GOVERNMENT OF PUERTO RICO

Department of Health
Medicaid Program

HIPAA Transaction
Standard Companion Guide

Refers to the Technical Report Type 3 (TR3) Implementation Guides Based on ASC X12 Version 005010X222A1 Professional Health Care Claim/Encounter (837P)

Companion Guide Version Number: 7.1

November 2021

Puerto Rico Medicaid Management Information System Services Project

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Disclosure Statement

Companion guides may contain two types of data, instructions for electronic communications with the publishing entity (communications/connectivity instructions), and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 implementation guide (transaction instructions). Either the communications/connectivity component or the transaction instruction component must be included in every companion guide. The components may be published as separate documents or as a single document.

The communications/connectivity component is included in the companion guide when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The transaction instruction component is included in the companion guide when the publishing entity wants to clarify the implementation guide instructions for submission of specific electronic transactions. The transaction instruction component content is limited by ASC X12's copyrights and Fair Use statement.

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Preface

This companion guide to the v5010 ASC X12N Technical Report Type 3 (TR3) adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging transactions electronically with the Puerto Rico Department of Health. Transmissions based on this companion guide, used in tandem with the TR3, also called the Health Care Professional Claim/Encounter ASC X12N version 005010X222A1 (837P), are compliant with both ASC X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the ASC X12N TR3 adopted for use under HIPAA. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at http://aspe.hhs.gov/admnsimp/final/txfin00.htm. To access the HIPAA Implementation Guides, please contact the Washington Publishing Company by phone (425-562-2245) or email (admin@wpc-edi.com).

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Disclaimer: The information contained in this Companion Guide is subject to change.

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1 INTRODUCTION

This section describes how TR3, also called 837P ASC X12N (version 005010X222A1), adopted under HIPAA, will be detailed with the use of a table. The tables contain a Notes/Comments column for each segment that Puerto Rico Department of Health has information additional to the TR3. That information can:

1. Limit the repeat of loops, or segments.
2. Limit the length of a simple data element.
3. Specify a sub-set of the implementation guides' internal code listings.
4. Clarify the use of loops, segments, composite, and simple data elements.
5. Provide any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with Puerto Rico Department of Health.

In addition to the row for each segment, one or more additional rows are used to describe Puerto Rico Department of Health's usage for composite and simple data elements, and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a Notes/Comments column to provide additional information from Puerto Rico Department of Health for specific segments provided by the TR3. The following is just an example of the type of information that would be spelled out or elaborated on in Section 6: TRANSACTION-SPECIFIC INFORMATION.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	**2100C**	**NM1**	**Subscriber Name**			**This type of row always exists to indicate that a new segment has begun. It is always shaded at 10 percent and notes or comments about the segment itself go in this cell.**
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	**2100C**	**REF**	**Subscriber Additional Identification**			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by Puerto Rico Department of Health
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value "N6" is the default. Not populating the first three columns makes it clear that the code value belongs to the row immediately above it.
218	**2110C**	**EB**	**Subscriber Eligibility or Benefit Information**			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

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1.1 Scope

This companion guide is intended for trading partner use in conjunction with the TR3 HIPAA 5010 837P (referred to as Professional Claim/Encounter in the rest of this document) for the purpose of submitting 837P electronically. This companion guide is not intended to replace the TR3. The TR3s define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of this companion guide is to provide trading partners with a guide to communicate Puerto Rico Department of Health-specific information required to successfully exchange transactions electronically with Puerto Rico Department of Health. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guide and is in conformance with ASC X12's Fair Use and Copyright statements.

The information contained in this companion guide applies to Puerto Rico Department of Health for processing.

Puerto Rico Department of Health will accept and process any HIPAA-compliant transaction; however, a compliant transaction that does not contain Puerto Rico Department of Health-specific information, though processed, may be denied. For example, a compliant 837P Claim/Encounter created with an invalid Puerto Rico Department of Health member identification number will be processed by Puerto Rico Department of Health, but will be denied. For questions regarding appropriate billing procedures, as well as for policy and billing information, providers should refer to their policy-specific area of the Puerto Rico Department of Health.

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Refer to this companion guide first if there is a question about how Puerto Rico Department of Health processes a HIPAA transaction. For further information, contact their policy-specific area of the Puerto Rico Department of Health or PRMMIS MCO EDI (prmmis_edi_support@gainwelltechnologies.com). This guide is intended as a resource to assist trading partners (Managed Care Organizations – MCOs) and clearinghouses with Puerto Rico Department of Health in successfully conducting EDI of administrative health care transactions. This document provides instructions for obtaining technical assistance, initiating and maintaining connectivity, sending and receiving files, testing, and other related information. This document does not provide detailed data specifications, which are published separately by the industry committees responsible for their creation and maintenance.

1.2 Overview

Per HIPAA requirements, Puerto Rico Department of Health and all other covered entities must comply with the EDI standards for health care as established by the Secretary of the federal Department of Health and Human Services (HHS). The Secretary of the HHS is required under HIPAA to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. Additionally, HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

The HIPAA requirements serve to:

- Create better access to health insurance.
- Limit fraud and abuse.
- Reduce administrative costs.

This guide is designed to help those responsible for testing and setting up electronic Professional Claim/Encounter transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting, and identifies codes and data elements that do not apply to Puerto Rico Department of Health. This guide supplements (but does not contradict) requirements in the ASC X12N 837P (version 005010X222A1) Implementation Guide. This guide provides communications-related information that a trading partner needs to enroll as

a trading partner, obtain support, format the interchange control header (ISA) and functional group header (GS) envelopes, and exchange test and production transactions with Puerto Rico Department of Health.

This companion guide must be used in conjunction with the TR3 instructions. The companion guide is intended to assist trading partners in implementing electronic 837P transactions that meet Puerto Rico Department of Health processing standards by identifying pertinent structural and data-related requirements and recommendations.

1.3 References

For more information regarding the ASC X12 Standards for Electronic Data Interchange 837P Health Care Claim/Encounter (version 005010X222A1) and to purchase copies of the TR3 documents, consult the Washington Publishing Company by phone (425-582-2245) or email (admin@wpc-edi.com).

The implementation guide specifies in detail the required formats for transactions exchanged electronically with an insurance company, health care payer, or government agency. The implementation guide contains requirements for the use of specific segments and specific data elements within those segments and applies to all health care providers and their trading partners. It is critical that the provider's Information Technology (IT) staff or software vendor review this document in its entirety and follow the stated requirements to exchange HIPAA-compliant files with Puerto Rico Department of Health.

To obtain the Provider taxonomy code set, please contact the Washington Publishing Company by phone (425-582-2245) or email (admin@wpc-edi.com).

1.4 Additional Information

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979, ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standard is recognized by the United States as the standard for North America. Electronic Data Interchange adoption has been proved to reduce the administrative burden on providers.

The intended audience for this document is the technical and operational staff responsible for generating, receiving, and reviewing electronic health care transactions.

National Provider Identifier

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

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

All providers, except those that the Puerto Rico Department of Health determined to not identify as a healthcare provider such as non-emergency transportation, are health care providers (per the definitions within the NPI Final Rule) and, therefore, are required to obtain and use an NPI. Puerto Rico Department of Health requires all health care providers to submit their NPI on electronic transactions.

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Acceptable Characters

The HIPAA transactions must not contain any carriage returns nor line feeds; the data must be received in one, continuous stream. Puerto Rico Department of Health accepts the extended character set. Uppercase characters are recommended. Files should be less than 100 MB.

File/System Specifications

EDI only accepts Windows/PC/DOS formatted files. Any file transmitted to EDI must be named in accordance to standard file naming conventions, including a valid three-character file extension. The following standards should be used:

- To avoid accidently overwriting files, do not send multiple files with the same name on the same day.
- File Names should not be longer than 45 characters.
- File Names should not contain spaces or special characters.
- File Names should contain a file extension such as .dat or .txt.
- Zip or compressed files are allowed, but a zip or compressed file should contain only one X12 file.
- Zip files must contain the extension .zip (not case sensitive).

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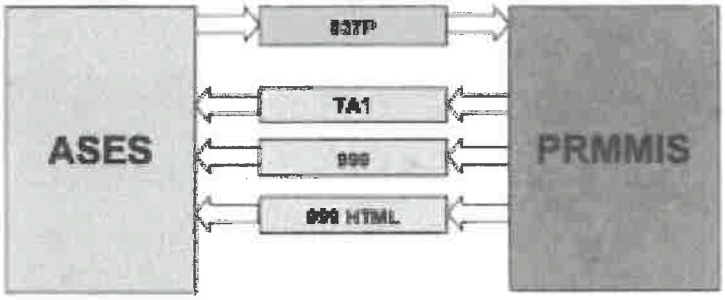
2 CONNECTIVITY WITH PUERTO RICO DEPARTMENT OF HEALTH / COMMUNICATIONS

This section describes the process to interactively submit HIPAA 837P transactions, along with various submission methods, security requirements, and exception handling procedures.

2.1 Process Flows

This section contains process flow diagrams and appropriate text.
Each transaction is validated to ensure that the 837P complies with the 005010X222A1 TR3.

Transactions that fail this compliance check will generate a "Rejected" 999 file back to the sender with an error message indicating the compliance error. Transactions that pass this compliance check will generate an "Accepted" 999 file back to the sender with AK9*A to indicate that the file passed compliance. Transactions with multiple ST/SE loops that fail this compliance check in some of the ST/SE loops will generate a "Partial" 999 file back to the sender with an error message indicating the compliance error (all claims/encounters in the ST/SE envelopes that pass compliance will be processed). Claims/Encounters that pass compliance checks but fail to process (e.g., due to member not being found) will be denied. Claims/Encounters that pass compliance checks and have not failed to process (e.g., the member was found with enrollment within the date(s) of service) will be classified as "paid."



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2.2 Transmission Administrative Procedures

This section provides Puerto Rico Department of Health's-specific transmission administrative procedures.

The trading partner must determine if the transmission being sent is Test or Production and is using the appropriate indicator (ISA15). For details about available Puerto Rico Department of Health access methods, refer to the Communication Protocol Specifications section.

Puerto Rico Department of Health is available only to authorized users. Submitters must be Puerto Rico Department of Health trading partners. A submitter is authenticated using a username and password assigned by the trading partner.

2.3 Communication Protocol Specifications

This section describes Puerto Rico Department of Health's communication protocol(s).
The following communication methods are available to get a member's Eligibility and Benefits from Puerto Rico Department of Health:

Batch

Trading partners can submit all batch transactions to Puerto Rico Department of Health and download acknowledgements and response files. Access is free; however, the user must have his or her own internet connection to access the web application.

3 CONTROL SEGMENTS / ENVELOPES

3.1 ISA-IEA

This section describes Puerto Rico Department of Health's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

Interchange Control Header (ISA)

To promote efficient, accurate electronic transaction processing, please note the following Puerto Rico Department of Health specifications:

- Each trading partner is assigned a Trading Partner ID.
- All dates are in the CCYYMMDD format, Except for ISA09.
- All dates/times are in the CCYYMMDDHHMM format.
- Payer IDs can be found in the companion guides.
- Batch responses are not returned until all inquiries are processed. Limiting the number of total inquiries per ISA-IEA will produce faster results.
- Each Payer ID must be in its own file.
- No more than 999 claims/encounters per Transaction Set (ST-SE).
- Only one interchange (ISA/IEA) loop and one functional (GS/GE) loop is allowed per file.

Transactions transmitted as a batch are identified by an ISA and trailer segment (IEA), which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification. The table below represents only those fields in which Puerto Rico Department of Health requires a specific value or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction — the TR3 should be reviewed for that information.

The ISA data segment is a fixed length record and all fields must be supplied. Fields that are not populated with actual data must be filled in with spaces.

Note: Puerto Rico Department of Health accepts files with one ISA/IEA loop per file.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.3	None	ISA	Interchange Control Header		
C.4		ISA01	Authorization Information Qualifier	03	ENCOUNTER – '03' – Additional Data Identification
C.4		ISA02	Authorization Information		ENCOUNTER – MCO Medicaid ID + [space fill]
C.4		ISA03	Security Information Qualifier	00	00 = No Security Information Present
C.4		ISA04	Security Information		[space fill]
C.4		ISA05	Interchange ID (Sender) Qualifier	ZZ	ZZ = Mutually defined
C.4		ISA06	Interchange Sender ID		Trading Partner ID supplied by Puerto Rico Department of Health, left-justified and space-filled
C.5		ISA07	Interchange ID (Receiver) Qualifier	ZZ	ZZ = Mutually defined
C.5		ISA08	Interchange Receiver ID	PRMMIS	"PRMMIS" – left-justified and space-filled
C.5		ISA09	Interchange Date		The date format is YYMMDD.

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TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.5		ISA10	Interchange Time		The time format is HHMM
C.5		ISA11	Repetition Separator	^	A Caret "^" is recommended.
C.5		ISA12	Interchange Control Version Number	00501	00501 = Control Version Number
C.5		ISA13	Interchange Control Number		The interchange control number assigned in ISA13 must be identical to the value in IEA02.
C.6		ISA14	Acknowledgement Requested	0	0 = No interchange acknowledgment requested (TA1)
C.6		ISA15	Usage Identifier	P, T	Code indicating whether the data enclosed is Production or Test.
			Production Data	P	Enter value "P" to indicate that the file contains Production data
			Test Data	T	Enter value "T" to indicate that the file contains Test data.
C.6		ISA16	Component Separator	:	A colon ":" is recommended.

IEA – Interchange Control Header

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.10	None	IEA	Interchange Control Trailer		
C.10		IEA01	Number of Included Functional Groups		Number of included Functional Groups
C.10		IEA02	Interchange Control Number		Must be identical to the value in ISA13

3.2 GS-GE

This section describes Puerto Rico Department of Health's use of the functional group control segments.

It includes a description of expected application sender and receiver codes.

Functional Group Header (GS)

In the table below are fields in which Puerto Rico Department of Health requires a specific value or has additional guidance on what the value should be. The TR3 should be reviewed for specific information.

Note: Puerto Rico Department of Health only accepts files with one GS/GE loop per file.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.7	None	GS	Functional Group Header		
C.7		GS01	Functional ID Code		"HC" – Health Care Professional Claim/Encounter (837P)

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.7		GS02	Application Sender's Code		'Trading Partner ID' supplied by Puerto Rico Department of Health.
C.7		GS03	Application Receiver's Code	PRMMIS	'PRMMIS' Puerto Rico Department of Health Sender ID
C.7		GS04	Date		The date format is CCYYMMDD
C.8		GS05	Time		The time format is HHMM.
C.8		GS06	Group Control Number		Group Control Number – Must be identical to GE02.
C.8		GS07	Responsible Agency Code	X	"X" – Responsible Agency Code
C.8		GS08	Version / Release / Industry Identifier Code	005010X222A1	Version / Release / Industry Identifier Code

Functional Group Trailer (GE)

In the table below are fields in which Puerto Rico Department of Health requires a specific value or has additional guidance on what the value should be. The TR3 should be reviewed for specific information.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.9	None	GE	Functional Group Trailer		
C.9		GE01	Number of Transaction Sets Included		Total number of transaction sets
C.9		GE02	Group Control Number		Must be identical to the value in GS06

3.3 ST-SE

This section describes Puerto Rico Department of Health's use of transaction set control numbers.

Puerto Rico Department of Health recommends that trading partners follow the guidelines set forth in the TR3 — start the first ST02 in the first file with "000000001" and increment from there. The TR3 should be reviewed for how to create compliant transaction set control segments.

TRANSACTION SET HEADER (ST)

The TR3 should be reviewed for specific information.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
70	None	ST	Transaction Set Header		
70		ST01	Transaction Set Identifier Code	837	837 Health Care Claim
70		ST02	Transaction Set Control Number		The Transaction Set Control Number in ST02 and SE02 must be identical. The number must be unique within a specific interchange (ISA-IEA)
70		ST03	Implementation Guide Version Name	005010X222A1	This field contains the same value as GS08.

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TRANSACTION SET TRAILER (SE)

The TR3 should be reviewed for specific information

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
495	**None**	**SE**	**TRANSACTION SET TRAILER**		
496		SE01	Transaction Segment Count		Total number of transaction sets
496		SE02	Transaction Set Control Number		The Transaction Set Control Number in ST02 and SE02 must be identical

3.4 Control Segment Notes

The ISA data segment is a fixed length record and all fields must be supplied. Fields that are not populated with actual data must be filled in with spaces.

3.5 File Delimiters

Puerto Rico Department of Health requests that you use the following delimiters on your file. If used as delimiters, these characters must not be submitted within the data content of the transaction sets. Contact PRMMIS MCO EDI (prmmis_edi_support@gainwelltechnologies.com) if there is a need to use a delimiter other than the following:

- Segment Terminator = ~
- Element Separator = *
- Component Separator = :
- Repetition Separator = ^

Element Separator

Byte 4 in the ISA segment defines the element separator to be used throughout the entire transaction. The recommended element separator is an asterisk (*).

Repetition Separator

ISA11 defines the repetition separator to be used throughout the entire transaction. The recommended repetition separator is a caret (^).

Component Separator

ISA16 defines the component separator to be used throughout the entire transaction. The recommended component separator is a colon (:).

Segment Terminator

Byte 106 of the ISA segment defines the segment terminator used throughout the entire transaction. The recommended segment terminator is a tilde (~).

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4 PUERTO RICO DEPARTMENT OF HEALTH-SPECIFIC BUSINESS RULES AND LIMITATIONS

4.1 Trading Partner Identification Number

In Module One of the Puerto Rico Department of Health's implementation of the PRMMIS, the EDI team will create any needed Trading Partner Profiles.

4.2 Testing

Module One of the Puerto Rico Department of Health's implementation of the PRMMIS will not require any Production Authorization Testing.

4.3 Terminology

The term "subscriber" will be used as a generic term throughout the companion guide.

4.4 Limits

File Size is restricted to 5,000 transactions (claims/encounters) per file. One transaction set includes all data between and including a Transaction ST segment and Transaction SE segment.

4.5 Scheduled Maintenance

Puerto Rico Department of Health schedules regular maintenance every Sunday from 01:00 a.m. to 05:00 a.m. EST.

4.6 Procedures for Voiding Encounters

PRMMIS requires that the MCO's internal Transaction Control Number (TCN) be sent for every claim.

Loop 2330B – Other Payer Name
REF – Other Payer Claim Control Number
REF01 = F8 – Original Reference Number
REF02 = The TCN (in the MCO's system) of the claim being submitted

When voiding a claim/encounter, the MCO should send their internal Transaction ID of the claim being voided in:

Loop: 2300 — CLAIM INFORMATION
REF – PAYER CLAIM CONTROL NUMBER
REF01 = F8 – Original Reference Number
REF02 = The TCN (in the MCO's system) of the encounter being voided

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5 ACKNOWLEDGEMENTS AND/OR REPORTS

5.1 Acknowledgements

TA1 — Transaction Acknowledgement

Puerto Rico Department of Health will only respond with a TA1 when the batch X12 contains Envelope errors. If a TA1 is produced, then a 999 will not be sent. The submitted 837P will need to be corrected and resubmitted.

999 — Functional Acknowledgement

This file informs the submitter that the transaction arrived and provides information about the syntactical quality of the Functional Groups in a batch X12 file. Puerto Rico Department of Health will always respond with a 999 for a batch X12 file. If a "rejected" 999 is produced then claims/encounters will not be sent to the claims engine for adjudication. The submitted 837P will need to be corrected and resubmitted.

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6 TRANSACTION-SPECIFIC INFORMATION

This section describes how ASC X12N implementation guides adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Puerto Rico Department of Health has something additional, over and above, the information in the implementation guides. That information can do the following:

1. Limit the repeat of loops, or segments.
2. Limit the length of a simple data element.
3. Specify a sub-set of the implementation guides' internal code listings.
4. Clarify the use of loops, segments, composite, and simple data elements.
5. Provide any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Puerto Rico Department of Health.

In addition to the row for each segment, one or more additional rows are used to describe Puerto Rico Department of Health's usage for composite and simple data elements, and for any other information Notes and comments will be placed at the deepest level of detail. For example, a note about a code value will be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a row for each segment that Puerto Rico Department of Health has something additional, over and above, the information in the TR3s.

6.1 005010X222A1 — 837P Health Care Claim/Encounter

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
71	None	BHT	Beginning of Hierarchical Transaction		
71	None	BHT02	Transaction Set Purpose Code	00	"00" – Original
71	None	BHT06	Claim Identifier	CH, RP	CH = Claims — Chargeable RP = Encounters — Reporting.
74	1000A	NM1	Submitter Name		
75	1000A	NM108	Identification Code Qualifier	46	"46" – Electronic Transmitter Identification Number (ETIN)
75	1000A	NM109	Submitter Identifier		Enter the same value as ISA06 'Trading Partner ID' supplied by Puerto Rico Department of Health
76	1000A	PER	Submitter EDI Contact Information		This segment identifies the person in the submitter organization who deals with data transmission issues. If data transmission problems arise, this is the person to contact in the submitter organization.
77	1000A	PER01	Contact Function Code	IC	"IC" – Information Contact
77	1000A	PER02	Submitter Contact Name		This is required if it's different than the name contained in the Submitter Name (Loop 1000A, NM1 segment)
77	1000A	PER03	Communication Number Qualifier	EM, FX, TE	"EM" – Electronic Mail "FX" – Fax "TE" – Telephone
77	1000A	PER04	Communication Number		Email Address, Fax Number, or Telephone Number (including the area code)

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TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
79	1000B	NM1	Receiver Name		
80	1000B	NM103	Receiver Name	PUERTO RICO DEPARTMENT OF HEALTH	"PUERTO RICO DEPARTMENT OF HEALTH"
80	1000B	NM108	Identification Code Qualifier	46	"46" – Electronic Transmitter Identification Number (ETIN)
80	1000B	NM109	Receiver Primary Identifier	PRMMIS	"PRMMIS" – Puerto Rico Department of Health's Payer ID
83	2000A	PRV	Billing Provider Specialty Information		**ENCOUNTER – When required for NPI crosswalk, this loop should contain the Taxonomy Code for the Provider paid by the MCO (refer to 2010AA below).**
83	2000A	PRV01	Provider Code	BI	"BI" – Billing
83	2000A	PRV02	Reference Identification Qualifier	PXC	"PXC" – Health Care Provider Taxonomy Code *Note:* Taxonomy codes are only required if the National Provider Identifier (NPI) has multiple certifications and the taxonomy is necessary to determine the appropriate one
83	2000A	PRV03	Provider Taxonomy Code		Enter the taxonomy that was reported to Puerto Rico Department of Health for the service you are billing. *Note:* The provider is required to use the appropriate taxonomy code that is associated to the provider type and specialty currently on file with Puerto Rico Department of Health
88	2010AA	NM1	Billing Provider Name		**ENCOUNTER – This loop should contain the NPI information for the Provider paid by the MCO.** ***Note:*** **For MCO Plan ID submission information, refer to ISA01 and ISA02.**
88	2010AA	NM102	Entity Identifier Code	85	"85" – Billing Provider
89	2010AA	NM108	Identification Code Qualifier	XX	XX = Centers for Medicare and Medicaid Services National Provider Identifier
88	2010AA	NM109	Billing Provider Identifier		HIPAA National Provider Identifier
91	2010AA	N3	Billing Provider Address		**Enter the address that is currently on file with Puerto Rico Department Of Health.** ***Note:*** **Do not enter a P.O. Box in this segment. If a P.O. Box needs to be reported, use the Pay-To Address loop.**

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TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
92	2010AA	N4	Geographic Location		Use the physical address as reported on the provider's Puerto Rico Department of Health certification.
93	2010AA	N403	Billing Provider Postal Zone or ZIP Code		Enter the ZIP+4 code that will correspond to the physical address on file with Puerto Rico Department Of Health. **NOTE: The full nine digit ZIP code must be provided. When there is no Zip+4, use extension 9998.**
94	2010AA	REF	Billing Provider Tax Identification		
94	2010AA	REF01	Reference Identification Qualifier	EI	"EI" – Employer ID Number (EIN)
94	2010AA	REF02	Billing Provider Tax Identification Number		Valid nine-digit Employer ID number
101	2010AB	NM1	Pay-To Address Name		Note: This loop will not be used by Puerto Rico Department of Health's PRMMIS.
114	2000B	HL	Subscriber Hierarchical Level		Note: For Puerto Rico Department of Health, the insured and the patient are always the same person. Use this HL segment to identify the recipient and proceed to Loop 2300. Do not send the Patient Hierarchical Level (Loop 2000C). Claims received with the 2000C Loop may not process correctly.
115	2000B	HL03	Hierarchical Level Code	22	"22" – Subscriber
115	2000B	HL04	Hierarchical Child Code	0	"0" – No Subordinate HL Segment in this Hierarchical Structure.
116	2000B	SBR	Subscriber Information		
116	2000B	SBR01	Payer Responsibility Sequence Number Code		Refer to the 837 Professional Implementation Guide for valid values (page 296).
118	2000B	SBR09	Claim Filing Indicator Code	MC	"MC" – Medicaid
121	2010BA	NM1	Subscriber Name		Enter information about the subscriber/member in this loop.
122	2010BA	NM102	Entity Type Qualifier	1	Enter the value "1" to indicate that the member is a person.
122	2010BA	NM103	Subscriber Last Name		Enter the member's last name.
122	2010BA	NM104	Subscriber First Name		Enter the member's first name.

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TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
122	2010BA	NM108	Identification Code Qualifier	MI	MI = Member Identification number
123	2010BA	NM109	Subscriber Primary Identifier		PRMMIS will only use the last 11 digits of the Puerto Rico Department of Health's member identification number.
125	2010BA	N4	Subscriber City, State, Zip Code		
125	2010BA	N401	Subscriber City Name		Subscriber City
125	2010BA	N402	Subscriber State Code		Subscriber State
126	2010BA	N403	Subscriber Postal Zone or ZIP Code		Subscriber Zip Code
129	2010CA	REF	Property and Casualty Patient Identifier		This segment will not be used by Puerto Rico Department Of Health
133	2010BB	NM1	Payer Name		
134	2010BB	NM103	Payer Name	PUERTO RICO DEPARTMENT OF HEALTH	Enter "PUERTO RICO DEPARTMENT OF HEALTH"
134	2010BB	NM108	Identification Code Qualifier	PI	"PI" – Payer Identification
134	2010BB	NM109	Payer Identifier	PRMMIS	"PRMMIS" – Puerto Rico Department of Health's Payer ID
136	2010BB	N4	Payer City, State, Zip Code		
136	2010BB	N401	City Name	SAN JUAN	
137	2010BB	N402	Payer State Code	PR	
137	2010BB	N403	Payer Postal Zone or ZIP Code	00922	
140	2010BB	REF	Billing Provider Secondary Identification		Note: Non-healthcare (Atypical) providers are required to submit this segment
140	2010BB	REF01	Reference Identification Qualifier	G2	"G2" – Provider Commercial Code Note: This qualifier may only be used by non-healthcare providers who do not possess an NPI ID (i.e., Med waivers)
141	2010BB	REF02	Billing Provider Secondary Identifier		Puerto Rico Department of Health Provider ID
157	2300	CLM	Claim Information		Note: Because duplicate CLM01 values within ST/SE loop will cause all encounters to be rejected, even when only one encounter is found to be non-compliant, Puerto Rico Medicaid Program (PRMP) requires trading

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TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
					partners to enter Patient Control Number (PCN) and Transaction Control Number (TCN) in CLM01 separated by a dash
158	2300	CLM01	Patient Control Number		ENCOUNTER: Trading partners should enter the encounter's Patient Control Number (PCN) and Transaction Control Number (TCN) separated by a dash – all characters will be returned in the 835's CLP01 field
159	2300	CLM02	Total Claim Charge Amount		Enter the total billed amount for the entire claim/encounter
159	2300	CLM05-1	Facility Type Code		Value received is the first two positions of the Type of Bill (TOB) Enter the two-digit Place of Service Code at the claim header Enter Place of Service code "99" for public transportation claims.
159	2300	CLM05-2	Facility Code Qualifier	B	"B" – Place of Service Codes for Professional or Dental Services
159	2300	CLM05-3	Claim Frequency Code	1, 7, 8	The third digit of the type of bill, as defined by the National Uniform Billing Committee (NUBC), is the frequency code. Use the claim frequency code to indicate whether the claim/encounter is being submitted for the first time or if it is a replacement/void of a previously adjudicated and "paid" claim/encounter. "1" – Original Claim/encounter submitted to PRMMIS. "7" – Indicates that this claim/encounter is replacing a previously submitted and adjudicated claim/encounter. Puerto Rico Department of Health's PRMMIS will void the previously submitted claim/encounter and completely replace it with this corrected claim/encounter. "8" – Void (Credit only). Indicates that Puerto Rico Department of Health's PRMMIS should recoup the previously submitted claim/encounter in its entirety ENCOUNTER – Use "1" as a Frequency code when resubmitting a denied claim *Note:* The use of values "7" and "8" can result in the previously submitted claim/encounter being adjusted include the Internal Control Number (ICN) from the previously submitted claim/encounter in the original

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TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
					reference number segment in Loop 2300. The claim frequency code was switched to an external code source during the addenda process. See the NUBC Manual or Web site. www.nubc.org/ ENCOUNTER: Paper submissions/requests will not be supported for encounter processing. ENCOUNTER: MCOs are required to send their Claim ID (TCN) for each encounter submitted as well as their Claim ID (TCN) for an encounter being voided (refer to Section 4.6 – Procedures for Voiding Encounters)
161	2300	CLM11-1	Related Causes Code	AA, EM, OA	"AA" – Auto Accident "EM" – Employment "OA" – Other Accident If the services being rendered are the result of an injury or accident, enter one of the standard two-character injury codes listed above in each Data Element if they apply. Otherwise, this field may be left blank.
161	2300	CLM11-2	Related Causes Code	AA, EM, OA	"AA" – Auto Accident "EM" – Employment "OA" – Other Accident If the services being rendered are the result of an injury or accident, enter one of the standard two-character injury codes listed above in each Data Element, if they apply. Otherwise, this field may be left blank.
182	2300	PWK	Claim Supplemental Information		Puerto Rico Department of Health's PRMMIS does not use this segment for processing of the claim/encounter.
185	2300	CN1	Contract Information		ENCOUNTER – This is required when the encounter claim was paid at the header level This refers to the contract between the plan and the provider paid by the plan.
186	2300	CN101	Contract Type Code		ENCOUNTER – Required "05" – If provider's services were provided under a capitation agreement, Fee For Service (FFS) encounter claims should indicate the appropriate value as listed in the TR3.
186	2300	CN102	Contract Amount		ENCOUNTER – Required If CN101 = "05", then amount is zero. For all other values of CN101, then the amount paid to the provider for services rendered.

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TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
					Note: The Other Payer Amount Paid (the sum of SVD02 elements in the 2430 Loop) and CN102 contains the total monetary amount the health plan paid the provider.
193	2300	REF	**Referral Number**		
193	2300	REF01	Reference Identification Qualifier	9F	"9F" – Referral Number
193	2300	REF02	Referral Number		
194	2300	REF	**Prior Authorization**		
194	2300	REF01	Reference Identification Qualifier	G1	"G1" – Prior Authorization Number
195	2300	REF02	Prior Authorization Number		Enter the 10-digit Prior Authorization Number. Enter this number only if the services rendered required and received prior authorization. This number must be entered with the qualifier "G1" (Prior Authorization Number)
196	2300	REF	**Payer Claim Control Number**		**Include this segment when requesting an electronic adjustment/void (a value of "7" or "8" in CLM05-3 indicates that an adjustment/void is being requested).** **ENCOUNTER – MCOs are required to send their Claim ID (TCN) for an encounter being voided (refer to Section 4.6 – Procedures for Voiding Encounters).**
196	2300	REF01	Reference Identification Qualifier	F8	"F8" – Original Reference Number
196	2300	REF02	Payer Claim Control Number		The ID (TCN), in the MCO's system, of the encounter being voided
211	2300	CR1	**Ambulance Transport Information**		
212	2300	CR104	Ambulance Transport Reason Code		Enter the Ambulance Transport Reason Code *Note:* Refer to the 837 Professional Implementation Guide for the valid code values.
212	2300	CR105	Unit or Basis for Measurement Code	DH	"DH" – Miles
213	2300	CR106	Transport Distance		Puerto Rico Department of Health processes only the whole number when units are entered with decimals. Example: Units entered on the transaction, 3.75, are processed as 3 units.

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TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
213	2300	CR109	Round Trip Purpose Description		Description/clarification of the Purpose of the ambulatory trip. *Note*: Only used on round-trip ambulatory claims.
214	2300	CR2	Spinal Manipulation Service Information		
215	2300	CR208	Patient Condition Code		Enter the corresponding Condition Code *Note*: Refer to the 837 Professional Implementation Guide for the valid code values
216	2300	CRC	EPSDT Referral		
216	2300	CRC01	Code Category	07, ZZ	"07" – Ambulance Certification "ZZ" – Mutually Defined Enter this for Child Health Check-Up Screening Referral Information.
217	2300	CRC02	Certification Condition Indicator	Y, N	"Y" – Yes "N" – No For Child Health Check-Up screenings, enter a "Y" if the patient is referred to another provider as a result of the screening. Enter "N" if no referral is made. If "N" is entered here, enter "NU"
217	2300	CRC03	Condition Code	AV, NU, S2, ST	Enter one of the following valid values. For Child Health Check-Up Exam Result: "AV" – Patient Refused Referral "NU" – Not Used (Patient Not Referred) "S2" – Under Treatment "ST" – New Services Requested
257	2310A	NM1	Referring Provider Name		
258	2310A	NM101	Entity Identifier Code	DN	"DN" – Referring Provider
258	2310A	NM102	Entity Type Qualifier	1	"1" – Person
259	2310A	NM108	Identification Code Qualifier	XX	XX = Centers for Medicare and Medicaid Services National Provider Identifier
259	2310A	NM109	Referring Provider Identifier		
260	2310A	REF	Referring Provider Secondary Identification		
260	2310A	REF01	Reference Identification Qualifier	G2	"G2" – Provider Commercial Number *Note*: The "G2" qualifier must be used for non-healthcare providers.
262	2310B	NM1	Rendering Provider Name		*Note*: This is required when the Rendering Provider is different than

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
					the Billing Provider reported in Loop 2010AA. *Note:* If a zip code is required for the Rendering Provider's NPI crosswalk, then it must be entered in the facility loop (2310C – N403).
263	2310B	NM101	Entity Identifier Code	82	"82" – Rendering Provider
264	2310B	NM108	Identification Code Qualifier	XX	XX = Centers for Medicare and Medicaid Services National Provider Identifier
264	2310B	NM109	Rendering Provider Identifier		
265	2310B	PRV	Rendering Provider Specialty Information		
265	2310B	PRV01	Provider Code	PE	"PE" – Performing
265	2310B	PRV02	Reference Identification Qualifier	PXC	"PXC" – Health Care Provider Taxonomy Code
265	2310B	PRV03	Provider Taxonomy Code		Rendering Provider Taxonomy Code that is used for claims submitted with NPI
267	2310B	REF	Rendering Provider Secondary Identification		
267	2310B	REF01	Reference Identification Qualifier	G2	"G2" – Provider Commercial Number *Note:* The "G2" qualifier must be used for non-healthcare providers. This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including, Medicare, Medicaid, Blue Cross, etc.
269	2310C	NM1	Service Facility Name		*Note:* If a zip code is required for the Rendering Provider's NPI crosswalk, then it must be entered in the facility loop (2310C – N403).
270	2310C	NM101	Entity Identifier Code	77	"77" – Service Location
270	2310A	NM102	Entity Type Qualifier	2	"2" – Non-Person Entity
270	2310A	NM103	Laboratory or Facility Name		
271	2310C	NM108	Identification Code Qualifier	XX	XX = Centers for Medicare and Medicaid Services National Provider Identifier
271	2310C	NM109	Laboratory or Facility Primary Identifier		
272	2310C	N3	Service Facility Location Address		

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TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
272	2310C	N301	Laboratory or Facility Address Line		
273	2310C	N4	Service Facility Location City, State, Zip Code		
273	2310C	N401	Laboratory or Facility City Name		
273	2310C	N402	Laboratory or Facility State or Province Code		
273	2310C	N403	Laboratory or Facility Postal Zone or ZIP Code		Service Facility Location nine-digit Zip Code **NOTE: The full nine digit ZIP code must be provided. When there is no Zip+4, use extension 9998.**
275	2310C	REF	Service Facility Location Secondary Information		
275	2310C	REF01	Reference Identification Qualifier	G2, LU	"G2" – Provider Commercial Number "LU" – Location Number *Note:* The "G2" qualifier must be used for non-healthcare providers.
276	2310C	REF02	Laboratory or Facility Secondary Identifier		
285	2310E	NM1	Ambulance Pick-Up Location		*Note:* For Ambulatory claims only.
285	2310E	NM101	Entity Identifier Code	PW	"PW" – Pickup Address
286	2310E	NM102	Identification Code Qualifier	2	"2" – Non-Person Entity
287	2310E	N3	Ambulance Pick-Up Location Address		
287	2310E	N301	Ambulance Pick-up Address Line		*Note:* If the ambulance pickup location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, 'crossroad of State Road 34 and 45' or 'Exit near Mile marker 265 on Interstate').
288	2310E	N4	Ambulance Pick-Up Location City, State, Zip Code		ADMINISTRACION DE SEGUROS DE SALUD 23 - 00047 G Contrato Número
288	2310E	N401	Ambulance Pick-up City Name		
289	2310E	N402	Ambulance Pick-up State or Province Code		
289	2310E	N403	Ambulance Pick-up Postal Zone or ZIP Code		
290	2310F	NM1	Ambulance Drop-Off Location		*Note:* For Ambulatory Claims Only
290	2310F	NM101	Entity Identifier Code	45	"45" – Drop-Off Location
291	2310F	NM102	Identification Code Qualifier	2	"2" – Non-Person Entity

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
292	2310F	N3	Ambulance Drop-Off Location Address		
292	2310F	N301	Ambulance Drop-off Address Line		*Note:* If the ambulance pickup location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, 'crossroad of State Road 34 and 45' or 'Exit near Mile marker 265 on Interstate').
293	2310F	N4	Ambulance Drop-Off Location City, State and Zip Code		
293	2310F	N401	Ambulance Drop-off City Name		
294	2310F	N402	Ambulance Drop-off State or Province Code		
294	2310F	N403	Ambulance Drop-off Postal Zone or ZIP Code		
295	2320	SBR	Other Subscriber Information		ENCOUNTER – Loop 2320 (Other Subscriber Information) is required on all encounter claims. *Note:* For encounter claims, the MCO should always be reported as one of the other payers. For example, when there is Third Party Liability (TPL), the TPL is primary and the MCO is secondary. When there is no TPL, the MCO is primary.
298	2320	SBR09	Claim Filing Indicator Code		ENCOUNTER – When the MCO is the payer, the value should be "HM". *Note:* All valid values will be accepted for other payer loops
299	2320	CAS	Claim Level Adjustments		
301	2320	CAS02	Adjustment Reason Code	A1	ENCOUNTER – "A1" – MCO denied claim
305	2320	AMT	Coordination of Benefits (COB) Payer Paid Amount		
305	2320	AMT01	Amount Qualifier Code	D	"D" – Payer Amount Paid
305	2320	AMT02	Payer Paid Amount		Other Payer Amount Paid (Third Party Liability or Managed Care Organization)
320	2330B	NM1	Other Payer Name		ENCOUNTER – Loop 2330B (Other Payer Name) is required on all encounter claims. *Note:* For encounter claims, the MCO should always be reported as one of the other payers. For example, when there is Third Party Liability (TPL), the TPL is primary and the MCO is secondary. When there is no TPL, the MCO is primary.

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TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
321	2330B	NM109	Other Payer Primary Identifier		This number must be identical to at least one occurrence of the 2430-SVD01 to identify the other payer. Puerto Rico Department of Health captures Third Party Payment Amount(s) from the service line(s) in 2430-SVD02. Note: The 2320/2330 Loop(s) can repeat up to 10 times for a single claim and the 2430 Loop can repeat up to 25 times for a single detail ENCOUNTER – This value should be the MCO's assigned Trading Partner ID
258	2330B	REF	Other Payer Claim Control Number		PRMMIS requires the MCO's internal Claim ID be entered here for every encounter.
258	2330B	REF01	Reference Identification Qualifier	F8	"F8" – Original Reference Number
258	2330B	REF02	Other Payer's Claim Control Number		The ID, in the MCO's system, of the encounter being submitted
350	2400	LX	Service Line Number		
350	2400	LX01	Assigned Number		
351	2400	SV1	Professional Service		
351	2400	SV101	Service Line Revenue Code		Note: Nursing homes are not a covered service under the Puerto Rico Medicaid program.
352	2400	SV101-1	Product/Service ID Qualifier	HC	"HC" – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
353	2400	SV101-2	Procedure Code		Enter the procedure code for this Service line For Child Health Check-up (CHCUP) claims, enter the screening procedure code on the first service line Enter procedure code "99998" for Public Transportation Claims.
355	2400	SV104	Service Unit Count		
357	2400	SV109	Emergency Indicator	Y	"Y" – Yes Enter 'Y' if the services are known to be an emergency
357	2400	SV111	EPSDT Indicator	Y	"Y" – Yes Enter 'Y' when the recipient was referred for services as the result of a Child Health Check-up screening.

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TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
357	2400	SV112	Family Planning Indicator	Y	"Y" – Yes Enter "Y" if the services relate to pregnancy or if the services were for Family Planning.
373	2400	CRC	Ambulance Certification		
374	2400	CRC03	Condition Code		Enter the Patient Condition Code. Use this Loop and Segment if Condition Code is different by detail line, otherwise use CRC03 in the 2300 Loop if the Condition Code applies to entire claim Used only for Ambulance claims
375	2400	CRC07	Condition Code		Enter the Patient Condition Code Use this Loop and Segment if the Condition Code is different by detail line, otherwise use CRC03 in the 2300 Loop if the Condition Code applies to entire claim. Used only for Ambulance claims.
395	2400	CN1	Contract Information		ENCOUNTER – This information is required on all encounter claims paid at the line level. This refers to the contract between the plan and the provider paid by the plan.
395	2400	CN101	Contract Type Code		ENCOUNTER – Required "05" – If provider's services were provided under a capitation agreement, Fee For Service encounter claims should indicate the appropriate value as listed in the TR3.
395	2400	CN102	Contract Amount		ENCOUNTER – Required If CN101 = "05", then amount is zero. For all other values of CN101, then the amount paid to the provider for services rendered *Note:* The Other Payer Amount Paid (SVD02 in 2430 loop) and CN102 contains the amount that the health plan paid the provider for this detail
423	2410	LIN	Drug Identification		
425	2410	LIN02	Product or Service ID Qualifier	N4	"N4" – National Drug Code
425	2410	LIN03	National Drug Code		Enter National Drug Code in 5-4-2 format.

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TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
426	2410	CTP	Drug Quantity		
426	2410	CTP04	National Drug Unit Count		
427	2410	CTP05-1	Code Qualifier	UN	"UN" – Unit
430	2420A	NM1	Rendering Provider Name		Note: This is required if the Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop, or if the Rendering Provider information is different than the Billing Provider (2010 AA). Note: If a zip code is required for the Rendering Provider's NPI crosswalk, then it must be entered in the facility loop (2310C – N403).
432	2420A	NM108	Identification Code Qualifier	XX	XX = Centers for Medicare and Medicaid Services National Provider Identifier
432	2420A	NM109	Rendering Provider Identifier		
433	2420A	PRV	Rendering Provider Specialty Information		
433	2420A	PRV01	Provider Code	PE	"PE" – Performing
433	2420A	PRV02	Reference Identification Qualifier	PXC	"PXC" – Health Care Provider Taxonomy Code
433	2420A	PRV03	Provider Taxonomy Code		Detail Level Rendering Provider Taxonomy Code
434	2420A	REF	Rendering Provider Secondary Identification		
434	2420A	REF01	Reference Identification Qualifier	G2	"G2" – Provider Commercial Number Note: Non-healthcare providers must send this REF segment where REF01 = G2.
435	2420A	REF02	Rendering Provider Secondary Identifier		Enter Puerto Rico Medicaid Provider ID.
441	2420C	NM1	Service Facility Name		Note: If a zip code is required for the Rendering Provider's NPI crosswalk, then it must be entered in the facility loop (2310C – N403).
442	2420C	NM101	Entity Identifier Code	77	"77" – Service Location
442	2420C	NM102	Entity Type Qualifier	2	"2" – Non-Person Entity
442	2420C	NM103	Laboratory or Facility Name		

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TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
442	2420C	NM108	Identification Code Qualifier	XX	XX = Centers for Medicare and Medicaid Services National Provider Identifier
442	2420C	NM109	Laboratory or Facility Primary Identifier		
444	2420C	N3	Service Facility Location Address		
444	2420C	N301	Laboratory or Facility Address Line		
445	2420C	N4	Service Facility Location City, State, Zip Code		
445	2420C	N401	Laboratory or Facility City Name		
446	2420C	N402	Laboratory or Facility State or Province Code		
446	2420C	N403	Laboratory or Facility Postal Zone or ZIP Code		Service Facility Location nine-digit Zip Code **NOTE: The full nine digit ZIP code must be provided. When there is no Zip+4, use extension 9998.**
447	2420C	REF	Service Facility Location Secondary Information		
447	2420C	REF01	Reference Identification Qualifier	G2, LU	"G2" – Provider Commercial Number "LU" – Location Number *Note:* The "G2" qualifier must be used for non-healthcare providers
448	2420C	REF02	Laboratory or Facility Secondary Identifier		
460	2430	SVD	Line Adjudication Information		ENCOUNTER – Loop 2430 is required on all encounter claims *Note:* Other payer payment amounts are required to be entered at the detail level.
460	2430	SVD01	Other Payer Primary Identifier		This should match one occurrence of the 2330B-NM109 identifying Other Payer.
460	2430	SVD02	Service Line Paid Amount		Enter the Third Party Payment Amount (TPL) or amount health plan paid to provider at the detail level only. This is also used for crossover detail paid amount. ENCOUNTER – If CN101 = "05", SVD02 should be zero. If CN101 = "09", then SVD02 should be the detail other payer paid amount or amount health plan paid to provider.
464	2430	CAS	Line Adjustment		

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TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
486	2430	CAS02	Adjustment Reason Code	A1	ENCOUNTER – "A1" – MCO Denied detail
486	2430	CAS03	Adjustment Amount		

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A. APPENDIX A

A.1 Change Summary

Version 1.0 Revision Log
Companion Document: 837P Health Care Professional Claims & Encounters
Approved by:
Name: _____ Designation: _____ Date: _____

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
					Initial Submission

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A.2 Change Summary

Version 2.0 Revision Log
Companion Document: 837P Health Care Professional Claims & Encounters
Approved by:
Name: _____ Designation: _____ Date: _____

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
2310B	24	NM1	Rendering Provider Name		*Note:* Required when the Rendering Provider is different than the Attending Provider reported in Loop ID-2310A of this claim. *Note:* If a zip code is required in the Rendering Provider's NPI crosswalk, then it must be entered in the facility loop; 2310C. **Changed to:** *Note:* Required when the Rendering Provider is different than the Billing Provider reported in Loop 2010AA

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A.3 Change Summary

Version 3.0 Revision Log
Companion Document: 837P Health Care Professional Claims & Encounters
Approved by:
Name: _____ Designation: _____ Date: _____

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Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
N/A	3		Introduction		The following is just an example of the type of information that would be spelled out or elaborated on in Section 6: TRANSACTION-SPECIFIC INFORMATION.
2300	19	CLM02	Total Claim Charge Amount		Remove Note – negative amount will fail compliance
2300	21	CN101	Contract Type Code		Modify test: ENCOUNTER- Required "05" – If provider's services were provided under a capitation agreement "09" – FFS
2300	21	CN102	Contract Amount		Change text to: ENCOUNTER - Required

					If CN101 = 05, then amount is zero If CN101 = 09, then the amount paid to the provider for services rendered. *Note:* The Other Payer Amount Paid (the sum of SVD02 elements in the 2430 loop) and CN102 contains the total monetary amount the health plan paid the provider
2300	22	REF02	Value Added Network Trace Number		Modify text: Enter the 13-digit ICN or 17-digit TCN assigned to the original claim submission. (ICN/TCN to be credited/voided)
2310A	23	REF01	Reference Identification Qualifier	0B, G2	*Note:* The "G2" qualifier must be used for non-healthcare providers.
2310B	24	REF01	Reference Identification Qualifier	G2	"G2" – Provider Commercial Number *Note:* This is not required for nursing homes *Note:* The "G2" qualifier must be used for non-healthcare providers. This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.
2310C	25	REF01	Reference Identification Qualifier	G2, LU	"G2" – Provider Commercial Number "LU" – Location Number *Note:* The "G2" qualifier must be used for non-healthcare providers.
2400	28	SV101-1	Product/Service ID Qualifier	HC	Element changed from SV102-1 to SV101-1.
2400	28	SV101-2	Procedure Code		Element changed from SV102-2 to SV101-2.
2400	29	CRC	Ambulance Certification		Loop corrected from 2410 to 2400
2400	29	CRC03	Condition Code		Loop corrected from 2410 to 2400
2400	29	CRC07	Condition Code		Loop corrected from 2410 to 2400

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2420C	31	REF01	Reference Identification Qualifier	G2, LU	"G2" – Provider Commercial Number "LU" – Location Number *Note:* The "G2" qualifier must be used for non-healthcare providers.

A.4 Change Summary

Version 3.1 Revision Log
Companion Document: 837P Health Care Professional Claims & Encounters
Modified by:
Name: Wil Joslyn Designation: EDI BA Date: 09-09-17
Approved by:
Name: _____ Designation: _____ Date: _____

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
Section 1.1	8		Scope		Modify text: For further information, contact their policy-specific area of the Puerto Rico Department of Health or PRMMIS MCO EDI (PRMMISMCOEDI@hpe com). This guide is intended as a resource to assist trading partners (Managed Care Organizations – MCO) and clearinghouses
Section 1.2	8		Overview		Remove text: This information should be given to the provider's business area to ensure that Claim/Encounters are interpreted correctly.
Section 1.4	9		National Provider Identifier		Modify text: All providers, except those that the Puerto Rico Department of Health determined as not a healthcare provider such as non-emergency transportation,
Section 1.4	10		File/System Specifications		Remove text: The recommended extension is .txt or .dat. EDI does not allow zipped files. Files will be submitted to EDI via STFP. Add text: The following standards should be used: To avoid accidently overwriting files, do not send multiple files with the same name on the same day. File Names should not be longer than 45 characters

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					File Names should not contain spaces or special characters File Names should contain a file extension such as .dat or .txt Zip or compressed files are allowed, but a zip or compressed file should contain only one X12 file Zip files must contain the extension .zip (not case sensitive)
Section 1.4	10		Negative Dollar Amounts		New Paragraph: Please note that a negative dollar amount in the CAS, CN1, SV1, SV2, SV3 or SVD segments will pass HIPAA compliance. PRMMIS will not process the negative amount during adjudication.
Section 2.1	11		Process Flows		Modify text: classified as "paid".
N/A	12	ISA01	Authorization Information Qualifier		Remove text Claim - [space fill]
N/A	12	ISA02	Authorization Information		Remove text "00" – No Authorization Information Present
N/A	14	ISA14	Acknowledgement Requested	0	Remove code 1 & comment.
Section 4.1	15		Trading Partner Identification		Modify text: In Module One of the Puerto Rico Department of Health's implementation of the PRMMIS the EDI team will create any needed Trading Partner Profiles
Section 4.2	16		Testing		Modify text: Module one of the Puerto Rico Department of Health's implementation of the PRMMIS will not require any Production Authorization Testing.
Section 4.4	16		Limits		Modify text: File Size is restricted to 5,000 transactions (claims/encounters) per file One transaction set includes all data between and including the Transaction ST segment and Transaction SE segment.
Section 4.5	18		Procedures for voiding encounters		Modify text.

					When voiding a claim/encounter, the MCO should send their internal transaction ID of the claim being voided in:
1000B	18	NM1	Receiver Name		Correct the Loop number.
2010AB	20	NM1	Pay-to-Address		Modify text: Note: This loop will not be used by Puerto Rico Department of Health's PRMMIS.
2010BA	22	NM109	Subscriber Primary Identifier		Change text: PRMMIS will only use the last 10 digits of the Puerto Rico Department of Health's member identification number. Remove Text: Note: Do not enter any other numbers or letters. Use the Puerto Rico Department of Health card or the EVS to obtain the correct identification number.
2300	23	CLM01	Patient Control Number		Modify text: Note: Puerto Rico Department of Health's PRMMIS will process patient control numbers up to 20 characters in length. Remove text: Note: Value received is returned on the 835 Remittance Advice. Add text: ENCOUNTERS: MCO should send the original PCN from the provider's original claim.
2300	23	CLM05-1	Facility Type Code		Remove text: Note: See the Medicaid Provider Reimbursement Handbook for a list of all of the valid values.
2300	23	CLM05-3	Claim Frequency Code		Remove text: Valid values are as follows: Modify text: The third digit of the type of bill, as defined by the National Uniform Billing Committee (NUBC), is the frequency code. Use the claim frequency code to indicate whether the claim/encounter is being submitted for the first time or if it is a replacement/void of

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					a previously adjudicated and 'paid' claim/encounter: "1" – Original claim/encounter submitted to PRMMIS. "7" – Indicates that this claim/encounter is replacing a previously submitted and adjudicated claim/encounter. Puerto Rico Department of Health's PRMMIS will void the previously submitted claim/encounter and completely replace it with this corrected claim/encounter. "8" – Void (Credit only) Indicates that Puerto Rico Department of Health's PRMMIS should recoup the previously submitted claim/encounter in its entirety.
2300		CN1			
2300	21	CN101	Contract Type Code		Modify text: ENCOUNTER- Required "05" – If provider's services were provided under a capitation agreement. "09" – FFS
2300	21	CN102	Contract Amount		Change text to: ENCOUNTER - Required If CN101 = 05, then amount is zero. If CN101 = 09, then the amount paid to the provider for services rendered. Note: The Other Payer Amount Paid (the sum of SVD02 elements in the 2430 loop) and CN102 contains the total monetary amount the health plan paid the provider.
2300	23	PWK	Claim Supplemental Information		Remove text: ENCOUNTER - Attachments are not permitted for Encounter Claims Modify text: Puerto Rico Department of Health's PRMMIS does not use this segment for processing of the claim/encounter.

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2300	23	PWK01 thru PWK05			Delete rows.
2300	24	REF02	Referral Number		Remove text: Enter DS Waiver Coordinator Number with the REF01 = '9F'
2300	25	REF	Payer Claim Control Number		Add Note/Comment: ENCOUNTER: MCOs are required to send their claim ID (TCN) for an encounter being voided (see 4.8 - Procedures for Voiding Encounters).
2300	25	REF02	Payer Claim Control Number		Modify Note/Comment: The ID (TCN), in the MCO's system, of the encounter being voided.
2300	25	REF	Claim Identifier for Transmission Intermediaries		Remove Segment
2300	26	REF01	Reference Identification Qualifier		Remove code and text: "0B" – State License Number
2310B	26	REF01	Reference Identification Qualifier		Remove text: Note: This is not required for nursing homes.
2320	28	CAS02	Adjustment Reason Code	A1	Remove text: All values from code source 139 are allowed.
2320	28 thru 29	CAS05 thru CAS18	Adjustment Reason Code & Adjustment Amount		Delete rows.
2400	29	LX01	Assigned Number		Add text: Puerto Rico Department of Health accepts up to the HIPAA allowed 50 detail lines per claim/encounter. The claim/encounter would need to be split to submit more than 50 detail lines.
2400	30	SV101	Service Line Revenue Code		Remove text: Nursing home submitters must enter a revenue code. Enter Revenue Code "0101" and the per diem amount if no home days or hospital days need to be reported. Enter Revenue Code "0185" for days spent in hospital or Service Line Revenue Code "0182" for days spent at home. (Nursing Home only) Add text: Note: Nursing homes are not a covered service under the

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					Puerto Rico Medicaid program
2430	33	SVD	Line Adjudication Information		Remove (name loop) from Notes/Comments
2430	34	SVD01	Other Payer Primary Identifier		Remove number from Notes/Comments
2430	34	SVD02	Service Line Paid Amount		Modify text: Enter the Third Party Payment Amount (TPL) or amount health plan paid to provider at the detail level only. This is also used for crossover detail paid amount. ENCOUNTER - If CN101 = 05, SVD02 should be zero. If CN101 = 09, then SVD02 should be the detail other payer paid amount OR amount health plan paid to provider.
2430	33	CAS02	Adjustment Reason Code		Remove code & text: "1" = Medicare Deductible Amount "2" = Medicare Coinsurance Amount "66" = Medicare Blood Deductible. Remove text. Other external code source values from code source 139 are allowed.
2430	33	CAS03	Adjustment Amount		Remove codes & text: "1" = Medicare Deductible Amount "2" = Medicare Coinsurance Amount "66" enter the Medicare Blood Deductible. ENCOUNTER: "A1" - MCO Denied detail Other external code source values from code source 139 are allowed.
2430	28 thru 29	CAS05 thru CAS18	Adjustment Reason Code & Adjustment Amount		Delete rows.

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A.5 Change History

Version 4.0 Revision Log
Companion Document: 837P Health Care Professional Claims & Encounters
Modified by:
Name: Wil Joslyn Designation: EDI BA Date: 10-24-17
Approved by:
Name: _____ Designation: _____ Date: _____

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
2300	23	CN1	Contract Information		Add text: ENCOUNTER – PRMMIS requires the Other Payer's Remittance Date be at the header and not at the detail.
N/A	10	Section 1.4	Additional Information		Remove text: **Negative Dollar Amounts** Please note that a negative dollar amount in the CAS, CN1, SV1, SV2, SV3 or SVD segments will pass HIPAA compliance, PRMMIS will not process the negative amount during adjudication.
2010BA	20	NM109	Subscriber Primary Identifier		Add text: ENCOUNTER: Add 008 to the beginning of the 10 digit Member ID
2320	28	SBR09	Claim Filing Indicator Code	16, CI, HM, MA, MB	Modify text: "16" – HMO Medicare Risk (required for Medicare Part C claims) "CI" – Commercial Insurance "HM" – Managed Care Organization "MA" – Medicare Part A "MB" – Medicare Part B
2330B	28	NM109	Other Payer Primary Identifier		Add text: ENCOUNTER – This value should be the MCO's assigned trading partner ID.
2330B	28	DTP	Claim Check or Remittance Date		Add text: ENCOUNTER – PRMMIS requires the Other Payer's Remittance Date be at the header and not at the detail.
2400	30	CN1	Contract Information		Add text: ENCOUNTER - This information is required on all encounter claims. This refers to the contract between the plan and the provider paid by the plan.

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2400	30	CN101	Contract Type Code		Modify text: ENCOUNTER- Required "05" – If provider's services were provided under a capitation agreement. "09" - FFS
2400	30	CN102	Contract Amount		Modified text and note: ENCOUNTER - Required If CN101 = 05, then amount is zero. If CN101 = 09, then the amount paid to the provider for services rendered. *Note:* The Other Payer Amount Paid (the sum of SVD02 elements in the 2430 loop) and CN102 contains the total monetary amount the health plan paid the provider.

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Contrato Número

A.6 Change History

Version 5.0 Revision Log
Companion Document: 837P Health Care Professional Claims & Encounters
Modified by:
Name: Wil Joslyn Designation: EDI BA Date: 11-16-17
Approved by:
Name: _____ Designation: _____ Date: _____

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
2300	23	CN1	Contract Information		Modify the text: ENCOUNTER – Required when the encounter claim was paid at the header level This refers to the contract between the plan and the provider paid by the plan.
2300	23	CN101	Contract Type Code	~~05, 09~~	Modify the text: ENCOUNTER- Required "05" – If provider's services were provided under a capitation agreement FFS encounter claims should indicate the appropriate value as listed in the TR3.
2300	22	CN102	Contract Amount		Modify the text: If CN101 = 05, then amount is zero. For all other values of CN101, then the amount paid to the provider for services rendered.
2300	24	K3	File Information		Remove Segment
2300	24	K301	Fixed Format Information		Remove Line: MCO Receipt Date – Format CCYYMMDD
2320	28	SBR09	Claim Filing Indicator Code	~~16, CI, HM, MA, MB~~	Modify the text: ~~"16" – HMO Medicare Risk (required for Medicare Part C claims).~~ ~~"CI" – Commercial Insurance~~ ~~"HM" – Managed Care Organization~~ ~~"MA" – Medicare Part A~~ ~~"MB" – Medicare Part B~~ ENCOUNTER: When the MCO is the payer the value should be "HM" *NOTE:* All valid values will be accepted for other payer loops.
2330B	29	DTP	Claim Check or Remittance Date		Remove Segment

2330B	29	DTP01	Date / Time Qualifier	573	Remove Line: "573" – Other Payer or MCO Claim Adjudication Date
2330B	29	DTP02	Date Time Period Format Qualifier	D8	Remove Line: "D8" – Date Expressed in Format CCYYMMDD
2330B	29	DTP03	Adjudication or Payment Date		Remove Line: TPL or MCO Adjudication Date (CCYYMMDD)
2400	**30**	**CN1**	**Contract Information**		**Modify text:** **ENCOUNTER - This information is required on all encounter claims paid at the line level. This refers to the contract between the plan and the provider paid by the plan.**
2400	30	CN101	Contract Type Code	05, 09	Modify the text: ENCOUNTER "05" – If provider's services were provided under a capitation agreement FFS encounter claims should indicate the appropriate value as listed in the TR3.
2400	30	CN102	Contract Amount		Modify the text: ENCOUNTER If CN101 = 05, then amount is zero. For all other values of CN101, then the amount paid to the provider for services rendered. *Note:* The Other Payer Amount Paid (the sum of SVD02 elements in the 2430 loop) and CN102 contains the total monetary amount the health plan paid the provider..

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A.7 Change History

Version 6.0 Revision Log
Companion Document: 837P Health Care Professional Claims & Encounters
Modified by:
Name: Wil Joslyn Designation: EDI BA Date: 04-01-19
Approved by:
Name: _____ Designation: _____ Date: _____

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
2010BA	20	NM109	Subscriber Primary Identifier		Old text: PRMMIS will only use the last 10 digits of the Puerto Rico Department of Health's member identification number. ENCOUNTER. Add 008 to the beginning of the 10 digit Member ID. New text: PRMMIS will only use the last 11 digits of the Puerto Rico Department of Health's member identification number.
2300	21	CLM	Claim Information		Add new text: NOTE: Because duplicate CLM01 values within ST/SE loop will cause all encounters to be rejected, even when one encounter is found to be non-compliant, the recommendation is to enter TCN in CLM02.

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A.8 Change History

Version 7.0 Revision Log
Companion Document: 837P Health Care Professional Claims & Encounters
Modified by:
Name: Wil Joslyn Designation: EDI BA Date: 05-05-20
Approved by
Name: _____ Designation: _____ Date: _____

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
2300	21	CLM	Claim Information		New text *Note:* Because duplicate CLM01 values within ST/SE loop will cause all encounters to be rejected even when only one encounter is found to be non-compliant, PRMP requires trading partners to enter PCN and TCN in CLM01 separated by a dash.
2300	21	CLM01	Patient Control Number		New text ENCOUNTER: Trading partners should enter encounter's PCN and TCN separated by a dash – all characters will be returned in the 835's CLP01 field.

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A.9 Change History

Version 7.1 Revision Log
Companion Document: 837P Health Care Professional Claims & Encounters
Modified by:
Name: Wil Joslyn Designation: EDI BA Date: 11-10-21
Approved by:
Name: _____ Designation: _____ Date: _____

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
2010AA	20	N403	Billing Provider Postal Zone or ZIP Code		New text: Enter the ZIP+4 code that will correspond to the physical address on file with Puerto Rico Department Of Health **NOTE: The full nine digit ZIP code must be provided. When there is no Zip+4, use extension 9998.**
2310C	27	N403	Laboratory or Facility Postal Zone or ZIP Code		New text: Service Facility Location nine-digit Zip Code **NOTE: The full nine digit ZIP code must be provided. When there is no Zip+4, use extension 9998.**
2420C	32	N403	Laboratory or Facility Postal Zone or ZIP Code		New text: Service Facility Location nine-digit Zip Code **NOTE: The full nine digit ZIP code must be provided. When there is no Zip+4, use extension 9998.**

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