

HEALTH CARE CLAIM: INSTITUTIONAL 837

(004010X096A1)

Use this Companion Document when creating UnitedHealthcare institutional claim transactions.

Each state may have a list of required and conditionally required clean claim data elements, consistent with this companion document and applicable state laws, including but not limited to state prompt pay laws. Those state law required and conditionally required data clean claim data elements may be found in state laws and regulations, provider contracts and Administrative Guides, and are incorporated into this companion document by reference.

**Note: National Provider Identifiers (NPI's) will be issued beginning in May 2005.
This Companion Document is applicable during the NPI transition period from May 2005 to May 2007.**

Special Note Regarding Delimiters:

UnitedHealthcare sends the following delimiters in 835 Health Care Claim Payment/Advice transactions.
Please do not transmit these characters in any data field in the 837 Health Care Claim transaction.

CHARACTER	NAME	DELIMITER	ISA	Comment
*	Asterisk	Data Element Separator	Byte 4	
^	Caret	Repetition Separator	Byte 83	sent in X12 version 004040 and higher
:	Colon	Component Element Separator	Byte 105	
~	Tilde	Segment Terminator	Byte 106	

Pg #	Seg.	D E	Desi gnat or	PIC	MIN/MAX	Usage	Description	X12 Code	X12 Code Definition	Value	UNIPRISE Trading Partner Instructions
LOOP 2010 AA BILLING PROVIDER NAME											
78	NM109	67	X	AN	2/80	R	Billing provider identifier				Submit the provider Tax Identification Number
82	REF					S	Billing provider secondary identification				<u>Payer ID 87726</u> <ul style="list-style-type: none"> • Submit UHC ID if known, using Qualifier G2 • Submit UPIN if known <u>Payer ID 94265</u> <ul style="list-style-type: none"> • Submit UHC ID using Qualifier G2 • Submit UPIN if known
LOOP 2010 AB PAY-TO PROVIDER NAME											
93	NM109	67	X	AN	2/80	R	Pay-to provider identifier				Submit the provider Tax Identification Number
97	REF					S	Pay-to provider secondary identification				The following instructions apply only when there is a Pay-to Provider loop: <u>Payer ID 87726</u> <ul style="list-style-type: none"> • Submit UHC ID if known, using Qualifier G2 • Submit UPIN if known <u>Payer ID 94265</u> <ul style="list-style-type: none"> • Submit UHC ID using Qualifier G2 • Submit UPIN if known

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LOOP 2300 CLAIM INFORMATION											
186	REF					S	Original reference number (ICN/DCN)				Submit Original Reference Number when resubmission is in response to a letter from UHG requesting revised/additional information
234	HI					S	Principal, admitting, E-code and patient reason for visit diagnosis information				Submit principal diagnosis for all medical claims
249	HI					S	Principal procedure information				Submit Principal Procedure Information when contract between UHG and the provider requires procedure code
251	HI					S	Other procedure information				Submit Other Procedure Information when contract between UHG and the provider requires procedure code

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LOOP 2310A ATTENDING PHYSICIAN NAME											
330	NM109	67	X	AN	2/80	R	Attending physician primary identifier				Submit the provider Tax Identification Number
LOOP 2310B OPERATING PHYSICIAN NAME											
337	NM109	67	X	AN	2/80	R	Operating physician primary identifier				Submit the provider Tax Identification Number
LOOP 2310C OTHER PROVIDER NAME											
342	NM109	67	X	AN	2/80	R	Other provider identifier				Submit the provider Tax Identification Number
LOOP 2310E SERVICE FACILITY NAME											
346	NM109	67	X	AN	2/80	S	Laboratory and facility primary identifier				Submit the provider Tax Identification Number

Pg #	Seg.	DE	Designator	PIC	MIN/MAX	Usage	Description	X12 Code	X12 Code Definition	Value	UNIPRISE Trading Partner Instructions
LOOP 2320 OTHER SUBSCRIBER INFORMATION											
354	SBR01	1138	M	ID	1/1	R	Payor responsibility sequence number				Submit an other payer responsibility sequence number on COB claims
355	SBR02	1069	O	ID	2/2	R	Individual relationship code				Submit an other subscriber individual relationship code on COB claims
357	SBR03	127	O	AN	1/30	S	Insured Group or policy number				Submit an other subscriber group or policy number on COB claims
365	AMT02	782	M	R	1/18	R	Other Payor Patient Paid Amount				Submit an other payer claim level paid amount on COB claims
366	AMT02	782	M	R	1/18	R	Allowed amount				Submit an other payer claim level allowed amount on COB claims
383	DMG02	1251	X	AN	1/13	R	Other insured Birth date				Submit an other subscriber birth date on COB claims
383	DMG03	1068	O	ID	1/1	R	Other insured gender code				Submit an other subscriber gender code on COB claims
384	OI03	1073	O	ID	1/1	R	Benefits assignment certification indicator				Submit an other insurance assignment of benefits indicator on COB claims
385	OI06	1363	O	ID	1/1	R	Release of information code				Submit an other insurance release of information code on COB claims

Pg #	Seg.	DE	Designator	PIC	MIN/MAX	Usage	Description	X12 Code	X12 Code Definition	Value	UNIPRISE Trading Partner Instructions
LOOP 2330A OTHER SUBSCRIBER NAME											
395	NM103	1035	O	AN	1/35	R	Other insured last name				Submit an other subscriber last name on COB claims
395	NM104	1036	O	AN	1/25	S	Other insured first name				Submit an other subscriber first name on COB claims
396	NM105	1037	O	AN	1/25	S	Other insured middle name				Submit an other subscriber middle initial on COB claims
397	NM109	67	X	AN	2/80	R	Other insured identifier				Submit an other subscriber identified on COB claims
LOOP 2330B OTHER PAYOR NAME											
405	NM103	1035	O	AN	1/35	R	Other payer name				Submit an other payer name on COB claims
405	NM109	67	X	AN	2/80	R	Other payer primary identifier				Submit an other payer primary identifier on COB claims
409	DTP03	1251	M	AN	1/35	R	Adjudication date				Submit an other payer claim adjudication date on COB claims
LOOP 2410 DRUG IDENTIFICATION											
457	LIN					S	Drug Identification				Submit NDC for all unlisted injectable drugs and for other injectable drugs when required per the contract between UHG and the provider

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LOOP 2420A ATTENDING PHYSICIAN NAME											
466	NM109	67	X	AN	2/80	R	Attending physician primary identifier				Submit the provider Tax Identification Number
LOOP 2420B OPERATING PHYSICIAN NAME											
471	NM109	67	X	AN	2/80	R	Operating physician primary identifier				Submit the provider Tax Identification Number
LOOP 2420C OTHER PROVIDER NAME											
476	NM109	67	X	AN	2/80	R	Other provider identifier				Submit the provider Tax Identification Number

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LOOP 2430 SERVICE LINE ADJUDICATION INFORMATION											
484	CAS01	1033	M	ID	1 /2	R	Claim adjustment group code				Submit an other payer adjustment group code on COB claims
485	CAS02	1034	M	ID	1/5	R	Adjustment reason code				Submit an other payer adjustment reason code on COB claims
485	CAS03	782	M	R	1/18	R	Adjustment amount				Submit an other payer adjustment amount on COB claims