

## Changes to the electronic Health Care Claim – ANSI ASC X12N 837

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Health Insurance Portability and Accountability Act (HIPAA) electronic transactions must be upgraded to Version 5010 no later than January 1, 2012, per the **Modifications to the Health Insurance Portability and Accountability Act (HIPAA); Final Rules**. In preparation for this transition, the purpose of this article is to outline high level changes from the current HIPAA Version 4010A1 to the new Version 5010 regarding electronic health care claims. Articles addressing other HIPAA transactions will be forthcoming. Practice management software vendors and clearinghouses will need to refer to version 5010 implementation guidance for each transaction to identify all changes, additions and deletions.

### GENERAL 5010 INFORMATION

HIPAA implementation guides for Version 5010 are called TR3s (Type Report 3) and are available for purchase at <http://www.wpc-edi.com/content/view/817/1>

#### VERSION 5010 TR3 DOCUMENTS INCLUDED IN HIPAA MODIFICATIONS:

270/271	005010X279	Health Care Eligibility Benefit Inquiry and Response
276/277	005010X212	Health Care Claim Status Request and Response
278	005010X217	Services Review Request for Review/Response
835	005010X221	Health Care Claims Payment/Advice
837P	005010X222	Health Care Claim: Professional
837I	005010X223	Health Care Claim: Institutional
837D	005010X224	Health Care Claim: Dental

Additional information is available on the CMS website including documents for each transaction that list each loop, segment and data element for both versions 4010A1 and 5010 for a side-by-side comparison at: [http://www.cms.gov/ElectronicBillingEDITrans/18\\_5010D0.asp](http://www.cms.gov/ElectronicBillingEDITrans/18_5010D0.asp).

### A CHANGE OF ACKNOWLEDGMENTS

Blue Cross and Blue Shield of Alabama will replace our current proprietary Electronic Report File (ERF) with the ANSI ASC X12N 277 Health Care Claim Acknowledgment (277 HCCA) transaction during the transition to 5010. The ERF and 277 HCCA files contain claim submission status information. Additionally, the 999 transaction will replace the 997 transaction for Standard status (Level 1) and Implementation status (Level 2) reporting. A text file interpretation of the 277 HCCA will also be downloaded to FTP directories. More information about these transactions and our transition plans for them will be available soon. The Acknowledgement TR3 documents are located on the WPC website at: <http://www.wpc-edi.com/content/view/1001/1/>

#### ACKNOWLEDGEMENT TRANSACTIONS THAT BLUE CROSS WILL ADOPT FOR VERSION 5010:

999	005010X231	Implementation Acknowledgment for Health Care Insurance
277 HCCA	005010X214	Health Care Claims Acknowledgment

### LOOP IDENTIFIERS AND DATA ELEMENTS

A number of loops have been renumbered or re-arranged, therefore, a loop identifier may be different in 5010 from what it was in 4010A1 for the same information. For instance, the 837P 4010A1 2330D Loop titled **Other Payer Referring Provider** is now 2330C because the 4010A1 2330C loop titled **Other Payer Patient Information** was removed in 5010.

**ATTENTION:** New data elements, changes to the Repeat count, or changes to valid codes and qualifiers have not been outlined within this document. Only changes in Usage where the segment is now Required in 5010 and was Situational in 4010A1 have been listed.

This document is intended to be used as an overview aid only and does not contradict requirements in ANSI ASC X12N implementation guidance nor is it intended to be used as a primary assessment tool. Refer to the applicable TR3 for detailed information regarding version 5010.

### PROFESSIONAL 837 5010 – LOOPS REMOVED

4010A1 Loop Identifier	Loop Name
2010BC	Responsible Party Name
2010BD	Credit/Debit Card Holder Name
2305	Home Health Care Plan Information
2310C	Purchased Service Provider Name
2330C	Other Payer Patient Information
2330F	Other Payer Purchased Service Provider
2420G	Other Payer Prior Authorization or Referral Number

TABLE P.1

### PROFESSIONAL 837 5010 – LOOP IDENTIFIER CHANGES

4010A1 Loop Identifier	Loop Identifier Name	5010 Loop Identifier
2310D	Service Facility Location	2310C
2310E	Supervising Provider Name	2310D
2330D	Other Payer Referring Provider	2330C
2330E	Other Payer Rendering Provider	2330D
2330G	Other Payer Service Facility Location	2330E
2330H	Other Payer Supervising Provider	2330F

TABLE P.2

### PROFESSIONAL 837 5010 - NEW LOOPS

Loop Name	Loop Identifier <small>(may be reused from 4010A1 due to deletion or rearrangement)</small>	Segments
Pay-To Plan Name	2010AC	NM1: Pay-To Plan Name N3: Pay-To Plan Address N4: Pay-To Plan City/State/ZIP Code REF: Pay-To Plan Secondary Identification REF: Pay-To Plan Tax Identification
Ambulance Pick-up Location	2310E	NM1: Ambulance Pick-up Location N3: Ambulance Pick-up Location Address N4: Ambulance Pick-up Location City/State/ZIP Code
Ambulance Drop-off Location	2310F	NM1: Ambulance Drop-off Location N3: Ambulance Drop-off Location Address N4: Ambulance Drop-off Location City/State/ZIP Code
Other Payer Billing Provider	2330G	NM1: Other Payer Billing Provider REF: Other Payer Billing Provider Secondary Information

Ambulance Pick-up Location	2420G	NM1: Ambulance Pick-up Location N3: Ambulance Pick-up Location Address N4: Ambulance Pick-up Location City/State/ZIP Code
Ambulance Drop-off Location	2420H	NM1: Ambulance Drop-off Location N3: Ambulance Drop-off Location Address N4: Ambulance Drop-off Location City/State/ZIP Code

TABLE P.3

### PROFESSIONAL 837 5010 - SEGMENTS REMOVED FROM LOOPS THAT REMAIN IN 5010

4010A1 Loop Identifier	Segment Identifier	Segment Name
Header	REF	Transmission Type Identification
2010AA	REF	Credit/Debit Card Billing Information
2010AB	REF	Pay-To Provider Secondary Identifier
2010CA	REF	Patient Secondary Identification
2300	DTP	Date – Similar Illness/Symptom Onset
2300	DTP	Date – Disability Begin
2300	DTP	Date – Disability End
2300	AMT	Credit/Debit Card Maximum Amount
2300	AMT	Total Purchased Service Amount
2300	REF	Prior Authorization or Referral Number
2300	REF	Original Reference Number (ICN/DCN)
2300	REF	Ambulatory Patient Group (APG)
2310A	PRV	Referring Provider Specialty Information
2320	AMT	Coordination of Benefits (COB) Approved Amount
2320	AMT	Coordination of Benefits (COB) Allowed Amount
2320	AMT	Coordination of Benefits (COB) Patient Responsibility Amount
2320	AMT	Coordination of Benefits (COB) Covered Amount
2320	AMT	Coordination of Benefits (COB) Discount Amount
2320	AMT	Coordination of Benefits (COB) Per Day Limit Amount
2320	AMT	Coordination of Benefits (COB) Patient Paid Amount
2320	AMT	Coordination of Benefits (COB) Tax Amount
2320	AMT	Coordination of Benefits (COB) Total Claim Before Taxes Amount
2320	DMG	Subscriber Demographic Information
2330B	PER	Other Payer Contact Information
2330B	DTP	Claim Adjudication Date
2400	CR2	Spinal Manipulation Service Information
2400	CR5	Home Oxygen Therapy Information
2400	DTP	Date – Oxygen Saturation/Arterial Blood Gas Test
2400	DTP	Onset of Current Symptom/Illness
2400	DTP	Date – Acute Manifestation
2400	DTP	Date – Similar Illness/Symptom Onset
2400	REF	Ambulatory Patient Group (APG)
2400	REF	Oxygen Flow Rate
2400	REF	Universal Product Number (UPN)
2400	AMT	Approved Amount
2400	HSD	Health Care Services Delivery
2420F	PRV	Referring Provider Specialty Information

TABLE P.4

PROFESSIONAL 837 5010 - NEW SEGMENTS IN LOOPS THAT WERE PRESENT IN 4010A1

Loop Identifier	Segment Identifier	Segment Name
2010AA	REF	Billing Provider UPIN/License Information
2010BA	PER	Property and Casualty Subscriber Contact Information
2010BB	REF	Billing Provider Secondary Identification
2010CA	PER	Property and Casualty Patient Contact Information
2300	DTP	Date – Disability Dates
2300	DTP	Date – Property and Casualty Date of 1 <sup>st</sup> Contact
2300	DTP	Date – Repricer Received Date
2300	REF	Referral Number
2300	REF	Prior Authorization
2300	REF	Care Plan Oversight
2300	HI	Anesthesia Related Procedure
2300	HI	Condition Information
2310C	PER	Service Facility Contact Information
2320	AMT	Coordination of Benefits (COB) Total Non-Covered Amount
2320	AMT	Remaining Patient Liability
2330B	N3	Other Payer Address
2330B	N4	Other Payer City/State/Zip Code
2330B	REF	Other Payer Referral Number
2330B	REF	Other Payer Claim Control Number
2400	PWK	Line Supplemental Information
2400	DTP	Date – Prescription Date
2400	QTY	Ambulance Patient Count
2400	QTY	Obstetric Anesthesia Additional Units
2400	REF	Referral Number
2400	NTE	Third Party Organization Notes
2430	AMT	Remaining Patient Liability

TABLE P.5

PROFESSIONAL 837 5010 - SEGMENT NAME ALTERATIONS

5010 Loop Identifier <i>(4010A1 ID if different)</i>	Segment Identifier	4010A1 Segment Name	5010 Segment Name
2000A	HL	Billing/Pay-To Provider Hierarchical Level	Billing Provider Hierarchical Level
2000A	PRV	Billing/Pay-To Provider Specialty Information	Billing Provider Specialty Information
2010AB*	NM1	Pay-To Provider Name	Pay-To Address Name
2010AB*	N3	Pay-To Provider Address	Pay-To Address - ADDRESS
2010AB*	N4	Pay-To Provider City/State/ZIP Code	Pay-To Address City, State, ZIP Code
<i>* The 2010AB Loop Name also changed from Pay-To Provider Name to Pay-To Address Name</i>			
2300	REF	Original Reference Number	Payer Claim Control Number
2300	REF	Claim Identification Number For Clearing Houses And Other Transmission Intermediaries	Claim Identifier For Transmission Intermediaries
2320	MOA	Medicare Outpatient Adjudication Information	Outpatient Adjudication Information
2330B	DTP	Claim Adjudication Date	Claim Check or Remittance Date
2330B	REF	Other Payer Prior Authorization or Referral Number	Other Payer Prior Authorization Number <i>(prior authorization and referral number now have separate segments) See Referral Number in Table P.5.</i>
2330C <i>(2330D)</i>	REF	Other Payer Referring Provider Identification	Other Payer Referring Provider Secondary Information

2330E (2330G)	REF	Other Payer Service Facility Location Identification	Other Payer Service Facility Location Secondary Identification
2330F (2330H)	REF	Other Payer Supervising Provider Identification	Other Payer Supervising Provider Secondary Identification
2400	PWK	DMERC CMN Indicator	Durable Medical Equipment Certificate Of Medical Necessity Indicator
2400	CRC	DMERC Condition Indicator	Condition Indicator/Durable Medical Equipment
2400	DTP	Certification Revision Date	Date – Certification Revision/Recertification Date
2400	DTP	Date – Date Last Seen	Date – Date Last Seen Date
2400	DTP	Date – Test	Date – Test Date
2400	DTP	Date – Shipped	Date – Shipped Date
2400	DTP	Date – Last X-Ray	Date – Last X-Ray Date
2400	DTP	Date – Initial Treatment	Date – Initial Treatment Date
2400	REF	Prior Authorization or Referral Number	Prior Authorization Number
2400	REF	Clinical Laboratory Improvement Amendment (CLIA) Identification	Clinical Laboratory Improvement Amendment (CLIA) Number
2410	CTP	Drug Pricing	Drug Quantity
2410	REF	Prescription Number	Prescription Or Compound Drug Association Number
2420C	NM1	Service Facility Location Name	Service Facility Location
2430	DTP	Line Adjudication Date	Line Check or Remittance Date

TABLE P.6

### PROFESSIONAL 837 5010 – SEGMENT USAGE CHANGED TO REQUIRED

This table does not contain all usage changes to segments. Only segments that were '**Situational**' in 4010A1 and are now '**Required**' in 5010 are listed.

5010 Loop Identifier (4010A1 ID if different)	Segment Identifier	4010A1 Segment Name	5010 Segment Name
2010AA	REF	Billing Provider Secondary Identification	Billing Provider Tax Identification
2300	HI	Health Care Diagnosis Code	Health Care Diagnosis Code
2410	CTP	Drug Pricing	Drug Quantity
2430	DTP	Adjudication Date	Line Check or Remittance Date

TABLE P.7

### INSTITUTIONAL 837 5010 – LOOPS REMOVED

4010A1 Loop Identifier	Loop Identifier Name
2010BB	Credit/Debit Card Holder Name
2010BD	Responsible Party Name
2305	Home Health Care Plan Information
2330C	Other Payer Patient Information
2420A	Attending Physician Name

TABLE I.1

## INSTITUTIONAL 837 5010 – LOOP IDENTIFIER CHANGES

4010A1 Loop Identifier	Loop Identifier Name	5010 Loop Identifier
2010BC	Payer Name	2010BB
2330D	Other Payer Attending Provider	2330C
2330E	Other Payer Operating Physician	2330D
2330F	Other Payer Other Operating Physician	2330E
2330H	Other Payer Service Facility Location	2330F
2420B	Operating Physician Name	2420A
2420C	Other Operating Physician Name	2420B

TABLE I.2

## INSTITUTIONAL 837 5010 - NEW LOOPS

Loop Name	Loop Identifier <small>(may be reused from 4010A1 due to deletion or rearrangement)</small>	Segments
Pay-To Plan Name	2010AC	NM1: Pay-To Plan Name N3: Pay-To Plan Address N4: Pay-To Plan City/State/ZIP Code REF: Pay-To Plan Secondary Identification REF: Pay-To Plan Tax Identification
Rendering Provider Name	2310D	NM1: Rendering Provider Name REF: Rendering Provider Secondary Identification
Referring Provider Name	2310F	NM1: Referring Provider Name REF: Referring Provider Secondary Identifier
Other Payer Rendering Provider Name	2330G	NM1: Other Payer Rendering Provider Name REF: Other Payer Rendering Provider Secondary Identification
Other Payer Referring Provider	2310F	NM1: Other Payer Referring Provider REF: Other Payer Referring Provider Secondary Identifier
Other Payer Billing Provider	2330I	NM1: Other Payer Billing Provider REF: Other Payer Billing Provider Secondary Identification
Rendering Provider Name	2420C	NM1: Rendering Provider Name REF: Rendering Provider Secondary Identification
Referring Provider Name	2420D	NM1: Referring Provider Name REF: Referring Provider Secondary Identifier

TABLE I.3

## INSTITUTIONAL 837 5010 - SEGMENTS REMOVED FROM LOOPS THAT REMAIN IN 5010

4010A1 Loop Identifier	Segment Identifier	Segment Name
Header	REF	Transmission Type Identifier
2010AA	REF	Credit/Debit Card Billing Information
2010AB	REF	Pay-To Provider Secondary Identification
2010CA	REF	Patient Secondary Identification Number
2300	AMT	Payer Estimated Amount Due
2300	AMT	Patient Paid Amount
2300	AMT	Credit/Debit Card Maximum Amount
2300	REF	Document Identification Code
2300	CR6	Home Health Care Information
2300	CRC	Home Health Functional Limitations
2300	CRC	Home Health Activities Permitted
2300	CRC	Home Health Mental Status
2300	QTY	Claim Quantity

2320	AMT	Coordination of Benefits (COB) Total Allowed Amount
2320	AMT	Coordination of Benefits (COB) Total Submitted Charges
2320	AMT	Diagnostic Related Group (DRG) Outlier Amount
2320	AMT	Coordination of Benefits (COB) Total Medicare Paid Amount
2320	AMT	Medicare Paid Amount – 100%
2320	AMT	Medicare Paid Amount – 80%
2320	AMT	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount
2320	AMT	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount
2320	AMT	Coordination of Benefits (COB) Total Denied Amount
2320	DMG	Other Subscriber Demographic Information
2400	DTP	Assessment Date

TABLE I.4

### INSTITUTIONAL 837 5010 - NEW SEGMENTS IN LOOPS THAT WERE PRESENT IN 4010A1

Loop Identifier	Segment Identifier	Segment Name
2010BB	REF	Billing Provider Secondary Identification
2300	DTP	Date – Repricer Received Date
2300	REF	Referral Number
2300	REF	Payer Claim Control Number
2300	REF	Auto Accident State
2300	CRC	EPSDT Referral
2300	HI	Admitting Diagnosis
2300	HI	Patient’s Reason for Visit
2300	HI	External Cause of Injury
2320	AMT	Remaining Patient Liability
2320	AMT	Coordination of Benefits (COB) Total Non-Covered Amount
2330B	REF	Other Payer Referral Number
2330B	REF	Other Payer Claim Adjustment Indicator
2330B	REF	Other Payer Claim Control Number
2400	REF	Line Item Control Number
2400	REF	Repriced Line Item Reference Number
2400	REF	Adjusted Repriced Line Item Reference Number
2400	NTE	Third Party Organization Notes
2430	AMT	Remaining Patient Liability

TABLE I.5

### INSTITUTIONAL 837 5010 - SEGMENT NAME ALTERATIONS

5010 Loop Identifier <i>(4010A1 ID if different)</i>	Segment Identifier	4010A1 Segment Name	5010 Segment Name
2000A	HL	Billing/Pay-To Provider Hierarchical Level	Billing Provider Hierarchical Level
2000A	PRV	Billing/Pay-To Provider Specialty Information	Billing Provider Specialty Information
2010AA	REF	Billing Provider Secondary Identification	Billing Provider Tax Identification
2010AB	NM1	Pay-To Provider Name	Pay-To Address Name
2010AB	N3	Pay-To Provider Address	Pay-To Address Address
2010AB	N4	Pay-To Provider City/State/ZIP Code	Pay-To City/State/ZIP Code
2300	REF	Prior Authorization or Referral Number	Prior Authorization <i>(prior authorization and referral number now have separate segments) See Referral Number in Table I.5.</i>

2300	REF	Original Reference Number (ICN/DCN)	Payer Claim Control Number
2300	REF	Claims Identification Number For Clearinghouses and Other Transition Intermediaries	Claim Identifier For Transmission Intermediaries
2300	HI	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	Principal Diagnosis This segment was renamed because the multiple data that could be submitted in the 4010 segment have their own separate segments in 5010.
2310A	NM1	Attending Physician Name	Attending Provider Name
2310A	PRV	Attending Physician Specialty Information	Attending Provider Specialty Information
2310A	REF	Attending Physician Secondary Identification	Attending Provider Secondary Identification
2310C	NM1	Other Provider Name	Other Operating Physician Name
2310C	REF	Other Provider Secondary Identification	Other Operating Physician Secondary Identification
2310E	NM1	Service Facility Name	Service Facility Location Name
2310E	N3	Service Facility Name Address	Service Facility Location Address
2310E	N4	Service Facility Name City/State/ZIP Code	Service Facility Location City/State/ZIP Code
2310E	REF	Service Facility Name Secondary Identification	Service Facility Location Secondary Identification
2320	AMT	Payer Prior Payment	COB Payer Paid Amount
2320	MIA	Medicare Inpatient Adjudication Information	Inpatient Adjudication Information
2320	MOA	Medicare Outpatient Adjudication Information	Outpatient Adjudication Information
2330B	DTP	Claim Adjudication Date	Claim Check or Remittance Date
2330B	REF	Other Payer Secondary Identification and Reference Number	Other Payer Secondary Identifier
2330B	REF	Other Payer Prior Authorization or Referral Number	Other Payer Prior Authorization Number
2330F (2330H)	NM1	Other Payer Service Facility Provider	Other Payer Service Facility Location
2330F (2330H)	REF	Other Payer Service Facility Provider Identifier	Other Payer Service Facility Location Secondary Identification
2400	DTP	Service Line Date	Date – Service Date
2410	CTP	Drug Pricing	Drug Quantity
2410	REF	Prescription Number	Prescription or Compound Drug Association Number
2420B (2420C)	NM1	Other Provider Name	Other Operating Physician Name
2420B (2420C)	REF	Other Provider Secondary Identification	Other Operating Physician Secondary Identification
2430	SVD	Service Line Adjudication Information	Line Adjudication Information
2430	CAS	Service Line Adjustment	Line Adjustment
2430	DTP	Service Adjudication Date	Line Check or Remittance Date

TABLE I.6

## INSTITUTIONAL 837 5010 – SEGMENT USAGE CHANGED TO REQUIRED

This table does not contain all usage changes to segments. Only segments that were ‘Situational’ in 4010A1 and are now ‘Required’ in 5010 are listed.

5010 Loop Identifier <i>(4010A1 ID if different)</i>	Segment Identifier	4010A1 Segment Name	5010 Segment Name
2010AA	REF	Billing Provider Secondary Identification	Billing Provider Tax Identification
2300	CL1	Institutional Claim Code	Institutional Claim Code
2410	CTP	Drug Pricing	Drug Quantity
2430	DTP	Service Adjudication Date	Line Check or Remittance Date

TABLE I.7

## DENTAL 837 5010 – LOOPS REMOVED

4010A1 Loop Identifier	Loop Identifier Name
2010BC	Credit/Debit Card Holder Name
2330C	Other Payer Patient Information
2420B	Other Payer Prior Authorization or Referral Number

TABLE D.1

## DENTAL 837 5010 – LOOP IDENTIFIER CHANGES

4010A1 Loop Identifier	Loop Identifier Name	5010 Loop Identifier
2330D	Other Payer Referring Provider	2330C
2330E	Other Payer Rendering Provider	2330D

TABLE D.2

## DENTAL 837 5010 - NEW LOOPS

Loop Name	Loop Identifier <small>(may be reused from 4010A1 due to deletion or rearrangement)</small>	Segments
Pay-To Plan Name	2010AC	NM1: Pay-To Plan Name N3: Pay-To Plan Address N4: Pay-To Plan City/State/ZIP Code REF: Pay-To Plan Secondary Identification REF: Pay-To Plan Tax Identification Number
Supervising Provider Name	2310E	NM1: Supervising Provider Name REF: Supervising Provider Secondary Identification
Other Payer Supervising Provider Name	2330E	NM1: Other Payer Supervising Provider Name REF: Other Payer Supervising Provider Secondary Identification
Other Payer Billing Provider	2330F	NM1: Other Payer Billing Provider REF: Other Payer Billing Provider Secondary Identification
Other Payer Service Facility Location	2330G	NM1: Other Payer Service Facility Location REF: Other Payer Service Facility Location Secondary Identification

Other Payer Assistant Surgeon	2330H	NM1: Other Payer Assistant Surgeon REF: Other Payer Assistant Surgeon Secondary Identification
Supervising Provider Name	2420C	NM1: Supervising Provider Name REF: Supervising Provider Secondary Identification
Service Facility Location Name	2420D	NM1: Service Facility Location Name N3: Service Facility Location Address N4: Service Facility Location City/State/ZIP Code REF: Service Facility Location Secondary Identification

TABLE D.3

## DENTAL 837 5010 - SEGMENTS REMOVED FROM LOOPS THAT REMAIN IN 5010

4010A1 Loop Identifier	Segment Identifier	Segment Name
Header	REF	Transmission Type Identification
2010AA	REF	Claim Submitter Credit/Debit Card Information
2010AB	REF	Pay-To Provider Secondary Identification Number
2010CA	REF	Patient Secondary Identification
2300	DTP	Date – Admission
2300	DTP	Date – Discharge
2300	DTP	Date – Referral
2300	AMT	Credit/Debit Card – Maximum Amount
2320	AMT	Coordination of Benefits (COB) Approved Amount
2320	AMT	Coordination of Benefits (COB) Allowed Amount
2320	AMT	Coordination of Benefits (COB) Patient Responsibility Amount
2320	AMT	Coordination of Benefits (COB) Covered Amount
2320	AMT	Coordination of Benefits (COB) Discount Amount
2320	AMT	Coordination of Benefits (COB) Patient Paid Amount
2320	DMG	Other Insured Demographic Information
2330B	PER	Other Payer Contact Information
2330B	REF	Other Payer Prior Authorization or Referral Number
2400	QTY	Anesthesia Quantity
2400	REF	Prior Authorization or Referral Number
2400	AMT	Approved Amount
2400	NTE	Line Note

TABLE D.4

## DENTAL 837 5010 - NEW SEGMENTS IN LOOPS THAT WERE PRESENT IN 4010A1

Loop Identifier	Segment Identifier	Segment Name
2010AA	REF	Billing Provider UPIN/License Information
2010AA	PER	Billing Provider Contact Information
2010BB	REF	Billing Provider Secondary Identification
2300	DTP	Date – Repricer Received Date
2300	CN1	Contract Information
2300	REF	Referral Number
2300	REF	Repriced Claim Number
2300	REF	Adjusted Repriced Claim Number
2300	K3	File Information
2300	HI	Health Care Diagnosis Code
2300	HCP	Claims Pricing/Repricing Information
2310C	N3	Service Facility Location Address
2310C	N4	Service Facility Location Name City/State/ZIP Code
2320	AMT	Remaining Patient Liability

2320	AMT	COB Total Non-Covered Amount
2320	MOA	Outpatient Adjudication Information
2330B	N3	Other Payer Address
2330B	N4	Other Payer City/State/ZIP Code
2330B	REF	Other Payer Prior Authorization Number
2330B	REF	Other Payer Referral Number
2330B	REF	Other Payer Predetermination Identification
2330B	REF	Other Payer Claim Control Number
2400	DTP	Date – Treatment Start
2400	DTP	Date – Treatment Completion
2400	CN1	Contract Information
2400	REF	Repriced Claim Number
2400	REF	Adjusted Repriced Claim Number
2400	REF	Referral Number
2400	K3	File Information
2400	HCP	Line Pricing/Repricing Information
2430	AMT	Remaining Patient Liability

TABLE D.5

### DENTAL 837 5010 - SEGMENT NAME ALTERATIONS

5010 Loop Identifier <i>(4010A1 ID if different)</i>	Segment Identifier	4010A1 Segment Name	5010 Segment Name
2000A	HL	Billing/Pay-To Provider Hierarchical Level	Billing Provider Hierarchical Level
2000A	PRV	Billing/Pay-To Provider Specialty Information	Billing Provider Specialty Information
2010AA	REF	Billing Provider Secondary Identification Number	Billing Provider Tax Identification
2010AB	NM1	Pay-To Provider's Name	Pay-To Address Name
2010AB	N3	Pay-To Provider's Address	Pay-To Address Address
2010AB	N4	Pay-To Provider's City/State/ZIP Code	Pay-To Address City, State, ZIP Code
2300	DTP	Date – Service	Date – Service Date
2300	REF	Original Reference Number (ICN/DCN)	Payer Claim Control Number
2300	REF	Prior Authorization or Referral Number	Prior Authorization <i>(prior authorization and referral number now have separate segments) See Referral Number in Table D.5.</i>
2300	REF	Claim Identification Number For Clearinghouses and Other Transmission Intermediaries	Claim Identifier For Transmission Intermediaries
2310C	NM1	Service Facility Location	Service Facility Location Name
2320	CAS	Claim Adjustment	Claim Level Adjustments
2330B	DTP	Claim Paid Date	Claim Check or Remittance Date
2330C <i>(2330D)</i>	REF	Other Payer Referring Provider Identification	Other Payer Referring Provider Secondary Identification
2330D <i>(2330E)</i>	REF	Other Payer Rendering Provider Identification	Other Payer Rendering Provider Secondary Identification
2400	LX	Line Counter	Service Line Number
2400	DTP	Date – Service	Date – Service Date
2400	REF	Prior Authorization or Referral Number	Prior Authorization <i>(prior authorization and referral number now have separate segments) See Referral Number in Table D.5.</i>
2430	CAS	Service Adjustment	Line Adjustment
2430	DTP	Line Adjudication Date	Line Check or Remittance Date

TABLE D.6

## DENTAL 837 5010 – SEGMENT USAGE CHANGED TO REQUIRED

This table does not contain all usage changes to segments. Only segments that were **'Situational'** in 4010A1 and are now **'Required'** in 5010 are listed.

5010 Loop Identifier <i>(4010A1 ID if different)</i>	Segment Identifier	4010A1 Segment Name	5010 Segment Name
2010AA	REF	Billing Provider Secondary Identification Number	Billing Provider Tax Identification
2310B	PRV	Rendering Provider Specialty Information	Rendering Provider Specialty Information
2310D	PRV	Assistant Surgeon Specialty Information	Assistant Surgeon Specialty Information
2330C <i>(2330D)</i>	REF	Other Payer Referring Provider Secondary Identification	Other Payer Referring Provider Secondary Identification
2330D <i>(2330E)</i>	REF	Other Payer Rendering Provider Secondary Identification	Other Payer Rendering Provider Secondary Identification
2420A	PRV	Rendering Provider Specialty Information	Rendering Provider Specialty Information

TABLE D.7