



ForwardHealth interChange Companion
Document to HIPAA Implementation Guide:
837 Health Care Claim - Institutional

ForwardHealth interChange
HIPAA Companion Document
X12 837 Health Care Claim – Institutional

Companion Document Audience

Companion documents are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Purpose of Companion Documents

The information contained in this companion document applies to ForwardHealth which includes the following programs: BadgerCare Plus, Wisconsin Medicaid, SeniorCare, Wisconsin Chronic Disease Program(WCDP), Wisconsin Well Woman Program(WWWP), Wisconsin Well Woman Medicaid and Medicaid Managed Care Programs. All of these programs use the ForwardHealth interChange.

The companion documents are designed to be used with HIPAA Implementation Guides. This companion guide supplements the requirements in the X12N implementation guide, but does not contradict those requirements. Companion documents provide ForwardHealth interChange-specific information that details the way to create HIPAA transactions for ForwardHealth interChange and explains how ForwardHealth interChange creates HIPAA transactions. The purpose of the companion documents is to provide trading partners with a guide to communicate the ForwardHealth interChange-specific information required to successfully exchange transactions electronically with ForwardHealth interChange.

ForwardHealth interChange will accept and process any HIPAA-compliant transaction. However, a compliant transaction that does not contain ForwardHealth interChange-specific information, though processed, may be denied for payment. For example, a compliant 837 claim created without a ForwardHealth interChange member number will be processed by ForwardHealth interChange, but will be denied payment. For questions regarding appropriate billing procedures, providers should refer to their policy-specific area of the ForwardHealth Online Handbook.

As a result of HIPAA, the federal Department of Health and Human Services (HHS) adopted a standard identifier for health care providers. The Final Rule published by the HHS adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI will replace all payer-specific identification numbers (e.g., Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions). Therefore, all health care providers are required to obtain an NPI to identify themselves on these transactions; the NPI is the only identification number that will be allowed on these transactions.

ForwardHealth has determined that all providers, except for personal care providers, specialized medical vehicle (SMV) providers, Blood Banks and Community Care Organizations("Atypical" Providers), are health care providers (per the definitions

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within the NPI Final Rule) and, therefore, are required to obtain and use an NPI. ForwardHealth interChange will require all health care providers to submit their NPI on electronic transactions beginning in 2008.

Companion documents highlight the data elements significant for ForwardHealth interChange. For transactions created by ForwardHealth interChange, companion documents explain how certain data elements are processed. Please refer to the companion document first if there is a question about how ForwardHealth interChange processes a HIPAA transaction. For further information, contact the ForwardHealth Electronic Data Interchange (EDI) Department at (866) 416-4979.

Acceptable Characters

All alpha characters used in 837 transactions must be in an uppercase format. The 837 transaction must not contain any carriage returns nor line feeds; the data must be received in one, continuous stream.

Acknowledgements

An accepted 997 Functional Acknowledgement (997), rejected 997 Acknowledgement or rejected TA1 InterChange Acknowledgement (TA1) will be generated in response to all submitted files. Trading partners are responsible for retrieving acknowledgments from the Web to determine the status of their files.

Examples

See Appendix 1 of this document for examples.

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VERSION 6 REVISION LOG

Companion Document: 837 Health Care Claim: Institutional

Approved:

Modified by: WJ2

Loop/Segment Revised	Page(s) Revised	Text Revised
2320/AMT	29	Segment Removed – The WI specific rule no longer applies.

VERSION 5 REVISION LOG

Companion Document: 837 Health Care Claim: Institutional

Approved:

Modified by: WJ2

Loop/Segment Revised	Page(s) Revised	Text Revised
2000A/PRV	11	Added taxonomy information.
2000A/PRV02	11	Added clarification for use of taxonomy codes.
2010AA/NM1	11	Added NPI information.
2010AA/N4	12	Added ZIP code information.
2310A/NM1	25	Added NPI information.
2310A/PRV	25	Added information on entering taxonomy code.
2310A/PRV02	25	Added clarification for use of taxonomy codes.
2310B/NM1	26	Added NPI information.
2330E/NM1	30	Added NPI information.
2420A/NM1	32	Added NPI information.
2420B/NM1	32	Added NPI information.
Appendix 2	40	Crosswalk of taxonomy codes to types and specialties.

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VERSION 4 REVISION LOG

Companion Document: 837 Health Care Claim: Institutional

Approved: 05/2008

Modified by: DLR

Loop/ Segment Revised	Page(s) Revised	Text Revised
ISA01	9	Use "00" to indicate No Authorization Information Present.
ISA03	9	Use "00" to indicate No Security Information Present.
ISA06	9	Enter the nine-digit numeric Trading Partner ID assigned by ForwardHealth interChange.
GS02	9	Enter the same value as ISA06, the nine-digit numeric Trading Partner ID assigned by ForwardHealth interChange.
GS03	9	Enter the value "WISC_TXIX" to indicate Wisconsin Medicaid and BadgerCare Plus, "WISC_WWWP" to indicate WWWP or "WISC_WCDP" to indicate WCDP.
1000A/NM109	10	Enter the same value as ISA06, the nine-digit numeric Trading Partner ID assigned by ForwardHealth interChange.
1000B/NM103	10	Enter "FORWARDHEALTH" to indicate the claims are being sent to ForwardHealth interChange.
1000B/NM109	11	Enter value "WISC_TXIX" to indicate Wisconsin Medicaid and BadgerCare Plus, "WISC_WWWP" to indicate WWWP or "WISC_WCDP" to indicate WCDP.
2000A/PRV01	11	Enter "BI" to indicate the service facility provider is the same entity as the billing provider or "PT" to indicate the service facility provider is the same entity as the pay-to provider.
2000A/PRV02	11	Enter the value "ZZ" to indicate the use of Health Care Provider taxonomy.
2000A/PRV03	11	Enter the provider's taxonomy code.
2010AA/NM108	11	Enter the value "XX" to designate the use of a National Provider Identifier (NPI), "24" to designate an Employers Identification Number (EIN) or "34" to designate a Social Security

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		number (SSN). <i>Note:</i> Health care providers are required to submit "XX" to designate the use of an NPI.
2010AA/NM109	12	Enter the billing provider primary ID. <i>Note:</i> Health care providers must submit the billing providers NPI.
2010AA/REF01	12	Enter the value "1D" for Wisconsin Medicaid, BadgerCare Plus, WCDP and WWWP. <i>Note:</i> Non-health care providers are required to submit this segment.
2010AA/REF02	12	Enter the eight or nine-digit billing provider number assigned by ForwardHealth interChange. <i>Note:</i> Non-health care providers must submit their eight or nine-digit billing provider number in this segment.
2010BC/NM103	13	Enter value "WISC_TXIX" for Wisconsin Medicaid and BadgerCare Plus, "WISC_WWWP" for the WWWP or "WISC_WCDP" for the WCDP.
2010BC/NM109	13	Enter value "WISC_TXIX" for Wisconsin Medicaid and BadgerCare Plus, "WISC_WWWP" for the WWWP or "WISC_WCDP" for the WCDP.
2300/CLM05-3	15	Removed value "5".
2300/PWK02	16	Enter the value "BM" to indicate the claim supplemental information is being sent to ForwardHealth interChange by mail.
2300/PWK05	17	Enter the value "AC" - Attachment Control Number. This element is required when PWK02 contains the value "BM".
2300/PKW06	17	Enter the attachment control number.
2300/AMT	N/A	Removed Patient Liability. ForwardHealth interChange does not require the member's liability amount be submitted on the 837 transaction.
2300/REF	N/A	Removed Peer Review Organization (PRO) Approval number. ForwardHealth interChange does not require the WIPRO number be submitted on the 837 transaction.
2300/REF	17	ForwardHealth interChange does not require the prior authorization (PA) number be submitted on the 837 transaction. <i>Note:</i> For prior authorization policy guidelines

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		refer to your service area of the Online Handbook.
2300/NTE01	17	Enter the value "ADD" to indicate Additional Information.
2300/NTE02	17	Enter the billing note text.
2300/HI	18	<i>Note:</i> ForwardHealth interChange will use up to 24 diagnosis codes in this segment, in addition to the principal diagnosis, to process a claim.
2300/HI01-1	18	<i>Note:</i> ForwardHealth interChange will use 25 diagnosis codes to process a claim.
2310A/NM108	25	Enter the value "XX" to designate the use of a National Provider Identifier (NPI).
2310A/NM109	25	Enter the attending physician's 10-digit NPI.
2310A/PRV02	25	Enter the value "ZZ" to indicate the use of Health Care Provider taxonomy.
2310A/PRV03	25	Enter the attending physician's provider taxonomy code.
2310A/REF01 2310A/REF02	N/A	Segments removed from Companion Document. ForwardHealth interChange will only accept an NPI as the attending provider identification number.
2310B/NM108	26	Enter the value "XX" to designate the use of a National Provider Identifier (NPI).
2310B/NM109	26	Enter the operating physician's 10-digit NPI.
2310B/REF01 2310B/REF02	N/A	Segments removed from Companion Document. ForwardHealth interChange will only accept an NPI as the operating provider identification number.
2410/LIN02	31	Enter the value "N4" for National Drug Code (NDC) by format.
2410/LIN03	31	Enter the NDC.
2410/CTP03	32	Enter the drug unit price.
2410/CTP04	32	Enter the national drug unit count.
2410/CTP05-1	32	Enter the code qualifier.
2410/REF01	32	Enter the value "XZ" to indicate the pharmacy prescription number.
2410/REF02	32	Enter the prescription number.
2420A/NM108	32	Enter the value "XX" to designate the use of a

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		National Provider Identifier (NPI).
2420A/NM109	32	Enter the attending physician's 10-digit NPI.
2420A/REF01 2420A/REF02	N/A	Segments removed from Companion Document. ForwardHealth interChange will only accept an NPI as the attending provider identification number.
2420B/NM108	32	Enter the value "XX" to designate the use of a National Provider Identifier (NPI).
2420B/NM109	33	Enter the operating physician's 10-digit NPI.
2420B/REF01 2420B/REF02	N/A	Segments removed from Companion Document. ForwardHealth interChange will only accept an NPI as the operating provider identification number.

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Loop	Element	Name	Instructions
	ISA	Interchange Control Header	The ISA is a fixed-length record with fixed-length elements. <i>Note:</i> Deviating from the standard ISA element sizes will cause the interchange to be rejected.
	ISA01	Interchange Control Header Authorization Information Qualifier	Use "00" to indicate No Authorization Information Present.
	ISA03	Interchange Control Security Information Qualifier	Use "00" to indicate No Security Information Present.
	ISA05	Interchange ID (sender) Qualifier	Enter the value "ZZ" — Mutually Defined.
	ISA06	Interchange Sender ID	Enter the nine-digit numeric Trading Partner ID assigned by ForwardHealth interChange.
	ISA07	Interchange ID (Receiver) Qualifier	Enter the value "ZZ" — Mutually Defined.
	ISA08	Interchange Receiver ID	Enter "WISC_DHFS".
	GS02	Application Sender's Code	Enter the same value as ISA06, the nine-digit numeric Trading Partner ID assigned by ForwardHealth interChange.
	GS03	Application Receiver's Code	Enter the value "WISC_TXIX" for Wisconsin Medicaid and BadgerCare Plus, "WISC_WWWP" for the WWWP or "WISC_WCDP" for the WCDP.

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Loop	Element	Name	Instructions
	GS08	Version / Release / Industry Identifier Code	Enter the value "004010X096A1", the HIPAA-mandated implementation guide release for this transaction. <i>Note:</i> This code represents the HIPAA implementation guide with the most recent addenda changes. Using an earlier guide, without the most recent addenda changes, does not comply with the HIPAA rule and will cause the transaction to be rejected.
	BHT03	Reference Identification	Make this identifier unique to a single transaction (ST to SE envelope). Repeating a value will cause the transaction to be rejected. ForwardHealth recommends using a value with an easily identifiable pattern to aid research (e.g., "ANY_GROUP_PRACTICE_20031016" or "ANY GROUP PRACTICE #00001").
	REF02	Reference Identification	Enter the value "004010X096A1" to indicate an institutional claim. <i>Note:</i> This version includes the addenda.
1000A	NM109	Submitter Primary Identification Number	Enter the same value as ISA06, the nine-digit numeric Trading Partner ID assigned by ForwardHealth interChange.
1000B	NM101	Entity Identifier Code	Enter the value "40" for receiver.
1000B	NM102	Entity Type Qualifier	Enter the value "2" for non-person entity.
1000B	NM103	Name Last or Organization Name	Enter "FORWARDHEALTH" to indicate the claims are being sent to ForwardHealth interChange.
1000B	NM108	Identification Code Qualifier	Enter the value "46" for electronic transmitter identification number.

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Loop	Element	Name	Instructions
1000B	NM109	Receiver Primary Identification Number	Enter the value "WISC_TXIX" to indicate Wisconsin Medicaid and BadgerCare Plus, "WISC_WWWP" to indicate WWWP or "WISC_WCDP" to indicate WCDP.
2000A	PRV	Billing Provider Specialty Information	Use this segment to include the taxonomy code for the billing provider.
2000A	PRV01	Provider Code	Enter "BI" to indicate the service facility provider is the same entity as the billing provider or "PT" to indicate the service facility provider is the same entity as the pay-to provider.
2000A	PRV02	Reference Identification Qualifier	Enter the value "ZZ", mutually defined, to indicate the next element will be the taxonomy code of the billing provider. <i>Note:</i> Taxonomy codes are only required if the NPI has multiple certifications and the taxonomy is necessary to determine the appropriate one.
2000A	PRV03	Reference Identification	Enter the Provider Taxonomy Code. <i>Note:</i> The provider must use the appropriate taxonomy code that is associated to the provider type and specialty currently on file with WI Medicaid. Refer to Appendix 2 for a crosswalk of taxonomy codes to types and specialties.
2010AA	NM1	Billing Provider Name	Include this segment when NPI is the identifier used for the billing provider.
2010AA	NM108	Identification Code Qualifier	Enter the value "XX" to designate the use of a National Provider Identifier (NPI), "24" to designate an Employer's Identification Number (EIN) or "34" to designate a Social Security number (SSN). <i>Note:</i> Health care providers must submit "XX" to designate the use of a NPI.

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Loop	Element	Name	Instructions
2010AA	NM109	Identification Code	Enter the billing provider's primary ID. <i>Note:</i> Health care providers must submit the billing provider's 10-digit NPI.
2010AA	N4	Geographic Location	Use the physical address as reported on the provider's Wisconsin Medicaid certification.
2010AA	N403	Zip Code	Enter the ZIP+4 code that corresponds to the physical address on file with Wisconsin Medicaid.
2010AA	REF	Billing Provider Secondary ID	Include this segment if the provider in loop 2010AA is the provider certified by ForwardHealth interChange to submit claims.
2010AA	REF01	Reference Identification Qualifier	Enter the value "1D" for Wisconsin Medicaid, BadgerCare Plus, Wisconsin Chronic Disease Program (WCDP) and Wisconsin Well Woman Program (WWWP). <i>Note:</i> Non health care providers must submit this segment.
2010AA	REF02	Billing Provider Additional Identifier	Enter the eight or nine-digit billing provider number assigned by ForwardHealth interChange. <i>Note:</i> Non health care providers must submit their eight or nine-digit billing provider number.
2010AB	NM1	Pay-to Provider Name	<i>Note:</i> The information in this segment will not be used to determine where to send the provider Remittance and Status (R/S) Report and/or 835 HealthCare Claim Payment/Advice. The R/S Report and/or the 835 will be sent to the entity established during the provider certification process.
2010BA	NM1	Subscriber Name	Enter information about the subscriber/member in this loop.
2010BA	NM102	Entity Type Qualifier	Enter the value "1" to indicate the subscriber is a person.

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Loop	Element	Name	Instructions
2010BA	NM103	Subscriber Last Name	Enter the member's last name. <i>Note:</i> Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the member's identification card and the EVS do not match, use the spelling from the EVS.
2010BA	NM104	Subscriber First Name	Enter the member's first name. <i>Note:</i> Use the EVS to obtain the correct spelling of the member's name. If the name or spelling of the name on the member's identification card and the EVS do not match, use the spelling from the EVS.
2010BA	NM108	Identification Code Qualifier	Enter the value "MI" for the member identification number.
2010BA	NM109	Subscriber Primary Identifier	Enter the member's 10-digit ForwardHealth identification number.
2010BC	NM103	Payer Name	Enter value "WISC_TXIX" for Wisconsin Medicaid and BadgerCare Plus, "WISC_WWWP" for the Wisconsin Well Woman Program (WWWP) or "WISC_WCDP" for the Wisconsin Chronic Disease Program (WCDP).
2010BC	NM109	Identification Code	Enter value "WISC_TXIX" for Wisconsin Medicaid and BadgerCare Plus, "WISC_WWWP" for the Wisconsin Well Woman Program (WWWP) or "WISC_WCDP" for the Wisconsin Chronic Disease Program (WCDP).
2300	CLM01	Patient Account Number	<i>Note:</i> ForwardHealth interChange will process member account numbers up to 20 characters in length.

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Loop	Element	Name	Instructions
2300	CLM02	Total Claim Charge Amount	<p>Enter the total billed amount for the entire claim.</p> <p><i>Note:</i> Total claim charge amount replaces the use of revenue code 001, used prior to HIPAA to indicate the total billed amount.</p> <p>ForwardHealth interChange will process claims submitted with a negative total billed amount as if the provider submitted a zero total billed amount.</p>
2300	CLM05-1	Facility Code Value	<p>Enter the first two digits of the type of bill. See the National Uniform Billing Committee (NUBC) manual or Web site www.nubc.org for the appropriate value selections.</p>

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Loop	Element	Name	Instructions
2300 (cont.)	CLM05-3	Claim Frequency Code	<ul style="list-style-type: none"> • Enter the value "4" to indicate this is the last claim in an interim billing situation. ForwardHealth interChange will process the claim as if the provider submitted a "7". See the notes for the usage of "7" above. <p><i>Note:</i> The use of values "3", "4", "7" and "8" can result in the previously submitted claim being adjusted. Include the internal control number (ICN) from the previously submitted claim in the Original Reference Number segment in loop 2300. Any adjustment request without the previous ICN will be processed as if the provider submitted a "1" in this element.</p> <p>Electronic adjustments are subject to the same requirements as paper adjustments and therefore may result in a letter to the provider if the requirements are not met. Do not use adjustment values if reconsideration of the original payment is needed. All requests for reconsideration should be submitted on paper with supporting documentation.</p> <p>See the NUBC manual or Web site, http://www.nubc.org/ for additional information on value selections.</p>

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Loop	Element	Name	Instructions
2300	DTP01	Date Time Qualifier	Enter the value "434" for statement dates.
2300	DTP02	Date Time Period Format Qualifier	Enter the value "D8" if all the services being billed on the claim were performed on the same date or "RD8" if all the services being billed on the claim were not performed on the same date.
2300	DTP03	Statement From and To Date	If "D8" was used in the previous element, enter the date on which all the services were performed. If "RD8" was used in the previous element, enter the date period that covers all the services on the claim.
2300	DTP	Admission Date	<i>Note:</i> The admission date is required for WCDP APC Outpatient claims.
2300	DTP01	Date Time Qualifier	Enter the value "435" for admission date.
2300	DTP02	Date Time Period Format Qualifier	Enter the value "DT" to indicate the date is displayed in CCYYMMDDHHMM.
2300	DTP03	Admission Date and Hour	Enter the date the member was admitted for care. <i>Note:</i> This is required for WCDP APC Outpatient claims.
2300	CL101	Admission Type Code	Enter the Type of Admission Code. See the NUBC manual or Web site, http://www.nubc.org/ for additional information on value selections.
2300	CL102	Admission Source Code	Enter the Source of Admission Code. See the NUBC manual or Web site, http://www.nubc.org/ for additional information on value selections.
2300	CL103	Patient Status Code	Enter the Patient Status Code. See the NUBC manual or Web site, http://www.nubc.org/ for additional information on value selections.
2300	PWK02	Report Transmission	Enter the value "BM" to indicate the claim supplemental information is being sent to

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Loop	Element	Name	Instructions
		Code	ForwardHealth interChange by mail.
2300	PWK05	Identification Code Qualifier	Enter the value "AC" - Attachment Control Number. This element is required when PWK02 contains the value "BM".
2300	PWK06	Identification Code	Enter the attachment control number.
2300	REF02	Original Reference Number	Enter the most recent ICN assigned by ForwardHealth interChange.
2300	REF	Prior Authorization or Referral Number	ForwardHealth interChange does not require the prior authorization number be submitted on the 837 transaction. <i>Note:</i> For prior authorization policy guidelines refer to your service area of the Online Handbook.
2300	REF	Medical Record Number	Enter the medical record number (MRN) in this segment.
2300	REF01	Reference Identification Qualifier	Enter the value "EA" for medical record number (MRN).
2300	REF02	Reference Identification	Enter the medical record number (MRN).
2300	NTE01	Note Reference Code	Enter the value "ADD" to indicate Additional Information.
2300	NTE02	Description	Enter the billing note text.
2300	HI	Health Care Diagnosis Code	Enter the principal diagnosis, admitting diagnosis and E-code in this segment. <i>Note:</i> An admitting diagnosis is required for WCDP APC Outpatient claims.
2300	HI01-1	Code List Qualifier Code	Enter the value "BK" for Principal Diagnosis. <i>Note:</i> ForwardHealth interChange will use 25 diagnosis codes to process a claim.
2300	HI01-2	Industry Code	Enter the principal diagnosis code.
2300	HI02-1	Code List	Enter the value "BJ" for admitting diagnosis.

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Loop	Element	Name	Instructions
		Qualifier Code	
2300	HI02-2	Industry Code	Enter the admitting diagnosis code. <i>Note:</i> This is required for WCDP APC Outpatient claims.
2300	HI03-1	Code List Qualifier Code	Enter the value "BN" for United States Department of Health and Human Services, Office of Vital Statistics E-code.
2300	HI03-2	Industry Code	Enter the value "E".
2300	HI	Other Diagnosis Information	Enter additional diagnosis codes in this segment, if necessary. <i>Note:</i> ForwardHealth interChange will use up to 24 diagnosis codes in this segment, in addition to the principal diagnosis, to process a claim.
2300	HI01-1 HI02-1 HI03-1 HI04-1 HI05-1 HI06-1 HI07-1 HI08-1 HI09-1 HI10-1 HI11-1 HI12-1	Code List Qualifier Code	Enter the value "BF" for diagnosis.
2300	HI01-2 HI02-2 HI03-2 HI04-2 HI05-2 HI06-2 HI07-2 HI08-2 HI09-2 HI10-2 HI11-2 HI12-2	Other Diagnosis	Enter additional diagnosis codes in order of importance.

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Loop	Element	Name	Instructions
2300	HI	Principal Procedure Information	Enter principal procedure information in this segment.
2300	HI01-1	Code List Qualifier Code	Enter the value "BR" for the <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM) principal procedure code.
2300	HI01-2	Principal Procedure Code	Enter the principal procedure code.
2300	HI01-3	Date Time Period Format Qualifier	Enter the value "D8" for format CCYYMMDD.
2300	HI01-4	Date Time Period	Enter the date corresponding to the principal procedure code.
2300	HI	Other Procedure Information	Enter additional procedure information in this segment.
2300	HI01-1 HI02-1 HI03-1 HI04-1 HI05-1 HI06-1 HI07-1 HI08-1 HI09-1 HI10-1 HI11-1 HI12-1	Code List Qualifier Code	Enter the value "BQ" for the <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM) principal procedure code.
2300	HI01-2 HI02-2 HI03-2 HI04-2 HI05-2 HI06-2 HI07-2 HI08-2 HI09-2 HI10-2	Procedure Code	Enter additional procedure codes.

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Loop	Element	Name	Instructions
	HI11-2 HI12-2		
2300	HI01-3 HI02-3 HI03-3 HI04-3 HI05-3 HI06-3 HI07-3 HI08-3 HI09-3 HI10-3 HI11-3 HI12-3	Date Time Period Format Qualifier	Enter the value "D8" for format CCYYMMDD.
2300	HI01-4 HI02-4 HI03-4 HI04-4 HI05-4 HI06-4 HI07-4 HI08-4 HI09-4 HI10-4 HI11-4 HI12-4	Procedure Date	Enter the date corresponding to the additional procedure code.
2300	HI	Occurrence Span Information	Enter occurrence span information in this segment.
2300	HI01-1 HI02-1 HI03-1 HI04-1 HI05-1 HI06-1 HI07-1 HI08-1 HI09-1 HI10-1 HI11-1	Code List Qualifier Code	Enter the value "BI" for occurrence span.

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Loop	Element	Name	Instructions
	HI12-1		
2300	HI01-2 HI02-2 HI03-2 HI04-2 HI05-2 HI06-2 HI07-2 HI08-2 HI09-2 HI10-2 HI11-2 HI12-2	Occurrence Span Code	Enter the occurrence code.
2300	HI01-3 HI02-3 HI03-3 HI04-3 HI05-3 HI06-3 HI07-3 HI08-3 HI09-3 HI10-3 HI11-3 HI12-3	Date Time Period Format Qualifier	Enter the value "RD8" for format CCYYMMDD – CCYYMMDD.
2300	HI01-4 HI02-4 HI03-4 HI04-4 HI05-4 HI06-4 HI07-4 HI08-4 HI09-4 HI10-4 HI11-4 HI12-4	Occurrence Span Code Associated Date	Enter the date corresponding to the occurrence code.
2300	HI	Occurrence Information	Enter the occurrence information in this segment.

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Loop	Element	Name	Instructions
2300	HI01-1 HI02-1 HI03-1 HI04-1 HI05-1 HI06-1 HI07-1 HI08-1 HI09-1 HI10-1 HI11-1 HI12-1	Code List Qualifier Code	Enter the value "BH" for occurrence code.
2300	HI01-2 HI02-2 HI03-2 HI04-2 HI05-2 HI06-2 HI07-2 HI08-2 HI09-2 HI10-2 HI11-2 HI12-2	Occurrence Code	Enter the occurrence code.
2300	HI01-3 HI02-3 HI03-3 HI04-3 HI05-3 HI06-3 HI07-3 HI08-3 HI09-3 HI10-3 HI11-3 HI12-3	Date Time Period Format Qualifier	Enter the value "D8" for format CCYYMMDD.
2300	HI01-4 HI02-4 HI03-4 HI04-4 HI05-4	Occurrence or Occurrence Span Code Associated Date	Enter the date corresponding to the occurrence code.

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Loop	Element	Name	Instructions
	HI06-4 HI07-4 HI08-4 HI09-4 HI10-4 HI11-4 HI12-4		
2300	HI	Value Information	Enter value code information in this segment.
2300	HI01-1 HI02-1 HI03-1 HI04-1 HI05-1 HI06-1 HI07-1 HI08-1 HI09-1 HI10-1 HI11-1 HI12-1	Code List Qualifier Code	Enter the value "BE" for the value code.
2300	HI01-2 HI02-2 HI03-2 HI04-2 HI05-2 HI06-2 HI07-2 HI08-2 HI09-2 HI09-2 HI10-2 HI11-2 HI12-2	Value Code	Enter the value code.
2300	HI01-5 HI02-5 HI03-5 HI04-5 HI05-5 HI06-5	Value Code Associated Amount	Enter the dollar amount corresponding to the value code.

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Loop	Element	Name	Instructions
	HI07-5 HI08-5 HI09-5 HI10-5 HI11-5 HI12-5		
2300	HI	Condition Information	Enter condition code information in this segment.
2300	HI01-1 HI02-1 HI03-1 HI04-1 HI05-1 HI06-1 HI07-1 HI08-1 HI09-1 HI10-1 HI11-1 HI12-1	Code List Qualifier Code	Enter the value "BG" for the condition code.
2300	HI01-2 HI02-2 HI03-2 HI04-2 HI05-2 HI06-2 HI07-2 HI08-2 HI09-2 HI10-2 HI11-2 HI12-2	Condition Code	Enter the condition code.
2300	QTY	Claim Quantity	<p>This segment repeats multiple times. Use one iteration for covered days and a second iteration for non-covered days.</p> <p><i>Note:</i> This segment is required for all inpatient claims, including nursing home claims.</p> <p><i>Note:</i> With implementation of UB04, continue</p>

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Loop	Element	Name	Instructions
			to use the claims day count to indicate your covered and non-covered days. Absence of this information may result in claim denials.
2300	QTY01	Quantity Qualifier	Enter the value "CA" for covered days or "NA" for non-covered days.
2300	QTY02	Claim Days Count	Enter the number of covered or non-covered days. <i>Note:</i> This element is required on all inpatient claims, including nursing home claims.
2310A	NM101	Entity Identifier Code	Enter the value "71" for the attending physician.
2310A	NM103	Attending Physician Last Name	Enter the attending physician's last name.
2310A	NM108	Identification Code Qualifier	Enter the value "XX" to designate the use of a National Provider Identifier (NPI).
2310A	NM109	Identification Code	Enter the attending physician's 10-digit NPI.
2310A	PRV02	Reference Identification Qualifier	Enter the value "ZZ" to indicate the use of Health Care Provider taxonomy.
2310A	PRV03	Reference Identification	Enter the attending provider's taxonomy code. <i>Note:</i> The provider must use the appropriate taxonomy code that is associated to the provider type and specialty currently on file with WI Medicaid. Refer to Appendix 2 for a crosswalk of taxonomy codes to types and specialties.
2310B	NM101	Entity Identifier Code	Enter the value "72" for operating physician.
2310B	NM103	Operating Physician Last Name	Enter the operating physician's last name.
2310B	NM108	Identification Code Qualifier	Enter the value "XX" to designate the use of a National Provider Identifier (NPI).

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Loop	Element	Name	Instructions
2310B	NM109	Identification Code	Enter the operating physician's 10-digit NPI.
2320	SBR	Other Subscriber Information	<p>Include this loop when any of the following occur:</p> <ul style="list-style-type: none"> • The claim will be processed by multiple payers. • The member has commercial health insurance or commercial HMO coverage, but the claim was not billed to the other payer for reasons including, but not limited to: <ul style="list-style-type: none"> • The member denied coverage or will not cooperate. • The provider knows the service in question is not covered by the carrier. • The member's commercial health insurance failed to respond to initial and follow-up claims. • Benefits are not assignable or cannot get assignment. • Benefits are exhausted. • The claim was not sent to Medicare Part A, the billing provider identified is certified for Medicare Part A, the member is eligible for Medicare Part A and the service is usually covered by Medicare Part A but not in this circumstance. • The claim was not sent to Medicare Part B, the billing provider identified is certified for Medicare Part B, the member is eligible for Medicare Part B and the service is usually covered by Medicare Part B but not in this circumstance. <p><i>Note:</i> ForwardHealth interChange will use this loop to derive the "Other insurance" and "Medicare Disclaimer" codes.</p>

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Loop	Element	Name	Instructions
2320	SBR09	Claim Filing Indicator Code	<p>Enter the type of payer. ForwardHealth interChange uses this information when evaluating other insurance information.</p> <p>If this claim was not submitted to a commercial health insurance plan or commercial HMO plan based on the reasons listed for the SBR segment in loop 2320, enter one of the following values:</p> <ul style="list-style-type: none"> • "12" for Preferred Provider Organization (PPO). • "13" for Point of Service (POS). • "14" for Exclusive Provider Organization (EPO). • "BL" for Blue Cross/Blue Shield. • "CH" for Champus. • "CI" for Commercial Insurance Co. • "DS" for Disability. • "HM" for HMO. • "VA" for Veteran Administration Plan. <p><i>Note:</i> One of these values is required to have an other insurance indicator of "Y" assigned to the claim.</p> <p>If this claim was not submitted to Medicare based on the reasons listed for the SBR segment in loop 2320, enter one of the following values:</p> <ul style="list-style-type: none"> • "MA" for Medicare Part A. • "MB" for Medicare Part B. • "16" for HMO Medicare risk.

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Loop	Element	Name	Instructions
2320	CAS	Claim Level Adjustment	<p>Include this segment when another payer has made payment at the claim level. If the other payer returned an 835 HealthCare Claim Payment/Advice, the CAS segment from the 835 should be copied to this CAS.</p> <p>To generate an other insurance indicator of "D", a CAS segment for a non-Medicare payer must be used in either loop 2320 or 2430. The value(s) of the claim adjustment reason code(s) is used to determine if the other insurance indicator is "D" or blank.</p> <p>If this iteration of loop 2320 contains information from a Medicare payer, ForwardHealth interChange will also look for Medicare's coinsurance, copayment and deductible in this segment.</p>
2320	AMT	Payer Prior Payment	This segment contains the amount paid on this claim by the payer within this 2320 loop.
2320	AMT01	Amount Qualifier Code	Enter the value "C4" for the actual prior payment.
2320	AMT02	Other Payer Patient Paid Amount	Enter the amount paid on this claim by the payer within this 2320 loop.
2320	AMT01	Amount Qualifier Code	Enter the value "A8" for actual non-covered charges.
2320	AMT02	Non-Covered Charge Amount	Enter the non-covered charges.
2320	MIA	Medicare Inpatient Adjudication Information	Include this segment when it was returned in the 835 HealthCare Claim Payment/Advice from a previous payer or if this iteration of 2320 is being used to indicate that an inpatient hospital or nursing home claim was not submitted to another payer based on the notes in the SBR segment of loop 2320 of this document.
2320	MIA05	Remark Code	If the claim is an inpatient claim and it was not submitted to another payer, enter "MA07" in this element to generate either an other insurance

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Loop	Element	Name	Instructions
			indicator of "Y" or a Medicare disclaimer code of "8".
2320	MOA	Medicare Outpatient Adjudication Information	Include this segment when it was returned in the 835 HealthCare Claim Payment/Advice from a previous payer or if this iteration of 2320 is being used to indicate an outpatient claim was not submitted to another payer based on the notes in the SBR segment of loop 2320 of this document.
2320	MOA03	Remark Code	If the claim is an outpatient claim and it was not submitted to another payer, enter "MA07" in this element to generate either an other insurance indicator of "Y" or a Medicare disclaimer code of "8".
2330B	NM109	Other Payer Primary Identifier	Enter the other payer's identifier. <i>Note:</i> ForwardHealth interChange will use this number in combination with loop 2430 to calculate other insurance and Medicare payments.
2330B	DTP03	Adjudication or Payment Date	Enter Medicare's claim paid date.
2330E	NM1	Other Payer Operating Provider	Include this segment when NPI is the identifier used for the other payer operating provider.
2330E	NM108	ID Code Qualifier	Enter the value "XX" to indicate that the next element will be the NPI for the other payer operating provider.
2330E	NM109	Identification Code	Enter the NPI for the other payer operating provider.
2330E	REF	Other Payer Operating Provider Secondary Information	Include this segment to further identify the other payer operating provider.
2330E	REF01	Reference Identification Qualifier	Enter the value "1D" for the Wisconsin Medicaid provider number.

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Loop	Element	Name	Instructions
2330E	REF02	Other Payer Operating Provider Additional Identifier	Enter the eight-digit Wisconsin Medicaid billing provider number assigned by Wisconsin Medicaid.
2400	SV202-3	HCPCS Modifier 1	Enter a HCPCS/CPT modifier code, if necessary, to clarify the procedure code.
2400	SV202-4	HCPCS Modifier 2	Enter a HCPCS/CPT modifier code, if necessary, to clarify the procedure code.
2400	SV202-5	HCPCS Modifier 3	Enter a HCPCS/CPT modifier code, if necessary, to clarify the procedure code.
2400	SV202-6	HCPCS Modifier 4	Enter a HCPCS/CPT modifier code, if necessary, to clarify the procedure code.
2400	SV203	Line Item Charge Amount	Enter the billed amount for each service line. <i>Note:</i> ForwardHealth interChange will process claims submitted with a negative service line billed amount as if the provider submitted a zero service line billed amount.
2400	SV204	Unit or Basis for Measurement	Enter the value "DA" for days or "UN" for units.
2400	SV205	Service Unit Count	Enter the number of days or units for the services provided.
2400	SV207	Line Item Denied Charge or Non-Covered Charge Amount	Enter the service line non-covered amount.
2400	DTP01	Date Time Qualifier	Enter the value "472" for service dates.

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Loop	Element	Name	Instructions
2400	DTP02	Date Time Period Format Qualifier	Enter the value "D8" to indicate a single date of service or "RD8" to indicate a range of service dates for the service line. <i>Note:</i> When "RD8" is used on outpatient claims, ForwardHealth interChange will assume the exact same service, including the number of units, was performed on each day within the range.
2400	DTP03	Service Date	Enter the date(s) the procedure was performed. <i>Note:</i> ForwardHealth interChange requires service line dates on all outpatient and nursing home claims.
2410	LIN02	Product/ Service ID Qualifier	Enter the value "N4" for National Drug Code by format.
2410	LIN03	Product/ Service ID	Enter the National Drug Code (NDC).
2410	CTP03	Unit Price	Enter the drug unit price.
2410	CTP04	Quantity	Enter the national drug unit count.
2410	CTP05-1	Unit or Basis for Measurement Code	Enter the code qualifier.
2410	REF01	Reference Identification Qualifier	Enter the value "XZ" to indicate the pharmacy prescription number.
2410	REF02	Reference Identification	Enter the prescription number.
2420A	NM101	Entity Identifier Code	Enter the value "71" for attending physician.
2420A	NM103	Attending Physician Last Name	Enter the attending physician's last name.
2420A	NM108	Identification Code Qualifier	Enter the value "XX" to designate the use of a National Provider Identifier (NPI).

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Loop	Element	Name	Instructions
2420A	NM109	Identification Code	Enter the attending physician's 10-digit NPI.
2420A	REF01	Reference Identification Qualifier	Enter the value "1D" for the Wisconsin Medicaid provider number or "1G" for the provider UPIN number. Although other values are acceptable, Wisconsin Medicaid prefers the eight-digit Wisconsin Medicaid provider number or the UPIN.
2420A	REF02	Attending Physician Secondary Identifier	Enter the provider's individual eight-digit Wisconsin Medicaid provider number or the provider's UPIN number.
2420B	NM103	Operating Physician Last Name	Enter the operating physician's last name.
2420B	NM108	Identification Code Qualifier	Enter the value "XX" to designate the use of a National Provider Identifier (NPI).
2420B	NM109	Identification Code	Enter the operating physician's 10-digit NPI.
2420B	REF01	Reference Identification Qualifier	Enter the value "1D" for the Wisconsin Medicaid provider number.
2420B	REF02	Operating Physician Secondary Identifier	Enter the provider's individual eight-digit Wisconsin Medicaid provider number.
2430	SVD02	Service Line Paid Amount	Enter the amount the other payer paid on the service line.

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Loop	Element	Name	Instructions
2430	CAS	Service Line Adjustment	<p>Include this segment when another payer has made payment at the service line. If the other payer returned an 835 with a service line CAS, the CAS segment from the 835 should be copied to this CAS.</p> <p><i>Note:</i> ForwardHealth interChange will use the information in the CAS segment in place of the "other insurance indicator" and "Medicare disclaimer code" submitted prior to HIPAA.</p> <p>To generate an other insurance indicator of "D", a CAS segment for a non-Medicare payer must be used in either loop 2320 or 2430. The value(s) of the claim adjustment reason code(s) is used to determine if the other insurance indicator is "D" or blank.</p> <p>If this iteration of loop 2430 contains information from a Medicare payer, ForwardHealth interChange will also look for Medicare's coinsurance, copayment and deductible.</p>
2430	DTP	Service Line Adjudication Date	Include this segment when another payer has made payment at the service line of this claim.
2430	DTP01	Date/Time Qualifier	Enter the value "573" for the claim paid date.
2430	DTP02	Date Time Period Format Qualifier	Enter the value "D8" to indicate format CCYYMMDD.
2430	DTP03	Service Adjudication or Payment Date	Enter the date the other payer paid the claim.

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Appendix 1

Examples

ForwardHealth interChange derives coordination of benefit information from the 837 that providers directly submitted. This companion document has pointed out the pieces of information ForwardHealth interChange uses to derive those values; however, the Implementation Guide frequently requires additional information in the segments where this information is found. Below are examples that show how the information may appear on the 837.

Other Insurance Indicators (Wisconsin Medicaid examples)

In order to have an other insurance indicator assigned to a claim, at least one additional payer must be represented on the claim. The inclusion of a 2320 loop and any required subloops represent each payer. Wisconsin Medicaid can assign one of three Other Insurance codes to electronic claims based on information supplied on the claim.

Other Insurance = D

In this example, the provider billed \$100.00. The other payer has paid \$0.00. The reason that payer did not pay the claim is indicated with the CAS segment copied from the 835 received from that payer.

Loop 2320

```
SBR*P*19***C1***CI~  
CAS*PR*35*100~  
AMT*C4*0~  
DMG*D8*19400101*M~  
OI***Y*B**Y~
```

Loop 2330A

```
NM1*IL*1*LAST NAME*FIRST NAME***MI*999999999~
```

Loop 2330B

```
NM1*PR*2*COMMERCIAL/OTHER INS*****PI*001~  
DTP*573*D8*20031016~
```

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Other Insurance = P

In this example, the provider billed \$115.66. The other payer allowed \$115.66 and has paid \$83.56. The difference between the allowed amount and the paid amount is \$32.10 and is represented on the CAS segment copied from the 835 received from that payer.

Loop 2320

SBR*P*18***AP***CI~
CAS*PR*2*32.10~
AMT*C4*83.56~
DMG*D8*19400101*M~
OI***Y*B**Y~

Loop 2330A

NM1*IL*1*LAST NAME*FIRST NAME****MI*999999999~

Loop 2330B

NM1*PR*2*OTHER INSURANCE CARRIER*****PI*001~
DTP*573*D8*20031016~

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Other Insurance = Y

In this example, the provider billed \$52.00. The member had a second insurance policy, but the claim was not submitted to the other payer. Refer to the Wisconsin Medicaid All-Provider Handbook to determine when it is appropriate to submit claims to Wisconsin Medicaid without first receiving payment from the primary payer.

Loop 2320

```
SBR*P*19***C1****CI~  
DMG*D8*19400101*F~  
AMT*C4*0~  
OI***Y*B**Y~  
MOA***MA07~
```

Loop 2330A

```
NM1*IL*1*LAST NAME*FIRST NAME****MI*999999999~
```

Loop 2330B

```
NM1*PR*2*OTHER INSURANCE CARRIER*****PI*001~
```

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Medicare Disclaimers (Wisconsin Medicaid examples)

In order to have a Medicare disclaimer code assigned to a claim, at least one Medicare payer must be represented on the claim. The inclusion of a 2320 loop and any required subloops represent each payer. ForwardHealth interChange can assign one of two Medicare disclaimer codes to electronic claims based on information supplied on the claim.

Medicare Disclaimer = 7

In this example, the provider billed \$146.00. Medicare allowed zero and paid zero. The reason Medicare did not pay the claim is indicated with the CAS segment copied from the 835 received from Medicare.

Loop 2320

SBR*P*18***CP***MB~

CAS*PR*50*146.00~

AMT*C4*0~

DMG*D8*10400101*F~

OI***Y*B**Y~

Loop 2330A

NM1*IL*1*LAST NAME*FIRST NAME***MI*99999999~

Loop 2330B

NM1*PR*2*MEDICARE*****PI*004~

DTP*573*D8*20031016~

Medicare Disclaimer = 8

In this example, the provider billed \$40.00. The member is a Medicare beneficiary, but the claim was not submitted to Medicare. Refer to the Wisconsin Medicaid All-Provider Handbook to determine when it is appropriate to submit claims to Wisconsin Medicaid without first receiving payment from Medicare.

Loop 2320

SBR*P*18***MB***MB~

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AMT*C4*0~

DMG*D8*19400101*F~

OI***Y*B**M~

MOA***MA07~

Loop 2330A

NM1*IL*1*LAST NAME*FIRST NAME****MI*99999999~

Loop 2330B

NM1*IL*2*MEDICARE****PI*004~

Dual-Entitlee Claim (Crossover Claim from Medicare to Medicaid)

In this example, the provider billed \$456.00. Medicare allowed \$240.07 and paid \$192.06. Medicare's coinsurance is \$48.01 and the noncovered amount is \$215.93.

Loop 2320

SBR*P*18***MB****MB~

AMT*C4*192.06~

DMG*D8*19400101*F~

OI***Y*B**Y~

Loop 2330A

NM1*IL*1*LAST NAME*FIRST NAME****MI*99999999~

Loop 2330B

NM1*PR*2*MEDICARE****PI*004~

Loop 2430

SVD*001*192.06*HC:E0431**31.00~

CAS*PR*2*48.01~

CAS*CO*42*215.93~

DTP*573*D8*20031016~

APPENDIX 2

BadgerCare Plus Required Taxonomy Codes

Provider Type	Provider Specialty	Taxonomy Code	Taxonomy Description
Ambulance	Air Ambulance	3416A0800X	Air Transport
Ambulance	Land Ambulance	3416L0300X	Land Transport
Ambulance	Water Ambulance	3416S0300X	Water Transport
Ambulatory Surgical Center (ASC)	N/A	261QA1903X	Ambulatory Surgical
Anesthetist	Anesthesiologist Assistant	367H00000X	Anesthesiologist Assistant
Anesthetist	<ul style="list-style-type: none"> • Certified Registered Nurse Anesthetist (CRNA) • CRNA group 	367500000X	Nurse Anesthetist, Certified Registered
Audiologist	<ul style="list-style-type: none"> • Audiologist • Audiology group 	231H00000X	Audiologist
Case Management	All	251B00000X	Case Management
Chiropractor	<ul style="list-style-type: none"> • Chiropractor • Chiropractic Group 	111N00000X	Chiropractor
Community Support Program (CSP)	All	251S00000X	Community/Behavioral Health
Comprehensive Community Services (CCS)	All	251S00000X	Community/Behavioral Health
Crisis Intervention	All	251S00000X	Community/Behavioral Health
Day Treatment	<ul style="list-style-type: none"> • Adult Mental Health • Substance Abuse 	261Q00000X	Clinic/Center
Day Treatment	Child Adolescent	261QM0855X	Adolescent and Children Mental Health
Dentist	Endodontics	1223E0200X	Endodontics
Dentist	General Practice	1223G0001X	General Practice
Dentist	Oral Pathology	1223P0106X	Oral and Maxillofacial Pathology
Dentist	Oral Surgery	1223S0112X	Oral and Maxillofacial Surgery
Dentist	Orthodontics	1223X0400X	Orthodontics and Dentofacial Orthopedics
Dentist	Pediatric Dentist	1223P0221X	Pediatric Dentistry

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Provider Type	Provider Specialty	Taxonomy Code	Taxonomy Description
Dentist	Periodontics	1223P0300X	Periodontics
Dentist	Prosthodontics	1223P0700X	Prosthodontics
Dental Group	N/A	261QD0000X	Dental
Dental Hygienist	N/A	124Q00000X	Dental Hygienist
End Stage Renal Disease (ESRD)	All	261QE0700X	End-Stage Renal Disease Treatment (ESRD)
Facility for the Developmentally Disabled (FDD)	All	315P00000X	Intermediate Care Facility
Family Planning Clinic	All	261QF0050X	Family Planning, Non-Surgical
Federally Qualified Health Clinic (FQHC)	N/A	261QF0400X	Federally Qualified Health Center (FQHC)
HealthCheck	All	261QP2300X	Clinic Center/Primary
HealthCheck Other Services	N/A	261QH0100X	Health Service
Hearing Instrument Specialist	<ul style="list-style-type: none"> • Hearing Instrument Specialist • Hearing Instrument Specialist Group 	237700000X	Hearing Instrument Specialist
Home Health/Personal Care Agency	<ul style="list-style-type: none"> • Home Health Only Provider • Home Health/Personal care Dually Certified Provider 	251E00000X	Home Health
Hospice	All	251G00000X	Hospice Care, Community Based
Hospital	Inpatient/Outpatient Hospital	282N00000X	General Acute Care Hospital
Independent Lab	Independent Lab	291U00000X	Clinical Medical Laboratory
Individual Medical Supply	Federally Qualified Health Center (FQHC)	332B00000X	Durable Medical Equipment & Medical Supplies
Individual Medical Supply	<ul style="list-style-type: none"> • Orthotist • Orthotist/Prosthetist 	222Z00000X	Orthotist
Individual Medical Supply	Prosthetist	224P00000X	Prosthetic
Individual Medical Supply	Specialties other than Federally Qualified Health Center (FQHC), Orthotist, Prosthetist, and Orthotist/Prosthetist	335E00000X	Prosthetic Orthotic Supplier
Institution for Mental Disease	All	283Q00000X	Psychiatric Hospital
Medical Vendor	Federally Qualified Health Center (FQHC)	261QF0400X	Federally Qualified Health Center (FQHC)
Medical Vendor	Medical Equipment/Supplies	332B00000X	Durable Medical Equipment &

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Provider Type	Provider Specialty	Taxonomy Code	Taxonomy Description
			Medical Supplies
Mental Health and Substance Abuse Agency	All	261QM0801X	Mental Health, including Community Mental Health
Mental Health and Substance Abuse Services Provided by Individuals	Advanced Practice Nurse Prescriber	363LP0808X	Psychiatric/Mental Health
Mental Health and Substance Abuse Services Provided by Individuals	Alcohol and Other Drug Abuse Counselor	101YA0400X	Addiction (Substance Use Disorder)
Mental Health and Substance Abuse Services Provided by Individuals	<ul style="list-style-type: none"> • Licensed Psychologist (PhD) • Licensed Psychologist (PhD) Group 	103T00000X	Psychologist
Mental Health and Substance Abuse Services Provided by Individuals	<ul style="list-style-type: none"> • Master's-Level Psychotherapist • Master's-Level Psychotherapist/Alcohol and Other Substance Abuse Counselor 	104100000X	Social Worker
Mental Health and Substance Abuse Services Provided by Individuals	Psychiatric Nurse	163WP0808X	Psychiatric/Mental Health (RN)
Narcotic Treatment Service	Licensed Practical Nurse	164W000000X	Licensed Practical Nurse (LPN)
Narcotic Treatment Service	Registered Alcohol and Drug Counselor (RADC)/Narcotic Treatment Service (RTS)	101YA0400X	Addiction (Substance Use Disorder)
Narcotic Treatment Service	Registered Nurse	163WA0400X	Addiction (Substance Use Disorder)
Narcotic Treatment Service Agency	N/A	261QM2800X	Methadone
Nurse Practitioner	Certified Family Nurse Practitioner	363LF0000X	Family
Nurse Practitioner	Certified Pediatric Nurse Practitioner	363LP0200X	Pediatrics
Nurse Practitioner	Nurse Practitioner/Nurse Midwife	367A00000X	Midwife, Certified Nurse

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Provider Type	Provider Specialty	Taxonomy Code	Taxonomy Description
Nurse Practitioner	<ul style="list-style-type: none"> • Specialties other than Pediatric Nurse Practitioner, Family Nurse Practitioner, Nurse Practitioner/Nurse Midwife • Group 	363L00000X	Nurse Practitioner
Nurses in Independent Practice	Licensed Practical Nurse (LPN)	164W00000X	Licensed Practical Nurse (LPN)
Nurses in Independent Practice	Registered Nurse (RN)	163W00000X	Registered Nurse (RN)
Nurse Midwife	N/A	176B00000X	Midwife, Certified
Nursing Facility	N/A	314000000X	Skilled Nursing Facility
Occupational Therapy	<ul style="list-style-type: none"> • Occupational Therapist • Occupational Therapy Group 	225X00000X	Occupational Therapist
Occupational Therapy	Occupational Therapy Assistant	224Z00000X	Occupational Therapy Assistant
Optician	Optician	156FX1800X	Optician
Optometry	<ul style="list-style-type: none"> • Optometrist • Optometry Group 	152W00000X	Optometrist
Pharmacy	Pharmacy	333600000X	Pharmacy
Physical Therapy	Group	261QP2000X	Physical Therapy
Physical Therapy	Physical Therapist	225100000X	Physical Therapist
Physical Therapy	Physical Therapy Assistant	225200000X	Physical Therapy Assistant
Physician Clinic	Multi-Specialty	193200000X	Multi-Specialty
Physician and Physician Specialty Clinic	Allergy & Immunology	207K00000X	Allergy & Immunology
Physician and Physician Specialty Clinic	Anesthesiology	207L00000X	Anesthesiology
Physician and Physician Specialty Clinic	Cardiovascular Disease	207RC0000X	Cardiovascular Disease
Physician and Physician Specialty Clinic	Dermatology	207N00000X	Dermatology
Physician and Physician Specialty Clinic	Emergency Medicine	207P00000X	Emergency Medicine
Physician and Physician Specialty Clinic	Family Practice	207Q00000X	Family Practice
Physician and Physician Specialty Clinic	Gastroenterology	207RG0100X	Gastroenterology
Physician and Physician Specialty Clinic	General Practice	208D00000X	General Practice
Physician and Physician Specialty Clinic	General Surgery	208600000X	Surgery

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Provider Type	Provider Specialty	Taxonomy Code	Taxonomy Description
Physician and Physician Specialty Clinic	Geriatrics	207QG0300X	Geriatric Medicine
Physician and Physician Specialty Clinic	Internal Medicine	207R00000X	Internal Medicine
Physician and Physician Specialty Clinic	Manipulative Therapy	208D00000X	General Practice
Physician and Physician Specialty Clinic	Miscellaneous	208D00000X	General Practice
Physician and Physician Specialty Clinic	Nephrology	207RN0300X	Nephrology
Physician and Physician Specialty Clinic	Neurological Surgery	207T00000X	Neurological Surgery
Physician and Physician Specialty Clinic	Neurology	2084N0400X	Neurology
Physician and Physician Specialty Clinic	Nuclear Medicine	207U00000X	Nuclear Medicine
Physician and Physician Specialty Clinic	Obstetrics and Gynecology	207V00000X	Obstetrics and Gynecology
Physician and Physician Specialty Clinic	Oncology and Hematology	207RH0003X	Hematology & Oncology
Physician and Physician Specialty Clinic	Ophthalmology	207W00000X	Ophthalmology
Physician and Physician Specialty Clinic	Orthopedic Surgery	207X00000X	Orthopedic Surgery
Physician and Physician Specialty Clinic	Otolaryngology	207Y00000X	Otolaryngology
Physician and Physician Specialty Clinic	Pathology	207ZC0500X	Pathologist
Physician and Physician Specialty Clinic	<ul style="list-style-type: none"> • Pediatrician • Pediatric Allergy • Pediatric Cardiology 	208000000X	Pediatrics
Physician and Physician Specialty Clinic	Physical Medicine and Rehab	208100000X	Physical Medicine & Rehabilitation
Physician and Physician Specialty Clinic	Plastic Surgery	208200000X	Plastic Surgery
Physician and Physician Specialty Clinic	Preventative Medicine	2083P0901X	Public Health and General Preventative Medicine
Physician and Physician Specialty Clinic	Proctology	208C00000X	Colon and Rectal Surgery
Physician and Physician Specialty Clinic	Psychiatry	2084P0800X	Psychiatry
Physician and Physician Specialty Clinic	Pulmonary Disease	207RP1001X	Pulmonary Disease
Physician and Physician Specialty Clinic	Radiation Therapy	2085R0202X	Diagnostic Radiology
Physician and Physician Specialty Clinic	Radiology	2085R0202X	Diagnostic Radiology

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Provider Type	Provider Specialty	Taxonomy Code	Taxonomy Description
Physician and Physician Specialty Clinic	Thoracic and Cardiovascular Surgery	208G00000X	Thoracic Surgery (Cardiothoracic Vascular Surgery)
Physician and Physician Specialty Clinic	Urgent Care	208D00000X	General Practice
Physician and Physician Specialty Clinic	Urology	208800000X	Urology
Physician Assistant	N/A	363A00000X	Physician Assistant
Podiatry	<ul style="list-style-type: none"> • Podiatrist • Podiatry Group 	213E00000X	Podiatrist
Portable X-Ray	N/A	261QR0208X	Radiology Mobile
Prenatal Care Coordination	All	251B00000X	Case Management
Rehabilitation Agency	All	261QR0400X	Rehabilitation
Rural Health Clinic	All	261QR1300X	Rural Health
School Based Services	All	251300000X	Local Education Agency (LEA)
Speech & Hearing Clinic	N/A	261QH0700X	Hearing and Speech
Speech Language Pathology (SLP)	Speech Language Pathology (SLP)- Bachelor 's Level	2355S0801X	Speech-Language Assistant
Speech Language Pathology (SLP)	Speech Language Pathology (SLP) - Master's Level	235Z00000X	Speech-Language Pathologist
Speech Language Pathology (SLP) Clinic	N/A	235Z00000X	Speech-Language Pathologist
Therapy Group	Group	261QR0400X	Rehabilitation