

Centers for Medicare & Medicaid Services (CMS)

Standard Companion Guide

Health Care Claim: Professional (837P)

Based on ASC X12N TR3, Version 005010X222A1

Companion Guide Version Number: 11.1,
June 2026

Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of Medicare claims is restricted under the provisions of the Privacy Act of 1974 and Health Insurance Portability and Accountability Act of 1996. This Companion Guide is to be used for conducting Medicare business only.

© 2019 Novitas Solutions, Inc.

Preface

This Companion Guide (CG) to the ASC X12N Technical Report Type 3 (TR3) Version 005010 and associated errata adopted under Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging transactions electronically with Medicare. Transmissions based on this CG, used in tandem with the TR3, are compliant with both ASC X12N syntax and those guides. This CG is intended to convey information that is within the framework of the TR3 adopted for use under HIPAA. This CG is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

This CG contains instructions for electronic communications with the publishing entity, as well as supplemental information, for creating transactions while ensuring compliance with the associated ASC X12N TR3s and the Council for Affordable Quality Healthcare – Committee on Operating Rules for Information Exchange (CAQH CORE) companion guide operating rules.

In addition, this CG contains the information needed by Trading Partners to send and receive electronic data with the publishing entity, who is acting on behalf of CMS, including detailed instructions for submission of specific electronic transactions. The instructional content is limited by ASC X12N's copyrights and Fair Use statement.

© 2019 Novitas Solutions, Inc.

Table of Contents

Disclosure Statement ii

Preface iii

1 Introduction 1
- 1.1 Scope 1
- 1.2 Overview 1
- 1.3 References 2
- 1.4 Additional Information 3

2 Getting Started 3
- 2.1 Working Together 3
- 2.2 Trading Partner Registration 4
- 2.3 Trading Partner Certification and Testing Process 6

3 Testing and Certification Requirements 6
- 3.1 Testing Requirements 6
- 3.2 Certification Requirements 7

4 Connectivity / Communications 8
- 4.1 Process Flows 8
- 4.2 Transmission 9
  - 4.2.1 Re-transmission Procedures 9
- 4.3 Communication Protocol Specifications 9
  - 4.3.1 Novitasphere Portal 9
  - 4.3.2 Secure File Transfer Protocol (SFTP) Submission 9
- 4.4 Security Protocols and Passwords 11
  - 4.4.1 System Logins 11
  - 4.4.2 Password Guidelines 11

5 Contact Information 12
- 5.1 EDI Customer Service 12
  - Mailing Address 12
  - Telephone Numbers 12
  - Email address 12
  - Time and Day of Operations 12
- 5.2 EDI Technical Assistance 12
- 5.3 Trading Partner Service Number 13
- 5.4 Applicable Websites / Email 13

6 Control Segments / Envelopes 13
- 6.1 ISA-IEA 15
  - Delimiters – Inbound Transactions 15
  - Delimiters – Outbound Transactions 15
  - Inbound Data Element Detail and Explanation 15

© 2019 Novitas Solutions, Inc.

6.2 GS-GE 15
6.3 ST-SE 15

7 Specific Business Rules 16
7.1 General Notes 16
7.2 General Transaction Notes 18

8 Acknowledgments and Reports 18
8.1 Report Inventory 19
8.1.1 File Naming Convention for EDI Reports 20

9 Trading Partner Agreement 20

10 Transaction-Specific Information 21
10.1 Header 21
10.1.1 Header and Information Source 21
10.1.2 Loop 1000A Submitter Name 22
10.1.3 Loop 1000B Receiver Name 22
10.2 Billing Provider 23
10.2.1 Loop 2000A Billing Provider Detail 23
10.2.2 Loop 2010AA Billing Provider Name 23
10.3 Subscriber Detail 24
10.3.1 Loop 2000B Subscriber Hierarchical Level 24
10.3.2 Loop 2010BA Subscriber Name 25
10.3.3 Loop 2010BB Payer Name 26
10.4 Patient Detail 26
10.4.1 Loop 2300 Claim Information 26
10.4.2 Loop 2310A Referring Provider Name 29
10.4.3 Loop 2310B Rendering Provider Name 30
10.4.4 Loop 2310C Service Facility Location 30
10.4.5 Loop 2310D Supervising Provider Name 30
10.4.6 Loop 2320 Other Subscriber Information 31
10.4.7 Loop 2330A Other Subscriber Name 32
10.4.8 Loop 2330B Other Payer Name 32
10.4.9 Loop 2400 Service Line Number 33
10.4.10 Loop 2410 Drug Identification 38
10.4.11 Loop 2420A Rendering Provider Name 40
10.4.12 Loop 2420C Service Facility Location 40
10.4.13 Loop 2420D Supervising Provider Name 40
10.4.14 Loop 2420E Ordering Provider Name 40
10.4.15 Loop 2420F Referring Provider Name 41
10.4.16 Loop 2430 Line Adjudication Information 41
10.4.17 Loop 2440 Form Identification Code 42
10.4.18 Transaction Set Trailer 45

11 Appendices 46
11.1 Implementation Checklist 46

© 2019 Novitas Solutions, Inc.

11.2 Transmission Examples..... 46
11.3 Frequently Asked Questions..... 47
11.4 Acronym Listing 47
11.5 Change Summary..... 50

© 2019 Novitas Solutions, Inc.

List of Tables

Table 1. EDI Transactions and Code Set References 2
Table 2. Additional EDI Resources 3
Table 3. Approved SFTP Software 10
Table 4. ISA Interchange Control Header 13
Table 5. GS Functional Group Header 14
Table 6. Outbound Delimiters 15
Table 7. Segment / Elements Not Accepted by Medicare 16
Table 8. Reports 19
Table 9. Naming Convention for EDI Reports 20
Table 10. EDI Reports and File Names 20
Table 11. ST Transaction Set Header 21
Table 12. BHT Beginning of Hierarchical Transaction 21
Table 13. Loop 1000A NM1 Submitter Name 22
Table 14. Loop 1000B NM1 Receiver Name 22
Table 15. Loop 2000A Billing Provider Detail 23
Table 16. Loop 2010AA Billing Provider Name 23
Table 17. Loop 2000B HL Subscriber Hierarchical Level 24
Table 18. Loop 2000B SBR Subscriber Information 24
Table 19. Loop 2000B PAT Patient Information 24
Table 20. Loop 2010BA NM1 Subscriber Name 25
Table 21. Loop 2010BA DMG Subscriber Demographic Information 25
Table 22. Loop 2010BB NM1 Payer Name 26
Table 23. Loop 2300 CLM Claim Information 26
Table 24. Loop 2300 DTP Date Elements 27
Table 25. Loop 2300 DTP Admission Date 28
Table 26. Loop 2300 PWK Claim Supplement Information 28
Table 27. Loop 2300 CR1 Ambulance Transport Information 29
Table 28. Loop 2300 HI Health Care Diagnosis Code 29
Table 29. Loop 2310A NM1 Referring Provider Name 29
Table 30. Loop 2310B NM1 Rendering Provider Name 30
Table 31. Loop 2310C N4 Service Facility Location 30
Table 32. Loop 2310D NM1 Supervising Provider Name 30
Table 33. Loop 2320 SBR Other Subscriber Information 31
Table 34. Loop 2320 CAS Claim Level Adjustments 31
Table 35. Loop 2320 AMT COB Payer Paid Amount 31
Table 36. Loop 2330A NM1 Other Subscriber Name 32
Table 37. Loop 2330A REF Other Subscriber Secondary Identification 32
Table 38. Loop 2330B DTP Claim Check or Remittance Date 32
Table 39. Loop 2400 SV1 Professional Service 33
Table 40. Loop 2400 PWK DME Certificate of Medical Necessity Indicator 34
Table 41. Loop 2400 CR1 Ambulance Transport Information 35

© 2019 Novitas Solutions, Inc.

Table 42. Loop 2400 CR3 Durable Medical Equipment Certification 35
Table 43. Loop 2400 CRC Condition Indicator/ Durable Medical Equipment 35
Table 44. Loop 2400 DTP Service Date 36
Table 45. Loop 2400 QTY Ambulance Patient Count 38
Table 46. Loop 2400 QTY Obstetric Anesthesia Additional Units 38
Table 47. Loop 2400 MEA Test Results 38
Table 48. Loop 2410 LIN Drug Identification 39
Table 49. Loop 2410 CTP Drug Quantity 39
Table 50. Loop 2410 CTP Prescription or Compound Drug Association Number 39
Table 51. Loop 2420A NM1 Rendering Provider Name 40
Table 52. Loop 2420C N4 Service Facility Location 40
Table 53. Loop 2420D NM1 Supervising Provider Name 40
Table 54. Loop 2420E NM1 Ordering Provider Name 41
Table 55. Loop 2420F NM1 Referring Provider Name 41
Table 56. Loop 2430 SVD Line Adjudication Information 41
Table 57. Loop 2430 DTP Line Check or Remittance Date 42
Table 58. Loop 2440 LQ Form Identification Code 42
Table 59. Loop 2440 FRM Supporting Documentation 42
Table 60. SE Transaction Set Trailer 45
Table 61. EDI Implementation Checklist 46
Table 62. Acronyms Listing and Definitions 47
Table 63. Companion Guide Version History 50

© 2019 Novitas Solutions, Inc.

List of Figures

Figure 1. Novitas JL 837P Process Flow 8
Figure 2. 837P Control Segments & Envelopes 47

© 2019 Novitas Solutions, Inc.

1 Introduction

This document is intended to provide information from the author of this guide to Trading Partners to give them the information they need to exchange Electronic Data Interchange (EDI) data with the author. This includes information about registration, testing, support, and specific information about control record setup.

An EDI Trading Partner is defined as any Medicare customer (e.g., provider/supplier, billing service, clearinghouse, or software vendor) that transmits to, or receives electronic data from Medicare. Medicare's EDI transaction system supports transactions adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as additional supporting transactions as described in this guide.

Medicare Fee-For-Service (FFS) is publishing this Companion Guide (CG) to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of, the ASC X12N Technical Report Type 3 (TR3) Version 005010 and associated errata mandated by HIPAA and/or adopted by Medicare FFS for EDI.

This CG provides communication, connectivity, and transaction-specific information to Medicare FFS Trading Partners and serves as the authoritative source for Medicare FFS-specific EDI protocols.

Additional information on Medicare FFS EDI practices are referenced within Internet-only Manual (IOM) Pub. 100-04 Medicare Claims Processing Manual:

- Chapter 24 – General EDI and EDI Support, Requirements, Electronic Claims, and Mandatory Electronic Filing of Medicare Claims (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c24.pdf)

1.1 Scope

EDI addresses how Trading Partners exchange professional and institutional claims, claim acknowledgments, claim remittance advice, claim status inquiry and responses, and eligibility inquiry and responses electronically with Medicare. This CG also applies to ASC X12N 837P transactions that are being exchanged with Medicare by third parties, such as clearinghouses, billing services or network service vendors.

This CG provides technical and connectivity specification for the 837 Health Care Claim: Professional transaction Version 005010A1.

1.2 Overview

This CG includes information needed to commence and maintain communication exchange with Medicare. In addition, this CG has been written to assist you in designing and implementing the ASC X12N 837P transaction standard to meet Medicare's processing standards. This information is organized in the sections listed below:

- *Getting Started:* This section includes information related to hours of operation, and data services. Information concerning Trading Partner registration and the Trading Partner testing process is also included in this section.

© 2019 Novitas Solutions, Inc.

- *Testing and Certification Requirements:* This section includes detailed transaction testing information as well as certification requirements needed to complete transaction testing with Medicare.
- *Connectivity/Communications:* This section includes information on Medicare's transmission procedures as well as communication and security protocols.
- *Contact Information:* This section includes EDI customer service, EDI technical assistance, Trading Partner services and applicable websites.
- *Control Segments/Envelopes:* This section contains information needed to create the Interchange Control Header/Trailer (ISA/IEA), Functional Group Header/Trailer (GS/GE), and Transaction Set Header/Trailer (ST/SE) control segments for transactions to be submitted to or received from Medicare.
- *Specific Business Rules and Limitations:* This section contains Medicare business rules and limitations specific to the ASC X12N 837P.
- *Acknowledgments and Reports:* This section contains information on all transaction acknowledgments sent by Medicare and report inventory.
- *Trading Partner Agreement:* This section contains information related to implementation checklists, transmission examples, Trading Partner Agreements and other resources.
- *Transaction Specific Information:* This section describes the specific CMS requirements over and above the information in the ASC X12N 837P TR3.

1.3 References

The following locations provide information for where to obtain documentation for Medicare-adopted EDI transactions and code sets.

Table 1. EDI Transactions and Code Set References

Resource	Location
ASC X12N TR3s	The official ASC X12 website
Washington Publishing Company Health Care Code Sets	The official Washington Publishing Company website

© 2019 Novitas Solutions, Inc.

1.4 Additional Information

For Novitas Solutions, Inc., expectations regarding data submission, processing, and adjudication; refer to our 5010 Expectations documents located on our website (https://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00004779).

The websites in the following table provide additional resources for HIPAA Version 005010A1 implementation:

Table 2. Additional EDI Resources

Resource	Web Address
Medicare FFS EDI Operations	https://www.cms.gov/ElectronicBillingEDITrans/

2 Getting Started

2.1 Working Together

Novitas Solutions, Inc. is dedicated to providing communication channels to ensure communication remains constant and efficient. Novitas Solutions, Inc. has several options to assist the community with their electronic data exchange needs. By using any of these methods Novitas Solutions, Inc. is focused on supplying the Trading Partner community with a variety of support tools.

An EDI help desk is established for the first point of contact for basic information and troubleshooting. The help desk is available to support most EDI questions/incidents while at the same time being structured to triage each incident if more advanced research is needed. Email is also accessible as a method of communicating with Novitas Solutions, Inc. EDI. The email account is monitored by knowledgeable staff ready to assist you. When communicating via email, please exclude any protected health information (PHI) to ensure security is maintained. In addition to the Novitas Solutions, Inc. EDI help desk and email access, see Section 5 for additional contact information.

Novitas Solutions, Inc. also has several external communication components in place to reach out to the Trading Partner community. Novitas Solutions, Inc. posts all critical updates, system issues and EDI-specific billing material to their website (https://www.novitas-solutions.com/webcenter/portal/ElectronicBillingEDI_JL). All Trading Partners are encouraged to visit this page to ensure familiarity with the content of the site. Novitas Solutions, Inc. also distributes EDI pertinent information in the form of an EDI newsletter or comparable publication, which is posted to the website every three months. In addition to the website, a distribution list has been established in order to broadcast urgent messages. Please register for Novitas Solutions, Inc. distribution list by completing the information on the website (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00007968) to subscribe to the list.

Specific information about the above-mentioned items can be found in the following sections.

© 2019 Novitas Solutions, Inc.

2.2 Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, clearinghouse, software vendor, employer group, financial institution, etc.) that transmits electronic data to, or receives electronic data from, another entity.

Medicare FFS and Novitas Solutions, Inc. support many different types of Trading Partners or customers for EDI. To ensure proper registration, it is important to understand the terminology associated with each customer type:

- *Submitter* – the entity that owns the submitter ID associated with the health care data being submitted. It is most likely the provider, hospital, clinic, supplier, etc., but could also be a third party submitting on behalf of one of these entities. However, a submitter must be directly linked to each billing National Provider Identifier (NPI). Often the terms submitter and Trading Partner are used interchangeably because a Trading Partner is defined as the entity engaged in the exchange or transmission of electronic transactions. Thus, the entity that is submitting electronic administrative transactions to Novitas Solutions, Inc. is a Medicare FFS Trading Partner.
- *Vendor* – an entity that provides hardware, software, and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor, or clearinghouse.
- *Software Vendor* – an entity that creates software used by Trading Partners to conduct the exchange of electronic transactions with Medicare FFS.
- *Billing Service* – a third party that prepares and/or submits claims for a provider.
- *Clearinghouse* – a third party that submits and/or exchanges electronic transactions (claims, claim status or eligibility inquiries, remittance advice, etc.) on behalf of a provider.
- *Network Service Vendor* – a third party that provides connectivity between a Trading Partner and Novitas Solutions, Inc.

Medicare requires all trading partners to complete EDI registration and sign an EDI Enrollment form. The EDI Enrollment form designates the Medicare contractor as the entity they agree to engage in for EDI and ensures agreement between parties to implement standard policies and practices to ensure the security and integrity of information exchanged. The forms can be accessed on the Novitas Solutions Inc. website (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004532). Entities processing paper do not need to complete an EDI registration.

Visit the Novitas Solutions, Inc. website to complete the EDI Enrollment form. This will ensure you are completing and submitting the most recent version of the EDI Enrollment form.

Under HIPAA, EDI applies to all covered entities transmitting the following HIPAA-established administrative transactions: 837I and 837P, 835, 270/271, 276/277, and the National Council for Prescription Drug Programs (NCPDP) D.0. Additionally, Medicare Administrative Contractors (MACs) and Common Electronic Data Interchange (CEDI) will use the Interchange Acknowledgment (TA1), Implementation Acknowledgment (999), and 277 Claim Acknowledgement (277CA) error-handling transactions.

© 2019 Novitas Solutions, Inc.

Medicare requires that Novitas Solutions, Inc. furnish information on EDI to new Trading Partners that request Medicare claim privileges. Additionally, Medicare requires Novitas Solutions, Inc. to assess the capability of entities to submit data electronically, establish their qualifications (see test requirements in Section 3), and enroll and assign submitter EDI identification numbers to those approved to use EDI.

A provider must obtain an NPI and furnish that NPI to Novitas Solutions, Inc. prior to completion of an initial EDI Enrollment Agreement and issuance of an initial EDI number and password by that contractor. Novitas Solutions, Inc. is required to verify that NPI is on the Provider Enrollment Chain and Ownership System (PECOS). If the NPI is not verified on the PECOS, the EDI Enrollment Agreement is denied, and the provider is encouraged to contact the appropriate MAC provider enrollment department (for Medicare Part A and Part B provider) or the National Supplier Clearinghouse (for Durable Medical Equipment suppliers) to resolve the issue. Once the NPI is properly verified, the provider can reapply the EDI Enrollment Agreement.

A Trading Partner's EDI number and password serve as an electronic signature and the Trading Partner would be liable for any improper usage or illegal action performed with it. A Trading Partner's EDI access number and password are not part of the capital property of the Trading Partner's operation and may not be given to a new owner of the Trading Partner's operation. A new owner must obtain their own EDI access number and password.

If providers elect to submit/receive transactions electronically using a third party such as a billing agent, a clearinghouse, or network services vendor, then the provider is required to have an agreement signed by that third party. The third party must agree to meet the same Medicare security and privacy requirements that apply to the provider in regard to viewing or using Medicare beneficiary data. These agreements are not to be submitted to Medicare but are to be retained by the provider. Providers will notify Novitas Solutions, Inc. which third party agents they will be using on their EDI Enrollment form.

Third parties are required to register with Novitas Solutions, Inc. by completing the third-party agreement form (https://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00004538). This will ensure that their connectivity is completed properly, however they may need to enroll in mailing lists separately in order to receive all publications and email notifications.

Trading Partners must also be informed that they are not permitted to share their personal EDI access number and password with any billing agent, clearinghouse, or network service vendor. Trading Partners must also not share their personal EDI access number with anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility, or to determine the status of a claim. No other non-staff individuals or entities may be permitted to use a Trading Partner's EDI number and password to access Medicare systems. Clearinghouse and other third-party representatives must obtain and use their own unique EDI access number and password from Novitas Solutions, Inc.. For a complete reference to security requirements, see Section 4.4.

© 2019 Novitas Solutions, Inc.

2.3 Trading Partner Certification and Testing Process

Testing for EDI is required to ensure that the electronic information is accurate and "readable" in our processing system. Testing can be done by individual providers or by the vendor, billing service, or clearinghouse. Novitas Solutions, Inc. encourages vendors, billing services and clearinghouses to complete the initial testing of their product for their customers. Once approved, individual customers would not be required to test the product again.

The number of tests required, and the duration of the testing process are determined, in part, by the quality of the test claims we receive. Claims that are submitted for testing should be representative of the services that will be submitted to Medicare after being approved for production.

The initial EDI enrollment letter will inform customers if testing is required. If required, a test file must be received within 60 days of EDI enrollment. Submit the test file through Secure File Transfer Protocol (SFTP) as instructed in Section 4 of this document or through the Novitasphere portal. The ISA 15 control segment of your file should be equal to a “T” for test. After submitting a test, verify the file was accepted on the 999 Functional Acknowledgement and the 277CA Claims Acknowledgement. These reports will detail any errors encountered in your test file. A TA1 Interchange Acknowledgment will be generated immediately after submitting the test file only if an interchange control structure error is identified. If a TA1 interchange control structure error is identified, you must correct the error and resubmit the test file. Training modules on the interpretation of the above listed reports are available on our website (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004755).

Upon successful completion of the testing phase, the trading partner will be able to begin submitting production electronic claims in 10 business days after sending a test via the bulletin board/portal. The TEST/PRODUCTION indicator in the ISA15 (indicating Test or Production claims) must be changed to “P” prior to submitting electronic claims in a production mode. If a test is not approved for production, based on the Section 3: Testing and Certification Requirements below, another test must be submitted for review.

3 Testing and Certification Requirements

3.1 Testing Requirements

All submitters must produce accurate electronic test files before being allowed to submit claim transactions in production. Test claims are subject to ASC X12N standard syntax and TR3 semantic data edits. Documentation will be provided when this process detects errors.

- All submitters must send a test file containing at least 25 claims, which are representative of their practice or services. The number of claims could be increased or decreased, on a case-by-case basis, to ensure adequate testing of any given submitter.
- Standard syntax testing validates the programming of the incoming file and includes file layout, record sequencing, balancing, alpha-numeric/numeric/date file conventions, field values, and relational edits.

© 2019 Novitas Solutions, Inc.

Test files must pass 100 percent of the standard syntax tests before submission to production is approved.

- TR3 Semantic Data testing validates data required for claims processing, e.g., procedure/ diagnosis codes, modifiers. A submitter must demonstrate, at a minimum, 95 percent accuracy rate in data testing before submission in production is approved where, in the judgment of Novitas Solutions, Inc., the vendor/submitter will make the necessary correction(s) prior to submitting a production file. For MACs, the minimum 95 percent accuracy rate includes the front-end edits applied implementation guide editing module (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004783).
    - Test results will be provided to the submitter within three business days; during HIPAA version transitions this time period may be extended, not to exceed ten business days.

Many submitters use the same software, or the same clearinghouse to submit their electronic transactions to Medicare. Billing services and clearinghouses may send generic test files to receive an approval status. Vendors may have one of their customers send test files on their behalf. Once approval status is received, individual customers do not need to test the product again.

Trading Partners who submit transactions directly to more than one A/B MAC, and/or CEDI must contact each A/B MAC and/or CEDI with whom they exchange EDI transactions to inquire about the need for supplemental testing whenever they plan to begin to use an additional EDI transaction, different or significantly modified software for submission of a previously used EDI transaction, or before a billing agent or clearinghouse begins to submit transactions on behalf of an additional Trading Partner. The individual A/B MAC and/or CEDI may need to retest at that time to re-establish compatibility and accuracy, particularly if there will also be a change in the telecommunication connection to be used.

Billing services and clearinghouses are not permitted to begin to submit or receive EDI transactions on behalf of a provider prior to submission of written authorization by the provider that the billing agent or clearinghouse has been authorized to handle those transactions on the provider's behalf. See Section 2.2 for further information on EDI enrollment.

3.2 Certification Requirements

Medicare FFS does not certify Trading Partners. However, Novitas Solutions, Inc. does certify vendors, clearinghouses, and billing services by conducting testing with them and maintaining an approved vendor list (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004527).

© 2019 Novitas Solutions, Inc.

4 Connectivity / Communications

4.1 Process Flows

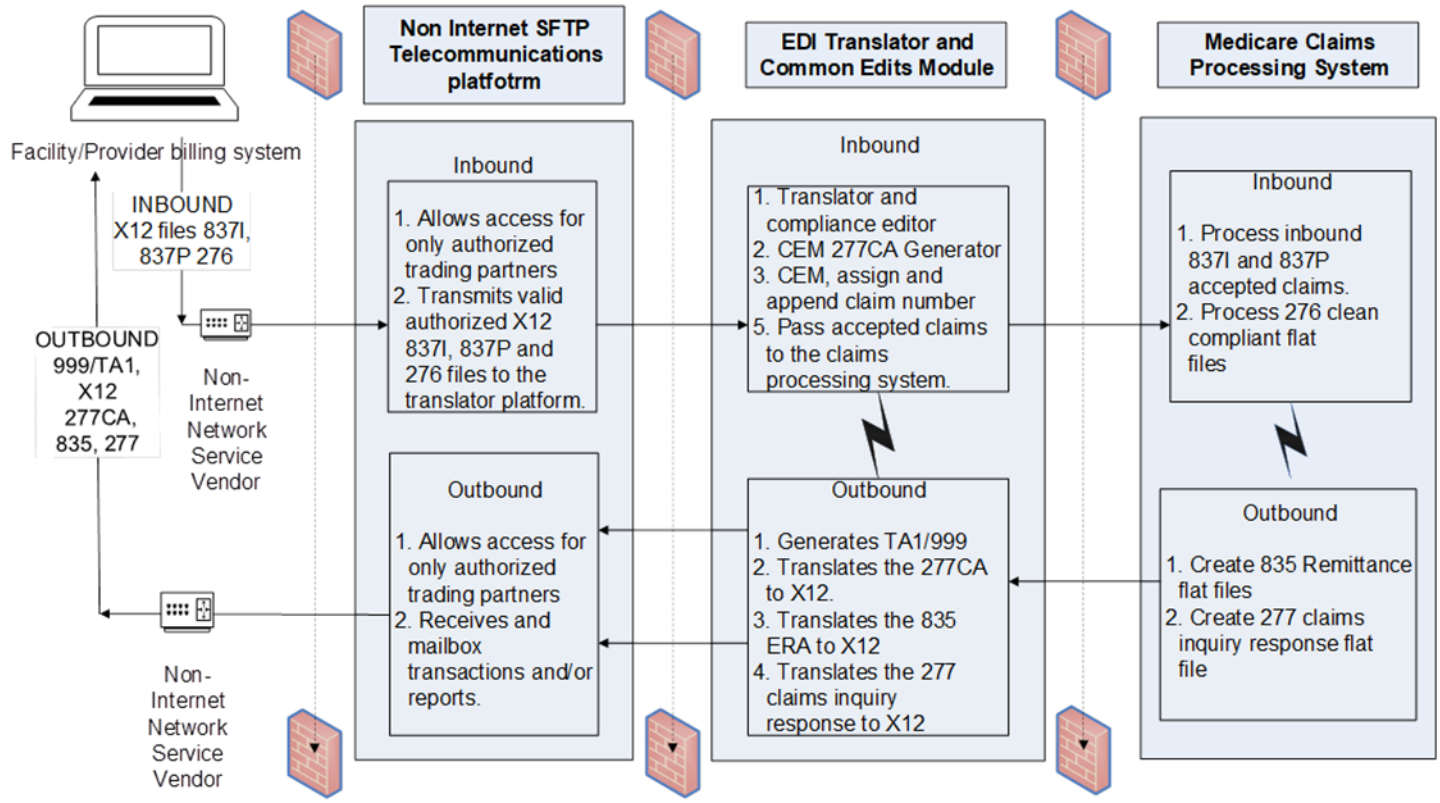
Claims can be electronically submitted in the American National Standards Institute (ANSI) ASC X12 837 transaction using Secure File Transfer Protocol (SFTP), or Novitasphere portal.

Connection for authorized trading partners will be to the TIBCO telecommunications platform.

- The claims will be forwarded into the Combined Common Edits/Enhancements Module (CCEM) for further edits and acknowledgement reports will be issued. Claim numbers will be appended to accepted claims.
- If the file accepts, it will be sent into the Medicare Claims Processing system for final determination. Once the claims finalize, the denial or payment summary is sent via Standard Paper Remittance (SPR) or Electronic Remittance Advice (ERA).
- All generated reports can be retrieved through the TIBCO telecommunications platform.

The diagram below depicts this process flow:

Figure 1. Novitas JL 837P Process Flow



© 2019 Novitas Solutions, Inc.

4.2 Transmission

The EDI front-end platform (TIBCO) is accessible 24 hours a day, 7 days a week. JL EDI files submitted after 4PM Eastern Time (ET) on any business day are considered "received" the next business day. EDI files submitted on a non-business day are considered "received" the next business day or as published. TIBCO allows for multiple transmissions within one day by verifying the unique Interchange Control Number in ISA13 for each transmission. If you are not sure how to assign a unique Interchange Control Number, please contact your vendor or in-house programmer for instructions. Additional connectivity information can be found on the Novitas Solutions, Inc. website (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004782)

4.2.1 Re-transmission Procedures

The process for sending retransmitted files is the same as sending original files. Novitas Solutions, Inc. has controls in place that if a duplicate file is transmitted that was previously accepted, the file will reject as a duplicate transmission on the 277CA Claims Acknowledgement. A duplicate transmission is a file that is the same as a previous submitted file. Submitters can retransmit files at their discretion.

4.3 Communication Protocol Specifications

Novitas Solutions, Inc. currently accepts EDI 837 transmissions through two means of connection: Novitasphere portal and Secure File Transfer Protocol (SFTP).

4.3.1 Novitasphere Portal

Novitasphere (https://www.novitas-solutions.com/webcenter/portal/Novitasphere_JL) is a secured web-based Internet Portal that customers may utilize for a more proficient interface with Novitas and the Medicare systems. Currently, Novitasphere is not enrolling Veterans Affairs Providers.

4.3.2 Secure File Transfer Protocol (SFTP) Submission

Secure File Transfer Protocol, or SFTP, is a communications method for delivering and/or receiving data. It allows large volume electronic billers to deliver and receive large volumes of data faster than using conventional transmission methods. Contracting with a third-party vendor for a direct connection to Novitas Solutions, Inc. is required. The third-party vendor will provide the connectivity portal needed to use SFTP. A list of approved third-party vendors (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004536) is available on our website.

© 2019 Novitas Solutions, Inc.

Once setup is complete with the third-party vendor and Novitas Solutions, Inc., a software program is needed for creating and receiving electronic claim files. The following is a list of approved SFTP software.

Table 3. Approved SFTP Software

Free Software	Pay Software
WinSCP v4.2.5	Cute FTP 8 Professional v8.3.3
FileZilla Client v3.3.1	WS_FTP Professional v12.2

To set up SFTP, access your SFTP software and complete the following steps:

- Create a site by following the software prompts.
- Access the settings and choose “SFTP/SSH” (Secure Shell).
- Key in the remote port and the host name. (Version 5010 server names and ports are provided when you enroll for SFTP, if necessary).
- Save the settings.

To send electronic claim files via SFTP, access your SFTP software and complete the following steps:

- Log in.
- You will receive a temporary password when you first enroll. Before connecting for the first time, you must access the EDI Gateway Password Change Tool (https://www.novitas-solutions.com/webcenter/portal/ElectronicBillingEDI_JL/EDIPasswordChange) to change your password. See section 4.4.2 SFTP Password for additional password details. Passwords can only be reset once in a 24-hour period without contacting the EDI Help Desk.
- Connect to Novitas Solutions, Inc.
- Upload 837 files to:
    - /outbox/X12/EDI/Inbound/Interchange for X12 files
    - /outbox/EZComm/BC/1.0/Notify for .ZIP files
- Retrieve the Acknowledgement report responses from:
    - /inbox/X12/EDI/Outbound/Interchange for X12 files
    - /inbox/EZComm/BC/1.0/Notify for . ZIP files or VA reports

Important tips for configuring your SFTP file

- Disable “temp file” in your file transfer software
- The date/time stamp during file transfer should not be updated
- A file should not be renamed after the last byte of the file has been transferred
- Only a file should be zipped, not an entire folder

© 2019 Novitas Solutions, Inc.

- Zip files should not be encrypted, or password protected

4.4 Security Protocols and Passwords

All Trading Partners must adhere to CMS information security policies; including, but not limited to, the transmission of electronic claims, claim status, receipt of the remittance advice, or any system access to obtain beneficiary PHI and/or eligibility information. Violation of this policy will result in revocation of all methods of system access. Novitas Solutions, Inc. is responsible for notifying all affected Trading Partners as well as reporting the system revocation to CMS.

4.4.1 System Logins

Trading partners submitting files using SFTP will be assigned a login ID and temporary password upon completion of the EDI Enrollment form. The login ID will be mailed to them in an EDI welcome letter.

Trading partners submitting files using Novitasphere Portal will create a user ID, password, and complete identity proofing (https://home.idm.cms.gov) (IDM) for each user. Enrollment information can be found on the Novitas Solutions, Inc. website (https://www.novitas-solutions.com/webcenter/portal/Novitasphere_JL).

A provider's EDI login and password serve as a provider's electronic signature and the provider would be liable if any entity with which the provider improperly shared the ID and password performed an illegal action while using that ID and password. A provider's EDI access number and password are not part of the capital property of the provider's operation and may not be given to a new owner of the provider's operation.

4.4.2 Password Guidelines

The trading partner should protect password privacy by limiting knowledge of the password to key personnel only. The password should be changed when there are any personnel changes. EDI transactions submitted by unauthorized trading partners will not be accepted.

SFTP Passwords

- The password must be eight to twelve characters in length. Must contain numbers three out of four of the following elements:
- One capital letter
- One lower case letter
- One number
- One special character (i.e.: #, $, @, !, %, &, *, ?)
- The password must be changed every 60 days. After three failed attempts you will need to reset the password on the password reset tool. Please make sure to have your login ID, submitter ID, and current password available for password resets.

© 2019 Novitas Solutions, Inc.

Novitasphere Passwords

For the full list of Novitasphere password requirements, please visit our Novitasphere Password Help page (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00084015).

5 Contact Information

5.1 EDI Customer Service

Mailing Address

Novitas Solutions, Inc. EDI Services
P.O. Box 3011
Mechanicsburg, PA 17055-1801

Telephone Numbers

- EDI Help Desk telephone number: 1-877-235-8073, Option 2
- Novitasphere Help Desk telephone number: 1-855-880-8424
- Fax Number: 1-877-439-5479

Email address

EDI inquiries (excluding Indian Health): WebsiteEDI@novitas-solutions.com

Indian Health EDI inquiries: WebsiteEDIIHS@novitas-solutions.com

Time and Day of Operations

EDI and Novitasphere Help Desks are available Monday through Friday.

The EDI Help Desk is available 8:00 AM until 4:00 PM Eastern Time (ET).

The Novitasphere Help Desk is available 8:00 AM until 5:00 PM ET.

Please check the Novitas Solutions Inc. website for the most up to date hours of availability (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004525).

5.2 EDI Technical Assistance

The information is the same as listed in section 5.1 above.

© 2019 Novitas Solutions, Inc.

5.3 Trading Partner Service Number

The information is the same as listed in section 5.1 above.

5.4 Applicable Websites / Email

Novitas Solutions, Inc. Electronic Billing (EDI) Center (https://www.novitas-solutions.com/webcenter/portal/ElectronicBillingEDI_JL)

6 Control Segments / Envelopes

Enveloping information must be as follows:

Note: A hyphen in the table below means N/A.

Table 4. ISA Interchange Control Header

Page #	Element	Name	Codes/Content	Notes/Comments
C.4	ISA01	Authorization Information Qualifier	00	Medicare expects the value to be 00.
C.4	ISA02	Authorization Information	-	ISA02 shall contain 10 blank spaces.
C.4	ISA03	Security Information Qualifier	00	Medicare expects the value to be 00 and ISA04 shall contain 2 blank spaces.
C.4	ISA04	Security Information	-	Medicare does not use Security Information and will ignore content sent in ISA04.
C.4	ISA05	Interchange ID Qualifier	27, ZZ	Must be “27” or “ZZ”
C.4	ISA06	Interchange Sender ID	-	Novitas Solutions, Inc. assigned Submitter ID. This is also required in the GS02.
C.5	ISA07	Interchange ID Qualifier	27, ZZ	Must be “27” or “ZZ”

© 2019 Novitas Solutions, Inc.

Page #	Element	Name	Codes/Content	Notes/Comments
C.5	ISA08	Interchange Receiver ID	-	Novitas JL contract number • Delaware – 12102 • District of Columbia Metropolitan Area (DCMA) – 12202 • Maryland – 12302 • New Jersey – 12402 • Pennsylvania – 12502
C.5	ISA11	Repetition Separator	-	Defined by the submitter
C.6	ISA14	Acknowledgement Requested	1	Medicare requires submitter to send code value 1 – Interchange Acknowledgment Requested (TA1). Medicare will only return a TA1 segment when there is an error in the ISA/IEA Interchange Envelope.

Note: A hyphen in the table below means N/A.

Table 5. GS Functional Group Header

Page #	Element	Name	Codes/Content	Notes/Comments
C.7	GS02	Application Sender Code	-	Submitter number assigned by Novitas Solutions in your EDI welcome letter.
C.7	GS03	Application Receiver's Code	-	Novitas JL contract number • Delaware – 12102 • District of Columbia Metropolitan Area (DCMA) – 12202 • Maryland – 12302 • New Jersey – 12402 • Pennsylvania – 12502
C.7	GS04	Functional Group Creation Date	-	Must not be a future date
C.7	GS08	Version Identifier Code	005010X222A1	Medicare expects value "005010X222A1"

Interchange Control (ISA/IEA), Functional Group (GS/GE), and Transaction Set (ST/SE) envelopes must be used as described in the TR3. Medicare's expectations for the Control Segments and Envelopes are detailed in Sections 6.1, 6.2, and 6.3.

© 2019 Novitas Solutions, Inc.

6.1 ISA-IEA

Delimiters – Inbound Transactions

As detailed in the TR3, delimiters are determined by the characters sent in specified, set positions of the ISA header. For transmissions inbound to Medicare FFS, these characters are determined by the submitter and can be any characters as defined in the TR3 and must not be contained within any data elements within the ISA/IEA Interchange Envelope.

Delimiters – Outbound Transactions

Medicare recommends the use of the following delimiters in all outbound transactions; trading partners/submitters should contact their local A/B MAC or CEDI for any deviations. Note that these characters will not be used in data elements within an ISA/IEA Interchange Envelope.

Table 6. Outbound Delimiters

Delimiter	Character Used	Dec Value	Hex Value
Data Element Separator	*	42	2A
Repetition Separator	^	94	5E
Component Element Separator	:	58	3A
Segment Terminator	~	126	7E

Inbound Data Element Detail and Explanation

All data elements within the ISA/IEA interchange envelope must follow ASC X12N syntax rules as defined within the TR3.

6.2 GS-GE

Functional group (GS-GE) codes are transaction specific. Therefore, information concerning the GS/GE Functional Group Envelope can be found in Table 5.

6.3 ST-SE

Medicare FFS follows the HIPAA-adopted TR3 requirements.

© 2019 Novitas Solutions, Inc.

7 Specific Business Rules

This section describes the specific CMS requirements over and above the standard information in the TR3.

7.1 General Notes

Errors identified for business level edits performed prior to the Subscriber loop (2000B) will result in immediate file failure at that point. When this occurs, no further editing will be performed beyond the point of failure.

The billing provider must be associated with an approved electronic submitter. Claims submitted for billing providers that are not associated to an approved electronic submitter will be rejected. The following table describes segments/ elements not accepted by Medicare.

Note: A hyphen in the table below means N/A.

Table 7. Segment / Elements Not Accepted by Medicare

Page #	Loop ID	Reference	Name	Codes/Content	Notes/Comments
85	2000A	CUR	Foreign Currency Information	-	Medicare does not support the submission of foreign currency.
96	2010AA	REF	Billing Provider UPIN/License Information	-	Must not be present.
106	2010AC	Loop Rule	Pay to Plan Loop	-	Must not be present.
129	2010BA	REF	Subscriber Secondary Identification (REF01 = “SY”)	-	Must not be present.
138	2010BB	REF	Payer Secondary Identification	-	Must not be present.
140	2010BB	REF	Billing Provider Secondary Identification	-	Must not be present.
142	2000C	HL	Patient Hierarchical Level	-	Must not be present. For Medicare, the subscriber is always the same as the patient.

© 2019 Novitas Solutions, Inc.

Page #	Loop ID	Reference	Name	Codes/Content	Notes/Comments
144	2000C	PAT	Patient Information	-	Must not be present. For Medicare, the subscriber is always the same as the patient.
147	2010CA	Loop Rule	Patient Name Loop	-	Must not be present.
186	2300	CN1	Contract Information	-	Must not be present.
191	2300	REF	Mandatory Medicare (Section 4081) Crossover Indicator	-	Must not be present.
196	2300	REF	Payer Claim Control Number	-	Must not be present.
332	2330C	Loop Rule	Other Payer Referring Provider	-	Must not be present.
336	2330D	Loop Rule	Other Payer Rendering Provider	-	Must not be present.
340	2330E	Loop Rule	Other Payer Service Facility Location	-	Must not be present.
343	2330F	Loop Rule	Other Payer Supervising Provider	-	Must not be present.
347	2330G	Loop Rule	Other Payer Billing Provider	-	Must not be present.
395	2400	CN1	Contract Information	-	Must not be present.
416	2400	HCP	Line Pricing/Repricing Information	-	Must not be present.

© 2019 Novitas Solutions, Inc.

7.2 General Transaction Notes

The following are Medicare-specific general rules pertaining to the 837P transaction:

- The maximum number of characters to be submitted in any dollar amount field is seven characters. Claims containing a dollar amount in excess of 99,999.99 will be rejected.
- Claims that contain percentage amounts with values in excess of 99.99 will be rejected.
- With the exception of the CAS segment, all amounts must be submitted as positive amounts. Negative amounts submitted in any non-CAS amount element will cause the claim to be rejected.
- Claims that contain percentage amounts cannot exceed two positions to the left or the right of the decimal. Percent amounts that exceed their defined size limit will be rejected.
- Only loops, segments, and data elements valid for the TR3 will be translated. Submitting invalid data will cause files to be rejected.
- Medicare requires the NPI be submitted as the identifier for all claims. Claims submitted with legacy identifiers will be rejected.
- National Provider Identifiers will be validated against the NPI algorithm. Claims which fail validation will be rejected.
- The MAC will only accept claims for one line of business per transaction. Claims submitted for multiple lines of business within one ST-SE (Transaction Set) will cause the transaction to be rejected.
- Submissions with more than one GS-GE (Functional Group) per ISA-IEA (interchange) will be rejected.

8 Acknowledgments and Reports

Medicare has three acknowledgement transactions with the Version 005010 implementation: the 277CA, the 999, and the TA1 segment – which provides the capability for the interchange receiver to notify the sender that a valid envelope was received or that problems were encountered with the interchange control structure. These acknowledgments will replace proprietary reports previously provided by the MACs.

The following information provides detailed description of the type of feedback to be expected in case of a rejected claim submission.

Files with interchange control structure errors will be rejected on the TA1 Interchange Acknowledgement report. Files rejected on this report will not receive any additional acknowledgement reports including the 999 and 277CA.

Medicare FFS has adopted a process to only reject claim submissions that are out of compliance with the ASC X12N Version 005010 standard; the appropriate response for such errors will be returned on a 999. Batch submissions with errors will not be rejected in totality, unless warranted.

© 2019 Novitas Solutions, Inc.

Medicare FFS will reject claim submissions and return a 999 Implementation Acknowledgement transaction with the error responses listed within the 837 Institutional or Professional Edits Spreadsheets found on the CMS website.

8.1 Report Inventory

The following table identifies reports available to electronic billing customers.

Table 8. Reports

Report Name	Purpose	Available for Retrieval
X12N TA1 Interchange Acknowledgement Report	Identifies interchange control structure errors	Generated immediately after sending a file transmission only IF an interchange control structure error is identified. Available for retrieval for 60 business days.
X12N 999 Functional Acknowledgement	Verifies the transmission was received and indicates whether the transmission was accepted or rejected, test or production.	Generated within several minutes of the file transmission. Available for retrieval for 60 business days.
277CA Claims Acknowledgement	Verifies whether your claims have been accepted or rejected for processing consideration. If the file/batch/claim is accepted, the file/batch/claim is forwarded to the Medicare processing system for processing and payment consideration. If the file/batch/claim is rejected, the file/batch/claim errors must be corrected and resubmitted. Rejected file/batch/claims are not forwarded to the Medicare processing system for processing and payment consideration.	Generated within several minutes of the file transmission. Available for retrieval for 60 business days.
X12N 5010 Electronic Remittance Advice (ERA)	Electronic version of the bulky Standard Paper Remittance (SPR).	Generated daily for all customers when claims finalize. Available for retrieval for 60 business days.

© 2019 Novitas Solutions, Inc.

8.1.1 File Naming Convention for EDI Reports

TIBCO, the EDI telecommunications platform, incorporates a unique file naming convention for all EDI reports. The file name ensures that the specific reports are appropriately distributed to each secure, unique mailbox.

Table 9. Naming Convention for EDI Reports

Element	Element Description
RRR	Represents the Report/File Type Name
XXXXXXX	Your File Name
CCCCC	Contract ID
YYYYMMDD	Represents the date the report or file was placed into your mailbox.
HHMMSS	Represents the time of the report in hour, minutes and seconds.
UUUUU	Unique number

Table 10. EDI Reports and File Names

Element	Element Description
X12N 999 Functional Acknowledgement	RRR.XXXXXXX.YYYYMMDD.HHMMSS.UUUUU
X12N 835 ERA	RRR.CCCCC.YYMMDD.HHMMSS.UUUUU
X12N 277 Claim Status Response	RRR.CCCCC.YYYYMMDD.HHMMSS.UUUUU
X12N 277CA Claims Acknowledgement	RRR.XXXXXXX.YYYYMMDD.HHMMSS.UUUUU
X12N TA1 Interchange Acknowledgement	RRR. XXXXXXX.YYYYMMDD.HHMMSS.UUUUU

9 Trading Partner Agreement

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

Medicare FFS requires all Trading Partners to sign a Trading Partner Agreement with Novitas Solutions, Inc. Novitas Solutions, Inc. provides one fill-and-print EDI Enrollment form (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004532), which includes the Trading Partner Agreement.

© 2019 Novitas Solutions, Inc.

Always visit the Novitas Solutions, Inc. website to complete the EDI Enrollment form. This will ensure you are completing and submitting the most recent version of the EDI Enrollment form.

10 Transaction-Specific Information

This section defines specific CMS requirements over and above the standard information in the ASC X12N 837P TR3.

10.1 Header

The following sub-sections contain specific details associated with header.

10.1.1 Header and Information Source

The following tables define the specific details associated with Header and Information Source:

Note:

- A hyphen in the table below means N/A.
- A new table exists for each segment.

Table 11. ST Transaction Set Header

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
70	N/A	ST02	Transaction Set Control Number	-	9	Novitas Solutions, Inc. will reject an interchange (transmission) that is not submitted with unique values in the ST02 (Transaction Set Control Number) elements.

Table 12. BHT Beginning of Hierarchical Transaction

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
71	N/A	BHT02	Transaction Set Purpose Code	00	2	Must equal “00” (ORIGINAL).
72	N/A	BHT06	Claim/Encounter Identifier	CH	2	Must equal “CH” (CHARGEABLE).

© 2019 Novitas Solutions, Inc.

10.1.2 Loop 1000A Submitter Name

The following table defines the specific details associated with Loop 1000A Submitter Name:

Note: A hyphen in the table below means N/A.

Table 13. Loop 1000A NM1 Submitter Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
75	1000A	NM105	Submitter Middle Name or Initial	-	25	The first position must be alphabetic (A-Z).
75	1000A	NM109	Submitter ID	-	80	Novitas Solutions, Inc. will reject an interchange (transmission) that is submitted with a submitter identification number that is not authorized for electronic claim submission. Submitter ID must match the value submitted in ISA06 and GS02.

10.1.3 Loop 1000B Receiver Name

The following table defines the specific details associated with Loop 1000B Receiver Name:

Note: A hyphen in the table below means N/A.

Table 14. Loop 1000B NM1 Receiver Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
80	1000B	NM109	Receiver Primary Identifier	-	80	Novitas Solutions, Inc. will reject an interchange (transmission) that is not submitted with a valid contractor code. Each individual MAC determines this identifier. Submitter ID must match the value submitted in ISA08 and GS03.

© 2019 Novitas Solutions, Inc.

10.2 Billing Provider

The following sub-sections contain specific details associated with Billing Provider.

10.2.1 Loop 2000A Billing Provider Detail

The following table defines the specific details associated with Loop 2000A Billing Provider.

Table 15. Loop 2000A Billing Provider Detail

Loop ID	Notes/Comments
2000A	The Billing Provider Detail Section of this CG contains no unique CMS Medicare requirements that differ from the TR3. Refer to the TR3 specifications for the following Loops: 2000A, 2010AA, 2010AB.
2010AA	REF: must not be present (non-VA contractors). NM109: billing provider must be “associated” to the submitter (from a Trading Partner management perspective) in 1000A NM109. Novitas Solutions, Inc. will provide appropriate direction to VA providers.

10.2.2 Loop 2010AA Billing Provider Name

The following table defines the specific details associated with Loop 2010AA Billing Provider Name.

Note: A hyphen in the table below means N/A.

Table 16. Loop 2010AA Billing Provider Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
89	2010AA	NM105	Billing Provider Middle Name	-	25	The first position must be alphabetic (A-Z).
93	2010AA	N403	Billing Provider Postal Code	-	15	When the postal code does not include a +4 value, use 9998.

© 2019 Novitas Solutions, Inc.

10.3 Subscriber Detail

The following sub-sections contain specific details associated with Subscriber.

10.3.1 Loop 2000B Subscriber Hierarchical Level

The following tables define the specific details associated with Loop 2000B Subscriber Hierarchical Level.

Note: A new table exists for each segment.

Table 17. Loop 2000B HL Subscriber Hierarchical Level

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
115	2000B	HL04	Hierarchical Child Code	0	1	The value accepted is “0”

Table 18. Loop 2000B SBR Subscriber Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
116	2000B	SBR01	Payer Responsibility Sequence Number Code	P, S	1	The values accepted are “P” or “S”
117	2000B	SBR02	Individual Relationship Code	18	2	For Medicare, the subscriber is always the same as the patient.
118	2000B	SBR09	Claim Filing Indicator Code	MB	2	For Medicare, the subscriber is always the same as the patient.

Note: A hyphen in the table below means N/A.

Table 19. Loop 2000B PAT Patient Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
120	2000B	PAT08	Patient Weight	-	10	For DME claims only, a maximum of 4 whole numbers and up to 2 decimal positions are allowable.

© 2019 Novitas Solutions, Inc.

10.3.2 Loop 2010BA Subscriber Name

The following tables define the specific details associated with Loop 2010BA Subscriber Name.

Note:

- A hyphen in the table below means N/A.
- A new table exists for each segment.

Table 20. Loop 2010BA NM1 Subscriber Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
122	2010BA	NM102	Subscriber Entity Type Qualifier	1	1	The value accepted is 1.
122	2010BA	NM105	Subscriber Middle Name	-	25	The first position must be alphabetic (A-Z).
122	2010BA	NM108	Subscriber Identification Code Qualifier	MI	2	The value accepted is “MI”
123	2010BA	NM109	Subscriber Primary Identifier	-	80	For the Medicare Beneficiary Identifier (MBI): Must be 11 positions in the format of C A AN N A AN N A A N N where “C” represents a constrained numeric 1 thru 9; “A” represents alphabetic character A – Z but excluding S, L, O, I, B, Z; “N” represents numeric 0 thru 9; “AN” represents either “A” or “N”.

Note: A hyphen in the table below means N/A.

Table 21. Loop 2010BA DMG Subscriber Demographic Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
127	2010BA	DMG02	Subscriber Birth Date	-	35	Must not be a future date.

© 2019 Novitas Solutions, Inc.

10.3.3 Loop 2010BB Payer Name

The following table defines the specific details associated with Loop 2010BB Payer Name.

Table 22. Loop 2010BB NM1 Payer Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
134	2010BB	NM108	Payer Identification Code Qualifier	PI	2	The value accepted is “PI”

10.4 Patient Detail

The following sub-sections contain specific requirements for the Patient Detail.

10.4.1 Loop 2300 Claim Information

The following tables define the specific details associated with Loop 2300 Claim Information.

Note:

- A hyphen in the table below means N/A.
- A new table exists for each segment.

Table 23. Loop 2300 CLM Claim Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
158	2300	CLM01	Patient Control Number	-	38	Only 20 characters will be stored and returned by Medicare.

© 2019 Novitas Solutions, Inc.

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
159	2300	CLM02	Total Claim Charge Amount	-	18	Must be >=0 and <= 99,999.9. When Medicare is primary payer, CLM02 must equal the sum of all SV102 service line charge amounts. When Medicare is Secondary. Total Submitted Charges (CLM02) must equal the sum of all 2320 & 2430 CAS amounts and the 2320 AMT02 (AMT01=D).
159	2300	CLM05-3	Claim Frequency Code	1	1	Must be equal to “1” (ORIGINAL).
163	2300	CLM20	Delay Reason Code	-	2	Data submitted in CLM20 will not be used for processing.

Note: A hyphen in the table below means N/A.

Table 24. Loop 2300 DTP Date Elements

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
164	2300	DTP03	Onset of Current Illness or Injury Date	-	35	Must not be a future date.
165	2300	DTP03	Initial Treatment Date	-	35	Must not be a future date.
167	2300	DTP03	Acute Manifestation Date	-	35	Must not be a future date.
168	2300	DTP03	Accident Date	-	35	Must not be a future date.
169	2300	DTP03	Last Menstrual Period Date	-	35	Must not be a future date.

© 2019 Novitas Solutions, Inc.

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
170	2300	DTP03	Last X-Ray Date	-	35	Must not be a future date.
171	2300	DTP03	Prescription Date	-	35	Must not be a future date.
173	2300	DTP03	Disability From Date	-	35	Future dates are allowed in this situation.
174	2300	DTP03	Last Worked Date	-	35	Must not be a future date.

In the table below, for Loop 2300 Admission Date Segment, if 2400.SV105 = “21”, “51” or “61” then 2300 DTP with DTP01 = “435” must be present.

Note: A hyphen in the table below means N/A.

Table 25. Loop 2300 DTP Admission Date

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
176	2300	DTP03	Related Hospitalization Admission Date	-	35	Must not be a future date.
177	2300	DTP03	Related Hospitalization Discharge Date	-	35	Must not be a future date.

In the table below, for Loop 2300 Claim Supplement Information, only the first iteration of the PWK, at either the claim level and/or line level, will be considered in the claim adjudication.

Table 26. Loop 2300 PWK Claim Supplement Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
184	2300	PWK02	Attachment Transmission Code	BM, FX, EL, FT	2	Must be “BM”, “FX”, “EL”, or “FT”

© 2019 Novitas Solutions, Inc.

Note: A hyphen in the table below means N/A.

Table 27. Loop 2300 CR1 Ambulance Transport Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
212	2300	CR102	Patient Weight	-	10	A maximum of 4 whole numbers and up to 2 decimal positions are allowable. Patient weight in excess of 9,999.99 pounds will be rejected.
213	2300	CR106	Transport Distance	-	15	Must not exceed 4 digits. Transport distance in excess of 9,999 miles will be rejected.

Note: A hyphen in the table below means N/A.

Table 28. Loop 2300 HI Health Care Diagnosis Code

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
227	2300	HI01-2	Health Care Diagnosis Code	-	30	All diagnosis codes submitted on a claim must be valid codes per the qualified code source. Claims that contain invalid diagnosis codes (pointed to or not) will be rejected.

10.4.2 Loop 2310A Referring Provider Name

The following table defines the specific details associated with Loop 2310A Referring Provider Name.

Note: A hyphen in the table below means N/A.

Table 29. Loop 2310A NM1 Referring Provider Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
258	2310A	NM105	Referring Provider Middle Name	-	25	The first position must be alphabetic (A-Z).

© 2019 Novitas Solutions, Inc.

10.4.3 Loop 2310B Rendering Provider Name

The following table defines the specific details associated with Loop 2310B Rendering Provider Name.

Note: A hyphen in the table below means N/A.

Table 30. Loop 2310B NM1 Rendering Provider Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
263	2310B	NM105	Rendering Provider Middle Name	-	25	The first position must be alphabetic (A-Z).

10.4.4 Loop 2310C Service Facility Location

The following table defines the specific details associated with Loop 2310C Service Facility Location.

Note: A hyphen in the table below means N/A.

Table 31. Loop 2310C N4 Service Facility Location

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
274	2310C	N4	Service Facility Location Postal Code	-	15	When the postal code does not include a +4 value, use 9998.

10.4.5 Loop 2310D Supervising Provider Name

The following table defines the specific details associated with Loop 2310D Supervising Provider Name.

Note: A hyphen in the table below means N/A.

Table 32. Loop 2310D NM1 Supervising Provider Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
281	2310D	NM105	Supervising Provider Middle Name	-	25	The first position must be alphabetic (A-Z).

© 2019 Novitas Solutions, Inc.

10.4.6 Loop 2320 Other Subscriber Information

The following tables define the specific details associated with Loop 2320 Other Subscriber Information.

Note:

- A hyphen in the table below means N/A.
- A new table exists for each segment.

Table 33. Loop 2320 SBR Other Subscriber Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
296	2320	SBR01	Payer Responsibility Sequence Number Code	-	1	2320 SBR01 = ”P” must be present when 2000B SBR01 = ”S”
298	2320	SBR09	Claim Filing Indicator Code	-	2	The value cannot be “MA” or “MB”

In the table below, for Loop 2320 Claim Level Adjustments, CAS segment must not be present when 2000B SBR01 = “P”.

Note: A hyphen in the table below means N/A.

Table 34. Loop 2320 CAS Claim Level Adjustments

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
301	2320	CAS01	Claim Level Adjustments	-	2	CAS segment must not be present when 2000B SBR01 = “P”

Table 35. Loop 2320 AMT COB Payer Paid Amount

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
305	2320	AMT01	Coordination of Benefits (COB) Payer Paid Amount	D	3	Medicare requires one occurrence of 2320 loop with an AMT segment AMT01 = ”D” must be present when 2000B SBR01 = ”S”.

© 2019 Novitas Solutions, Inc.

10.4.7 Loop 2330A Other Subscriber Name

The following tables define the specific details associated with Loop 2330A Other Subscriber Name.

Note:

- A hyphen in the table below means N/A.
- A new table exists for each segment.

Table 36. Loop 2330A NM1 Other Subscriber Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
313	2330A	NM105	Other Insured Middle Name	-	25	The first position must be alphabetic (A-Z).

Note: A hyphen in the table below means N/A.

Table 37. Loop 2330A REF Other Subscriber Secondary Identification

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
319	2330A	REF02	Other Insured Additional Identifier	-	9	Must be 9 digits with no punctuation. First 3 digits cannot be higher than “272”. Digits 1-3, 4-5, and 6-9 cannot be zeros (0).

10.4.8 Loop 2330B Other Payer Name

The following table defines the specific details associated with Loop 2330B Other Payer Name.

Note: A hyphen in the table below means N/A.

Table 38. Loop 2330B DTP Claim Check or Remittance Date

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
325	2330B	DTP03	Date Time Period	-	35	Must not be a future date.

© 2019 Novitas Solutions, Inc.

10.4.9 Loop 2400 Service Line Number

The following table defines the specific details associated with Loop 2400 Service Line Number.

Note:

- A hyphen in the table below means N/A.
- A new table exists for each segment.

Table 39. Loop 2400 SV1 Professional Service

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
352	2400	SV101-1	Product or Service ID Qualifier	HC	2	Must be “HC”.
353	2400	SV101-3, SV101-4, SV101-5, SV101-6	Procedure Modifier	-	2	For DME only: These segments cannot have a value of “EX.” For DME only: When billing for capped rentals and pen pumps with 2 units of service, one of SV101-3, SV101-4, SV101-5, SV101-6 must have a value of “RT” and one of one of SV101-3, SV101-4, SV101-5, SV101-6 must have a value of “LT”.
354	2400	SV102	Line Item Charge Amount	-	18	SV102 must be greater than 0. SV102’s decimal positions are limited to 0, 1, or 2.
355	2400	SV103	Unit or Basis for Measurement Code	MJ, UN	2	SV103 must be “UN” for DME claims. SV103 must be "MJ" when SV101-3, SV101-4, SV101-5, or SV101-6 is an anesthesia modifier (AA, AD, QK, QS, QX, QY or QZ). Otherwise, must be "UN".

© 2019 Novitas Solutions, Inc.

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
355	2400	SV104	Service Unit Count	-	15	Must be > 0 with maximum of 4 whole numbers and 1 decimal position (cannot exceed 9999.9). For DME only: SV104 must be “1” or “2” for capped rentals and pen pumps.
360	2400	SV503	Quantity	-	15	DME Only: Must be greater than 0 with a maximum of 3 whole numbers (must not exceed 999).
360	2400	SV504	Monetary Amount	-	18	DME Only: Must be greater than 0 with maximum of 7 digits – inclusive of up to 3 decimal positions.
360	2400	SV505	Monetary Amount	-	18	DME Only: Must be greater than 0 with maximum of 7 digits – inclusive of up to 3 decimal positions.

Table 40. Loop 2400 PWK DME Certificate of Medical Necessity Indicator

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
366	2400	PWK01	Durable Medical Equipment (DME) Certificate of Medical Necessity Indicator	CT	2	DME only. Must not be present on Part B claims.

Note: A hyphen in the table below means N/A.

© 2019 Novitas Solutions, Inc.

Table 41. Loop 2400 CR1 Ambulance Transport Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
369	2400	CR102	Patient Weight	-	10	Must not exceed 4 whole numbers and 2 decimals. Patient weight in excess of 9,999.99 pounds will be rejected.
370	2400	CR106	Transport Distance	-	15	Must not exceed 4 digits. Transport distance in excess of 9,999 miles will be rejected.

In the table below, for Loop 2400 DME Certification, CR3 segment must be present when DME CMN information is included with the claim. Must not be present on Part B claims.

Note: A hyphen in the table below means N/A.

Table 42. Loop 2400 CR3 Durable Medical Equipment Certification

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
371	2400	CR303	Unit or Basis for Measurement Code	-	2	DME Only: Must not exceed 2 digits. DME Only: Must be greater than 0 unless 2400 L02 = “08.02”.

In the table below, for Loop 2400 Condition Indicator/ DME, DME only: CR3 segment must be present when DME CMN information is included with the claim. Must not be present on a Part B Claim.

Table 43. Loop 2400 CRC Condition Indicator/ Durable Medical Equipment

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
378	2400	CRC01	Code Category	09	2	DME Only: When CRC Condition Indicator (CRC01 = “09”) is submitted, either CRC03 or CRC04 must be “38”.

© 2019 Novitas Solutions, Inc.

Note: A hyphen in the table below means N/A.

Table 44. Loop 2400 DTP Service Date

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
381	2400	DTP03	Date – Service Date	-	35	Must not be a future date. DME only: • Must not be a single date of service when modifier RR is reported with more than 1 unit of service. • When a Service Date range extends into the future, the procedure code must equate to an Inexpensive Supply, PEN Amino Acid, PEN Enteral, PEN Immunosuppressant Drug, PEN Kit/Supply, PEN Lipid, PEN Pump, PEN Special Parenteral, or PEN Dextrose/Home Mix. • Must be a single DOS when procedure code is NOT “E0935” or “E0936” and the procedure code is not considered a Glucose Monitoring or Inexpensive Supply, and the procedure code is categorized as Frequently Serviced DME, Inexpensive or Routinely Purchased DME, Capped Rental DME, Stationary Liquid and Portable Oxygen Equipment, Oxygen Concentrators, Gaseous Oxygen Equipment, Liquid Oxygen Equipment, or Portable Oxygen Equipment.

© 2019 Novitas Solutions, Inc.

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
382	2400	DTP03	Date – Prescription Date	-	35	Must not be a future date.
383	2400	DTP03	Date – Certification Revision / Recertification Date	-	35	DME only: Must not be a future date. Must not be present on a Part B claim.
384	2400	DTP03	Date – Begin Therapy Date	-	35	DME only: Must not be a future date. Must not be present on a Part B claim.
385	2400	DTP03	Date – Last Certification Date	-	35	DME only: Must not be a future date. Must not be present on a Part B claim.
386	2400	DTP03	Date – Last Seen Date	-	35	Segment must not be present for DME claims. Part B only: Must not be a future date
387	2400	DTP03	Test Performed Date	-	35	Must not be a future date.
389	2400	DTP03	Last X-Ray Date	-	35	Segment must not be present for DME claims. Part B only: Must not be a future date.
390	2400	DTP03	Initial Treatment Date	-	35	Must not be a future date.

© 2019 Novitas Solutions, Inc.

Note: A hyphen in the table below means N/A.

Table 45. Loop 2400 QTY Ambulance Patient Count

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
391	2400	QTY02	Ambulance Patient Count	-	15	Does not apply to DME. Must be between 1 and 99.

Note: A hyphen in the table below means N/A.

Table 46. Loop 2400 QTY Obstetric Anesthesia Additional Units

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
392	2400	QTY02	Obstetric Additional Units	-	15	Does not apply to DME. Must be between 1 and 99.

Note: A hyphen in the table below means N/A.

Table 47. Loop 2400 MEA Test Results

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
394	2400	MEA03	MEA – Test Results	-	20	Must not exceed 2 whole numbers and 1 decimal position. Must be a value greater than or equal to 0 and less than or equal to 99.9.

10.4.10 Loop 2410 Drug Identification

The following tables define the specific details associated with Loop 2410 Drug Identification. For DME claims, must be present when 2400 SV101-1 contains a default Healthcare Common Procedure Coding System (HCPCS) code.

Note:

- A hyphen in the table below means N/A.
- A new table exists for each segment.

© 2019 Novitas Solutions, Inc.

Table 48. Loop 2410 LIN Drug Identification

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
425	2410	LIN02	Product or Service ID Qualifier	N4	2	Must be N4.
425	2410	LIN03	National Drug Code	-	11	Must be exactly 11 numeric positions.

Note: A hyphen in the table below means N/A.

Table 49. Loop 2410 CTP Drug Quantity

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
426	2410	CTP04	National Drug Unit Count	-	15	Must be greater than 0 and less than or equal to 9,999,999.999.
427	2410	CTP05-1	Unit or Basis for Measurement Code	-	2	For DME claims only: Must be “UN” when 2410 LIN03 NDC is found on Medicare file as associated to an Oral Cancer Drug HCPCS code.

In the table below, for Loop 2410 Prescription or Compound Drug Association Number, must be submitted with REF01 = “XZ” if service line includes modifier J1.

Table 50. Loop 2410 CTP Prescription or Compound Drug Association Number

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
428	2410	REF01	Reference Identification Qualifier	XZ	3	If service line (SV1) includes Modifier J1, REF01 = “XZ” must be present.

© 2019 Novitas Solutions, Inc.

10.4.11 Loop 2420A Rendering Provider Name

The following table defines the specific details associated with Loop 2420A Rendering Provider Name.

Note: A hyphen in the table below means N/A.

Table 51. Loop 2420A NM1 Rendering Provider Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
431	2420A	NM105	Rendering Provider Middle Name	-	25	The first position must be alphabetic (A-Z).

10.4.12 Loop 2420C Service Facility Location

The following table defines the specific details associated with Loop 2420C Service Facility Location.

Note: A hyphen in the table below means N/A.

Table 52. Loop 2420C N4 Service Facility Location

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
446	2420C	N4	Service Facility Location Postal Code	-	15	When the postal code does not include a +4 value, use 9998.

10.4.13 Loop 2420D Supervising Provider Name

The following table defines the specific details associated with Loop 2420D Supervising Provider Name.

Note: A hyphen in the table below means N/A.

Table 53. Loop 2420D NM1 Supervising Provider Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
450	2420D	NM105	Supervising Provider Middle Name	-	25	First position of Supervising Provider Middle Name must be alphabetic (A-Z).

10.4.14 Loop 2420E Ordering Provider Name

The following table defines the specific details associated with Loop 2420E Ordering Provider Name.

Note: A hyphen in the table below means N/A.

© 2019 Novitas Solutions, Inc.

Table 54. Loop 2420E NM1 Ordering Provider Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
455	2420E	NM105	Ordering Provider Middle Name	-	25	First position of Ordering Provider Middle Name must be alphabetic (A-Z).

10.4.15 Loop 2420F Referring Provider Name

The following table defines the specific details associated with Loop 2420F Referring Provider Name.

Note: A hyphen in the table below means N/A.

Table 55. Loop 2420F NM1 Referring Provider Name

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
466	2420F	NM105	Referring Provider Middle Name	-	25	First position of Referring Provider Middle Name must be alphabetic (A-Z).

10.4.16 Loop 2430 Line Adjudication Information

The following tables define the specific details associated with Loop 2430 Line Adjudication Information.

Note:

- A hyphen in the table below means N/A.
- A new table exists for each segment.

Table 56. Loop 2430 SVD Line Adjudication Information

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
481	2430	SVD03-1	Product or Service ID Qualifier	HC	2	Must be “HC”. Claims with “ER”, “IV” or “WK” will be rejected.
483	2430	SVD05	Paid Service Unit Count	-	15	Must not exceed 4 whole numbers and one decimal position. Must be a value greater than or equal to 0 and less than or equal to 9999.9
483	2430	SVD06	Bundled Line Number	-	6	Must be an integer (no decimals).

© 2019 Novitas Solutions, Inc.

Note: A hyphen in the table below means N/A.

Table 57. Loop 2430 DTP Line Check or Remittance Date

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
490	2430	DTP03	Adjudication or Payment Date	-	35	Must not be a future date.

10.4.17 Loop 2440 Form Identification Code

The following tables define the specific requirements for the Loop 2440 Form Identification Code data.

Note:

- This loop is only for Durable Medical Equipment (DME) Claims. This loop must not be present for Part B Claims.
- A new table exists for each segment.

Table 58. Loop 2440 LQ Form Identification Code

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
493	2440	LQ01	Code List Qualifier Code	UT	3	DME Must be “UT”. DME claims only. Not valid for Part B Claims.

In the table below, for loop 2440 Supporting Documentation, FRM is only for Durable Medical Equipment (DME) Claims. This loop must not be present for Part B Claims.

Note: A hyphen in the table below means N/A.

Table 59. Loop 2440 FRM Supporting Documentation

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
495	2440	FRM01	Question Number/Letter	-	20	DME claims only. When LQ02=’484.03’ and FRM01=’6A’ or ‘6B’, an occurrence of FRM01 with the value of ‘6C’ is required.

© 2019 Novitas Solutions, Inc.

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
495	2440	FRM01	Question Number/Letter	-	20	DME claims only. When LQ02=’484.03’ and FRM01=’6C’, an occurrence of FRM01 with the value of ‘6A’ or ‘6B’ is required.
495	2440	FRM01	Question Number/Letter	-	20	DME claims only. FRM01 Question number must be valid for the LQ02 CMN/DIF number.
495	2440	FRM01	Question Number/Letter	-	20	DME claims only. When LQ02 = ‘484.03”, occurrences of FRM01 = “1A” or “1B”, and FRM01 = “1C”, and FRM01 = “05” must be present.
495	2440	FRM01	Question Number/Letter	-	20	DME claims only. When LQ02 = ‘484.03” and FRM01 = “1A”, and FRM03 is greater than or equal to “55.5” and less than or equal to “59.4”, occurrences of FRM01 = “07”, “08” and “09” must be present.
495	2440	FRM01	Question Number/Letter	-	20	DME claims only. When LQ02 = ‘484.03” and FRM01 = “1B”, and FRM05 is greater than or equal to “88.5” and less than or equal to “89.4”, occurrences of FRM01 = “07”, “08” and “09” must be present.

© 2019 Novitas Solutions, Inc.

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
495	2440	FRM02	Question Number/Letter	-	1	DME claims only. When LQ02 = ‘484.03” and FRM with FRM01 = “04”, “07”, “08” or “09” is present, then FRM02 must be present.
495	2440	FRM03	Question Response	-	50	DME claims only. When LQ02 = “04.04” and FRM01 = “07B”, “09B”, “10B” or “10C”, FRM03 must be present.
495	2440	FRM03	Question Response	-	50	DME claims Only. When LQ02 = “06.03” and FRM01 = “02” or “03”, FRM03 must be present.
495	2440	FRM03	Question Response	-	50	DME claims Only. When LQ02 = “09.03” and FRM01 = “01”, “01A”, “01B”, “01C”, “02”, “02A”, “02B”, “02C”, “03” or “04”, FRM03 must be present.
495	2440	FRM03	Question Response	-	50	DME claims Only. When LQ02 = “10.03” and FRM01 = “03”, “03A”, “03B”, “04”, “04A”, “04B”, “05”, “06”, “08A”, “08C”, “08D”, “08F”, “08G” or “09”, FRM03 must be present.
495	2440	FRM03	Question Response	-	50	DME claims Only. When LQ02 = ‘484.03” and FRM with FRM01 = “1A”, “1B”, “02”, “03” or “05” is present, then FRM03 must be present.
495	2440	FRM04	Question Response	-	8	DME claims Only. Must not be a future date.

© 2019 Novitas Solutions, Inc.

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
495	2440	FRM04	Question Response	-	8	DME claims Only. When LQ02 = “484.03” and FRM with FRM01 = “1C” or “6C” is present, then FRM04 must be present.
495	2440	FRM05	Question Response	-	6	DME claims Only. When LQ02 = “10.03” and FRM01 = “08B”, “08E” or “08H”, FRM05 must be present.
495	2440	FRM05	Question Response	-	6	DME claims Only. When LQ02 = ”484.03” and FRM01 = “1B” or “6B”, FRM05 must be present.
495	2440	FRM05	Question Response	-	6	DME claims Only. Must be between 0 and 100 and can contain up to one decimal place.

10.4.18 Transaction Set Trailer

The following table defines the specific details associated with the Transaction Set Trailer.

Note: A hyphen in the table below means N/A.

Table 60. SE Transaction Set Trailer

Page #	Loop ID	Reference	Name	Codes/Content	Length	Notes/Comments
496	N/A	SE02	Transaction Set Control Number	-	9	Must have the same value as ST02. Must be greater than zero.

© 2019 Novitas Solutions, Inc.

11 Appendices

11.1 Implementation Checklist

Complete the following checklist as you prepare to go live with EDI exchange.

Table 61. EDI Implementation Checklist

Action	Additional Information
Choose a Software Product	For more information, refer to the EDI Reference Guide (https:/www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004559).
Complete EDI Enrollment form	The EDI Enrollment form is located on the Novitas website (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004532)
Read the CG	This guide helps with the setup of your transactions, testing and viewing reports.
Send a Test File	Test requirements are provided in Section 3 of this CG, Testing and Certification Requirements.
Pull your Reports	Reports are available within a few minutes of transmitting a test file. For more information, see Section 7 of this CG, Acknowledgements and Reports.
Send Production Files	Once your testing has been approved, you will be able to send in production. Change the ISA to “P” and always remember to pull your reports. Incoming file names should not include an apostrophe (‘) as this causes errors in the file being received through TIBCO.
Send a Claim Status Request	Request status of a claim using the 276 Claim Status Request transaction
Read Publications	Novitas Solutions, Inc. sends emails to those who have joined our mailing list. We also publish newsletters on our website. For more information on joining our mailing list, refer to Section 2.1 of this CG, Working Together.

11.2 Transmission Examples

Below is an example of the Control segments and envelopes in an 837 claim file. This example can be used to help set up the Control segments in your file to be sent to Novitas Solutions, Inc. Please note this example is

© 2019 Novitas Solutions, Inc.

for illustration purposes only and uses the contract ID and version code for a professional (Part B) claim. For institutional (Part A) claims, please replace these with the appropriate codes.

Figure 2. 837P Control Segments & Envelopes

```
ISA*00* *00* *ZZ*SSSSSSS *ZZ*04412 *010919*1108*^*00501*000000233*1*P*>~
GS*HC*SSSSSSS*04412*20190115*1343*100000233*X*005010X222A1~
ST*837*PR92300XA*005010X222A1~
SE*28*PR92300XA~
GE*1*100000233~
IEA*1*000000233~
```

11.3 Frequently Asked Questions

Frequently asked questions can be accessed at Medicare FFS EDI Operations (https://www.cms.gov/ElectronicBillingEDITrans/) and on the Novitas website (https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004548)

11.4 Acronym Listing

Table 62. Acronyms Listing and Definitions

Acronym	Definition
276	276 Claim Status Request transaction
277	277 Claim Status Response transaction
277CA	277 Claim Acknowledgement
835	835 Electronic Remittance Advice transaction
837P	837 Professional Claims transaction
999	Implementation Acknowledgment
ASC	Accredited Standards Committee
CAQH CORE	Council for Affordable Quality Healthcare – Committee on Operating Rules for Information Exchange
CEDI	Common Electronic Data Interchange
CG	Companion Guide
CMS	Centers for Medicare & Medicaid Services
CMN	Certificate of Medical Necessity
DME	Durable Medical Equipment

© 2019 Novitas Solutions, Inc.

Acronym	Definition
EDI	Electronic Data Interchange
ERA	Electronic Remittance Advice
FFS	Medicare Fee-For-Service
FISMA	Federal Information Security Management Act
GS/GE	GS – Functional Group Header / GE – Functional Group Trailer
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act of 1996
HTTP	Hyper Text Transfer Protocol
HTTPS	Hyper Text Transfer Protocol Secure
IOM	Internet-only Manual
ISA/IEA	ISA – Interchange Control Header / IEA – Interchange Control Trailer
MAC	Medicare Administrative Contractor
MBI	Medicare Beneficiary Identifier
MIME	Multipurpose Internet Mail Extensions
NCPDP	National Council for Prescription Drug Programs
NPI	National Provider Identifier
NSV	Network Service Vendor
PDAC	Pricing, Data Analysis and Coding
PECOS	Provider Enrollment Chain and Ownership System
PHI	Protected Health Information
PID	Packet Identifier
sFTP	Secure File Transfer Protocol
SOAP	Simple Object Access Protocol
ST/SE	ST – Transaction Set Header / SE – Transaction Set Trailer
TA1	Interchange Acknowledgment
TR3	Technical Report Type 3
TRN	Transaction Acknowledgment report (CEDI proprietary report)
WSDL	Web Services Description Language

© 2019 Novitas Solutions, Inc.

Acronym	Definition
X12	A standards development organization that develops EDI standards and related documents for national and global markets. (See the official ASC X12 website.)
X12N	Insurance subcommittee of X12

© 2019 Novitas Solutions, Inc.

11.5 Change Summary

The following table details the version history of this CG.

Table 63. Companion Guide Version History

Version	Date	Section(s) Changed	Change Summary
1.0	November 5, 2010	All	Initial Draft
2.0	January 3, 2010	All	1st Publication Version
3.0	April 2011	6.0	2nd Publication Version
4.0	September 2015	All	3rd Publication Version
5.0	March 2019	All – made guides transaction specific	4th Publication Version
6.0	October 2019	All	Updated URLs to https
7.0	March 2020	4.4	Updated link to Novitasphere password requirements
8.0	May 2020	1.3, 11.4	Refer to WPC and X12 websites
9.0	November 2021	All	Updates for Gateway transition and EIDM to IDM
10.0	August 2022	All	508 Compliance Updates
10.1	June 2023	10.2.2, 10.4.4 and 10.4.12	Added instruction for +4 postal code when not provided by USPS.
11.0	March 2026	Page 39	Updated 2410 LIN03 to indicate numeric only.
11.1	June 2026	Page 12	Updated Option reference from 3 to 2.

© 2019 Novitas Solutions, Inc.