

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

Loop	Loop Repeat	4010 Segment/ Data		Description	X12 Page No.	ID	4010 Mi n.	4010 Usag e	Valid Values
___	1	ISA		INTERCHANGE CONTROL HEADER	B.3			R	
			ISA08	Interchange Receiver ID		AN	15-15	R	
			ISA15	Usage Indicator		ID	1-1	R	P, T
___	1	GS		FUNCTIONAL GROUP HEADER	B.8			R	
			GS03	Application Receiver Code		AN	2-15	R	
___	1	ST		TRANSACTION SET HEADER	62			R	
___	1	BHT		BEGINNING OF HIERARCHICAL TRANSACTION	63			R	
___	1	REF		TRANSMISSION TYPE IDENTIFICATION	66			R	
			REF02	Transmission Type Code		AN	1-30	R	004010X098DA1 004010X098A1
1000A	1	NM1		SUBMITTER NAME	67			R	
	2	PER		SUBMITTER EDI CONTACT INFORMATION	71			R	
1000B	1	NM1		RECEIVER NAME	74			R	

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

2000A	>1	HL		BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	77			R	
	1	PRV		BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION	79			S	
			PRV06	Provider Organization Code		ID	3-3	N/U	
2010AA	1	NM1		Billing Provider Name	84			R	
			NM109	Billing Provider Identifier		AN	2-80	R	
	1	N3		BILLING PROVIDER ADDRESS	88			R	
	1	N4		BILLING PROVIDER CITY/STATE/ZIP CODE	89			R	
	8	REF		BILLING PROVIDER SECONDARY IDENTIFICATION	91			S	
			REF01	Reference Identification Qualifier		ID	2-3	R	0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, U3, X5
			REF02	Billing Provider Additional Identifier		AN	1-30	R	
	8	REF		CREDIT/DEBIT CARD BILLING INFORMATION	94			S	
	2	PER		BILLING PROVIDER CONTACT INFORMATION	96			S	
2010AB	1	NM1		PAY-TO PROVIDER NAME	99			S	

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

			NM108	Identification Code Qualifier		ID	1-2	R	24, 34
			NM109	Pay-to Provider Identifier		AN	2-80	R	
	1	N3		PAY-TO PROVIDER ADDRESS	103			R	
	1	N4		PAY-TO PROVIDER CITY/STATE/ZIP CODE	104			R	
	5	REF		PAY-TO PROVIDER SECONDARY IDENTIFICATION	106			S	
			REF02	Pay-to Provider Identifier		AN	1-30	R	
2000B	>1	HL		SUBSCRIBER HIERARCHICAL LEVEL	108			R	
			HL01	Hierarchical ID Number		AN	1-12	R	
			HL02	Hierarchical Parent ID Number		AN	1-12	R	
			HL03	Hierarchical Level Code		ID	1-2	R	22
			HL04	Hierarchical Child Code		ID	1-1	R	0, 1
	1	SBR		SUBSCRIBER INFORMATION	110			R	
	1	PAT		PATIENT INFORMATION	114			S	
2010BA	1	NM1		SUBSCRIBER NAME	117			R	

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

			NM109	Subscriber Primary Identifier		AN	2-80	S	
	1	N3		SUBSCRIBER ADDRESS	121			S	
	1	N4		SUBSCRIBER CITY/STATE/ZIP CODE	122			S	
	1	DMG		SUBSCRIBER DEMOGRAPHIC INFORMATION	124			S	
	4	REF		SUBSCRIBER SECONDARY IDENTIFICATION	126			S	
	1	REF		PROPERTY AND CASUALTY CLAIM NUMBER	128			S	
2010BB	1	NM1		PAYER NAME	130			R	
	1	N3		PAYER ADDRESS	134			S	
	1	N4		PAYER CITY/STATE/ZIP CODE	135			S	
	3	REF		PAYER SECONDARY IDENTIFICATION	137			S	
2010BC	1	NM1		RESPONSIBLE PARTY NAME	139			S	
	1	N3		RESPONSIBLE PARTY ADDRESS	143			R	

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

	1	N4		RESPONSIBLE PARTY CITY/STATE/ZIP CODE	144			R
2010BD	1	NM1		CREDIT/DEBIT CARD HOLDER NAME	146			S
	2	REF		CREDIT/DEBIT CARD INFORMATION	150			S
2000C	>1	HL		PATIENT HIERARCHICAL LEVEL	152			S
	1	PAT		PATIENT INFORMATION	154			R
2010CA	1	NM1		PATIENT NAME	157			R
			NM109	Patient Primary Identifier		AN	2-80	S
	1	N3		PATIENT ADDRESS	161			R
	1	N4		PATIENT CITY/STATE/ZIP CODE	162			R
	1	DMG		PATIENT DEMOGRAPHIC INFORMATION	164			R
	5	REF		PATIENT SECONDARY IDENTIFICATION	166			S
	1	REF		PROPERTY AND CASUALTY CLAIM NUMBER	168			S

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

2300	100	CLM		CLAIM INFORMATION	170			R	
			CLM01	Patient Account Number		AN	1-38	R	
			CLM02	Total Claim Charge Amount		R	1-18	R	
			CLM03	Claim Filing Indicator Code		ID	1-2	N/U	
			CLM04	Non-Institutional Claim Type Code		ID	1-2	N/U	
			CLM05	HEALTH CARE SERVICE LOCATION INFORMATION				R	
			CLM05-1	Facility Type Code (Place of Service)		AN	1-2	R	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 53, 54, 55, 56, 50, 60, 61, 62, 65, 71, 72, 81, 99
			CLM05-2	Facility Code Qualifier		ID	1-2	N/U	
			CLM05-3	Claim Frequency Code		ID	1-1	R	1 - Original, 6 - Corrected, 7 - Replacement, 8 - Void
			CLM06	Provider or Supplier Signature Indicator		ID	1-1	R	N, Y
			CLM07	Provider Accept Assignment Code (Medicare Assignment Code)		ID	1-1	R	A, B, C, P
			CLM08	Benefits Assignment Certification Indicator		ID	1-1	R	Y, N
			CLM09	Release of Information Code		ID	1-1	R	A, I, M, N, O, Y
			CLM10	Patient Signature Source Code		ID	1-1	S	B, C, M, P, S
			CLM11	RELATED CAUSES INFORMATION				S	
			CLM11-1	Related Causes Code		ID	2-3	R	AA, AP, EM, OA
			CLM11-2	Related Causes Code		ID	2-3	S	AA, AP, EM, OA
			CLM11-3	Related Causes Code		ID	2-3	S	AA, AP, EM, OA
			CLM11-4	Auto Accident State or Province Code		ID	2-2	S	
			CLM11-5	Country Code		ID	2-3	S	See Source code 5 for ANSI values
			CLM12	Special Program Indicator		ID	2-3	S	01, 02, 03, 05, 07, 08, 09
			CLM13	Yes/No Condition or Response Code		ID	1-1	N/U	

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

			CLM14	Level of Service Code		ID	1-3	N/U	
			CLM15	Yes/No Condition or Response Code		ID	1-1	N/U	
			CLM16	Participation Agreement		ID	1-1	S	P
			CLM17	Claim Status Code		ID	1-2	N/U	
			CLM18	Yes/No Condition or Response Code		ID	1-1	N/U	
			CLM19	Claim Submission Reason Code		ID	2-2	N/U	
			CLM20	Delay Reason Code		ID	1-2	S	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11
	1	DTP		DATE - INITIAL TREATMENT	182			S	
	1	DTP		DATE - DATE LAST SEEN	186			S	
	1	DTP		DATE - ONSET OF CURRENT ILLNESS/SYMP TOM	188			S	
	5	DTP		DATE - ACUTE MANIFESTATION	190			S	
	10	DTP		DATE - SIMILAR ILLNESS/SYMP TOM ONSET	192			S	
	10	DTP		DATE - ACCIDENT	194			S	
	1	DTP		DATE - LAST MENSTRUAL PERIOD	196			S	
	1	DTP		DATE - LAST X-RAY	197			S	
	1	DTP		DATE - HEARING AND VISION PRESCRIPTION DATE	200			S	

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

	5	DTP		DATE - DISABILITY BEGIN	201			S	
	5	DTP		DATE - DISABILITY END	203			S	
	1	DTP		DATE - LAST WORKED	205			S	
	1	DTP		DATE - AUTHORIZED RETURN TO WORK	206			S	
	1	DTP		DATE - ADMISSION	208			S	
	1	DTP		DATE - DISCHARGE	210			S	
			DTP01	Date Time Qualifier		ID	3-3	R	096
			DTP02	Date Time Period Format Qualifier		ID	2-3	R	D8
			DTP03	Related Hospitalization Discharge Date		AN	1-35	R	CCYYMMDD
	2	DTP		DATE - ASSUMED AND RELINQUISHED CARE DATES	212			S	
	10	PWK		CLAIM SUPPLEMENTAL INFORMATION	214			S	
			PWK01	Attachment Report Type Code		ID	2-2	R	77, AS, B2, B3, B4, CT, DA, DG, DS, EB, MT, NN, OB, OZ, PN, PO, PZ, RB, RR, RT
			PWK02	Attachment Transmission Code		ID	1-2	R	AA, BM, EL, EM, FX
			PWK03	Report Copies Needed		N0	1-2	N/U	
			PWK04	Entity Identifier Code		ID	2-3	N/U	
			PWK05	Identification Code Qualifier		ID	1-2	S	AC
			PWK06	Attachment Control Number		AN	2-80	S	

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

			PWK07	Description		AN	1-80	N/U	
			PWK08	ACTIONS INDICATED				N/U	
			PWK09	Request Category Code		ID	1-2	N/U	
	1	CN1		CONTRACT INFORMATION	217			S	
	1	AMT		CREDIT/DEBIT CARD MAXIMUM AMOUNT	219			S	
	1	AMT		PATIENT AMOUNT PAID	220			S	
			AMT01	Amount Qualifier Code		ID	1-3	R	F5
			AMT02	Patient Amount Paid		R	1-18	R	
			AMT03	Credit/Debit Flag Code		ID	1-1	N/U	
	1	AMT		TOTAL PURCHASED SERVICE AMOUNT	221			S	
			AMT01	Amount Qualifier Code		ID	1-3	R	NE
			AMT02	Total Purchased Service Amount		R	1-18	R	
			AMT03	Credit/Debit Flag Code		ID	1-1	N/U	
	1	REF		SERVICE AUTHORIZATION EXCEPTION CODE	222			S	
	1	REF		MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR	224			S	
	1	REF		MAMMOGRAPHY CERTIFICATION NUMBER	226			S	
	2	REF		PRIOR AUTHORIZATION OR REFERRAL NUMBER	227			S	

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

			REF01	Reference Identification Qualifier		ID	2-3	R	9F, G1
			REF02	Prior Authorization or Referral Number		AN	1-30	R	
			REF03	Description		AN	1-80	N/U	
			REF04	REFERENCE IDENTIFIER				N/U	
	1	REF		ORIGINAL REFERENCE NUMBER (ICN/DCN)	229			S	
	3	REF		CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER	231			S	
	1	REF		REPRICED CLAIM NUMBER	233			S	
	1	REF		ADJUSTED REPRICED CLAIM NUMBER	235			S	
	1	REF		INVESTIGATIONAL DEVICE EXEMPTION NUMBER	236			S	
	1	REF		CLAIM IDENTIFICATION NUMBER FOR CLEARING HOUSES AND OTHER TRANSMISSION INTERMEDIARIES	238			S	
	4	REF		AMBULATORY PATIENT GROUP (APG)	240			S	
	1	REF		MEDICAL RECORD NUMBER	241			S	
	1	REF		DEMONSTRATION PROJECT IDENTIFIER	242			S	
	10	K3		FILE INFORMATION	244			S	

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

	1	NTE		CLAIM NOTE	246			S
			NTE01	Note Reference Code		ID	3-3	R
			NTE02	Claim Note Text		AN	1-80	R
	1	CR1		AMBULANCE TRANSPORT INFORMATION	248			S
	1	CR2		SPINAL MANIPULATION SERVICE INFORMATION	251			S
	3	CRC		AMBULANCE CERTIFICATION	257			S
	3	CRC		PATIENT CONDITION INFORMATION: VISION	260			S
	1	CRC		HOMEBOUND INDICATOR	263			S
	1	CRC		EPSDT REFERRAL	Addenda page 37.			S
			CRC01	Code Category		ID	2-2	R
			CRC02	Yes/No Condition		ID	1-1	R
			CRC03	Condition Indicator		ID	2-2	R
			CRC04	Condition Indicator		ID	2-2	S
			CRC05	Condition Indicator		ID	2-2	S
			CRC06	Condition Indicator		ID	2-2	S
			CRC07	Condition Indicator		ID	2-2	S

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

	1	HI		HEALTH CARE DIAGNOSIS CODE	265			S	
		HI02		HEALTH CARE CODE INFORMATION				S	
		HI03		HEALTH CARE CODE INFORMATION				S	
		HI04		HEALTH CARE CODE INFORMATION				S	
		HI05		HEALTH CARE CODE INFORMATION				S	
		HI06		HEALTH CARE CODE INFORMATION				S	
		HI07		HEALTH CARE CODE INFORMATION				S	
		HI08		HEALTH CARE CODE INFORMATION				S	
	1	HCP		CLAIM PRICING/REPRICING INFORMATION	271			S	
			HCP01	Pricing Methodology		ID	2-2	R	07, 08, 09, 10, 11, 12, 13, 14
			HCP02	Repriced Allowed Amount		R	1-18	R	
			HCP03	Repriced Saving Amount		R	1-18	S	
			HCP04	Repricing Organization Identifier		AN	1-30	S	
			HCP05	Repricing Per Diem or Flat Rate Amount		R	1-9	S	
			HCP06	Repriced Approved Ambulatory Patient Group Code		AN	1-30	S	
			HCP07	Repriced Approved Ambulatory Patient Group Amount		R	1-18	S	
			HCP08	Product/Service ID		AN	1-48	N/U	

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

			HCP09	Product/Service ID Qualifier		ID	2-2	N/U	
			HCP10	Product/Service ID		AN	1-48	N/U	
			HCP11	Unit or Basis for Measurement Code		ID	2-2	N/U	
			HCP12	Quantity		R	1-15	N/U	
			HCP13	Reject Reason Code		ID	2-2	S	T1, T2, T3, T4, T5, T6
			HCP14	Policy Compliance Code		ID	1-2	S	1, 2, 3, 4, 5
			HCP15	Exception Code		ID	1-2	S	1, 2, 3, 4, 5, 6
2305	6	CR7		HOME HEALTH CARE PLAN INFORMATION	276			S	
	3	HSD		HEALTH CARE SERVICES DELIVERY	278			S	
2310A	2	NM1		REFERRING PROVIDER NAME	282			S	
			NM101	Entity Identifier Code		ID	2-3	R	DN, P3
			NM102	Entity Type Qualifier		ID	1-1	R	1, 2
			NM103	Referring Provider Last Name		AN	1-35	R	
			NM104	Referring Provider First Name		AN	1-25	S	
			NM105	Referring Provider Middle Name		AN	1-25	S	
			NM106	Name Prefix		AN	1-10	N/U	
			NM107	Referring Provider Name Suffix		AN	1-10	S	
			NM108	Identification Code Qualifier		ID	1-2	S	24, 34
			NM109	Referring Provider Identifier		AN	2-80	S	
			NM110	Entity Relationship Code		ID	2-2	N/U	
			NM111	Entity Identifier Code		ID	2-3	N/U	

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

	1	PRV		REFERRING PROVIDER SPECIALTY INFORMATION	285			S	
			PRV01	Provider Code		ID	1-3	R	RF
			PRV02	Reference Identification Qualifier		ID	2-3	R	ZZ
			PRV03	Provider Taxonomy Code		AN	1-30	R	
			PRV04	State or Province Code		ID	2-2	N/U	
			PRV05	PROVIDER SPECIALTY INFORMATION				N/U	
			PRV06	Provider Organization Code		ID	3-3	N/U	
	5	REF		REFERRING PROVIDER SECONDARY IDENTIFICATION	288			S	
			REF01	Reference Identification Qualifier		ID	2-3	R	0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
			REF02	Referring Provider Secondary Identifier		AN	1-30	R	
			REF03	Description		AN	1-80	N/U	
			REF04	REFERENCE IDENTIFIER				N/U	
2310B	1	NM1		RENDERING PROVIDER NAME	290			S	
			NM101	Entity Identifier Code		ID	2-3	R	82
			NM102	Entity Type Qualifier		ID	1-1	R	1 = Person 2 = Non-Person Entity
			NM103	Rendering Provider Last or Organization Name		AN	1-35	R	
			NM104	Rendering Provider First Name		AN	1-25	S	
			NM105	Rendering Provider Middle Name		AN	1-25	S	
			NM106	Name Prefix		AN	1-10	N/U	
			NM107	Rendering Provider Name Suffix		AN	1-10	S	
			NM108	Identification Code Qualifier		ID	1-2	R	24, 34

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

			NM109	Rendering Provider Identifier		AN	2-80	R	
			NM110	Entity Relationship Code		ID	2-2	N/U	
			NM111	Entity Identifier Code		ID	2-3	N/U	
	1	PRV		RENDERING PROVIDER SPECIALTY INFORMATION	293			S	
			PRV01	Provider Code		ID	1-3	R	PE
			PRV02	Reference Identification Qualifier		ID	2-3	R	ZZ
			PRV03	Provider Taxonomy Code		AN	1-30	R	
			PRV04	State or Province Code		ID	2-2	N/U	
			PRV05	PROVIDER SPECIALTY INFORMATION				N/U	
			PRV06	Provider Organization Code		ID	3-3	N/U	
	5	REF		RENDERING PROVIDER SECONDARY IDENTIFICATION	296			S	
			REF01	Reference Identification Qualifier		ID	2-3	R	0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
			REF02	Rendering Provider Secondary Identifier		AN	1-30	R	
			REF03	Description		AN	1-80	N/U	
			REF04	REFERENCE IDENTIFIER				N/U	
2310C	1	NM1		PURCHASED SERVICE PROVIDER NAME	298			S	
			NM101	Entity Identifier Code		ID	2-3	R	QB
			NM102	Entity Type Qualifier		ID	1-1	R	1, 2
			NM106	Name Prefix		AN	1-10	N/U	

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

			NM107	Name Suffix		AN	1-10	N/U	
			NM108	Identification Code Qualifier		ID	1-2	S	24, 34
			NM109	Purchased Service Provider Identifier		AN	2-80	S	
			NM110	Entity Relationship Code		ID	2-2	N/U	
			NM111	Entity Identifier Code		ID	2-3	N/U	
	5	REF		PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION	301			S	
			REF01	Reference Identification Qualifier		ID	2-3	R	0B,1A,1B,1C,1D,1G,1H, EI,G2,LU,N5,SY,U3,X5
			REF02	Purchased Service Provider Secondary Identifier		AN	1-30	R	
			REF03	Description		AN	1-80	N/U	
			REF04	REFERENCE IDENTIFIER				N/U	
2310D	1	NM1		SERVICE FACILITY LOCATION	303			S	
			NM101	Entity Identifier Code		ID	2-3	R	77, FA, LI, TL
			NM102	Entity Type Qualifier		ID	1-1	R	2
			NM103	Laboratory or Facility Name		AN	1-35	S	
			NM104	Name First		AN	1-25	N/U	
			NM105	Name Middle		AN	1-25	N/U	
			NM106	Name Prefix		AN	1-10	N/U	
			NM107	Name Suffix		AN	1-10	N/U	
			NM108	Identification Code Qualifier		ID	1-2	S	24, 34
			NM109	Laboratory or Facility Primary Identifier		AN	2-80	S	
			NM110	Entity Relationship Code		ID	2-2	N/U	

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

			NM111	Entity Identifier Code		ID	2-3	N/U	
	1	N3		SERVICE FACILITY LOCATION ADDRESS	307			R	
	1	N4		SERVICE FACILITY LOCATION CITY/STATE/ZIP	308			R	
	5	REF		SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	310			S	
2310E	1	NM1		SUPERVISING PROVIDER NAME	312			S	
			NM109	Supervising Provider Identifier		AN	2-80	S	
	5	REF		SUPERVISING PROVIDER SECONDARY IDENTIFIER	316			S	
			REF01	Reference Identification Qualifier		ID	2-3	R	0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5
			REF02	Supervising Provider Secondary Identifier		AN	1-30	R	
2320	10	SBR		OTHER SUBSCRIBER INFORMATION	318			S	
			SBR04	Other Insured Group Name		AN	1-60	S	
	5	CAS		CLAIM LEVEL ADJUSTMENTS	323			S	
	1	AMT		COB PAYER PAID AMOUNT	332			S	

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
 COMPANION DOCUMENT
 Addenda Version

	1	AMT		COB APPROVED AMOUNT	333			S	
	1	AMT		COB ALLOWED AMOUNT	334			S	
	1	AMT		COB PATIENT RESPONSIBILITY AMOUNT	335			S	
	1	AMT		COB COVERED AMOUNT	336			S	
	1	AMT		COB DISCOUNT AMOUNT	337			S	
	1	AMT		COB PER DAY LIMIT AMOUNT	338			S	
	1	AMT		COB PATIENT PAID AMOUNT	339			S	
	1	AMT		COB TAX AMOUNT	340			S	
	1	AMT		COB TOTAL CLAIM BEFORE TAXES AMOUNT	341			S	
	1	DMG		OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION	342			S	
	1	OI		OTHER INSURANCE COVERAGE INFORMATION	344			R	
	1	MOA		MEDICARE OUTPATIENT ADJUDICATION INFORMATION	347			S	

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

2330A	1	NM1		OTHER SUBSCRIBER NAME	350			R
	1	N3		OTHER SUBSCRIBER ADDRESS	354			S
			N301	Other Insured Address Line		AN	1-55	R
			N302	Other Insured Address Line		AN	1-55	S
	1	N4		OTHER SUBSCRIBER CITY/STATE/ZIP CODE	355			S
	3	REF		OTHER SUBSCRIBER SECONDARY IDENTIFICATION	357			S
2330B	1	NM1		OTHER PAYER NAME	359			R
	2	PER		OTHER PAYER CONTACT INFORMATION	363			S
	1	DTP		CLAIM ADJUDICATION DATE	366			S
	2	REF		OTHER PAYER SECONDARY IDENTIFIER	368			S
	2	REF		OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	370			S
	2	REF		OTHER PAYER CLAIM ADJUSTMENT INDICATOR	372			S
2330C	1	NM1		OTHER PAYER PATIENT INFORMATION	374			S
	3	REF		OTHER PAYER PATIENT IDENTIFICATION	376			S

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

2330D	2	NM1		OTHER PAYER REFERRING PROVIDER	378			S	
	3	REF		OTHER PAYER REFERRING PROVIDER IDENTIFICATION	380			R	
2330E	1	NM1		OTHER PAYER RENDERING PROVIDER	382			S	
	3	REF		OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFICATION	384			R	
2330F	1	NM1		OTHER PAYER PURCHASED SERVICE PROVIDER	386			S	
	3	REF		OTHER PAYER PURCHASED SERVICE PROVIDER IDENTIFICATION	388			R	
2330G	1	NM1		OTHER PAYER SERVICE FACILITY LOCATION	390			S	
	3	REF		OTHER PAYER SERVICE FACILITY LOCATION IDENTIFICATION	392			R	
2330H	1	NM1		OTHER PAYER SUPERVISING PROVIDER	394			S	
	3	REF		OTHER PAYER SUPERVISING PROVIDER IDENTIFICATION	396			R	
2400	50	LX		SERVICE LINE	398			R	
			LX01	Assigned Number		NO	1-6	R	

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

	1	SV1		PROFESSIONAL SERVICE	400			R	
			SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER				R	
			SV101-1	Product or Service ID Qualifier		ID	2-2	R	HC, IV, ZZ
			SV101-2	Procedure Code		AN	1-48	R	
			SV101-3	Procedure Modifier		AN	2-2	S	
			SV101-4	Procedure Modifier		AN	2-2	S	
			SV101-5	Procedure Modifier		AN	2-2	S	
			SV101-6	Procedure Modifier		AN	2-2	S	
			SV101-7	Description		AN	1-80	N/U	
			SV102	Line Item Charge Amount		R	1-18	R	
			SV103	Unit or Basis for Measurement Code		ID	2-2	R	F2,MJ,UN
			SV104	Service Unit Count		R	1-15	R	
			SV105	Place of Service Code		AN	1-2	S	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65, 71, 72, 81, 99
			SV106	Service Type Code		ID	1-2	N/U	
			SV107	COMPOSITE DIAGNOSIS CODE POINTER				S	
			SV107-1	Diagnosis Code Pointer		N0	1-2	R	
			SV107-2	Diagnosis Code Pointer		N0	1-2	S	
			SV107-3	Diagnosis Code Pointer		N0	1-2	S	
			SV107-4	Diagnosis Code Pointer		N0	1-2	S	
			SV108	Monetary Amount		R	1-18	N/U	
			SV109	Emergency Indicator		ID	1-1	S	N, Y
			SV110	Multiple Procedure Code		ID	1-2	N/U	
			SV111	EPSDT Indicator		ID	1-1	S	Y

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

			SV112	Family Planning Indicator		ID	1-1	S	Y
			SV113	Review Code		ID	1-2	N/U	
			SV114	National or Local Assigned Review Value		AN	1-2	N/U	
			SV115	Co-Pay Status Code		ID	1-1	S	0
			SV116	Health Care Professional Shortage Area Code		ID	1-1	N/U	
			SV117	Reference Identification		AN	1-30	N/U	
			SV118	Postal Code		ID	3-15	N/U	
			SV119	Monetary Amount		R	1-18	N/U	
			SV120	Level of Care Code		ID	1-1	N/U	
			SV121	Provider Agreement Code		ID	1-1	N/U	
			SV5	DURABLE MEDICAL EQUIPMENT SERVICE	Addenda Page 58		1	S	
	1	PWK		DMERC CMN INDICATOR	410			S	
			PWK01	Attachment Report Type Code		ID	2-2	R	CT
			PWK02	Attachment Transmission Code		ID	1-2	R	AB, AD, AF, AG, NS
			PWK03	Report Copies Needed		NO	1-2	N/U	
			PWK04	Entity Identifier Code		ID	2-3	N/U	
			PWK05	Identification Code Qualifier		ID	1-2	N/U	
			PWK06	Identification Code		AN	2-80	N/U	
			PWK07	Description		AN	1-80	N/U	
			PWK08	ACTIONS INDICATED				N/U	
			PWK09	Request Category Code		ID	1-2	N/U	
	1	CR1		AMBULANCE TRANSPORT INFORMATION	412			S	

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

	5	CR2		SPINAL MANIPULATION SERVICE INFORMATION	415			S
	1	CR3		DURABLE MEDICAL EQUIPMENT CERTIFICATION	421			S
			CR301	Certification Type Code		ID	1-1	R I,R,S
			CR302	Unit or Basis for Measurement Code		ID	2-2	R MO
			CR303	Durable Medical Equipment Duration 9(2)		R	1-15	R
			CR304	Insulin Dependent Code		ID	1-1	N/U
			CR305	Description		AN	1-80	N/U
	1	CR5		HOME OXYGEN THERAPY INFORMATION	423			S
	3	CRC		AMBULANCE CERTIFICATION	427			S
	1	CRC		HOSPICE EMPLOYEE INDICATOR	430			S
	2	CRC		DMERC CONDITION INDICATOR	432			S
	1	DTP		DATE - SERVICE DATE	435			R
	1	DTP		DATE - CERTIFICATION REVISION DATE	437			S
	1	DTP		DATE - BEGIN THERAPY DATE	440			S
	1	DTP		DATE - LAST CERTIFICATION DATE	442			S

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

	1	DTP		DATE - DATE LAST SEEN	445			S	
	2	DTP		DATE - TEST	447			S	
	3	DTP		DATE - OXYGEN SATURATION/ARTERIAL BLOOD GAS TEST	449			S	
	1	DTP		DATE - SHIPPED	451			S	
	1	DTP		DATE - ONSET OF CURRENT SYMPTOM/ILLNESS	452			S	
	1	DTP		DATE - LAST X-RAY	454			S	
	1	DTP		DATE - ACUTE MANIFESTATION	456			S	
	1	DTP		DATE - INITIAL TREATMENT	458			S	
	1	DTP		DATE - SIMILAR ILLNESS/SYMPTOM ONSET	460			S	
	20	MEA		TEST RESULTS	464			S	
	1	CN1		CONTRACT INFORMATION	466			S	
	1	REF		REPRICED LINE ITEM REFERENCE NUMBER	468			S	
	1	REF		ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER	469			S	

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

	2	REF		PRIOR AUTHORIZATION OR REFERRAL NUMBER	470			S
	1	REF		LINE ITEM CONTROL NUMBER	472			S
	1	REF		MAMMOGRAPHY CERTIFICATION NUMBER	474			S
	1	REF		CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION	475			S
	1	REF		REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY IDENTIFICATION	477			S
	1	REF		IMMUNIZATION BATCH NUMBER	478			S
	4	REF		AMBULATORY PATIENT GROUP (APG)	479			S
		REF		OXYGEN FLOW RATE	480			S
	1	REF		UNIVERSAL PRODUCT NUMBER (UPN)	482			S
	1	AMT		SALES TAX AMOUNT	484			S
	1	AMT		APPROVED AMOUNT	485			S
	1	AMT		POSTAGE CLAIMED AMOUNT	486			S

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

	1	NTE		LINE NOTE	488			S
	1	PS1		PURCHASED SERVICE INFORMATION	489			S
	1	HSD		HEALTH CARE SERVICES DELIVERY	491			S
	1	HCP		LINE PRICING/REPRICING INFORMATION	495			S
2410	1	LIN		DRUG IDENTIFICATION	Addenda Page 71		1	S
	1	CTP		DRUG PRICING	Addenda Page 74		1	S
	1	REF		PRESCRIPTION NUMBER	Addenda Page 77		1	S
2420A	1	NM1		RENDERING PROVIDER NAME	501			S
			NM109	Rendering Provider Identifier		AN	2-80	R
	1	PRV		RENDERING PROVIDER SPECIALTY INFORMATION	504			S
	5	REF		RENDERING PROVIDER SECONDARY IDENTIFICATION	507			S
			REF02	Rendering Provider Secondary Identifier		AN	1-30	R
2420B	1	NM1		PURCHASED SERVICE PROVIDER NAME	509			S

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

			NM109	Purchased Service Provider Identifier		AN	2-80	S	
	5	REF		PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION	512			S	
2420C	1	NM1		SERVICE FACILITY LOCATION	514			S	
			NM109	Laboratory or Facility Primary Identifier		AN	2-80	S	
	1	N3		SERVICE FACILITY LOCATION ADDRESS	518			R	
		N4		SERVICE FACILITY LOCATION CITY/STATE/ZIP	519		1	R	
	5	REF		SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	521			S	
			REF02	Service Facility Location Secondary Identifier		AN	1-30	R	
2420D	1	NM1		SUPERVISING PROVIDER NAME	523			S	
			NM109	Supervising Provider Identifier		AN	2-80	S	
	1	N2		ADDITIONAL SUPERVISING PROVIDER NAME INFORMATION	526			N/U	
	5	REF		SUPERVISING PROVIDER SECONDARY IDENTIFICATION	527			S	
			REF02	Supervising Provider Secondary Identifier		AN	1-30	R	

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

2420E	1	NM1		ORDERING PROVIDER NAME	529			S
			NM109	Ordering Provider Identifier		AN	2-80	S
	1	N3		ORDERING PROVIDER ADDRESS	533			S
	1	N4		ORDERING PROVIDER CITY/STATE/ZIP CODE	534			S
	5	REF		ORDERING PROVIDER SECONDARY IDENTIFICATION	536			S
			REF02	Ordering Provider Secondary Identifier		AN	1-30	R
	1	PER		ORDERING PROVIDER CONTACT INFORMATION	538			S
2420F	2	NM1		REFERRING PROVIDER NAME	541			S
			NM109	Referring Provider Identifier		AN	2-80	S
	1	PRV		REFERRING PROVIDER SPECIALTY INFORMATION	544			S
	5	REF		REFERRING PROVIDER SECONDARY IDENTIFICATION	547			S
			REF02	Referring Provider Secondary Identifier		AN	1-30	R

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

2420G	4	NM1		OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	549			S
	2	REF		OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	552			R
2430	25	SVD		LINE ADJUDICATION INFORMATION	554			S
	99	CAS		LINE ADJUSTMENT	558			S
	1	DTP		LINE ADJUDICATION DATE	566			R
2440	5	LQ		FORM IDENTIFICATION CODE	567			S
	99	FRM		SUPPORTING DOCUMENTATION	569			S
---	1	SE		TRANSACTION SET TRAILER	572			R
---	1	GE		FUNCTION GROUP TRAILER	B.10			R
---	1	IEA		INTERCHANGE CONTROL TRAILER	B.7			R

TCHP COMMERCIAL PROFESSIONAL
 COMPANION DOCUMENT
 Addenda Version

Comments					
For THIN Commerical Claims TCHP receiver ID is X76048.					
Provider must notify TCHP of test file submission and EDI vendor used. TCHP recommends THIN, other EDI vendors accepted are WebMD, only as requested by the provider/submitter.					
For THIN Commerical Claims TCHP receiver ID is X76048.					
When sending test files transmission type code must be 004010X098DA1; When sending production files transmission type code must be 004010X098A1					
If submitting via EDI Vendor check specific requirements for that vendor.					

TCHP COMMERCIAL PROFESSIONAL
 COMPANION DOCUMENT
 Addenda Version

This segment is required if the receiver/payer id in NM109, Loop 2010BB begins with F for commercial payers.					
Enter the federally assigned T.I.N. (tax identification number) of the billing provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the billing provider. Must be nine (9) numerics.					
At least one REF segment is required.					
Required					
Required if the Pay-To-Provider is a different entity than the Billing Provider					

TCHP COMMERCIAL PROFESSIONAL
 COMPANION DOCUMENT
 Addenda Version

Enter the federally assigned T.I.N. (tax identification number) of the pay-to-provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the pay-to-provider. Must be nine (9) numerics.					
Use when different from the billing provider number in REF02, Loop 2010AA.					
This segment is used to record information specific to the primary insured and the insurance carrier for the insured.					
Enter themember/patient ploicy number as indicated on the ID Care including andy aptha characters. TCHP member/patient policy numbers are 9 characters/digits in length. Must be valid member number. EDI provider will edit claim on member number and reject back to provider if member is not correct.					

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

Enter the member/patient policy number as it appears on the ID Card including any alpha characters.					
Required if the patient is the same person as the subscriber. Required for print to paper payers.					
Entire segment required					
Required for print to paper payers.					
Required for print to paper payers.					
The responsible party is someone who is not the subscriber/patient but who has financial responsibility for the bill.					

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

Only the first 17 bytes will be used.					
Required when CLM09 does not equal N.					

TCHP COMMERCIAL PROFESSIONAL
 COMPANION DOCUMENT
 Addenda Version

Negative values are invalid. Cannot be greater than 9 bytes for Blue Shield.					
Max length is 10 bytes. But only 7 bytes will be used at this time.					
Max Length is 10 bytes. But only 7 bytes will be used at this time.					
Use as required by Payer					
Required segment if service requires auth or referral					

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

Required when transport services are used					
Use as required by Payer					
Required by TCHP					

TCHP COMMERCIAL PROFESSIONAL
 COMPANION DOCUMENT
 Addenda Version

<p>Enter the federally assigned T.I.N. (tax identification number) of the billing provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the billing provider. Must be nine (9) numerics. For Indian Health Services, must be 12 characters for EIN (suffix - 0xx).</p>					
<p>Usage changed from required to situational. This segment is required if the receiver/payer id in NM109, Loop 2010BB begins with F for commercial payers.</p>					
<p>This is a 10-byte taxonomy code. For a list of the taxonomy codes, visit web site www.wpc-edi.com</p>					
<p>When the payer id in NM109, Loop 2010BB begins with C for Medicare, qualifier 1C is required. When the payer id begins with D for Medicaid, qualifier 1D is required. When the payer id begins with F for commercial, qualifier G2 is required or whichever qualifier is applicable. When the payer id begins with G for Blue Shield, qualifier 1B is required. When the payer id begins with H for CHAMPUS, qualifier 1H is required. Otherwise enter the qualifier that best describes the rendering provider.</p>					

TCHP COMMERCIAL PROFESSIONAL
COMPANION DOCUMENT
Addenda Version

Enter the federally assigned T.I.N. (tax identification number) of the billing provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the billing provider. Must be nine (9) numerics. For Indian Health Services, must be 12 characters for EIN (suffix - 0xx).					
Enter the qualifier that best describes the provider.					
Enter the federally assigned T.I.N. (tax identification number) of the service facility. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the service facility. Must be nine (9) numerics. TCHP requires TPI number for payer id TXCSM					

TCHP COMMERCIAL PROFESSIONAL
 COMPANION DOCUMENT
 Addenda Version

Enter facility id as required by payer.					
Enter the federally assigned T.I.N. (tax identification number) of the supervising provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the supervising provider. Must be nine (9) numerics.					
Enter the qualifier that best describes the supervising provider.					
Required by most commercial payers.					
Amount paid by primary payer.					

TCHP COMMERCIAL PROFESSIONAL
 COMPANION DOCUMENT
 Addenda Version

The use of this segment will overwrite the NTE at Loop 2300. Required when procedure code used is 'Not Otherwise Classified' or as directed by payer.					
New Segment. For TX Blue Shield, New Mexico and Illinois Blue Shield, use NTE segment until Oct 16, 2003.					
New Segment					
Use this segment when different from the rendering provider data in Loop 2310B. For Blue Shield, data entered in this Loop will overwrite data in Loop 2310B.					
Enter the federally assigned T.I.N. (tax identification number) of the billing provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the billing provider. Must be nine (9) numerics. For Indian Health Services, must be 12 characters for EIN (suffix - 0xx).					
Usage changed from required to situational.					
Use this segment when different from the rendering provider data in Loop 2310B. For Blue Shield, data entered in this Loop will overwrite data in Loop 2310B.					

06/01/2003

TCHP COMMERCIAL PROFESSIONAL
 COMPANION DOCUMENT
 Addenda Version

Enter the federally assigned T.I.N. (tax identification number) of the billing provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the billing provider. Must be nine (9) numerics. For Indian Health Services, must be 12 characters for EIN (suffix - 0xx).					
Only use if different from facility data in Loop 2310D. For Blue Shield any data entered in this Loop will overwrite data from Loop 2310D.					
Enter the federally assigned T.I.N. (tax identification number) of the billing provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the billing provider. Must be nine (9) numerics. For Indian Health Services, must be 12 characters for EIN (suffix - 0xx).					
Use if different from supervising provider data in Loop 2310E.					
Enter the federally assigned T.I.N. (tax identification number) of the billing provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the billing provider. Must be nine (9) numerics. For Indian Health Services, must be 12 characters for EIN (suffix - 0xx).					
Segment defined as deleted.					
Use if different from supervising provider data in Loop 2310E.					

TCHP COMMERCIAL PROFESSIONAL
 COMPANION DOCUMENT
 Addenda Version

Enter the federally assigned T.I.N. (tax identification number) of the billing provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the billing provider. Must be nine (9) numerics. For Indian Health Services, must be 12 characters for EIN (suffix - 0xx).					
Use this segment when the number is different from the rendering provider number in Loop 2310A. For Blue Shield, when present this data will overwrite the data in Loop 2310A.					
Enter the federally assigned T.I.N. (tax identification number) of the billing provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the billing provider. Must be nine (9) numerics. For Indian Health Services, must be 12 characters for EIN (suffix - 0xx).					
Use this segment when different from the referring provider data in Loop 2310A.					
Use this segment when the number is different from the referring provider data in Loop 2310A.					

