

837 Institutional Health Care Claim

This companion document is for informational purposes only to describe certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

Section 1 – 837I Institutional Health Care Claim: Basic Instructions

Section 2 – 837I Institutional Health Care Claim: Enveloping

Section 3 – 837I Institutional Health Care Claim: Charts for Situational Rules

Any questions?

Contact E-Solutions

www.unicare.com/edi, LiveChat

Section 1 - Basic Instructions

1.1 X12 and HIPAA Compliance Checking, and Business Edits

EDI interchanges submitted to UniCare for processing pass through compliance edits. 5010 acknowledgments and reports for accepted/rejected files will be placed in the submitter's trading partner mailbox for pickup.

- TA1 Interchange Acknowledgment. UniCare returns TA1 X12 and proprietary reports to the submitter of inbound 837 files containing envelope errors in the ISA and GS segments.
- Level 1. UniCare returns a 999 Interchange Acknowledgment to the submitter for every inbound 837 transaction received. Each transaction passes through edits to ensure that it is X12 compliant. If the X12 syntax or any other aspect of the 837 is not X12 compliant, the 999 will also report the Level 1 errors in AK segments and indicate that the entire transaction set has been rejected.
- Level 2. In addition to HIPAA TR3 edits, UniCare applies business edits to ensure that the necessary information is populated and complete for efficient processing. When encountering HIPAA compliance (including balancing), code set or business errors, UniCare returns: 1) 277 Claims Acknowledgment (CA) and 2) 864 Level 2 Status Report to the submitter identifying which claim(s) have failed.

1.2 HIPAA Compliant Codes

Use HIPAA-compliant codes from current versions of the following:

- Physician's Current Procedure Terminology (CPT)
- Health Care Financing Administration Common Procedural Coding System (HCPCS)
- International Classification of Diseases Clinical Mod (ICD-9-CM) Diseases
- National Uniform Billing Committee (NUBC) Codes
- Diagnosis Related Group Number (DRG)
- Provider Taxonomy Codes
- National Drug Code

*ICD-10 Codes will not be accepted any earlier than October 1, 2015.

1.3 Diagnosis Codes

According to the 837I TR3, a transaction is not X12 compliant if decimal points are used in diagnosis codes. Therefore, should a diagnosis code contain a decimal point, UniCare will return a 999 to the submitter indicating that the transaction has been rejected.

1.4 Procedure Codes and Modifiers

All valid CPT and HCPCS codes and modifiers are accepted for claim adjudication. Refer to your billing guidelines or provider contract for submission of these codes. If submitted codes are invalid, a 277CA and an 864 Level 2 Status Report will be returned to the submitter identifying which claim(s) have failed.

1.5 Uppercase Letters, Special Characters, and Delimiters

As specified in the TR3, the basic character set includes uppercase letters, digits, space, and other special characters.

- All alpha characters must be submitted in UPPERCASE letters only.

- Suggested delimiters for the transaction are assigned as part of the trading partner set up. EDI Representative will discuss options with trading partners, if applicable.

Inbound Delimiters		
	Suggested Value	
Data Element Separator	*	Asterisk
Sub-Element Separator	:	Colon
Segment Terminator	~	Tilde
Repetition Separator	^	Caret

- To avoid syntax errors, hyphens, parentheses and spaces are not recommended to be used in values for identifiers.

Examples: Recommended: Zip Code 123456789 Medical Record # 1234567

- Since originally submitted values may be returned on outbound transactions, UniCare encourages trading partners to not use the following special characters as part of the value: asterisk (*), less than/greater than signs (<, >), colon (:), and slash (/). This minimizes the risk for a special character to be recognized as a delimiter.

Example: Provider assigns a Patient Control Number '12*3456789'. Although an asterisk (*) is a valid special character, it adversely affects processing since it is also a common delimiter. The value '12*3456789' may process incorrectly as two separate values '12' and '3456789'.

1.6 Decimal "R" Data Element Types

"R" data element types contain a decimal point; involving monetary amounts, units, visits, weights, and frequency. UniCare recommends using decimal points for monetary amounts, and whole numbers for other types of "R" data elements. Except for monetary amounts, if "R" data element type includes a decimal and numbers after the decimal, UniCare adjudicates the claim based on the whole number. Numbers after the decimal will not be considered.

1.7 Numeric Values, Monetary Amounts and Units

- UniCare pays all claims in US dollars and therefore, accepts monetary amounts in US dollars only. If codes related to foreign currencies are used, then a 277CA and an 864 Level 2 Status Report will be returned to the submitter identifying which claim(s) have failed.
- UniCare recognizes units in whole numbers only.
- If a negative service line charge or negative units are used, then a 277CA and an 864 Level 2 Status Report will be returned to the submitter identifying which claim(s) have failed.

SV203 Monetary Amount - Line Item Charge Amount

SV205 Quantity - Service Unit Count

1.8 Address Information

- P.O. mailboxes / Lock Boxes are not allowed in the Billing Provider loop. If submitted in the Billing Provider loop, a 277CA and an 864 Level 2 Status Report will be returned to the submitter identifying which claim(s) have failed.
- The Pay-to Address loop does support P.O. Box / Lock Box addresses. Therefore, if payment is expected to be remitted to a P.O. Box / Lock Box, submit the P.O. Box / Lock Box address.
- Full 9-digit zip codes are required in the Billing Provider and Service Facility Location loops. If 5-digit zip codes are used in these loops, a 277CA and an 864 Level 2 Status Report will be returned to the submitter identifying which claim(s) have failed.

1.9 Coordination of Benefits

Specific 837 data elements work together to coordinate benefits between UniCare and Medicare or other carriers. Following the Provider-to-Payer-to-Provider model;

- The provider sends the 837 to the primary payer.
- The primary payer adjudicates the claim and sends an 835 Payment Advice to the provider. The 835 includes the claim adjustment reason code and/or remark code for the claim.
- Upon receipt of the 835, the provider sends a second 837 with COB information populated in Loops 2320, 2330A-I, and/or 2430 to the secondary payer. The secondary payer adjudicates the claim and sends an 835 Payment Advice to the provider.

UniCare recognizes submission of an 837 transaction to a sequential payer populated with data from the previous payer's 835. Based on the information provided and the level of policy, the claim will be adjudicated without the paper copy of the Explanation of Benefits from Medicare or the primary carrier.

When more than one payer is involved on a claim, data elements for all prior payers must be present (i.e., if a tertiary payer is involved, then all the data elements from the primary and secondary payers must also be present).

If data elements from previous payer(s) are omitted, UniCare will fail the particular claim.

1.10 Claim and COB Balancing

For COB claims, balancing is performed at both claim and service line on the payment charges for each payer. If not balanced, a 277CA and an 864 Level 2 Status Report will be returned to the submitter identifying which claim(s) have failed.

- Loop 2300 CLM02 (Total Claim Charge) must equal the sum of Loop 2400 SV203 (Line Item Charge).
- Loop 2320 AMT02 (COB Payer Paid Amount) must equal the sum of Loop 2430 SVD02 (Line Adjudication Information) less the sum of Loop 2300 CAS (Claim Level Adjustments).
- Loop 2400 SV203 (Line Item Charge Amount) must equal the sum of Loop 2430 SVD02 (Line Adjudication Information) plus the sum of Loop 2430 CAS (Claim Level Adjustments).

1.11 Sending Unsolicited Attachments to Support a Claim

This process begins when UniCare requests specific documentation/attachment's from the provider to support a claim that has been received for processing. Please include letter instructions via the following mailing address:

Mailing Address: UniCare
 P.O. Box 60007
 Los Angeles, CA 90060-0007

1.12 Preparing and Sending Unsolicited Attachments to Support a Claim (Loop 2300 PWK)

Loop 2300 PWK segment is required when documentation (attachments) supports a claim.

A) Sending attachment(s) electronically (PWK02=EL) with Medical Electronic Attachment vendor (MEA)

- Enter prefix 'MEA' and all alphanumeric characters assigned as your tracking number (ex. MEA12345B) to become the Attachment Control Number (PWK06).

B) Sending attachment(s) by mail or fax (PWK02=BM, FX)

- Create unique Attachment Control Number (PWK06) for each attachment using NPI, Member ID #, and date of service.
- Mail or fax the attachment(s) the day the claim is submitted.
- Do not send unnecessary attachments (i.e., copy of the member's ID card).
- Ensure claim and attachment matches based on the Attachment Control Number (PWK06), otherwise the claim may be denied.
- Ensure that the same Attachment Control Number (PWK06) is used for multiple attachments supporting a single claim.
- Ensure all information is legible to avoid processing delays.
- If claim with supporting documentation is rejected, correct the claim using the same Attachment Control Number (PWK06). UniCare will hold the attachment and match the claim once it is received. However, if a new Attachment Control Number is assigned, supporting documentation referencing the new Attachment Control Number will need to be submitted.

1.13 Taxonomy Codes (PRV)

The Healthcare Provider Taxonomy code set divides health care providers into hierarchical groupings by type, classification, and specialization, and assigns a code to each grouping. The Taxonomy consists of two parts: individuals (e.g., physicians) and non-individuals (e.g., ambulatory health care facilities). All codes are 10-alphanumeric positions in length. Health care providers select the taxonomy code(s) that most closely represents their education, license, or certification. If a health care provider has more than one taxonomy code associated with it, a health plan may prefer that the health care provider use one over another when submitting claims for certain services.

It is strongly recommended that the taxonomy be populated in PRV segments for all applicable claims that you are filing. Refer to the CMS website for a listing of codes, www.wpc-edi.com/taxonomy.

1.14 Medicaid Reclamation / Subrogation Claims

Situations exist when a Patient who has UniCare as primary and Medicaid as secondary (last payer), indicates to the provider that he has Medicaid insurance only. The service is rendered and the provider bills Medicaid as primary. Medicaid pays the claim as the sole payer ("pays out of turn") and later determines that the patient actually had primary insurance.

In order to reclaim monies, states submit claims to the primary insurance after reconciliation of eligibility files between UniCare and Medicaid. Exempt from NPI, trading partners on behalf of states must submit specific data elements in Loops 2010AA, 2010AC, 2010BB, and 2320 for Medicaid reclamation.

Section 2 - Enveloping

EDI envelopes control and track communications between you and UniCare. One envelope may contain many transaction sets grouped into the following:

- Interchange Control Header (ISA)
- Functional Group Header (GS)
- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

837 Institutional Health Care Claim–Envelope Specific to UniCare (TR3, Appendix C)			
ISA—Interchange Control Header		GS—Functional Group Header	
ISA01	00	GS01	HC
ISA02	refer to TR3	GS02	SENDER ID
ISA03	00	EDI assigned	
ISA04	refer to TR3	Left-justified followed by no zeroes or spaces	
ISA05	ZZ		
ISA06	SENDER ID		
EDI assigned			
Left-justified followed by spaces			
ISA07	ZZ	GS03	UNICARE
ISA08	UNICARE	GS04	refer to TR3
ISA09	refer to TR3	GS05	refer to TR3
ISA10	refer to TR3	GS06	refer to TR3
ISA11	^(5E)	GS07	X
ISA12	00501	GS08	005010X223A2
ISA13	refer to TR3		
ISA14	refer to TR3		
ISA15	refer to TR3		
ISA16	refer to TR3		
		NOTE. Critical Batching and Editing Information *Transactions must be batched in separate functional group by GS03. *Unique group control number (GS06) MUST NOT be duplicated within 365 days by Trading Partner ID (GS02); files containing duplicate or previously received group control numbers will be rejected.	

837 Institutional Health Care Claim–Envelope Specific to UniCare Medicaid Reclamation (TR3, Appendix C)			
ISA—Interchange Control Header		GS—Functional Group Header	
ISA01	00	GS01	HC
ISA02	refer to TR3	GS02	SENDER ID
ISA03	00	EDI assigned	
ISA04	refer to TR3	Left-justified followed by no zeroes or spaces	
ISA05	ZZ		
ISA06	SENDER ID		
EDI assigned			
Left-justified followed by spaces			
ISA07	ZZ	GS03	MEDICAIDRECUNI
ISA08	MEDICAIDREC	GS04	refer to TR3
ISA09	refer to TR3	GS05	refer to TR3
ISA10	refer to TR3	GS06	refer to TR3
ISA11	^(5E)	GS07	X
ISA12	00501	GS08	005010X223A2
ISA13	refer to TR3		
ISA14	refer to TR3		
ISA15	refer to TR3		
ISA16	refer to TR3		
		NOTE. Critical Batching and Editing Information *Transactions must be batched in separate functional group by GS03. *Unique group control number (GS06) MUST NOT be duplicated within 365 days by Trading Partner ID (GS02); files containing duplicate or previously received group control numbers will be rejected.	

Section 3 - Charts for Situational Rules

Listed below are loops, segments, and data elements required for proper adjudication by UniCare per the situational rules in the 837I TR3.

837 Institutional Health Care Claim				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
P.67	ST Transaction Set Header	ST03 Implementation Convention Ref	005010X223A2	005010X223A2 - Health Care Claim, Institutional
P.68	BHT Beginning of Hierarchical Trx	BHT06 Transaction Type Code	CH 31	All submissions recognized as chargeable. required for Medicaid Reclamation
Loop ID 1000A—Submitter Name				
P.71	NM1 Submitter Name	NM109 Identification Code	(Submitter Identifier) UPPERCASE	<ul style="list-style-type: none"> EDI assigned Sender ID. Equals the value entered in ISA06 and GS02.
P.73 PER <i>Submitter EDI Contact Information - Refer to TR3</i>				
Loop ID 1000B—Receiver Name				
P.76	NM1 Receiver Name	NM103 Last Name or Organization Name	UNICARE	Represents receiver
		NM109 Identification Code	80314	80314 - represents UniCare
Loop ID 2000A—Billing Provider Hierarchical Level				
P.78 HL <i>Billing Provider Hierarchical Level - Refer to TR3</i>				
P.80	PRV Billing Provider Specialty Info	PRV03 Reference Identification	(Provider Taxonomy Code)	Enter the taxonomy code to uniquely identify the provider.
P.81	CUR Foreign Currency Information	CUR02 Currency Code	USD	USD - US dollars <ul style="list-style-type: none"> Monetary amounts recognized in US dollars only.
Loop ID 2010AA—Billing Provider Name				
P.84 NM1 <i>Billing Provider Name - Refer to TR3</i> (Medicaid Reclamation)				
P.87	N3 Billing Provider Address	N301 Address Information	(Billing Provider Address Line)	(Medicaid Reclamation) Enter the physical address to uniquely identify the provider. Submitting PO Box/Lock Box address will result in claim failure, and return of 277CA and Level 2 Status report.
P.88 N4 <i>Billing Prov City, State, ZIP Code - Refer to TR3</i> (Medicaid Reclamation)				
P.90	REF Billing Provider Tax Identification #	REF02 Reference Identification	(Billing Provider Tax Identification #)	(Medicaid Reclamation)
P.91 PER <i>Billing Provider Contact Information - Refer to TR3</i>				
Loop ID 2010AB—Pay-To Address Name				
P.94 NM1 <i>Pay-to Address Name - Refer to TR3</i>				
P.96	N3 Pay-to Address	N301 Address Information	(Pay-to Provider Address Line)	Enter the address to uniquely identify the provider. If payment expected to be remitted to PO Box/Lock Box, submit in Pay-to loop.
P.97 N4 <i>Pay-To Address City, State, ZIP Code - Refer to TR3</i>				
Loop ID 2010AC—Pay-To Plan Name				
P.99	NM1 Pay-to Plan Name	NM103 Name Last or Organization Name	(Pay-to Plan Organizational Name)	(Medicaid Reclamation)

**Although loops, segments and/or data elements required for Medicaid Reclamation are clarified in the definition and notes as (Medicaid Reclamation), they are not exclusive to Medicaid Reclamation type of claims only.*

837 Institutional Health Care Claim				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2010AC—Pay-To Plan Name (cont'd)				
P.101	N3	Pay-to Plan Address - Refer to TR3		
P.102	N4	Pay-to Plan City, State, ZIP Code - Refer to TR3		
P.104	REF	Pay-to Plan Secondary Identification - Refer to TR3		
P.106	REF	REF02	(Pay-to Plan Tax Identification #)	(Medicaid Reclamation)
		Pay-to Plan Tax Identification #	Reference Identification	
Loop ID 2000B—Subscriber Hierarchical Level				
P.107	HL	Subscriber Hierarchical Level - Refer to TR3		
P.109	SBR	SBR03	Group number on the card or from eligibility check should be submitted. Do not submit 'ITS' or 'ITS PPO', otherwise the claim may be misrouted and incorrectly priced.	
		Subscriber Information	Group Number	
Loop ID 2010BA—Subscriber Name				
P.112	NM1	NM109	Subscriber ID - 8-20 bytes	
		Subscriber Name	Identification Code	***ALL ALPHA CHARACTERS MUST BE IN UPPERCASE LETTERS. Enter the ID Number exactly as it appears on the front of the ID card, including ANY PREFIX.
			Product	Format
			non-ABC plans	Include prefix
			Medi-Cal managed care	Include prefix 'CIN' or the member ID
P.115	N3	Subscriber Address - Refer to TR3		
P.116	N4	Subscriber City, State, ZIP Code - Refer to TR3		
P.118	DMG	Subscriber Demographic Information - Refer to TR3		
P.120	REF	Subscriber Secondary Identification - Refer to TR3		
P.121	REF	Property and Casualty Claim Number - Refer to TR3		
Loop ID 2010BB—Payer Name				
P.122	NM1	NM103	UNICARE	Payer name
		Payer Name		
		NM108	PI	PI - Payer Identification
		ID Code Qualifier		
		NM109	(Payer Primary Identifier)	80314
		Identification Code		
P.124	N3	Payer Address - Refer to TR3		
P.125	N4	Payer City, State, ZIP Code - Refer to TR3		
P.127	REF	Payer Secondary Identification - Refer to TR3		
P.129	REF	REF01	G2	G2 - Provider Commercial Number
		Billing Provider	Ref ID Qualifier	
		Secondary Identification	REF02	(Medicaid Reclamation)
			Reference Identification	
			(Billing Provider Secondary ID)	
Loop ID 2000C—Patient Hierarchical Level				
P.131	HL	Patient Hierarchical Level - Refer to TR3		
P.133	PAT	Patient Information - Refer to TR3		
Loop ID 2010CA—Patient Name				
P.135	NM1	Patient Name - Refer to TR3		
P.137	N3	Patient Address - Refer to TR3		
P.138	N4	Patient City, State, ZIP Code - Refer to TR3		

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837 Institutional Health Care Claim				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2010CA—Patient Name				
P.140	DMG	<i>Patient Demographic Information - Refer to TR3</i>		
P.142	REF	<i>Property and Casualty Claim Number - Refer to TR3</i>		
Loop ID 2300—Claim Information				
P.143	CLM Claim Information	CLM01 Claim Submitter's Identifier	(Patient Control Number)	<ul style="list-style-type: none"> Maximum of 20 alphanumeric characters. Value is returned on outbound 835 and other transactions.
		CLM02 Monetary Amount	(Total Claim Charge Amt)	Value must equal the sum of submitted service line charges in Loop 2400 SV203.
		CLM05-3 Claim Frequency Type Code	(Third Position of Uniform Billing Claim Form Bill Type)	If '7' (replacement) or '8' (void/cancel) then Loop 2300 REF02 Payer Claim Control # (F8) is required and must contain the originally assigned claim number.
P.149	DTP	<i>Discharge Hour - Refer to TR3</i>		
P.150	DTP Statement Dates	DTP03 Date Time Period	(Statement From or To Date)	Valid medical codes will be based on the "Statement From Date"
P.151	DTP	<i>Admission Date/Hour - Refer to TR3</i>		
P.152	DTP	<i>Date-Repricer Received Date - Refer to TR3</i>		
P.153	CL1	<i>Institutional Claim Code - Refer to TR3</i>		
P.154	PWK Claim Supplemental Information	PWK02 Report Transmission Code	BM AA FX EL	Illegible information will delay processing. All documentation must be received within 7 calendar days of receipt of the electronic claim.
		PWK06 Identification Code		<ul style="list-style-type: none"> If provider using MEA for claims attachment, please enter "MEA" and all alpha/numeric characters assigned as your tracking number. (Ex: MEA12345B) Field reserved for self-assigned attachment control number - max. 10 digit alphanumeric. Digits will be drawn beginning from the left to match the Attachment with the appropriate electronically submitted claim.
P.158	CN1	<i>Contract Information - Refer to TR3</i>		
P.160	AMT	<i>Patient Estimated Amount Due - Refer to TR3</i>		
P.161	REF	<i>Service Authorization Exception Code - Refer to TR3</i>		
P.163	REF	<i>Referral Number - Refer to TR3</i>		
P.164	REF	<i>Prior Authorization - Refer to TR3</i>		
P.166	REF Payer Claim Control Number	REF01 Ref ID Qualifier	F8	F8 - Original Reference Number
		REF02 Reference Identification	(Claim Original Reference Number)	Represents the claim number assigned by ABC. Providers should submit the original claim number indicated on the 835 when Loop 2300 CLM05-3 Claim Freq. Type Code equals '7' or '8'.
P.167	REF	<i>Repriced Claim Number - Refer to TR3</i>		
P.168	REF	<i>Adjusted Repriced Claim Number - Refer to TR3</i>		
P.169	REF	<i>Investigational Device Exemption Number - Refer to TR3</i>		

837 Institutional Health Care Claim				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2300—Claim Information (cont'd)				
P.170	REF	REF01 Ref ID Qualifier	D9	D9 - Claim Number
		REF02 Reference Identification	(Value Added Network Trace Number)	Will be returned on Level 2 Status Report, if submitted.
P.172	REF	Auto Accident State - Refer to TR3		
P.173	REF	Medical Record Number - Refer to TR3		
P.174	REF	Demonstration Project Identifier - Refer to TR3		
P.175	REF	PRO Approval Number - Refer to TR3		
P.176	K3	File Information - Refer to TR3		
P.178	NTE	Claim Note - Refer to TR3		
P.180	NTE	Billing Note - Refer to TR3		
P.181	CRC	EPSDT Referral - Refer to TR3		
ICD-10-CM Guide requires diagnosis codes to the highest level of specificity.				
P.184	HI	Principal Diagnosis Information - Refer to TR3		
P.187	HI	Admitting Diagnosis - Refer to TR3		
P.189	HI	Patient's Reason for Visit - Refer to TR3		
P.193	HI	External Cause of Injury - Refer to TR3		
P.218	HI	DRG Information - Refer to TR3		
P.220	HI	Other Diagnosis Information - Refer to TR3		
P.239	HI	Principal Procedure Information - Refer to TR3		
P.242	HI	Other Procedure Information - Refer to TR3		
P.258	HI	Occurrence Span Information - Refer to TR3		
P.271	HI	Occurrence Information - Refer to TR3		
P.284	HI	Value Information - Refer to TR3		
P.294	HI	Condition Information - Refer to TR3		
P.304	HI	Treatment Code Information - Refer to TR3		
P.313	HCP	Claim Pricing/Repricing Information - Refer to TR3		
Loop ID 2310A—Attending Physician Name				
Required for services (non-emergency ambulance transportation) populated in 2400, SV202-2				
P.319	NM1	Attending Provider Name - Refer to TR3 (Medicaid Reclamation)		
P.322	PRV	PRV03 Reference Identification	(Provider Taxonomy Code)	Enter the taxonomy code to uniquely identify the provider.
P.324	REF	Attending Prov Sec Identification - Refer to TR3 (Medicaid Reclamation)		
Loop ID 2310B—Operating Physician Name				
P.326	NM1	Operating Physician Name - Refer to TR3		
P.329	REF	Operating Physician Secondary Identification - Refer to TR3		
Loop ID 2310C—Other Operating Physician Name				
P.331	NM1	Other Operating Physician Name - Refer to TR3		
P.334	REF	Other Operating Physician Secondary Identification - Refer to TR3		
Loop ID 2310D—Rendering Provider Name				
P.336	NM1	Rendering Provider Name - Refer to TR3		
P.339	REF	Rendering Provider Secondary Identification - Refer to TR3		
Loop ID 2310E—Service Facility Location Name				
P.341	NM1	Service Facility Location Name - Refer to TR3		

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2310E—Service Facility Location Name (cont'd)				
P.344	N3		Service Facility Location Address - Refer to TR3	(Medicaid Reclamation)
P.345	N4		Serv Fac Loc City, State, ZIP - Refer to TR3	(Medicaid Reclamation)
P.347	REF		Service Facility Location Secondary Identification - Refer to TR3	
Loop ID 2310F—Referring Provider Name				
P.349	NM1		Referring Provider Name - Refer to TR3	
P.352	REF		Referring Provider Secondary Identification - Refer to TR3	
Loop ID 2320—Other Subscriber Information				
P.354	SBR		Other Subscriber Information - Refer to TR3	
P.358	CAS		Claim Level Adjustments - Refer to TR3	(Medicaid Reclamation)
P.354	SBR		Other Subscriber Information - Refer to TR3	
P.358	CAS		Claim Level Adjustments - Refer to TR3	(Medicaid Reclamation)
P.364	AMT		COB Payer Paid Amount - Refer to TR3	(Medicaid Reclamation)
P.365	AMT		Remaining Patient Liability - Refer to TR3	
P.366	AMT		COB Total Non-Covered Amount - Refer to TR3	
P.367	OI		Other Insurance Coverage Information - Refer to TR3	
P.369	MIA		Inpatient Adjudication Information - Refer to TR3	
P.374	MOA		Outpatient Adjudication Information - Refer to TR3	
Loop ID 2330A—Other Subscriber Name				
P.377	NM1		Other Subscriber Name - Refer to TR3	
P.380	N3		Other Subscriber Address - Refer to TR3	
P.381	N4		Other Subscriber City, State, ZIP Code - Refer to TR3	
P.383	REF		Other Subscriber Secondary Identification - Refer to TR3	
Loop ID 2330B—Other Payer Name				
P.384	NM1		Other Payer Name - Refer to TR3	
P.386	N3		Other Payer Address - Refer to TR3	
P.387	N4		Other Payer City, State, ZIP Code - Refer to TR3	
P.389	DTP		Claim Check or Remittance Date - Refer to TR3	
P.390	REF		Other Payer Secondary Identifier - Refer to TR3	
P.392	REF		Other Payer Prior Authorization Number - Refer to TR3	
P.393	REF		Other Payer Referral Number - Refer to TR3	
P.394	REF		Other Payer Claim Adjustment Indicator - Refer to TR3	
P.395	REF		Other Payer Claim Control Number - Refer to TR3	
Loop ID 2330C—Other Payer Attending Provider				
P.396	NM1		Other Payer Attending Provider - Refer to TR3	
P.398	REF		Other Payer Attending Provider Secondary Identification - Refer to TR3	
Loop ID 2330D—Other Payer Operating Physician				
P.400	NM1		Other Payer Operating Physician - Refer to TR3	
P.402	REF		Other Payer Operating Physician Secondary Identification - Refer to TR3	
Loop ID 2330E—Other Payer Other Operating Physician				
P.404	NM1		Other Payer Other Operating Physician - Refer to TR3	
P.406	REF		Other Payer Other Operating Physician Secondary Identification - Refer to TR3	
Loop ID 2330F—Other Payer Service Facility Location				
P.408	NM1		Other Payer Service Facility Location - Refer to TR3	
P.410	REF		Other Payer Service Facility Location Secondary Identification - Refer to TR3	
Loop ID 2330G—Other Payer Rendering Provider Name				
P.412	NM1		Other Payer Rendering Provider Name - Refer to TR3	
P.414	REF		Other Payer Rendering Provider Secondary Identification - Refer to TR3	

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837 Institutional Health Care Claim				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
Loop ID 2330H—Other Payer Referring Provider				
P.416	NM1	Other Payer Referring Provider - Refer to TR3		
P.418	REF	Other Payer Referring Provider Secondary Identification - Refer to TR3		
Loop ID 2330I—Other Payer Billing Provider				
P.420	NM1	Other Payer Billing Provider - Refer to TR3		
P.422	REF	Other Payer Billing Provider Secondary Identification - Refer to TR3		
Loop ID 2400—Service Line Number				
P.423	LX	Service Line Number - Refer to TR3		
P.424	SV2	SV202-2	(Procedure Code)	Attending Provider (2310A) required for non-emergency ambulance transportation codes A0426, A0428 (without modifier QL).
	Institutional Service Line	Product/Service ID		
P.429	PWK	Line Supplemental Information - Refer to TR3		
P.433	DTP	Date - Service Date - Refer to TR3		
P.435	REF	Line Item Control Number - Refer to TR3		
P.437	REF	Repriced Line Item Reference Number - Refer to TR3		
P.438	REF	Adjusted Repriced Line Item Reference Number - Refer to TR3		
P.439	AMT	Service Tax Amount - Refer to TR3		
P.440	AMT	Facility Tax Amount - Refer to TR3		
P.441	NTE	Third Party Organization Notes - Refer to TR3		
P.442	HCP	Line Pricing/Repricing Information - Refer to TR3		
Loop ID 2410—Drug Identification				
P.449	LIN	LIN03	(National Drug Code)	NDC # for prescribed drugs and biologics when required by government regulation.
	Drug Identification	Product/Service ID		
P.452	CTP	Drug Quantity - Refer to TR3		
P.454	REF	Prescription of Compound Drug Association Number - Refer to TR3		
Loop ID 2420A—Operating Physician Name				
P.456	NM1	Operating Physician Name - Refer to TR3		
P.459	REF	Operating Physician Secondary Identification - Refer to TR3		
Loop ID 2420B—Other Operating Physician Name				
P.461	NM1	Other Operating Physician Name - Refer to TR3		
P.464	REF	Other Operating Physician Secondary Identification - Refer to TR3		
Loop ID 2420C—Rendering Provider Name				
P.466	NM1	Rendering Provider Name - Refer to TR3		
P.469	REF	Rendering Provider Secondary Identification - Refer to TR3		
Loop ID 2420D—Referring Provider Name				
P.471	NM1	Referring Provider Name - Refer to TR3		
P.474	REF	Referring Provider Secondary Identification - Refer to TR3		
Loop ID 2430—Line Adjudication Information				
P.476	SVD	Line Adjudication Information - Refer to TR3		
P.480	CAS	Line Adjustment - Refer to TR3		
P.486	DTP	Line Check or Remittance Date - Refer to TR3		
P.487	AMT	Remaining Patient Liability - Refer to TR3		
P.488	SE	Transaction Set Trailer - Refer to TR3		