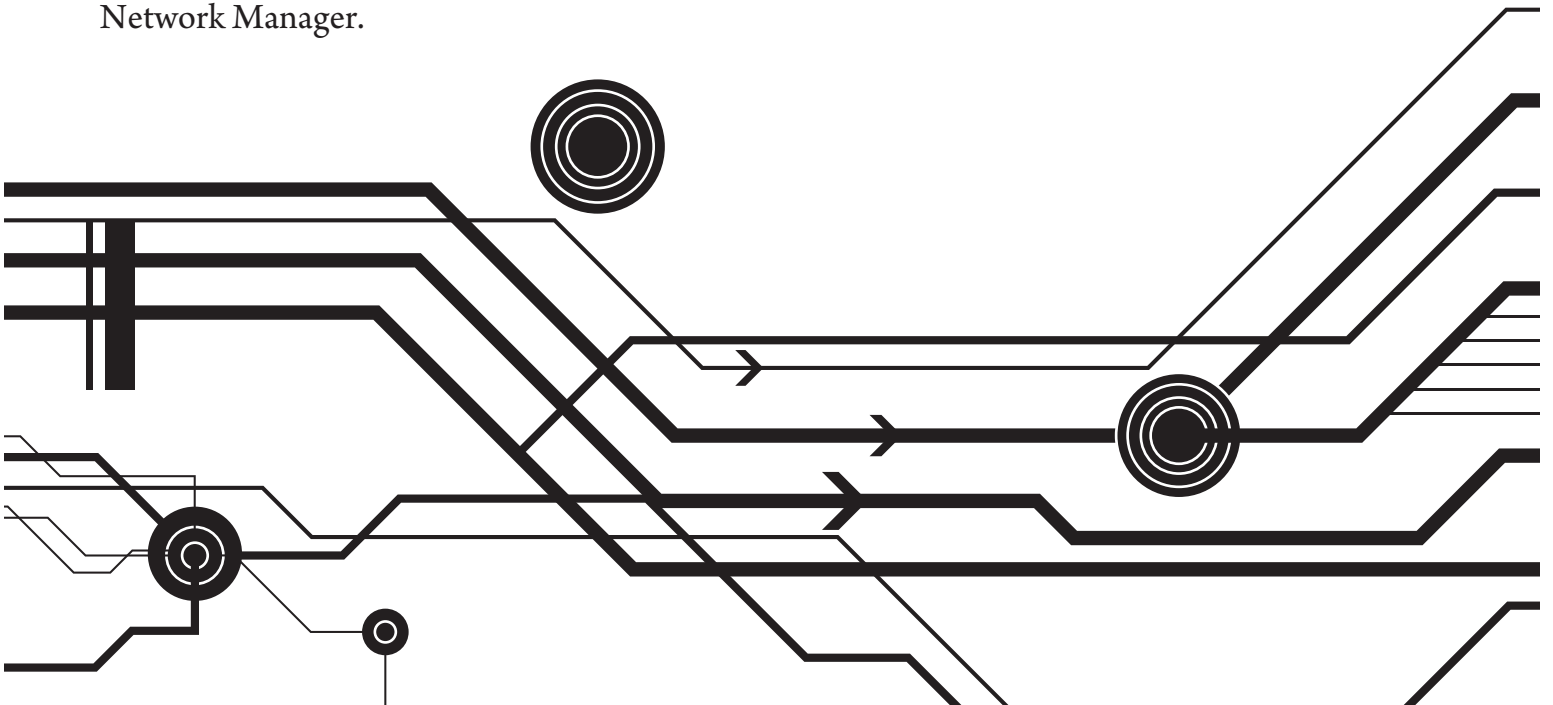


CMS-1500 form (HCFA) and UB-04 user guide

At Texas Children's Health Plan, we are committed to timely claims payment. We know there are questions about when and where to include TPI and NPI numbers when filing both paper and electronic claims. We have created this quick guide to help you submit your claims correctly—and get paid faster.

This guide is intended to be a reference along with other manuals and guides published by CMS—not as a replacement. All information is subject to change as federal regulations are revised or implemented.

As always, if you have further questions about claim submissions, please contact your Network Manager.



A quick guide to NPI number placement on paper claims

NPI requirements for STAR and CHIP

An attested NPI number must be listed on each claim and placed in the correct box. Placing NPI numbers in the incorrect box delays processing and payment. Claims will be denied if they are missing an attested NPI. The following tables explain how to enter the NPI and related data on paper claim forms.

Sharing and using NPIs

In addition to their own NPIs, many health care providers will need to know and use the NPIs of other providers to submit claims. Therefore, you should share your NPI with other providers who may require it. For example:

- Primary care providers will need to know and use the NPIs of specialists they refer to.
- Specialists will need to know and use the NPIs of facilities associated with care that requires precertification.
- Hospitals will need to know and use the NPIs of admitting and attending physicians.

For professional claims, if there is a referring provider, that provider should be identified by name. The named provider's NPI must also be included, if known. If the referring provider NPI is not known, do not include a referring provider NPI on the claim.

To look up NPI numbers, go to the NPPES registry at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

Ambulance services

Ambulances may have a different NPI in 32a (service location) than in 33a (billing provider). For ambulance transfers, if the destination is a hospital, enter the name and address and the NPI of the facility.

STAR TPI requirement

After 5/01/08, both NPI and TPI are required. The addition of TPI is a Texas Children's Health Plan requirement. All STAR claims with date of service (DOS) prior to 5/1/08 must include a valid TPI number.

All providers must continue to submit their TPI and NPI for the billing and rendering providers. All other provider fields on the claim form require an NPI only. If the NPI and TPI are not included in the billing and performing provider fields, or if the NPI is not included on all other provider identifier fields, the claim will be denied.

CHIP TPI requirement

TPI numbers are not required for CHIP claims. Please leave TPI fields blank.

CMS-1500 Claim Form

Block No.	Description	Guidelines
11c	Insurance plan or program name	Enter the benefit code, if applicable, for the billing or performing provider.
17b	NPI	Enter the NPI of the referring provider, ordering provier, or other source.
24j	Rendering provider ID (performing)	Enter the TPI in the shaded area of the block. Enter the NPI in the unshaded area of the block. Members of a group practice (except pathology and renal dialysis groups) must use the NPI of the physician or clinic within the group that performed the service. The NPI that identifies the physician or clinic as a member of that group practice should not appear in block 33 and must not be used to bill the Texas Medicaid Program.
32a	Service facility NPI	Enter the NPI of the service facility location.
32b	Service facility TPI	Enter the TPI of the service facility location.
33a	Billing provider NPI	Enter the NPI of the billing provider.
33b	Billing provider TPI	Enter the TPI of the billing provider.

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

ABC INSURANCE COMPANY
SUITE 600
567 INSURANCE LANE
BIG CITY TX 77777

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

PICA [] [] [] PICA [] [] []

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER
1a. INSURED'S I.D. NUMBER (For Program in Item 1)
X0123456789

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
DOE JR, JOHN, J
3. PATIENT'S BIRTH DATE SEX
MM DD YY M X F
01 01 1960 M X F

5. PATIENT'S ADDRESS (No., Street)
123 MAIN STREET
6. PATIENT RELATIONSHIP TO INSURED
Self X Spouse Child Other

7. INSURED'S ADDRESS (No., Street)
123 MAIN STREET
CITY STATE
ANYTOWN TX

8. PATIENT STATUS
Single X Married Other
Employed X Full-Time Student Part-Time Student

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
DOE, MARY A
10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous)
b. AUTO ACCIDENT?
c. OTHER ACCIDENT?

11. INSURED'S POLICY GROUP OR FECA NUMBER
A1234567890
a. INSURED'S DATE OF BIRTH SEX
MM DD YY M X F
01 01 0958 M X F

b. EMPLOYER'S NAME OR SCHOOL NAME
LOCAL COMPANY
c. EMPLOYER'S NAME OR SCHOOL NAME
COMMUNITY HOSPITAL

c. INSURANCE PLAN NAME OR PROGRAM NAME
ABC INSURANCE COMPANY
d. INSURANCE PLAN NAME OR PROGRAM NAME
XYZ INSURANCE COMPANY

10d. RESERVED FOR LOCAL USE
d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
YES NO X NO If yes, return to and complete item 9 a-d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED SOF DATE
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED SOF

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)
MM DD YY 09 30 2005
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS: GIVE FIRST DATE MM DD YY 09 25 2005

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM MM DD YY 09 25 2005 TO MM DD YY 10 28 2005
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
JANE A SMITH MD
17a. ABC1234567890
17b. NPI 0123456789

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM MM DD YY 09 25 2005 TO MM DD YY 09 30 2005
19. RESERVED FOR LOCAL USE
20. OUTSIDE LAB? \$ CHARGES
X YES NO 112575

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)
1. 998 59 3. V18 0
2. 780 6 4. E87 8

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.
123 DEF1234567890
23. PRIOR AUTHORIZATION NUMBER
1234567890A

Table with 10 columns: A. DATE(S) OF SERVICE, B. PLACE OF SERVICE, C. EMG, D. PROCEDURES, SERVICES, OR SUPPLIES, E. DIAGNOSIS POINTER, F. \$ CHARGES, G. DAYS OR UNITS, H. EPSDT Family Plan, I. ID. QUAL, J. RENDERING PROVIDER ID. #

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back)
28. TOTAL CHARGE
29. AMOUNT PAID
30. BALANCE DUE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
32. SERVICE FACILITY LOCATION INFORMATION
33. BILLING PROVIDER INFO & PH #

UB-04 CMS-1450 Claim Form

Block No.	Description	Guidelines
56	NPI	Enter the NPI of the billing provider.
73	Benefit code	Enter the benefit code for the billing provider.
76	Attending provider	<p>Enter the attending provider’s name and NPI.</p> <p>For inpatient claims, enter the physician’s license number or Unique Physician Identification Number (UPIN) of the provider who performed the service/procedure and/or is responsible for the treatment and plan of care in the following format: 11233333</p> <ol style="list-style-type: none"> 1. Two-digit state indicator (e.g., TX for Texas) 2. Licensing board indicator examples: <ul style="list-style-type: none"> B=Doctor of Medicine (MD) or Doctor of Osteopathy (DO) D=Dentist P=Podiatrist C=Chiropractor 3. License number. Example TXBL1234 <p>If the provider has a temporary license number, enter “TEMPO.” Example: TXBTEMPO</p> <p>Procedures are defined as those listed in the <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM) coding manual volume 3, which includes surgical, diagnostic, and medical procedures.</p> <p>For outpatient claims, enter the license number of the physician who referred the patient to the hospital.</p>
77	Operating provider	Enter the operating provider’s name and NPI. This is required when a surgical procedure code is listed on the claim. Include the name and NPI of the individual with the primary responsibility for performing the surgical procedure(s).
78-79	Other (A or B) provider	<p>Enter the other provider’s name and NPI.</p> <p>For outpatient claims, enter the license number for the following:</p> <ul style="list-style-type: none"> • The ordering physician for all laboratory and radiology services. (If a different physician ordered laboratory or radiology services, enter his or her license number in block 76, and enter the referring/attending physician’s license number or UPIN in this block.) • The designated physician for a limited client when the physician performed or authorized nonemergency care. • Referring provider—The provider who sent the patient to another provider for services. Required on an outpatient claim when the referring provider is different than the attending physician. Note: If the referring physician is a resident, blocks 76 and 78 must identify the physician who is supervising the resident. • Other operating physician—An individual performing a secondary surgical procedure or assisting the operating physician. Required when another operating physician is involved. • Rendering provider—The health care professional who performed, delivered, or completed a particular medical service or nonsurgical procedure.

1 A-OK MOBILE CLINIC 123 MAIN STREET ANYTOWN TX 77123		2 A-OK MOBILE CLINIC 123 MAIN STREET ANYTOWN TX 77123		3a PAT. CNTL. # 1234 b. MED. REC. # 98765		4 TYPE OF BILL	
5 FED. TAX NO. 999999999				6 STATEMENT COVERS PERIOD FROM 12 30 06		7 THROUGH 12 31 06	

8 PATIENT NAME a G123456987		9 PATIENT ADDRESS a 1234 HOME STREET					
b JOE MEMBER				b ANYTOWN		c TX	d 77000

10 BIRTHDATE 01 01 1985		11 SEX M	12 DATE 12 30 06		13 HR 08	14 TYPE 3	15 SRC 3	16 DHR 12	17 STAT 01	18	19	20	21	CONDITION CODES 22 23 24 25 26 27 28				29 ACCT STATE	30
-------------------------	--	----------	------------------	--	----------	-----------	----------	-----------	------------	----	----	----	----	--------------------------------------	--	--	--	---------------	----

31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37	
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38 JOE MEMBER 1234 HOME STREET ANYTOWN TX 77000				39 VALUE CODES AMOUNT a A1 952.00		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
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42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 0310	LABORATORY	88173	12 30 06	1	100.00	0.00	1
2 0402	ULTRASOUND	76942	12 30 06	1	100.00	0.00	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23 PAGE 1 OF 1					23 TOTALS	200.00	0.00

50 PAYER NAME ABC INSURANCE COMPANY		51 HEALTH PLAN ID 1234		52 REL. INFO Y	53 ASG. BEN. Y	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 0.00		56 NPI 0123456789	
										57 12345667890	
										PRV ID TPI NUMBER	

58 INSURED'S NAME MEMBER, JOE			59 P. REL 18	60 INSURED'S UNIQUE ID G123456987			61 GROUP NAME		62 INSURANCE GROUP NO.	
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63 TREATMENT AUTHORIZATION CODES 02468			64 DOCUMENT CONTROL NUMBER 491234			65 EMPLOYER NAME		
--	--	--	-----------------------------------	--	--	------------------	--	--

66 DX 3910		67	68
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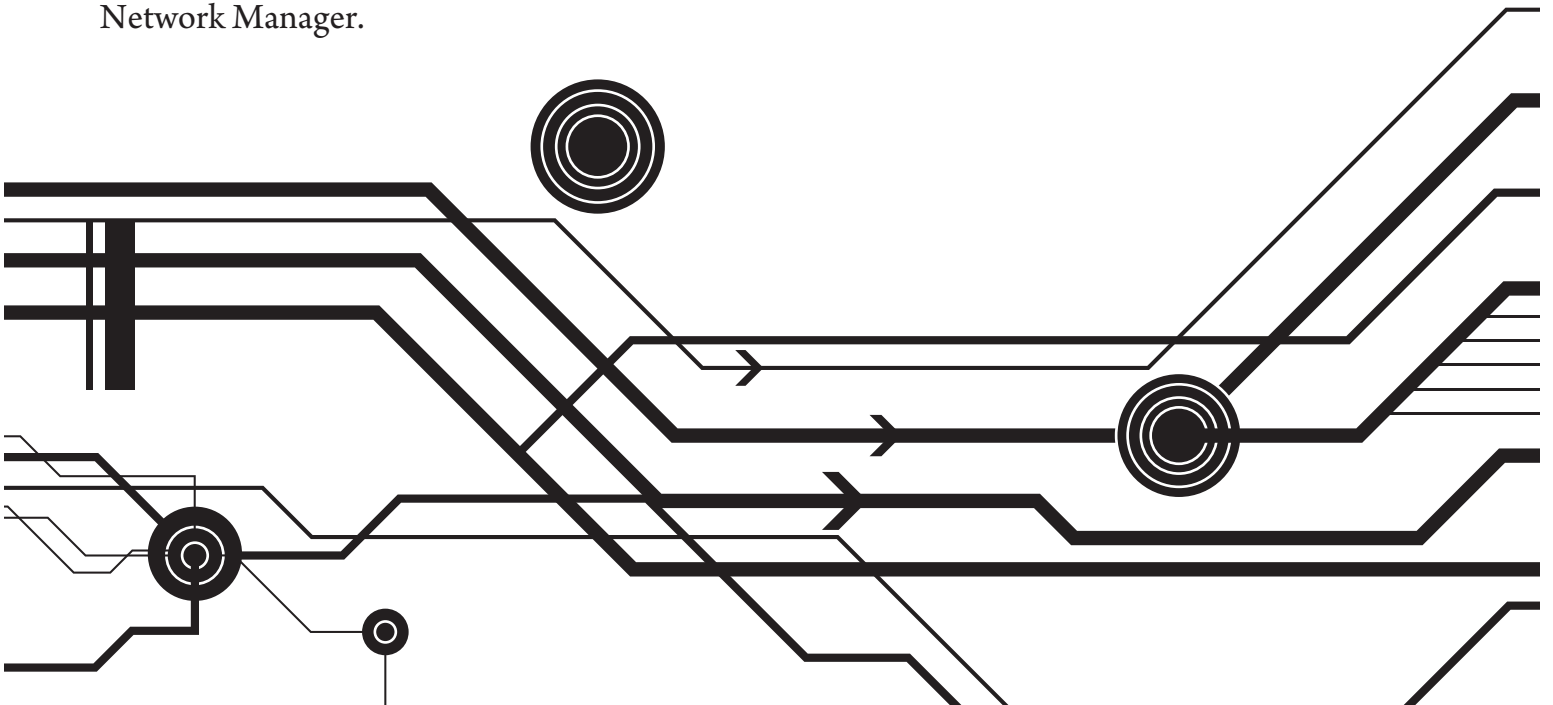
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73 1234	
74 PRINCIPAL PROCEDURE CODE DATE 3749 12 30 06		a. OTHER PROCEDURE CODE DATE		b. OTHER PROCEDURE CODE DATE		75		76 ATTENDING NPI 1234567890 QUAL 1G12345689	
c. OTHER PROCEDURE CODE DATE		d. OTHER PROCEDURE CODE DATE		e. OTHER PROCEDURE CODE DATE		76 LAST DOCTOR		FIRST JOHN	
						77 OPERATING NPI		QUAL	
						78 OTHER NPI		QUAL	
						79 OTHER NPI		QUAL	
						LAST		FIRST	
						LAST		FIRST	
						LAST		FIRST	

EDI user guide

At Texas Children's Health Plan, we are committed to timely claims payment. We know there are questions about when and where to include TPI and NPI numbers when filing both paper and electronic claims. We have created this quick guide to help you submit your claims correctly—and get paid faster.

This guide is intended to be a reference along with other manuals and guides published by CMS—not as a replacement. All information is subject to change as federal regulations are revised or implemented.

As always, if you have further questions about claim submissions, please contact your Network Manager.



A quick guide to NPI number placement on electronic claims

NPI requirements for STAR and CHIP

An attested NPI number must be listed on each claim and placed in the correct place. Placing NPI numbers in the incorrect place delays processing and payment. Claims will be denied if they are missing an attested NPI. The following table and examples explain how to enter the NPI and related data on EDI claim forms.

Taxonomy codes

Effective April 25, 2008, group billing providers that submit NPI-only claims for professional services are no longer required to submit the taxonomy code provided during attestation. Electronic claims that do not contain the group billing provider taxonomy code will no longer be rejected; however, group billing providers can continue to send the taxonomy code to assist with the NPI crosswalk.

Billing providers not associated with a group are required to continue submitting a taxonomy code on all electronic claims.

Sharing and using NPIs

In addition to their own NPIs, many health care providers will need to know and use the NPIs of other providers to submit claims. Therefore, you should share your NPI with other providers who may require it. For example:

- Primary care providers will need to know and use the NPIs of specialists they refer to.
- Specialists will need to know and use the NPIs of facilities associated with care that requires precertification.
- Hospitals will need to know and use the NPIs of admitting and attending physicians.

For professional claims, if there is a referring provider, that provider should be identified by name. The named provider's NPI must also be included, if known. If the referring provider NPI is not known, do not include a referring provider NPI on the claim.

To look up NPI numbers, go to the NPPES registry at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

STAR TPI requirement

After 5/01/08, both NPI and TPI are required. The addition of a TPI is a Texas Children's Health Plan requirement. All STAR claims with date of service (DOS) prior to 5/1/08 must include a valid TPI number.

All providers must continue to submit their TPI and NPI for the billing and rendering providers. All other provider fields on the claim form require an NPI only. If the NPI and TPI are not included in the billing and performing provider fields, or if the NPI is not included on all other provider identifier fields, the claim will be denied.

CHIP TPI requirement

TPI numbers are not required for CHIP claims.

Pre-5/1 only

A. Sending TPI with no NPI

- a. Rendering Provider
 - i. Rendering Provider: Loop 2310B
 1. Field NM101 (Entity Identifier): Insert 82
 2. Field NM103 (Provider Last Name):
Insert Rendering Provider Last Name
 3. Field NM104 (Provider First Name):
Insert Rendering Provider First Name
 4. Field NM105 (Provider Middle Name):
Insert Rendering Provider Middle Name
 5. Field NM108 (Identification Code Qualifier):
24 (EIN)
 6. Field NM10 (Identification Code): Tax ID
 - ii. Rendering Provider Secondary ID: Segment REF
 1. Field REF01 (Reference Identification Qualifier):
Insert 1D (Medicaid Provider Number)
 2. Field REF02: Insert TPI Number
- b. Billing/Pay to Provider
 - i. Billing/Pay to Provider: Loop 2010AA
 1. Field NM101 (Entity Identifier): Insert 85
 2. Field NM103 (Provider Last Name):
Insert Billing/Pay to Provider Last Name
 3. Field NM104 (Provider First Name):
Insert Billing/Pay to Provider First Name
 4. Field NM105 (Provider Middle Name):
Insert Billing/Pay to Provider Middle Name
 5. Field NM108 (Identification Code Qualifier):
24 (EIN)
 6. Field NM10 (Identification Code): Tax ID
 - ii. Billing/Pay to Provider Secondary ID: Segment REF
 1. This is only used if you have a group TPI number
different from the Rendering TPI number
 2. Field REF01 (Reference Identification Qualifier):
Insert 1D Medicaid Provider Number
 3. Field REF02: Insert Group TPI Number

Post-5/1

B. Sending TPI with NPI

- a. Rendering Provider
 - iii. Rendering Provider: Loop 2310B
 1. Field NM101 (Entity Identifier): Insert 82
 2. Field NM103 (Provider Last Name): Insert
Rendering Provider Last Name
 3. Field NM104 (Provider First Name): Insert
Rendering Provider First Name
 4. Field NM105 (Provider Middle Name): Insert
Rendering Provider Middle Name
 5. Field NM108 (Identification Code Qualifier):
XX (NPI)
 6. Field NM10 (Identification Code): NPI number
 - iv. Rendering Provider Secondary ID: Segment REF
 1. Field REF01 (Reference Identification Qualifier):
Insert 1D Medicaid Provider Number
 2. Field REF02: Insert TPI Number
- b. Billing/Pay to Provider
 - v. Billing/Pay to Provider: Loop 2010AA
 1. Field NM101 (Entity Identifier): Insert 85
 2. Field NM103 (Provider Last Name):
Insert Billing/Pay to Provider Last Name
 3. Field NM104 (Provider First Name):
Insert Billing/Pay to Provider First Name
 4. Field NM105 (Provider Middle Name):
Insert Billing/Pay to Provider Middle Name
 5. Field NM108 (Identification Code Qualifier):
XX (NPI)
 6. Field NM10 (Identification Code): NPI number
 - vi. Billing/Pay to Provider Secondary ID: Segment REF
 1. This is only used if you have a group TPI number
different from the Rendering TPI number
 2. Field REF01 (Reference Identification Qualifier):
Insert 1D Medicaid Provider Number
 3. Field REF02: Insert Group TPI Number
Multiple Choices for entering Vendor Number
 - (a) Provider Commercial Number: G2
 - (b) Social Security Number: SY
 - (c) Employer ID: EI

Post-5/1
STAR HCFA/Professional Electronic Claim Example

PRV***BI***PXC*000Q0000X~ ↔ Billing Provider Taxonomy

_____ NM1***85***2*JOHN Q DOCTOR MD*******XX***1234567890~ ↔ NPI NUMBER 2010AA
NM108 Qualifier = XX
NM109 = NPI

N3*101 HEALTH CARE PKWY~

N4*HOUSTON*TX*77000~

REF***ID***123456789~ ↔ TPI NUMBER LOOP 2010AA
REF01 QUALIFIER= ID
REF02 = TPI NUMBER

_____ REF***EI***987654321~ ↔ TaxID NUMBER LOOP 2010AA
REF01 QUALIFIER= EI
REF02 = TAX ID

HL*2*1*22*0~

SBR*P*18**TEXAS CHILDRENS STAR*****CI~

NM1*IL*1*MEMBER*JOE****MI*G123456987~

N3*P O BOX 100~

N4*HOUSTON*TX*77000~

DMG*D8*19910430*M~

NM1*PR*2*TEXAS CHILDRENS HLTH PLAN*****PI*76048~

CLM*33330C*625.00***22::1*Y*C*Y*Y*B~

REF*D9*08063002972~

HI*BK:475*BF:7841~

_____ NM1***DN***2*JOHN Q DOCTOR MD*******XX***1234567890~ ↔ NPI NUMBER 2310A
NM108 Qualifier = XX
NM109 = NPI

Referring Provider Loop Identified by NM101 = DN Loop 2310A

PRV***RF***PXC*1000G0001X~ ↔ Referring Provider Taxonomy

REF***EI***123456789~ ↔ TaxID NUMBER LOOP 2310A
REF01 QUALIFIER= EI REF02 = TAX ID

_____ NM1***82***2*DOCTOR*******XX***1234567890~ ↔ NPI NUMBER 2310B
NM108 Qualifier = XX
NM109 = NPI

Rendering Provider Loop Identified by NM101 = 82 Loop 2310B

PRV***PE***PXC*1000G0001X~ ↔ Rendering Provider Taxonomy

REF***ID***123456789~ ↔ TPI NUMBER LOOP 2310B
REF01 QUALIFIER= ID REF02 = TPI NUMBER

REF***EI***123456789~ ↔ TaxID NUMBER LOOP 2310B
REF01 QUALIFIER= EI REF02 = TAX ID

_____ NM1***FA***2*A-OK MOBILE CLINIC*******XX***111223333~ ↔ NPI NUMBER 2310C
NM108 Qualifier = XX
NM109 = NPI

Service Fac loc Loop Identified by NM101 = FA Loop 2310B

N3*123 MAIN STREET~

N4*ANY TOWN*TX*75123~

REF***EI***123456789~ ↔ TaxID NUMBER LOOP 2310C
REF01 QUALIFIER= EI REF02 = TAX ID

LX*1~

SV1*HC:99284:25*250.00*UN*1*23**1:2~

DTP*472*RD8*20080508-20080508~

Post-5/1
CHIP HCFA/Professional Electronic Claim Example

PRV***BI***PXC*000Q00000X~ ↔ Billing Provider Taxonomy

_____ NM1***85***2*JOHN Q DOCTOR MD*******XX***1234567890~ ↔ NPI NUMBER 2010AA
NM108 Qualifier = XX
NM109 = NPI

Billing Provider Loop Identified by NM101 = 85 Loop 2010 AA

N3*101 HEALTH CARE PKWY~
N4*HOUSTON*TX*77000~

_____ REF***EI***202141460~ ↔ TaxID NUMBER LOOP 2010AA
REF01 QUALIFIER= EI
REF02 = TAX ID

HL*2*1*22*0~
SBR*P*18**TEXAS CHILDRENS CHIP*****CI~
NM1*IL*1*MEMBER*JOE****MI*G123456789~
N3*P O BOX 100~
N4*HOUSTON*TX*77000~
DMG*D8*19910430*M~
NM1*PR*2*TEXAS CHILDRENS HLTH PLAN*****PI*76048~
CLM*33330C*625.00***22::1*Y*C*Y*Y*B~
REF*D9*08063002972~
HI*BK:475*BF:7841~

_____ NM1***DN***2*JOHN Q DOCTOR MD*******XX***1234567890~ ↔ NPI NUMBER 2310A
NM108 Qualifier = XX
NM109 = NPI

Referring Provider Loop Identified by NM101 = DN

PRV***RF***PXC*1000G0001X~ ↔ Referring Provider Taxonomy

_____ REF***EI***123456789~ ↔ TaxID NUMBER LOOP 2310A
REF01 QUALIFIER= EI REF02 = TAX ID

_____ NM1***82***2*DOCTOR*******XX***1234567890~ ↔ NPI NUMBER 2310B
NM108 Qualifier = XX
NM109 = NPI

Rendering Provider Loop Identified by NM101 = 82 Loop 2310B

PRV***PE***PXC*1000G0001X~ ↔ Rendering Provider Taxonomy

_____ REF***EI***123456789~ ↔ TaxID NUMBER LOOP 2310B
REF01 QUALIFIER= EI REF02 = TAX ID

_____ NM1***FA***2*A-OK MOBILE CLINIC*******XX***111223333~ ↔ NPI NUMBER 2310C
NM108 Qualifier = XX
NM109 = NPI

Service Fac loc Loop Identified by NM101 = FA Loop 2310B

N3*123 MAIN STREET~
N4*ANY TOWN*TX*75123~
_____ REF***EI***123456789~ ↔ TaxID NUMBER LOOP 2310C
REF01 QUALIFIER= EI REF02 = TAX ID

LX*1~
SV1*HC:99284:25*250.00*UN*1*23**1:2~
DTP*472*RD8*20080508-20080508~

STAR UB/Facility Electronic Claim Example

PRV*BI*PXC*100NR100X~ Billing Provider Taxonomy

Billing Provider Loop Identified by NM101 = 85 Loop 2010 AA

NM1*85*2*LOCAL HEALTH CARE CENTER*****XX*100000000~

NPI NUMBER 2010AA NM108 Qualifier = XX NM109 = NPI

N3*100 HOSPITAL ST~

N4*HOUSTON*TX*770001234~

TPI NUMBER LOOP 2010AA REF01 QUALIFIER= ID REF02 = TPI NUMBER

REF*1D*123456789~

REF*EI*987654321~

TID NUMBER LOOP 2010AA REF01 QUALIFIER= EI REF02 = TAX ID

HL*2*1*22*0~

SBR*P*18**TEXAS CHILDRENS STAR*****MC~

NM1*IL*1*PATIENT*JANE*****MI*500050001~

N3*2000 HOME STREET~

N4*HOUSTON*TX*77000~

DMG*D8*20040308*F~

NM1*PR*2*TCS TEXAS CHILDRENS STAR OON*****PI*76048M~

N3*PO BOX 300286~

N4*HOUSTON*TX*772300286~

CLM*25002 08060107*75***07:A:1*Y*C*N*Y*****N~

DTP*096*TM*0~

DTP*435*DT*20080617000~

DTP*434*RD8*20080617-20080617~

REF*D9*08063001504~

HI*BK:4779~

NM1*71*1*DOCTOR*Q JOHN*****XX*1234567890~

NPI NUMBER 2310A NM108 Qualifier = XX NM109 = NPI

Attending Provider Loop Identified by NM101 = 71 Loop 2310A

PRV*AT*PXC*200NR100X~ Attending Provider Taxonomy

REF*EI*123456789~ TaxID NUMBER LOOP 2310A REF01 QUALIFIER= EI REF02 = TPI NUMBER

Operating Physician Loop Identified by NM101 = 72 Loop 2310B

NM1*72*1*DOCTOR*THOMAS*****XX*1122334455~

NPI NUMBER 2310B NM108 Qualifier = XX NM109 = NPI

REF*EI*987654321~ TaxID NUMBER LOOP 2310B REF01 QUALIFIER= EI REF02 = TPI NUMBER

Service Facility Loc Loop Identified by NM101 = 77 Loop 2310E

NM1*77*2*ABC CLINIC*****XX*2345678911~

NPI NUMBER 2310E NM108 Qualifier = XX NM109 = NPI

REF*EI*876543219~ TaxID NUMBER LOOP 2310E REF01 QUALIFIER= EI REF02 = TPI NUMBER

LX*1~

SV2*0001*HC:T1015:AM*75*UN*1~

DTP*472*D8*20080617~

CHIP UB/Facility Electronic Claim Example

PRV*BI*PXC*282NR1301X~ Billing Provider Taxonomy

Billing Provider Loop Identified by NM101 = 85 Loop 2010 AA

NM1*85*2*LOCAL HEALTH CARE CENTER*****XX*100000000~

NPI NUMBER 2010AA NM108 Qualifier = XX NM109 = NPI

N3*100 HOSPITAL ST~
N4*HOUSTON*TX*770001234~

REF*EI*987654321~

Tax ID NUMBER LOOP 2010AA
REF01 QUALIFIER= EI
REF02 = TAX ID

HL*2*1*22*0~
SBR*P*18**TEXAS CHILDRENS CHIP*****MC~
NM1*IL*1*PATIENT*JANE****MI*500050001~
N3*2000 HOME STREET~
N4*HOUSTON*TX*77000~
DMG*D8*20040308*F~
NM1*PR*2*TCS TEXAS CHILDRENS CHIP*****PI*76048M~
N3*PO BOX 300286~
N4*HOUSTON*TX*772300286~
CLM*25002 08060107*75***07:A:1*Y*C*N*Y*****N~
DTP*096*TM*0~
DTP*435*DT*20080617000~
DTP*434*RD8*20080617-20080617~
REF*D9*08063001504~
HI*BK:4779~

NM1*71*1*DOCTOR*Q JOHN*****XX*1234567890~

NPI NUMBER 2310A
NM108 Qualifier = XX
NM109 = NPI

Attending Provider Loop Identified by NM101 = 71 Loop 2310A

PRV*AT*PXC*200NR1000X~ Attending Provider Taxonomy

REF*EI*123456789~ TaxID NUMBER LOOP 2310A REF01 QUALIFIER= EI
REF02 = TPI NUMBER

NM1*72*1*SMITH*THOMAS*****XX*1122334455~

NPI NUMBER 2310B
NM108 Qualifier = XX
NM109 = NPI

Operating Physician Loop Identified by NM101 = 72 Loop 2310B

REF*EI*987654321~ TaxID NUMBER LOOP 2310B REF01 QUALIFIER= EI
REF02 = TPI NUMBER

NM1*77*2*ABC CLINIC*****XX*2345678911~

NPI NUMBER 2310E
NM108 Qualifier = XX
NM109 = NPI

Service Facility Loc Loop Identified by NM101 = 77 Loop 2310E

REF*EI*876543219~ TaxID NUMBER LOOP 2310E REF01 QUALIFIER= EI
REF02 = TPI NUMBER

LX*1~
SV2*0001*HC:T1015:AM*75*UN*1~
DTP*472*D8*20080617~