Appendix 3A. MA Companion Guide: CMS' Supplemental Instructions for EDR and CRR Data Elements

Please note: This document does not include all situational loops, segments, and data elements in the 837-I and 837-P TR3 documents. MAOs and other entities must reference these TR3 guides and the CMS 5010 edits spreadsheets to determine the correct usage of situational fields. As noted in Chapter 3 of this guide (Section 3.2.2), when populating fields on EDRs or CRRs for submission to CMS, MAOs and other submitters should base their logic on the highest level of specificity.

- First, consult the Washington Publishing Company's (WPC) TR3 guides.
- Second, consult the CMS 5010 edits spreadsheets.
- Third, consult this guide.

If there are options expressed in the WPC TR3 or the CMS 5010 edits spreadsheets that are broader than the options identified in this guide, MAOs and other entities must use the rules identified in this guide.

ENCOUNTER DATA SUBMISSION AND PROCESSING GUIDE
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A3A.1 Loops and Segments Applied to EDR and CRR Submissions

Each row applies to both Institutional and Professional/DME records, except where indicated with a note.

Table A3A.1. Loops and Segments Applied to EDR and CRR Submissions

X12 837 5010 Label	Name
ISA	INTERCHANGE CONTROL HEADER
IEA	INTERCHANGE CONTROL TRAILER
GS	FUNCTIONAL GROUP HEADER
GE	FUNCTIONAL GROUP TRAILER
ST	TRANSACTION SET HEADER
SE	TRANSACTION TRAILER
Segment BHT	BEGIN HIERARCHICAL TRANSACTION
Loop 1000A	SUBMITTER NAME
Loop 1000B	RECEIVER NAME
Loop 2000A*	BILLING PROVIDER HIERARCHICAL LEVEL
Loop 2010AA	BILLING PROVIDER NAME
Loop 2000B	SUBSCRIBER HIERARCHICAL LEVEL
Loop 2010BA	SUBSCRIBER NAME
Loop 2010BB	PAYER NAME
Loop 2300	CLAIM INFORMATION
Loop 2310E**	AMBULANCE PICK-UP LOCATION
Loop 2310F**	AMBULANCE DROP-OFF LOCATION
Loop 2320	OTHER SUBSCRIBER INFORMATION
Loop 2330A	OTHER SUBSCRIBER NAME
Loop 2330B	OTHER PAYER NAME
Loop 2400	SERVICE LINE
Loop 2430	LINE ADJUDICATION INFORMATION

*There is no supplemental CMS instruction for Loop 2000A data elements.

**Professional EDRs only.

MDE = Minimum Data Element; BHT = Beginning of Hierarchical Transaction.

A3A.2 Control Segments: CMS' Supplemental Instructions for the X12 837 5010

Each row applies to both Institutional and Professional/DME records.

Table A3A.2. Control Segments

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Control Segments CMS Supplemental Instructions for EDR and CRR Submissions
ISA: Interchange Control Header			
ISA01	Authorization Information Qualifier	Identifies type of information in ISA02. 00 = No authorization information present in ISA02 03 = Additional Data Identification	Use 00
ISA02	Authorization Information		Use 10 blank spaces.
ISA03	Security Information Qualifier	Identifies type of information in ISA04. 00 = No security information present 01 = Password	Use 00
ISA04	Security Information		Use 10 blank spaces.
ISA05	Interchange ID Qualifier	Code qualifies the sender in ISA06. The TR3 guides have multiple values, including: ZZ= Mutually Defined	Use ZZ
ISA06	Interchange Sender ID	ID code from sender.	Use Sender ID assigned by CMS contractor: EN followed by CMS Contract ID Number
ISA07	Interchange ID Qualifier	Indicates system/method of code to designate ID element. The TR3 guides have multiple values, including: ZZ = Mutually Defined	Use ZZ

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Control Segments CMS Supplemental Instructions for EDR and CRR Submissions
ISA08	Interchange Receiver ID	Indicates identification code published by receiver.	Identifies receiving system at CMS as Institutional, Professional, or DME). Use: 80881 = Institutional 80882 = Professional 80887 = DME
ISA11	Repetition Separator	Delimiter.	Use ^
ISA13	Interchange Control Number	Control number assigned by interchange sender.	Must be fixed length with nine characters and must be unique within a 12-month period. This value must match the value in IEA02. Used to identify file-level duplicates in conjunction with GS06, ST02, and BHT03.
ISA14	Acknowledgement Request	Interchange Acknowledgment. 0 = Acknowledgement not requested 1 = Acknowledgement requested	Note: Regardless of whether 0 or 1 is populated in this data element, the EDFES will send a TA1 Acknowledgement **if** the file is syntactically incorrect; otherwise only a "999" will be sent. This field cannot be blank.
IEA: Interchange Control Trailer			
IEA02	Interchange Control Number	Control number assigned by interchange sender.	Must match the value in ISA13.
GS: Functional Group Header			
GS02	Application Sender's Code	Identifies the Submitter sending the file.	Use Submitter ID: EN followed by CMS contract ID. This value must match the value in ISA06.

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Control Segments CMS Supplemental Instructions for EDR and CRR Submissions
GS03	Application Receiver's Code	Identifies the party receiving transmissions.	Use: 80881 = Institutional 80882 = Professional 80887 = DME Identifies receiving system at CMS as Institutional, Professional, or DME). This value must match the value in ISA08.
GS06	Group Control Number	Originated and maintained by the sender – must be unique within the file. Must match the value in GE02.	Used to identify file-level duplicates in conjunction with ISA13, ST02, and BHT03. This value must match the value in GE02.
GS08	Version/Release/Industry Identifier Code	Identifies EDI standard being used, assigned by X12 Committee.	Unique version/release/ industry identifier. Values below are current as of December 2017. Use: Institutional: 005010X223A2 Professional: 005010X222A1 See Chapter 3 for instructions on how to locate the current version identifier.
GE: Functional Group Trailer			
GE02	Group Control Number	Originated and maintained by the sender	This value must match the value in GS06.
ST: Transaction Set Header			
ST01	Transaction Set Identifier Code	Identifies the type of transaction 837 = Health Care Claim	Use 837
ST02	Transaction Set Control Number	Originated and maintained by the originator. Must be unique within the file.	Used to identify file-level duplicates in conjunction with ISA13, GS06, and BHT03. This value must match the value is SE02.

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Control Segments CMS Supplemental Instructions for EDR and CRR Submissions
ST03	Implementation Convention Reference	Used to select the appropriate mapping to TR3 guide version. Should contain same value as GS08.	Unique version/release/ industry identifier. Values below are current as of December 2017. Use: Institutional: 005010X223A2 Professional: 005010X222A1 See Chapter 3 for instructions on how to locate the current version identifier.
SE: Transaction Set Trailer			
SE02	Transaction Set Control Number		This value must match the value in ST02.

EDR = encounter data record; CRR = chart review record; TR3 = Technical Report Type 3; DME = Durable Medical Equipment; EDFES = Encounter Data Front-End System; EDI = Electronic Data Interchange.

A3A.3. Transaction-specific Data Elements: CMS' Supplemental Instructions for the X12 837 5010

Each row applies to both Institutional and Professional/DME records, unless otherwise indicated in Column 1.

Shaded rows represent Segment IDs and names in the X12 TR3 5010.

Non-shaded rows contain segment labels, segment names, and date element labels and names.

BHT – Begin Hierarchical Transaction Segment

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	BHT CMS Supplemental Instructions for EDR and CRR Submissions
BHT: Begin Hierarchical Transaction			
BHT03	Originator Application Transaction Identifier	Operates as a Batch Control Number. Originated and maintained by the sender – must be unique across all files.	Submitter generated. Used to identify file-level duplicates in conjunction with ISA13, GS06, and ST02.
BHT06	Claim Identifier	Identifies the encounter. 31 = Subrogation Demand CH = Chargeable RP = Reporting	Use CH

Loop 1000A – Submitter Name

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 1000A CMS Supplemental Instructions for EDR and CRR Submissions
NM1: Submitter Name			
NM102	Entity Type Qualifier	Identifies the type of submitter. 1 = Person 2 = Non-person entity	Use 2
NM109	Submitter Identifier	Identifies the Submitter sending the file.	Use EN followed by CMS Contract ID Number. Must match the value in ISA06.
PER: Submitted EDI Contact Information			
PER03	Communication Number Qualifier	Identifies the type of communication number entered in PER04. EM = Electronic Mail FX = Fax TE = Telephone Situational element in a required segment.	CMS recommends that MAOs and other entities populate TE here, and the submitter's telephone number in field PER04.
PER05	Communication Number Qualifier	Identifies type of communication number entered in PER06. EM = Electronic Mail EX = Telephone Extension FX = Fax TE = Telephone Situational element in a required segment.	CMS recommends that MAOs and other entities populate EM here and the submitter's email address in field PER06.

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 1000A CMS Supplemental Instructions for EDR and CRR Submissions
PER07	Communication Number Qualifier	Identifies type of communication number entered in PER08. EM = Electronic Mail EX Telephone Extension FX = Fax TE = Telephone Situational element in a required segment.	CMS recommends that MAOs and other entities populate FX here and the submitter's fax number in field PER08.

EDR = encounter data record; CRR = chart review record; MAO = Medicare Advantage Organization.

Loop 1000B – Receiver Name

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 1000B CMS Supplemental Instructions for EDR and CRR Submissions
NM1: Receiver Name			
NM103	Receiver Name	Identifies the Receiver's name	Use EDSCMS
NM109	Receiver Primary Identifier	Identifies the receiver	Identifies CMS as the receiver of the transaction and corresponds to the value in ISA08 Interchange Receiver ID. When the Payer ID must be changed for an encounter submitted to the EDS, MAOs and other entities must first void the original encounter, then submit a new encounter with the correct Payer ID. Use: 80881 = Institutional 80882 = Professional 80887 = DME

EDR = encounter data record; CRR = chart review record; MAO = Medicare Advantage Organization; EDS = Encounter Data System; DME = Durable Medical Equipment.

Loop 2010AA – Billing Provider Name

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2010AA CMS Supplemental Instructions for EDR and CRR Submissions
NM1: Billing Provider Name			
NM108	Identification Code Qualifier	Identifies the method/system of code used for NM109. Only available value: XX = CMS NPI	Use XX
NM109	Billing Provider Identifier	The Billing Provider's NPI: Must be populated with a 10-digit number that must begin with 1: 1XXXXXXXXX	See Chapter 3 for information on use of default NPIs. Default NPIs: Institutional: 1999999976 Professional: 1999999984 DME:　　　　1999999992
N4: Billing Provider City, State, Zip Code			
N403	Billing Provider Zip Code	Identifies the Billing Provider's zip code.	The full nine digits of the zip code are required. If the last four digits of the zip code are not available, populate a default value of "9998".
REF: Billing Provider Tax Identification Number			
REF01	Reference Identification Qualifier	Identifies the type of ID populated in REF02 for the Billing Provider's Tax Identification Number. EI = Employer's Identification Number SY = Social Security Number	Use EI
REF02	Billing Provider Tax Identification Number	Identifies Billing Provider's Tax Identification Number.	See Chapter 3 for information on use of Default EINs Default EINs: Institutional: 199999997 Professional: 199999998 DME:　　　　199999999

EDR = encounter data record; CRR = chart review record; NPI = National Provider Identifier; DME = Durable Medical Equipment; EIN = Employer Identification Number.

Loop 2000B – Subscriber Hierarchical Level

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2000B CMS Supplemental Instructions for EDR and CRR Submissions
SBR: Subscriber Information			
SBR01	Payer Responsibility Number Code	Identifies the level of the payer responsibility (Primary, Secondary, Tertiary, etc.) TR3 guides present multiple values, including: P = Primary S = Secondary T = Tertiary	Use S to identify CMS. CMS is treated as destination (secondary) payer in EDRs and CRRs.
SBR03	Subscriber Group or Policy Number	Identifies the subscriber's policy or group number. The SBR segment is required, this data element is situational.	For Medicare the patient is the beneficiary, who is always the subscriber.
SBR04	Subscriber Group Name	Identifies the subscriber's plan name. The SBR segment is required; this data element is situational.	For Medicare the patient is the beneficiary, who is always the subscriber.
SBR09	Claim Filing Indicator Code	Identifies the type of claim. TR3 guides present multiple possible values, including: MA = Medicare Part A MB = Medicare Part B The SBR segment is required; this data element is situational.	Use: MA for Institutional MB for Professional/DME For Medicare the patient is the beneficiary, who is always the subscriber.

EDR = encounter data record; CRR = chart review record; TR3 = Technical Report Type 3.

Loop 2010BA – Subscriber Name

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2010BA CMS Supplemental Instructions for EDR and CRR Submissions
NM108	Subscriber Id Qualifier	Identifies the method/system of code used for NM109. II = Standard Unique Identifier for each person in the US MI = Member Identification Number	Use MI
NM109	Subscriber Primary Identifier	Identifies the Subscriber's primary identification code.	Use the Subscriber's Medicare Beneficiary Identifier Number. Must match the value in Loop 2330A, NM109

EDR = encounter data record; CRR = chart review record.

Loop 2010BB – Payer Name

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2010BB CMS Supplemental Instructions for EDR and CRR Submissions
NM1: Payer Name			
NM103	Payer Name	Identifies the name of the Payer.	Use EDSCMS See Chapter 3 of this guide regarding CMS' use of the payer-to-payer model for ED submission guidance.
NM108	Payer Identification Code Qualifier	Identifies the system/method of code used for NM109. PI = Payer Identification XV = Centers for Medicare and Medicaid Services Plan ID	Use PI Note: XV is not used because the TR3 reference to Plan ID is not the same as the CMS Contract ID.
NM109	Payer Identification	Identifies the payer or other code.	Identifies receiving system EDFES in terms of Institutional, Professional, or DME. Use: 80881 = Institutional 80882 = Professional 80887 = DME When the Payer ID must be changed for an encounter submitted to the EDS, MAOs and other entities must first void the original encounter, then submit a new encounter with the correct Payer ID.
N3: Payer Address			
N301	Payer Address Line	Identifies the Payer's street name.	Use 7500 Security Blvd
N4: Payer City, State, Zip Code			
N401	Payer City Name	Identifies the Payer's city.	Use Baltimore
N402	Payer State	Identifies Payer's state.	Use MD
N403	Payer ZIP Code	Identifies Payer's zip code.	Use 212441850

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2010BB CMS Supplemental Instructions for EDR and CRR Submissions
REF: Other Payer Secondary Identifier			
REF01	Contract ID Identifier	Identifies the type of ID populated in REF02 for the Payer 2U = Payer Identification Number EI = Employer's Identification FY = Claim Office Number NF = NAIC Code	Use 2U
REF02	Contract ID Number	Payer identification information.	Use the CMS Contract ID number for the plan in which the beneficiary is enrolled.

EDR = encounter data record; CRR = chart review record; TR3 = Technical Report Type 3; ED = encounter data; RAPS = Risk Adjustment Processing System; EDFES = Encounter Data Front-End System; DME = Durable Medical Equipment; EDS = Encounter Data System; MAO = Medicare Advantage Organization.

Loop 2300 – Claim Information

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2300 CMS Supplemental Instructions for EDR and CRR Submissions
CLM: Claim Information			
CLM02	Total Claim Charge Amount	Provides the total amount of submitted charges for the claim (encounter).	This is the amount billed by the provider or supplier for the encounter.
CLM05-3 Four values are institutional only	Claim Frequency Type Code	Identifies the frequency for the claim (encounter). Source: National Uniform Billing Data Element Specifications, Type of Bill Position 3.	Use these values 1 = Original EDR or CRR 2 = Interim – First EDR or CRR (Institutional-only) 3 = Interim – Continuing EDR or CRR (Institutional-only) 4 = Interim – Last EDR or CRR (Institutional-only) 7 = Correct/Replace EDR or CRR 8 = Void/Delete EDR or CRR 9 = Final Claim for HH PPS (Institutional-only)
DTP: Date – Admission Date/Hour			
DTP02 Institutional only	Date/Time Period Format Qualifier	Identifies the date and time format in DTP03. D8 = date expressed in format CCYYMMDD DT = date and time expressed in format CCYYMMDDHHMM Required element in situational segment.	Use D8 or DT

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2300 CMS Supplemental Instructions for EDR and CRR Submissions
DTP03 Institutional only	Admission Date/Hour	Identifies the admission date/hour. Required element in situational segment.	Hours (HH) expressed as: "00" for midnight, "01" for 1AM, etc., through "23" for 11PM. Minutes (MM) expressed as "00" through "59". If actual minutes are not known, use default of "00". This is only required for original or final bills.
PWK: Claim Supplemental Information			
PWK01	Attachment Report Type Code	Identifies the type of attachment (document, report or supporting item) with the claim. The TR3 guides list multiple values, including: 09 = Progress Report AM = Ambulance Certification OZ = Support Data for Claim PY = Physician's Report Required element in situational segment.	For EDRs and CRRs, these values mean the following: 09 = Chart Review Record. Must be used for every 5010 record that is based on a chart review (medical record review). OZ = Encounters generated as a result of **paper claims** PY = Encounters generated as a result of **4010 submission** only AM: Indicates that complete addresses for the actual ambulance Pick-up and drop-off are not available, so the submitter has instead used the rendering or billing provider addresses in required Loops 2310E and 2310F.
PWK02	Attachment Transmission Code	Identifies where the supporting information is stored. The TR3 guides list multiple values, including: AA = Available on request	Use "AA" for chart review records. For all CRs, must populate "09" in element PWK01 and "AA" in element PWK02.

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2300 CMS Supplemental Instructions for EDR and CRR Submissions
CN1: Contact Information			
CN101	Contract Type Code	Identifies a type of contract. TR3 guides provide multiple values, including: 05 = capitated	Use "05" for encounters provided under capitated and staff model arrangements for both institutional and professional EDRs **where all service lines are covered under capitated or staff model arrangements**. EDRs with **mix** of capitated and non-capitated service lines: Institutional: See Loop 2430 element CAS02. Professional: See Loop 2400 element CN101.
REF: Payer Claim Control Number			
REF01	Reference Identification Qualifier	Qualifier that identifies the information in REF02 of this segment pertains to the ICN of the previously accepted and stored encounter. Only available value: F8 = Original Reference Number Required element in situational segment.	Use F8 for linked CRRs that delete diagnoses.
REF02	Payer Claim Control Number	Identifies the ICN of the previously accepted and stored encounter when REF01 = F8. Required element in situational segment.	Use ICN for linked CRRs that delete diagnoses.

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2300 CMS Supplemental Instructions for EDR and CRR Submissions
REF: Medical Record Number			
REF01	Reference Identification Qualifier	Identifies that the information in REF02 of this segment is a medical record ID number. EA = Medical Record Identification Number Required element in situational segment.	Use EA for linked CRRs delete diagnoses.
REF02	Medical Record Number	Medical record number. Required element in situational segment.	Use 8 for linked CRRs that delete diagnoses.
NTE: Claim Note			
NTE01	Note Reference Code	Code identifying the functional area or purpose to which the note applies. NTR = Nutritional Requirements ODT = Orders for Disciplines and Treatments RHB = Functional Limitations, Reason Homebound, or Both RLH = Reasons Patient Leaves Home RNH = Times and Reasons Patient Not at Home SET = Unusual Home, Social Environment, or Both SFM = Safety Measures SPT = Supplementary Plan of Treatment UPI = Updated Information ALG = Allergies DCP = Goals, Rehabilitation Potential, or Discharge Plans DGN = Diagnosis Description DME = Durable Medical Equipment and Supplies Required element in situational segment.	See Chapter 3 of this guide on the limited circumstances for use of this data element.

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2300 CMS Supplemental Instructions for EDR and CRR Submissions
NTE02	Claim Note Text	A free-form description to clarify the related data elements and their content. Required element in situational segment.	See Chapter 3 of this guide on the limited circumstances for use of this data element.
HI: Value Information			
HI01-2 Institutional only	Value Code	Identifies the value code. Required element in situational segment.	Use A0 [zero]. Required for institutional ambulance EDRs.
HI01-5 Institutional only	Value Code Amount	Identifies the value code amount Required element in situational segment.	For institutional ambulance EDRs. Ambulance pick-up location zip code+4 should be provided. The zip code must be in the following format: XXXXXXX.XX (If a valid +4 cannot be populated, use "9998" as the +4 extension (XXXXX99.98)). See Loop 2310E for ambulance pick-up services that must be reported on Professional 5010 records.

EDR = encounter data record; CRR = chart review record; TR3 = Technical Report Type 3; MAO = Medicare Advantage Organization; MDE = Minimum Data Element; ICN = Internal Control Number.

Loop 2310E – Ambulance Pick-up Location

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2310E CMS Supplemental Instructions for EDR and CRR Submissions
N3: Ambulance Pick-up Location Address			
N301 Professional only	Ambulance Pick-up Address Line	Identifies the ambulance Pick-up address.	Provide the address for the Rendering Provider if the true ambulance Pick-up address line is not available. Provide the address for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance Pick-up address line is not available.
N4: Ambulance Pick-up Location City, State, Zip Code			
N402 Professional only	Ambulance Pick-up State or Province Code		Provide the state name for the Rendering Provider if the true ambulance Pick-up state name is not available. Provide the state name for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance Pick-up state name is not available.
N403 Professional only	Postal Ambulance Pick-up Postal Zone or Zip Code		Provide the zip code for the Rendering Provider if the true ambulance Pick-up zip code is not available. Provide the zip code for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance Pick-up zip code is not available.

EDR = encounter data record; CRR = chart review record; TR3 = Technical Report Type 3.

Loop 2310F – Ambulance Drop-Off Location

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2310F CMS Supplemental Instructions for EDR and CRR Submissions
N3: Ambulance Drop-Off Location Address			
N301 Professional only	Ambulance Drop-Off Address Line	Identifies the ambulance drop-off address.	Provide the address line for the Rendering Provider if the true ambulance drop-off address line is not available. Provide the address line for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance drop-off address line is not available.
N4: Ambulance Drop-Off Location City, State, Zip Code			
N401 Professional only	Ambulance Drop-Off City Name	Identifies the city of the ambulance drop-off location.	Provide the city name for the Rendering Provider if the true ambulance drop-off city name is not available. Provide the city name for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance drop-off city name is not available.
N402 Professional only	Ambulance Drop-Off State or Province	Identifies the state of the ambulance drop-off location. Situational element in required segment. Element is **required** when the address is in the U.S. or Canada.	Provide the state name for the Rendering Provider if the true ambulance drop-off state name is not available. Provide the state name for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance drop- off state name is not available.

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2310F CMS Supplemental Instructions for EDR and CRR Submissions
N403 Professional only	Ambulance Drop-Off Postal Zone or Zip Code	Identifies the zip code of the ambulance drop-off location. Situational element in required segment. Element is **required** when the address is in the U.S. or Canada.	Provide the zip code for the Rendering Provider if the true ambulance drop-off zip code is not available. Provide the zip code for the Billing Provider if the Rendering Provider is the same as the Billing Provider and the true ambulance drop-off zip code is not available.

EDR = encounter data record; CRR = chart review record.

Loop 2320 – Other Subscriber Information

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2320 CMS Supplemental Instructions for EDR and CRR Submissions
SBR: Subscriber Information			
SBR01	Payer Responsibility Sequence Number Code	Identifies the level of the payer (Primary, Secondary, Tertiary, etc.). The TR3 guides have multiple values, including: P = Primary S = Secondary T = Tertiary U = Unknown Required element in situational segment.	Use: P = Primary (when MAOs or other entities populate the payer paid amount) T = Tertiary (when MAOs or other entities populate a true Coordination of Benefits (COB))
SBR09	Claim Filing Indicator Code	Identifies the type of claim. The TR3 guides have multiple values, including: 16 = Health Maintenance Organization (HMO) Medicare Risk Situational element in situational segment.	Use 16
CAS: Claim Adjustment			
CAS02	Adjustment Reason Code	Identifies the reason for the adjustment/denial (external code set that can be found at www.wpc-edi.com). Required element in situational segment.	If a claim is denied in the MAO or other entities' adjudication system, the denial reason must be populated.
AMT: Coordination of Benefits (COB) Payer Paid Amount			
AMT02	Payer Paid Amount	Required element in situational segment.	Identifies the amount the MAO or other paid.

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2320 CMS Supplemental Instructions for EDR and CRR Submissions
OI: Other Insurance Coverage Information			
OI03	Benefits Assignment Certification Indicator	Identifies the benefits assignment certification indicator. N = No W = Not Applicable Y = Yes	Same value as Loop 2300 CLM08.
OI06	Release of Information Code	Identifies if the provider has a written statement on file authorizing the release of medical information. I = Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes Y = Yes, Provider has signed statement permitting release of medical billing data related to a claim	Same value as LOOP 2300 CLM09.

EDR = encounter data record; CRR = chart review record; TR3 = Technical Report Type 3; MAO = Medicare Advantage Organization.

Loop 2330A – Other Subscriber Name

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2330A CMS Supplemental Instructions for EDR and CRR Submissions
NM1: Other Subscriber Name			
NM108	Identification Code Qualifier	Identifies the information in NM109 pertains to the Subscriber. II = Standard Unique Identifier for each person in the U.S. MI = Member Identification Number.	Use MI.
NM109	Other Insured Identifier	Identifies the other insured's ID code.	Use the Subscriber's Medicare Beneficiary Identifier Number. Must match the value in Loop 2010BA, NM109.

EDR = encounter data record; CRR = chart review record.

Loop 2330B – Other Payer Name

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2330B CMS Supplemental Instructions for EDR and CRR Submissions
NM1: Other Payer Name			
NM108	Identification Code Qualifier	Identifies the method/system of code used for NM109. PI = Payer Identification XV = Centers for Medicare and Medicaid Services Plan ID	Use XV The reference to "Plan ID" means Contract ID.
NM109	Other Payer Primary Identifier	Code identifying the other payer.	Use MAO or other entity's CMS contract ID Number. Use Payer01 only if there is no Contract ID Number available for a true other payer.
N3: Other Payer Address			
N301	Other Payer Address Line	Identifies the other payer's address line. Required element in situational segment.	Use the MAO's address.
N4: Other Payer City, State, Zip Code			
N401	Payer City	Identifies the Contract's city	MAO's city.
N402	Payer State	Identifies the Contract's state Situational element in required segment. Element is required when the address is in the U.S. or Canada.	MAO's state.
N403	Payer Zip Code	Identifies the Contract's zip code. Situational element in required segment. Element is required when the address is in the U.S. or Canada.	MAO's zip code.

EDR = encounter data record; CRR = chart review record; MAO = Medicare Advantage Organization.

Loop 2400 – Service Line

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2400 CMS Supplemental Instructions for EDR and CRR Submissions
CN1: Contract Information			
CN101 Professional and DME Only	Contract Type Code	Identifies a type of contract. TR3 guides provide multiple values, including: 05 = capitated Required element in situational segment.	Use "05" for service line covered under capitated or staff model arrangement.

EDR = encounter data record; CRR = chart review record; TR3 = Technical Report Type 3.

Loop 2430 – Line Adjudication Information

TR3 Data Element Reference Code	TR3 Data Element Name	TR3 Element Description	Loop 2430 CMS Supplemental Instructions for EDR and CRR Submissions
SVD: Line Adjudication Information			
SVD01	Other Payer Primary Identifier	Identifies a payer responsible for the reimbursement described in this loop. Required element under situational segment.	Use the CMS Contract ID of the Payer (MAO or other entity). Must match the value in Loop 2330B, NM109.
CAS: Line Adjustment			
CAS02	Adjustment Reason Code	Identifies the reason the line adjustment was made. The TR3 guide has multiple values, including: 24 = Charges are covered under a capitation agreement/managed care plan Required element in situational segment.	If a service line is denied in the MAO's or other entity's adjudication system, the denial reason must be populated. That is, use this field to indicate why a payment was not made (e.g., amount applied to beneficiary deductible = code 1). See Chapters 2 and 3 of the guide for instructions on coding capitated encounters.
DTP: Line Check or Remittance Date			
DTP03	Adjudication or Payment Date	Identifies the date the responsible payer (MAO or other entity or True COB) adjudicated the claim.	Populate the claim receipt date minus one day as the default primary payer adjudication date only in the instance that the primary payer adjudication date is not available.

EDR = encounter data record; CRR = chart review record; TR3 = Technical Report Type 3; MAO = Medicare Advantage Organization; COB = Coordination of Benefits.