



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

**837 STANDARD COMPANION GUIDE
TRANSACTION INFORMATION
CLAIMS: PROFESSIONAL, INSTITUTIONAL AND DENTAL**

**INSTRUCTIONS RELATED TO TRANSACTIONS BASED ON ASC
X12 STANDARDS FOR ELECTRONIC DATA INTERCHANGE
TECHNICAL REPORT TYPE 3 (TR3), VERSION 005010**

**COMPANION GUIDE
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1 INTRODUCTION

1.2 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.3 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s)
- Change the meaning or intent of the standard’s implementation specification(s)

1.4 Compliance according to ASC X12 Standard for Electronic Data Interchange Report Type 3 (TR3)

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the TR3
- Modifying any requirement contained in the TR3.

1.5 Intended Use

The Transaction Specific Information of this companion guide must be used in conjunction with an associated ASC X12 Standard for Electronic Data Interchange Report Type 3 (TR3). The Transaction Specific Information in this companion guide is not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 TR3 and is in conformance with ASC X12’s Fair Use and Copyright statements.

2 ASC X12 STANDARDS FOR ELECTRONIC DATA INTERCHANGE REPORT TYPE 3

- 005010X222 Health Care Claim: Professional (837)
- 005010X223 Health Care Claim: Institutional (837)
- 005010X224 Health Care Claim: Dental (837)

AHCCCS 837 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

3 TRANSACTION SPECIFIC INFORMATION

3.1 837 Health Care Claim: Professional

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUES
	ISA	INTERCHANGE CONTROL HEADER	Expect only 1 ISA Per File
	ISA01	Authorization Information Qualifier	Expect 00
	ISA03	Security Information Qualifier	Expect 00
	ISA05	Interchange ID Qualifier	Expect ZZ
	ISA06	Interchange Sender ID	Five byte AHCCCS sender ID
	ISA07	Interchange ID Qualifier	Expect ZZ
	ISA08	Interchange Receiver ID	Expect AHCCCS866004791
	ISA13	Interchange Control Number	Expect Interchange Control Number The trading partner assigns the Interchange Control Number in the rightmost six characters of this 9 character field. ISA13 must be unique within all transmissions (i.e. files) submitted to AHCCCS. The Interchange Control Number is used by AHCCCS for tracking purposes in order to guard against duplicate file submissions. ISA13 must also be identical to the Control Number in the Interchange Trailer element IEA02
	ISA14	Acknowledgement Requested	Expect 1
	GS	FUNCTIONAL GROUP HEADER	
	GS02	Application Sender Code	Five byte AHCCCS sender ID
	GS03	Application Receiver Code	Expect AHCCCS866004791
	GS08	Version Identifier Code	Expect 005010X222A1
	ST	TRANSACTION SET HEADER	
	ST03	Implementation Convention Reference	Expect 005010X222A1
	BHT	BEGINNING OF HIERARCHICAL TRANSACTION	
	BHT02	Transaction Set Purpose Code	Expect 00
	BHT06	Claim or Encounter ID	Expect CH
1000A	NM1	SUBMITTER NAME	
	NM102	Entity Type Qualifier	Expect 2
	NM109	Submitter Identifier	Five byte AHCCCS sender ID
1000B	NM1	RECEIVER NAME	
1000B	NM103	Receiver Name	Expect AHCCCS

AHCCCS 837 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUES
1000B	NM109	Receiver Primary Identifier	Expect 866004791
2010AA	N3	BILLING PROVIDER ADDRESS	PO Box or Lock Box not allowed for the Billing Provider Address Must supply the physical address information
2010AA	N301	Billing Provider Address Line	Expect Billing Provider Address Line 1 "PO Box" or "Lock Box" is not allowed
2000B	HL	SUBSCRIBER HIERARCHIAL LEVEL	
2000B	HL04	Hierarchical Child Code	Expect 0
2000B	SBR	SUBSCRIBER INFORMATION	
2000B	SBR09	Claim Filing Indicator Code	Expect MC
2010BA	NM1	SUBSCRIBER NAME	
2010BA	NM102	Entity Type Qualifier	Expect 1
2010BA	NM108	Identification Code Qualifier	Expect MI
2010BA	NM109	Subscriber Primary Identifier	Expect 9 byte alphanumeric AHCCCS Member ID with a format of A12345678
2010BB	NM1	PAYER NAME	
2010BB	NM103	Payer Name	Expect AHCCCS
2010BB	NM109	Payer Identifier	Expect 866004791
2010BB	REF	BILLING PROVIDER SECONDARY IDENTIFICATION	This segment will only be used when the provider does not have an NPI - Atypical Provider.
2010BB	REF01	Reference Identification Qualifier	Expect G2 only if 2010AA NM109 not used (for atypical providers only)
2010BB	REF02	Payer Additional Identifier	Expect two leading zeros, AHCCCS Provider ID and location code, format 00aaaaaall
2300	CLM	CLAIM INFORMATION	
2300	CLM05-3	Claim Frequency Code	Expect 1 for Original Expect 7 for Replacement Expect 8 for Void
2300	NTE	CLAIM NOTE	
	NTE02	Claim Note Text	Expect Claim Note Text for Federally Qualified Health Center (FQHC), School Identifier, Care Coordination Agreement (CCA) Referral Number or NEMT Providers: FQHC: One Participating Provider XXNPIProviderName or 9999999999ProviderName

AHCCCS 837 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

			<p>Two Participating Providers or Performing Providers XXNPIProviderName or 9999999999ProviderName 3 blanks XXNPIProviderName or 9999999999ProviderName</p> <p>Example: XX1987654321DoeJane XX2123456789DoeJohn</p> <p>School Identifier: 0B (State License) followed by the School ID. Example: 0BNNNNNNNN</p> <p>CCA Referral Number: Providers with a care coordination agreement referral from an IHS/638 provider must include the CCA Referral Number (Example: CCA1234561000001) provided by the IHS/638 provider.</p> <p>Non-Emergency Medical Transportation (NEMT) Providers:</p> <p>P-123 Main St Phoenix AZ 85051 D-456 Uptown St Phoenix AZ 83034</p>
2300	REF	PAYER CLAIM CONTROL NUMBER	Expect when CLM05-3 indicates claim is a 7 Replacement or 8 Void to a previously adjudicated claim
2300	REF02	Claim Original Reference Number	Expect Payer Claim Control Number, AHCCCS Claim Reference Number (CRN)
2300	PWK	CLAIM SUPPLEMENTAL INFORMATION	Expected when there is a paper attachment to follow or when attachments are sent electronically but transmitted in another functional group (275), or when provider deems necessary to identify additional information being held at provider's office and is available upon request by payer
2300	PWK06	Attachment Control Number	Expect Attachment Control Number 50 bytes or less
2310A	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION	This segment will only be used when the provider does not have an NPI - Atypical Provider
2310A	REF01	Reference Identification Qualifier	Expect G2
2310A	REF02	Referring Provider Secondary Identifier	Expect two leading zeros, AHCCCS Provider ID and location code, format 00aaaaaall
2310B	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION	This segment will only be used when the provider does not have an NPI - Atypical Provider
2310B	REF01	Reference Identification Qualifier	Expect G2

AHCCCS 837 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUES
2310B	REF02	Rendering Provider Secondary Identifier	Expect two leading zeros, AHCCCS Provider ID and location code, format 00aaaaaall
2310C	N3	SERVICE FACILITY LOCATION ADDRESS	PO Box or Lock Box not allowed for the Service Facility Address Must supply the physical address information
2310C	N301	Laboratory or Facility Address Line	Expect Laboratory or Facility Address Line "PO Box" or "Lock Box" is not allowed
2310E	NM1	AMBULANCE PICK-UP LOCATION	
2310E	NM101	Entity Identifier Code	Expect PW Pick-Up Address
2310E	NM102	Entity Type Qualifier	Expect 2 Non-Person Entity
2310E	N3	AMBULANCE PICK-UP LOCATION ADDRESS	If the ambulance pickup location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, crossroad of State Road 34 and 45 or Exit near Mile marker 265 on Interstate 80.)
2310E	N301	Ambulance Pick-Up Address Line	Expect physical pick up address. PO Box address should not be used.
2310E	N4	AMBULANCE PICK-UP LOCATION CITY, STATE, ZIP CODE	Expect City, State, and Zip Code
2310E	N401	Ambulance Pick-Up City Name	Expect Pick-Up City
2310E	N402	Ambulance Pick-Up State	Expect Pick-Up State
2310E	N403	Ambulance Pick-Up Zip Code	Expect Pick-Up Zip Code
2310F	NM1	AMBULANCE DROP-OFF LOCATION	
2310F	NM101	Entity Identifier Code	Expect 45 Drop-Off Location
2310F	NM102	Entity Type Qualifier	Expect 2 Non-Person Entity
2310F	N3	AMBULANCE DROP-OFF LOCATION ADDRESS	If the ambulance drop off location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, crossroad of State Road 34 and 45 or Exit near Mile marker 265 on Interstate 80.)
2310F	N301	Ambulance Drop-Off Address Line	Expect physical drop-off address. PO Box address should not be used.
2310F	N4	AMBULANCE DROP-OFF LOCATION CITY, STATE, ZIP CODE	Expect City, State, and Zip Code
2310F	N401	Ambulance Drop-Off City Name	Expect Drop-Off City

AHCCCS 837 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUES
2310F	N402	Ambulance Drop-Off State	Expect Drop-Off State
2310F	N403	Ambulance Drop-Off Zip Code	Expect Drop-Off Zip Code
2400	SV1	PROFESSIONAL SERVICE	
2400	SV101-1	Product or Service ID Qualifier	Expect HC
2420A	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION	Expect when NM109 in this loop is not used and rendering provider is an atypical provider and an identification number is necessary to identify the rendering provider See business rule in NM1 segment of this loop.
2420A	REF01	Reference Identification Qualifier	Expect G2
2420A	REF02	Rendering Provider Secondary Identifier	Expect two leading zeros, AHCCCS Provider ID and location code, format 00aaaaaall

AHCCCS 837 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

3.2 837 Health Care Claim: Institutional

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUES
	ISA	INTERCHANGE CONTROL HEADER	Expect only 1 ISA Per File
	ISA01	Authorization Information Qualifier	Expect 00
	ISA03	Security Information Qualifier	Expect 00
	ISA05	Interchange ID Qualifier	Expect ZZ
	ISA06	Interchange Sender ID	Five byte AHCCCS sender ID
	ISA07	Interchange ID Qualifier	Expect ZZ
	ISA08	Interchange Receiver ID	Expect AHCCCS866004791
	ISA13	Interchange Control Number	Expect Interchange Control Number The trading partner assigns the Interchange Control Number in the rightmost six characters of this 9 character field. ISA13 must be unique within all transmissions (i.e. files) submitted to AHCCCS. The Interchange Control Number is used by AHCCCS for tracking purposes in order to guard against duplicate file submissions. ISA13 must also be identical to the Control Number in the Interchange Trailer element IEA02
	ISA14	Acknowledgement Requested	Expect 1
	GS	FUNCTIONAL GROUP HEADER	
	GS02	Application Sender Code	Five byte AHCCCS sender ID
	GS03	Application Receiver Code	Expect AHCCCS866004791
	GS08	Version Identifier Code	Expect 005010X223A2
	ST	TRANSACTION SET HEADER	
	ST03	Implementation Convention Reference	Expect 005010X223A2
	BHT	BEGINNING OF HIERARCHICAL TRANSACTION	
	BHT02	Transaction Set Purpose Code	Expect 00
	BHT06	Claim or Encounter ID	Expect CH
1000A	NM1	SUBMITTER NAME	
1000A	NM109	Submitter Identifier	Five byte AHCCCS sender ID
1000B	NM1	RECEIVER NAME	
1000B	NM103	Receiver Name	Expect AHCCCS
1000B	NM109	Receiver Primary Identifier	Expect 866004791
2010AA	N3	BILLING PROVIDER ADDRESS	PO Box or Lock Box not allowed for the Billing Provider Address Must supply the physical address information

AHCCCS 837 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUES
2010AA	N301	Billing Provider Address Line	Expect Billing Provider Address Line 1 "PO Box" or "Lock Box" is not allowed
2000B	HL	SUBSCRIBER HIERARCHIAL LEVEL	
2000B	HL04	Hierarchical Child Code	Expect 0
2000B	SBR	SUBSCRIBER INFORMATION	
2000B	SBR09	Claim Filing Indicator Code	Expect MC
2010BA	NM1	SUBSCRIBER NAME	
2010BA	NM108	Identification Code Qualifier	Expect MI
2010BA	NM109	Subscriber Primary Identifier	Expect 9 byte alphanumeric AHCCCS Member ID with a format of A12345678
2010BB	NM1	PAYER NAME	
2010BB	NM103	Payer Name	Expect AHCCCS
2010BB	NM108	Identification Code Qualifier	Expect PI
2010BB	NM109	Payer Identifier	Expect 866004791
2010BB	REF	BILLING PROVIDER SECONDARY IDENTIFICATION	This segment will only be used when the provider does not have an NPI - Atypical Provider.
2010BB	REF01	Reference Identification Qualifier	Expect G2 only if 2010AA NM109 not used (for atypical providers only)
2010BB	REF02	Payer Additional Identifier	Expect two leading zeros, AHCCCS Provider Registration ID and location code, format 00aaaaaall
2300	CLM	CLAIM INFORMATION	
2300	CLM01	Patient Account Number	Expect Patient Control number 20 bytes or less
2300	NTE	CLAIM NOTE	
	NTE02	Claim Note Text	Expect Care Coordination Agreement (CCA) Referral Number or School Identifier: Providers with a care coordination agreement referral from an IHS/638 provider must include the CCA Referral Number (Example: CCA12345610000001) provided by the IHS/638 provider.
2300	REF	PAYER CLAIM CONTROL NUMBER	Expect when CLM05-3 indicates claim is a 7 Replacement or 8 Void to a previously adjudicated claim
2300	REF02	Claim Original Reference Number	Expect Payer Claim Control Number, AHCCCS Claim Reference Number (CRN)

AHCCCS 837 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUES
2300	PWK	CLAIM SUPPLEMENTAL INFORMATION	Expected when there is a paper attachment to follow, or when attachments are sent electronically but transmitted in another functional group (275), or when provider deems necessary to identify additional information being held at provider's office and is available upon request by payer
2300	PWK06	Attachment Control Number	Expect Attachment Control Number 50 bytes or less
2310A	REF	ATTENDING PROVIDER SECONDARY IDENTIFICATION	This segment will only be used when the provider does not have an NPI - Atypical Provider.
2310A	REF01	Reference Identification Qualifier	Expect G2
2310A	REF02	Secondary Identifier	Expect two leading zeros, AHCCCS Provider Registration ID and location code, format 00aaaaaall
2310B	REF	OPERATING PHYSICIAN SECONDARY IDENTIFICATION	This segment will only be used when the provider does not have an NPI - Atypical Provider.
2310B	REF01	Qualifier	Expect G2
2310B	REF02	Secondary Identifier	Expect two leading zeros, AHCCCS Provider Registration ID and location code, format 00aaaaaall
2310E	N3	SERVICE FACILITY LOCATION ADDRESS	PO Box or Lock Box not allowed for the Service Facility Address Must supply the physical address information
2310E	N301	Laboratory or Facility Address Line	Expect Laboratory or Facility Address Line "PO Box" or "Lock Box" is not allowed
2310E	REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	This segment will only be used when the provider does not have an NPI - Atypical Provider.
2310E	REF01	Reference Identification Qualifier	Expect G2
2310E	REF02	Laboratory or Facility Secondary Identifier	Expect two leading zeros, AHCCCS Provider Registration ID and location code, format 00aaaaaall
2310F	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION	This segment will only be used when the provider does not have an NPI - Atypical Provider.
2310F	REF01	Reference Identification Qualifier	Expect G2
2310F	REF02	Referring Provider Secondary Identifier	Expect two leading zeros, AHCCCS Provider Registration ID and location code, format 00aaaaaall
2400	SV2	SERVICE LINE	
2400	SV202-1	Product or Service ID Qualifier	Code Change

AHCCCS 837 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUES
2400	REF	LINE ITEM CONTROL NUMBER	Expect if submitter needs a line item control number for subsequent communications to or from payer
2400	REF02	Line Item Control Number	The maximum number of characters to be supported for this field is '30'. A submitter may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any receiving system is '30'. Characters beyond 30 are not required to be stored nor returned by any 837-receiving system.

AHCCCS 837 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

3.3 837 Health Care Claim: Dental

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUES
	ISA	INTERCHANGE CONTROL HEADER	Expect only 1 ISA Per File
	ISA01	Authorization Information Qualifier	Expect 00
	ISA03	Security Information Qualifier	Expect 00
	ISA05	Interchange ID Qualifier	Expect ZZ
	ISA06	Interchange Sender ID	Five byte AHCCCS sender ID
	ISA07	Interchange ID Qualifier	Expect ZZ
	ISA08	Interchange Receiver ID	Expect AHCCCS866004791
	ISA13	Interchange Control Number	Expect Interchange Control Number The trading partner assigns the Interchange Control Number in the rightmost six characters of this 9 character field. ISA13 must be unique within all transmissions (i.e. files) submitted to AHCCCS. The Interchange Control Number is used by AHCCCS for tracking purposes in order to guard against duplicate file submissions. ISA13 must also be identical to the Control Number in the Interchange Trailer element IEA02
	ISA14	Acknowledgement Requested	Expect 1
	GS	FUNCTIONAL GROUP HEADER	
	GS02	Application Sender Code	Five byte AHCCCS sender ID
	GS03	Application Receiver Code	Expect AHCCCS866004791
	GS08	Version Identifier Code	Expect 005010X224A2
	ST	TRANSACTION SET HEADER	
	ST03	Implementation Convention Reference	Expect 005010X224A2
	BHT	BEGINNING OF HIERARCHICAL TRANSACTION	
	BHT02	Transaction Set Purpose Code	Expect 00
	BHT06	Claim or Encounter ID	Expect CH
1000A	NM1	SUBMITTER NAME	
1000A	NM109	Submitter Identifier	Five byte AHCCCS sender ID
1000B	NM1	RECEIVER NAME	
1000B	NM103	Receiver Name	Expect AHCCCS
1000B	NM109	Receiver Primary Identifier	Expect 866004791
2010AA	N3	BILLING PROVIDER ADDRESS	PO Box or Lock Box not allowed for the Billing Provider Address Must supply the physical address information
2010AA	N301	Billing Provider Address Line	Expect Billing Provider Address Line 1 "PO Box" or "Lock Box" is not allowed

AHCCCS 837 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	ELEMENT	DESCRIPTION	AHCCCS USAGE/EXPECTED VALUES
2010AA	N4	BILLING PROVIDER CITY/STATE/ZIP CODE	
2010AA	N403	Billing Provider Postal Zone or ZIP Code	Expect Billing Provider Zip Code Providers are encouraged to submit the full 9-digit zip code; however, a value of '0000' or '9999' is acceptable until the actual zip+4 code is identified.
2000B	SBR	SUBSCRIBER INFORMATION	
2000B	SBR09	Claim Filing Indicator Code	Expect MC
2010BA	NM1	SUBSCRIBER NAME	
2010BA	NM108	Identification Code Qualifier	Expect MI
2010BA	NM109	Subscriber Primary Identifier	Expect 9 byte alphanumeric AHCCCS Member ID with a format of A12345678
2010BB	NM1	PAYER NAME	
2010BB	NM103	Payer Name	Expect AHCCCS
2010BB	NM108	Identification Code Qualifier	Expect PI
2010BB	NM109	Payer Identifier	Expect 866004791
2010BB	REF	BILLING PROVIDER SECONDARY IDENTIFICATION	This segment will only be used when the provider does not have an NPI - Atypical Provider.
2010BB	REF01	Reference Identification Qualifier	Expect G2
2010BB	REF02	Payer Additional Identifier	Expect two leading zeros, AHCCCS Provider ID and location code, format 00aaaaaall
2300	CLM	CLAIM INFORMATION	
2300	CLM01	Patient Control Number	Expect Patient Account Number, support up to 20 bytes
2300	CLM05-3	Claim Frequency Code	Expect 1 for Original Expect 7 for Replacement Expect 8 for Void
2300	NTE	CLAIM NOTE	
	NTE02	Claim Note Text	Expect Claim Note Text for Federally Qualified Health Center (FQHC) and/or Care Coordination Agreement (CCA) Referral Number: FQHC: One Participating Provider XXNPIProviderName or 9999999999ProviderName Two Participating Providers or Performing Providers XXNPIProviderName or 9999999999ProviderName 3 blanks

AHCCCS 837 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

			<p>XXNPIProviderName or 9999999999ProviderName</p> <p>Example: XX1987654321DoeJane XX2123456789DoeJohn</p> <p>School Identifier: 0B (State License) followed by the School ID. Example: 0BNNNNNNNNN</p> <p>CCA Referral Number: Providers with a care coordination agreement referral from an IHS/638 provider must include the CCA Referral Number (Example: CCA1234561000001) provided by the IHS/638 provider.</p>
2300	REF	PAYER CLAIM CONTROL NUMBER	Expect when CLM05-3 indicates claim is a 7 Replacement or 8 Void to a previously adjudicated claim
2300	REF02	Payer Claim Control Number	Expect Payer Claim Control Number, AHCCCS Claim Reference Number (CRN).
2300	PWK	CLAIM SUPPLEMENTAL INFORMATION	
2300	PWK06	Attachment Control Number	Expect Attachment Control Number 50 bytes or less
2310B	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION	This segment will only be used when the provider does not have an NPI - Atypical Provider.
2310B	REF01	Reference Identification Qualifier	Expect G2
2310B	REF02	Rendering Provider Secondary Identifier	Expect two leading zeros, AHCCCS Provider ID and location code, format 00aaaaaall
2310C	N3	SERVICE FACILITY LOCATION ADDRESS	PO Box or Lock Box not allowed for the Service Facility Address Must supply the physical address information
2310C	N301	Laboratory or Facility Address Line	Expect Laboratory or Facility Address Line "PO Box" or "Lock Box" is not allowed
2400	REF	LINE ITEM CONTROL NUMBER	
2400	REF02	Line Item Control Number	The maximum number of characters to be supported for this field is '30'. A submitter may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any receiving system is '30'. Characters beyond 30 are not required to be stored nor returned by any 837-receiving system.

4 TI CHANGE SUMMARY

#	Location & Section	Revision	Revision Date
0.1		Original Draft Version	July 2011
0.1		Removed DRAFT from the document	November 11, 2016
1.0	Document Title	Changed version numbering sequence from 0.1 to 1.0	April 13, 2017
1.0	Section 3 Instructions Table	Removed Section 3 Instructions Table and replaced as Section 3 Transaction Specific Information	April 13, 2017
1.0	Section 4 TI Additional Information	Removed Section 4 Additional Information due to missing table	April 13, 2017
2.0	Document Title	Changed version number from 1.0 to 2.0	November 28, 2017
2.0	Institutional, Professional and Dental Transaction Notes – Claims within Element ISA	Added ISA13 Interchange Control Number information	November 28, 2017
2.0	3.3 837 Dental Transaction Notes - Claims	Added columns/data for: ID, Min-Max, and Loop Rep	November 28, 2017
3.0	Institutional, Professional and Dental Transaction Notes	Modified NTE to include CCA Referral Number requirement	July 27, 2020
4.0	3.1 837 Health Care Claim: Professional 3.2 837 Health Care Claim: Institutional 3.3 837 Health Care Claim: Dental	<ul style="list-style-type: none"> • Updated the Template • Remove 837 Notes Column • Page 5: Added NTE02/Notes on NEMT info • Page 6: Added 2310E Ambulance Pick Up Location and 2310F Ambulance Drop Off Location 	November 28, 2022