

TCHP MEDICAID  
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COMPANION DOCUMENT

Loop	Loop Repeat	Segment	Element Id	Description	X12 Page No.	ID	Min. Max.	ADJ. SYSTEM FLD LEN	Usage Req.	ANSI VALUES	COMMENTS
	1	ISA		Interchange Control Header	B.3		1		R		
			ISA08	Interchange Receiver ID		AN	15-15		R		For THIN Medicaid Claims TCHP receiver ID is TXCSM.
			ISA15	Usage Indicator		ID	1-1		R	P, T	Providers must contact TCHP prior to submitting test files.
	1	GS		Functional Group Header	B.8		1		R		
			GS03	Application Receiver Code		AN	2-15		R		For THIN Medicaid Claims TCHP receiver ID is TXCSM.
		ST		Transaction Set Header	56		1		R		
		BHT		Beginning of Hierarchical Transaction	57		1		R		
		REF		Transmission Type Identification	60		1		R		
1000A	1	NM1		Submitter Name	61		1		R		
		PER		Submitter EDI Contact Information	64		2		R		
1000B	1	NM1		Receiver Name	67		1		R		
2000A	>1	HL		Billing Provider Hierarchical Level	69		1		R		
		PRV		Billing Provider Specialty Information	71		1		S		
		CUR		Foreign Currency Information	73		1		S		
2010AA	1	NM1		Billing Provider Name	76		1		R		

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			NM109	Billing Provider Identifier	AN	2-80	E10	R		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.
		<b>N3</b>		<b>Billing Provider Address</b>	<b>79</b>	<b>1</b>		<b>R</b>		
		<b>N4</b>		<b>Billing Provider City/State/Zip</b>	<b>80</b>	<b>1</b>		<b>R</b>		
		<b>REF</b>		<b>Billing Provider Secondary Identification</b>	<b>82</b>	<b>8</b>		<b>S</b>		
			REF01	Reference Identification Qualifier	ID	2-3		R	0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, X5	<b>Required</b>
			REF02	Billing Provider Additional Identifier	AN	1-30	E13	R		<b>Submit providers TPI number</b>
		<b>REF</b>		<b>Credit/Debit Card Billing Information</b>	<b>85</b>	<b>8</b>		<b>S</b>		
		<b>PER</b>		<b>Billing Provider Contact Information</b>	<b>87</b>	<b>2</b>		<b>S</b>		
<b>2010AB</b>	<b>1</b>	<b>NM1</b>		<b>Pay-to-Provider</b>	<b>91</b>	<b>1</b>		<b>S</b>		
			NM108	Identification Code Qualifier	ID	1-2		R	24, 34, XX	<b>Value XX is not valid at this time.</b>
			NM109	Pay-to Provider Identifier	AN	2-80	E10	R		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.
		<b>N3</b>		<b>Pay-To Provider Address</b>	<b>94</b>	<b>1</b>		<b>R</b>		

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		N4		Pay-To Provider City/State/Zip	95		1		R	
			N402	Pay-to Provider State Code		ID	2-2	E2	R	Must be the U.S. Postal Service abbreviation.
			N403	Pay-to Provider Zip Code		AN	3-15	E9	R	Must be valid for the state abbreviation. Must not be less than 5 or greater than 9 characters. If N402 is XX, this is not required.
		REF		Pay-To Provider Secondary Identification	97		5		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, X5 Submit provider TPI number
2000B	>1	HL		Subscriber Hierarchical Level	99		1		R	
		SBR		Subscriber Information	101		1		R	Information specific to the primary insured and the insurance carrier for that insured.
		PAT		Patient Information	106		1		S	
2010BA	1	NM1		Subscriber Name	108		1		R	Enter the member/patient policy number as indicated on the ID Card including any alpha 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 file back to provider if member number is incorrect.

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			NM109	Subscriber Primary Identifier		AN	2-80	E19	R		Enter the member/patient policy number as indicated on the ID Card including any alpha characters.
		N3		Subscriber Address	112		1		R		
		N4		Subscriber City, State, Zip	113		1		R		
		DMG		Subscriber Demographic Information	115		1		R		Required - entire segment
		REF		Subscriber Secondary Identification	117		4		S		
		REF		Property and Casualty Claim Number	119		1		S		
2010BB		NM1		Credit/Debit Card Account Holder Name	121		1	E19	S		
		REF		Credit/Debit Care Information	124		2		S		
2010BC	1	NM1		Payer Name	126		1		R		Must be the same as 2010AA
			NM109	Payer Identifier		AN	2-80	E5	R		
		N3		Payer Address	129		1		R		
		N4		Payer City/State/Zip	130		1		R		
		REF		Payer Secondary Identification	132		3		S		
2010BD	1	NM1		Responsible Party Name	134		1		S		The responsible party is someone who is not the subscriber/patient but who has financial responsibility for the bill.
		N3		Responsible Party Address	136		1		R		
		N4		Responsible Party City/State/Zip	137		1		R		

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2000C	>1	HL		Patient Hierarchical Level	139		1		N/U		
		PAT		Patient Information	141		1		R		
2010CA	1	NM1		Patient Name	145		1		R		
		N3		Patient Address	148		1		R		
		N4		Patient City/State/Zip	149		1		R		
		DMG		Patient Demographic Information	151		1		R		
		REF		Patient Secondary Identification	153		5		S		
		REF		Property and Casualty Claim Number	155		1		S		
2300	100	CLM		Claim Information	157		1		R		
		DTP		Date - Discharge Hour	165		1		R		
			DTP03	Discharge Hour		AN	1-35	E2	R	HHMM	TCHP Required when Type of Bill is 11X, 12X, 17X, 31X
		DTP		Date - Statement Dates	167		1		R		
		DTP		Date - Admission Date/Hour	169		1		R		
			DTP03	Admission Date and Hour		AN	1-35	E8 E2	R	CCYYMMDDHHMM M	TCHP Required when Type of Bill is 11X, 12X, 17X, 31X
		CL1		Institutional Claim Codes	171		1		R		
			CL101	Admission Type Code		ID	1-1	E1	R		TCHP Required when Type of Bill is 11X, 12X, 17X, 31X Valid Qualifiers are: 1 - Emergency, 2 - Urgent, 3 - Elective or 4 - Newborn

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			CL102	Admission Source Code	ID	1-1	E1	R	TCHP Required when Type of Bill is 11X, 12X, 17X, 31X Valid Qualifiers are: 1 - Phy Referral, 2 - Clinic Referral, 3 - HMO referral, 4 - Trans from Hosp., 5 - Trans from SNF, 6 - Trans from other health care fac., 7 - Emerg Rm, 8 - Court/Law Enforcement, 9 - Info not available
			CL103	Patient Status Code	ID	1-2	E2	R	TCHP Required when Type of Bill is 11X, 12X, 17X, 31X Valid Qualifiers are: 01 - Routine Discharge, 02 - Discharge to other short term gen hosp., 03 - Discharge to SNF, 04 - Discharge to ICF, 05 - Discharge to another type institution, 06 - Discharge to home health care, 07- Left against medical advice, 08 - Discharge/transferred to home IV provider, 20 - Expired or did not recover, 30 - Still patient
		PWK		Claim Supplemental Information	173	10		S	
		CN1		Contract Information	176	1		S	
		AMT		Payer Estimated Amount Due	178	1		S	
		AMT		Patient Estimated Amount Due	180	1		S	
		AMT		Patient Amount Paid	182	1		S	
		AMT		Credit/Debit Card Maximum Amount	184	1		S	
		REF		Adjusted Repriced Claim Number	185	1		S	
		REF		Repriced Claim Number	186	1		S	

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		REF		Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	187		1		S	
	2	REF		Document Identification Code	189		1		S	
		REF		Original Reference Number	191		1		S	
		REF		Investigational Device Exemption Number	193		1		S	
		REF		Service Authorization Exception Code	195		1		S	
		REF		Peer Review Organization (PRO) Approval Number	197		1		S	
		REF		Prior Authorization or Referral Number	198		2		R	
			REF02	Prior Authorization or Referral Number		AN	1-30	E18	R	TCHP requires the 13 digit authorization number.
		REF		Medical Record Number	200		1		S	
		REF		Demonstration Project Identifier	202		1		S	
		K3		File Information	204		10		S	
		NTE		Claim Note	205		10		R	
			NTE02	Claim Note Text		AN	1-80	E161	R	
		NTE		Billing Note	208		1		S	
		CR6		Home Health Care Information	210		1		S	
		CRC		Home Health Functional Limitations	218		3		S	

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		CRC		Home Health Activities Permitted	221		3		S		
		CRC		Home Health Mental Status	224		2		S		
		HI		Health Care Information Code	227		1		R		
			HI01-2	Diagnosis Code		AN	1-30	E6	R		<p>Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed. <b>**NOTE: There are multiple iterations for this segment if needed and all are required to have Diagnosis Code (HI01- HI12)</b></p>
			HI02	HEALTH CARE CODE INFORMATION					R		
			HI02-2	Diagnosis Code		AN	1-30	E6	R		<p>Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. <b>**NOTE: There are multiple iterations for this segment if needed and all are required to have Diagnosis Type Code (HI01- HI12)</b></p>
			HI03	HEALTH CARE CODE INFORMATION					S		
			HI03-2	Diagnosis Code		AN	1-30	E6	R		<p>Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. <b>**NOTE: There are multiple iterations for this segment if needed and all are required to have Diagnosis Type Code (HI01- HI12)</b></p>
			HI04	HEALTH CARE CODE INFORMATION					N/U		

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			HI04-2 HI05	Diagnosis Code HEALTH CARE CODE INFORMATION		AN	1-30		N/U N/U		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. <b>**NOTE:</b> There are multiple iterations for this segment if needed and all are required to have Diagnosis Type Code (HI01- HI12)
			HI05-2 HI06	Diagnosis Code HEALTH CARE CODE INFORMATION		AN	1-30		N/U N/U		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. <b>**NOTE:</b> There are multiple iterations for this segment if needed and all are required to have Diagnosis Type Code (HI01- HI12)
			HI06-2 HI07	Diagnosis Code HEALTH CARE CODE INFORMATION		AN	1-30		N/U N/U		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. <b>**NOTE:</b> There are multiple iterations for this segment if needed and all are required to have Diagnosis Type Code (HI01- HI12)
			HI07-2 HI08	Diagnosis Code HEALTH CARE CODE INFORMATION		AN	1-30		N/U N/U		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. <b>**NOTE:</b> There are multiple iterations for this segment if needed and all are required to have Diagnosis Type Code (HI01- HI12)

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			HI08-2 HI09	Diagnosis Code HEALTH CARE CODE INFORMATION		AN	1-30		N/U N/U		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. <b>**NOTE:</b> There are multiple iterations for this segment if needed and all are required to have Diagnosis Type Code (HI01- HI12)
			HI09-2 HI10	Diagnosis Code HEALTH CARE CODE INFORMATION		AN	1-30		N/U N/U		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. <b>**NOTE:</b> There are multiple iterations for this segment if needed and all are required to have Diagnosis Type Code (HI01- HI12)
			HI10-2 HI11	Diagnosis Code HEALTH CARE CODE INFORMATION		AN	1-30		N/U N/U		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. <b>**NOTE:</b> There are multiple iterations for this segment if needed and all are required to have Diagnosis Type Code (HI01- HI12)
			HI11-2 HI12	Diagnosis Code HEALTH CARE CODE INFORMATION		AN	1-30		N/U N/U		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. <b>**NOTE:</b> There are multiple iterations for this segment if needed and all are required to have Diagnosis Type Code (HI01- HI12)

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			HI12-2	Diagnosis Code		AN	1-30		N/U		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. <b>**NOTE:</b> There are multiple iterations for this segment if needed and all are required to have Diagnosis Type Code (HI01- HI12)
		HI		Diagnosis Related Group (DRG) Information	230		1		R		Must be valid code <b>**NOTE:</b> There are multiple iterations for this segment if needed and all are required to have Diagnosis Type Code (HI01- HI12)
		HI		Other Diagnosis Information	232		2		R		Required if applicable
			HI01	HEALTH CARE CODE INFORMATION					R		
			HI01-2	Diagnosis Code		AN	1-30	E6	R		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed. <b>**NOTE:</b> There are multiple iterations for this segment if needed and all are required to have Diagnosis Code (HI01- HI12)
			HI02	HEALTH CARE CODE INFORMATION					R		
			HI02-2	Diagnosis Code		AN	1-30	E6	S		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
			HI03	HEALTH CARE CODE INFORMATION					S		
			HI03-2	Diagnosis Code		AN	1-30	E6	R		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.

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			HI04	HEALTH CARE CODE INFORMATION					S		
			HI04-2	Diagnosis Code		AN	1-30	E6	R		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
			HI05	HEALTH CARE CODE INFORMATION					S		
			HI05-2	Diagnosis Code		AN	1-30	E6	R		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
			HI06	HEALTH CARE CODE INFORMATION					S		
			HI06-2	Diagnosis Code		AN	1-30	E6	R		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
			HI07	HEALTH CARE CODE INFORMATION					S		
			HI07-2	Diagnosis Code		AN	1-30	E6	R		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
			HI08	HEALTH CARE CODE INFORMATION					S		
			HI08-2	Diagnosis Code		AN	1-30	E6	R		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
			HI09	HEALTH CARE CODE INFORMATION					S		
			HI10	HEALTH CARE CODE INFORMATION					S		
			HI11	HEALTH CARE CODE INFORMATION					S		
			HI12	HEALTH CARE CODE INFORMATION					S		
		HI		Principal Procedure Information	242		1		R		Must be a valid code. <b>**NOTE: There are multiple iterations for this segment if needed and all are required to have Diagnosis Code (HI01- HI12)</b>



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			NM109	Attending Provider Identifier		AN	2-80		S		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.
	1	PRV		<b>Attending Physician Specialty Information</b>	<b>324</b>		1		S		
	5	REF		<b>Attending Physician Secondary Identification</b>	<b>326</b>		5		S		
			REF01	Reference Identification Qualifier		ID	2-3		R	0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	Submit providers TPI number
<b>2310B</b>	<b>1</b>	<b>NM1</b>		<b>Operating Physician Name</b>	<b>328</b>		<b>1</b>		<b>S</b>		Required when surgical procedure code is listed on claim
			NM109	Operating Physician Primary Identifier		AN	2-80	E16	R		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.
	5	REF		<b>Operating Physician Secondary Identification</b>	<b>333</b>		5		S		
			REF01	Reference Identification Qualifier		ID	2-3		R	0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	Submit providers TPI number
<b>2310C</b>	<b>1</b>	<b>NM1</b>		<b>Other Provider Name</b>	<b>335</b>		<b>1</b>		<b>S</b>		Required when claim involved other provider

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											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.
			NM109	Other Physician Primary 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		Other Provider Secondary Identification	340		5		S		
			REF01	Reference Identification Qualifier		ID	2-3		R	0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	Submit providers TPI number
2310D		NM1		Referring Provider Name	342		2		S		
		REF		Referring Provider Secondary Identification	347		5		S		
2310E	1	NM1		Service Facility Location	349		1		S		
			NM109	Laboratory or Facility Primary Identifier		AN	2-80		S		
		N3		Service Facility Address	354		1		R		
		N4		Service Facility City/State/Zip	355		1		R		
		REF		Service Facility Location Secondary Identification	357		5		S		
2320	10	SBR		Other Subscriber Information	359		1		S		
		CAS		Claim Level Adjustments	365		5		S		
		AMT		Payer Prior Payment	371		1		S		

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		AMT	Coordination of Benefits (COB) Total Allowed Amount	372		1		S	
		AMT	Coordination of Benefits (COB) Total Submitted Charges	373		1		S	
		AMT	Diagnostic Related Group (DRG) Outlier Amount	374		1		S	
		AMT	Coordination of Benefits (COB) Total Medicare Paid Amount	376		1		S	
		AMT	Medicare Paid Amount - 100%	378		1		S	
		AMT	Medicare Paid Amount - 80%	380		1		S	
		AMT	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount	382		1		S	
		AMT	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount	384		1		S	
		AMT	Coordination of Benefits (COB) Total Non-Covered Amount	386		1		S	
		AMT	Coordination of Benefits (COB) Total Denied Amount	387		1		S	
		DMG	Subscriber Demographic Information	388		1		S	
		OI	Other Insurance Coverage Information	390		1		R	

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		MIA	Medicare Inpatient Adjudication Information	392	1	S		
		N3	Other Subscriber Address	404	1	S		
		N4	Other Subscriber City/State/Zip	406	1	S		
		REF	Other Subscriber Secondary Identification	408	3	S		
2330B	1	NM1	Other Payer Name	410	1	R		
		N3	Other Payer Address	412	1	S		
		N4	Other Payer City/State/Zip	413	1	S		
		DTP	Claim Adjudication Date	415	1	S		
		REF	Other Payer Secondary Identification and Reference Number	416	2	S		
		REF	Other Payer Prior Authorization or Referral Number	418	1	S		
2330C	1	NM1	Other Payer Patient Information	420	1	S		
		REF	Other Payer Patient Identification	422	3	S		
2330D	1	NM1	Other Payer Attending Provider	424	1	S		

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		REF		Other Payer Attending Provider Identification	426		3		R		
2330E	1	NM1		Other Payer Operating Provider	428		1		S		
		REF		Other Payer Operating Provider Identification	430		3		R		
2330F	1	NM1		Other Payer Other Provider	432		1		S		
		REF	REF	Other Payer Other Provider Identification	434		3		R		
2330H	1	NM1		Other Payer Service Facility Provider	440		1		S		
		REF		Other Payer Service Facility Provider Identification	442		3		R		
2400		HCP		Line Pricing/Repricing Information			1		S		
2410		LIN		Drug Identification			1		S		
		CTP		Drug Pricing			1		S		
		REF	REF	Prescription Number			1		S		
2400	999	LX		Service Line Number	444		1		R		
		SV2		Institutional Service	445		1		R		
		PWK		Line Supplemental Information	452		1		S		
		DTP		Service Line Date	456		1		S		
		DTP		Assessment Date	458		1		S		
		AMT		Service Tax Amount	460		1		S		

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		AMT		Facility Tax Amount	461		1		S	
		HCP		Line Pricing/Repricing Information			1		S	
2410		LIN		Drug Identification			1		S	
		CTP		Drug Pricing			1		S	
		REF		Prescription Number			1		S	
2420A	1	NM1		Attending Physician Name	462		1		S	
			NM109	Attending Provider Identifier		AN	2-80		R	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.
		PRV		Attending Provider Specialty Information	465		1		R	
		REF		Attending Physician Secondary Identification	467		5		S	
			REF02	Rendering Provider Secondary Identifier		AN	1-30	E16	R	Submit providers TPI number
2420B	1	NM1		Operating Physician Name	469		1		S	
			NM109	Operating Physician Primary Identifier		AN	2-80	E16	S	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.
			NM110	Entity Relationship Code		ID	2-2		N/U	

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			NM111	Entity Identifier Code		ID	2-3		N/U	
			REF	<b>Operating Physician Secondary Identification</b>	<b>474</b>		<b>1</b>		<b>S</b>	
			REF02	Operating Physician Secondary Identifier		AN	1-30	E16	R	<b>Submti providers TPI number</b>
<b>2420C</b>	<b>1</b>	<b>NM1</b>		<b>Other Provider Name</b>	<b>476</b>		<b>1</b>		<b>S</b>	
			NM109	Other Provider Primary Identifier		AN	2-80		S	<b>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.</b>
			REF	<b>Other Provider Secondary Identification</b>	<b>481</b>		<b>5</b>		<b>s</b>	
			REF02	Other Provider Secondary Identification		AN	1-30	E16	R	<b>Submit providers TPI number</b>
<b>2430</b>	<b>25</b>	<b>SVD</b>		<b>Service Line Adjudication Information</b>	<b>490</b>		<b>1</b>		<b>S</b>	
			CAS	<b>Service Line Adjustment</b>	<b>494</b>		<b>99</b>		<b>S</b>	
			DTP	<b>Service Line Adjudication Date</b>	<b>502</b>		<b>1</b>		<b>S</b>	
			SE	<b>Transaction Set Trailer</b>	<b>503</b>		<b>1</b>		<b>R</b>	
			GE	<b>Function Group Trailer</b>	<b>B.10</b>				<b>R</b>	
			IEA	<b>Interchange Control Trailer</b>	<b>B.7</b>				<b>R</b>	

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