

# 837P

## 837 Professional 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 – 837P Professional Health Care Claim—Encounter: Basic Instructions**

### **Section 2 – 837P Professional Health Care Claim—Encounter: Enveloping**

### **Section 3 – 837P Professional 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](http://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
- Provider Taxonomy Codes
- National Drug Codes

### 3 Diagnosis Codes

According to the 837P 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.

## 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.
  - Data Element Separator, Asterisk (\*)
  - Repetition Separator (ISA11), Caret (^)
  - Sub-Element Separator, Colon (:)
  - 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 (SV102) or negative units (SV104) are used, then an Electronic Batch Report and/or Delayed Payer Report will be returned to the submitter identifying which claim(s) have failed.

SV102 Monetary Amount - Line Item Charge Amount

SV104 Quantity - Service Unit Count

## 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](http://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

## 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 837P TR3.

837 Professional Health Care Claim				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
P.70	<b>ST</b> Transaction Set Header	<b>ST03</b> Implementation Convention Ref	<b>005010X222A1</b>	005010X222A1 - Health Care Claim, Professional
P.71	<b>BHT</b> Beginning of Hierarchical Trx	<b>BHT06</b> Transaction Type Code	<b>RP</b>	RP - Reporting; required to indicate the batch contains all encounters.
<b>Loop ID 1000A—Submitter Name</b>				
<b>NOTE: Refer to Availity guidelines for submission of claims through the Availity EDI Gateway</b>				
P.74	<b>NM1</b> Submitter Name	<b>NM109</b> Identification Code	<b>(Submitter Identifier) UPPERCASE</b>	<ul style="list-style-type: none"> <li>▪ EDI assigned Sender ID.</li> <li>▪ Equals the value entered in ISA06 and GS02.</li> </ul>
P.76 <b>PER</b> <i>Submitter EDI Contact Information - Refer to TR3</i>				
<b>Loop ID 1000B—Receiver Name</b>				
<b>NOTE: Refer to Availity guidelines for submission of claims through the Availity EDI Gateway</b>				
P.79	<b>NM1</b> Receiver Name	<b>NM103</b> Last Name or Organization Name	<b>ANTHEM BLUE CROSS</b>	ANTHEM BLUE CROSS – Identifies receiver
		<b>NM109</b> Identification Code	<b>47198</b>	47198 - Anthem Blue Cross
<b>Loop ID 2000A—Billing Provider Hierarchical Level</b>				
P.81 <b>HL</b> <i>Billing Provider Hierarchical Level - Refer to TR3</i>				
P.83	<b>PRV</b> Billing Provider Specialty Info	<b>PRV03</b> Reference Identification	<b>(Provider Taxonomy Code)</b>	Enter the taxonomy code to uniquely identify the provider.
P.84	<b>CUR</b> Foreign Currency Info	<b>CUR02</b> Currency Code	<b>USD</b>	USD - US dollars <ul style="list-style-type: none"> <li>▪ Monetary amounts recognized in US dollars only.</li> </ul>
<b>Loop ID 2010AA—Billing Provider Name</b>				
P.87 <b>NM1</b> <i>Billing Provider Name - Refer to TR3</i>				
P.91	<b>N3</b> Billing Provider Address	<b>N301</b> Address Information	<b>(Billing Provider Address Line)</b>	Enter the physical address to uniquely identify the provider. Submitting PO Box/Lock Box address will result in claim failure, and return of EBR and/or DPR

837 Professional Health Care Claim				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
<b>Loop ID 2010AA—Billing Provider Name (cont'd)</b>				
P.92	N4		Billing Provider City, State, ZIP Code - Refer to TR3	
P.94	REF REF01		Billing Provider Tax Identification # Unless requested, do not send SSN (SY – Social Security Number)	
P.96	REF		Billing Provider UPIN/License Information - Refer to TR3	
P.98	PER		Billing Provider Contact Information - Refer to TR3	
<b>Loop ID 2010AB—Pay-To Address Name</b>				
P.101	NM1		Pay-to Address Name	
P.103	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.104	N4		Pay-To Address City, State, ZIP Code - Refer to TR3	
<b>Loop ID 2010AC—Pay-To Plan Name</b>				
P.106	NM1		Pay-to Plan Name – Refer to TR3	
P.108	N3		Pay-to Plan Address - Refer to TR3	
P.109	N4		Pay-to Plan City, State, ZIP Code - Refer to TR3	
P.111	REF		Pay-to Plan Secondary Identification - Refer to TR3	
P.113	REF		Pay-to Plan Tax Identification # - Refer to TR3	
<b>Loop ID 2000B—Subscriber Hierarchical Level</b>				
P.114	HL		Subscriber Hierarchical Level - Refer to TR3	
P.116	SBR		Subscriber Information - Refer to TR3	
P.119	PAT		Patient Information - Refer to TR3	
<b>Loop ID 2010BA—Subscriber Name</b>				
P.121	NM1 Subscriber Name	NM109 Identification Code	(Subscriber Primary Identifier)	<b>***ALL ALPHA CHARACTERS MUST BE IN UPPERCASE LETTERS.</b> 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.124	N3		Subscriber Address - Refer to TR3	
P.125	N4		Subscriber City, State, ZIP Code - Refer to TR3	
P.127	DMG		Subscriber Demographic Information - Refer to TR3	
P.129	REF REF01		Subscriber Secondary Identification - Refer to TR3 Unless requested to not send SSN (SY – Social Security Number)	
P.130	REF		Property and Casualty Claim Number - Refer to TR3	
P.131	REF		Property and Casualty Subscriber Contact Information - Refer to TR3	

837 Professional Health Care Claim				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
<b>Loop ID 2010BB—Payer Name</b>				
<b>NOTE: Refer to Availity guidelines for submission of claims through the Availity EDI Gateway</b>				
P.133	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.135	N3	Payer Address - Refer to TR3		
P.136	N4	Payer City, State, ZIP Code - Refer to TR3		
P.138	REF	Payer Secondary Identification - Refer to TR3		
P.140	REF	Billing Provider Secondary Identification - Refer to TR3		
<b>Loop ID 2000C—Patient Hierarchical Level</b>				
P.142	HL	Patient Hierarchical Level - Refer to TR3		
P.144	PAT	Patient Information - Refer to TR3		
<b>Loop ID 2010CA—Patient Name</b>				
P.147	NM1	Patient Name - Refer to TR3		
P.149	N3	Patient Address - Refer to TR3		
P.150	N4	Patient City, State, ZIP Code - Refer to TR3		
P.152	DMG	Patient Demographic Information - Refer to TR3		
P.154	REF	Property and Casualty Claim Number - Refer to TR3		
P.155	REF	Property and Casualty Patient Contact Information - Refer to TR3		
<b>Loop ID 2300—Claim Information</b>				
P.157	CLM Claim Information	CLM01 Claim Submitter's Identifier	(Patient Account Number)	<ul style="list-style-type: none"> <li>Maximum of 20 alphanumeric characters.</li> <li>Value is returned on outbound 835 and other transactions.</li> </ul>
		CLM02 Monetary Amount	(Total Claim Charge Amount)	Value must equal the sum of submitted service line charges in Loop 2400 SV102.
		CLM05-3 Claim Frequency Type Code	7, 8	If '7' (replacement) or '8' (void/cancel) then the Payer Claim Control # (Loop 2300 REF02) is required and must contain the originally assigned claim #.
P.164	DTP	Date - Onset of Current Illness or Symptom - Refer to TR3		
P.165	DTP	Date - Initial Treatment Date - Refer to TR3		
P.166	DTP	Date - Last Seen Date - Refer to TR3		
P.167	DTP	Date - Acute Manifestation - Refer to TR3		
P.168	DTP	Date - Accident - Refer to TR3		
P.169	DTP	Date - Last Menstrual Period - Refer to TR3		
P.170	DTP	Date - Last X-ray Date - Refer to TR3		



## 837 Professional Health Care Claim

TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
<b>Loop ID 2300—Claim Information (cont'd)</b>				
P.171	DTP	Date - Hearing and Vision Prescription Date - Refer to TR3		
P.172	DTP	Date - Disability Dates - Refer to TR3		
P.174	DTP	Date - Last Worked - Refer to TR3		
P.175	DTP	Date - Authorized Return to Work - Refer to TR3		
P.176	DTP	Date - Admission - Refer to TR3		
P.177	DTP	Date - Discharge - Refer to TR3		
P.178	DTP	Date - Assumed and Relinquished Care Dates - Refer to TR3		
P.180	DTP	Date - Property and Casualty Date of First Contact - Refer to TR3		
P.181	DTP	Date - Repricer Received Date - Refer to TR3		
<b>See Basic Instructions 1.14-1.16 on Preparing and Sending Attachments</b>				
P.182	PWK Claim Supplemental Information	PWK02 Report Transmission Code	BM EL FX	BM – By Mail EL – Electronic Only FX – By Fax
		PWK06 Identification Code	▪ Providers using mail/fax, submit the 151 Adjustment Request Form with the supporting documentation.	
P.186	CN1	Contract Information - Refer to TR3		
P.188	AMT	Patient Amount Paid - Refer to TR3		
P.189	REF	Service Authorization Exception Code - Refer to TR3		
P.191	REF	Mandatory Medicare Crossover Indicator - Refer to TR3		
P.192	REF	Mammography Certification Number - Refer to TR3		
P.193	REF	Referral Number - Refer to TR3		
P.194	REF	Prior Authorization - Refer to TR3		
P.196	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 equals values of '7' or '8'.	
P.197	REF	CLIA Number - Refer to TR3		
P.199	REF	Repriced Claim Number - Refer to TR3		
P.200	REF	Adjusted Repriced Claim Number - Refer to TR3		
P.201	REF	Investigational Device Exemption Number - Refer to TR3		
P.202	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.204	REF	Medical Record Number - Refer to TR3		
P.205	REF	Demonstration Project Identifier - Refer to TR3		
P.206	REF	Care Plan Oversight - Refer to TR3		
P.207	K3	File Information - Refer to TR3		
P.209	NTE	Claim Note - Refer to TR3		
P.211	CR1	Ambulance Transport Information - Refer to TR3		
P.214	CR2	Spinal Manipulation Service Information - Refer to TR3		

837 Professional Health Care Claim				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
<b>Loop ID 2300—Claim Information (cont'd)</b>				
P.216	CRC		Ambulance Certification - Refer to TR3	
P.219	CRC		Patient Condition Information: Vision - Refer to TR3	
P.221	CRC		Homebound Indicator - Refer to TR3	
P.223	CRC		EPSDT Referral - Refer to TR3	
<b>ICD-10-CM Guide requires diagnosis codes to the highest level of specificity.</b>				
P.226	HI		Health Care Diagnosis Code - Refer to TR3	
P.239	HI		Anesthesia Related Procedure - Refer to TR3	
P.242	HI		Condition Information - Refer to TR3	
P.252	HCP		Claim Pricing/Repricing Information - Refer to TR3	
<b>Loop ID 2310A—Referring Provider Name</b>				
P.257	NM1		Referring Provider Name - Refer to TR3	
P.260	REF		Referring Provider Secondary Identification - Refer to TR3	
<b>Loop ID 2310B—Rendering Provider Name</b>				
P.262	NM1		Rendering Provider Name - Refer to TR3	
P.265	PRV		Rendering Provider Specialty Information - Refer to TR3	
P.267	REF		Rendering Provider Secondary Identification - Refer to TR3	
<b>Loop ID 2310C—Service Facility Location Name</b>				
P.269	NM1		Service Facility Location Name - Refer to TR3	
P.272	N3		Service Facility Location Address - Refer to TR3	
P.273	N4		Service Facility Location City, State, ZIP - Refer to TR3	
P.275	REF		Service Facility Secondary Identification - Refer to TR3	
P.277	PER		Service Facility Contact Information - Refer to TR3	
<b>Loop ID 2310D—Supervising Provider Name</b>				
P.280	NM1		Supervising Provider Name - Refer to TR3	
P.283	REF		Supervising Provider Secondary Identification - Refer to TR3	
<b>Loop ID 2310E—Ambulance Pick-Up Location</b>				
P.285	NM1		Ambulance Pick-up Location - Refer to TR3	
P.287	N3		Ambulance Pick-up Location Address - Refer to TR3	
P.288	N4		Ambulance Pick-up Location City, State, ZIP Code - Refer to TR3	
<b>Loop ID 2310F—Ambulance Drop-Off Location</b>				
P.290	NM1		Ambulance Drop-off Location - Refer to TR3	
P.292	N3		Ambulance Drop-off Location Address - Refer to TR3	
P.293	N4		Ambulance Drop-off Location City, State, ZIP Code - Refer to TR3	
<b>For COB claims, enter data elements in Loops 2320, 2330A, 2330B, and/or 2430.</b>				
<b>Loop ID 2320—Other Subscriber Information</b>				
P.295	SBR		Other Subscriber Information - Refer to TR3	
P.299	CAS		Claim Level Adjustments - Refer to TR3	
P.305	AMT		COB Payer Paid Amount - Refer to TR3	
P.306	AMT		COB Total Non-Covered Amount - Refer to TR3	
P.307	AMT		Remaining Patient Liability - Refer to TR3	
P.308	OI		Other Insurance Coverage Information - Refer to TR3	
P.310	MOA		Outpatient Adjudication Information - Refer to TR3	

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TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
<b>Loop ID 2330A—Other Subscriber Name</b>				
P.313	NM1 NM109	Other Subscriber Name - Refer to TR3 Unless requested, do not send SSN		
P.316	N3	Other Subscriber Address - Refer to TR3		
P.317	N4	Other Subscriber City, State, ZIP Code - Refer to TR3		
P.319	REF REF01	Other Subscriber Secondary Identification - Refer to TR3 Unless requested to not send SSN (SY – Social Security Number)		
<b>Loop ID 2330B—Other Payer Name</b>				
P.320	NM1	Other Payer Name - Refer to TR3		
P.322	N3	Other Payer Address - Refer to TR3		
P.323	N4	Other Payer City, State, ZIP Code - Refer to TR3		
P.325	DTP	Claim Check or Remittance Date - Refer to TR3		
P.326	REF	Other Payer Secondary Identifier - Refer to TR3		
P.328	REF	Other Payer Prior Authorization Number - Refer to TR3		
P.329	REF	Other Payer Referral Number - Refer to TR3		
P.330	REF	Other Payer Claim Adjustment Indicator - Refer to TR3		
P.331	REF	Other Payer Claim Control Number - Refer to TR3		
<b>Loop ID 2330C—Other Payer Referring Provider</b>				
P.332	NM1	Other Payer Referring Provider - Refer to TR3		
P.334	REF	Other Payer Referring Provider Secondary Identification - Refer to TR3		
<b>Loop ID 2330D—Other Payer Rendering Provider</b>				
P.336	NM1	Other Payer Rendering Provider - Refer to TR3		
P.338	REF	Other Payer Rendering Provider Secondary Identification - Refer to TR3		
<b>Loop ID 2330E—Other Payer Service Facility Location</b>				
P.340	NM1	Other Payer Service Facility Location - Refer to TR3		
P.342	REF	Other Payer Service Facility Location Secondary Identification - Refer to TR3		
<b>Loop ID 2330F—Other Payer Supervising Provider</b>				
P.343	NM1	Other Payer Supervising Provider - Refer to TR3		
P.345	REF	Other Payer Supervising Provider Secondary Identification - Refer to TR3		
<b>Loop ID 2330G—Other Payer Billing Provider</b>				
P.347	NM1	Other Payer Billing Provider - Refer to TR3		
P.349	REF	Other Payer Billing Provider Secondary Identification - Refer to TR3		
<b>Loop ID 2400—Service Line</b>				
P.350	LX	Service Line Number - Refer to TR3		
P.351	SV1 Professional Service	SV102 Monetary Amount	(Line Item Charge Amount)	Sum of service line charges must equal the Total Claim Charge Amount in Loop 2300 CLM02.
P.359	SV5	Durable Medical Equipment Service - Refer to TR3		
P.362	PWK	Line Supplemental Information - Refer to TR3		
P.366	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator - Refer to TR3		
P.368	CR1	Ambulance Transport Information - Refer to TR3		
P.371	CR3	Durable Medical Equipment Certification - Refer to TR3		
P.373	CRC	Ambulance Certification - Refer to TR3		
P.376	CRC	Hospice Employee Indicator - Refer to TR3		
P.378	CRC	Condition Indicator/Durable Medical Equipment - Refer to TR3		

837 Professional Health Care Claim				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
<b>Loop ID 2400—Service Line (cont'd)</b>				
P.380	<b>DTP</b> Date - Service Date	<b>DTP03</b> Date Time Period	<b>(Service Date)</b>	Both "From Date" and "To Date" are required when place of service is 22 or 23.
P.382	<b>DTP</b>	<i>Date - Prescription Date - Refer to TR3</i>		
P.383	<b>DTP</b>	<i>Date - Certification Revision/Recertification Date - Refer to TR3</i>		
P.384	<b>DTP</b>	<i>Date - Begin Therapy Date - Refer to TR3</i>		
P.385	<b>DTP</b>	<i>Date - Last Certification Date - Refer to TR3</i>		
P.386	<b>DTP</b>	<i>Date - Last Seen Date - Refer to TR3</i>		
P.387	<b>DTP</b>	<i>Date - Test Date - Refer to TR3</i>		
P.388	<b>DTP</b>	<i>Date - Shipped Date - Refer to TR3</i>		
P.389	<b>DTP</b>	<i>Date - Last X-ray Date - Refer to TR3</i>		
P.390	<b>DTP</b>	<i>Date - Initial Treatment Date - Refer to TR3</i>		
P.391	<b>QTY</b>	<i>Ambulance Patient Count - Refer to TR3</i>		
P.392	<b>QTY</b>	<i>Obstetric Anesthesia Additional Units - Refer to TR3</i>		
P.393	<b>MEA</b>	<i>Test Result - Refer to TR3</i>		
P.395	<b>CN1</b>	<i>Contract Information - Refer to TR3</i>		
P.397	<b>REF</b>	<i>Repriced Line Item Reference Number - Refer to TR3</i>		
P.398	<b>REF</b>	<i>Adjusted Repriced Line Item Reference Number - Refer to TR3</i>		
P.399	<b>REF</b>	<i>Prior Authorization - Refer to TR3</i>		
P.401	<b>REF</b>	<i>Line Item Control Number - Refer to TR3</i>		
P.403	<b>REF</b>	<i>Mammography Certification Number - Refer to TR3</i>		
P.404	<b>REF</b>	<i>CLIA Number - Refer to TR3</i>		
P.405	<b>REF</b>	<i>Referring CLIA Facility Identification - Refer to TR3</i>		
P.406	<b>REF</b>	<i>Immunization Batch Number - Refer to TR3</i>		
P.407	<b>REF</b>	<i>Referral Number - Refer to TR3</i>		
P.409	<b>AMT</b>	<i>Service Tax Amount - Refer to TR3</i>		
P.410	<b>AMT</b>	<i>Postage Claimed Amount - Refer to TR3</i>		
P.411	<b>K3</b>	<i>File Information - Refer to TR3</i>		
P.413	<b>NTE</b>	<i>Line Note - Refer to TR3</i>		
P.413	<b>NTE</b> Line Note	<b>NTE01</b> Note Ref Code	<b>ADD</b>	ADD - Additional Information
		<b>NTE02</b> Description	When billing unlisted HCPCS (NOC codes) in Loop 2400 SV202-2 (Procedure Code), include the drug and dosage	
P.414	<b>NTE</b>	<i>Third Party Organization Notes - Refer to TR3</i>		
P.415	<b>PS1</b>	<i>Purchased Service Information - Refer to TR3</i>		
P.416	<b>HCP</b>	<i>Line Pricing/Repricing Information - Refer to TR3</i>		
<b>Loop ID 2410—Drug Identification</b>				
P.423	<b>LIN</b> Drug Identification	<b>LIN03</b> Product/Service ID	<b>(National Drug Code)</b>	NDC # for prescribed drugs and biologics when required by government regulation.
P.426	<b>CTP</b>	<i>Drug Quantity - Refer to TR3</i>		
P.428	<b>REF</b>	<i>Prescription of Compound Drug Association Number - Refer to TR3</i>		

837 Professional Health Care Claim				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to Anthem
<b>Loop ID 2420A—Rendering Provider Name</b>				
P.430	NM1	<i>Rendering Provider Name - Refer to TR3</i>		
P.433	PRV Rendering Provider Specialty Info	PRV03 Reference Identification	<i>(Provider Taxonomy Code)</i>	Enter the taxonomy code to uniquely identify the provider.
P.434	REF	<i>Rendering Provider Secondary Identification - Refer to TR3</i>		
<b>Loop ID 2420B—Purchased Service Provider Name</b>				
P.436	NM1	<i>Purchased Service Provider Name - Refer to TR3</i>		
P.439	REF	<i>Purchased Service Provider Secondary Identification - Refer to TR3</i>		
<b>Loop ID 2420C—Service Facility Location Name</b>				
P.441	NM1	<i>Service Facility Location Name - Refer to TR3</i>		
P.444	N3	<i>Service Facility Location Address - Refer to TR3</i>		
P.445	N4	<i>Service Facility Location City, State, ZIP Code - Refer to TR3</i>		
P.447	REF	<i>Service Facility Location Secondary Identification - Refer to TR3</i>		
<b>Loop ID 2420D—Supervising Provider Name</b>				
P.449	NM1	<i>Supervising Provider Name - Refer to TR3</i>		
P.452	REF	<i>Supervising Provider Secondary Identification - Refer to TR3</i>		
<b>Loop ID 2420E—Ordering Provider Name</b>				
P.454	NM1	<i>Ordering Provider Name - Refer to TR3</i>		
P.457	N3	<i>Ordering Provider Address - Refer to TR3</i>		
P.458	N4	<i>Ordering Provider City, State, ZIP Code - Refer to TR3</i>		
P.460	REF	<i>Ordering Provider Secondary Identification - Refer to TR3</i>		
P.462	PER	<i>Ordering Provider Contact Information - Refer to TR3</i>		
<b>Loop ID 2420F—Referring Provider Name</b>				
P.465	NM1	<i>Referring Provider Name - Refer to TR3</i>		
P.468	REF	<i>Referring Provider Secondary Identification - Refer to TR3</i>		
<b>Loop ID 2420G—Ambulance Pick-Up Location</b>				
P.470	NM1	<i>Ambulance Pick-up Location - Refer to TR3</i>		
P.472	N3	<i>Ambulance Pick-up Location Address - Refer to TR3</i>		
P.473	N4	<i>Ambulance Pick-up Location City, State, ZIP Code - Refer to TR3</i>		
<b>Loop ID 2420H—Ambulance Drop-Off Location</b>				
P.475	NM1	<i>Ambulance Drop-off Location - Refer to TR3</i>		
P.477	N3	<i>Ambulance Drop-off Location Address - Refer to TR3</i>		
P.478	N4	<i>Ambulance Drop-off Location City, State, ZIP Code - Refer to TR3</i>		
<b>Loop ID 2430—Line Adjudication Information</b>				
P.480	SVD	<i>Line Adjudication Information - Refer to TR3</i>		
P.484	CAS	<i>Line Adjustment - Refer to TR3</i>		
P.490	DTP	<i>Line Check or Remittance Date - Refer to TR3</i>		
P.491	AMT	<i>Remaining Patient Liability - Refer to TR3</i>		
<b>Loop ID 2440—Form Identification Code</b>				
P.492	LQ	<i>Form Identification Code - Refer to TR3</i>		
P.494	FRM	<i>Supporting Documentation - Refer to TR3</i>		
P.496	SE	<i>Transaction Set Trailer - Refer to TR3</i>		

<b>Release Notes</b>		
<b>Number</b>	<b>Page(s)</b>	<b>Description</b>
AV-1		<i>Updated references for Availity EDI Gateway</i> <i>Updated Acknowledgement and Reports to Electronic Batch Report and Delayed Payer Report</i> <i>Updated Basic Instructions</i>