



**fallon community health plan
professional
companion guide**

to the

**health care claims submission
X12N 837 (version 4010A)
implementation guide**

october 2006

revision 1.6

document history

revision date	revision	commentary
april 2003	1.2	addition of secondary ID segment requirements
september 2003	1.3	updated contact information
april 2004	1.4	updated specification REF qualifiers
may 2005	1.5	addenda updates
october 2006	1.6	npi updates

table of contents

- introduction.....4
- confidentiality, privacy and security5
- implementing EDI transactions with FCHP.....6
 - Contact information.....6
 - Set-up for direct submission to FCHP6
 - Set-up for submission to FCHP via clearinghouse6
 - Trading partner set-up.....6
 - Testing.....8
 - Production9
- payor-specific data requirements for FCHP10
 - Professional claims (837I) data requirements.....10
 - ISA segment specifications.....11
 - GS and ST segment specifications12
 - FCHP-specific requirements13
- attachment A – frequently asked questions41

introduction

The Health Insurance Portability and Accountability Act – Administration Simplification (HIPAA-AS) requires that Fallon Community Health Plan (FCHP) and all other covered entities comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services. The X12N 837 version 4010A1 implementation guide for health care claims has been established as the standard for claims transactions compliance. The implementation guide for this format is available electronically at www.wpc-edi.com/HIPAA.

Although the implementation guide contains requirements for use of specific segments and data elements within the segments, the guide was written for use by all health benefit payors. This document has been prepared as an FCHP-specific companion document to the implementation guide to clarify when conditional data elements and segments must be used for FCHP reporting, and to identify those codes and data elements that do not apply to FCHP.

This companion guide document supplements, but does not contradict any requirements in the 837 version 4010A implementation guide.

The intended audience for this document is the technical area that is responsible for submitting electronic claims transactions to FCHP. In addition, this information should be communicated and coordinated with the provider's billing office in order to ensure the required billing information is provided to their billing agent/submitter.

confidentiality, privacy and security

Maintaining the confidentiality of personal health information has been, and continues to be, one of Fallon Community Health Plan's guiding principles. Fallon Community Health Plan has a strict confidentiality policy with regard to safeguarding patient, employee and health plan information. All staff is required to be familiar with, and comply with, FCHP's policy on the confidentiality of member personal and clinical information to ensure that all member information is treated in a confidential and respectful manner. The policy permits use or disclosure of members' medical or personal information only as necessary to conduct required business, care management, approved research or quality assurance or measurement activities, or when authorized to do so by a member or as required by law.

In order to comply with our own internal policies and the provisions of the Health Insurance Portability and Accountability Act, 1996 (HIPAA), Fallon Community Health Plan has outlined specific requirements applicable to the electronic exchange of protected health information (PHI) including provisions for:

- maintaining confidentiality of protected information
- confidentiality safeguards
- security standards
- return or destruction of protected information
- compliance with state and federal regulatory and statutory requirements
- required disclosure
- use of business associates

implementing EDI transactions with FCHP

contact an EDI Coordinator at:

866-ASK-FCHP (866-275-3247) or e-mail edi.coordinator@fchp.org.

set-up for direct submission to FCHP

Providers wishing to submit claims directly to FCHP should contact an the EDI Coordinator at 866-ASK-FCHP (866-275-3247) or via e-mail to edi.coordinator@fchp.org. The information necessary for implementation will be provided and an enrollment packet in PDF format can be obtained from the FCHP Web site at <http://www.fchp.org/providers/providerRegistration.aspx>

set-up for submission to FCHP via a clearinghouse

Providers wishing to submit claims through a clearinghouse should access the FCHP Web site at www.fchp.org to verify contracted clearinghouses and then contact the EDI Coordinators at 866-ASK-FCHP (866-275-3247) ext. 69968 or via e-mail to edi.coordinator@fchp.org for their FCHP vendor and master vendor numbers which are necessary for electronic submission.

trading partner set-up

There are many data elements in the ISA segment of the X12N 837 version 4010A implementation specifications that are used for processing control purposes. For example, the ISA segment contains data elements such as authorization information, security information, sender identification and receiver identification that can be used for control purposes. These data elements are agreed-upon by the trading partners prior to exchange of electronic information. FCHP-specific requirements are defined in subsequent sections of this document.

testing

All trading partners are required to test the exchange of electronic transactions with FCHP prior to the exchange of production files with live data.

FCHP will assign a test username and password which will only be used during testing. A production username and password will be assigned upon successful completion of simulation testing.

All test files will be processed at time of receipt, and feedback to the trading partner will occur within five business days. This feedback will occur via e-mail. Preliminary test files should contain no more than 25 claims. Simulation testing will occur once the preliminary testing is complete. Files for simulation testing should contain at least 500 claims.

FCHP requires the following naming convention for all test files submitted: XXMMDDYYVT.837 (ten character maximum). The first 2 letters are used to identify trading partner, then 2 digit month, 2 digit day, 2 digit year, version number and test file indicator. If multiple files are to be sent on the same day, version numbers would need to be sent as part of the file naming convention.

The test indicator is crucial to the entry of the file into the test environment.

Test files submitted through a clearinghouse will be named according to their current agreed-upon naming convention.

production

At the completion of successful simulation testing, trading partners will be given a production username and password, as well as a date to begin the exchange of compliant production transaction files.

FCHP requires the following naming convention for all production files submitted: XXMMDDYYV1.837 (ten character maximum). The first 2 letters are used to identify trading partner, then 2 digit month, 2 digit day, 2 digit year, version number, and production file indicator. If multiple files are to be sent on the same day, then version numbers would need to be sent as part of the file naming convention.

The production indicator is crucial to the entry of the file into the production environment.

payor-specific data requirements

professional claims (837I) data requirements

general

This section is designed to assist with the specific data elements and segments that are required by Fallon Community Health Plan in order to appropriately process claims for payment. It will identify the data elements that, according to the WEDI implementation guide, are situational or optional that will need to be submitted in order for FCHP to accept claim files.

FCHP requires the following terminators:

- Segment Terminator (ASCII Value 126) ~
- Element Terminator (ASCII Value 42) *
- Sub-element Terminator (ASCII Value 62) >

The following information is designed to help you complete the file header sections of the 837I transaction.

ISA segment specifications

size	description	req'd	field #	description	fchp-specific requirements
	Interchange Control Header	R			
2		R	1	Authorization Information Qualifier	00
10		R	2	Authorization Information	Blank fill
2		R	3	Security Information Qualifier	00
10		R	4	Security Information	Blank fill
2		R	5	Interchange ID Qualifier	ZZ
15		R	6	Interchange Sender ID	Trading Partner name
2		R	7	Interchange ID Qualifier	ZZ
15		R	8	Interchange Receiver ID	FCHP
6		R	9	Interchange Date	YYMMDD
4		R	10	Interchange Time	Military time
1		R	11	Interchange Control Standards Identifier	U
5		R	12	Interchange Control Version Number	00401
9		R	13	Interchange Control Number	Unique number sent by TP
1		R	14	Acknowledgement Requested	0 or 1
1		R	15	Usage Indicator	T for Test or P for Production
1		R	16	Component Element Separator	>

BOLD indicates value should be submitted as shown. All fields in the ISA are required and fixed length and should be blank filled if field value sent is not at the requested length.

GS segment specifications

size	description	req	field #	description	fchp-specific requirements
	Functional Group Header	R			
2		R	1	Functional Identifier Code	HC
2-15		R	2	Application Sender's Code	Sender TIN
2-15		R	3	Application Receiver's Code	FALLON837I
8		R	4	Date	YYMMDD
4-8		R	5	Time	Military time
1-9		R	6	Group Control Number	Group Control Number
1-2		R	7	Responsible Agency Code	Responsible Agency Code
1-12		R	8	Version/Release/Industry Identifier Code	004010X098A1

BOLD indicates value should be submitted as shown.

ST segment specifications

size	description	req	field #	description	Fchp-specific requirements
	Transaction Set Header	R			
		R	1	Transaction Set Identifier Code	837
		R	2	Transaction Set Control Number	ID# or counter

BOLD indicates value should be submitted as shown.

FCHP-specific requirements

loop	seg	description	req	field	description	fchp-specific requirements
	BHT	Beginning of Hierarchical Transaction	R			
			R	1	Hierarchical Structure Code	0019
			R	2	Transaction Set Purpose Code	00
			R	3	Originator Application Transaction Identifier	1
			R	4	Transaction Set Creation Date	CCYYMMDD
			R	5	Transaction Set Creation Time	HHMM or HHMMSS or HHMMSSDD or HHMMSSDD
			R	6	Claim or Encounter Identifier	CH
	REF	Transmission Type Identification	R			
			R	1	Reference Identification Qualifier	87
			R	2	Transmission Type Code	004010X098
1000A						
	NM1	Submitter Name	R			
			R	1	Entity Identifier Code	41
			R	2	Entity Type Qualifier	2
			R	3	Submitter Last or Organization Name	Submitter Name
			SS	4	Submitter First Name	Submitter Name
			SS	5	Submitter Middle Name	Submitter Name
			R	8	Identification Code Qualifier	46
			R	9	Identification Code	Submitter TIN
	PER	Submitter EDI Contact Information	R			
			R	1	Contact Function Code	IC
			R	2	Submitter Contact Name	Contact Person
			R	3	Communication Number Qualifier	TE
			R	4	Communication Number	Telephone Number
			SS	5	Communication Number Qualifier	
			SS	6	Communication Number	
			SS	7	Communication Number Qualifier	
			SS	8	Communication Number	
1000B						
	NM1	Receiver Name	R			
			R	1	Entity Identifier Code	40
			R	2	Entity Type Qualifier	2
			R	3	Receiver Name	Receiver Name
			R	8	Identification Code Qualifier	46
			R	9	Receiver Primary Identifier	Receiver Primary Identification Number
	HL	Billing/Pay-to Provider Hierarchical Level	R			
			R	1	Hierarchical ID Number	Starting with 1 and increments +1 for each HL within the file
			N/U	2	Hierarchical Parent ID Number	
			R	3	Hierarchical Level Code	20
			R	4	Hierarchical Child Code	1

loop	seg	description	req	field	description	fchp-specific requirements
	PRV	Billing/Pay-to Provider Specialty Information	S			
			R	1	Provider Code	BI
			R	2	Reference Identification Qualifier	ZZ
			R	3	Reference Identification	Provider taxonomy code
	CUR	Foreign Currency Information	S			
			R	1	Entity Identifier Code	
			R	2	Currency Code	
2010AA						
	NM1	Billing Provider Name	R			
			R	1	Entity Identifier Code	85
			R	2	Entity Type Qualifier	1 or 2
			R	3	Name Last or Organization Name	Billing Provider Name
			S	4	Name First	Billing Provider Name
			S	5	Name Middle	Billing Provider Name
			N/U	6	Name Prefix	
			S	7	Name Suffix	Billing Provider Name
			R	8	Identification Code Qualifier	XX
			R	9	Identification Code	Billing Provider NPI
	N3	Billing Provider Address	R			
			R	1	Address Information	Billing Provider Address 1
			S	2	Address Information	Billing Provider Address 2
	N4	Billing Provider City/State/ZIP Code	R			
			R	1	City Name	Billing Provider's City
			R	2	State or Province Code	Billing Provider's State
			R	3	Postal Code	Billing Provider's ZIP Code
			S	4	Country Code	Billing Provider Country Code
	REF	Billing Provider Secondary Identification	S			
			R	1	Reference Identification Qualifier	SY
			R	2	Reference Identification	Billing Provider Tax ID
	REF	Billing Provider Secondary Identification	S			
			R	1	Reference Identification Qualifier	G2
			R	2	Reference Identification	FCHP Master Vendor number
	REF	Credit/Debit Card Billing Information	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	PER	Billing Provider Contact Information	S			
			R	1	Contact Function Code	
			R	2	Name	
			R	3	Communication Number Qualifier	
			R	4	Communication Number	
			S	5	Communication Number Qualifier	
			S	6	Communication Number	
			S	7	Communication Number Qualifier	
			S	8	Communication Number	
2010AB						
	NM1	Pay-to Provider Name	S			
			R	1	Entity Identifier Code	87
			R	2	Entity Type Qualifier	1 or 2
			R	3	Name Last or Organization Name	Pay-to Provider Last or Organizational Name

loop	seg	description	req	field	description	fchp-specific requirements
2010AB						
	NM1	Pay-to Provider Name	S	4	Name First	Pay-to Provider First Name
			S	5	Name Middle	Pay-to Provider Middle Name
			N/U	6	Name Prefix	
			S	7	Name Suffix	Pay-to Provider Name Suffix
			R	8	Identification Code Qualifier	XX
			R	9	Identification Code	Pay-to Provider NPI
	N3	Pay-to Provider Address	R			
			R	1	Address Information	Pay-to Provider Address 1
			S	2	Address Information	Pay-to Provider Address 2
	N4	Pay-to Provider City/State/ZIP Code	R			
			R	1	City Name	Pay-to Provider City Name
			R	2	State or Province Code	Pay-to Provider State Code
			R	3	Postal Code	Pay-to Provider ZIP Code
			S	4	Country Code	Pay-to Provider Country Code
	REF	Pay-to Provider Secondary Identification	S			
			R	1	Reference Identification Qualifier	EI or SI
			R	2	Reference Identification	Pay-to Provider SSN or Employer ID Number
	REF	Pay-to Provider Secondary Identification	S			
			R	1	Reference Identification Qualifier	G2
			R	2	Reference Identification	FCHP Master Vendor number
2000B	HL	Subscriber Hierarchical Level	R			
			R	1	Hierarchical ID Number	Number assigned by sender
			R	2	Hierarchical Parent ID Number	Must = HL01 from previous Loop 2000A
			R	3	Hierarchical Level Code	22
			R	4	Hierarchical Child Code	0 or 1
	SBR	Subscriber Information	R			
			R	1	Payer Responsibility Sequence Number Code	Enter valid selection
			S	2	Individual Relationship Code	18
			S	3	Reference Identification	
			S	4	Name	
			S	5	Insurance Type Code	
			N/U	6	Coordination of Benefit Code	
			N/U	7	Yes/No Condition or Response Code	
			N/U	8	Employment Status Code	
			S	9	Claim Filing Indicator Code	CI
	PAT	Patient Information	S			
			N/U	1	Individual Relationship Code	
			N/U	2	Patient Location Code	
			N/U	3	Employment Status Code	
			N/U	4	Student Status Code	
			S	5	Date/Time Period Format Qualifier	
			S	6	Date/Time Period	
			S	7	Unit or Basis for Measurement Code	

loop	seg	description	req	field	description	fchp-specific requirements
			S	8	Weight	
			S	9	Yes/No Condition or Response Code	
2010BA						
	NM1	Subscriber Name	R			
			R	1	Entity Identifier Code	IL
			R	2	Entity Type Qualifier	1 or 2
			R	3	Name Last or Organization Name	Subscriber Last Name
			S	4	Name First	Subscriber First Name
			S	5	Name Middle	Subscriber Middle Name
			N/U	6	Name Prefix	
			S	7	Name Suffix	Subscriber Generation
			S	8	Identification Code Qualifier	MI
			S	9	Identification Code	Subscriber's FCHP Certificate Number
	N3	Subscriber Address	S			
			R	1	Address Information	Subscriber Address 1
			S	2	Address Information	Subscriber Address 2
	N4	Subscriber City/State/ZIP Code	S			
			R	1	City Name	Subscriber City Name
			R	2	State or Province Code	Subscriber State Code
			R	3	Postal Code	Subscriber ZIP Code
			S	4	Country Code	Subscriber Country Code
	DMG	Subscriber Demographic Information	S			
			R	1	Date/Time Period Format Qualifier	D8
			R	2	Date/Time Period	CCYYMMDD
			R	3	Gender Code	M or F or U
	REF	Subscriber Secondary Identification	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Property and Casualty Claim Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2010BB						
	NM1	Payer Name	R			
			R	1	Entity Identifier Code	PR
			R	2	Entity Type Qualifier	2
			R	3	Name Last or Organization Name	Last Name or Organization Name
			N/U	4	Name First	
			N/U	5	Name Middle	
			N/U	6	Name Prefix	
			N/U	7	Name Suffix	
			R	8	Identification Code Qualifier	PI
			R	9	Identification Code	Payer TIN
2010BB						
	N3	Payer Address	S			
			R	1	Address Information	Payer Address 1
			S	2	Address Information	Payer Address 2
	N4	Payer City/State/ZIP Code	S			
			R	1	City Name	Payer City Name

loop	seg	description	req	field	description	fchp-specific requirements
			R	2	State or Province Code	Payer State Code
			R	3	Postal Code	Payer ZIP Code
			S	4	Country Code	Payer Country Code
	REF	Payer Secondary Identification	S			
			R	1	Reference Identification Qualifier	2U
			R	2	Reference Identification	FCHP Vendor Number
2010BC						
	NM1	Responsible Party Name	S			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			R	3	Name Last or Organization Name	
			S	4	Name First	
			S	5	Name Middle	
			N/U	6	Name Prefix	
			S	7	Name Suffix	
	N3	Responsible Party Address	R			
			R	1	Address Information	
			S	2	Address Information	
	N4	Responsible Party City/State/ZIP Code	R			
			R	1	City Name	
			R	2	State or Province Code	
			R	3	Postal Code	
			S	4	Country Code	
2010BD						
	NM1	Credit/Debit Card Holder Name	S			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			R	3	Name Last or Organization Name	
			S	4	Name First	
			S	5	Name Middle	
			N/U	6	Name Prefix	
			S	7	Name Suffix	
			R	8	Identification Code Qualifier	
			R	9	Identification Code	
2010BD						
	REF	Credit/Debit Card Information	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2000C						
	HL	Patient Hierarchical Level	S			
			R	1	Hierarchical ID Number	Number assigned by sender
			R	2	Hierarchical Parent ID Number	
			R	3	Hierarchical Level Code	23
			R	4	Hierarchical Child Code	0
	PAT	Patient Information	R			
			R	1	Individual Relationship Code	Reference implementation guide for value
			N/U	2	Patient Location Code	
			N/U	3	Employment Status Code	
			N/U	4	Student Status Code	
			S	5	Date/Time Period Format Qualifier	
			S	6	Date/Time Period	
			S	7	Unit or Basis for Measurement Code	

loop	seg	description	req	field	description	fchp-specific requirements
			S	8	Weight	
			S	9	Yes/No Condition or Response Code	
2010CA						
	NM1	Patient Name	R			
			R	1	Entity Identifier Code	QC
			R	2	Entity Type Qualifier	1
			R	3	Name Last or Organization Name	Patient Last Name
			R	4	Name First	Patient First Name
			S	5	Name Middle	Patient Middle Initial
			N/U	6	Name Prefix	
			S	7	Name Suffix	Patient Generation
			S	8	Identification Code Qualifier	MI
			S	9	Identification Code	Member's FCHP Certificate Number
	N3	Patient Address	R			
			R	1	Address Information	Patient Address 1
			S	2	Address Information	Patient Address 2
2010CA						
	N4	Patient City/State/ZIP Code	R			
			R	1	City Name	Patient City Name
			R	2	State or Province Code	Patient State Code
			R	3	Postal Code	Patient ZIP Code
			S	4	Country Code	Patient Country Code
	DMG	Patient Demographic Information	R			
			R	1	Date/Time Period Format Qualifier	D8
			R	2	Date/Time Period	CCYYMMDD
			R	3	Gender Code	M or F or U
	REF	Patient Secondary Identification	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Property and Casualty Claim Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2300						
	CLM	Claim Information	R			
			R	1	Claim Submitter's Identifier	Claim ID
			R	2	Monetary Amount	\$\$
			N/U	3	Claim Filing Indicator Code	
			N/U	4	Non-Institutional Claim Type Code	
			R	5	Health Care Service Location Information	
			R	5,1	Facility Code Value	Reference implementation guide for value
			R	5,2	Facility Code Qualifier	
			R	5,3	Claim Frequency Type Code	Reference implementation guide for value
			R	6	Yes/No Condition or Response Code	Y or N
			R	7	Provider Accept Assignment Code	Reference implementation guide for value
			R	8	Yes/No Condition or Response Code	Y or N
			R	9	Release of Information Code	Reference implementation guide for value
			S	10	Patient Signature Source Code	

loop	seg	description	req	field	description	fchp-specific requirements
			S	11	Related Causes Information	
			S	11,1	Related-Causes Code	
			S	11,2	Related-Causes Code	
			S	11,3	Related-Causes Code	
			S	11,4	State or Province Code	
			S	11,5	Country Code	
			S	12	Special Program Code	
			N/U	13	Yes/No Condition or Response Code	
			N/U	14	Level of Service Code	
			N/U	15	Yes/No Condition or Response Code	
			S	16	Provider Agreement Code	
			N/U	17	Claim Status Code	
			N/U	18	Yes/No Condition or Response Code	
			N/U	19	Claim Submission Reason Code	
			S	20	Delay Reason Code	
2300						
	DTP	Date - Initial Treatment	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Date Last Seen	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Onset of Current Illness/Symptom	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Acute Manifestation	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Similar Illness/Symptom Onset	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Accident	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Last Menstrual Period	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Last X-ray	S			
			R	1	Date/Time Qualifier	
2300						
	DTP	Date - Last X-ray	R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Hearing and Vision Prescription Date	S			
			R	1	Date/Time Qualifier	

loop	seg	description	req	field	description	fchp-specific requirements
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Disability Begin	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Disability End	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Last Worked	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Authorized Return to Work	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Admission	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Discharge	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Assumed and Relinquished Care Dates	S			
			R	1	Date/Time Qualifier	
2300	DTP	Date - Assumed and Relinquished Care Dates	R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	PWK	Claim Supplemental Information	S			
			R	1	Report Type Code	
			R	2	Report Transmission Code	
			N/U	3	Report Copies Needed	
			N/U	4	Entity Identifier Code	
			S	5	Identification Code Qualifier	
			S	6	Identification Code	
	CN1	Contract Information	S			
			R	1	Contract Type Code	
			S	2	Monetary Amount	
			S	3	Percent	
			S	4	Reference Identification	
			S	5	Terms Discount Percent	
			S	6	Version Identifier	
	AMT	Credit/Debit Card Maximum Amount	S			
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	
	AMT	Patient Amount Paid	S			

loop	seg	description	req	field	description	fchp-specific requirements
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	
	AMT	Total Purchased Service Amount	S			
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	
	REF	Service Authorization Exception Code	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Mandatory Medicare (Section 4081) Crossover Indicator	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Mammography Certification Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Prior Authorization or Referral Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2300						
	REF	Original Reference Number (ICN/DCN)	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Repriced Claim Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Adjusted Repriced Claim Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Investigational Device Exemption Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Ambulatory Patient Group (APG)	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Medical Record Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Demonstration Project Identifier	S			

loop	seg	description	req	field	description	fchp-specific requirements
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	K3	File Information	S			
			R	1	Fixed Format Information	
	NTE	Claim Note	S			
			R	1	Note Reference Code	
			R	2	Description	
2300						
	CR1	Ambulance Transport Information	S			
			S	1	Unit or Basis for Measurement Code	
			S	2	Weight	
			R	3	Ambulance Transport Code	
			R	4	Ambulance Transport Reason Code	
			R	5	Unit or Basis for Measurement Code	
			R	6	Quantity	
			N/U	7	Address Information	
			N/U	8	Address Information	
			S	9	Description	
			S	10	Description	
	CR2	Spinal Manipulation Service Information	S			
			S	1	Count	
			R	2	Quantity	
			S	3	Subluxation Level Code	
			S	4	Subluxation Level Code	
			S	5	Unit or Basis for Measurement Code	
			S	6	Quantity	
			S	7	Quantity	
			S	8	Nature of Condition Code	
			S	9	Yes/No Condition or Response Code	
			S	10	Description	
			S	11	Description	
			S	12	Yes/No Condition or Response Code	
	CRC	Ambulance Certification	S			
			R	1	Code Category	
			R	2	Yes/No Condition or Response Code	
			R	3	Condition Indicator	
			S	4	Condition Indicator	
			S	5	Condition Indicator	
			S	6	Condition Indicator	
			S	7	Condition Indicator	
	CRC	Patient Condition Information: Vision	S			
			R	1	Code Category	
			R	2	Yes/No Condition or Response Code	
			R	3	Condition Indicator	
			S	4	Condition Indicator	
			S	5	Condition Indicator	
			S	6	Condition Indicator	
			S	7	Condition Indicator	
	CRC	Homebound Indicator	S			
			R	1	Code Category	
			R	2	Yes/No Condition or Response Code	
			R	3	Condition Indicator	
2300	CRC	EPSDT Referral	S			

loop	seg	description	req	field	description	fchp-specific requirements
			R	1	Code Category	
			R	2	Yes/No Condition or Response Code	
			R	3	Condition Identifier	
			S	4	Condition Identifier	
			S	5	Condition Identifier	
			S	6	Condition Identifier	
			S	7	Condition Identifier	
	HI	Health Care Diagnosis Code	S			
			R	1	Health Care Code Information	
			R	1,1	Code List Qualifier Code	BK
			R	1,2	Industry Code	Industry code
			S	2	Health Care Code Information	
			R	2,1	Code List Qualifier Code	BF
			R	2,2	Industry Code	Industry code
			S	3	Health Care Code Information	
			R	3,1	Code List Qualifier Code	BF
			R	3,2	Industry Code	Industry code
			S	4	Health Care Code Information	
			R	4,1	Code List Qualifier Code	BF
			R	4,2	Industry Code	Industry code
			S	5	Health Care Code Information	
			R	5,1	Code List Qualifier Code	BF
			R	5,2	Industry Code	Industry code
			S	6	Health Care Code Information	
			R	6,1	Code List Qualifier Code	BF
			R	6,2	Industry Code	Industry code
			S	7	Health Care Code Information	
			R	7,1	Code List Qualifier Code	BF
			R	7,2	Industry Code	Industry code
			S	8	Health Care Code Information	
			R	8,1	Code List Qualifier Code	BF
			R	8,2	Industry Code	Industry code
	HCP	Claim Pricing/Repricing Information	S			
			R	1	Pricing Methodology	
			R	2	Monetary Amount	
			S	3	Monetary Amount	
			S	4	Reference Identification	
			S	5	Rate	
			S	6	Reference Identification	
			S	7	Monetary Amount	
			N/U	8	Product/Service ID	
			N/U	9	Product/Service ID Qualifier	
			N/U	10	Product/Service ID	
			N/U	11	Unit or Basis for Measurement code	
			N/U	12	Quantity	
			S	13	Reject Reason Code	
			S	14	Policy Compliance Code	
			S	15	Exception Code	
2305						
	CR7	Home Health Care Plan Information	S			
			R	1	Discipline Type Code	
			R	2	Number	
			R	3	Number	
2305						
	HSD	Health Care Services Delivery	S			
			S	1	Quantity Qualifier	
			S	2	Quantity	
			S	3	Unit or Basis for Measurement Code	

loop	seg	description	req	field	description	fchp-specific requirements
			S	4	Sample Selection Modulus	
			S	5	Time Period Qualifier	
			S	6	Number of Periods	
			S	7	Ship/Delivery or Calendar Pattern Code	
			S	8	Ship/Delivery Pattern Time Code	
2310A						
	NM1	Referring Provider Name	S			
			R	1	Entity Identifier Code	DN
			R	2	Entity Type Qualifier	1 or 2
			R	3	Name Last or Organization Name	Referring Provider Last Name
			S	4	Name First	Referring Provider First Name
			S	5	Name Middle	Referring Provider Middle Name
			N/U	6	Name Prefix	
			S	7	Name Suffix	Referring Provider Generation
			S	8	Identification Code Qualifier	XX
			S	9	Identification Code	Referring Provider NPI
	PRV	Referring Provider Specialty Information	S			
			R	1	Provider Code	RF
			R	2	Reference Identification Qualifier	ZZ
			R	3	Reference Identification	Taxonomy code
	REF	Referring Provider Secondary Identification	S			
			R	1	Reference Identification Qualifier	G2
			R	2	Reference Identification	FCHP Vendor Number
2310B						
	NM1	Rendering Provider Name	S			
			R	1	Entity Identifier Code	82
			R	2	Entity Type Qualifier	1 or 2
			R	3	Name Last or Organization Name	Rendering Provider Last Name
			S	4	Name First	Rendering Provider First Name
			S	5	Name Middle	Rendering Provider Middle Name
			N/U	6	Name Prefix	
			S	7	Name Suffix	Rendering Provider Generation
			R	8	Identification Code Qualifier	XX
			R	9	Identification Code	Rendering Provider NPI
	PRV	Rendering Provider Specialty Information	R			
			R	1	Provider Code	PE
2310B						
	PRV	Rendering Provider Specialty Information	R	2	Reference Identification Qualifier	ZZ
			R	3	Reference Identification	Taxonomy code
	REF	Rendering Provider Secondary Identification	S			
			R	1	Reference Identification Qualifier	G2
			R	2	Reference Identification	FCHP Vendor Number
2310C						
	NM1	Purchased Service Provider Name	S			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			R	3	Name Last or Organization Name	

loop	seg	description	req	field	description	fchp-specific requirements
			S	4	Name First	
			S	5	Name Middle	
			N/U	6	Name Prefix	
			N/U	7	Name Suffix	
			S	8	Identification Code Qualifier	
			S	9	Identification Code	
	REF	Purchased Service Provider Secondary Identification	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2310D						
	NM1	Service Facility Location	S			
			R	1	Entity Identifier Code	77
			R	2	Entity Type Qualifier	2
			S	3	Name Last or Organization Name	
			N/U	4	Name First	
			N/U	5	Name Middle	
			N/U	6	Name Prefix	
			N/U	7	Name Suffix	
			S	8	Identification Code Qualifier	
			S	9	Identification Code	
	N3	Service Facility Location Address	R			
			R	1	Address Information	
			S	2	Address Information	
	N4	Service Facility Location City/State/ZIP	R			
			R	1	City Name	
			R	2	State or Province Code	
			R	3	Postal Code	
			S	4	Country Code	
	REF	Service Facility Location Secondary Identification	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2310E						
	NM1	Supervising Provider Name	S			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			R	3	Name Last or Organization Name	
			R	4	Name First	
			S	5	Name Middle	
			N/U	6	Name Prefix	
			S	7	Name Suffix	
			S	8	Identification Code Qualifier	
			S	9	Identification Code	
	REF	Supervising Provider Secondary Identification	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2320						
	SBR	Other Subscriber Information	S			
			R	1	Payer Responsibility Sequence Number Code	
			R	2	Individual Relationship Code	Reference implementation guide for value

loop	seg	description	req	field	description	fchp-specific requirements
			S	3	Reference Identification	
			S	4	Name	
			R	5	Insurance Type Code	Reference implementation guide for value
			N/U	6	Coordination of Benefits	
			N/U	7	Yes/No Condition or Response Code	
			N/U	8	Employment Status Code	
			S	9	Claim Filing Indicator Code	Reference implementation guide for value
	CAS	Claim Level Adjustments	S			
			R	1	Claim Adjustment Group Code	
			R	2	Claim Adjustment Reason Code	
			R	3	Monetary Amount	
			S	4	Quantity	
			S	5	Claim Adjustment Reason Code	
			S	6	Monetary Amount	
			S	7	Quantity	
			S	8	Claim Adjustment Reason Code	
			S	9	Monetary Amount	
			S	10	Quantity	
			S	11	Claim Adjustment Reason Code	
			S	12	Monetary Amount	
			S	13	Quantity	
			S	14	Claim Adjustment Reason Code	
			S	15	Monetary Amount	
			S	16	Quantity	
			S	17	Claim Adjustment Reason Code	
			S	18	Monetary Amount	
			S	19	Quantity	
2320						
	AMT	Coordination of Benefits (COB) Payer Paid Amount	S			
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	
	AMT	Coordination of Benefits (COB) Approved Amount	S			
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	
	AMT	Coordination of Benefits (COB) Allowed Amount	S			
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	
	AMT	Coordination of Benefits (COB) Patient Responsibility Amount	S			
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	
	AMT	Coordination of Benefits (COB) Covered Amount	S			
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	
	AMT	Coordination of Benefits (COB) Discount Amount	S			
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	

loop	seg	description	req	field	description	fchp-specific requirements
	AMT	Coordination of Benefits (COB) Per Day Limit Amount	S			
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	
	AMT	Coordination of Benefits (COB) Patient Paid Amount	S			
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	
	AMT	Coordination of Benefits (COB) Tax Amount	S			
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	
	AMT	Coordination of Benefits (COB) Total Claim Before Taxes Amount	S			
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	
	DMG	Subscriber Demographic Information	S			
			R	1	Date/Time Period Format Qualifier	
			R	2	Date/Time Period	
			R	3	Gender Code	
2320						
	OI	Other Insurance Coverage Information	R			
			N	1	Claim Filing Indicator Code	
			N	2	Claim Submission Reason Code	
			R	3	Yes/No Condition or Response Code	
			S	4	Patient Signature Source Code	
				5	Provider Agreement Code	
			R	6	Release of Information Code	
	MOA	Medicare Outpatient Adjudication Information	S			
			S	1	Percent	
			S	2	Monetary Amount	
			S	3	Reference Identification	
			S	4	Reference Identification	
			S	5	Reference Identification	
			S	6	Reference Identification	
			S	7	Reference Identification	
			S	8	Monetary Amount	
			S	9	Monetary Amount	
2330A						
	NM1	Other Subscriber Name	R			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			R	3	Name Last or Organization Name	
			S	4	Name First	
			S	5	Name Middle	
			N/U	6	Name Prefix	
			S	7	Name Suffix	
			R	8	Identification Code Qualifier	
			R	9	Identification Code	
	N3	Other Subscriber Address	S			
			R	1	Address Information	

loop	seg	description	req	field	description	fchp-specific requirements
			S	2	Address Information	
	N4	Other Subscriber City/State/ZIP Code	S			
			S	1	City Name	
			S	2	State or Province Code	
			S	3	Postal Code	
			S	4	Country Code	
	REF	Other Subscriber Secondary Identification	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2330B						
	NM1	Other Payer Name	R			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			R	3	Name Last or Organization Name	
			N/U	4	Name First	
			N/U	5	Name Middle	
			N/U	6	Name Prefix	
			N/U	7	Name Suffix	
			R	8	Identification Code Qualifier	
			R	9	Identification Code	
	PER	Other Payer Contact Information	S			
			R	1	Contact Function Code	
			R	2	Name	
			R	3	Communication Number Qualifier	
			R	4	Communication Number	
			S	5	Communication Number Qualifier	
			S	6	Communication Number	
			S	7	Communication Number Qualifier	
			S	8	Communication Number	
	DTP	Claim Adjudication Date	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	REF	Other Payer Secondary Identifier	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Other Payer Prior Authorization or Referral Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Other Payer Claim Adjustment Indicator	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2330C						
	NM1	Other Payer Patient Information	S			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			N/U	3	Name Last or Organization Name	
			N/U	4	Name First	
			N/U	5	Name Middle	
			N/U	6	Name Prefix	
			N/U	7	Name Suffix	

loop	seg	description	req	field	description	fchp-specific requirements
			R	8	Identification Code Qualifier	
			R	9	Identification Code	
2330C						
	REF	Other Payer Patient Identification	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2330D						
	NM1	Other Payer Referring Provider	S			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			N/U	3	Name Last or Organization Name	
	REF	Other Payer Referring Provider Identification	R			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2330E	NM1	Other Payer Rendering Provider	S			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			N/U	3	Name Last or Organization Name	
	REF	Other Payer Rendering Provider Secondary Identification	R			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2330F						
	NM1	Other Payer Purchased Service Provider	S			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			N/U	3	Name Last or Organization Name	
	REF	Other Payer Purchased Service Provider Identification	R			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2330G						
	NM1	Other Payer Service Facility Location	S			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			N/U	3	Name Last or Organization Name	
	REF	Other Payer Service Facility Location Identification	R			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2330H						
	NM1	Other Payer Supervising Provider	S			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			N/U	3	Name Last or Organization Name	
2330H						
	REF	Other Payer Supervising Provider Identification	R			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2400						
	LX	Service Line	R			
			R	1	Assigned Number	Line counter
	SV1	Professional Service	R			

loop	seg	description	req	field	description	fchp-specific requirements
			R	1	Composite Medical Procedure Identifier	
			R	1,1	Product/Service ID Qualifier	HC
			R	1,2	Product/Service ID	Procedure code
			S	1,3	Procedure Modifier	Modifier 1
			S	1,4	Procedure Modifier	Modifier 2
			S	1,5	Procedure Modifier	Modifier 3
			S	1,6	Procedure Modifier	Modifier 4
			R	2	Monetary Amount	\$\$
			R	3	Unit or Basis for Measurement Code	UN
			R	4	Quantity	Units
			S	5	Facility Code Value	Reference implementation guide for value
			N/U	6	Service Type Code	
			S	7	Composite Diagnosis Code Pointer	
			R	7,1	Diagnosis Code Pointer	
			S	7,2	Diagnosis Code Pointer	
			S	7,3	Diagnosis Code Pointer	
			S	7,4	Diagnosis Code Pointer	
			N/U	8	Monetary Amount	
			S	9	Yes/No Condition or Response Code	Y or N
			N/U	10	Multiple Procedure Code	
			S	11	Yes/No Condition or Response Code	Y
			S	12	Yes/No Condition or Response Code	Y
			N/U	13	Review Code	
			N/U	14	National or Local Assigned review Value	
			S	15	Copay Status Code	
	SV5	Durable Medical Equipment Service	S			
			R	1	Composite Medical Procedure Identifier	
			R	1,1	Product/Service ID Qualifier	
			R	1,2	Product/Service ID	
			S	1,3	Procedure Modifier	
			S	1,4	Procedure Modifier	
			S	1,5	Procedure Modifier	
			S	1,6	Procedure Modifier	
			R	2	Unit or Basis for Measurement Code	
			R	3	Quantity	
			S	4	Monetary Amount	
			S	5	Monetary Amount	
			S	6	Frequency Code	
			N/U	7	Prognosis Code	
	PWK	DMERC CMN Indicator	S			
			R	1	Report Type Code	
			R	2	Report Transmission Code	
	CR1	Ambulance Transport Information	S			
			S	1	Unit or Basis for Measurement Code	
2400						
	CR1	Ambulance Transport Information	S	2	Weight	
			R	3	Ambulance Transport Code	
			R	4	Ambulance Transport Reason Code	
			R	5	Unit or Basis for Measurement Code	
			R	6	Quantity	
			N/U	7	Address Information	
			N/U	8	Address Information	
			S	9	Description	

loop	seg	description	req	field	description	fchp-specific requirements
			S	10	Description	
	CR2	Spinal Manipulation Service Information	S			
			N/U	1	Count	
			N/U	2	Quantity	
			N/U	3	Subluxation Level Code	
			N/U	4	Subluxation Level Code	
			N/U	5	Unit or Basis for Measurement Code	
			N/U	6	Quantity	
			N/U	7	Quantity	
			R	8	Nature of Condition Code	
			N/U	9	Yes/No Condition or Response Code	
			S	10	Description	
			S	11	Description	
			S	12	Yes/No Condition or Response Code	
	CR3	Durable Medical Equipment Certification	S			
			R	1	Certification Type Code	
			R	2	Unit or Basis for Measurement Code	
			R	3	Quantity	
	CR5	Home Oxygen Therapy Information	S			
			R	1	Certification Type Code	
			R	2	Quantity	
			N/U	3	Oxygen Equipment Type Code	
			N/U	4	Oxygen Equipment Type Code	
			N/U	5	Description	
			N/U	6	Quantity	
			N/U	7	Quantity	
			N/U	8	Quantity	
			N/U	9	Description	
			S	10	Quantity	
			S	11	Quantity	
			R	12	Oxygen Test Condition Code	
			S	13	Oxygen Test Findings Code	
			S	14	Oxygen Test Findings Code	
			S	15	Oxygen Test Findings Code	
			N/U	16	Quantity	
			N/U	17	Oxygen Delivery System Code	
			N/U	18	Oxygen Equipment Type Code	
	CRC	Ambulance Certification	S			
			R	1	Code Category	
			R	2	Yes/No Condition or Response Code	
			R	3	Condition Indicator	
			S	4	Condition Indicator	
			S	5	Condition Indicator	
			S	6	Condition Indicator	
			S	7	Condition Indicator	
2400						
	CRC	Hospice Employee Indicator	S			
			R	1	Code Category	
			R	2	Yes/No Condition or Response Code	
			R	3	Condition Indicator	
	CRC	DMERC Condition Indicator	S			
			R	1	Code Category	
			R	2	Yes/No Condition or Response Code	
			R	3	Condition Indicator	

loop	seg	description	req	field	description	fchp-specific requirements
			S	4	Condition Indicator	
			S	5	Condition Indicator	
			S	6	Condition Indicator	
			S	7	Condition Indicator	
	DTP	Date - Service Date	R			
			R	1	Date/Time Qualifier	472
			R	2	Date/Time Period Format Qualifier	D8
			R	3	Date/Time Period	Date of service CCYYMMDD
	DTP	Date - Certification Revision Date	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Referral Date	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Begin Therapy Date	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Last Certification Date	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Order Date	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
2400						
	DTP	Date - Date Last Seen	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Test	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Oxygen Saturation/Arterial Blood Gas Test	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Shipped	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Onset of Current Symptom/Illness	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	

loop	seg	description	req	field	description	fchp-specific requirements
			R	3	Date/Time Period	
	DTP	Date - Last X-ray	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Acute Manifestation	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Initial Treatment	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
	DTP	Date - Similar Illness/Symptom Onset	S			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
2400						
	QTY	Anesthesia Modifying Units	S			
			R	1	Quantity Qualifier	
			R	2	Quantity	
	MEA	Test Result	S			
			R	1	Measurement Reference ID Code	
			R	2	Measurement Qualifier	
			R	3	Measurement Value	
	CN1	Contract Information	S			
			R	1	Contract Type Code	
			S	2	Monetary Amount	
			S	3	Percent	
			S	4	Reference Identification	
			S	5	Terms Discount Percent	
			S	6	Version Identifier	
	REF	Repriced Line Item Reference Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Adjusted Repriced Line Item Reference Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Prior Authorization or Referral Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Line Item Control Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Mammography Certification Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	

loop	seg	description	req	field	description	fchp-specific requirements
	REF	Clinical Laboratory Improvement Amendment (CLIA) Identification	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2400						
	REF	Immunization Batch Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Ambulatory Patient Group (APG)	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Oxygen Flow Rate	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	REF	Universal Product Number (UPN)	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
	AMT	Sales Tax Amount	S			
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	
	AMT	Approved Amount	S			
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	
	AMT	Postage Claimed Amount	S			
			R	1	Amount Qualifier Code	
			R	2	Monetary Amount	
	K3	File Information	S			
			R	1	Fixed Format Information	
	NTE	Line Note	S			
			R	1	Note Reference Code	
			R	2	Description	
	PS1	Purchased Service Information	S			
			R	1	Reference Identification	
			R	2	Monetary Amount	
	HSD	Health Care Services Delivery	S			
			S	1	Quantity Qualifier	
			S	2	Quantity	
			S	3	Unit or Basis for Measurement Code	
			S	4	Sample Selection Modulus	
			S	5	Time Period Qualifier	
2400						
	HSD	Health Care Services Delivery	S	6	Number of Periods	
			S	7	Ship/Delivery or Calendar Pattern	

loop	seg	description	req	field	description	fchp-specific requirements
					Code	
			S	8	Ship/Delivery Pattern Time Code	
	HCP	Line Pricing/Repricing Information	S			
			R	1	Pricing Methodology	
			R	2	Monetary Amount	
			S	3	Monetary Amount	
			S	4	Reference Identification	
			S	5	Rate	
			S	6	Reference Identification	
			S	7	Monetary Amount	
			N/U	8	Product/Service ID	
			S	9	Product/Service ID Qualifier	
			S	10	Product/Service ID	
			S	11	Unit or Basis for Measurement Code	
			S	12	Quantity	
			S	13	Reject Reason Code	
			S	14	Policy Compliance Code	
			S	15	Exception Code	
2410	LIN	Drug Identification	S			
			S	1	Assigned Identification	
			R	2	Product / Service ID Qualifier	
			R	3	Product / Service ID	
			S	4	Product / Service ID Qualifier	
			S	5	Product / Service ID	
			S	6	Product / Service ID Qualifier	
			S	7	Product / Service ID	
			S	8	Product / Service ID Qualifier	
			S	9	Product / Service ID	
			S	10	Product / Service ID Qualifier	
			S	11	Product / Service ID	
			S	12	Product / Service ID Qualifier	
			S	13	Product / Service ID	
			S	14	Product / Service ID Qualifier	
			S	15	Product / Service ID	
			S	16	Product / Service ID Qualifier	
			S	17	Product / Service ID	
			S	18	Product / Service ID Qualifier	
			S	19	Product / Service ID	
			S	20	Product / Service ID Qualifier	
			S	21	Product / Service ID	
			S	22	Product / Service ID Qualifier	
			S	23	Product / Service ID	
			S	24	Product / Service ID Qualifier	
			S	25	Product / Service ID	
			S	26	Product / Service ID Qualifier	
			S	27	Product / Service ID	
			S	28	Product / Service ID Qualifier	
			S	29	Product / Service ID	
			S	30	Product / Service ID Qualifier	
			S	31	Product / Service ID	
2410	CTP	Drug Pricing	S			
			S	1	Class of Trade Code	
			S	2	Price Identifier Code	
			R	3	Unit Price	
			R	4	Quantity	
			R	5	Composite Unit of Measure	
			R	5,1	Unit or Basis for Measurement Code	

loop	seg	description	req	field	description	fchp-specific requirements
			S	5,2	Exponent	
			S	5,3	Multiplier	
			S	5,4	Unit or Base for Measurement Code	
			S	5,5	Exponent	
			S	5,6	Multiplier	
			S	5,7	Unit or Base for Measurement Code	
			S	5,8	Exponent	
			S	5,9	Multiplier	
			S	5,10	Unit or Base for Measurement Code	
			S	5,11	Exponent	
			S	5,12	Multiplier	
			S	5,13	Unit or Base for Measurement Code	
			S	5,14	Exponent	
			S	5,15	Multiplier	
			S	6	Price Multiplier Qualifier	
			S	7	Multiplier	
			S	8	Monetary Amount	
			S	9	Base or Unit of Price Code	
			S	10	Condition Value	
			S	11	Multiple Price Quantity	
2410	REF	Prescription Number	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
			S	3	Description	
			S	4	Reference Identifier	
2420A						
	NM1	Rendering Provider Name	S			
			R	1	Entity Identifier Code	82
			R	2	Entity Type Qualifier	1 or 2
			N/U	3	Name Last or Organization Name	Last Name
			S	4	Name First	First Name
			S	5	Name Middle	Middle Name
			N/U	6	Name Prefix	
			S	7	Name Suffix	Suffix
			R	8	Identification Code Qualifier	XX
			R	9	Identification Code	Rendering Provider NPI
	PRV	Rendering Provider Specialty Information	S			
			R	1	Provider Code	PE
			R	2	Reference Identification Qualifier	ZZ
			R	3	Reference Identification	Taxonomy code
	REF	Rendering Provider Secondary Identification	S			
			R	1	Reference Identification Qualifier	G2
			R	2	Reference Identification	FCHP Vendor Number
2420B						
	NM1	Purchased Service Provider Name	S			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			N/U	3	Name Last or Organization Name	
			N/U	4	Name First	
			N/U	5	Name Middle	
			N/U	6	Name Prefix	
2420B			N/U	7	Name Suffix	
	NM1	Purchased Service Provider Name	S	8	Identification Code Qualifier	
			S	9	Identification Code	

loop	seg	description	req	field	description	fchp-specific requirements
	REF	Purchased Service Provider Secondary Identification	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2420C						
	NM1	Service Facility Location	S			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			S	3	Name Last or Organization Name	
			N/U	4	Name First	
			N/U	5	Name Middle	
			N/U	6	Name Prefix	
			N/U	7	Name Suffix	
			S	8	Identification Code Qualifier	
			S	9	Identification Code	
	N3	Service Facility Location Address	R			
			R	1	Address Information	
			S	2	Address Information	
	N4	Service Facility Location City/State/ZIP	R			
			R	1	City Name	
			R	2	State or Province Code	
			R	3	Postal Code	
			S	4	Country Code	
	REF	Service Facility Location Secondary Identification	S			
			R	1	Reference Identification Qualifier	
			R	2	Reference Identification	
2420D						
	NM1	Supervising Provider Name	S			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			R	3	Name Last or Organization Name	
			R	4	Name First	
			S	5	Name Middle	
			N/U	6	Name Prefix	
			S	7	Name Suffix	
			S	8	Identification Code Qualifier	XX
			S	9	Identification Code	Supervising Provider NPI
2420D						
	REF	Supervising Provider Secondary Identification	S			
			R	1	Reference Identification Qualifier	G2
			R	2	Reference Identification	FCHP Vendor Number
2420E						
	NM1	Ordering Provider Name	S			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			R	3	Name Last or Organization Name	
			R	4	Name First	
			S	5	Name Middle	
			N/U	6	Name Prefix	
			S	7	Name Suffix	
			S	8	Identification Code Qualifier	XX
			S	9	Identification Code	Ordering Provider NPI

loop	seg	description	req	field	description	fchp-specific requirements
	N3	Ordering Provider Address	S			
			R	1	Address Information	
			S	2	Address Information	
	N4	Ordering Provider City/State/ZIP Code	S			
			R	1	City Name	
			R	2	State or Province Code	
			R	3	Postal Code	
			S	4	Country Code	
	REF	Ordering Provider Secondary Identification	S			
			R	1	Reference Identification Qualifier	G2
			R	2	Reference Identification	FCHP Vendor Number
	PER	Ordering Provider Contact Information	S			
			R	1	Contact Function Code	
			R	2	Name	
			R	3	Communication Number Qualifier	
			R	4	Communication Number	
			S	5	Communication Number Qualifier	
			S	6	Communication Number	
			S	7	Communication Number Qualifier	
			S	8	Communication Number	
2420F						
	NM1	Referring Provider Name	S			
			R	1	Entity Identifier Code	DN
			R	2	Entity Type Qualifier	1
			R	3	Name Last or Organization Name	Last Name
2420F						
	NM1	Referring Provider Name	R	4	Name First	First Name
			S	5	Name Middle	Middle name
			N/U	6	Name Prefix	
			S	7	Name Suffix	Suffix
			S	8	Identification Code Qualifier	XX
			S	9	Identification Code	Referring Provider NPI
	PRV	Referring Provider Specialty Information	S			
			R	1	Provider Code	RF
			R	2	Reference Identification Qualifier	ZZ
			R	3	Reference Identification	Taxonomy code
	REF	Referring Provider Secondary Identification	S			
			R	1	Reference Identification Qualifier	G2
			R	2	Reference Identification	FCHP Vendor Number
2420G						
	NM1	Other Payer Prior Authorization or Referral Number	S			
			R	1	Entity Identifier Code	
			R	2	Entity Type Qualifier	
			R	3	Name Last or Organization Name	
			N/U	4	Name First	
			N/U	5	Name Middle	
			N/U	6	Name Prefix	
			N/U	7	Name Suffix	
			R	8	Identification Code Qualifier	
			R	9	Identification Code	
	REF	Other Payer Prior Authorization or Referral Number	R			
			R	1	Reference Identification Qualifier	

loop	seg	description	req	field	description	fchp-specific requirements
			R	2	Reference Identification	
2430						
	SVD	Line Adjudication Information	S			
			R	1	Identification Code	
			R	2	Monetary Amount	
			R	3	Composite Medical Procedure Identifier	
			R	3,1	Product/Service ID Qualifier	
			R	3,2	Product/Service ID	
			S	3,3	Procedure Modifier	
			S	3,4	Procedure Modifier	
			S	3,5	Procedure Modifier	
			S	3,6	Procedure Modifier	
			S	3,7	Description	
			N/U	4	Product/Service ID	
			R	5	Quantity	
			S	6	Assigned Number	
	CAS	Line Adjustment	S			
			R	1	Claim Adjustment Group Code	
2430						
	CAS	Line Adjustment	R	2	Claim Adjustment Reason Code	
			R	3	Monetary Amount	
			S	4	Quantity	
			S	5	Claim Adjustment Reason Code	
			S	6	Monetary Amount	
			S	7	Quantity	
			S	8	Claim Adjustment Reason Code	
			S	9	Monetary Amount	
			S	10	Quantity	
			S	11	Claim Adjustment Reason Code	
			S	12	Monetary Amount	
			S	13	Quantity	
			S	14	Claim Adjustment Reason Code	
			S	15	Monetary Amount	
			S	16	Quantity	
			S	17	Claim Adjustment Reason Code	
			S	18	Monetary Amount	
			S	19	Quantity	
	DTP	Line Adjudication Date	R			
			R	1	Date/Time Qualifier	
			R	2	Date/Time Period Format Qualifier	
			R	3	Date/Time Period	
2440						
	LQ	Form Identification Code	S			
			R	1	Code List Qualifier Code	
			R	2	Industry Code	
	FRM	Supporting Documentation	R			
			R	1	Assigned Identification	
			S	2	Yes/No Condition or Response Code	
			S	3	Reference Identification	
			S	4	Date	
			S	5	Percent	
	SE	Transaction Set Trailer	R			
			R	1	Number of Included Segments	Number of segments including ST and SE
			R	2	Transaction Set Control Number	Must match ST02

loop	seg	description	req	field	description	fchp-specific requirements
	GE	Functional Group Trailer	R			
			R	1	Number of Transaction Sets Included	Total number of transaction sets
			R	2	Group Control Number	Number originated and maintained by sender
	IEA	Interchange Control Trailer	R			
			R	1	Number of Included Functional Groups	Count of the number of functional groups
			R	2	Interchange Control Number	Number assigned by sender

attachment A—frequently asked questions

Q: What is claim payment turnaround time for EDI claims?

A: In most cases, payment will be received within two weeks of date of submission.

Q: Am I required to bill with a specified provider identification number?

A: Yes, FCHP has a number assigned to each physician called a “vendor number” and to each group called a “master vendor number.” The vendor number should be populated in Box 24K and the master vendor number should be populated in Box 33 under the GRP# of the HCFA 1500 form. Please contact an EDI coordinator at 866-ASK-FCHP (866-275-3241) ext. 69968 to obtain your vendor and master vendor numbers.

Q: What is an FCHP payer ID number and when would I use one?

A: A Payer ID number is required for claim submissions that go through a clearinghouse. The number is assigned by the clearinghouse and is used to route your claims to the correct health plan for payment. If you plan on using a contracted clearinghouse to submit your claims to FCHP, you can obtain our Payer ID from the clearinghouse directly or by calling FCHP at 866-275-3241, ext, 69968. More information can be found on our website at:

<http://www.fchp.org/providers/electronicSubmission.aspx#clearing>

Q: How do I know if my claims are being submitted directly to Fallon Community Health Plan or if they are submitted through a clearinghouse?

A: Your software vendor or information technology department should be able to provide you with this information. If you are having trouble determining how your claims are submitted to FCHP, please call 866-275-3241, ext. 69968, and we can help you obtain this information.

Q: If I am submitting my claims to FCHP through a contracted clearinghouse and I am having submission problems, who should I call?

A: You should always contact the clearinghouse helpdesk first and open up a case before calling FCHP. This is a required step to resolve claim submission problems. Contact information is available here:
<http://www.fchp.org/providers/electronicSubmission.aspx#clearing>

Q: How do I begin direct EDI claims submission to FCHP?

A: For direct submission of ANSI X12 837 version 4010A claims files, contact an FCHP EDI coordinator at 866-ASK-FCHP, ext. 69968 or e-mail edi.coordinator@fchp.org. (This would require programming and coding of your claim submission system to ANSI X12 837 version 4010A and FCHP requirements.) You will need to obtain your FCHP-assigned vendor numbers from FCHP and complete the required enrollment forms which can either be mailed by an EDI coordinator or downloaded in PDF format from the FCHP Web site at
<http://www.fchp.org/providers/providerRegistration.aspx>.

Q: How many claim lines can I submit per claim?

A: If you submit via clearinghouse, you will need to verify with the clearinghouse what they will pass through as a single claim. FCHP is able to accept up to 99 claim lines per claim.

Q: Does FCHP offer electronic notification of claims received and claims denied for each file received electronically?

A: FCHP will send the standard ANSI X12 997 acknowledgement to all trading partners. We are also seeking providers for testing of the HIPAA compliant 276/277 Health Care Claim Status Request and Response transaction set.

Q: Does FCHP offer real-time eligibility and claim status?

A: FCHP offers a Web-based eligibility tool that allows providers to verify eligibility. Claims metric reports for a rolling 12-week period are also available to contracted providers via the Web.
