



## Appendix 2.12 C: Supplemental Benefits Minimum Data Elements and Default Data

Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
N/A	ISA: Interchange Control Header	ISA01	Authorization Information Qualifier	00 = No authorization information present in ISA02 03 = Additional Data Identification	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	ISA: Interchange Control Header	ISA02	Authorization Information	If 03 was populated in ISA01, would contain the authorization information	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	ISA: Interchange Control Header	ISA03	Security Information Qualifier	00 = No security information present 01 = Password	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	ISA: Interchange Control Header	ISA04	Security Information	If 01 was populated in ISA03, would contain the security information	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	ISA: Interchange Control Header	ISA05	Interchange ID Qualifier	TR3 guides list multiple values.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	ISA: Interchange Control Header	ISA06	Interchange Sender ID	Identifies the Submitter sending the file	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	ISA: Interchange Control Header	ISA07	Interchange ID Qualifier	TR3 guides list multiple values.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	ISA: Interchange Control Header	ISA08	Interchange Receiver ID	Identifies the Receiving system (Institutional, Professional, or DMEPOS)	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
N/A	ISA: Interchange Control Header	ISA09	Interchange Date	Date the file was sent by the Submitter.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
N/A	ISA: Interchange Control Header	ISA10	Interchange Time	Time the file was sent by the Submitter.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
N/A	ISA: Interchange Control Header	ISA11	Repetition Separator	Provides the delimiter used to separate repeated occurrences of simple and composite data elements.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	ISA: Interchange Control Header	ISA12	Interchange Control Version Number	Specifies the version number of the file.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
N/A	ISA: Interchange Control Header	ISA13	Interchange Control Number	Identified by the Submitter.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	ISA: Interchange Control Header	ISA14	Acknowledgement Request	0 = Acknowledgement not requested 1 = Acknowledgement requested	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	ISA: Interchange Control Header	ISA15	Usage Indicator	Indicates whether the file is a test or production file. T = Test P = Production	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
N/A	ISA: Interchange Control Header	ISA16	Component Element Separator	Delimiter to separate component data elements – must be different than ISA11.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
N/A	ISA: Interchange Control Trailer	IEA01	Number of Included Functional Groups	Identifies a count of the number of functional groups within the interchange (file).	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
N/A	ISA: Interchange Control Trailer	IEA02	Interchange Control Number	Control number identified by the Submitter. Must match the value in ISA13 and be unique within a 12 month period.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	GS: Functional Group Header	GS01	Functional Identifier Code	Two character code assigned to each transaction set by X12.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
N/A	GS: Functional Group Header	GS02	Application Sender's Code	Identifies the Submitter sending the file.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	GS: Functional Group Header	GS03	Application Receiver's Code	Identifies the party receiving transmissions (Institutional, Professional, or DMEPOS).	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	GS: Functional Group Header	GS04	Group Creation Date	Identifies the date the functional group was created. CCYYMMDD format	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
N/A	GS: Functional Group Header	GS05	Group Creation Time	Identifies the time the functional group was created. HHMM format	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
N/A	GS: Functional Group Header	GS06	Group Control Number	Originated and maintained by the sender – must be unique within the file. Must match the value in GE02.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	GS: Functional Group Header	GS07	Responsible Agency Code	Code identifying the issuer of the standard X = Accredited Standards Committee X12.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
N/A	GS: Functional Group Header	GS08	Version/Release/Industry Identifier Code	Unique version/release/industry identifier code 0050101X222 (Professional and DME) 0050101X223 (Institutional)	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	GE: Functional Group Trailer	GE01	Number of Transaction Sets Included	Identifies a count of the number of transaction sets within the functional group.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
N/A	GE: Functional Group Trailer	GE02	Group Control Number	Originated and maintained by the sender – must be unique within the file. Must match the value in GS06.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
N/A	ST: Transaction Set Header	ST01	Transaction Set Identifier Code	Identifies the type of transaction 837 = Health Care Claim	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	ST: Transaction Set Header	ST02	Transaction Set Control Number	Originated and maintained by the originator. Must be unique within the file. Must match the value is SE02	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	ST: Transaction Set Header	ST03	Implementation Convention Reference	Unique version/release/industry identifier code 0050101X222 (Professional and DME) 0050101X223 (Institutional).	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	ST: Transaction Set Trailer	SE01	Transaction Segment Count	Identifies a count of the number of segments within the transaction.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
N/A	ST: Transaction Set Trailer	SE02	Transaction Set Control Number	Originated and maintained by the sender – must be unique within the file. Must match the value is ST02	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	BHT: Begin Hierarchical Transaction	BHT01	Hierarchical Structure Code	0019 = Information Source, Subscriber, Dependent	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
N/A	BHT: Begin Hierarchical Transaction	BHT02	Transaction Set Purpose Code	Code identifying the purpose of the transaction set. 00 = Original (transmissions have never been sent before) 18 = Reissue (if a transmission was disrupted and Palmetto requests a retransmission)	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
N/A	BHT: Begin Hierarchical Transaction	BHT03	Batch Control Number	Originated and maintained by the sender – must be unique across all files.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
N/A	BHT: Begin Hierarchical Transaction	BHT04	Transaction Set Creation Date	Identifies the date the transaction set was created.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
N/A	BHT: Begin Hierarchical Transaction	BHT05	Transaction Set Creation Time	Identifies the time the transaction set was created.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
N/A	BHT: Begin Hierarchical Transaction	BHT06	Transaction Set Type Code	Identifies the encounter. 31 = Subrogation Demand CH = Chargeable RP = Reporting	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
1000A	NM1: Submitter Name	NM101	Entity Identifier Code	Qualifier that identifies the information populated in NM103 pertains to the submitter 41 = Submitter.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
1000A	NM1: Submitter Name	NM102	Entity Type Qualifier	Identifies the type of submitter. 1 = Person 2 = Non-person entity	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
1000A	NM1: Submitter Name	NM103	Organization Name/Last Name	Identifies the Submitter's Name.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
1000A	NM1: Submitter Name	NM108	Identification Code Qualifier	Qualifier that identifies the information populated in NM109 pertains to the Submitter ID 46 = Electronic Transmitter Identifier Number.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
1000A	NM1: Submitter Name	NM109	Submitter Identifier	Identifies the Submitter sending the file.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
1000A	PER: Submitted EDI Contact Information	PER01	Contact Function Code	Qualifier that identifies the information populated in PER02 pertains to the Submitter contact person. IC = Information Contact	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
1000A	PER: Submitted EDI Contact Information	PER02	Contact Name	Submitter Contact Name.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Situational, no default data needed.
1000A	PER: Submitted EDI Contact Information	PER03	Communication Number Qualifier	Qualifier that identifies the information populated in PER04 pertains to the communication type. EM = Electronic Mail FX = Fax TE = Telephone	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
1000A	PER: Submitted EDI Contact Information	PER04	Communication Number	Submitter's contact telephone number, fax number, or email address.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
1000A	PER: Submitted EDI Contact Information	PER05	Communication Number Qualifier	Identifies type of communication number entered in PER06. EM = Electronic Mail EX = Telephone Extension FX = Fax TE = Telephone	Included in Appendix 3A, MA Companion Guide [Listed in the previous Companion Guides, not the retired MDE list.] Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
1000A	PER: Submitted EDI Contact Information	PER07	Communication Number Qualifier	Identifies type of communication number entered in PER08. EM = Electronic Mail EX Telephone Extension FX = Fax TE = Telephone	Included in Appendix 3A, MA Companion Guide [Listed in the previous Companion Guides, not the retired MDE list.] Required, no default data needed.
1000B	NM1: Receiver Name	NM101	Entity Identifier Code	Qualifier that identifies the information populated in NM103 pertains to the receiver (Palmetto/CMS). Only available value: 40 = Receiver	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
1000B	NM1: Receiver Name	NM102	Entity Type Qualifier	Qualifier that identifies the type of receiver. Only available value: 2 = Non-person entity	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
1000B	NM1: Receiver Name	NM103	Organization Name	Identifies the Receiver's name.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
1000B	NM1: Receiver Name	NM108	Identification Code Qualifier	Qualifier that identifies the information populated in NM109 will provide the receiver's ID. Only available value: 46 = Electronic Transmitter Identifier Number	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
1000B	NM1: Receiver Name	NM109	Receiver Identifier	Provides the receiver's ID depending on the encounter type.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2000A	HL: Billing Provider Hierarchical Level	HL01	Hierarchical ID Number	Unique number assigned by the submitter that identifies the hierarchical structure – must begin with “1” and increase incrementally.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
2000A	HL: Billing Provider Hierarchical Level	HL03	Hierarchical Level Code	Identifies the characteristic of the hierarchical level. Only available value: 20 = Information Source (Billing Provider information is to follow)	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
2000A	HL: Billing Provider Hierarchical Level	HL04	Hierarchical Child Code	Identifies if there are other (subordinate) after the first hierarchical level. Only available value: 1 = Additional Subordinate HL Data Segment in this Hierarchical Structure	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
2010AA	NM1: Billing Provider Name	NM101	Entity Identifier Code	Qualifier that identifies the information populated in NM103 pertains to the Billing Provider. 85 = Billing Provider	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
2010AA	NM1: Billing Provider Name	NM102	Entity Type Qualifier	Qualifier that identifies the type of Billing Provider. 1 = Person 2 = Non-person entity	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2010AA	NM1: Billing Provider Name	NM103	Organization Name/Last Name	Identifies the Billing Provider's last name (if NM102 = 1) or organization name (if NM102 = 2)	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
2010AA	NM1: Billing Provider Name	NM108	Identification Code Qualifier	Identifies the method/system of code used for NM109. Only available value: XX = CMS NPI	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2010AA	NM1: Billing Provider Name	NM109	National Provider Identifier (NPI)	Identifies the Billing Provider's NPI	Included in Appendix 3A, MA Companion Guide. Required, Refer to Table 3.5 in the Encounter Data Submission and Processing Guide for default NPI values.
2010AA	N3: Billing Provider Address	N301	Billing Provider Street	Identifies the Billing Provider's street name.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
2010AA	N4: Billing Provider City, State, Zip Code	N401	Billing Provider City	Identifies the Billing Provider's city.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
2010AA	N4: Billing Provider City, State, Zip Code	N402	Billing Provider State	Identifies the Billing Provider's state.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
2010AA	N4: Billing Provider City, State, Zip Code	N403	Billing Provider Zip Code	Identifies the Billing Provider's zip code.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2010AA	REF: Billing Provider Tax Identification Number	REF01	Reference Identification Qualifier	Identifies the type of ID populated in REF02 for the Billing Provider's Employer Identification Number. EI = Employer's Identification Number	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2010AA	REF: Billing Provider Tax Identification Number	REF02	Billing Provider Tax Identification Number	Identifies Billing Provider's EIN	Included in Appendix 3A, MA Companion Guide. Required, but if not available use one of the following default EINs: Institutional: 199999997 Professional: 199999998 DME: 199999999
2000B	HL: Subscriber Hierarchical Level	HL01	Hierarchical ID Number	Unique number assigned by the submitter that identifies the hierarchical structure – must begin with "1" and increase incrementally.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
2000B	HL: Subscriber Hierarchical Level	HL02	Hierarchical Parent ID Number	Identifies the ID number of the next higher hierarchical data segment that the subscriber information pertains to.	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2000B	HL: Subscriber Hierarchical Level	HL03	Hierarchical Level Code	Identifies that the information that follows pertains to the Subscriber. Only available value: 22 = Subscriber	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
2000B	HL: Subscriber Hierarchical Level	HL04	Hierarchical Child Code	Identifies if there are other (subordinate) after the current level. 0 = No Subordinate HL Segment in this hierarchical structure (used when the patient is the subscriber and there are no dependent claims) 1 = Additional Subordinate HL segments in this hierarchical structure (used when the subscriber has dependents)	Not included in Appendix 3A because no supplemental instructions, follow TR3 guidance. Required, no default data needed.
2000B	SBR: Subscriber Information	SBR01	Payer Responsibility Number Code	Identifies the level of the payer responsibility (Primary, Secondary, Tertiary, etc.) TR3 guides list multiple value	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2000B	SBR: Subscriber Information	SBR02	Individual Relationship Code	Specifies the relationship to the subscriber. Only available value: 18 = Self	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2000B	SBR: Subscriber Information	SBR03	Subscriber Group or Policy Number	Situational - Identifies the subscriber's policy or group number.	Included in Appendix 3A, MA Companion Guide. Situational, no default data needed.
2000B	SBR: Subscriber Information	SBR04	Subscriber Group Name	Situational - Identifies the subscriber's plan name.	Included in Appendix 3A, MA Companion Guide. Situational, no default data needed.
2000B	SBR: Subscriber Information	SBR09	Claim Filing Indicator Code	Identifies if the receiver is Institutional or Professional/DME MA = Medicare Part A MB = Medicare Part B	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2010BA	NM1: Subscriber Name	NM101	Entity Identifier Code	Qualifier that identifies the information in NM103 pertains to the Subscriber. Only available value: IL = Insured or Subscriber	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2010BA	NM1: Subscriber Name	NM102	Entity Type Qualifier	Qualifier that identifies the type of Subscriber. 1 = Person 2 = Non-person entity	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2010BA	NM1: Subscriber Name	NM103	Subscriber Last Name	Identifies the Subscriber's last name	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2010BA	NM1: Subscriber Name	NM104	Subscriber First Name	Identifies the Subscriber's first name.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2010BA	NM1: Subscriber Name	NM105	Subscriber Middle Name	Situational – Identifies the Subscriber's middle name.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2010BA	NM1: Subscriber Name	NM107	Subscriber Name Suffix	Situational – Identifies the Subscriber's Suffix (Jr., Sr., etc.)	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2010BA	NM1: Subscriber Name	NM108	Subscriber Id Qualifier	Qualifier that identifies the method/system of code used for NM109. II = Standard Unique Identifier for each person in the US MI = Member Identification Number	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2010BA	NM1: Subscriber Name	NM109	Subscriber Primary Identifier	Identifies the Subscriber's primary identification code MBI.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2010BA	N3: Subscriber Address	N301	Subscriber Street	Identifies the Subscriber's street name.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2010BA	N4: Subscriber City, State, Zip Code	N401	Subscriber City	Identifies the Subscriber's city.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2010BA	N4: Subscriber City, State, Zip Code	N402	Subscriber State	Identifies the Subscriber's state.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2010BA	N4: Subscriber City, State, Zip Code	N403	Subscriber ZIP Code	Identifies the Subscriber's zip code.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2010BA	DMG: Subscriber Demographic Information	DMG01	Date Format Qualifier	Qualifier that identifies the format of the information populated in DMG02. Only available value: D8 = CCYYMMDD.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2010BA	DMG: Subscriber Demographic Information	DMG02	Subscriber Date of Birth	Identifies the Subscriber's date of birth.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2010BA	DMG: Subscriber Demographic Information	DMG03	Subscriber Gender	Identifies the Subscriber's gender. F = Female. M = Male U = Unknown	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2010BB	NM1: Payer Information	NM101	Entity Identifier Code	Qualifier that identifies the information populated in NM103 pertains to the Payer (CMS). Only available value: PR = Payer	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2010BB	NM1: Payer Information	NM102	Entity Type Description	Qualifier that identifies the type of Payer. Only available value: 2 = Non-Person Entity	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2010BB	NM1: Payer Information	NM103	Payer Name	Identifies the name of the Payer.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2010BB	NM1: Payer Information	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	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2010BB	NM1: Payer Information	NM109	Payer Identification	Provides the Payer ID depending on the encounter type	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2010BB	N3: Payer Address	N301	Payer Street	Identifies the Payer's street name.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2010BB	N4: Payer City, State, Zip Code	N401	Payer City Name	Identifies the Payer's city.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2010BB	N4: Payer City, State, Zip Code	N402	Payer State	Identifies Payer's state.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2010BB	N4: Payer City, State, Zip Code	N403	Payer ZIP Code	Identifies Payer's zip code.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2010BB	REF: Payer Secondary Identifier	REF01	Payer Identification Qualifier	Identifies the type of ID populated in REF02 for the Payer. Qualifier that identifies the information populated in REF02 pertains to the Contract ID 2U = Payer Identification Number EI = Employer's Identification FY = Claim Office Number NF = NAIC Code	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2010BB	REF: Payer Secondary Identifier	REF02	Contract ID Number	Payer identification information. Identifies the Contract ID	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2300	CLM: Claim Information	CLM01	Claim Submitter's Identifier (Patient Control Number)	Identifies the patient's control number or the claim ID (depending on the MAO's internal system).	Not included because there are no supplemental instructions; follow TR3 guidance. Required, if not available, the plan must create one. (Retired MDE Table 12. Loop 2300 – Claim Information)



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2300	CLM: Claim Information	CLM02	Monetary Amount	Identifies the total claim charge (billed) amount.	Included in Appendix 3A, MA Companion Guide. Required, if not available, default should be 0.
2300	CLM: Claim Information	CLM05-1	Facility Type Code	Identifies the first two digits of either the Place of Service (Professional) or Type of Bill (Institutional).	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed. If applicable place of service code is not available, then 99 (other) must be utilized.
2300	CLM: Claim Information	CLM05-2	Facility Code Qualifier	Qualifier that identifies the information in CLM05-3 pertains either to the Place of Service or Type of Bill. A = TOB B = POS	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2300	CLM: Claim Information	CLM05-3	Claim Frequency Type Code 1 = Original claim 2 = Interim – First Claim (Institutional) 3 = Interim – Continuing Claim (Institutional) 4= Interim – Last Claim (Institutional) 7 = Correct/Replace 8 = Void/Delete 9 = Final Claim for HH PPS (Institutional)	Identifies the frequency for the claim (encounter).	Included in Appendix 3A, MA Companion Guide. If applicable Frequency Type Code is not available, then use one of the following: '1' for original, '7' for correct/replace or '8' for void/delete.
2300	CLM: Claim Information	CLM06	Provider or Supplier Signature Indicator (Professional Only)	Identifies if the provider’s signature is on file. N = No Y = Yes	Not included because there are no supplemental instructions; follow TR3 guidance. Required, if not available, default should be 'No'.
2300	CLM: Claim Information	CLM07	Assignment or Plan Participation Code	Identifies if the provider accepted assignment. A = Assigned B = Assignment accepted on clinical lab services only C = Not assigned (required when neither A nor B apply)	Not included because there are no supplemental instructions; follow TR3 guidance. Required, if not available, default should be 'C' (not assigned).



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2300	CLM: Claim Information	CLM08	Benefits Assignment Certification Indicator	Identifies if the subscriber has authorized the MAO to remit payment to the provider. N = No W = Not applicable (used when the patient refuses to assign benefits) Y = Yes	Not included because there are no supplemental instructions; follow TR3 guidance. Required, if not available, default should be 'W.'
2300	CLM: Claim Information	CLM09	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 signature on file	Not included because there are no supplemental instructions; follow TR3 guidance. Required, if not available, default should be 'I'.
2300	DTP: Date – Admission Date/Hour	DTP01	Date Time Qualifier – Discharge Hour (Institutional Only)	Situational – Qualifier that identifies the information populated in DTP03 pertains to the discharge hour. Only available value: 096 = Discharge	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2300	DTP: Date – Admission Date/Hour	DTP02	Date Time Period Format Qualifier – Discharge Hour (Institutional Only)	Situational – Qualifier that identifies the format of the discharge hour. TM = HHMM	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2300	DTP: Date – Admission Date/Hour	DTP03	Date Time Period – Discharge Hour (Institutional Only)	Situational – Identifies the discharge hour.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2300	DTP: Date – Admission Date/Hour	DTP01	Date Time Qualifier – Statement Date (Institutional Only)	Qualifier that identifies the information populated in DTP03 pertains to the statement date. Only available value: 434 = Statement Date	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2300	DTP: Date – Admission Date/Hour	DTP02	Date Time Period Format Qualifier (Institutional Only)	Qualifier that identifies the format of the statement date. RD8 = CCYYMMDD – CCYYMMDD	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2300	DTP: Date – Admission Date/Hour	DTP03	Date Time Period (Institutional Only)	Identifies the statement date.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2300	DTP: Date – Admission Date/Hour	DTP01	Date Time Period Qualifier – Admission (Institutional Only)	Situational – Qualifier that identifies the information populated in DTP03 pertains to the admission date. Only available value: 435 = Admission	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2300	DTP: Date – Admission Date/Hour	DTP02	Date/Time Period Format Qualifier (Institutional only)	Situational - Identifies the date and time format in DTP03. D8 = date expressed in format CCYYMMDD DT = date and time expressed in format CCYYMMDDHHMM	Included in Appendix 3A, MA Companion Guide. Situational, no default data needed.
2300	DTP: Date – Admission Date/Hour	DTP03	Admission Date/Hour (Institutional only)	Situational - Identifies the admission date	Included in Appendix 3A, MA Companion Guide. Situational, no default data needed.
2300	CL1: Institutional Claim Code	CL101	Admission Type Code – Institutional Claim Code (Institutional Only)	Identifies the reason the patient was admitted. TR3 guides list multiple values.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2300	CL1: Institutional Claim Code	CL102	Admission Source Code (Institutional Only)	Identifies the source of the admission The TR3 guide list multiple values.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2300	CL1: Institutional Claim Code	CL103	Patient Status Code (Institutional Only)	Identifies the status of the patient.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2300	CN1: Contact Information	CN101	Contract Type Code	Identifies a type of contract. TR3 guides list multiple values, including: 05 = capitated	Included in Appendix 3A, MA Companion Guide [Listed in the previous Companion Guides; not in the retired MDE list.] Situational, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2300	REF: Payer Claim Control Number	REF01	Original Reference Number. Reference Identification Qualifier	Situational - 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	Included in Appendix 3A, MA Companion Guide. Situational, no default data needed.
2300	REF: Payer Claim Control Number	REF02	Payer Claim Control Number	Situational - Identifies the ICN of the previously accepted and stored encounter when REF01 = F8.	Included in Appendix 3A, MA Companion Guide. Situational, no default data needed.
2300	HI: Value Information	HI01-1	Diagnosis Type Code Qualifier – Principal Diagnosis (Institutional Only)	Qualifier that identifies the information populated in HI01-2 pertains to the principal diagnosis code. Only available value: ABK = Principal Diagnosis Code	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2300	HI: Value Information	HI01-2	Diagnosis Code – Principal Diagnosis (Institutional Only)	Identifies the principal diagnosis code.	Not included because there are no supplemental instructions; follow TR3 guidance. Required; if a relevant diagnosis code is available, it should be used. If a diagnosis code is not available, 'SBSD1' should be submitted to indicate supplemental benefits.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2300	HI: Value Information	HI01-1	Diagnosis Type Code Qualifier – Health Care Diagnosis Code (Professional Only)	Qualifier that identifies the information populated in HI01-1 pertains to the first diagnosis code. Only available value: ABK = Diagnosis Code	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2300	HI: Value Information	HI01-2	Diagnosis Code (Professional Only)	Identifies the first diagnosis code.	Not included because there are no supplemental instructions; follow TR3 guidance. Required; if a relevant diagnosis code is available, it should be used. If a diagnosis code is not available, 'SBSD1' should be submitted to indicate supplemental benefits.
2300	HI: Value Information	HI01-1	Code List Qualifier Code – Occurrence Span Code	Situational – Qualifier that identifies the information populated in HI01-2 pertains to the occurrence span code. Only available value: BI = Occurrence Span Code	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2300	HI: Value Information	HI01-2	Industry Code – Occurrence Span Code	Situational – Identifies the occurrence span code.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2300	HI: Value Information	HI01-3	Date Time Period Format Qualifier	Situational – Qualifier that identifies the format of the occurrence span code date. Only available value: RD8 = CCYYMMDD – CCYYMMDD	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2300	HI: Value Information	HI01-4	Date Time Period – Occurrence Span Code Date	Situational – Identifies the occurrence span code date.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2300	HI: Value Information	HI01-1	Code List Qualifier Code – Occurrence Code	Situational – Qualifier that identifies the information populated in HI01-2 pertains to the occurrence code. Only available value: BH = Occurrence Code	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2300	HI: Value Information	HI01-2	Industry Code – Occurrence Code	Situational – Identifies the occurrence code.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2300	HI: Value Information	HI01-1	Code List Qualifier Code- Value Code	Situational - Qualifier that identifies the information populated in HI01-2 pertains to the Value Code Only available value: BE = Value Code	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2300	HI: Value Information	HI01-2	Industry Code – Value Code	Situational - Identifies the value code	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2300	HI: Value Information	HI01-1	Code List Qualifier Code – Condition Code	Situational – Qualifier that identifies the information populated in HI01-2 pertains to the condition code. Only available value: BG = Condition Code	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2300	HI: Value Information	HI01-2	Industry Code – Condition Code	Situational – Identifies the condition code.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2300	HI: Value Information	HI01-2	Value Code	Identifies the value code. Institutional only	Included in Appendix 3A, MA Companion Guide [Listed in the previous Companion Guides; not in the retired MDE list.] Situational, no default data needed.
2300	HI: Value Information	HI01-5	Value Code Amount	Identifies the value code amount. Institutional only	Included in Appendix 3A, MA Companion Guide. [Listed in the previous Companion Guides; not in the retired MDE list.] Situational, no default data needed.
2320	SBR: Other Subscriber Information	SBR01	Payer Responsibility Sequence Number Code	Identifies the level of the payer (Primary, Secondary, Tertiary, etc.). TR3 guides list multiple values.	Included in Appendix 3A, MA Companion Guide. Situational, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2320	SBR: Other Subscriber Information	SBR02	Individual Relationship Code	Specifies the relationship to the subscriber. TR3 guides list multiple values.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2320	SBR: Other Subscriber Information	SBR09	Claim Filing Indicator Code	Identifies the claim receiver. Identifies the type of claim. TR3 guides list multiple values.	Included in Appendix 3A, MA Companion Guide. Situational, no default data needed.
2320	CAS: Claim Adjustment	CAS01	Claim Adjustment Group Code	Situational – Qualifier that identifies the information populated in CAS02 pertains to the reason why the adjustment occurred. TR3 guides list multiple values.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2320	CAS: Claim Adjustment	CAS02	Adjustment Reason Code	Included in Appendix 3A, MA Companion Guide	Included in Appendix 3A, MA Companion Guide. Situational, no default data needed.
2320	CAS: Claim Adjustment	CAS03	Monetary Amount	Situational – Identifies the monetary amount of the adjustment.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2320	AMT: Coordination of Benefits (COB) Payer Paid Amount	AMT01	Amount Qualifier Code	Qualifier that identifies the information populated in AMT02 pertains to the MAO or other entity paid amount. Only available value: D = Payer Amount Paid	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2320	AMT: Coordination of Benefits (COB) Payer Paid Amount	AMT02	Payer Paid Amount	Identifies the amount the MAO or other paid for the claim	Included in Appendix 3A, MA Companion Guide. Situational, no default data needed.
2320	OI: Other Insurance Coverage	OI03	Benefits Assignment Certification Indicator	Identifies the benefits assignment certification indicator. N = No W = Not Applicable Y = Yes	Included in Appendix 3A, MA Companion Guide. Required, if not available, default should be 'N'.
2320	OI: Other Insurance Coverage	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	Included in Appendix 3A, MA Companion Guide. Required, if not available, default should be 'I'.
2330A	NM1: Other Subscriber Name	NM101	Entity Identifier Code	Qualifier that identifies the information in NM103 pertains to the Subscriber. Only available value: IL = Insured or Subscriber	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2330A	NM1: Other Subscriber Name	NM102	Entity Type Qualifier	Qualifier that identifies the type of Subscriber. 1 = Person 2 = Non-person entity	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2330A	NM1: Other Subscriber Name	NM103	Subscriber Last Name	Identifies the Subscriber's last name	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2330A	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.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2330A	NM1: Other Subscriber Name	NM109	Other Insured Identifier, Subscriber HICN	Identifies the other insured's ID code, the subscribers MBI.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2330A	N3: Other Subscriber Address	N301	Subscriber Street	Identifies the Subscriber's street name	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2330A	N4: Other Subscriber City, State, Zip Code	N401	Subscriber City	Identifies the Subscriber's city	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2330A	N4: Other Subscriber City, State, Zip Code	N402	Subscriber State	Identifies the Subscriber's state	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2330A	N4: Other Subscriber City, State, Zip Code	N403	Subscriber Zip Code	Identifies the Subscriber's zip code	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2330B	NM1: Other Payer Name	NM101	Entity Identifier Code	Qualifier that identifies the information populated in NM103 pertains to the Contract. Only available value: PR = Payer	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2330B	NM1: Other Payer Name	NM102	Entity Type Description	Qualifier that identifies the type of Contract. Only available value: 2 = Non-person entity	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2330B	NM1: Other Payer Name	NM103	Name Last or Organization	Identifies the name of the Contract.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2330B	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	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2330B	NM1: Other Payer Name	NM109	Other Payer Primary Identifier	Code identifying the other payer. Identifies the Contract ID.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2330B	N3: Other Payer Address	N301	Other Payer Address Line	Identifies the other payer's address line.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2330B	N4: Other Payer City, State, Zip Code	N401	Payer City	Identifies the Contract's city	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2330B	N4: Other Payer City, State, Zip Code	N402	Payer State	Identifies the Contract's state	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2330B	N4: Other Payer City, State, Zip Code	N403	Payer Zip Code	Identifies the Contract's zip code.	Included in Appendix 3A, MA Companion Guide. Required, no default data needed.
2400	CN1: Contract Information	CN101	Contract Type Code Professional and DME Only	Identifies a type of contract. TR3 guides list multiple values. including: 05 = capitated	Included in Appendix 3A, MA Companion Guide [Listed in the previous Companion Guides; not in the retired MDE list.] Situational, no default data needed.
2400	LX: Service Line Number	LX01	Assigned Number	Identifies the service line number – incremental (1 for first service line, 2 for second, etc.)	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2400	SV2: Institutional Service	SV201	Service Line Revenue Code (Institutional Only)	Identifies the revenue code that applies to the service	Not included because there are no supplemental instructions; follow TR3 guidance. Required, if available, a relevant revenue code should be used. If not available, we recommend 1111.
2400	SV2: Institutional Service	SV202-1	Product or Service ID Qualifier - Procedure Code (Institutional Only)	Situational – Qualifier that identifies the informational populated in SV202-2 pertains to the procedure code. ER = Jurisdiction Specific Procedure and Supply Code HC = HCPCS Code HP = HIPPS Code	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2400	SV2: Institutional Service	SV202-2	Procedure Code (Institutional Only)	Required – Identifies the procedure code that applies to the service.	Not included because there are no supplemental instructions; follow TR3 guidance. Required. If available, a relevant procedure code should be used. If not available, we recommend SBSP1 as the procedure code.
2400	SV2: Institutional Service	SV202-3	Procedure Modifier (Institutional Only)	Situational – Identifies the modifier code that applies to the service.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2400	SV2: Institutional Service	SV203	Monetary Amount (Institutional Only)	Identifies the charge (billed) amount for the service line.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2400	SV2: Institutional Service	SV204	Unit or Basis for Measurement Code (Institutional Only)	Qualifier that identifies the quantity measurement. UN = Units DA = Days	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2400	SV2: Institutional Service	SV205	Quantity (Institutional Only)	Identifies the count of either the unit or day.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2400	SV2: Institutional Service	SV207	Non-Covered Charge Amount (Institutional only)	Situational – Identifies the line item denied charge or non-covered charge amount.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2400	SV1: Professional Service	SV101-1	Product/Service ID Qualifier (Professional Only)	Qualifier that identifies the informational populated in SV102-2 pertains to the procedure code. TR3 guides list multiple values.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2400	SV1: Professional Service	SV101-2	Procedure Code (Professional Only)	Identifies the procedure code that applies to the service.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, if available, a relevant procedure code should be used. If not available, we recommend SBSP1 as the procedure code.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2400	SV1: Professional Service	SV101-3	Procedure Modifier (Professional Only)	Situational – Identifies the modifier code that applies to the service.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2400	SV1: Professional Service	SV102	Monetary Amount (Professional Only)	Identifies the charge (billed) amount for the service line.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2400	SV1: Professional Service	SV103	Unit or Basis for Measurement Code (Professional Only)	Qualifier that identifies the quantity measurement. UN = Units MJ = Minutes	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2400	SV1: Professional Service	SV104	Quantity (Professional Only)	Identifies the count of either the unit or minutes.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2400	SV1: Professional Service	SV107-1	Diagnosis Code Pointer (Professional Only)	Identifies the diagnosis code pointer.	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2400	PWK: Line Supplemental Information	PWK01	Report Type Code	Supplemental Benefit Field	Required, code 'IR' must be used to identify Supplemental Benefits.
2400	PWK: Line Supplemental Information	PWK02	Report Transmission Code	Supplemental Benefit Field	Required, code 'EM' must be used to identify Supplemental Benefits.
2400	PWK: Line Supplemental Information	PWK05	Identification Code Qualifier	Supplemental Benefit Field	Required, code 'AC' must be used to identify Supplemental Benefits.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2400	PWK: Line Supplemental Information	PWK06	Identification Code	Supplemental Benefit Field	Required for Supplemental Benefits. Please refer to the Medicare Advantage Supplemental Benefit Services Submission Guide for a complete list of Supplemental Benefit Services Category (SBSC) codes.
2400	DTP: Service Date	DTP01	Date Time Qualifier - Service	Qualifier that identifies the information populated in DTP03 pertains to the date of service. Only available value: 472 = Date of Service	Situational for Institutional and Required for Professional. No default data needed.
2400	DTP: Service Date	DTP02	Date Time Period Format Qualifier	Qualifier that identifies the format of DTP03. Only available value: D8 = CCYYMMDD.	Situational for Institutional and Required for Professional. No default data needed.
2400	DTP: Service Date	DTP03	Service Date	Identifies the date of service.	Populate the date of service field on the EDR with the date when utilization occurs, when that is reasonable and known to the MAO, the first day of the period when a benefit is available for periodicity-based benefits, or the last day of the period for reporting utilization of allowances on pre-funded cards. For examples, please refer to the General Supplemental Services Submission Guide.
2430	SVD: Line Adjudication Information	SVD01	Other Payer Primary Identifier	Situational - Identifies a payer (the Contract ID) responsible for the reimbursement described in this loop.	Included in Appendix 3A, MA Companion Guide. Situational, no default data needed. If segment is used then required.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2430	SVD: Line Adjudication Information	SVD02	Monetary Amount – Service Line Paid Amount	Situational – Identifies the service line amount paid by the MAO or other entity or True COB.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed. If segment is used then required.
2430	SVD: Line Adjudication Information	SVD03-1	Product/Service ID Qualifier	Situational – Qualifier that identifies the information populated in SVD03-2 pertains to the procedure code. TR3 guides list multiple values.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed. If segment is used then required.
2430	SVD: Line Adjudication Information	SVD03-2	Procedure Code	Situational – Identifies the procedure code paid for by the MAO or other entity or True COB.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, if available, a relevant procedure code should be used. If not available we recommend SBSP1 as the procedure code.
2430	SVD: Line Adjudication Information	SVD03-3	Procedure Modifiers	Situational – Identifies the procedure code modifier that applies to the procedure code the MAO or other entity or True COB covered	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed.
2430	SVD: Line Adjudication Information	SVD05	Quantity	Situational – Identifies the paid service unit count.	Not included because there are no supplemental instructions; follow TR3 guidance. Situational, no default data needed. If segment is used then required.



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
2430	CAS: Line Adjustment	CAS02	Adjustment Reason Code	Identifies the reason the line adjustment was made. TR3 guides list multiple values, including: 24 = Charges are covered under a capitation agreement/ managed care plan	Included in Appendix 3A, MA Companion Guide. Per the TR3 situational rule, "Required when the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged." No default data needed.
2430	DTP: Line Check or Remittance Date	DTP01	Date Time Qualifier – Adjudication or Payment Date	Required – Qualifier that identifies the information populated in DTP03 pertains to the date the MAO or other entity or True COB adjudicated the claim. 573 = Date Claim Paid	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2430	DTP: Line Check or Remittance Date	DTP02	Date Time Period Format Qualifier	Required – Identifies the format for the date populated in DTP03. D8 = CCYYMMDD	Not included because there are no supplemental instructions; follow TR3 guidance. Required, no default data needed.
2430	DTP: Line Check or Remittance Date	DTP03	Adjudication or Payment Date	Required – Identifies the date the responsible payer (MAO or other	Populate the date of service field on the EDR with the date when utilization occurs, when that is reasonable and known to the MAO, the first day of the period when a benefit is available for



Loop	Segment	Reference	Name	Field Description	Supplemental Benefits Services Guidance
				entity or True COB) adjudicated the claim.	periodicity-based benefits, or the last day of the period for reporting utilization of allowances on pre-funded cards. For examples, please refer to the General Supplemental Services Submission Guide.