

MN-ITS Help Text – 837P – Service Line

The table below describes the individual fields on the Services screens used for line item billing, line item coordination of benefits reporting, and reporting other providers for a specific service line. * The Field Name column identifies X12 loops and elements only for fields that display in the MN-ITS screens. Refer to the X12 HIPAA Companion Guides available through the [WPC X12 Registry](#) for additional instruction when submitting batch claims.

Select [MN-ITS User Guides](#) to obtain additional instruction for submitting claims for specific services using MN-ITS DDE.

Field Name* (X12 Loop and element)	Valid Values	Character Length	Field Description
Date of Service (From) (Loop: 2400, DTP03)	MMDDCCYY	8 (numeric)	The date, or begin date of a consecutive date range, the service was provided
Date of Service (To) (Loop: 2400, DTP03 * RD8* required in DTP02 when TO date is reported)	MMDDCCYY	8 (numeric)	The date, or last date of a consecutive date range, the service was provided
Place of Service (Loop: 2400, SV105)	Refer to the MN-ITS screen for values available		Code identifying the location where the service was rendered (unless otherwise indicated for the service) when different than what was reported on the Claim Information screen
Procedure Code (Loop: 2400, SV101-2)		5 (alphanumeric)	Code (CPT or HCPCS) identifying the product or service
Procedure Code Modifier(s) (Loop: 2400, SV101-3, SV101-4, SV101-5, SV101-6)		2 (alphanumeric)	Code(s) that clarifies or further identifies the service indicated in the procedure code field
Diagnosis Pointer (Loop: 2400, SV107-1, SV107-2, SV107-3, SV107-4)	Refer to the MN-ITS screen for values available		Indicates, in the order of importance, the diagnosis code(s) from the Claim Information screen that apply to this service
Line Item Charge (Loop: 2400, SV102)		10 (numeric)	The total charge for the service
Service Unit Count (Loop: 2400, SV104)		1-15 (numeric)	The quantity of units, time, days, visits, services or treatments for the service
Other Payer			
Other Payer	Refer to the		Identifier of the insurance carrier or the

Primary Identifier (Loop: 2430, SVD01)	MN-ITS screen for values available		Medicare contractor NPI
Service Line Paid Amount (Loop: 2430, SVD02)		10 (numeric)	The total dollar amount paid for this service by the other payer
Adjudication - Payment Date (Loop: 2430, DTP03)		1-35 (alphanumeric)	Date of payment or denial determination by Medicare payer for this service line
Paid Unit Count (Loop: 2430, SVD05)		1-15 (numeric)	The number of units identified as being paid from the other payer's EOB/EOMB
Claim Adjustment Group Code (Loop: 2430, CAS01)	Refer to the MN-ITS screen for values available		Code identifying the general category of payment adjustment
Adjustment Reason Code (Loop: 2430, CAS02)		1-5 (alphanumeric)	Code identifying the reason the adjustment was made
Adjustment Amount (Loop: 2430, CAS03)		10 (numeric)	The total dollar amount of the adjustment made to this service line
Adjustment Quantity (Loop: 2430, CAS04)		1-15 (numeric)	The number of units being adjusted for this service line
Situational Services			
Prior Authorization (Loop: 2400, REF02)		11 (numeric)	Authorization number for the service when different than the authorization number reported at the claim level
Certification Condition Indicator (Loop: 2400, SV111)			Not used by MHCP
Ambulance Patient Count (Loop: 2400, QTY02)		1-15 (numeric)	The number of patients, when more than one is transported in the same ambulance or non-emergency transportation service
Line Note (Loop: 2400, NTE02)		1-80 (alphanumeric)	Free form description to provide additional information/clarification about the service
Qualifier (Loop: 2400, K301)	JP – tooth number JO – Oral cavity designation	1-80 (alphanumeric)	CDT code indicating type of value entered for the service
Value	Refer to the		Tooth number(s) or oral cavity

<i>(Loop: 2400, K301)</i>	ADA CDT Reference Guide for valid values		designation(s) for the service
Description <i>(Loop: 2400, SV101-7)</i>		1-80 (alphanumeric)	Free form description to specifically identify the service
NDC <i>(Loop: 2410, LIN03)</i>	Use the 5-4-2 NDC format	11 (numeric)	National Drug Code (NDC) that further specifies the HCPCS code used for the service
NDC Count <i>(Loop: 2410, CPT04)</i>		1-15 (numeric)	Number specifying the drug quantity
CODE Qualifier <i>(Loop: 2410, CTP05-1)</i>	Refer to the MN-ITS screen for values available		Code indicating type of measurement for the NDC count
Other Providers			
Rendering Provider			
NPI/UMPI <i>(Loop: 2420A, NM109)</i>		10 (alphanumeric)	NPI/UMPI of the provider who performed the service
Referring Provider			
NPI/UMPI <i>(Loop: 2420F, NM109)</i>		10 (alphanumeric)	NPI/UMPI of the provider who made the referral for the service
Service Facility Location			
NPI/UMPI <i>(Loop: 2420C, NM109)</i>		10 (alphanumeric)	NPI/UMPI identifying one of the following: Where the service was actually provided The recipient's or provider's home/clinic location when the location of health care service is different than the billing provider
Ordering Provider			
NPI/UMPI <i>(Loop: 2420E, NM109)</i>		10 (alphanumeric)	NPI/UMPI of the provider who ordered the service