
	PAT05	Date Time Period Format Qualifier	N/U	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2000C	PAT06	Patient Death Date	N/U	ignored
	PAT07	Unit or Basis for Measurement Code	N/U	ignored
	PAT08	Patient Weight	N/U	ignored
	PAT09	Pregnancy Indicator	N/U	ignored
2010CA	NM1	PATIENT NAME	R	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Patient Last Name	R	ignored
	NM104	Patient First Name	S	ignored
	NM105	Patient Middle Name	S	ignored
	NM106	Name Prefix	N/U	ignored
	NM107	Patient Name Suffix	S	ignored
	NM108	Identification Code Qualifier	N/U	ignored
	NM109	Patient Primary Identifier	N/U	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2010CA	N3	PATIENT ADDRESS	R	THIS LOOP WILL BE IGNORED
	N301	Patient Address Line	R	ignored
	N302	Patient Address Line	S	ignored
2010CA	N4	PATIENT CITY/STATE/ZIP CODE	R	THIS LOOP WILL BE IGNORED
	N401	Patient City Name	R	ignored
	N402	Patient State Code	S	ignored
	N403	Patient Postal Zone or ZIP Code	S	ignored
	N404	Patient Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored
2010CA	DMG	PATIENT DEMOGRAPHIC INFORMATION	R	THIS LOOP WILL BE IGNORED
	DMG01	Date Time Period Format Qualifier	R	ignored
	DMG02	Patient Birth Date	R	ignored
	DMG03	Patient Gender Code	R	ignored
	DMG04	Marital Status Code	N/U	ignored
	DMG05	Race or Ethnicity Code	N/U	ignored
	DMG06	Citizenship Status Code	N/U	ignored
	DMG07	Country Code	N/U	ignored
	DMG08	Basis of Verification Code	N/U	ignored
	DMG09	Quantity	N/U	ignored
	DMG10	Code List Qualifier Code	N/U	ignored
	DMG11	Industry Code	N/U	ignored
2010CA	REF	PROPERTY AND CASUALTY CLAIM NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Property Casualty Claim Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2010CA	PER	PROPERTY AND CASUALTY PATIENT IDENTIFIER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Reference Identification	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	CLM	CLAIM INFORMATION	R	
	CLM01	Claim Submitter's Identifier	R	New Jersey Medicaid will only recognize the first 20 characters of the Patient Account Number.
	CLM02	Total Claim Charge Amount	R	
	CLM03	Claim Filing Indicator Code	N/U	
	CLM04	Non-Institutional Claim Type Code	N/U	
	CLM05	HEALTH CARE SERVICE LOCATION INFORMATION	R	
	CLM05-1	Facility Type Code	R	See Code Source 237: Place of Service Codes for Professional Claims as referenced in the 837 Dental TR3.
	CLM05-2	Facility Code Qualifier	R	
	CLM05-3	Claim Frequency Code	R	
	CLM06	Provider or Supplier Signature Indicator	R	
	CLM07	Medicare Assignment Code	R	
	CLM08	Benefits Assignment Certification Indicator	R	
	CLM09	Release of Information Code	R	
	CLM10	Patient Signature Source Code	N/U	
	CLM11	RELATED CAUSES INFORMATION	S	
	CLM11-1	Related Causes Code	R	
	CLM11-2	Related Causes Code	S	
	CLM11-3	Related Causes Code	N/U	
	CLM11-4	Auto Accident State or Province Code	S	
	CLM11-5	Country Code	S	
	CLM12	Special Program Indicator	S	
	CLM13	Yes/No Condition or Response Code	N/U	
	CLM14	Level of Service Code	N/U	
	CLM15	Yes/No Condition or Response Code	N/U	
	CLM16	Participation Agreement	N/U	
	CLM17	Claim Status Code	N/U	
	CLM18	Yes/No Condition or Response Code	N/U	
	CLM19	Claim Submission Reason Code	S	ignored
	CLM20	Delay Reason Code	S	ignored
2300	DTP	DATE - ACCIDENT	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Accident Date	R	ignored
2300	DTP	DATE - APPLIANCE PLACEMENT	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Initial Treatment Date	R	ignored
2300	DTP	DATE - SERVICE DATE	S	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Assumed or Relinquished Care Date	R	
2300	DTP	DATE - REPRICER RECEIVED DATE	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Order Date	R	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	DN1	ORTHODONTIC TOTAL MONTHS OF TREATMENT	S	THIS LOOP WILL BE IGNORED
	DN101	Orthodontic Treatment Months Count	S	ignored
	DN102	Orthodontic Treatment Months Remaining Count	S	ignored
	DN103	Yes/No Condition	S	ignored
	DN104	Description	N/U	ignored
2300	TOO	TOOTH STATUS	S	THIS LOOP WILL BE IGNORED
	DN201	Tooth Number	R	ignored
	DN202	Tooth Status Code	R	ignored
	DN203	Quantity	N/U	ignored
	DN204	Date Time Period Qualifier	N/U	ignored
	DN205	Date Time Period	N/U	ignored
	DN206	Code List Qualifier Code	R	ignored
2300	PWK	CLAIM SUPPLEMENTAL INFORMATION	S	
	PWK01	Attachment Report Type Code	R	FFS – Enter “OZ” when submitting paperwork (i.e. attachment) information. Refer to Section 7 of this manual for information on the HIPAA Attachment Cover Sheet.
	PWK02	Attachment Transmission Code	R	FFS – Enter “BM” when submitting a paper attachment by mail.
	PWK03	Report Copies Needed	N/U	
	PWK04	Entity Identifier Code	N/U	
	PWK05	Identification Code Qualifier	S	
	PWK06	Attachment Control Number	S	FFS – Enter the Patient Account Number coded in Segment CLM, Field CLM01.
	PWK07	Description	N/U	
	PWK08	ACTIONS INDICATED	N/U	
	PWK09	Request Category Code	N/U	
2300	CN1	CONTRACT INFORMATION	S	
	CN101	Contract Type Code	R	
	CN102	Contract Amount	S	
	CN103	Contract Percentage	S	
	CN104	Contract Code	S	
	CN105	Terms Discount Percent	S	
	CN106	Contract Version Identifier	S	
2300	AMT	PATIENT AMOUNT PAID	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Patient Amount Paid	R	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”).
	AMT03	Credit/Debit Flag Code	N/U	
2300	REF	PREDETERMINATION IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Service Authorization Exception Code	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	REF	SERVICE AUTHORIZATION EXCEPTION CODE	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Service Authorization Exception Code	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2300	REF	PAYER CLAIM CONTROL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Claim Original Reference Number	R	<p>Enter the 15-digit NJMMIS claim control number of the original claim being corrected or voided when REF01 equals "F8".</p> <p>If claim control number is obtained from the NJMMIS 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.</p> <p>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.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	REFERRAL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Prior Authorization or Referral Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
	REF04-1	Reference Identifier Qualifier	N/U	
2300	REF	PRIOR AUTHORIZATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Prior Authorization or Referral Number	R	FFS – When appropriate, enter the 10-digit Prior Authorization Number in the first occurrence of the REF segment.
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	REPRICED CLAIM NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Repriced Claim Reference Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2300	REF	ADJUSTED REPRICED CLAIM NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Adjusted Repriced Claim Reference Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	
	REF04-1	Reference Identifier Qualifier	N/U	ignored
	REF04-2	Other Payer Primary Identifier	N/U	ignored
	REF04-3	Reference Identification Qualifier	N/U	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	REF04-4	Reference Identification	N/U	ignored
	REF04-5	Reference Identification Qualifier	N/U	ignored
	REF04-6	Reference Identification	N/U	ignored
2300	REF	CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Clearinghouse Trace Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2300	K3	FILE INFORMATION	S	THIS LOOP WILL BE IGNORED
	K301	Fixed Format Information	R	ignored
	K302	Record Format Code	N/U	ignored
	K303	COMPOSITE UNIT OF MEASURE	N/U	ignored
2300	NTE	CLAIM NOTE	S	THIS LOOP WILL BE IGNORED
	NTE01	Note Reference Code	R	ignored
	NTE02	Claim Note Text	R	ignored
2300	HI	HEALTH CARE DIAGNOSIS CODE	S	
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI01-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI01-3	Date Time Period Format Qualifier	N/U	
	HI01-4	Date Time Period	N/U	
	HI01-5	Monetary Amount	N/U	
	HI01-6	Quantity	N/U	
	HI01-7	Version Identifier	N/U	
	HI01-8	Industry code	N/U	
	HI01-9	Yes/No Condition or Response Code	N/U	
	HI02	HEALTH CARE CODE INFORMATION	S	
	HI02-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI02-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI02-3	Date Time Period Format Qualifier	N/U	
	HI02-4	Date Time Period	N/U	
	HI02-5	Monetary Amount	N/U	
	HI02-6	Quantity	N/U	
	HI02-7	Version Identifier	N/U	
	HI02-8	Industry code	N/U	
	HI02-9	Yes/No Condition or Response Code	N/U	
	HI03	HEALTH CARE CODE INFORMATION	S	
	HI03-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI03-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI03-3	Date Time Period Format Qualifier	N/U	
	HI03-4	Date Time Period	N/U	
	HI03-5	Monetary Amount	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI03-6	Quantity	N/U	
	HI03-7	Version Identifier	N/U	
	HI03-8	Industry code	N/U	
	HI03-9	Yes/No Condition or Response Code	N/U	
	HI04	HEALTH CARE CODE INFORMATION	S	
	HI04-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI04-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI04-3	Date Time Period Format Qualifier	N/U	
	HI04-4	Date Time Period	N/U	
	HI04-5	Monetary Amount	N/U	
	HI04-6	Quantity	N/U	
	HI04-7	Version Identifier	N/U	
	HI04-8	Industry code	N/U	
	HI04-9	Yes/No Condition or Response Code	N/U	
	HI05	HEALTH CARE CODE INFORMATION	N/U	
	HI06	HEALTH CARE CODE INFORMATION	N/U	
	HI07	HEALTH CARE CODE INFORMATION	N/U	
	HI08	HEALTH CARE CODE INFORMATION	N/U	
	HI09	HEALTH CARE CODE INFORMATION	N/U	
	HI10	HEALTH CARE CODE INFORMATION	N/U	
	HI11	HEALTH CARE CODE INFORMATION	N/U	
	HI12	HEALTH CARE CODE INFORMATION	N/U	
2300	HCP	CLAIM PRICING/REPRICING INFORMATION	S	
	HCP01	Pricing Methodology	R	
	HCP02	Repriced Allowed Amount	R	
	HCP03	Repriced Saving Amount	S	
	HCP04	Repricing Organization Identifier	S	
	HCP05	Repricing Per Diem or Flat Rate Amount	S	
	HCP06	Repriced Approved Ambulatory Patient Group Code	S	
	HCP07	Repriced Approved Ambulatory Patient Group Amount	S	
	HCP08	Product/Service ID	N/U	
	HCP09	Product/Service ID Qualifier	N/U	
	HCP10	Product/Service ID	N/U	
	HCP11	Unit or Basis for Measurement Code	N/U	
	HCP12	Quantity	N/U	
	HCP13	Reject Reason Code	S	
	HCP14	Policy Compliance Code	S	
	HCP15	Exception Code	S	
2310A	NM1	REFERRING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	FFS – Enter “DN” when completing this loop.
	NM102	Entity Type Qualifier	R	
	NM103	Referring Provider Last Name	R	
	NM104	Referring Provider First Name	S	
	NM105	Referring Provider Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Referring Provider Name Suffix	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	NM108	Identification Code Qualifier	S	On or after Date of Service 1/1/2013 <u>FFS</u> , <u>CCP</u> , <u>LTC</u> , <u>XVR</u> - All providers must be identified using the NPI.
	NM109	Referring Provider Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2310A	PRV	REFERRING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Provider Taxonomy Code	R	
	PRV04	State or Province Code	N/U	
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	
	PRV06	Provider Organization Code	N/U	
2310A	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 - Provider Commercial Number
	REF02	Secondary Identifier	R	<p>Prior to Date of Service 1/1/2013 HIPAA NON-COVERED ENTITIES ONLY: <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> – The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> - All providers must be identified using the NPI in the NM1 segment of this loop.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2310B	NM1	RENDERING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Rendering Provider Last or Organization Name	R	
	NM104	Rendering Provider First Name	S	
	NM105	Rendering Provider Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Rendering Provider Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service 1/1/2013 <u>FFS</u> , <u>CCP</u> , <u>LTC</u> , <u>XVR</u> - All providers must be identified using the NPI.
	NM109	Rendering Provider Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2310B	PRV	RENDERING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Provider Taxonomy Code	R	A valid HIPAA taxonomy code is required on all <u>FFS</u> claims.
	PRV04	State or Province Code	N/U	
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	
	PRV06	Provider Organization Code	N/U	
2310B	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number LU – Location Number
	REF02	Rendering Provider Secondary Identifier	R	<p>Prior to Date of Service 1/1/2013 <u>HIPAA NON-COVERED ENTITIES ONLY</u>: <u>FFS, CCP, LTC, XVR</u> – The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service 1/1/2013 <u>FFS, CCP, LTC, XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service 1/1/2013 <u>FFS, CCP, LTC, XVR</u> - All providers must be identified using the NPI in the NM1 segment of this loop.</p> <p>After dates of service 12/31/12, there are no Non-Covered Entities, and the LU should NOT be submitted. For dates of service BEFORE 1/1/2013 and for <u>HIPAA NON-COVERED ENTITIES ONLY</u>: Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2310C	NM1	SERVICE FACILITY LOCATION	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Laboratory or Facility Name	R	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	S	
	NM109	Laboratory or Facility Primary Identifier	S	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2310C	N3	SERVICE FACILITY LOCATION ADDRESS	R	
	N301	Laboratory or Facility Address Line	R	
	N302	Laboratory or Facility Address Line	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2310C	N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP	R	
	N401	Laboratory or Facility City Name	R	
	N402	Laboratory or Facility State or Province Code	S	
	N403	Laboratory or Facility Postal Zone ZIP Code	S	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 zip code can be represented in the service facility location loop.
	N404	Laboratory/Facility Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	
2310C	REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Laboratory or Facility Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2310D	NM1	ASSISTANT SURGEON NAME	S	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Assistant Surgeon Provider Last or Organization Name	R	ignored
	NM104	Assistant Surgeon Provider First Name	S	ignored
	NM105	Assistant Surgeon Provider Middle Name	S	ignored
	NM106	Name Prefix	N/U	ignored
	NM107	Assistant Surgeon Provider Name Suffix	S	ignored
	NM108	Identification Code Qualifier	S	ignored
	NM109	Assistant Surgeon Provider Identifier	S	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2310D	PRV	ASSISTANT SURGEON SPECIALTY INFORMATION	S	THIS LOOP WILL BE IGNORED
	PRV01	Provider Code	R	ignored
	PRV02	Reference Identification Qualifier	R	ignored
	PRV03	Provider Taxonomy Code	R	ignored
	PRV04	State or Province Code	N/U	ignored
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	ignored
	PRV06	Provider Organization Code	N/U	ignored
2310D	REF	ASSISTANT SURGEON SECONDARY IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Secondary Identifier	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2310E	NM1	SUPERVISING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Supervising Provider Last or Organization Name	R	
	NM104	Supervising Provider First Name	S	
	NM105	Supervising Provider Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Supervising Provider Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service 1/1/2013 <u>FFS</u> , <u>CCP</u> , <u>LTC</u> , <u>XVR</u> - All providers must be identified using the NPI.
	NM109	Supervising Provider Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2310E	REF	SUPERVISING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number
	REF02	Supervising Provider Secondary Identifier	R	<p>Prior to Date of Service 1/1/2013 HIPAA NON-COVERED ENTITIES ONLY: <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> – The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> - All providers must be identified using the NPI in the NM1 segment of this loop.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2320	SBR	OTHER SUBSCRIBER INFORMATION	S	
	SBR01	Payer Responsibility Sequence Number Code	R	
	SBR02	Individual Relationship Code	R	
	SBR03	Insured Group or Policy Number	S	
	SBR04	Other Insured Group Name	S	
	SBR05	Insurance Type Code	S	
	SBR06	Coordination of Benefits Code	N/U	
	SBR07	Yes/No Condition or Response Code	N/U	
	SBR08	Employment Status Code	N/U	
	SBR09	Claim Filing Indicator Code	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2320	CAS	CLAIM LEVEL ADJUSTMENTS	S	
	CAS01	Claim Adjustment Group Code	R	
	CAS02	Adjustment Reason Code	R	1 – Deductible Amount 2 – Co-Insurance Amount 3 – Co-Payment 96 – Carrier Non-Covered Charges <u>XVR</u> – 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> . Although there are other valid Adjustment Reason 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 5 occurrences of the CAS segment.
	CAS03	Adjustment Amount	R	When CAS02 equals 1; Deductible, 2; Co-Insurance or 3; Co-payment, the maximum amount allowed entered is 99,999.99. When CAS02 equals 96; Non-Covered charges, the maximum allowed entered is 9,999,999.99. Note: Dollar amounts are not to be entered with commas or decimal points per the TR3, they have been entered here only to help identify the dollar amounts allowable by the NJMMIS.
	CAS04	Adjustment Quantity	S	
	CAS05	Adjustment Reason Code	S	Refer to requirements for CAS02.
	CAS06	Adjustment Amount	S	Refer to requirements for CAS03.
	CAS07	Adjustment Quantity	S	
	CAS08	Adjustment Reason Code	S	Refer to requirements for CAS02.
	CAS09	Adjustment Amount	S	Refer to requirements for CAS03.
	CAS10	Adjustment Quantity	S	
	CAS11	Adjustment Reason Code	S	Refer to requirements for CAS02.
	CAS12	Adjustment Amount	S	Refer to requirements for CAS03.
	CAS13	Adjustment Quantity	S	
	CAS14	Adjustment Reason Code	S	Refer to requirements for CAS02.
	CAS15	Adjustment Amount	S	Refer to requirements for CAS03.
	CAS16	Adjustment Quantity	S	
	CAS17	Adjustment Reason Code	S	Refer to requirements for CAS02.
	CAS18	Adjustment Amount	S	Refer to requirements for CAS03.
	CAS19	Adjustment Quantity	S	
2320	AMT	COB PAYER PAID AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Payer Paid Amount	R	
	AMT03	Credit/Debit Flag Code	N/U	
2320	AMT	REMAINING PATIENT LIABILITY	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Remaining Patient Liability Amount	R	
	AMT03	Credit/Debit Flag Code	N/U	
2320	AMT	COB TOTAL NON-COVERED AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Non-Covered Amount	R	
	AMT03	Credit/Debit Flag Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2320	OI	OTHER INSURANCE COVERAGE INFORMATION	R	
	OI01	Claim Filing Indicator Code	N/U	
	OI02	Claim Submission Reason Code	N/U	
	OI03	Benefits Assignment Certification Indicator	R	
	OI04	Patient Signature Source Code	N/U	
	OI05	Provider Agreement Code	N/U	
	OI06	Release of Information Code	R	
2320	MOA	MEDICARE OUTPATIENT ADJUDICATION INFORMATION	S	
	MOA01	Reimbursement Rate	S	
	MOA02	HCPCS Payable Amount	S	
	MOA03	Remark Code	S	
	MOA04	Remark Code	S	
	MOA05	Remark Code	S	
	MOA06	Remark Code	S	
	MOA07	Remark Code	S	
	MOA08	End Stage Renal Disease Payment Amount	S	
	MOA09	Non-Payable Professional Component Billed Amount	S	
2330A	NM1	OTHER SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Other Insured Last Name	R	
	NM104	Other Insured First Name	S	
	NM105	Other Insured Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Other Insured Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Other Insured Identifier	R	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330A	N3	OTHER SUBSCRIBER ADDRESS	S	
	N301	Other Insured Address Line	R	
	N302	Other Insured Address Line	S	
2330A	N4	OTHER SUBSCRIBER CITY/STATE/ZIP CODE	R	
	N401	Other Insured City Name	R	
	N402	Other Insured State Code	S	
	N403	Other Insured Postal Zone or ZIP Code	S	
	N404	Subscriber Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	
2330A	REF	OTHER SUBSCRIBER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Insured Additional Identifier	R	
	REF03	Description	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	REF04	REFERENCE IDENTIFIER	N/U	
2330A	REF04-1	Reference Identifier Qualifier	N/U	
	REF04-2	Other Payer Primary Identifier	N/U	
	REF04-3	Reference Identification Qualifier	N/U	
	REF04-4	Reference Identification	N/U	
	REF04-5	Reference Identification Qualifier	N/U	
	REF04-6	Reference Identification	N/U	
2330B	NM1	OTHER PAYER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Other Payer Last or Organization Name	R	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	Enter "PI" when completing this loop.
	NM109	Other Payer Primary Identifier	R	Enter the appropriate Other Insurance Carrier Code per the Data Element Dictionary.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330B	N3	OTHER PAYER ADDRESS	S	
	N301	Other Payer Address Line	R	
	N302	Other Payer Address Line	S	
2330B	N4	OTHER PAYER CITY/STATE/ZIP CODE	R	
	N401	Other Payer City Name	R	
	N402	Other Payer State Code	S	
	N403	Other Payer Postal Zone or ZIP Code	S	
	N404	Other Payer Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	
2330B	DTP	DATE - CLAIM CHECK OR REMITTANCE DATE	S	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Adjudication or Payment Date	R	Do not submit claim level payment date. Submit the payment date for each line in the 2430/DTP segment.
2330B	REF	OTHER PAYER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330B	REF	OTHER PAYER PRIOR AUTHORIZATION NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Prior Authorization Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2330B	REF	OTHER PAYER REFERRAL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Referral Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330B	REF	OTHER PAYER CLAIM ADJUSTMENT INDICATOR	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Claim Adjustment Indicator	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
	REF04-1	Reference Identifier Qualifier	N/U	
2330B	REF	OTHER PAYER PREDETERMINATION IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Predetermination Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330B	REF	OTHER PAYER CLAIM CONTROL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Claim Control Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330C	NM1	OTHER PAYER REFERRING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330C	REF	OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFIER	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Referring Provider Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330D	NM1	OTHER PAYER RENDERING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2330D	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330D	REF	OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFIER	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Rendering Provider Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330E	NM1	OTHER PAYER SUPERVISING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330E	REF	OTHER PAYER SUPERVISING PROVIDER SECONDARY IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Supervising Provider Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330F	NM1	OTHER PAYER BILLING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330F	REF	OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Billing Provider Secondary Identification	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2330G	NM1	OTHER PAYER SERVICE FACILITY LOCATION	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330G	REF	OTHER PAYER SERVICE FACILITY LOCATION SECONDARY IDENTIFIER	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Service Facility Location Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330H	NM1	OTHER PAYER ASSISTANT SURGEON	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330H	REF	OTHER PAYER ASSISTANT SURGEON SECONDARY IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2400	LX	SERVICE LINE NUMBER	R	
	LX01	Assigned Number	R	
2400	SV3	DENTAL SERVICE	R	
	SV301	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	R	
	SV301-1	Product or Service ID Qualifier	R	
	SV301-2	Procedure Code	R	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.
	SV301-3	Procedure Modifier	S	
	SV301-4	Procedure Modifier	S	
	SV301-5	Procedure Modifier	S	ignored
	SV301-6	Procedure Modifier	S	Ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2400	SV301-7	Description	S	
	SV301-8	Product/Service ID	N/U	
	SV302	Line Item Charge Amount	R	
	SV303	Facility Code Value - Place of Service	S	Enter the service line place of service if different than the claim level place of service code entered in loop 2300 CLM05-1.
	SV304	ORAL CAVITY DESIGNATION	R	
	SV304-1	Oral Cavity Designation Code	R	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 Only one SV304 can be used for each 2400 loop. Occurrences SVC304-2 through SVC304-5 will be ignored by New Jersey Medicaid.
	SV304-2	Oral Cavity Designation Code	S	ignored
	SV304-3	Oral Cavity Designation Code	S	ignored
	SV304-4	Oral Cavity Designation Code	S	ignored
	SV304-5	Oral Cavity Designation Code	S	ignored
	SV305	Prosthesis, Crown or Inlay Code	S	
	SV306	Number of Procedures	S	New Jersey Medicaid requires a unit of service to be less than or equal to 9999.
	SV307	Description	N/U	
	SV308	Copay Status Code	N/U	
	SV309	Provider Agreement Code	N/U	
	SV310	Yes/No Condition	N/U	
	SV311	COMPOSITE DIAGNOSIS CODE POINTER	R	
	SV311-1	Diagnosis Code Pointer	R	
	SV311-2	Diagnosis Code Pointer	S	
	SV311-3	Diagnosis Code Pointer	S	
	SV311-4	Diagnosis Code Pointer	S	
2400	TOO	TOOTH INFORMATION	S	
	TOO01	Code List Qualifier Code	R	
	TOO02	Tooth Code	S	When reporting a super-numerary tooth, NJ Medicaid requires that tooth numbers greater than 50 be used. Add 50 to adult tooth number to report the corresponding super-numerary tooth.
	TOO03	TOOTH SURFACE	S	
	TOO03-1	Tooth Surface Code	R	B – Buccal L – Lingual D – Distal M – Mesial F – Facial O – Occlusal I – Incisal Although all values will be valid, Medicaid will convert "F" to "B".
	TOO03-2	Tooth Surface Code	S	
	TOO03-3	Tooth Surface Code	S	
	TOO03-4	Tooth Surface Code	S	
	TOO03-5	Tooth Surface Code	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2400	DTP	DATE - SERVICE DATE	R	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Service Date	R	
2400	DTP	DATE - PRIOR PLACEMENT	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Begin Therapy Date	R	ignored
2400	DTP	DATE - APPLIANCE PLACEMENT	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Begin Therapy Date	R	ignored
2400	DTP	DATE - REPLACEMENT	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Begin Therapy Date	R	ignored
2400	DTP	DATE - TREATMENT STARTED	S	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Initial Treatment Date	R	
2400	DTP	DATE - TREATMENT COMPLETION	S	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Initial Treatment Date	R	
2400	CN1	CONTRACT INFORMATION	S	
	CN101	Contract Type Code	R	
	CN102	Contract Amount	S	
	CN103	Contract Percentage	S	
	CN104	Contract Code	S	
	CN105	Terms Discount Percent	S	
	CN106	Contract Version Identifier	S	
2400	REF	SERVICE PREDETERMINATION IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Line Item Control Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER		THIS LOOP WILL BE IGNORED
	REF04-1	Reference Identifier Qualifier	R	ignored
	REF04-2	Other Payer Primary Identifier	R	ignored
	REF04-3	Reference Identification Qualifier	N/U	ignored
	REF04-4	Reference Identification	N/U	ignored
	REF04-5	Reference Identification Qualifier	N/U	ignored
	REF04-6	Reference Identification	N/U	ignored
2400	REF	PRIOR AUTHORIZATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Prior Authorization Number	R	FFS – When appropriate, enter the 10-digit Prior Authorization Number in the first occurrence of the REF segment.
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER		
	REF04-1	Reference Identifier Qualifier	R	
	REF04-2	Other Payer Primary Identifier	R	
	REF04-3	Reference Identification Qualifier	N/U	
	REF04-4	Reference Identification	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2400	REF04-5	Reference Identification Qualifier	N/U	
	REF04-6	Reference Identification	N/U	
2400	REF	LINE ITEM CONTROL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Line Item Control Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2400	REF	REPRICED CLAIM NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Repriced Line Item Reference Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2400	REF	ADJUSTED REPRICED CLAIM NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Repriced Line Item Reference Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2400	REF	REFERRAL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Referral Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2400	AMT	SALES TAX AMOUNT	S	THIS LOOP WILL BE IGNORED
	AMT01	Amount Qualifier Code	R	ignored
	AMT02	Sales Tax Amount	R	ignored
	AMT03	Credit/Debit Flag Code	N/U	ignored
2400	K3	FILE INFORMATION	S	
	K301	Fixed Format Information	R	
	K302	Record Format Code	N/U	
	K303	COMPOSITE UNIT OF MEASURE	N/U	
2400	HCP	LINE PRICING/REPRICING INFORMATION	S	
	HCP01	Pricing Methodology	R	
	HCP02	Repriced Allowed Amount	R	
	HCP03	Repriced Saving Amount	S	
	HCP04	Repricing Organization Identifier	S	
	HCP05	Repricing Per Diem or Flat Rate Amount	S	
	HCP06	Repriced Approved Ambulatory Patient Group Code	S	
	HCP07	Repriced Approved Ambulatory Patient Group Amount	S	
	HCP08	Product/Service ID	N/U	
	HCP09	Product or Service ID Qualifier	S	
	HCP10	Procedure Code	S	
	HCP11	Unit or Basis for Measurement Code	S	
	HCP12	Repriced Approved Service Unit Count	S	
	HCP13	Reject Reason Code	S	
	HCP14	Policy Compliance Code	S	
	HCP15	Exception Code	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2420A	NM1	RENDERING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Rendering Provider Last or Organization Name	R	
	NM104	Rendering Provider First Name	S	
	NM105	Rendering Provider Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Rendering Provider Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service 1/1/2013 <u>FFS</u> , <u>CCP</u> , <u>LTC</u> , <u>XVR</u> - All providers must be identified using the NPI.
	NM109	Rendering Provider Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2420A	PRV	RENDERING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Provider Taxonomy Code	R	A valid HIPAA taxonomy code is required on all <u>FFS</u> and <u>CCP</u> claims.
	PRV04	State or Province Code	N/U	
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	
	PRV06	Provider Organization Code	N/U	
2420A	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 - Provider Commercial Number LU - Location Number
	REF02	Rendering Provider Secondary Identifier	R	<p>Prior to Date of Service 1/1/2013 <u>HIPAA NON-COVERED ENTITIES ONLY: FFS, CCP, LTC, XVR</u> - The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service 1/1/2013 <u>FFS, CCP, LTC, XVR</u> - Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service 1/1/2013 <u>FFS, CCP, LTC, XVR</u> - All providers must be identified using the NPI in the NM1 segment of this loop.</p> <p>After dates of service 12/31/12, there are no Non-Covered Entities, and the LU should NOT be submitted. For dates of service BEFORE 1/1/2013 and for <u>HIPAA NON-COVERED ENTITIES ONLY</u>: Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	S	
	REF04-1	Reference Identifier Qualifier	R	
	REF04-2	Other Payer Primary Identifier	R	
	REF04-3	Reference Identification Qualifier	N/U	
	REF04-4	Reference Identification	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2420A	REF04-5	Reference Identification Qualifier	N/U	
2420B	NM1	ASSISTANT SURGEON NAME	S	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Assistant Surgeon Provider Last or Organization Name	R	ignored
	NM104	Assistant Surgeon Provider First Name	S	ignored
	NM105	Assistant Surgeon Provider Middle Name	S	ignored
	NM106	Name Prefix	N/U	ignored
	NM107	Assistant Surgeon Provider Name Suffix	S	ignored
	NM108	Identification Code Qualifier	S	ignored
	NM109	Assistant Surgeon Provider Identifier	S	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2420B	PRV	ASSISTANT SURGEON SPECIALTY INFORMATION	S	THIS LOOP WILL BE IGNORED
	PRV01	Provider Code	R	ignored
	PRV02	Reference Identification Qualifier	R	ignored
	PRV03	Provider Taxonomy Code	R	ignored
	PRV04	State or Province Code	N/U	ignored
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	ignored
	PRV06	Provider Organization Code	N/U	ignored
2420B	REF	ASSISTANT SURGEON SECONDARY IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Secondary Identifier	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2420C	NM1	SUPERVISING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Supervising Provider Last or Organization Name	R	
	NM104	Supervising Provider First Name	S	
	NM105	Supervising Provider Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Supervising Provider Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service 1/1/2013 FFS, CCP, LTC, XVR - All providers must be identified using the NPI.
	NM109	Supervising Provider Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2420C	REF	SUPERVISING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number
	REF02	Secondary Identifier	R	<p>Prior to Date of Service 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> – The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> - All providers must be identified using the NPI in the NM1 segment of this loop.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2420D	NM1	SERVICE FACILITY LOCATION NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	S	
	NM109	Other Payer Primary Identifier	S	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2420D	N3	SERVICE FACILITY LOCATION ADDRESS	R	
	N301	Laboratory or Facility Address Line	R	
	N302	Laboratory or Facility Address Line	S	
2420D	N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP	R	
	N401	Laboratory or Facility City Name	R	
	N402	Laboratory or Facility State or Province Code	S	
	N403	Laboratory or Facility Postal Zone ZIP Code	S	A valid zip code of the service location is required on all <u>FFS</u> and <u>CCP</u> claims. If the billing provider represents a group, the service location zip code can be represented in the service facility location loop.
	N404	Laboratory or Facility Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2420D	REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Service Facility Location Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	S	
	REF04-1	Reference Identifier Qualifier	R	
	REF04-2	Other Payer Primary Identifier	R	
	REF04-3	Reference Identification Qualifier	N/U	
	REF04-4	Reference Identification	N/U	
	REF04-5	Reference Identification Qualifier	N/U	
	REF04-6	Reference Identification	N/U	
2430	SVD	LINE ADJUDICATION INFORMATION	S	
	SVD01	Other Payer Primary Identifier	R	
	SVD02	Service Line Paid Amount	R	Submit the line level payment amount. The total of all SVD02 amounts should equal the 2320/AMT02 amount for this payer.
	SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	R	
	SVD03-1	Product or Service ID Qualifier	R	
	SVD03-2	Procedure Code	R	
	SVD03-3	Procedure Modifier	S	
	SVD03-4	Procedure Modifier	S	
	SVD03-5	Procedure Modifier	S	
	SVD03-6	Procedure Modifier	S	
	SVD03-7	Procedure Code Description	S	
	SVD03-8	Product/Service ID	N/U	
	SVD04	Product or Service ID	N/U	
	SVD05	Paid Service Unit Count	R	
	SVD06	Bundled or Unbundled Line Number	S	
2430	CAS	LINE ADJUSTMENT	S	
	CAS01	Claim Adjustment Group Code	R	
	CAS02	Adjustment Reason Code	R	
	CAS03	Adjustment Amount	R	
	CAS04	Adjustment Quantity	S	
	CAS05	Adjustment Reason Code	S	
	CAS06	Adjustment Amount	S	
	CAS07	Adjustment Quantity	S	
	CAS08	Adjustment Reason Code	S	
	CAS09	Adjustment Amount	S	
	CAS10	Adjustment Quantity	S	
	CAS11	Adjustment Reason Code	S	
	CAS12	Adjustment Amount	S	
	CAS13	Adjustment Quantity	S	
	CAS14	Adjustment Reason Code	S	
	CAS15	Adjustment Amount	S	
	CAS16	Adjustment Quantity	S	
	CAS17	Adjustment Reason Code	S	
	CAS18	Adjustment Amount	S	
	CAS19	Adjustment Quantity	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2430	DTP	LINE CHECK OR REMITTANCE DATE	R	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Adjudication or Payment Date	R	Submit the date for each line level segment.
2430	AMT	REMAINING PATIENT LIABILITY	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Remaining Patient Liability Amount	R	
	AMT03	Credit/Debit Flag Code	N/U	
SE		TRANSACTION SET TRAILER	R	
	SE01	Transaction Segment Count	R	
	SE02	Transaction Set Control Number	R	

Section 13 837 Professional Specifications

13.1 Loops, Segments, Fields/NJ Medicaid Specific Requirements

The following tables outline the HIPAA 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), situational (S) or not used (N/U). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed. Segments and/or fields, which will be ignored by New Jersey Medicaid, are also indicated in this column. The symbol “FFS” in this column makes reference to special requirements for fee-for-service providers regarding professional claim submissions. The symbol “XVR” makes reference to special requirements for the submission of professional provider-initiated Medicare crossover claims and the symbol of “DOC” makes reference to special requirements for the submission of inpatient and outpatient Department of Corrections claim submissions. If no reference is specified, the requirement applies to all claims.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
	ST03	Implementation Convention Reference	R	
BHT		BEGINNING OF HIERARCHICAL TRANSACTION	R	
	BHT01	Hierarchical Structure Code	R	
	BHT02	Transaction Set Purpose Code	R	
	BHT03	Originator Application Transaction ID	R	
	BHT04	Transaction Set Creation Date	R	
	BHT05	Transaction Set Creation Time	R	
	BHT06	Claim or Encounter ID	R	
1000A	NM1	SUBMITTER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Submitter Last or Organization Name	R	
	NM104	Submitter First Name	S	
	NM105	Submitter Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	
	NM109	Submitter Identifier	R	Enter the seven-digit Submitter ID assigned by Medicaid.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
1000A	PER	SUBMITTER EDI CONTACT INFORMATION	R	
	PER01	Contact Function Code	R	
	PER02	Submitter Contact Name	S	
	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	Field	Description	Usage	NJ Medicaid Specific Requirement
1000A	PER09	Contact Inquiry Reference	N/U	
1000B	NM1	RECEIVER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Receiver Name	R	Enter "NEW JERSEY MEDICAID".
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	
	NM109	Receiver Primary Identifier	R	Enter "610515".
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2000A	HL	BILLING PROVIDER HIERARCHICAL LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	N/U	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
2000A	PRV	BILLING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Provider Taxonomy Code	R	A valid HIPAA taxonomy code is required on all <u>FFS</u> and <u>CCP</u> claims.
	PRV04	State or Province Code	N/U	
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	
	PRV06	Provider Organization Code	N/U	
2000A	CUR	FOREIGN CURRENCY INFORMATION	S	THIS LOOP WILL BE IGNORED
	CUR01	Entity Identifier Code	R	Ignored
	CUR02	Currency Code	R	Ignored
	CUR03	Exchange Rate	N/U	Ignored
	CUR04	Entity Identifier Code	N/U	Ignored
	CUR05	Currency Code	N/U	Ignored
	CUR06	Currency Market/Exchange Code	N/U	Ignored
	CUR07	Date/Time Qualifier	N/U	Ignored
	CUR08	Date	N/U	Ignored
	CUR09	Time	N/U	Ignored
	CUR10	Date/Time Qualifier	N/U	Ignored
	CUR11	Date	N/U	Ignored
	CUR12	Time	N/U	Ignored
	CUR13	Date/Time Qualifier	N/U	Ignored
	CUR14	Date	N/U	Ignored
	CUR15	Time	N/U	Ignored
	CUR16	Date/Time Qualifier	N/U	Ignored
	CUR17	Date	N/U	Ignored
	CUR18	Time	N/U	Ignored
	CUR19	Date/Time Qualifier	N/U	Ignored
	CUR20	Date	N/U	Ignored
	CUR21	Time	N/U	Ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010AA	NM1	BILLING PROVIDER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Billing Provider Last or Organizational Name	R	
	NM104	Billing Provider First Name	S	
	NM105	Billing Provider Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Billing Provider Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service 1/1/2013 <u>FFS</u> , <u>CCP</u> , <u>LTC</u> , <u>XVR</u> - All providers must be identified using the NPI.
	NM109	Billing Provider Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2010AA	N3	BILLING PROVIDER ADDRESS	R	
	N301	Billing Provider Address Line	R	
	N302	Billing Provider Address Line	S	
2010AA	N4	BILLING PROVIDER CITY/STATE/ZIP CODE	R	
	N401	Billing Provider City Name	R	
	N402	Billing Provider State or Province Code	S	
	N403	Billing Provider Postal Zone or ZIP Code	S	A valid zip code of the service location is required on all <u>FFS</u> and <u>CCP</u> claims. If the billing provider represents a group, the service location zip code can be represented in the service facility location loop.
	N404	Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	
2010AA	REF	BILLING PROVIDER TAX IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Billing Provider Additional Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2010AA	REF	BILLING PROVIDER UPIN/LICENSE INFORMATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Billing Provider Additional Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2010AA	PER	BILLING PROVIDER CONTACT INFORMATION	S	THIS LOOP WILL BE IGNORED
	PER01	Contact Function Code	R	ignored
	PER02	Billing Provider Contact Name	S	ignored
	PER03	Communication Number Qualifier	R	ignored
	PER04	Communication Number	R	ignored
	PER05	Communication Number Qualifier	S	ignored
	PER06	Communication Number	S	ignored
	PER07	Communication Number Qualifier	S	ignored
	PER08	Communication Number	S	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010AA	PER09	Contact Inquiry Reference	N/U	ignored
2010AB	NM1	PAY-TO PROVIDER NAME	S	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Pay-to Provider Last or Organization Name	N/U	ignored
	NM104	Pay-to Provider First Name	N/U	ignored
	NM105	Pay-to Provider Middle Name	N/U	ignored
	NM106	Name Prefix	N/U	ignored
	NM107	Pay-to Provider Name Suffix	N/U	ignored
	NM108	Identification Code Qualifier	N/U	ignored
	NM109	Pay-to Provider Identifier	N/U	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2010AB	N3	PAY-TO PROVIDER ADDRESS	R	THIS LOOP WILL BE IGNORED
	N301	Pay-to Provider Address Line	R	ignored
	N302	Pay-to Provider Address Line	S	ignored
2010AB	N4	PAY-TO PROVIDER CITY/STATE/ZIP CODE	R	THIS LOOP WILL BE IGNORED
	N401	Pay-to Provider City Name	R	ignored
	N402	Pay-to Provider State Code	S	ignored
	N403	Pay-to Provider Postal Zone or ZIP Code	S	ignored
	N404	Pay-to Provider Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored
2010AC	NM1	PAY TO PLAN NAME	S	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Pay to Plan Organizational Name	R	ignored
	NM104	Name First	N/U	ignored
	NM105	Name Middle	N/U	ignored
	NM106	Name Prefix	N/U	ignored
	NM107	Name Suffix	N/U	ignored
	NM108	Identification Code Qualifier	R	ignored
	NM109	Identification Code	R	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2010AC	N3	PAY-TO PLAN ADDRESS	R	THIS LOOP WILL BE IGNORED
	N301	Pay-to Plan Address Line	R	ignored
	N302	Pay-to Plan Address Line	S	ignored
2010AC	N4	PAY-TO PLAN CITY/STATE/ZIP CODE	R	THIS LOOP WILL BE IGNORED
	N401	Pay-to Plan City Name	R	ignored
	N402	Pay-to Plan State Code	S	ignored
	N403	Pay-to Plan Postal Zone or ZIP Code	S	ignored
	N404	Pay-to Plan Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010AC	REF	PAY-TO PLAN SECONDARY IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Reference Identification	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	Ignored
2010AC	REF	PAY-TO PLAN TAX IDENTIFICATION	R	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	Ignored
	REF02	Reference Identification	R	Ignored
	REF03	Description	N/U	Ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2000B	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	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.
2000B	SBR	SUBSCRIBER INFORMATION	R	
	SBR01	Payer Responsibility Sequence Number Code	R	
	SBR02	Individual Relationship Code	S	
	SBR03	Insured Group or Policy Number	S	
	SBR04	Insured Group Name	S	
	SBR05	Insurance Type Code	S	
	SBR06	Coordination of Benefits Code	N/U	
	SBR07	Yes/No Condition or Response Code	N/U	
	SBR08	Employment Status Code	N/U	
	SBR09	Claim Filing Indicator Code	S	Enter "MC".
2000B	PAT	PATIENT INFORMATION	S	THIS LOOP WILL BE IGNORED
	PAT01	Individual Relationship Code	N/U	ignored
	PAT02	Patient Location Code	N/U	ignored
	PAT03	Employment Status Code	N/U	ignored
	PAT04	Student Status Code	N/U	ignored
	PAT05	Date Time Period Format Qualifier	S	ignored
	PAT06	Insured Individual Death Date	S	ignored
	PAT07	Unit or Basis for Measurement Code	S	ignored
	PAT08	Patient Weight	S	ignored
	PAT09	Pregnancy Indicator	S	ignored
2010BA	NM1	SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	Enter "1" for Person.
	NM103	Subscriber Last Name	R	
	NM104	Subscriber First Name	S	New Jersey Medicaid requires the beneficiary's first name.
	NM105	Subscriber Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Subscriber Name Suffix	S	
	NM108	Identification Code Qualifier	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010BA	NM109	Subscriber Primary Identifier	S	Enter the twelve-digit Medicaid Beneficiary ID Number assigned by New Jersey Medicaid. DOC – Enter the 10-position SBI (State Bureau Identification) identifier.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2010BA	N3	SUBSCRIBER ADDRESS	S	THIS LOOP WILL BE IGNORED
	N301	Subscriber Address Line	R	ignored
	N302	Subscriber Address Line	S	ignored
2010BA	N4	SUBSCRIBER CITY/STATE/ZIP CODE	S	THIS LOOP WILL BE IGNORED
	N401	Subscriber City Name	R	ignored
	N402	Subscriber State Code	S	ignored
	N403	Subscriber Postal Zone or ZIP Code	S	ignored
	N404	Subscriber Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored
2010BA	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION	S	
	DMG01	Date Time Period Format Qualifier	R	
	DMG02	Subscriber Birth Date	R	
	DMG03	Subscriber Gender Code	R	
	DMG04	Marital Status Code	N/U	
	DMG05	Race or Ethnicity Code	N/U	
	DMG06	Citizenship Status Code	N/U	
	DMG07	Country Code	N/U	
	DMG08	Basis of Verification Code	N/U	
	DMG09	Quantity	N/U	
	DMG10	Code List Qualifier Code	N/U	
	DMG11	Industry Code	N/U	
2010BA	REF	SUBSCRIBER SECONDARY IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Subscriber Supplemental Identifier	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2010BA	REF	PROPERTY AND CASUALTY CLAIM NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Property Casualty Claim Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2010BA	PER	PROPERTY AND CASUALTY SUBSCRIBER CONTACT INFORMATION	S	THIS LOOP WILL BE IGNORED
	PER01	Contact Function Code	R	ignored
	PER02	Billing Provider Contact Name	S	ignored
	PER03	Communication Number Qualifier	R	ignored
	PER04	Communication Number	R	ignored
	PER05	Communication Number Qualifier	S	ignored
	PER06	Communication Number	S	ignored
	PER07	Communication Number Qualifier	N/U	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010BA	PER08	Communication Number	N/U	ignored
	PER09	Contact Inquiry Reference	N/U	ignored
2010BB	NM1	PAYER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Payer Name	R	Enter "NEW JERSEY MEDICAID".
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	
	NM109	Payer Identifier	R	Enter "610515".
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2010BB	N3	PAYER ADDRESS	S	THIS LOOP WILL BE IGNORED
	N301	Payer Address Line	R	ignored
	N302	Payer Address Line	S	ignored
2010BB	N4	PAYER CITY/STATE/ZIP CODE	S	THIS LOOP WILL BE IGNORED
	N401	Payer City Name	R	ignored
	N402	Payer State Code	S	ignored
	N403	Payer Postal Zone or ZIP Code	S	ignored
	N404	Payer Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored
2010BB	REF	PAYER SECONDARY IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Payer Additional Identifier	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	
2010BB	REF	BILLING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 - Provider Commercial Number LU – Location Number
	REF02	Payer Additional Identifier	R	<p><u>Prior to Date of Service 1/1/2013 HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (G2).</p> <p><u>Prior to Date of Service 1/1/2013 FFS, CCP, LTC, XVR –</u> Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p><u>On or after Date of Service 1/1/2013 FFS, CCP, LTC, XVR -</u> All providers must be identified using the NPI in Loop 2010AA in the NM1 segment.</p> <p><i>(Continued on next page)</i></p>

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010BB	REF02	Payer Additional Identifier (continued)	R	After dates of service 12/31/12, there are no Non-Covered Entities, and the LU should NOT be submitted. For dates of service BEFORE 1/1/2013 and for HIPAA NON-COVERED ENTITIES ONLY: Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2000C	HL	PATIENT HIERARCHICAL LEVEL	S	THIS LOOP WILL BE IGNORED
	HL01	Hierarchical ID Number	R	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.
	HL02	Hierarchical Parent ID Number	R	ignored
	HL03	Hierarchical Level Code	R	ignored
	HL04	Hierarchical Child Code	R	ignored
2000C	PAT	PATIENT INFORMATION	R	THIS LOOP WILL BE IGNORED
	PAT01	Individual Relationship Code	R	ignored
	PAT02	Patient Location Code	N/U	ignored
	PAT03	Employment Status Code	N/U	ignored
	PAT04	Student Status Code	N/U	ignored
	PAT05	Date Time Period Format Qualifier	S	ignored
	PAT06	Patient Death Date	S	ignored
	PAT07	Unit or Basis for Measurement Code	S	ignored
	PAT08	Patient Weight	S	ignored
	PAT09	Pregnancy Indicator	S	ignored
2010CA	NM1	PATIENT NAME	R	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Patient Last Name	R	ignored
	NM104	Patient First Name	S	ignored
	NM105	Patient Middle Name	S	ignored
	NM106	Name Prefix	N/U	ignored
	NM107	Patient Name Suffix	S	ignored
	NM108	Identification Code Qualifier	N/U	ignored
	NM109	Patient Primary Identifier	N/U	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2010CA	N3	PATIENT ADDRESS	R	THIS LOOP WILL BE IGNORED
	N301	Patient Address Line	R	ignored
	N302	Patient Address Line	S	ignored
2010CA	N4	PATIENT CITY/STATE/ZIP CODE	R	THIS LOOP WILL BE IGNORED
	N401	Patient City Name	R	ignored
	N402	Patient State Code	S	ignored
	N403	Patient Postal Zone or ZIP Code	S	ignored
	N404	Patient Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2010CA	DMG	PATIENT DEMOGRAPHIC INFORMATION	R	THIS LOOP WILL BE IGNORED
	DMG01	Date Time Period Format Qualifier	R	ignored
	DMG02	Patient Birth Date	R	ignored
	DMG03	Patient Gender Code	R	ignored
	DMG04	Marital Status Code	N/U	ignored
	DMG05	Race or Ethnicity Code	N/U	ignored
	DMG06	Citizenship Status Code	N/U	ignored
	DMG07	Country Code	N/U	ignored
	DMG08	Basis of Verification Code	N/U	ignored
	DMG09	Quantity	N/U	ignored
	DMG10	Code List Qualifier Code	N/U	ignored
	DMG11	Industry Code	N/U	ignored
2010CA	REF	PROPERTY AND CASUALTY CLAIM NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Property Casualty Claim Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2010CA	REF	PROPERTY AND CASUALTY PATIENT IDENTIFIER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Property Casualty Patient Identifier	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2010CA	PER	PROPERTY AND CASUALTY PATIENT CONTACT INFORMATION	S	THIS LOOP WILL BE IGNORED
	PER01	Contact Function Code	R	ignored
	PER02	Billing Provider Contact Name	S	ignored
	PER03	Communication Number Qualifier	R	ignored
	PER04	Communication Number	R	ignored
	PER05	Communication Number Qualifier	S	ignored
	PER06	Communication Number	S	ignored
	PER07	Communication Number Qualifier	N/U	ignored
	PER08	Communication Number	N/U	ignored
	PER09	Contact Inquiry Reference	N/U	ignored
2300	CLM	CLAIM INFORMATION	R	
	CLM01	Patient Account Number	R	New Jersey Medicaid will only recognize the first 20 characters of the Patient Account Number.
	CLM02	Total Claim Charge Amount	R	
	CLM03	Claim Filing Indicator Code	N/U	
	CLM04	Non-Institutional Claim Type Code	N/U	
	CLM05	HEALTH CARE SERVICE LOCATION INFORMATION	R	
	CLM05-1	Facility Type Code	R	See Code Source 237: Place of Service Codes for Professional Claims as referenced in the 837 Professional TR3.
	CLM05-2	Facility Code Qualifier	R	
	CLM05-3	Claim Frequency Code	R	
	CLM06	Provider or Supplier Signature Indicator	R	
	CLM07	Medicare Assignment Code	R	
	CLM08	Benefits Assignment Certification Indicator	R	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	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	N/U	
	CLM11-4	Auto Accident State or Province Code	S	
	CLM11-5	Country Code	S	
	CLM12	Special Program Indicator	S	
	CLM13	Yes/No Condition or Response Code	N/U	
	CLM14	Level of Service Code	N/U	
	CLM15	Yes/No Condition or Response Code	N/U	
	CLM16	Participation Agreement	N/U	
	CLM17	Claim Status Code	N/U	
	CLM18	Yes/No Condition or Response Code	N/U	
	CLM19	Claim Submission Reason Code	N/U	
	CLM20	Delay Reason Code	S	ignored
2300	DTP	DATE - ONSET OF CURRENT ILLNESS/SYMPOM	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Onset of Current Illness or Injury Date	R	ignored
2300	DTP	DATE - INITIAL TREATMENT	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Initial Treatment Date	R	ignored
2300	DTP	DATE - DATE LAST SEEN	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Last Seen Date	R	ignored
2300	DTP	DATE - ACUTE MANIFESTATION	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Acute Manifestation Date	R	ignored
2300	DTP	DATE - ACCIDENT	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Accident Date	R	ignored
2300	DTP	DATE - LAST MENSTRUAL PERIOD	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Last Menstrual Period Date	R	ignored
2300	DTP	DATE - LAST X-RAY	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Last X-Ray Date	R	ignored
2300	DTP	DATE - HEARING AND VISION PRESCRIPTION DATE	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	DTP03	Prescription Date	R	ignored
2300	DTP	DATE - DISABILITY DATES	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Disability From Date	R	ignored
2300	DTP	DATE - LAST WORKED	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Last Worked Date	R	ignored
2300	DTP	DATE - AUTHORIZED RETURN TO WORK	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Work Return Date	R	ignored
2300	DTP	DATE - ADMISSION	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Related Hospitalization Admission Date	R	ignored
2300	DTP	DATE - DISCHARGE	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Related Hospitalization Discharge Date	R	ignored
2300	DTP	DATE - ASSUMED AND RELINQUISHED CARE DATES	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Assumed or Relinquished Care Date	R	ignored
2300	DTP	DATE - PROPERTY AND CASUALTY DATE OF FIRST CONTACT	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Order Date	R	ignored
2300	DTP	DATE - REPRICER RECEIVED DATE	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Order Date	R	ignored
2300	PWK	CLAIM SUPPLEMENTAL INFORMATION	S	
	PWK01	Attachment Report Type Code	R	<u>FFS</u> – Enter “OZ” when submitting paperwork (i.e. attachment) information. Refer to Section 7 of this manual for information on the HIPAA Attachment Cover Sheet.
	PWK02	Attachment Transmission Code	R	<u>FFS</u> – Enter “BM” when submitting a paper attachment by mail.
	PWK03	Report Copies Needed	N/U	
	PWK04	Entity Identifier Code	N/U	
	PWK05	Identification Code Qualifier	S	
	PWK06	Attachment Control Number	S	<u>FFS</u> – Enter the Patient Account Number coded in Segment CLM, Field CLM01.
	PWK07	Description	N/U	
	PWK08	ACTIONS INDICATED	N/U	
	PWK09	Request Category Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	CN1	CONTRACT INFORMATION	S	THIS LOOP WILL BE IGNORED
	CN101	Contract Type Code	R	ignored
	CN102	Contract Amount	S	ignored
	CN103	Contract Percentage	S	ignored
	CN104	Contract Code	S	ignored
	CN105	Terms Discount Percent	S	ignored
	CN106	Contract Version Identifier	S	ignored
2300	AMT	PATIENT AMOUNT PAID	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Patient Amount Paid	R	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").
	AMT03	Credit/Debit Flag Code	N/U	
2300	REF	SERVICE AUTHORIZATION EXCEPTION CODE	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Service Authorization Exception Code	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Medicare Section 4081 Indicator	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	
	REF04-6	Reference Identification	N/U	ignored
2300	REF	MAMMOGRAPHY CERTIFICATION NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Mammography Certification Number	R	ignored
	REF02	Mammography Certification Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	REFERRAL NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Prior Authorization or Referral Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	PRIOR AUTHORIZATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Prior Authorization or Referral Number	R	FFS – When appropriate, enter the 10-digit Prior Authorization Number in the first occurrence of the REF segment.
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	REF	PAYER CLAIM CONTROL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Claim Original Reference Number	R	<p>Enter the 15-digit NJMMIS claim control number of the original claim being corrected or voided when REF01 equals "F8".</p> <p>If claim control number is obtained from the NJMMIS 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.</p> <p>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.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Clinical Laboratory Improvement Amendment Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	REPRICED CLAIM NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Repriced Claim Reference Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2300	REF	ADJUSTED REPRICED CLAIM NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Adjusted Repriced Claim Reference Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2300	REF	INVESTIGATIONAL DEVICE EXEMPTION NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Investigational Device Exemption Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2300	REF	CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Clearinghouse Trace Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2300	REF	MEDICAL RECORD NUMBER	S	
	REF01	Reference Identification Qualifier	R	New Jersey Medicaid will only recognize the first 16 characters of the Medical Record Number.
	REF02	Medical Record Number	R	
	REF03	Description	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	REF04	REFERENCE IDENTIFIER	N/U	
2300	REF	DEMONSTRATION PROJECT IDENTIFIER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Demonstration Project Identifier	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2300	REF	CARE PLAN OVERSIGHT	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Care Plan Oversight Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2300	K3	FILE INFORMATION	S	THIS LOOP WILL BE IGNORED
	K301	Fixed Format Information	R	ignored
	K302	Record Format Code	N/U	ignored
	K303	COMPOSITE UNIT OF MEASURE	N/U	ignored
2300	NTE	CLAIM NOTE	S	
	NTE01	Note Reference Code	R	When appropriate, enter "ADD" if additional information is required in NTE02.
	NTE02	Claim Note Text	R	<p><u>FFS</u> – When billing an abortion service (2300 – H101 – Condition Codes AA, AB, AD), additional data is required in position 1.</p> <p>When billing an EPSDT service (2300 - H101 – Condition Code equals "A1"), additional data is required in positions 2 through 43.</p> <p>When billing a vision service, additional data is required in positions 44 through 51.</p> <p>Refer to the Professional Claim Note Values in the Data Element Dictionary for valid values.</p>
2300	CR1	AMBULANCE TRANSPORT INFORMATION	S	THIS LOOP WILL BE IGNORED
	CR101	Unit or Basis for Measurement Code	S	ignored
	CR102	Patient Weight	S	ignored
	CR103	Ambulance Transport Code	N/U	ignored
	CR104	Ambulance Transport Reason Code	R	ignored
	CR105	Unit or Basis for Measurement Code	R	ignored
	CR106	Transport Distance	R	ignored
	CR107	Address Information	N/U	ignored
	CR108	Address Information	N/U	ignored
	CR109	Round Trip Purpose Description	S	ignored
	CR110	Stretcher Purpose Description	S	ignored
2300	CR2	SPINAL MANIPULATION SERVICE INFORMATION	S	THIS LOOP WILL BE IGNORED
	CR201	Treatment Series Number	N/U	ignored
	CR202	Treatment Count	N/U	ignored
	CR203	Subluxation Level Code	N/U	ignored
	CR204	Subluxation Level Code	N/U	ignored
	CR205	Unit or Basis for Measurement Code	N/U	ignored
	CR206	Treatment Period Count	N/U	ignored
	CR207	Monthly Treatment Count	N/U	ignored
	CR208	Patient Condition Code	R	ignored
	CR209	Complication Indicator	N/U	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	CR210	Patient Condition Description	S	ignored
	CR211	Patient Condition Description	S	ignored
	CR212	Yes/No Condition or Response Code	N/U	ignored
2300	CRC	AMBULANCE CERTIFICATION	S	THIS LOOP WILL BE IGNORED
	CRC01	Code Category	R	ignored
	CRC02	Certification Condition Indicator	R	ignored
	CRC03	Condition Code	R	ignored
	CRC04	Condition Code	S	ignored
	CRC05	Condition Code	S	ignored
	CRC06	Condition Code	S	ignored
	CRC07	Condition Code	S	ignored
2300	CRC	PATIENT CONDITION INFORMATION: VISION	S	THIS LOOP WILL BE IGNORED
	CRC01	Code Category	R	ignored
	CRC02	Certification Condition Indicator	R	ignored
	CRC03	Condition Code	R	ignored
	CRC04	Condition Code	S	ignored
	CRC05	Condition Code	S	ignored
	CRC06	Condition Code	S	ignored
	CRC07	Condition Code	S	ignored
2300	CRC	HOMEBOUND INDICATOR	S	THIS LOOP WILL BE IGNORED
	CRC01	Code Category	R	ignored
	CRC02	Certification Condition Indicator	R	ignored
	CRC03	Homebound Indicator	R	ignored
	CRC04	Condition Indicator	N/U	ignored
	CRC05	Condition Indicator	N/U	ignored
	CRC06	Condition Indicator	N/U	ignored
	CRC07	Condition Indicator	N/U	ignored
2300	CRC	EPSDT REFERRAL	S	THIS LOOP WILL BE IGNORED
	CRC01	Code Category	R	ignored
	CRC02	Certification Condition Indicator	R	ignored
	CRC03	Condition Code	R	ignored
	CRC04	Condition Code	S	ignored
	CRC05	Condition Code	S	ignored
	CRC06	Condition Indicator	N/U	ignored
	CRC07	Condition Indicator	N/U	ignored
2300	HI	HEALTH CARE DIAGNOSIS CODE	R	
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI01-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI01-3	Date Time Period Format Qualifier	N/U	
	HI01-4	Date Time Period	N/U	
	HI01-5	Monetary Amount	N/U	
	HI01-6	Quantity	N/U	
	HI01-7	Version Identifier	N/U	
	HI01-8	Industry code	N/U	
	HI01-9	Yes/No Condition or Response Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI02	HEALTH CARE CODE INFORMATION	S	
2300	HI02-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI02-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI02-3	Date Time Period Format Qualifier	N/U	
	HI02-4	Date Time Period	N/U	
	HI02-5	Monetary Amount	N/U	
	HI02-6	Quantity	N/U	
	HI02-7	Version Identifier	N/U	
	HI02-8	Industry code	N/U	
	HI02-9	Yes/No Condition or Response Code	N/U	
	HI03	HEALTH CARE CODE INFORMATION	S	
	HI03-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI03-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI03-3	Date Time Period Format Qualifier	N/U	
	HI03-4	Date Time Period	N/U	
	HI03-5	Monetary Amount	N/U	
	HI03-6	Quantity	N/U	
	HI03-7	Version Identifier	N/U	
	HI03-8	Industry code	N/U	
	HI03-9	Yes/No Condition or Response Code	N/U	
	HI04	HEALTH CARE CODE INFORMATION	S	
	HI04-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI04-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI04-3	Date Time Period Format Qualifier	N/U	
	HI04-4	Date Time Period	N/U	
	HI04-5	Monetary Amount	N/U	
	HI04-6	Quantity	N/U	
	HI04-7	Version Identifier	N/U	
	HI04-8	Industry code	N/U	
	HI04-9	Yes/No Condition or Response Code	N/U	
	HI05	HEALTH CARE CODE INFORMATION	S	
	HI05-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI05-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI05-3	Date Time Period Format Qualifier	N/U	
	HI05-4	Date Time Period	N/U	
	HI05-5	Monetary Amount	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI05-6	Quantity	N/U	
	HI05-7	Version Identifier	N/U	
	HI05-8	Industry code	N/U	
	HI05-9	Yes/No Condition or Response Code	N/U	
	HI06	HEALTH CARE CODE INFORMATION	S	
	HI06-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI06-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI06-3	Date Time Period Format Qualifier	N/U	
	HI06-4	Date Time Period	N/U	
	HI06-5	Monetary Amount	N/U	
	HI06-6	Quantity	N/U	
	HI06-7	Version Identifier	N/U	
	HI06-8	Industry code	N/U	
	HI06-9	Yes/No Condition or Response Code	N/U	
	HI07	HEALTH CARE CODE INFORMATION	S	
	HI07-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI07-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI07-3	Date Time Period Format Qualifier	N/U	
	HI07-4	Date Time Period	N/U	
	HI07-5	Monetary Amount	N/U	
	HI07-6	Quantity	N/U	
	HI07-7	Version Identifier	N/U	
	HI07-8	Industry code	N/U	
	HI07-9	Yes/No Condition or Response Code	N/U	
	HI08	HEALTH CARE CODE INFORMATION	S	
	HI08-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI08-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI08-3	Date Time Period Format Qualifier	N/U	
	HI08-4	Date Time Period	N/U	
	HI08-5	Monetary Amount	N/U	
	HI08-6	Quantity	N/U	
	HI08-7	Version Identifier	N/U	
	HI08-8	Industry code	N/U	
	HI08-9	Yes/No Condition or Response Code	N/U	
	HI09	HEALTH CARE CODE INFORMATION	S	
	HI09-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI09-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI09-3	Date Time Period Format Qualifier	N/U	
	HI09-4	Date Time Period	N/U	
	HI09-5	Monetary Amount	N/U	
	HI09-6	Quantity	N/U	
	HI09-7	Version Identifier	N/U	
	HI09-8	Industry code	N/U	
	HI09-9	Yes/No Condition or Response Code	N/U	
	HI10	HEALTH CARE CODE INFORMATION	S	
	HI10-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI10-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI10-3	Date Time Period Format Qualifier	N/U	
	HI10-4	Date Time Period	N/U	
	HI10-5	Monetary Amount	N/U	
	HI10-6	Quantity	N/U	
	HI10-7	Version Identifier	N/U	
	HI10-8	Industry code	N/U	
	HI10-9	Yes/No Condition or Response Code	N/U	
	HI11	HEALTH CARE CODE INFORMATION	S	
	HI11-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI11-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI11-3	Date Time Period Format Qualifier	N/U	
	HI11-4	Date Time Period	N/U	
	HI11-5	Monetary Amount	N/U	
	HI11-6	Quantity	N/U	
	HI11-7	Version Identifier	N/U	
	HI11-8	Industry code	N/U	
	HI11-9	Yes/No Condition or Response Code	N/U	
	HI12	HEALTH CARE CODE INFORMATION	S	
	HI12-1	Diagnosis Type Code	R	For service/discharge dates before 10/1/2015, use BK. For service/discharge dates on or after 10/1/2015, use ABK.
	HI12-2	Diagnosis Code	R	Use ICD-9 codes for service/discharge dates before 10/1/2015. Use ICD-10 codes for service/discharge dates on or after 10/1/2015.
	HI12-3	Date Time Period Format Qualifier	N/U	
	HI12-4	Date Time Period	N/U	
	HI12-5	Monetary Amount	N/U	
	HI12-6	Quantity	N/U	
	HI12-7	Version Identifier	N/U	
	HI12-8	Industry code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI12-9	Yes/No Condition or Response Code	N/U	
2300	HI	ANESTHESIA RELATED PROCEDURE	S	THIS LOOP WILL BE IGNORED
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Code List Qualifier	R	ignored
	HI01-2	Anesthesia Related Surgical Procedure	R	ignored
	HI01-3	Date Time Period Format Qualifier	N/U	ignored
	HI01-4	Date Time Period	N/U	ignored
	HI01-5	Monetary Amount	N/U	ignored
	HI01-6	Quantity	N/U	ignored
	HI01-7	Version Identifier	N/U	ignored
	HI01-8	Industry code	N/U	ignored
	HI01-9	Yes/No Condition or Response Code	N/U	ignored
	HI02	HEALTH CARE CODE INFORMATION	S	
	HI02-1	Code List Qualifier	R	ignored
	HI02-2	Anesthesia Related Surgical Procedure	R	ignored
	HI02-3	Date Time Period Format Qualifier	N/U	ignored
	HI02-4	Date Time Period	N/U	ignored
	HI02-5	Monetary Amount	N/U	ignored
	HI02-6	Quantity	N/U	ignored
	HI02-7	Version Identifier	N/U	ignored
	HI02-8	Industry code	N/U	ignored
	HI02-9	Yes/No Condition or Response Code	N/U	ignored
	HI03	HEALTH CARE CODE INFORMATION	N/U	ignored
	HI04	HEALTH CARE CODE INFORMATION	N/U	ignored
	HI05	HEALTH CARE CODE INFORMATION	N/U	ignored
	HI06	HEALTH CARE CODE INFORMATION	N/U	ignored
	HI07	HEALTH CARE CODE INFORMATION	N/U	ignored
	HI08	HEALTH CARE CODE INFORMATION	N/U	ignored
	HI09	HEALTH CARE CODE INFORMATION	N/U	ignored
	HI10	HEALTH CARE CODE INFORMATION	N/U	ignored
	HI11	HEALTH CARE CODE INFORMATION	N/U	ignored
	HI12	HEALTH CARE CODE INFORMATION	N/U	ignored
2300	HI	CONDITION INFORMATION	S	
	HI01	HEALTH CARE CODE INFORMATION	R	
	HI01-1	Code List Qualifier	R	
	HI01-2	Condition Code	R	A1 – Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) AA – Induced Abortion due to Rape AB – Induced Abortion due to Incest AD – Induced Abortion-Danger to Life
	HI01-3	Date Time Period Format Qualifier	N/U	
	HI01-4	Date Time Period	N/U	
	HI01-5	Monetary Amount	N/U	
	HI01-6	Quantity	N/U	
	HI01-7	Version Identifier	N/U	
	HI01-8	Industry code	N/U	
	HI01-9	Yes/No Condition or Response Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI02	HEALTH CARE CODE INFORMATION	S	
2300	HI02-1	Code List Qualifier	R	
	HI02-2	Condition Code	R	
	HI02-3	Date Time Period Format Qualifier	N/U	
	HI02-4	Date Time Period	N/U	
	HI02-5	Monetary Amount	N/U	
	HI02-6	Quantity	N/U	
	HI02-7	Version Identifier	N/U	
	HI02-8	Industry code	N/U	
	HI02-9	Yes/No Condition or Response Code	N/U	
	HI03	HEALTH CARE CODE INFORMATION	S	
	HI03-1	Code List Qualifier	R	
	HI03-2	Condition Code	R	
	HI03-3	Date Time Period Format Qualifier	N/U	
	HI03-4	Date Time Period	N/U	
	HI03-5	Monetary Amount	N/U	
	HI03-6	Quantity	N/U	
	HI03-7	Version Identifier	N/U	
	HI03-8	Industry code	N/U	
	HI03-9	Yes/No Condition or Response Code	N/U	
	HI04	HEALTH CARE CODE INFORMATION	S	
	HI04-1	Code List Qualifier	R	
	HI04-2	Condition Code	R	
	HI04-3	Date Time Period Format Qualifier	N/U	
	HI04-4	Date Time Period	N/U	
	HI04-5	Monetary Amount	N/U	
	HI04-6	Quantity	N/U	
	HI04-7	Version Identifier	N/U	
	HI04-8	Industry code	N/U	
	HI04-9	Yes/No Condition or Response Code	N/U	
	HI05	HEALTH CARE CODE INFORMATION	S	
	HI05-1	Code List Qualifier	R	
	HI05-2	Condition Code	R	
	HI05-3	Date Time Period Format Qualifier	N/U	
	HI05-4	Date Time Period	N/U	
	HI05-5	Monetary Amount	N/U	
	HI05-6	Quantity	N/U	
	HI05-7	Version Identifier	N/U	
	HI05-8	Industry code	N/U	
	HI05-9	Yes/No Condition or Response Code	N/U	
	HI06	HEALTH CARE CODE INFORMATION	S	
	HI06-1	Code List Qualifier	R	
	HI06-2	Condition Code	R	
	HI06-3	Date Time Period Format Qualifier	N/U	
	HI06-4	Date Time Period	N/U	
	HI06-5	Monetary Amount	N/U	
	HI06-6	Quantity	N/U	
	HI06-7	Version Identifier	N/U	
	HI06-8	Industry code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI06-9	Yes/No Condition or Response Code	N/U	
	HI07	HEALTH CARE CODE INFORMATION	S	
	HI07-1	Code List Qualifier	R	
	HI07-2	Condition Code	R	
	HI07-3	Date Time Period Format Qualifier	N/U	
	HI07-4	Date Time Period	N/U	
	HI07-5	Monetary Amount	N/U	
	HI07-6	Quantity	N/U	
	HI07-7	Version Identifier	N/U	
	HI07-8	Industry code	N/U	
	HI07-9	Yes/No Condition or Response Code	N/U	
	HI08	HEALTH CARE CODE INFORMATION	S	
	HI08-1	Code List Qualifier	R	
	HI08-2	Condition Code	R	
	HI08-3	Date Time Period Format Qualifier	N/U	
	HI08-4	Date Time Period	N/U	
	HI08-5	Monetary Amount	N/U	
	HI08-6	Quantity	N/U	
	HI08-7	Version Identifier	N/U	
	HI08-8	Industry code	N/U	
	HI08-9	Yes/No Condition or Response Code	N/U	
	HI09	HEALTH CARE CODE INFORMATION	S	
	HI09-1	Code List Qualifier	R	
	HI09-2	Condition Code	R	
	HI09-3	Date Time Period Format Qualifier	N/U	
	HI09-4	Date Time Period	N/U	
	HI09-5	Monetary Amount	N/U	
	HI09-6	Quantity	N/U	
	HI09-7	Version Identifier	N/U	
	HI09-8	Industry code	N/U	
	HI09-9	Yes/No Condition or Response Code	N/U	
	HI10	HEALTH CARE CODE INFORMATION	S	
	HI10-1	Code List Qualifier	R	
	HI10-2	Condition Code	R	
	HI10-3	Date Time Period Format Qualifier	N/U	
	HI10-4	Date Time Period	N/U	
	HI10-5	Monetary Amount	N/U	
	HI10-6	Quantity	N/U	
	HI10-7	Version Identifier	N/U	
	HI10-8	Industry code	N/U	
	HI10-9	Yes/No Condition or Response Code	N/U	
	HI11	HEALTH CARE CODE INFORMATION	S	
	HI11-1	Code List Qualifier	R	
	HI11-2	Condition Code	R	
	HI11-3	Date Time Period Format Qualifier	N/U	
	HI11-4	Date Time Period	N/U	
	HI11-5	Monetary Amount	N/U	
	HI11-6	Quantity	N/U	
	HI11-7	Version Identifier	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2300	HI11-8	Industry code	N/U	
	HI11-9	Yes/No Condition or Response Code	N/U	
	HI12	HEALTH CARE CODE INFORMATION	S	
	HI12-1	Code List Qualifier	R	
	HI12-2	Condition Code	R	
	HI12-3	Date Time Period Format Qualifier	N/U	
	HI12-4	Date Time Period	N/U	
	HI12-5	Monetary Amount	N/U	
	HI12-6	Quantity	N/U	
	HI12-7	Version Identifier	N/U	
	HI12-8	Industry code	N/U	
	HI12-9	Yes/No Condition or Response Code	N/U	
2300	HCP	CLAIM PRICING/REPRICING INFORMATION	S	THIS LOOP WILL BE IGNORED
	HCP01	Pricing Methodology	R	ignored
	HCP02	Repriced Allowed Amount	R	ignored
	HCP03	Repriced Saving Amount	S	ignored
	HCP04	Repricing Organization Identifier	S	ignored
	HCP05	Repricing Per Diem or Flat Rate Amount	S	ignored
	HCP06	Repriced Approved Ambulatory Patient Group Code	S	ignored
	HCP07	Repriced Approved Ambulatory Patient Group Amount	S	ignored
	HCP08	Product/Service ID	N/U	ignored
	HCP09	Product/Service ID Qualifier	N/U	ignored
	HCP10	Product/Service ID	N/U	ignored
	HCP11	Unit or Basis for Measurement Code	N/U	ignored
	HCP12	Quantity	N/U	ignored
	HCP13	Reject Reason Code	S	ignored
	HCP14	Policy Compliance Code	S	ignored
	HCP15	Exception Code	S	ignored
2310A	NM1	REFERRING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	FFS –_CCP, LTC, XVR Enter “DN” when completing this loop. A Referring Provider NPI is required on all DME, EPSDT, Hearing Aid, Lab, P&O, Vision and DME, EPSDT, Hearing Aid, Lab, P&O, Vision crossover claims with a date of service of 1/1/2013 or greater. A referring provider is required when the procedure code billed represents a consultation, second opinion visit, or radiology. When the beneficiary has transferred from an LTC facility for Hospice services T2046 or S9126 with modifier U7, submit the LTC facility information in the 2310C Service Facility Location loop.
	NM102	Entity Type Qualifier	R	
	NM103	Referring Provider Last Name	R	
	NM104	Referring Provider First Name	S	
	NM105	Referring Provider Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Referring Provider Name Suffix	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2310A	NM108	Identification Code Qualifier	S	On or after Date of Service 1/1/2013 <u>FFS</u> , <u>CCP</u> , <u>LTC</u> , <u>XVR</u> - All providers must be identified using the NPI.
	NM109	Referring Provider Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2310A	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 - Provider Commercial Number
	REF02	Secondary Identifier	R	<p>Prior to Date of Service 1/1/2013 <u>HIPAA NON-COVERED ENTITIES ONLY</u>: <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> - The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service of 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> - Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> - All providers must be identified using the NPI in the NM1 segment of this loop.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2310B	NM1	RENDERING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Rendering Provider Last or Organization Name	R	
	NM104	Rendering Provider First Name	S	
	NM105	Rendering Provider Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Rendering Provider Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service 1/1/2013 <u>FFS</u> , <u>CCP</u> , <u>LTC</u> , <u>XVR</u> - All providers must be identified using the NPI.
	NM109	Rendering Provider Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2310B	PRV	RENDERING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Provider Taxonomy Code	R	
	PRV04	State or Province Code	N/U	
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	
	PRV06	Provider Organization Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2310B	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number LU – Location Number
	REF02	Rendering Provider Secondary Identifier	R	<p><u>Prior to Date of Service 1/1/2013 HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (G2).</p> <p><u>Prior to Date of Service 1/1/2013 FFS, CCP, LTC, XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service 1/1/2013 FFS, CCP, LTC, XVR - All providers must be identified using the NPI in the NM1 segment of this loop.</p> <p>After dates of service 12/31/12, there are no Non-Covered Entities, and the LU should NOT be submitted. For dates of service BEFORE 1/1/2013 and for <u>HIPAA NON-COVERED ENTITIES ONLY:</u> Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2310C	NM1	SERVICE FACILITY LOCATION	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Laboratory or Facility Name	R	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	S	
	NM109	Laboratory or Facility Primary Identifier	S	FFS – When the beneficiary has transferred from an LTC facility for Hospice services T2046 or S9126 with modifier U7, submit the LTC facility's NPI here.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2310C	N3	SERVICE FACILITY LOCATION ADDRESS	R	
	N301	Laboratory or Facility Address Line	R	
	N302	Laboratory or Facility Address Line	S	
2310C	N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP	R	
	N401	Laboratory or Facility City Name	R	
	N402	Laboratory or Facility State or Province Code	S	
	N403	Laboratory or Facility Postal Zone ZIP Code	S	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	Field	Description	Usage	NJ Medicaid Specific Requirement
2310C	N404	Laboratory/Facility Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	
2310C	REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Laboratory or Facility Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2310C	PER	SERVICE FACILITY CONTACT INFORMATION	R	
	PER01	Contact Function Code	R	
	PER02	Submitter Contact Name	S	
	PER03	Communication Number Qualifier	R	
	PER04	Communication Number	R	
	PER05	Communication Number Qualifier	S	
	PER06	Communication Number	S	
	PER07	Communication Number Qualifier	N/U	
	PER08	Communication Number	N/U	
	PER09	Contact Inquiry Reference	N/U	
2310D	NM1	SUPERVISING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Supervising Provider Last Name	R	
	NM104	Supervising Provider First Name	S	
	NM105	Supervising Provider Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Supervising Provider Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service 1/1/2013 <u>FFS, CCP, LTC, XVR</u> - All providers must be identified using the NPI.
	NM109	Supervising Provider Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2310D	REF	SUPERVISING PROVIDER SECONDARY IDENTIFIER	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number
	REF02	Secondary Identifier	R	<p>Prior to Date of Service 1/1/2013 <u>HIPAA NON-COVERED ENTITIES ONLY:</u> <u>FFS, CCP, LTC, XVR</u> – The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service 1/1/2013 <u>FFS, CCP, LTC, XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service 1/1/2013 <u>FFS, CCP, LTC, XVR</u> - All providers must be identified using the NPI in the NM1 segment in this loop.</p>

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2310D	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2310E	NM1	AMBULANCE PICK UP LOCATION	S	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Name Last or Organization Name	N/U	ignored
	NM104	Name First	N/U	ignored
	NM105	Name Middle	N/U	ignored
	NM106	Name Prefix	N/U	ignored
	NM107	Name Suffix	N/U	ignored
	NM108	Identification Code Qualifier	N/U	ignored
	NM109	Identification Code	N/U	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2310E	N3	AMBULANCE PICK UP LOCATION ADDRESS	R	THIS LOOP WILL BE IGNORED
	N301	Ambulance Pick Up Address Line	R	ignored
	N302	Ambulance Pick Up Address Line	S	ignored
2310E	N4	AMBULANCE PICK UP LOCATION CITY/STATE/ZIP	R	THIS LOOP WILL BE IGNORED
	N401	Ambulance Pick Up City Name	R	ignored
	N402	Ambulance Pick Up State or Province Code	S	ignored
	N403	Ambulance Pick Up Postal Zone ZIP Code	S	ignored
	N404	Ambulance Pick Up Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored
2310F	NM1	AMBULANCE DROP OFF LOCATION	S	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Ambulance Drop Off Location	S	ignored
	NM104	Name First	N/U	ignored
	NM105	Name Middle	N/U	ignored
	NM106	Name Prefix	N/U	ignored
	NM107	Name Suffix	N/U	ignored
	NM108	Identification Code Qualifier	N/U	ignored
	NM109	Identification Code	N/U	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2310F	N3	AMBULANCE DROP OFF LOCATION ADDRESS	R	THIS LOOP WILL BE IGNORED
	N301	Ambulance Drop Off Address Line	R	ignored
	N302	Ambulance Drop Off Address Line	S	ignored
2310F	N4	AMBULANCE DROP OFF LOCATION CITY/STATE/ZIP	R	THIS LOOP WILL BE IGNORED
	N401	Ambulance Drop Off City Name	R	ignored
	N402	Ambulance Drop Off State or Province Code	S	ignored
	N403	Ambulance Drop Off Postal Zone ZIP Code	S	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2310F	N404	Ambulance Drop Off Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored
2320	SBR	OTHER SUBSCRIBER INFORMATION	S	
	SBR01	Payer Responsibility Sequence Number Code	R	
	SBR02	Individual Relationship Code	R	
	SBR03	Insured Group or Policy Number	S	
	SBR04	Other Insured Group Name	S	
	SBR05	Insurance Type Code	S	
	SBR06	Coordination of Benefits Code	N/U	
	SBR07	Yes/No Condition or Response Code	N/U	
	SBR08	Employment Status Code	N/U	
	SBR09	Claim Filing Indicator Code	S	If the primary payer is a Medicare plan, use MB (Medicare Part B). If it is a Medicare HMO do <i>not</i> use MB. Although there are other valid SBR09 values, the submission of MB marks the claims for potential Medicare Crossover processing.
2320	CAS	CLAIM LEVEL ADJUSTMENTS	S	
	CAS01	Claim Adjustment Group Code	R	
	CAS02	Adjustment Reason Code	R	<p>1 – Deductible Amount 2 – Co-Insurance Amount 3 – Co-Payment 96 – Carrier Non-Covered Charges 122 – Psychiatric Reduction</p> <p><u>XVR</u> – 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>. Enter value "122" to indicate <u>Psychiatric Reduction</u>.</p> <p>Although there are other valid Adjustment Reason 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 5 occurrences of the CAS segment.</p>
	CAS03	Adjustment Amount	R	
	CAS04	Adjustment Quantity	S	
	CAS05	Adjustment Reason Code	S	
	CAS06	Adjustment Amount	S	
	CAS07	Adjustment Quantity	S	
	CAS08	Adjustment Reason Code	S	
	CAS09	Adjustment Amount	S	
	CAS10	Adjustment Quantity	S	
	CAS11	Adjustment Reason Code	S	
	CAS12	Adjustment Amount	S	
	CAS13	Adjustment Quantity	S	
	CAS14	Adjustment Reason Code	S	
	CAS15	Adjustment Amount	S	
	CAS16	Adjustment Quantity	S	
	CAS17	Adjustment Reason Code	S	
	CAS18	Adjustment Amount	S	
	CAS19	Adjustment Quantity	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2320	AMT	COB PAYER PAID AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Payer Paid Amount	R	
	AMT03	Credit/Debit Flag Code	N/U	
2320	AMT	COB TOTAL NON-COVERED AMOUNT	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Non-Covered Amount	R	
	AMT03	Credit/Debit Flag Code	N/U	
2320	AMT	REMAINING PATIENT LIABILITY	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Remaining Patient Liability Amount	R	
	AMT03	Credit/Debit Flag Code	N/U	
2320	OI	OTHER INSURANCE COVERAGE INFORMATION	R	
	OI01	Claim Filing Indicator Code	N/U	
	OI02	Claim Submission Reason Code	N/U	
	OI03	Benefits Assignment Certification Indicator	R	
	OI04	Patient Signature Source Code	S	
	OI05	Provider Agreement Code	N/U	
	OI06	Release of Information Code	R	
2320	MOA	MEDICARE OUTPATIENT ADJUDICATION INFORMATION	S	
	MOA01	Reimbursement Rate	S	
	MOA02	HCPCS Payable Amount	S	
	MOA03	Remark Code	S	
	MOA04	Remark Code	S	
	MOA05	Remark Code	S	
	MOA06	Remark Code	S	
	MOA07	Remark Code	S	
	MOA08	End Stage Renal Disease Payment Amount	S	
	MOA09	Non-Payable Professional Component Billed Amount	S	
2330A	NM1	OTHER SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Other Insured Last Name	R	
	NM104	Other Insured First Name	S	
	NM105	Other Insured Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Other Insured Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Other Insured Identifier	R	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330A	N3	OTHER SUBSCRIBER ADDRESS	S	
	N301	Other Insured Address Line	R	
	N302	Other Insured Address Line	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2330A	N4	OTHER SUBSCRIBER CITY/STATE/ZIP CODE	S	
	N401	Other Insured City Name	R	
	N402	Other Insured State Code	S	
	N403	Other Insured Postal Zone or ZIP Code	S	
	N404	Subscriber Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	
2330A	REF	OTHER SUBSCRIBER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Insured Additional Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330B	NM1	OTHER PAYER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Other Payer Last or Organization Name	R	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	Enter "PI" when completing this loop.
	NM109	Other Payer Primary Identifier	R	Enter the appropriate Other Insurance Carrier Code per the Data Element Dictionary.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330B	N3	OTHER PAYER ADDRESS	S	
	N301	Other Payer Address Line	R	
	N302	Other Payer Address Line	S	
2330B	N4	OTHER PAYER CITY/STATE/ZIP CODE	S	
	N401	Other Payer City Name	R	
	N402	Other Payer State Code	S	
	N403	Other Payer Postal Zone or ZIP Code	S	
	N404	Other Payer Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	
2330B	DTP	DATE - CLAIM CHECK OR REMITTANCE DATE	S	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Adjudication or Payment Date	R	Do not submit claim level payment date. Submit the payment date for each line in the 2430/DTP segment.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2330B	REF	OTHER PAYER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330B	REF	OTHER PAYER PRIOR AUTHORIZATION NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Prior Authorization Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330B	REF	OTHER PAYER REFERRAL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Referral Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330B	REF	OTHER PAYER CLAIM ADJUSTMENT INDICATOR	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Claim Adjustment Indicator	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330B	REF	OTHER PAYER CLAIM CONTROL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Claim Control Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330C	NM1	OTHER PAYER REFERRING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330C	REF	OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFIER	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Referring Provider Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2330D	NM1	OTHER PAYER RENDERING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330D	REF	OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFIER	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Rendering Provider Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330E	NM1	OTHER PAYER SERVICE FACILITY LOCATION	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330E	REF	OTHER PAYER SERVICE FACILITY LOCATION SECONDARY IDENTIFIER	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Service Facility Location Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330F	NM1	OTHER PAYER SUPERVISING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2330F	NM112	Name Last or Organization Name	N/U	
2330F	REF	OTHER PAYER SUPERVISING PROVIDER SECONDARY IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Supervising Provider Secondary Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2330G	NM1	OTHER PAYER BILLING PROVIDER	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	N/U	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	N/U	
	NM109	Other Payer Primary Identifier	N/U	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2330G	REF	OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION	R	
	REF01	Reference Identification Qualifier	R	
	REF02	Other Payer Billing Provider Secondary Identification	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2400	LX	SERVICE LINE	R	
	LX01	Assigned Number	R	
2400	SV1	PROFESSIONAL SERVICE	R	
	SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	R	
	SV101-1	Product or Service ID Qualifier	R	Enter "HC".
	SV101-2	Procedure Code	R	<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.</p> <p>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>REFER TO APPENDICES A, B and C.</p>

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2400	SV101-3	Procedure Modifier	S	<p>Enter the two-character procedure code modifier.</p> <p>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> <p>Refer to the list of Procedure Code Modifiers in the Data Element Dictionary.</p> <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> <p>Refer to the list of Origin/Destination Codes in the Data Element Dictionary.</p>
	SV101-4	Procedure Modifier	S	See above.
	SV101-5	Procedure Modifier	S	See above.
	SV101-6	Procedure Modifier	S	See above.
	SV101-7	Description	S	
	SV101-8	Product/Service ID	N/U	
	SV102	Line Item Charge Amount	R	
	SV103	Unit or Basis for Measurement Code	R	
	SV104	Service Unit Count	R	<p>New Jersey Medicaid requires all services other than anesthesia services be billed as units (UN).</p> <p>Anesthesia services must be billed as minutes (MJ).</p> <p>Note: all units and minutes must be billed as whole numbers.</p>
	SV105	Place of Service Code	S	Enter the service line place of service if different than the claim level place of service code entered in loop 2300 CLM05-1.
	SV106	Service Type Code	N/U	
	SV107	COMPOSITE DIAGNOSIS CODE POINTER	R	
	SV107-1	Diagnosis Code Pointer	R	
	SV107-2	Diagnosis Code Pointer	S	
	SV107-3	Diagnosis Code Pointer	S	
	SV107-4	Diagnosis Code Pointer	S	
	SV108	Monetary Amount	N/U	
	SV109	Emergency Indicator	S	
	SV110	Multiple Procedure Code	N/U	
	SV111	EPSDT Indicator	S	(Previously identified as special program indicator code "01").
	SV112	Family Planning Indicator	S	
	SV113	Review Code	N/U	
	SV114	National or Local Assigned Review Value	N/U	
	SV115	Co-Pay Status Code	S	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2400	SV116	Health Care Professional Shortage Area Code	N/U	ignored
	SV117	Reference Identification	N/U	ignored
	SV118	Postal Code	N/U	ignored
	SV119	Monetary Amount	N/U	ignored
	SV120	Level of Care Code	N/U	ignored
	SV121	Provider Agreement Code	N/U	ignored
2400	SV5	DURABLE MEDICAL EQUIPMENT SERVICE	S	THIS LOOP WILL BE IGNORED
	SV501	COMPOSITE MEDICAL PROCEDURE	R	
	SV501-1	Procedure Identifier	R	ignored
	SV501-2	Procedure Code	R	ignored
	SV501-3	Procedure Modifier	N/U	ignored
	SV501-4	Procedure Modifier	N/U	ignored
	SV501-5	Procedure Modifier	N/U	ignored
	SV501-6	Procedure Modifier	N/U	ignored
	SV501-7	Description	N/U	ignored
	SV501-8	Product/Service ID	N/U	ignored
	SV502	Unit or Basis for Measurement Code	R	ignored
	SV503	Length of Medical Necessity	R	ignored
	SV504	DME Rental Price	R	ignored
	SV505	DME Purchase Price	R	ignored
	SV506	Rental Unit Price Indicator	R	ignored
	SV507	Prognosis Code	N/U	ignored
2400	PWK	LINE SUPPLEMENTAL INFORMATION	S	THIS LOOP WILL BE IGNORED
	PWK01	Attachment Report Type Code	R	ignored
	PWK02	Attachment Transmission Code	R	ignored
	PWK03	Report Copies Needed	N/U	ignored
	PWK04	Entity Identifier Code	N/U	ignored
	PWK05	Identification Code Qualifier	S	ignored
	PWK06	Identification Code	S	ignored
	PWK07	Description	N/U	ignored
	PWK08	ACTIONS INDICATED	N/U	ignored
	PWK09	Request Category Code	N/U	ignored
2400	PWK	DURABLE MEDICAL EQUIPMENT CERTIFICATE OF MEDICAL NECESSITY INDICATOR	S	THIS LOOP WILL BE IGNORED
	PWK01	Attachment Report Type Code	R	ignored
	PWK02	Attachment Transmission Code	R	ignored
	PWK03	Report Copies Needed	N/U	ignored
	PWK04	Entity Identifier Code	N/U	ignored
	PWK05	Identification Code Qualifier	N/U	ignored
	PWK06	Identification Code	N/U	ignored
	PWK07	Description	N/U	ignored
	PWK08	ACTIONS INDICATED	N/U	ignored
	PWK09	Request Category Code	N/U	ignored
2400	CR1	AMBULANCE TRANSPORT INFORMATION	S	THIS LOOP WILL BE IGNORED
	CR101	Unit or Basis for Measurement Code	S	ignored
	CR102	Patient Weight	S	ignored
	CR103	Ambulance Transport Code	N/U	ignored
	CR104	Ambulance Transport Reason Code	R	ignored
	CR105	Unit or Basis for Measurement Code	R	ignored
	CR106	Transport Distance	R	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2400	CR107	Address Information	N/U	ignored
	CR108	Address Information	N/U	ignored
	CR109	Round Trip Purpose Description	S	ignored
	CR110	Stretcher Purpose Description	S	ignored
2400	CR3	DURABLE MEDICAL EQUIPMENT CERTIFICATION	S	THIS LOOP WILL BE IGNORED
	CR301	Certification Type Code	R	ignored
	CR302	Unit or Basis for Measurement Code	R	ignored
	CR303	Durable Medical Equipment Duration	R	ignored
	CR304	Insulin Dependent Code	N/U	ignored
	CR305	Description	N/U	ignored
2400	CRC	AMBULANCE CERTIFICATION	S	
	CRC01	Code Category	R	ignored
	CRC02	Certification Condition Indicator	R	ignored
	CRC03	Condition Code	R	ignored
	CRC04	Condition Code	S	ignored
	CRC05	Condition Code	S	ignored
	CRC06	Condition Code	S	ignored
	CRC07	Condition Code	S	ignored
2400	CRC	HOSPICE EMPLOYEE INDICATOR	S	THIS LOOP WILL BE IGNORED
	CRC01	Code Category	R	ignored
	CRC02	Hospice Employed Provider Indicator	R	ignored
	CRC03	Condition Indicator	R	ignored
	CRC04	Condition Indicator	N/U	ignored
	CRC05	Condition Indicator	N/U	ignored
	CRC06	Condition Indicator	N/U	ignored
	CRC07	Condition Indicator	N/U	ignored
2400	CRC	CONDITION INDICATOR DURABLE MEDICAL EQUIPMENT	S	THIS LOOP WILL BE IGNORED
	CRC01	Code Category	R	ignored
	CRC02	Certification Condition Indicator	R	ignored
	CRC03	Condition Indicator	R	ignored
	CRC04	Condition Indicator	S	ignored
	CRC05	Condition Indicator	N/U	ignored
	CRC06	Condition Indicator	N/U	ignored
	CRC07	Condition Indicator	N/U	ignored
2400	DTP	DATE - SERVICE DATE	R	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Service Date	R	
2400	DTP	DATE - PRESCRIPTION DATE	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Prescription Date	R	ignored
2400	DTP	DATE - CERTIFICATION REVISION/RECERTIFICATION DATE	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	Ignored
	DTP02	Date Time Period Format Qualifier	R	Ignored
	DTP03	Certification Revision Recertification Date	R	Ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2400	DTP	DATE - BEGIN THERAPY DATE	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Begin Therapy Date	R	ignored
2400	DTP	DATE - LAST CERTIFICATION DATE	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Last Certification Date	R	ignored
2400	DTP	DATE - DATE LAST SEEN	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Last Seen Date	R	ignored
2400	DTP	DATE - TEST DATE	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Test Performed Date	R	ignored
2400	DTP	DATE - SHIPPED DATE	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Shipped Date	R	ignored
2400	DTP	DATE - LAST X-RAY DATE	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Last X-Ray Date	R	ignored
2400	DTP	DATE - INITIAL TREATMENT DATE	S	THIS LOOP WILL BE IGNORED
	DTP01	Date Time Qualifier	R	ignored
	DTP02	Date Time Period Format Qualifier	R	ignored
	DTP03	Initial Treatment Date	R	ignored
2400	QTY	AMBULANCE PATIENT COUNT	S	THIS LOOP WILL BE IGNORED
	QTY01	Quantity Qualifier	R	ignored
	QTY02	Ambulance Patient Count	R	ignored
	QTY03	COMPOSITE UNIT OF MEASURE	N/U	ignored
	QTY04	Free-Form Message	N/U	ignored
2400	QTY	OBSTETRIC ANESTHESIA ADDITIONAL UNITS	S	THIS LOOP WILL BE IGNORED
	QTY01	Quantity Qualifier	R	ignored
	QTY02	Obstetric Additional Units	R	ignored
	QTY03	COMPOSITE UNIT OF MEASURE	N/U	ignored
	QTY04	Free-Form Message	N/U	ignored
2400	MEA	TEST RESULTS	S	THIS LOOP WILL BE IGNORED
	MEA01	Measurement Reference Identification Code	R	ignored
	MEA02	Measurement Qualifier	R	ignored
	MEA03	Test Result	R	ignored
	MEA04	COMPOSITE UNIT OF MEASURE	N/U	ignored
	MEA05	Range Minimum	N/U	ignored
	MEA06	Range Maximum	N/U	ignored
	MEA07	Measurement Significance Code	N/U	ignored
	MEA08	Measurement Attribute Code	N/U	ignored
	MEA09	Surface/Layer/Position Code	N/U	ignored
	MEA10	Measurement Method or Device	N/U	ignored
	MEA11	Code List Qualifier Code	N/U	ignored
	MEA12	Industry Code	N/U	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2400	CN1	CONTRACT INFORMATION	S	THIS LOOP WILL BE IGNORED
	CN101	Contract Type Code	R	ignored
	CN102	Contract Amount	S	ignored
	CN103	Contract Percentage	S	ignored
	CN104	Contract Code	S	ignored
	CN105	Terms Discount Percent	S	ignored
	CN106	Contract Version Identifier	S	ignored
2400	REF	REPRICED LINE ITEM REFERENCE NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Repriced Line Item Reference Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2400	REF	ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Adjusted Repriced Line Item Reference Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2400	REF	PRIOR AUTHORIZATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Prior Authorization or Referral Number	R	FFS – Enter the 10 digit Prior Authorization Number when REF01 equals "G1".
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
	REF04	REFERENCE IDENTIFIER		
	REF04-1	Reference Identifier Qualifier	R	
	REF04-2	Other Payer Primary Identifier	R	
	REF04-3	Reference Identification Qualifier	N/U	
	REF04-4	Reference Identification	N/U	
	REF04-5	Reference Identification Qualifier	N/U	
	REF04-6	Reference Identification	N/U	
2400	REF	LINE ITEM CONTROL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Line Item Control Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2400	REF	MAMMOGRAPHY CERTIFICATION NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference identification Qualifier	R	ignored
	REF02	Mammography Certification Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	
2400	REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Clinical Laboratory Improvement Amendment Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2400	REF	REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Referring CLIA Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2400	REF	IMMUNIZATION BATCH NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Immunization Batch Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2400	REF	REFERRAL NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Referral Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER		
	REF04-1	Reference Identifier Qualifier	R	ignored
	REF04-2	Other Payer Primary Identifier	R	ignored
	REF04-3	Reference Identification Qualifier	N/U	ignored
	REF04-4	Reference Identification	N/U	ignored
	REF04-5	Reference Identification Qualifier	N/U	ignored
	REF04-6	Reference Identification	N/U	ignored
2400	AMT	SALES TAX AMOUNT	S	THIS LOOP WILL BE IGNORED
	AMT01	Amount Qualifier Code	R	ignored
	AMT02	Sales Tax Amount	R	ignored
	AMT03	Credit/Debit Flag Code	N/U	ignored
2400	AMT	POSTAGE CLAIMED AMOUNT	S	THIS LOOP WILL BE IGNORED
	AMT01	Amount Qualifier Code	R	ignored
	AMT02	Sales Tax Amount	R	ignored
	AMT03	Credit/Debit Flag Code	N/U	ignored
2400	K3	FILE INFORMATION	S	THIS LOOP WILL BE IGNORED
	K301	Fixed Format Information	R	ignored
	K302	Record Format Code	N/U	ignored
	K303	COMPOSITE UNIT OF MEASURE	N/U	ignored
2400	NTE	LINE NOTE	S	
	NTE01	Note Reference Code	R	When appropriate, enter "ADD" if additional information is required in NTE02.
	NTE02	Line Note Text	R	Refer to the Professional Claim Note Values for a list of SEMI Placement Codes in the Data Element Dictionary.
2400	NTE	THIRD PARTY ORGANIZATION NOTE	S	THIS LOOP WILL BE IGNORED
	NTE01	Third Party Organization Notes	R	ignored
	NTE02	Line Note Text	R	ignored
2400	PS1	PURCHASED SERVICE INFORMATION	S	THIS LOOP WILL BE IGNORED
	PS101	Purchased Service Provider Identifier	R	ignored
	PS102	Purchased Service Charge Amount	R	ignored
	PS103	State or Province Code	N/U	ignored
2400	HCP	LINE PRICING/REPRICING INFORMATION	S	THIS LOOP WILL BE IGNORED
	HCP01	Pricing Methodology	R	ignored
	HCP02	Repriced Allowed Amount	R	ignored
	HCP03	Repriced Saving Amount	S	ignored
	HCP04	Repricing Organization Identifier	S	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2400	HCP05	Repricing Per Diem or Flat Rate Amount	S	ignored
	HCP06	Repriced Approved Ambulatory Patient Group Code	S	ignored
	HCP07	Repriced Approved Ambulatory Patient Group Amount	S	ignored
	HCP08	Product/Service ID	N/U	ignored
	HCP09	Product or Service ID Qualifier	S	ignored
	HCP10	Procedure Code	S	ignored
	HCP11	Unit or Basis for Measurement Code	S	ignored
	HCP12	Repriced Approved Service Unit Count	S	ignored
	HCP13	Reject Reason Code	S	ignored
	HCP14	Policy Compliance Code	S	ignored
	HCP15	Exception Code	S	ignored
2410	LIN	DRUG IDENTIFICATION	S	
	LIN01	Assigned Identification	N/U	
	LIN02	Product or Service ID Qualifier	R	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.
	LIN03	National Drug Code	R	Enter the National Drug Code (NDC) for the physician-administered drug when the value of LIN02 is "N4".
	LIN04	Product/Service ID Qualifier	N/U	
	LIN05	Product/Service ID	N/U	
	LIN06	Product/Service ID Qualifier	N/U	
	LIN07	Product/Service ID	N/U	
	LIN08	Product/Service ID Qualifier	N/U	
	LIN09	Product/Service ID	N/U	
	LIN10	Product/Service ID Qualifier	N/U	
	LIN11	Product/Service ID	N/U	
	LIN12	Product/Service ID Qualifier	N/U	
	LIN13	Product/Service ID	N/U	
	LIN14	Product/Service ID Qualifier	N/U	
	LIN15	Product/Service ID	N/U	
	LIN16	Product/Service ID Qualifier	N/U	
	LIN17	Product/Service ID	N/U	
	LIN18	Product/Service ID Qualifier	N/U	
	LIN19	Product/Service ID	N/U	
	LIN20	Product/Service ID Qualifier	N/U	
	LIN21	Product/Service ID	N/U	
	LIN22	Product/Service ID Qualifier	N/U	
	LIN23	Product/Service ID	N/U	
	LIN24	Product/Service ID Qualifier	N/U	
	LIN25	Product/Service ID	N/U	
	LIN26	Product/Service ID Qualifier	N/U	
	LIN27	Product/Service ID	N/U	
	LIN28	Product/Service ID Qualifier	N/U	
	LIN29	Product/Service ID	N/U	
	LIN30	Product/Service ID Qualifier	N/U	
	LIN31	Product/Service ID	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2410	CTP	DRUG PRICING	R	
	CTP01	Class of Trade Code	N/U	
	CTP02	Price Identifier Code	N/U	
	CTP03	Unit Price	N/U	
	CTP04	National Drug Unit Count	R	Enter the quantity of the physician-administered drug identified in LIN03. The format of the quantity is xxxxxx.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).
	CTP05	COMPOSITE UNIT OF MEASURE	R	
	CTP05-1	Unit or Basis For Measurement Code	R	GR – Gram ML – Milliliter UN – Unit Enter the Unit of Measure of “GR”, “ML” or “UN”.
	CTP05-2	Exponent	N/U	
	CTP05-3	Multiplier	N/U	
	CTP05-4	Unit or Basis For Measurement Code	N/U	
	CTP05-5	Exponent	N/U	
	CTP05-6	Multiplier	N/U	
	CTP05-7	Unit or Basis For Measurement Code	N/U	
	CTP05-8	Exponent	N/U	
	CTP05-9	Multiplier	N/U	
	CTP05-10	Unit or Basis For Measurement Code	N/U	
	CTP05-11	Exponent	N/U	
	CTP05-12	Multiplier	N/U	
	CTP05-13	Unit or Basis For Measurement Code	N/U	
	CTP05-14	Exponent	N/U	
	CTP05-15	Multiplier	N/U	
	CTP06	Price Multiplier Qualifier	N/U	
	CTP07	Multiplier	N/U	
	CTP08	Monetary Amount	N/U	
	CTP09	Basis of Unit Price Code	N/U	
	CTP10	Condition Value	N/U	
	CTP11	Multiple Price Quantity	N/U	
2410	REF	PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Prescription Number	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	N/U	ignored
2420A	NM1	RENDERING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Rendering Provider Last or Organization Name	R	
	NM104	Rendering Provider First Name	S	
	NM105	Rendering Provider Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Rendering Provider Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service 1/1/2013 FFS, CCP, LTC, XVR - All providers must be identified using the NPI.
	NM109	Rendering Provider Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2420A	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2420A	PRV	RENDERING PROVIDER SPECIALTY INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Provider Taxonomy Code	R	A valid HIPAA taxonomy code is required on all <u>FFS</u> and <u>CCP</u> claims.
	PRV04	State or Province Code	N/U	
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	
	PRV06	Provider Organization Code	N/U	
2420A	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number LU – Location Number
	REF02	Rendering Provider Secondary Identifier	R	<p>Prior to Date of Service 1/1/2013 <u>HIPAA NON-COVERED ENTITIES ONLY</u>: <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> – The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> - All providers must be identified using the NPI in the NM1 segment of this loop.</p> <p>After dates of service 12/31/12, there are no Non-Covered Entities, and the LU should NOT be submitted. For dates of service BEFORE 1/1/2013 and for <u>HIPAA NON-COVERED ENTITIES ONLY</u>: Enter the two-digit address location (01-09) assigned by New Jersey Medicaid when REF01 equals LU.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	S	
	REF04-1	Reference Identifier Qualifier	R	
	REF04-2	Other Payer Primary Identifier	R	
	REF04-3	Reference Identification Qualifier	N/U	
	REF04-4	Reference Identification	N/U	
	REF04-5	Reference Identification Qualifier	N/U	
	REF04-6	Reference Identification	N/U	
2420B	NM1	PURCHASED SERVICE PROVIDER NAME	S	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Name Last or Organization Name	N/U	ignored
	NM104	Name First	N/U	ignored
	NM105	Name Middle	N/U	ignored
	NM106	Name Prefix	N/U	ignored
	NM107	Name Suffix	N/U	ignored
	NM108	Identification Code Qualifier	S	ignored
	NM109	Other Payer Primary Identifier	S	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2420B	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2420B	REF	PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Purchased Service Provider Secondary Identifier	R	ignored
	REF03	Description	N/U	ignored
	REF04	REFERENCE IDENTIFIER	S	
	REF04-1	Reference Identifier Qualifier	R	ignored
	REF04-2	Other Payer Primary Identifier	R	ignored
	REF04-3	Reference Identification Qualifier	N/U	ignored
	REF04-4	Reference Identification	N/U	ignored
	REF04-5	Reference Identification Qualifier	N/U	ignored
	REF04-6	Reference Identification	N/U	ignored
2420C	NM1	SERVICE FACILITY LOCATION NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	S	
	NM109	Other Payer Primary Identifier	S	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2420C	N3	SERVICE FACILITY LOCATION ADDRESS	R	
	N301	Laboratory or Facility Address Line	R	
	N302	Laboratory or Facility Address Line	S	
2420C	N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP	R	
	N401	Laboratory or Facility City Name	R	
	N402	Laboratory or Facility State or Province Code	S	
	N403	Laboratory or Facility Postal Zone ZIP Code	S	A valid zip code of the service location is required on all FFS claims. If the billing provider represents a group, the service location zip code can be represented in the service facility location loop.
	N404	Laboratory or Facility Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	
2420C	REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Service Facility Location Secondary Identifier	R	
	REF03	Description	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	REF04	REFERENCE IDENTIFIER	S	
2420C	REF04-1	Reference Identifier Qualifier	R	
	REF04-2	Other Payer Primary Identifier	R	
	REF04-3	Reference Identification Qualifier	N/U	
	REF04-4	Reference Identification	N/U	
	REF04-5	Reference Identification Qualifier	N/U	
	REF04-6	Reference Identification	N/U	
2420D	NM1	SUPERVISING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Supervising Provider Last Name	R	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service 1/1/2013 FFS, CCP, LTC, XVR - All providers must be identified using the NPI.
	NM109	Other Payer Primary Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2420D	REF	SUPERVISING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number
	REF02	Supervising Provider Secondary Identifier	R	<p><u>Prior to Date of Service 1/1/2013 HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (G2).</p> <p><u>Prior to Date of Service 1/1/2013 FFS, CCP, LTC, XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service 1/1/2013 FFS, CCP, LTC, XVR - All providers must be identified using the NPI in the NM1 segment of this loop.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	S	
	REF04-1	Reference Identifier Qualifier	R	
	REF04-2	Other Payer Primary Identifier	R	
	REF04-3	Reference Identification Qualifier	N/U	
	REF04-4	Reference Identification	N/U	
	REF04-5	Reference Identification Qualifier	N/U	
	REF04-6	Reference Identification	N/U	
2420E	NM1	ORDERING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	FFS, CCP, LTC, XVR – Enter "DN" when completing this loop. A Prescribing Provider NPI is required on all Vision and Vision crossover claims with a date of service of 1/1/2013 or greater.
	NM102	Entity Type Qualifier	R	
	NM103	Ordering Provider Last Name	R	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2420E	NM104	Ordering Provider First Name	S	
	NM105	Ordering Provider Middle Name or Initial	S	
	NM106	Name Prefix	N/U	
	NM107	Ordering Provider Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service of 1/1/2013 <u>FFS</u> , <u>CCP</u> , <u>LTC</u> , <u>XVR</u> All providers must be identified using the NPI.
	NM109	Other Payer Primary Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2420E	N3	ORDERING PROVIDER ADDRESS	S	
	N301	Ordering Provider Address Line	R	
	N302	Ordering Provider Address Line	S	
2420E	N4	ORDERING PROVIDER CITY/STATE/ZIP CODE	S	
	N401	Ordering Provider City Name	R	
	N402	Ordering Provider State or Province Code	S	
	N403	Ordering Provider Postal Zone ZIP Code	S	
	N404	Ordering Provider Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	
2420E	REF	ORDERING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number
	REF02	Secondary Identifier	R	<p>Prior to Date of Service 1/1/2013 HIPAA NON-COVERED ENTITIES ONLY: <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> – The provider must be identified using the Medicaid Provider Number (G2).</p> <p>Prior to Date of Service 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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.</p> <p>On or after Date of Service 1/1/2013 <u>FFS</u>, <u>CCP</u>, <u>LTC</u>, <u>XVR</u> - All providers must be identified using the NPI in the NM1 segment of this loop.</p>
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	S	
	REF04-1	Reference Identifier Qualifier	R	
	REF04-2	Other Payer Primary Identifier	R	
	REF04-3	Reference Identification Qualifier	N/U	
	REF04-4	Reference Identification	N/U	
	REF04-5	Reference Identification Qualifier	N/U	
	REF04-6	Reference Identification	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2420E	PER	ORDERING PROVIDER CONTACT INFORMATION	S	THIS LOOP WILL BE IGNORED
	PER01	Contact Function Code	R	ignored
	PER02	Ordering Provider Contact Name	S	ignored
	PER03	Communication Number Qualifier	R	ignored
	PER04	Communication Number	R	ignored
	PER05	Communication Number Qualifier	S	ignored
	PER06	Communication Number	S	ignored
	PER07	Communication Number Qualifier	S	ignored
	PER08	Communication Number	S	ignored
	PER09	Contact Inquiry Reference	N/U	ignored
2420F	NM1	REFERRING PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	FFS, CCP, LTC, XVR – Enter “DN” when completing this loop. A Referring Provider NPI is required on all DME, EPSDT, Hearing Aid, Lab, P&O, Vision and DME, EPSDT, Hearing Aid, Lab, P&O, Vision crossover claims with a date of service of 1/1/2013 or greater.
	NM102	Entity Type Qualifier	R	
	NM103	Referring Provider Last Name	R	
	NM104	Referring Provider First Name	S	
	NM105	Referring Provider Middle Name or Initial	S	
	NM106	Name Prefix	N/U	
	NM107	Referring Provider Name Suffix	S	
	NM108	Identification Code Qualifier	S	On or after Date of Service 1/1/2013 FFS, CCP, LTC, XVR - All providers must be identified using the NPI.
	NM109	Other Payer Primary Identifier	S	Enter the 10-digit NPI.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2420F	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	G2 – Provider Commercial Number
	REF02	Secondary Identifier	R	<u>Prior to Date of Service 1/1/2013 HIPAA NON-COVERED ENTITIES ONLY:</u> FFS, CCP, LTC, XVR – The provider must be identified using the Medicaid Provider Number (G2). <u>Prior to Date of Service 1/1/2013 FFS, CCP, LTC, XVR</u> – Enter the seven-digit Medicaid Provider Number when REF01 equals G2. If the 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. On or after Date of Service 1/1/2013 FFS, CCP, LTC, XVR – All providers must enter the NPI in the NM1 segment of this loop.
	REF03	Description	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	REF04	REFERENCE IDENTIFIER	S	
2420F	REF04-1	Reference Identifier Qualifier	R	
	REF04-2	Other Payer Primary Identifier	R	
	REF04-3	Reference Identification Qualifier	N/U	
	REF04-4	Reference Identification	N/U	
	REF04-5	Reference Identification Qualifier	N/U	
	REF04-6	Reference Identification	N/U	
2420G	NM1	AMBULANCE PICK UP LOCATION	S	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Name Last or Organization Name	N/U	ignored
	NM104	Name First	N/U	ignored
	NM105	Name Middle	N/U	ignored
	NM106	Name Prefix	N/U	ignored
	NM107	Name Suffix	N/U	ignored
	NM108	Identification Code Qualifier	N/U	ignored
	NM109	Identification Code	N/U	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2420G	N3	AMBULANCE PICK UP LOCATION ADDRESS	R	THIS LOOP WILL BE IGNORED
	N301	Ambulance Pick Up Address Line	R	ignored
	N302	Ambulance Pick Up Address Line	S	ignored
2420G	N4	AMBULANCE PICK UP LOCATION CITY/STATE/ZIP	R	THIS LOOP WILL BE IGNORED
	N401	Ambulance Pick Up City Name	R	ignored
	N402	Ambulance Pick Up State or Province Code	S	ignored
	N403	Ambulance Pick Up Postal Zone ZIP Code	S	ignored
	N404	Ambulance Pick Up Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored
2420H	NM1	AMBULANCE DROP OFF LOCATION	S	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Ambulance Drop Off Location	S	ignored
	NM104	Name First	N/U	ignored
	NM105	Name Middle	N/U	ignored
	NM106	Name Prefix	N/U	ignored
	NM107	Name Suffix	N/U	ignored
	NM108	Identification Code Qualifier	N/U	ignored
	NM109	Identification Code	N/U	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2420H	N3	AMBULANCE DROP OFF LOCATION ADDRESS	R	THIS LOOP WILL BE IGNORED
	N301	Ambulance Drop Off Address Line	R	ignored
	N302	Ambulance Drop Off Address Line	S	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2420H	N4	AMBULANCE DROP OFF LOCATION CITY/STATE/ZIP	R	THIS LOOP WILL BE IGNORED
	N401	Ambulance Drop Off City Name	R	ignored
	N402	Ambulance Drop Off State or Province Code	S	ignored
	N403	Ambulance Drop Off Postal Zone ZIP Code	S	ignored
2420H	N404	Ambulance Drop Off Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored
2430	SVD	LINE ADJUDICATION INFORMATION	S	
	SVD01	Other Payer Primary Identifier	R	
	SVD02	Service Line Paid Amount	R	Submit the line level payment amount. The total of all SVD02 amounts should equal the 2320/AMT02 amount for this payer.
	SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	R	
	SVD03-1	Product or Service ID Qualifier	R	
	SVD03-2	Procedure Code	R	
	SVD03-3	Procedure Modifier	S	
	SVD03-4	Procedure Modifier	S	
	SVD03-5	Procedure Modifier	S	
	SVD03-6	Procedure Modifier	S	
	SVD03-7	Procedure Code Description	S	
	SVD03-8	Product/Service ID	N/U	
	SVD04	Product or Service ID	N/U	
	SVD05	Paid Service Unit Count	R	
	SVD06	Bundled or Unbundled Line Number	S	
2430	CAS	LINE ADJUSTMENT	S	
	CAS01	Claim Adjustment Group Code	R	
	CAS02	Adjustment Reason Code	R	<p>1 – Deductible Amount 2 – Co-Insurance Amount 3 – Co-Payment 96 – Carrier Non-Covered Charges 122 – Psychiatric Reduction</p> <p><u>XVR</u> – 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.</p> <p>Enter a “2” as the claim adjustment reason code to identify the corresponding monetary amount as the Medicare coinsurance amount for the line item.</p> <p>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.</p> <p><i>(Continued on next page)</i></p>

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2430	CAS02	Adjustment Reason Code (continued)	R	Enter value "3" to indicate <u>Co-Payment</u> . Enter value "96" to indicate <u>Carrier Non-Covered Charges</u> . Enter value "122" to indicate <u>Psychiatric Reduction</u> . 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. Although there are other valid Adjustment Reason 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 5 occurrences of the CAS segment.
	CAS03	Adjustment Amount	R	When CAS02 equals 1; Deductible, 2; Co-Insurance or 3; Co-payment, the maximum amount allowed entered is 99,999.99. When CAS02 equals 96; Non-Covered charges or 122; Psychiatric Reduction, the maximum allowed entered is 9,999,999.99. Note: Dollar amounts are not to be entered with commas or decimal points per the TR3, they have been entered here only to help identify the dollar amounts allowable by the NJMMIS.
	CAS04	Adjustment Quantity	S	
	CAS05	Adjustment Reason Code	S	Refer to requirements for CAS02.
	CAS06	Adjustment Amount	S	Refer to requirements for CAS03.
	CAS07	Adjustment Quantity	S	
	CAS08	Adjustment Reason Code	S	Refer to requirements for CAS02.
	CAS09	Adjustment Amount	S	Refer to requirements for CAS03.
	CAS10	Adjustment Quantity	S	
	CAS11	Adjustment Reason Code	S	Refer to requirements for CAS02.
	CAS12	Adjustment Amount	S	Refer to requirements for CAS03.
	CAS13	Adjustment Quantity	S	
	CAS14	Adjustment Reason Code	S	Refer to requirements for CAS02.
	CAS15	Adjustment Amount	S	Refer to requirements for CAS03.
	CAS16	Adjustment Quantity	S	
	CAS17	Adjustment Reason Code	S	Refer to requirements for CAS02.
	CAS18	Adjustment Amount	S	Refer to requirements for CAS03.
	CAS19	Adjustment Quantity	S	
2430	DTP	LINE CHECK OR REMITTANCE DATE	R	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Adjudication or Payment Date	R	Submit the date for each line level segment.
2430	AMT	REMAINING PATIENT LIABILITY	S	
	AMT01	Amount Qualifier Code	R	
	AMT02	Remaining Patient Liability Amount	R	
	AMT03	Credit/Debit Flag Code	N/U	
2440	LQ	FORM IDENTIFICATION CODE	S	THIS LOOP WILL BE IGNORED
	LQ01	Code List Qualifier Code	R	ignored
	LQ02	Form Identifier	R	ignored
2440	FRM	SUPPORTING DOCUMENTATION	S	THIS LOOP WILL BE IGNORED
	FRM01	Question Number/Letter	R	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2440	FRM02	Question Response	S	ignored
	FRM03	Question Response	S	ignored
	FRM04	Question Response	S	ignored
	FRM05	Question Response	S	ignored
SE		TRANSITION SET TRAILER	R	
	SE01	Transition Segment Count	R	
	SE02	Transition Set Control #	R	

Section 14 835 Remittance Advice Specifications

14.1 Loops, Segments, Fields/NJ Medicaid Specific Requirements

The following tables outline the 835 Remittance Advice fields for which New Jersey Medicaid has payer-specific requirements. The **Usage** column indicates whether the segment or field is required (R), situational (S) or not used (N/U). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed. The NJ Medicaid Specific 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	Field	Description	Usage	NJ Medicaid Specific Requirement
ST	ST	TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
	ST03	Implementation Convention Reference	R	
BPR	BPR	FINANCIAL INFORMATION	R	
	BPR01	Transaction Handling Code	R	H – Notification Only I – Remittance Information Only FFS – "I" will be used. Suppressed Check Providers and CCP – "H" will be used.
	BPR02	Total Actual Provider Payment Amt	R	Suppressed Check Providers and CCP – All transactions will be reported with a zero value.
	BPR03	Credit or Debit Flag Code	R	C – Credit All transactions will be reported with "C".
	BPR04	Payment Method Code	R	ACH – Automated Clearing House CHK – Check NON – Non-Payment Data 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.
	BPR05	Payment Format Code	S	CCP – Cash Concentration/ Disbursement plus Addenda FFS – When BPR04 = "ACH", this field will be valued with "CCP".
	BPR06	DFI ID Number Qualifier	S	01 – ABA Transit Routing Number Including Check Digits FFS – When BPR04 = "ACH", this field will be valued with "01".
	BPR07	Sender DFI Identifier	S	
	BPR08	Acct Number Qualifier	S	
	BPR09	Sender Bank Acct Number	S	
	BPR10	Payer Identifier	S	
	BPR11	Originating Co Supplemental Code	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
BPR	BPR12	DFI ID Number Qualifier	S	01 – ABA Transit Routing Number Including Check Digits FES – When BPR04 = "ACH", this field will be valued with "01".
	BPR13	Receiver or Provider Bank ID Number	S	
	BPR14	Acct Number Qualifier	S	DA – Demand Deposit FES – When BPR04 = "ACH", this field will be valued with "DA".
	BPR15	Receiver or Provider Acct Number	S	
	BPR16	Check Issue or EFT Effective Date	R	
	BPR17	Business Function Code	N/U	
	BPR18	(DFI) ID Number Qualifier	N/U	
	BPR19	(DFI) Identification Number	N/U	
	BPR20	Account Number Qualifier	N/U	
	BPR21	Account Number	N/U	
TRN	TRN	REASSOCIATION TRACE NUMBER	R	
	TRN01	Trace Type Code	R	
	TRN02	Check or EFT Trace Number	R	
	TRN03	Payer Identifier	R	
	TRN04	Originating Company Supplemental Code	S	ignored
CUR	CUR	FOREIGN CURRENCY INFORMATION	S	THIS LOOP WILL BE IGNORED
	CUR01	Entity Identifier Code	R	ignored
	CUR02	Currency Code	R	ignored
	CUR03	Exchange Rate	N/U	ignored
	CUR04	Entity Identifier Code	N/U	ignored
	CUR05	Currency Code	N/U	ignored
	CUR06	Currency Market/Exchange Code	N/U	ignored
	CUR07	Date/Time Qualifier	N/U	ignored
	CUR08	Date	N/U	ignored
	CUR09	Time	N/U	ignored
	CUR10	Date/Time Qualifier	N/U	ignored
	CUR11	Date	N/U	ignored
	CUR12	Time	N/U	ignored
	CUR13	Date/Time Qualifier	N/U	ignored
	CUR14	Date	N/U	ignored
	CUR15	Time	N/U	ignored
	CUR16	Date/Time Qualifier	N/U	ignored
	CUR17	Date	N/U	ignored
	CUR18	Time	N/U	ignored
	CUR19	Date/Time Qualifier	N/U	ignored
	CUR20	Date	N/U	ignored
	CUR21	Time	N/U	ignored
REF	REF	REFERENCE IDENTIFICATION	S	
	REF01	Receiver ID Qualifier	R	
	REF02	Receiver Identifier	R	This field will be valued with the seven-digit Submitter ID assigned by New Jersey Medicaid.
	REF03	Description	N/U	
	REF04	Reference Identifier	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
REF	REF	VERSION IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Receiver ID Qualifier	R	ignored
	REF02	Version ID Code	R	ignored
	REF03	Description	N/U	ignored
	REF04	Reference Identifier	N/U	ignored
DTM	DTM	PRODUCTION DATE	S	
	DTM01	Date Time Qualifier	R	
	DTM02	Production Date	R	
	DTM03	Time	N/U	
	DTM04	Time Code	N/U	
	DTM05	Date Time Period Format Qualifier	N/U	
	DTM06	Date Time Period	N/U	
1000A	N1	PAYER IDENTIFICATION	R	
	N101	Entity Identifier Code	R	
	N102	Payer Name	R	This field will be valued with "NEW JERSEY MEDICAID".
	N103	ID Code Qualifier	S	
	N104	Payer Identifier	S	
	N105	Entity Relationship Code	N/U	
	N106	Entity Identifier Code	N/U	
1000A	N3	PAYER ADDRESS	R	
	N301	Payer Address Line	R	This field will be valued with "3705 QUAKERBRIDGE ROAD, SUITE 101".
	N302	Payer Address Line	S	ignored
1000A	N4	PAYER CITY/STATE/ZIP	R	
	N401	Payer City Name	R	This field will be valued with "TRENTON".
	N402	Payer State Code	S	This field will be valued with "NJ".
	N403	Payer Postal Zone or ZIP Code	S	This field will be valued with "08619-1288".
	N404	Country Code	N/U	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	N/U	
	N407	Country Subdivision Code	S	ignored
1000A	REF	ADDITIONAL PAYER IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference Identification Qualifier	R	ignored
	REF02	Additional Payer ID	R	ignored
	REF03	Description	N/U	ignored
	REF04	Reference Identifier	N/U	ignored
1000A	PER	PAYER BUSINESS CONTACT INFORMATION	S	
	PER01	Contact Function Code	R	
	PER02	Payer Contact Name	S	This field will be valued with "NEW JERSEY MEDICAID PROVIDER SERVICES".
	PER03	Communication # Qualifier	S	TE – Telephone This field will be valued with "TE".
	PER04	Payer Contact Communication Number	S	This field will be valued with "1-800-776-6334".
	PER05	Communication Number Qualifier 2	S	ignored
	PER06	Payer Contact Communication Number	S	ignored
	PER07	Communication Number Qualifier 3	S	ignored
	PER08	Payer Contact Communication Number	S	ignored
	PER09	Contact Inquiry Reference	N/U	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
1000A	PER	PAYER TECHNICAL CONTACT INFORMATION	R	
	PER01	Contact Function Code	R	
	PER02	Payer Contact Name	S	This field will be valued with "NEW JERSEY EDI UNIT".
	PER03	Communication Number Qualifier	S	TE – Telephone This field will be valued with "TE".
	PER04	Payer Contact Communication #	S	This field will be valued with "609-588-6051".
	PER05	Communication Number Qualifier 2	S	EM – Electronic Mail This field will be valued with "EM".
	PER06	Communication Number	S	This field will be valued with NJMMISED@GAINWELLTECHNOLOGIES.COM.
	PER07	Communication Number Qualifier 3	S	FX – Facsimile This field will be valued with "FX".
	PER08	Payer Contact Communication #	S	This field will be valued with "609-584-8268".
	PER09	Contact Inquiry Reference	N/U	
1000A	PER	PAYER WEBSITE	S	
	PER01	Contact Function Code	R	
	PER02	Name	N/U	
	PER03	Communication # Qualifier	R	UR – Uniform Resource Locator (URL) This field will be valued with "URL".
	PER04	Payer Contact Communication #	R	This field will be valued with WWW.NJMMIS.COM.
	PER05	Communication Number Qualifier	N/U	
	PER06	Communication Number	N/U	
	PER07	Communication Number Qualifier	N/U	
	PER08	Communication Number	N/U	
	PER09	Contact Inquiry Reference	N/U	
1000B	N1	PAYEE IDENTIFICATION	R	
	N101	Entity Identifier Code	R	
	N102	Payee Name	R	
	N103	Identification Code Qualifier	R	FI – Federal Taxpayer's Identification Number XX – National Provider Identifier This field will be valued with "FI" when the EIN or SSN is returned or "XX" when the NPI is returned in N104.
	N104	Payee ID Code	R	
	N105	Entity Relationship Code	N/U	
	N106	Entity Identifier Code	N/U	
1000B	N3	PAYEE ADDRESS	S	THIS LOOP WILL BE IGNORED
	N301	Payee Address Line	R	ignored
	N302	Payee Address Line	S	ignored
1000B	N4	PAYEE CITY/STATE/ZIP	R	THIS LOOP WILL BE IGNORED
	N401	Payee City Name	R	ignored
	N402	Payee State Code	S	ignored
	N403	Payee Postal Zone or ZIP Code	S	ignored
	N404	Country Code	S	ignored
	N405	Location Qualifier	N/U	ignored
	N406	Location Identifier	N/U	ignored
	N407	Country Subdivision Code	S	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
1000B	REF	PAYEE ADDITIONAL IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	TJ – Federal Taxpayer's Identification Number PQ – Payee Identification This field will be valued with "TJ" when the Federal Taxpayer's Identification Number is returned or "PQ" when the NJ Provider ID of the Billing Provider is returned.
	REF02	Additional Payee ID #	R	This field will be valued with the Billing Provider's EIN or SSN when N103 is valued with "XX". This field will be valued with the NJ Provider ID of the Billing Provider when REF01 is valued with "PQ".
	REF03	Description	N/U	
	REF04	Reference Identifier	N/U	
1000B	RDM	REMITTANCE DELIVERY METHOD	S	THIS LOOP WILL BE IGNORED
	RDM01	Report Transmission Code	R	ignored
	RDM02	Name	S	ignored
	RDM03	Communication Number	S	ignored
	RDM04	Reference Identifier	N/U	ignored
	RDM05	Reference Identifier	N/U	ignored
2000	LX	HEADER NUMBER	S	
	LX01	Assigned Number	R	
2000	TS3	PROVIDER SUMMARY INFORMATION	S	THIS LOOP WILL BE IGNORED
	TS301	Provider Identifier	R	ignored
	TS302	Facility Code Value	R	ignored
	TS303	Date	R	ignored
	TS304	Total Claim Count	R	ignored
	TS305	Total Claim Change Amount	R	ignored
	TS306	Monetary Amount	N/U	ignored
	TS307	Monetary Amount	N/U	ignored
	TS308	Monetary Amount	N/U	ignored
	TS309	Monetary Amount	N/U	ignored
	TS310	Monetary Amount	N/U	ignored
	TS311	Monetary Amount	N/U	ignored
	TS312	Monetary Amount	N/U	ignored
	TS313	Total MSP Payer Amount	S	ignored
	TS314	Monetary Amount	N/U	ignored
	TS315	Total Non-Lab Charge Amount	S	ignored
	TS316	Monetary Amount	N/U	ignored
	TS317	Total HCPCS Reported Charge Amount	S	ignored
	TS318	Total HCPCS Payable Amount	S	ignored
	TS319	Monetary Amount	N/U	ignored
	TS320	Total Professional Component Amount	S	ignored
	TS321	Total MSP Patient Liability Met Amount	S	ignored
	TS322	Total Patient Reimbursement Amount	S	ignored
	TS323	Total PIP Claim Count	S	ignored
	TS324	Total PIP Adjustment Amount	S	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2000	TS2	PROVIDER SUPPLEMENTAL SUMMARY INFORMATION	S	THIS LOOP WILL BE IGNORED
	TS201	Total DRG Amount	S	ignored
	TS202	Total Federal Specific Amount	S	ignored
	TS203	Total Hospital Specific Amount	S	ignored
	TS204	Total Disproportionate Amount	S	ignored
	TS205	Total Capital Amount	S	ignored
	TS206	Total Indirect Medical Education Amount	S	ignored
	TS207	Total Outlier Day Count	S	ignored
	TS 208	Total Day Outlier Amount	S	ignored
	TS 209	Total Cost Outlier Amount	S	ignored
	TS 210	Average DRG Length of Stay	S	ignored
	TS 211	Total Discharge Count	S	ignored
	TS212	Total Cost Report Day Count	S	ignored
	TS213	Total Covered Day Count	S	ignored
	TS214	Total Noncovered Day Count	S	ignored
	TS215	Total MSP Pass-Through Amount	S	ignored
	TS216	Average DRG Weight	S	ignored
	TS217	Total PPS Capital FSP DRG Amount	S	ignored
	TS218	Total PPS Capital HSP DRG Amount	S	ignored
	TS219	Total PPS DSH DRG Amount	S	ignored
2100	CLP	CLAIM LEVEL DATA	R	
	CLP01	Patient Control #	R	<u>FFS</u> , <u>CCP</u> – New Jersey Medicaid will only capture and report the first 20 characters of the Patient Control Number from the 837 transactions. <u>RX</u> – This field will be valued with the Prescription Number.
	CLP02	Claim Status Code	R	1 – Processed as Primary 2 – Processed as Secondary 4 – Denied 22 – Reversal of Previous Payment New Jersey Medicaid will only use the above value set for all reported transactions.
	CLP03	Total Claim Charge Amount	R	
	CLP04	Claim Payment Amount	R	<u>FFS</u> , <u>RX</u> and <u>CCP</u> – This field will be valued with zero when CLP02 equals "4".
	CLP05	Patient Responsibility Amount	S	ignored
	CLP06	Claim Filing Indicator Code	R	MC – Medicaid This field will be valued with "MC".
	CLP07	Payer Claim Control #	R	This field will be valued with the 15-digit Internal Control Number (ICN) assigned to the claim by the New Jersey MMIS system followed by a hyphen (-) and then up to 8 4-digit NJMMIS edit codes posted on the claim.
	CLP08	Facility Type Code	S	Refer to the Facility Type Codes (835) in the Data Element Dictionary for the values returned in this field.
	CLP09	Claim Frequency Code	S	1 – Original Claim 6 – Adjustment 8 – Void <u>LIC</u> – This field will be valued with the values noted above.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100	CLP10	Patient Status Code	N/U	
	CLP11	DRG Code	S	
	CLP12	DRG Weight	S	
	CLP13	Discharge Fraction	S	
	CLP14	Yes/No Condition or Response Code	N/U	
2100	CAS	CLAIM ADJUSTMENT	S	THIS LOOP WILL BE IGNORED
	CAS01	Claim Adjustment Group Code	R	ignored
	CAS02	Adjustment Reason Code	R	ignored
	CAS03	Adjustment Amount	R	ignored
	CAS04	Adjustment Quantity	S	ignored
	CAS05	Adjustment Reason Code	S	ignored
	CAS06	Adjustment Amount	S	ignored
	CAS07	Adjustment Quantity	S	ignored
	CAS08	Adjustment Reason Code	S	ignored
	CAS09	Adjustment Amount	S	ignored
	CAS10	Adjustment Quantity	S	ignored
	CAS11	Adjustment Reason Code	S	ignored
	CAS12	Adjustment Amount	S	ignored
	CAS13	Adjustment Quantity	S	ignored
	CAS14	Adjustment Reason Code	S	ignored
	CAS15	Adjustment Amount	S	ignored
	CAS16	Adjustment Quantity	S	ignored
	CAS17	Adjustment Reason Code	S	ignored
	CAS18	Adjustment Amount	S	ignored
	CAS19	Adjustment Quantity	S	ignored
2100	NM1	PATIENT NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Patient Last Name	S	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".
	NM104	Patient First Name	S	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".
	NM105	Patient Middle Name	S	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".
	NM106	Name Prefix	N/U	
	NM107	Patient Name Suffix	S	ignored
	NM108	ID Code Qualifier	S	This field will be valued with "MR".
	NM109	Patient Identifier	S	This field will be valued with twelve-digit beneficiary number assigned by New Jersey Medicaid.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2100	NM1	INSURED NAME	S	THIS LOOP WILL BE IGNORED
	NM101	Entity Identifier Code	R	ignored
	NM102	Entity Type Qualifier	R	ignored
	NM103	Name Last/Org Name	S	ignored
	NM104	Name First	S	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement	
2100	NM105	Name Middle	S	ignored	
	NM106	Name Prefix	N/U	ignored	
	NM107	Name suffix	S	ignored	
	NM108	Identification Code Qualifier	R	ignored	
	NM109	Identification Code	R	ignored	
	NM110	Entity Relationship Code	N/U	ignored	
	NM111	Entity Identifier Code	N/U	ignored	
	NM112	Name Last/Org Name	N/U	ignored	
	2100	NM1	CORRECTED PATIENT/INSURED NAME	S	
		NM101	Entity Identifier Code	R	
		NM102	Entity Type Qualifier	R	1 – Person This field will be valued with "1" when this segment is completed.
		NM103	Corrected Patient/Ins Last Name	S	ignored
	NM104	Corrected Patient/Ins First Name	S	ignored	
	NM105	Corrected Patient/Ins Middle Name	S	ignored	
	NM106	Name Prefix	N/U	ignored	
	NM107	Corrected Patient Name Suffix	S	ignored	
	NM108	Identification Code Qualifier	S		
	NM109	Corrected Ins Identification Indicator	S		
	NM110	Entity Relationship Code	N/U		
	NM111	Entity Identifier Code	N/U		
	NM112	Name Last or Organization Name	N/U		
2100	NM1	SERVICE PROVIDER NAME	S		
	NM101	Entity Identifier Code	R		
	NM102	Entity Type Qualifier	R		
	NM103	Rendering Provider Last/Org Name	S	<u>FFS, RX</u> – This field will be valued with the provider name from the New Jersey Medicaid Provider File. <u>CCP</u> – This field will not be sent since the Billing Provider and the Rendering Provider is always the same.	
	NM104	Rendering Provider First Name	S	ignored	
	NM105	Rendering Provider Middle Name	S	ignored	
	NM106	Name Prefix	N/U	ignored	
	NM107	Rendering Provider Name Suffix	S	ignored	
	NM108	ID Code Qualifier	R	MC – Medicaid Provider Number This field will be valued with "MC" when the Medicaid Provider Number or "XX" when the NPI is returned in NM109.	
	NM109	Rendering Provider Identifier	R		
	NM110	Entity Relationship Code	N/U		
	NM111	Entity Identifier Code	N/U		
	NM112	Name Last or Organization Name	N/U		
2100	NM1	CROSSOVER CARRIER NAME	S	THIS LOOP WILL BE IGNORED	
	NM101	Entity Identifier Code	R	ignored	
	NM102	Entity Type Qualifier	R	ignored	
	NM103	COB Carrier Name	R	ignored	
	NM104	First name	N/U	ignored	
	NM105	Middle name	N/U	ignored	
	NM106	Name Prefix	N/U	ignored	
	NM107	Name suffix	N/U	ignored	
	NM108	ID Code Qualifier	R	ignored	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100	NM109	COB Carrier Identifier	R	ignored
	NM110	Entity Relationship Code	N/U	ignored
	NM111	Entity Identifier Code	N/U	ignored
	NM112	Name Last or Organization Name	N/U	ignored
2100	NM1	CORRECTED PRIORITY PAYER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Corrected Priority Payer Name	R	Carrier name who should be billed for this service before Medicaid.
	NM104	First name	N/U	
	NM105	Middle name	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name suffix	N/U	
	NM108	ID Code Qualifier	R	
	NM109	Corrected Priority Payer ID	R	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2100	NM1	OTHER SUBSCRIBER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last/Org Name	S	Policyholder last name
	NM104	First name	S	Policyholder first name
	NM105	Middle name	S	
	NM106	Name Prefix	N/U	
	NM107	Name suffix	S	
	NM108	ID Code Qualifier	S	
	NM109	ID Code	S	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2100	MIA	INPATIENT ADJUDICATION INFORMATION	S	THIS LOOP WILL BE IGNORED
	MIA01	Covered Days Or Visits Count	R	ignored
	MIA02	PPS Operating Outlier Amount	S	ignored
	MIA03	Lifetime Psychiatric Days Count	S	ignored
	MIA04	Claim DRG Amount	S	ignored
	MIA05	Claim Payment Remark Code	S	ignored
	MIA06	Claim Disproportionate Payment Amount	S	ignored
	MIA07	Claim MSP Pass Thru Amount	S	ignored
	MIA08	Claim PPS Capital Amount	S	ignored
	MIA09	PPS Capital FSP DRG Amount	S	ignored
	MIA10	PPS Capital HSP DRG Amount	S	ignored
	MIA11	PPS Capital DSH DRG Amount	S	ignored
	MIA12	Old Capital Amount	S	ignored
	MIA13	PPS Capital IME Amount	S	ignored
	MIA14	PPS Operating Hospital Specific DRG Amount	S	ignored
	MIA15	Cost Report Day Count	S	ignored
	MIA16	PPS Operating FSP Specific DRG Amount	S	ignored
	MIA17	Claim PPS Outlier Amount	S	ignored
	MIA18	Claim Indirect Teaching	S	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100	MIA19	Non Pay Prof Comp Amount	S	ignored
	MIA20	Claim Payment Remark Code	S	ignored
	MIA21	Claim Payment Remark Code	S	ignored
	MIA22	Claim Payment Remark Code	S	ignored
	MIA23	Claim Payment Remark Code	S	ignored
	MIA24	PPS Capital Exception Amount	S	ignored
2100	MOA	OUTPATIENT ADJUDICATION INFORMATION	S	THIS LOOP WILL BE IGNORED
	MOA01	Reimbursement Rate	S	ignored
	MOA02	Claim HCPCS Payable Amount	S	ignored
	MOA03	Claim Payment Remark Code	S	ignored
	MOA04	Claim Payment Remark Code	S	ignored
	MOA05	Claim Payment Remark Code	S	ignored
	MOA06	Claim Payment Remark Code	S	ignored
	MOA07	Claim Payment Remark Code	S	ignored
	MOA08	Claim ESRD Payment Amount	S	ignored
	MOA09	Nonplayable Professional Component Amount	S	ignored
2100	REF	OTHER CLAIM-RELATED IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	<ul style="list-style-type: none"> BB – Authorization Number EA – Medical Record Identification Number F8 – Original Reference Number G1 – Prior Authorization 9C – Adjusted Repriced Claim Reference Number <p>When appropriate, the above value set will be used to communicate additional claim information in REF02.</p>
	REF02	Other Claim Related Identifier	R	<p><u>RX</u> – 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. 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 Gainwell Technologies.</p> <p><u>HMO</u> - When the value "BB" is present in field REF01, the value in REF02 will be populated with the Capitation Code for Capitation Claims. When the value "EA" is present in field REF01, and the claim is for a Capitation Claim, REF02 will be populated with a string representing a 3-digit Plan Code, 5-digit Capitation Code, and 5 character HBI Code.</p>
	REF03	Description	N/U	
	REF04	Reference Identifier	N/U	
2100	REF	RENDERING PROVIDER IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	<ul style="list-style-type: none"> 1D – Medicaid Provider Number <p><u>FFS</u>, <u>RX</u> – This field will be valued with "1D". <u>CCP</u> – This segment is not sent.</p>

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100	REF02	Rendering Provider Secondary Identifier	R	FFS, RX – This field will be valued with the seven-digit provider number assigned by New Jersey Medicaid. CCP – This segment is not sent.
	REF03	Description	N/U	
	REF04	Reference Identifier	N/U	
2100	DTM	STATEMENT FROM OR TO DATE	S	
	DTM01	Date Time Qualifier	R	232 – Claim Statement Period Start 233 – Claim Statement Period End The above value set will be used to communicate claim date information.
	DTM02	Claim Date	R	This field will be valued with "00010101" and field DTM01 with qualifier 232 when no date was submitted on the claim.
	DTM03	Time	N/U	
	DTM04	Time Code	N/U	
	DTM05	Date Time Period Format Qualifier	N/U	
	DTM06	Date Time Period	N/U	
2100	DTM	COVERAGE EXPIRATION DATE	S	
	DTM01	Date/Time Qualifier	R	036 – Expiration
	DTM02	Date	R	CCP – This field will be valued with the valid submitted Charity Care Write-Off date. FFS – This segment is not sent.
	DTM03	Time	N/U	ignored
	DTM04	Time Code	N/U	ignored
	DTM05	Date Time Period Format Qualifier	N/U	ignored
	DTM06	Date Time Period	N/U	ignored
2100	DTM	CLAIM RECEIVED DATE	S	THIS LOOP WILL BE IGNORED
	DTM01	Date/Time Qualifier	R	ignored
	DTM02	Date	R	ignored
	DTM03	Time	N/U	ignored
	DTM04	Time Code	N/U	ignored
	DTM05	Date Time Period Format Qualifier	N/U	ignored
	DTM06	Date Time Period	N/U	ignored
2100	PER	CLAIM CONTACT INFORMATION	S	THIS LOOP WILL BE IGNORED
	PER01	Contact Function Code	R	ignored
	PER02	Claim Contact Name	S	ignored
	PER03	Communication # Qualifier	R	ignored
	PER04	Claim Contact Communication #	R	ignored
	PER05	Communication # Qualifier	S	ignored
	PER06	Claim Contact Communication #	S	ignored
	PER07	Communication # Qualifier	S	ignored
	PER08	Communication # Extension	S	ignored
	PER09	Contact Inquiry Reference	N/U	ignored
2100	AMT	CLAIM SUPPLEMENTAL INFORMATION	S	
	AMT01	Amount Qualifier Code	R	AU – Coverage Amount This field will be valued with "AU" when CLP04 is greater than 0.
	AMT02	Claim Supplemental Information Amt	R	
	AMT03	Credit/Debit Flag Code	N/U	
2100	QTY	CLAIM SUPPLEMENTAL INFORMATION QUANTITY	S	THIS LOOP WILL BE IGNORED
	QTY01	Quantity Qualifier	R	ignored

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100	QTY02	Claim Supplemental Information Quantity	R	ignored
	QTY03	Composite Unit Of Measure	N/U	ignored
	QTY04	Free-form Information	N/U	ignored
2110	SVC	SERVICE PAYMENT INFORMATION	S	
	SVC01	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	R	
	SVC01-1	Product or Service ID Qualifier	R	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) UB04 Codes The above value set will be used to communicate service code information.
	SVC01-2	Adjudicated Procedure Code	R	<u>RX</u> – 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 <u>VALUE</u> <u>VALUE REPORTED</u> AD – "00001" for Dental procedure codes HC – "00001" for HCPCS procedure codes N4 – "00000000001" for NDC NU – "001" for Inpatient, LTC, crossover claims
	SVC01-3	Procedure Modifier	S	
	SVC01-4	Procedure Modifier	S	
	SVC01-5	Procedure Modifier	S	
	SVC01-6	Procedure Modifier	S	
	SVC01-7	Description	N/U	
	SVC01-8	Product/Service ID	N/U	
	SVC02	Line Item Charge Amount	R	
	SVC03	Line Item Provider Payment	R	
	SVC04	NUBC Revenue Code	S	
	SVC05	Units of Service Paid Count	S	<u>RX</u> – for HIPAA submitted claims this will be the metric quantity. For non-HIPAA submitted claims, the D.0 service units will be specified.
	SVC06	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	S	ignored
	SVC06-1	Product or Service ID Qualifier	R	ignored
	SVC06-2	Procedure Code	R	ignored
	SVC06-3	Procedure Modifier	S	ignored
	SVC06-4	Procedure Modifier	S	ignored
	SVC06-5	Procedure Modifier	S	ignored
	SVC06-6	Procedure Modifier	S	ignored
	SVC06-7	Procedure Code Description	S	ignored
	SVC06-8	Product/Service ID	N/U	ignored
	SVC07	Original Units of Service Count	S	<u>RX</u> – for HIPAA submitted claims this will be the metric quantity. For non-HIPAA submitted claims, the D.0 service units will be specified.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2110	DTM	SERVICE DATE	S	
	DTM01	Date Time Qualifier	R	
	DTM02	Service Date	R	
	DTM03	Time	N/U	
	DTM04	Time Code	N/U	
	DTM05	Date Time Period Format Qualifier	N/U	
	DTM06	Date Time Period	N/U	
2110	CAS	SERVICE ADJUSTMENT	S	
	CAS01	Claim Adjustment Group Code	R	
	CAS02	Adjustment Reason Code	R	
	CAS03	Adjustment Amount	R	
	CAS04	Adjustment Quantity	S	
	CAS05	Adjustment Reason Code	S	
	CAS06	Adjustment Amount	S	
	CAS07	Adjustment Quantity	S	
	CAS08	Adjustment Reason Code	S	
	CAS09	Adjustment Amount	S	
	CAS10	Adjustment Quantity	S	
	CAS11	Adjustment Reason Code	S	
	CAS12	Adjustment Amount	S	
	CAS13	Adjustment Quantity	S	
	CAS14	Adjustment Reason Code	S	
	CAS15	Adjustment Amount	S	
	CAS16	Adjustment Quantity	S	
	CAS17	Adjustment Reason Code	S	
	CAS18	Adjustment Amount	S	
	CAS19	Adjustment Quantity	S	
2110	REF	SERVICE IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference ID Qualifier	R	ignored
	REF02	Provider ID	R	ignored
	REF03	Description	N/U	ignored
	REF04	Reference Identifier	N/U	ignored
2110	REF	LINE ITEM CONTROL NUMBER	S	
	REF01	Reference ID Qualifier	R	
	REF02	Line Item Control Number	R	
	REF03	Description	N/U	
	REF04	Reference Identifier	N/U	
2110	REF	RENDERING PROVIDER INFORMATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference ID Qualifier	R	ignored
	REF02	Rendering Provider ID	R	ignored
	REF03	Description	N/U	ignored
	REF04	Reference Identifier	N/U	ignored
2110	REF	HEALTH CARE POLICY IDENTIFICATION	S	THIS LOOP WILL BE IGNORED
	REF01	Reference ID Qualifier	R	ignored
	REF02	Healthcare Policy ID	R	ignored
	REF03	Description	N/U	ignored
	REF04	Reference Identifier	N/U	ignored
2110	AMT	SERVICE SUPPLEMENTAL AMOUNT	S	
	AMT01	Amount Qualifier Code	R	B6 – Allowed -Actual The value "B6" will be used to communicate allowed charge information.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2110	AMT02	Service Supplemental Amount	R	This field will be valued with Medicaid allowed amount prior to deductions.
	AMT03	Credit/Debit Flag Code	N/U	
2110	QTY	SERVICE SUPPLEMENTAL QUANTITY	S	THIS LOOP WILL BE IGNORED
	QTY01	Quantity Qualifier	R	ignored
	QTY02	Service Supplemental Quantity Count	R	ignored
	QTY03	Composite Unit Of Measure	N/U	ignored
	QTY04	Free-form Information	N/U	ignored
2110	LQ	HEALTH CARE REMARKS CODES	S	
	LQ01	Code List Qualifier Code	R	<p>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.</p> <p><u>RX</u> – The value “HE” will be used to communicate remark code information on all claims including pharmacy.</p>
	LQ02	Remark Code	R	
PLB	PLB	PROVIDER LEVEL ADJUSTMENT	S	
	PLB01	Provider Identifier	R	<u>FFS</u> and <u>CCP</u> - This field will be valued with the seven-digit provider number assigned by New Jersey Medicaid
	PLB02	Fiscal Period Date	R	
	PLB03	ADJUSTMENT IDENTIFIER	R	
	PLB03-1	Adjustment Reason Code	R	
	PLB03-2	Provider Adjustment Identifier	S	
	PLB04	Provider Adjustment Amount	R	
	PLB05	ADJUSTMENT IDENTIFIER	S	
	PLB05-1	Adjustment Reason Code	R	
	PLB05-2	Provider Adjustment Identifier	S	
	PLB06	Provider Adjustment Amount	S	
	PLB07	ADJUSTMENT IDENTIFIER	S	
	PLB07-1	Adjustment Reason Code	R	
	PLB07-2	Provider Adjustment Identifier	S	
	PLB08	Provider Adjustment Amount	S	
	PLB09	ADJUSTMENT IDENTIFIER	S	
	PLB09-1	Adjustment Reason Code	R	
	PLB09-2	Provider Adjustment Identifier	S	
	PLB10	Provider Adjustment Amount	S	
	PLB11	ADJUSTMENT IDENTIFIER	S	
	PLB11-1	Adjustment Reason Code	R	
	PLB11-2	Provider Adjustment Identifier	S	
	PLB12	Provider Adjustment Amount	S	
	PLB13	ADJUSTMENT IDENTIFIER	S	
	PLB13-1	Adjustment Reason Code	R	
	PLB13-2	Provider Adjustment Identifier	S	
	PLB14	Provider Adjustment Amount	S	
SE		TRANSITION SET TRAILER	R	
	SE01	Transition Segment Count	R	
	SE02	Transition Set Control #	R	

Section 15 277P Claims Pending Status Remittance Advice Specifications

15.1 Loops, Segments, Fields/NJ Medicaid Specific Requirements

The following tables outline the 277P Claims Pending Status Remittance Advice fields for which New Jersey Medicaid has payer-specific requirements. The **Usage** column indicates whether the segment or field is required (R), situational (S) or not used (N/U). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed. The NJ Medicaid Specific 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	Field	Description	Usage	NJ Medicaid Specific Requirement
ST	ST	TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
	ST03	Implementation Convention Reference	R	
BHT	BHT	BEGINNING OF HIERARCHICAL TRANSACTION	R	
	BHT01	Hierarchical Structure Code	R	
	BHT02	Transaction Set Purpose Code	R	
	BHT03	Originator Application Transaction Identifier	R	
	BHT04	Transaction Set Creation Date	R	
	BHT05	Time	R	
	BHT06	Transaction Type Code	R	
2000A	HL	INFORMATION SOURCE LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	N/U	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
2100A	NM1	PAYER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Payer Name	R	This field will be valued with “NEW JERSEY MEDICAID”.
	NM104	Name First	N/U	
	NM105	Name Middle	N/U	
	NM106	Name Prefix	N/U	
	NM107	Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	PI – Payer Identification This field will be valued with "PI"
	NM109	Payer Identifier	R	This field will be valued with "610515".
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Last Name	N/U	
2000B	HL	INFORMATION RECEIVER LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100B	NM1	INFORMATION RECEIVER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	1 – Person This field will be valued with "1".
	NM103	Information Receiver Last or Organization Name	S	
	NM104	Information Receiver First Name	S	
	NM105	Information Receiver Middle Name	S	
	NM106	Information Receiver Name Prefix	N/U	
	NM107	Information Receiver Name Suffix	N/U	
	NM108	Identification Code Qualifier	R	
	NM109	Information Receiver Identification Number	R	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Last Name	N/U	
2000C	HL	SERVICE PROVIDER LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
2100C	NM1	PROVIDER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Provider Last or Organization Name	S	
	NM104	Provider First Name	S	
	NM105	Provider Middle Name	S	
	NM106	Provider Name Prefix	N/U	
	NM107	Provider Name Suffix	S	
	NM108	Identification Code Qualifier	R	SV – Service Provider Number XX – National Provider Identifier This field will be valued with "SV" when the New Jersey Medicaid Provider Number is returned or "XX" when the NPI is returned in NM109.
	NM109	Provider Identifier	R	
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Last Name	N/U	
2000D	HL	PATIENT LEVEL	S	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	N/U	
2100D	NM1	PATIENT NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Patient Last Name	R	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".

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100D	NM104	Patient First Name	S	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".
	NM105	Patient Middle Name	S	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".
	NM106	Patient Name Prefix	N/U	
	NM107	Patient Name Suffix	S	ignored
	NM108	Identification Code Qualifier	R	M – Member Identification Number This field will be valued with "M".
	NM109	Patient Identifier	R	This field will be valued with twelve-digit beneficiary number assigned by New Jersey Medicaid.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Last Name	N/U	
2200D	TRN	PAYER CLAIM CONTROL NUMBER	S	
	TRN01	Referenced Transaction Trace Number	R	
	TRN02	Payer Claim Control Number	R	This field will be valued with the 15-digit Internal Control Number (ICN) assigned to the claim by the New Jersey MMIS system followed by a hyphen (-) and then up to 8 4-digit NJMMIS edit codes posted on the claim.
	TRN03	Originating Company Identifier	N/U	
	TRN04	Reference Identification	N/U	
2200D	STC	CLAIM LEVEL STATUS INFORMATION	R	
	STC01	HEALTH CARE CLAIM STATUS	R	
	STC01-1	Health Care Claim Status Category Code	R	
	STC01-2	Health Care Claim Status Code	R	
	STC01-3	Entity Identifier Code	S	
	STC01-4	Code List Qualifier Code	S	
	STC02	Status Information Effective Date	R	
	STC03	Action Code	N/U	
	STC04	Total Claim Charge Amount	S	
	STC05	Claim payment Amount	S	
	STC06	Adjudication or Payment Date	S	
	STC07	Payment Method Code	N/U	
	STC08	Remittance Date	S	
	STC09	Remittance Trace Number	S	
	STC10	HEALTH CARE CLAIM STATUS	S	
	STC10-1	Health Care Claim Status Category Code	R	
	STC10-2	Health Care Claim Status Code	R	
	STC10-3	Entity Identifier Code	S	
	STC10-4	Code List Qualifier Code	S	
	STC11	HEALTH CARE CLAIM STATUS	S	
	STC11-1	Health Care Claim Status Category Code	R	
	STC11-2	Health Care Claim Status Code	R	
	STC11-3	Entity Identifier Code	S	
	STC11-4	Code List Qualifier Code	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2200D	STC12	Free-Form Message Text	N/U	
2200D	REF	PATIENT CONTROL NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Patient Control Number	R	This field will be valued with the first 20 characters of the Patient Control Submitted on the claim or "N/A" if one is not submitted.
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2200D	REF	INSTITUTIONAL BILL TYPE IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Bill Type Identifier	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2200D	REF	PHARMACY PRESCRIPTION NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Pharmacy Prescription Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2200D	REF	CLAIM IDENTIFICATION NUMBER FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Clearinghouse Trace Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2200D	DTP	CLAIM SERVICE DATE	S	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Claim Service Period	R	
2200D	DTP	CLAIM RECEIVED DATE	S	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Claim Service Period	R	
2220D	SVC	SERVICE LINE INFORMATION	S	
	SVC01	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	R	
	SVC01-1	Product/Service ID Qualifier	R	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) UB04 Codes The above value set will be used to communicate service code information.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement										
2220D	SVC01-2	Service Identification Code	R	<p><u>RX</u> – For value N4 in SVC01-1 the NDC will be provided.</p> <p>For crossover claims, pended claims, or denied claims when a service code is not available for reporting, the following values will returned:</p> <p>SVC01-1</p> <table border="0"> <tr> <td>VALUE</td> <td>VALUE REPORTED</td> </tr> <tr> <td>AD</td> <td>– "00001" for Dental procedure codes</td> </tr> <tr> <td>HC</td> <td>– "00001" for HCPCS procedure codes</td> </tr> <tr> <td>N4</td> <td>– "00000000001" for NDC</td> </tr> <tr> <td>NU</td> <td>– "001" for Inpatient, LTC, crossover claims</td> </tr> </table>	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
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													
	SVC01-3	Procedure Modifier	S											
	SVC01-4	Procedure Modifier	S											
	SVC01-5	Procedure Modifier	S											
	SVC01-6	Procedure Modifier	S											
	SVC01-7	Description	N/U											
	SVC02	Line Item Charge Amount	R											
	SVC03	Line Item Payment Amount	R											
	SVC04	Revenue Code	S											
	SVC05	Quantity	N/U											
	SVC06	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	N/U											
	SVC07	Units of Service Count	S											
2220D	STC	SERVICE LINE LEVEL STATUS INFORMATION	R											
	STC01	HEALTH CARE CLAIM STATUS	R											
	STC01-1	Health Care Claim Status Category Code	R											
	STC01-2	Health Care Claim Status Code	R											
	STC01-3	Entity Identifier Code	S											
	STC01-4	Code List Qualifier Code	S											
	STC02	Status Information Effective Date	R											
	STC03	Action Code	N/U											
	STC04	Total Claim Charge Amount	R											
	STC05	Claim payment Amount	N/U											
	STC06	Adjudication or Payment Date	N/U											
	STC07	Payment Method Code	N/U											
	STC08	Remittance Date	N/U											
	STC09	Remittance Trace Number	N/U											
	STC10	HEALTH CARE CLAIM STATUS	S											
	STC10-1	Health Care Claim Status Category Code	R											
	STC10-2	Health Care Claim Status Code	R											
	STC10-3	Entity Identifier Code	S											
	STC10-4	Code List Qualifier Code	S											
	STC11	HEALTH CARE CLAIM STATUS	S											
	STC11-1	Health Care Claim Status Category Code	R											
	STC11-2	Health Care Claim Status Code	R											
	STC11-3	Entity Identifier Code	S											
	STC11-4	Code List Qualifier Code	S											
	STC12	Free-Form Message Text	N/U											

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2220D	REF	SERVICE LINE ITEM IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Line Item Control Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2220D	REF	PHARMACY PRESCRIPTION NUMBER	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Line Item Control Number	R	
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2220D	DTP	SERVICE LINE DATE	R	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Service Line Date	R	
	SE	TRANSACTION SET TRAILER	R	
	SE01	Transaction Segment Count	R	
	SE02	Transaction Set Control Number	R	

Section 16 Data Element Dictionary

16.1 Institutional Billing Note Values

BILLING NOTE VALUES					
Loop	Segment	Field	Position	Field Name	
2300	NTE	NTE02	1-19	LTC SERVICE	
			Position	Description	Value
			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 to 18	LTC Other Payment (right justify, zero fill)	99999.99
			19	LTC Benefits Exhausted Indicator	Y or N
			Position	Description	Value
			20 to 27	This field must contain spaces in these positions. (Previously used to report LTC Benefits Exhausted Indicator Date).	Spaces
			28	This field must contain a space in this position. (Previously used to report multiple birth order).	Space
Loop	Segment	Field	Position	Field Name	
2300	NTE	NTE02	29 TO 36	CHARITY CARE WRITE-OFF DATE	
			Position	Description	Value
			29 to 36	Enter the Charity Care Write-off Date (previously identified by Occurrence Code J3).	CCYYMMDD

16.2 Institutional Value Codes

VALUE CODES				
Loop	Segment	Field	Code	Description
2300	HI	HI01-2		VALUE CODE
			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
			80	Covered Days
			81	Non -Covered Days
			82	Co -Insurance Days
			83	Lifetime Reserve Days

16.3 Institutional Condition Codes

CONDITION CODES				
Loop	Segment	Field	Code	Description
2300	HI	HI01-2		CONDITION CODE
			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
			81	Medical Necessary C-Section or Induction
			82	Second Newborn
			83	Third Newborn
			84	Dialysis for Acute Kidney Injury
			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

16.4 Other Insurance Carrier Codes

OTHER INSURANCE CARRIER CODE				
Loop	Segment	Field	Code	Description
2330B	NM1	NM109		OTHER INSURANCE CARRIER CODE
			122	Advantra Freedom (Medicare HMO)
			071	Aetna Health Plans
			006	Aetna US Healthcare
			094	Aetna US Healthcare HMO
			104	Aetna US Healthcare Inc.
			007	Allstate
			112	Amerchoice (Medicare HMO)
			008	American Association of Retired Persons (AARP)
			009	American General Insurance
			010	American National
			054	American Postal Workers Union (APWU)
			121	Amerigroup (Medicare HMO)
			105	Amerihealth HMO, Inc.
			012	Benefit Trust Life
			128	Bravo Health (Medicare HMO)
			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
			116	Empire Medicare HMO BC/BS
			024	Employer's Health Insurance
			025	Equicorp, Inc.
			026	Equitable
			127	Evercare (Medicare HMO)
			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
			123	Healthfirst NJ (Medicare HMO)
			087	HIP
			089	HIP Health Plan of New Jersey
			033	HIP Health Plan of NJ
			091	HMO Blue
			109	Horizon Medicare Blue
			115	Humana Medicare HMO Plan
			035	Independent Life
			037	Inter County Health Plan

OTHER INSURANCE CARRIER CODE				
Loop	Segment	Field	Code	Description
2330B	NM1	NM109		OTHER INSURANCE CARRIER CODE
			036	Intercontinental
			038	John Hancock, L.I.C.
			118	Kaiser Permanente (Medicare HMO)
			113	Keystone (Senior Blue)
			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
			132	Medicare HMO (Out Of State Carrier)
			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
			110	Oxford Health Plans (New Jersey), Inc.
			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
			096	Saint Barnabas System Health Plan
			124	Secure Horizons (Medicare HMO)
			074	Security Mutual
			117	Senior Partners/Health Partners Inc.
			075	Sentry Life
			073	State Mutual Insurance
			119	Sterling Life (Medicare HMO)

OTHER INSURANCE CARRIER CODE				
Loop	Segment	Field	Code	Description
2330B	NM1	NM109		OTHER INSURANCE CARRIER CODE
			125	Today's Options (Medicare HMO)
			077	Travelers Insurance
			014	Tri Care Region 1 – Claims
			081	U.S. Life
			126	Unicare (Medicare HMO)
			023	Union Fidelity Life Insurance
			078	Union Labor Life
			079	Union Mutual Benefits
			114	United Healthcare Medicare Complete
			111	United Healthcare Of New Jersey, Inc.
			015	Unity Mutual Life
			082	Veterans Administration
			041	Virginia Health Network
			083	Washington National
			120	Wellcare (Medicare HMO Only)
			084	Wellmark Community
			099	ALL OTHER INSURANCE PLANS

16.5 Professional Claim Note Values

PROFESSIONAL CLAIM NOTE VALUES					
Loop	Segment	Field	Position	Field Name	Value Set
2300	NTE	NTE02	1	INDUCED ABORTION – MEDICALLY NECESSARY	A
			Set	Description	Value
			A	Yes	Y
				No	Space
Loop	Segment	Field	Position	Field Name	Value Set
2300	NTE	NTE02	2 TO 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

PROFESSIONAL CLAIM NOTE VALUES					
Loop	Segment	Field	Position	Field Name	Value Set
2300	NTE	NTE02	2 TO 43	EPSDT SERVICE	
			Set	Description	Value
			B	Yes	Y
				No	N
2300	NTE	NTE02	2 TO 43	EPSDT SERVICE	
			Set	Description	Value
			C	Yes	Y
				Not Indicated	N
				Referred	R
			D	Normal	1
				Not Entered	Space
			E	Normal	1
				Abnormal – Treatment not required	2
				Abnormal – Treatment by screening provider	3
				Abnormal – Referral other provider	4
				Laboratory procedure not done	5
				Laboratory procedure done and results pending	6
			F	Child is too young for the shot	1
				Complete for age at the end of visit	2
				Given but still incomplete for age	3
				Not given and still incomplete for age	4
			G	Normal	1
				Abnormal – Treatment not required	2
				Abnormal – Treatment by screening provider	3
				Abnormal – Referral other provider	4
			H	New Condition	5
				Prior Condition	6
Loop	Segment	Field	Positions	Field Name	Value
2300	NTE	NTE02		PREVIOUS EXAM DATE	
			44 to 51	Previous Exam Date	CCYYMMDD
Loop	Segment	Field	Position	Field Name	Value Set
2400	NTE	NTE02	1	SEMI PLACEMENT CODE	I
			Set	Description	Value
			I	In District	1
				Out of District	2
				Non Public	3
				State Facility	4
				Regional Service	5
				Early Intervention	6
				Special Education	7
				Day Training	8

16.6 Professional Procedure Code Modifiers

PROFESSIONAL PROCEDURE CODE MODIFIERS					
Loop	Segment	Field		Values	
2400	SV1	SV101-3		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

16.7 Professional Origin/Destination Codes

PROFESSIONAL ORIGIN/DESTINATION CODES				
Loop	Segment	Field	Code	Description
2400	SV1	SV101-3		ORIGIN/DESTINATION CODES
			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, enroute to hospital (includes HMO non-hospital facility)

16.8 Facility Type Codes (835)

FACILITY TYPE CODES																										
Loop	Segment	Field	Code	Description																						
2100	CLP	CLP08		FACILITY TYPE CODES																						
			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																						
				<p><u>FES</u> – 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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #f4a460;"> <th style="width: 50%;">PLACE OF SERVICE</th> <th style="width: 50%;">FACILITY TYPE CODE</th> </tr> </thead> <tbody> <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> </tbody> </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																									
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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																									

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.

NJ LOCAL PROCEDURE CODES REPLACED BY NATIONAL PROCEDURE CODES							
Loop	Segment	Field	APPENDIX A				
2400	SV1	SV101-2	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
			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	

NJ LOCAL PROCEDURE CODES REPLACED BY NATIONAL PROCEDURE CODES

Loop	Segment	Field	APPENDIX A				
2400	SV1	SV101-2	NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2
			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		
			W9345		J9217		
			W9382		93736		
			W9384		93736		
			W9385		93736		
			W9386		93736		
			W9387		93736		
			W9388		93736		
			W9450	26	78596	26	
			W9450	TC	78596	TC	
			W9450		78596		

NJ LOCAL PROCEDURE CODES REPLACED BY NATIONAL PROCEDURE CODES

Loop	Segment	Field	APPENDIX A				
2400	SV1	SV101-2	NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2
			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		
			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		

NJ LOCAL PROCEDURE CODES REPLACED BY NATIONAL PROCEDURE CODES

Loop	Segment	Field	APPENDIX A				
2400	SV1	SV101-2	NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2
			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	
			Z3370		H0040	22	
			Z6332		90899		
			Z6333		92499		
			Z6334		92700		
			Z6335		D0150		
			Z6336		83655		
			Z6337		84999		
			Z6338		99241		

Appendix B

Mapped Codes:

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 cross walked 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:

Svc Date	Format	Local Code	National Code
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.

NJ LOCAL PROCEDURE CODES MAPPED TO NATIONAL PROCEDURE CODES									
Loop	Segment	Field	APPENDIX B						
2400	SV1	SV101-2	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			

NJ LOCAL PROCEDURE CODES MAPPED TO NATIONAL PROCEDURE CODES

Loop	Segment	Field	APPENDIX B						
2400	SV1	SV101-2	NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS THRU	+
			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			12/31/2022	
			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			
			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				

NJ LOCAL PROCEDURE CODES MAPPED TO NATIONAL PROCEDURE CODES

Loop	Segment	Field	APPENDIX B						
2400	SV1	SV101-2	NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS THRU	+
			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	+
			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			

NJ LOCAL PROCEDURE CODES MAPPED TO NATIONAL PROCEDURE CODES

Loop	Segment	Field	APPENDIX B						
2400	SV1	SV101-2	NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS THRU	+
			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			
			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			

NJ LOCAL PROCEDURE CODES MAPPED TO NATIONAL PROCEDURE CODES

APPENDIX B									
Loop	Segment	Field	NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS THRU	+
2400	SV1	SV101-2	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	06/15/2023	+
			Y9931		H0046	HD	HU	06/15/2023	
			Y9932		H0046	HU		06/15/2023	+
			Y9933		H0037	HW		06/15/2023	+
			Y9935		H0019	HU		06/15/2023	+
			Y9936		H0019	52	HU	06/15/2023	+
			Y9938		H0019	HW		06/15/2023	+
			Y9943		H0018	HU		06/15/2023	+
			Y9944		H0043	HU		06/15/2023	+
			Y9945		H0043	HW		06/15/2023	+
			Y9946		H0043	HA		06/15/2023	
			Y9947		H0017	HW		06/15/2023	+
			Y9948		H0017	HU		06/15/2023	+
			Y9949		H2020	52	HW	06/15/2023	+
			Y9950		99231	HW		06/15/2023	+
			Y9951		H2020	52	HU	06/15/2023	+
			Y9952		99231	HU		06/15/2023	+
			Y9992		H2020	HE	HW	06/15/2023	+
			Y9993		H2020	HA	HW	06/15/2023	+
			Y9994		99231	HE	HW	06/15/2023	+
			Y9995		99231	HA	HW	06/15/2023	+
			Y9996		H2020	HE	HU	06/15/2023	+
			Y9997		H2020	HA	HU	06/15/2023	+
			Y9998		99231	HE	HU	06/15/2023	+
			Y9999		99231	HA	HU	06/15/2023	+
			Z0100		H2011			06/30/2009	+
			Z0170		H0035			06/30/2019	+
			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			

NJ LOCAL PROCEDURE CODES MAPPED TO NATIONAL PROCEDURE CODES

Loop	Segment	Field	APPENDIX B						
2400	SV1	SV101-2	NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS THRU	+
			Z1230		S9125	22			
			Z1235		S5102				
			Z1240		T2022				
			Z1243		T2022	HC		10/31/2009	
			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			12/31/2022	
			Z1605		S9122	HQ		12/31/2022	
			Z1605	ZI or UC	T1019	HQ		12/31/2022	
			Z1610		T1001			06/30/2009	+
			Z1610	ZI or UC	T1001	UC		12/31/2022	
			Z1611 *		S9122	52		12/31/2022	
			Z1611 *	ZI or UC	T1019	52		12/31/2022	
			Z1612 *		S9122	52	HQ	12/31/2022	
			Z1612 *	ZI or UC	T1019	52	HQ	12/31/2022	
			Z1613		T1001	76		06/30/2009	+
			Z1613	ZI or UC	T1001	76	UC	12/31/2022	
			Z1614 *		S9122	TV		06/30/2009	+
			Z1615 *		S9122	52	TV	12/31/2022	
			Z1616		S9122	22	HQ	12/31/2022	
			Z1617 *		S9122	HQ	TV	12/31/2022	
			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				

NJ LOCAL PROCEDURE CODES MAPPED TO NATIONAL PROCEDURE CODES

Loop	Segment	Field	APPENDIX B						
2400	SV1	SV101-2	NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS THRU	+
			Z1801		T2022	22		12/31/2022	
			Z1810		S9126			12/31/2022	
			Z1820		S9122			12/31/2022	
			Z1821 *		S9122	52		12/31/2022	
			Z1822		S9122	TV		12/31/2022	
			Z1823 *		S9122	52	TV	12/31/2022	
			Z1824		S9122	HQ		12/31/2022	
			Z1825 *		T1019	22		12/31/2022	
			Z1828		99341 – 99345			12/31/2022	
			Z1829		99347			12/31/2022	
			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			8/31/2013	+
			Z2003		90806			8/31/2013	+
			Z2004		90853				
			Z2005		96100				
			Z2006		H0020				
			Z2007		90804			8/31/2013	+
			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		
			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		8/31/2013	+
			Z3354		90806	HF		8/31/2013	+
			Z3355		90853	HF			
			Z3356		96100	HF			
			Z3357		H0020	HF			
			Z3358		90804	HF		8/31/2013	+
			Z3359		H0003	HF			
			Z3363		T2022	HF			

NJ LOCAL PROCEDURE CODES MAPPED TO NATIONAL PROCEDURE CODES

Loop	Segment	Field	APPENDIX B						
			NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS THRU	+
2400	SV1	SV101-2	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		03/31/2018	+
			Z7333	52	H2018	52	U1	03/31/2018	+
			Z7334		H2018	U2		03/31/2018	+
			Z7334	52	H2018	52	U2	03/31/2018	+
			Z7335		H2018	U3		03/31/2018	+
			Z7335	52	H2018	52	U3	03/31/2018	+
			Z7336		H2017	U4		03/31/2018	+
			Z7336	52	H2017	52	U4	03/31/2018	+
			Z7337		H2018	U5		03/31/2018	+
			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.

NJ LOCAL PROCEDURE CODES PREVIOUSLY MAPPED TO NATIONAL PROCEDURE CODES NOW TERMINATED								
Loop	Segment	Field	APPENDIX C					
2400	SV1	SV101-2	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
			Z0170		H0035			07/01/2019
			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
			Z2002		99201, 99202 & 99211	HF		09/01/2013
			Z2003		90834	HF		09/01/2013
			Z2007		90832	HF		09/01/2013
			Z3353		99211	HV		09/01/2013
			Z3354		90834	HV		09/01/2013
			Z3358		90832	HV		09/01/2013
			Z7333		H0019	U1		04/01/2018
			Z7333	52	H0019	U1	52	04/01/2018
			Z7334		H0019	U2		04/01/2018
			Z7334	52	H0019	U2	52	04/01/2018
			Z7335		H0019	U3		04/01/2018
			Z7335	52	H0019	U3	52	04/01/2018
			Z7336		H0019	U4		04/01/2018
			Z7336	52	H0019	U4	52	04/01/2018
			Z7337		H0019	U5		04/01/2018
			Z5008		T2023	TJ		06/16/2023
			Y9930		H0043	HU	22	06/16/2023

NJ LOCAL PROCEDURE CODES PREVIOUSLY MAPPED TO NATIONAL PROCEDURE CODES NOW TERMINATED

Loop	Segment	Field	APPENDIX C					
			NJ PROC	MOD(S)	NATIONAL HCPCS	MOD1	MOD2	DOS FROM
2400	SV1	SV101-2	Y9932		H2013	HU		06/16/2023
			Y9933		H0037	HW		06/16/2023
			Y9935		H0019	HU		06/16/2023
			Y9936		H0019	HU	52	06/16/2023
			Y9938		H0019	HW		06/16/2023
			Y9943		H0018	HU		06/16/2023
			Y9944		H0043	HU		06/16/2023
			Y9945		H0043	HW		06/16/2023
			Y9947		H0017	HW		06/16/2023
			Y9948		H0017	HU		06/16/2023
			Y9949		H2020	HW	52	06/16/2023
			Y9950		T2038	HW		06/16/2023
			Y9951		H2020	HU		06/16/2023
			Y9952		H2038	HU		06/16/2023
			Y9992		H2020	HE	HW	06/16/2023
			Y9993		H2020	HA	HW	06/16/2023
			Y9994		T2038	HE	HW	06/16/2023
			Y9995		T2038	HA	HW	06/16/2023
			Y9996		H2020	HE	HU	06/16/2023
			Y9997		H2020	HA	HU	06/16/2023
			Y9998		T2038	HE	HU	06/16/2023
			Y9999		T2038	HA	HU	06/16/2023