837I

837 Institutional Health Care Claim—Encounter

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

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

Section 2 – 837I Institutional Health Care Claim—Encounter: Enveloping

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

NOTE: Anthem has designated Availity to operate and serve as Anthem's EDI Gateway (entry point) as a no-cost option to our Trading Partners.

Get Started With Availity

The Availity Quick Start Guide will assist you with any EDI connection questions.

If you're a provider and wish to use a Clearinghouse or Billing company, please work with them to ensure connectivity.

Need Assistance?

For questions about signing up, contact Availity Client Services
1-800-AVAILITY (1-800-282-4548) or visit www.availity.com

Section 1 - Basic Instructions

1   X12 and HIPAA Compliance Checking, and Business Edits

EDI interchanges submitted to Anthem for processing pass through compliance edits. 5010 acknowledgments and reports for accepted/rejected files will be returned to the trading partner for pickup using the reporting method established at Availity.

- TA1 Interchange Acknowledgment. Anthem returns TA1 X12 and proprietary reports to the submitter of inbound 837 files containing envelope errors in the ISA and GS segments.
- Level 1. Immediate Batch Report (IBR). Anthem returns a 999 Interchange Acknowledgment to the submitter for every inbound 837 transaction received. If the X12 syntax or any other aspect of the 837 is not X12 compliant, the Immediate Batch Report/999 will also report the Level 1 errors in AK segments and indicate that the entire transaction set has been rejected.
- Level 2. In addition to HIPAA TR3 edits, Anthem applies business edits to ensure that the necessary information is populated and complete for efficient processing. When encountering HIPAA compliance (including balancing), code set or business errors, Anthem returns details that identify these errors to the Trading Partner in the: 1) Electronic Batch Report (EBR) and 2) Delayed Payer Report (DPR) listing which claim(s) have failed. These reports are formatted based on the settings the trading partner chooses at Availity. Review the Availity EDI Guide for more information on report formatting options.

2   HIPAA Compliant Codes

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

- Physician's Current Procedure Terminology (CPT)
- Health Care Financing Administration Common Procedural Coding System (HCPCS)
- International Classification of Diseases Clinical Mod (ICD-10-CM) Clinical Modification
- International Classification of Diseases Clinical Mod (ICD-10-PCS) Procedure Coding System
- National Uniform Billing Committee (NUBC) Codes
- Diagnosis Related Group Number (DRG)
- Provider Taxonomy Codes
- National Drug Codes

3   Diagnosis Codes

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

4   Procedure Codes and Modifiers

All valid CPT and HCPCS codes and modifiers are accepted for claim adjudication. Refer to your billing guidelines or provider contract for submission of these codes. If submitted codes are invalid, an Electronic Batch Report and/or a Delayed Payer Report will be returned to the submitter identifying which claim(s) have failed.

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5 Uppercase Letters, Special Characters, and Delimiters

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

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

- Suggested delimiters for the transaction are assigned as part of the trading partner set up.
  o Data Element Separator, Asterisk (*)
  o Repetition Separator (ISA11), Caret (^)
  o Sub-Element Separator, Colon (:)
  o Segment Terminator, Tilde (~)

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

  Examples: Recommended: Zip Code 123456789   Medical Record # 1234567

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

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

6 Decimal "R" Data Element Types

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

7 Numeric Values, Monetary Amounts and Units

- Anthem pays all claims in US dollars and therefore, accepts monetary amounts in US dollars only. If codes related to foreign currencies are used, then an Electronic Batch Report and/or a Delayed Payer Report will be returned to the submitter identifying which claim(s) have failed.
- Anthem recognizes units in whole numbers only.
- Anthem recognizes units in values of less than 9999 and greater than or equal to zero.
- If a negative service line charge or negative units are used, then an Electronic Batch Report and/or Delayed Payer Report will be returned to the submitter identifying which claim(s) have failed.
  SV203 Monetary Amount - Line Item Charge Amount
  SV205 Quantity - Service Unit Count

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8   Address Information

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

9   Taxonomy Codes (PRV)

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

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

10   Social Security Number

Unless requested, do not send Social Security Number in the following of the 837 TR3:

- Loop 2010AA REF Billing Provider Tax Identification
- Loop 2010BA NM1 Subscriber Name
- Loop 2010BA REF Subscriber Name
- Loop 2330A NM1 Other Subscriber Name
- Loop 2330A REF Other Subscriber Secondary Identification

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Section 2 - Enveloping

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

- Interchange Control Header (ISA)
- Functional Group Header (GS)

- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

Anthem has designated Availity to operate and serve as Anthem's EDI Gateway (entry point) as a no-cost option to our Trading Partners. Availity has specific requirements that must be adhered to and should be reviewed in order to ensure transactions are accepted, processed and ultimately delivered to Anthem.

For more information on submitting claims and the required ISA and GS envelope values, review the following topics in the Availity EDI Guide.

- Uploading and downloading EDI files
- Control Segments/Envelopes
- FTP Client Confirmation
- Acknowledgements and Reports

Section 3 - Charts for Situational Rules

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

TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
837 Institutional Health Care Claim				
P.67	**ST** Transaction Set Header	**ST03** Implementation Convention Ref	*005010X223A2*	005010X223A2 - Health Care Claim, Institutional
P.68	**BHT** Beginning of Hierarchical Trx	**BHT06** Transaction Type Code	*RP*	RP - Reporting; required to indicate the batch contains all encounters.
Loop ID 1000A—Submitter Name				
NOTE: Refer to Availity guidelines for submission of claims through the Availity EDI Gateway				
P.71	**NM1** Submitter Name	**NM109** Identification Code	*(Submitter Identifier) UPPERCASE*	▪ EDI assigned Sender ID. ▪ Equals the value entered in ISA06, GS02.
P.73	**PER**	*Submitter EDI Contact Information - Refer to TR3*		
Loop ID 1000B—Receiver Name				
NOTE: Refer to Availity guidelines for submission of claims through the Availity EDI Gateway				
P.76	**NM1** Receiver Name	**NM103** Last Name or Organization Name	*ANTHEM BLUE CROSS*	ANTHEM BLUE CROSS – Identifies receiver
		NM109 Identification Code	*47198*	47198 - Anthem Blue Cross
Loop ID 2000A—Billing Provider Hierarchical Level				
P.78	**HL**	*Billing Provider Hierarchical Level - Refer to TR3*		
P.80	**PRV** Billing Provider Specialty Info	**PRV03** Reference Identification	*(Provider Taxonomy Code)*	For BlueCard and state to state programs, submit the taxonomy code to uniquely identify the provider.
P.81	**CUR** Foreign Currency Info	**CUR02** Currency Code	*USD*	USD - US dollars ▪ Monetary amounts recognized in US dollars only.
Loop ID 2010AA—Billing Provider Name				
P.84	**NM1**	*Billing Provider Name - Refer to TR3*		
P.87	**N3** Billing Provider Address	**N301** Address Information	*(Billing Provider Address Line)*	Enter the physical address to uniquely identify the provider. Submitting PO Box/Lock Box address will result in claim failure, and return of EBR or DPR.
P.88	**N4**	*Billing Provider City, State, ZIP Code - Refer to TR3*		
P.90	**REF** REF01	*Billing Provider Tax Identification # - Refer to TR3* Unless requested, do not send SSN (SY – Social Security Number)		
P.91	**PER**	*Billing Provider Contact Information - Refer to TR3*		

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
Loop ID 2010AB—Pay-To Address Name				
P.94	**NM1**	*Pay-to Address Name - Refer to TR3*		
P.96	**N3** Pay-to Address	**N301** Address Information	*(Pay-to Provider Address Line)*	Enter the address to uniquely identify the provider. If payment expected to be remitted to PO Box/Lock Box, submit in Pay-to loop.
P.97	**N4**	*Pay-To Address City, State, ZIP Code - Refer to TR3*		
Loop ID 2010AC—Pay-To Plan Name				
P.99	**NM1**	*Pay-to Plan Name - Refer to TR3*		
P.101	**N3**	*Pay-to Plan Address - Refer to TR3*		
P.102	**N4**	*Pay-to Plan City, State, ZIP Code - Refer to TR3*		
P.104	**REF**	*Pay-to Plan Secondary Identification - Refer to TR3*		
P.106	**REF**	*Pay-to Plan Tax Identification # - Refer to TR3*		
Loop ID 2000B—Subscriber Hierarchical Level				
P.107	**HL**	*Subscriber Hierarchical Level - Refer to TR3*		
P.109	**SBR**	*Subscriber Information - Refer to TR3*		
Loop ID 2010BA—Subscriber Name				
P.112	**NM1** Subscriber Name	**NM109** Identification Code		***ALL ALPHA CHARACTERS MUST BE IN UPPERCASE.** *Enter the ID Number exactly as it appears on the front of the ID card, including ANY PREFIX.* ***Unless requested, do not send SSN**
P.115	**N3**	*Subscriber Address - Refer to TR3*		
P.116	**N4**	*Subscriber City, State, ZIP Code - Refer to TR3*		
P.118	**DMG**	*Subscriber Demographic Information - Refer to TR3*		
P.120	**REF** REF01	*Subscriber Secondary Identification - Refer to TR3* Unless requested to not send SSN (SY – Social Security Number)		
P.121	**REF**	*Property and Casualty Claim Number - Refer to TR3*		
Loop ID 2010BB—Payer Name				
NOTE: Refer to Availity guidelines for submission of claims through the Availity EDI Gateway				
P.122	**NM1** Payer Name	**NM103** Last Name or Organization Name	*ANTHEM BLUE CROSS*	ANTHEM BLUE CROSS – Identifies receiver
		NM108 ID Code Qualifier	*PI*	PI - Payer Identification
		NM109 Identification Code	*47198*	47198 - Anthem Blue Cross
P.124	**N3**	*Payer Address - Refer to TR3*		
P.125	**N4**	*Payer City, State, ZIP Code - Refer to TR3*		
P.127	**REF**	*Payer Secondary Identification - Refer to TR3*		
P.129	**REF**	*Billing Provider Secondary Identification - Refer to TR3*		
Loop ID 2000C—Patient Hierarchical Level				
P.131	**HL**	*Patient Hierarchical Level - Refer to TR3*		
P.133	**PAT**	*Patient Information - Refer to TR3*		

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
Loop ID 2010CA—Patient Name				
P.135	**NM1**	*Patient Name - Refer to TR3*		
P.137	**N3**	*Patient Address - Refer to TR3*		
P.138	**N4**	*Patient City, State, ZIP Code - Refer to TR3*		
P.140	**DMG**	*Patient Demographic Information - Refer to TR3*		
P.142	**REF**	*Property and Casualty Claim Number - Refer to TR3*		
Loop ID 2300—Claim Information				
P.143	**CLM** Claim Information	**CLM01** Claim Submitter's Identifier	*(Patient Control Number)*	▪ Maximum of 20 alphanumeric characters. ▪ Value is returned on outbound 835 and other transactions.
		CLM02 Monetary Amount	*(Total Claim Charge Amount)*	Value must equal the sum of submitted service line charges in Loop 2400 SV203.
		CLM05-3 Claim Frequency Type Code	*(Third Position of Uniform Billing Claim Form Bill Type)*	If '7' (replacement) or '8' (void/cancel) then Loop 2300 REF02 Payer Claim Control # (F8) is required and must contain Anthem's originally assigned claim number.
P.149	**DTP**	*Discharge Hour - Refer to TR3*		
P.150	**DTP** Statement Dates	**DTP03** Date Time Period	*(Statement From or To Date)*	Valid medical codes will be based on the "Statement From Date"
P.151	**DTP**	*Admission Date/Hour - Refer to TR3*		
P.152	**DTP**	*Date-Repricer Received Date - Refer to TR3*		
P.153	**CL1**	*Institutional Claim Code - Refer to TR3*		
NOTE: Refer to Basic Instructions 14-16 on Preparing and Sending Attachments				
P.154	**PWK** Claim Supplemental Information	**PWK02** Report Transmission Code	*BM* *EL* *FX*	BM - By Mail EL - Electronically Only FX - By Fax
		PWK06 Identification Code	▪ Field reserved for unique Attachment Control Number ▪ Digits will be drawn beginning from the left to match the attachment with the appropriate electronically submitted claim.	
P.158	**CN1**	*Contract Information - Refer to TR3*		
P.160	**AMT**	*Patient Estimated Amount Due - Refer to TR3*		
P.161	**REF**	*Service Authorization Exception Code - Refer to TR3*		
P.163	**REF**	*Referral Number - Refer to TR3*		
P.164	**REF**	*Prior Authorization - Refer to TR3*		
P.166	**REF** Payer Claim Control Number	**REF01** Ref ID Qualifier	*F8*	F8 - Original Reference Number
		REF02 Reference Identification	*(Claim Original Reference Number)*	Represents the original claim # indicated on the 835 when Loop 2300 CLM05-3 Claim Freq. Type Code equals '7' or '8'.
P.167	**REF**	*Repriced Claim Number - Refer to TR3*		
P.168	**REF**	*Adjusted Repriced Claim Number - Refer to TR3*		
P.169	**REF**	*Investigational Device Exemption Number - Refer to TR3*		

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
Loop ID 2300—Claim Information (cont'd)				
P.170	**REF** Claim ID for Transmission Intermediaries	**REF01** Ref ID Qualifier	***D9***	D9 - Claim Number
		REF02 Reference Identification	***(Value Added Network Trace Number)***	Will be returned on EBR and/or DPR, if submitted.
P.172	**REF**	*Auto Accident State - Refer to TR3*		
P.173	**REF**	*Medical Record Number - Refer to TR3*		
P.174	**REF**	*Demonstration Project Identifier - Refer to TR3*		
P.175	**REF**	*PRO Approval Number - Refer to TR3*		
P.176	**K3**	*File Information - Refer to TR3*		
P.178	**NTE**	*Claim Note - Refer to TR3*		
P.180	**NTE** Billing Note	**NTE02** Description	When billing unlisted HCPCS (NOC codes) in Loop 2400 SV202-2 (Procedure Code), include the drug and dosage.	
P.181	**CRC**	*EPSDT Referral - Refer to TR3*		
ICD-10-CM Guide requires diagnosis codes to the highest level of specificity.				
P.184	**HI**	*Principal Diagnosis Information - Refer to TR3*		
P.187	**HI**	*Admitting Diagnosis - Refer to TR3*		
P.189	**HI**	*Patient's Reason for Visit - Refer to TR3*		
P.193	**HI**	*External Cause of Injury - Refer to TR3*		
P.218	**HI**	*DRG Information - Refer to TR3*		
P.220	**HI**	*Other Diagnosis Information - Refer to TR3*		
P.239	**HI**	*Principal Procedure Information - Refer to TR3*		
P.242	**HI**	*Other Procedure Information - Refer to TR3*		
P.258	**HI**	*Occurrence Span Information - Refer to TR3*		
P.271	**HI**	*Occurrence Information - Refer to TR3*		
P.284	**HI**	*Value Information - Refer to TR3*		
P.294	**HI**	*Condition Information - Refer to TR3*		
P.304	**HI**	*Treatment Code Information - Refer to TR3*		
P.313	**HCP**	*Claim Pricing/Repricing Information - Refer to TR3*		
Loop ID 2310A—Attending Physician Name				
Required for services (non-emergency ambulance transportation) populated in Loop 2400, SV202-2				
P.319	**NM1**	*Attending Provider Name - Refer to TR3*		
P.322	**PRV** Attending Physician Specialty Info	**PRV03** Reference Identification	***(Provider Taxonomy Code)***	For BlueCard and state to state programs, submit the taxonomy code to uniquely identify the provider.
P.324	**REF**	*Attending Provider Sec Identification - Refer to TR3*		
Loop ID 2310B—Operating Physician Name				
P.326	**NM1**	*Operating Physician Name - Refer to TR3*		
P.329	**REF**	*Operating Physician Secondary Identification - Refer to TR3*		
Loop ID 2310C—Other Operating Physician Name				
P.331	**NM1**	*Other Operating Physician Name - Refer to TR3*		
P.334	**REF**	*Other Operating Physician Secondary Identification - Refer to TR3*		
Loop ID 2310D—Rendering Provider Name				
P.336	**NM1**	*Rendering Provider Name - Refer to TR3*		
P.339	**REF**	*Rendering Provider Secondary Identification - Refer to TR3*		

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
Loop ID 2310E—Service Facility Location Name				
P.341	**NM1**	*Service Facility Location Name - Refer to TR3*		
P.344	**N3**	*Service Facility Location Address - Refer to TR3*		
P.345	**N4**	*Service Facility Location City, State, ZIP - Refer to TR3*		
P.347	**REF**	*Service Facility Location Secondary Identification - Refer to TR3*		
Loop ID 2310F—Referring Provider Name				
P.349	**NM1**	*Referring Provider Name - Refer to TR3*		
P.352	**REF**	*Referring Provider Secondary Identification - Refer to TR3*		
For COB claims, enter data elements in Loops 2320, 2330A, 2330B and/or 2430.				
Loop ID 2320—Other Subscriber Information				
P.354	**SBR**	*Other Subscriber Information - Refer to TR3*		
P.358	**CAS**	*Claim Level Adjustments - Refer to TR3*		
P.364	**AMT**	*COB Payer Paid Amount - Refer to TR3*		
P.365	**AMT**	*Remaining Patient Liability - Refer to TR3*		
P.366	**AMT**	*COB Total Non-Covered Amount - Refer to TR3*		
P.367	**OI**	*Other Insurance Coverage Information - Refer to TR3*		
P.369	**MIA**	*Inpatient Adjudication Information - Refer to TR3*		
P.374	**MOA**	*Outpatient Adjudication Information - Refer to TR3*		
Loop ID 2330A—Other Subscriber Name				
P.377	**NM1**	*Other Subscriber Name - Refer to TR3*		
	NM109	Unless requested, do not send SSN (Social Security Number)		
P.380	**N3**	*Other Subscriber Address - Refer to TR3*		
P.381	**N4**	*Other Subscriber City, State, ZIP Code - Refer to TR3*		
P.383	**REF**	*Other Subscriber Secondary Identification - Refer to TR3*		
	REF01	Unless requested, do not send SSN (SY – Social Security Number)		
Loop ID 2330B—Other Payer Name				
P.384	**NM1**	*Other Payer Name - Refer to TR3*		
P.386	**N3**	*Other Payer Address - Refer to TR3*		
P.387	**N4**	*Other Payer City, State, ZIP Code - Refer to TR3*		
P.389	**DTP**	*Claim Check or Remittance Date - Refer to TR3*		
P.390	**REF**	*Other Payer Secondary Identifier - Refer to TR3*		
P.392	**REF**	*Other Payer Prior Authorization Number - Refer to TR3*		
P.393	**REF**	*Other Payer Referral Number - Refer to TR3*		
P.394	**REF**	*Other Payer Claim Adjustment Indicator - Refer to TR3*		
P.395	**REF**	*Other Payer Claim Control Number - Refer to TR3*		
Loop ID 2330C—Other Payer Attending Provider				
P.396	**NM1**	*Other Payer Attending Provider - Refer to TR3*		
P.398	**REF**	*Other Payer Attending Provider Secondary Identification - Refer to TR3*		
Loop ID 2330D—Other Payer Operating Physician				
P.400	**NM1**	*Other Payer Operating Physician - Refer to TR3*		
P.402	**REF**	*Other Payer Operating Physician Secondary Identification - Refer to TR3*		
Loop ID 2330E—Other Payer Other Operating Physician				
P.404	**NM1**	*Other Payer Other Operating Physician - Refer to TR3*		
P.406	**REF**	*Other Payer Other Operating Physician Secondary Identification - Refer to TR3*		
Loop ID 2330F—Other Payer Service Facility Location				
P.408	**NM1**	*Other Payer Service Facility Location - Refer to TR3*		
P.410	**REF**	*Other Payer Service Facility Location Secondary Identification - Refer to TR3*		

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
Loop ID 2330G—Other Payer Rendering Provider Name				
P.412	**NM1**	*Other Payer Rendering Provider Name - Refer to TR3*		
P.414	**REF**	*Other Payer Rendering Provider Secondary Identification - Refer to TR3*		
Loop ID 2330H—Other Payer Referring Provider				
P.416	**NM1**	*Other Payer Referring Provider - Refer to TR3*		
P.418	**REF**	*Other Payer Referring Provider Secondary Identification - Refer to TR3*		
Loop ID 2330I—Other Payer Billing Provider				
P.420	**NM1**	*Other Payer Billing Provider - Refer to TR3*		
P.422	**REF**	*Other Payer Billing Provider Secondary Identification - Refer to TR3*		
Loop ID 2400—Service Line Number				
P.423	**LX**	*Service Line Number - Refer to TR3*		
P.424	**SV2** Institutional Service Line	**SV203** Monetary Amount	*(Line Item Charge Amount)*	Sum of service line charges must equal the Total Claim Charge Amt in Loop 2300 CLM02.
P.429	**PWK**	*Line Supplemental Information - Refer to TR3*		
P.433	**DTP**	*Date - Service Date - Refer to TR3*		
P.435	**REF**	*Line Item Control Number - Refer to TR3*		
P.437	**REF**	*Repriced Line Item Reference Number - Refer to TR3*		
P.438	**REF**	*Adjusted Repriced Line Item Reference Number - Refer to TR3*		
P.439	**AMT**	*Service Tax Amount - Refer to TR3*		
P.440	**AMT**	*Facility Tax Amount - Refer to TR3*		
P.441	**NTE**	*Third Party Organization Notes - Refer to TR3*		
P.442	**HCP**	*Line Pricing/Repricing Information - Refer to TR3*		
Loop ID 2410—Drug Identification				
P.449	**LIN** Drug Identification	**LIN03** Product/Service ID	*(National Drug Code)*	NDC # for prescribed drugs and biologics when required by government regulation.
P.452	**CTP**	*Drug Quantity - Refer to TR3*		
P.454	**REF**	*Prescription of Compound Drug Association Number - Refer to TR3*		
Loop ID 2420A—Operating Physician Name				
P.456	**NM1**	*Operating Physician Name - Refer to TR3*		
P.459	**REF**	*Operating Physician Secondary Identification - Refer to TR3*		
Loop ID 2420B—Other Operating Physician Name				
P.461	**NM1**	*Other Operating Physician Name - Refer to TR3*		
P.464	**REF**	*Other Operating Physician Secondary Identification - Refer to TR3*		
Loop ID 2420C—Rendering Provider Name				
P.466	**NM1**	*Rendering Provider Name - Refer to TR3*		
P.469	**REF**	*Rendering Provider Secondary Identification - Refer to TR3*		
Loop ID 2420D—Referring Provider Name				
P.471	**NM1**	*Referring Provider Name - Refer to TR3*		
P.474	**REF**	*Referring Provider Secondary Identification - Refer to TR3*		
Loop ID 2430—Line Adjudication Information				
P.476	**SVD**	*Line Adjudication Information - Refer to TR3*		
P.480	**CAS**	*Line Adjustment - Refer to TR3*		
P.486	**DTP**	*Line Check or Remittance Date - Refer to TR3*		
P.487	**AMT**	*Remaining Patient Liability - Refer to TR3*		
P.488	**SE**	*Transaction Set Trailer - Refer to TR3*		

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Release Notes

Number	Page(s)	Description
AV-1		*Updated references for Availity EDI Gateway* *Updated Acknowledgement and Reports to Electronic Batch Report and Delayed Payer Report* *Updated Basic Instructions*