

# Providence Health Assurance Medicare Supplement 5010 Submitter Profile Check List – INST Clearinghouse

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The following field values are required to submit **Providence Health Assurance Medicare Supplement 5010** X12 837 Institutional claims to Ayin Health Solutions. Effective February 1, 2021.

1. ISA01 “00” (always)
2. ISA02 [blank]
3. ISA03 “00” (always)
4. ISA04 [blank]
5. ISA05 “ZZ” (always)
6. ISA06 [Business Tax ID]
7. ISA07 “ZZ” (always)
8. ISA08 “931211733” (AYIN Tax ID)
9. GS02 [Business Tax ID]
10. GS03 “CIM3”
11. 1000A – NM109 [Business Tax ID]
12. 1000B – NM103 “AYIN”
13. 1000B – NM108 “46”
14. 1000B – NM109 “931211733” (AYIN Tax ID)
15. 2010BB – NM103 “Providence Health Assurance Medicare Supplement”  
Clearinghouse pass through value provider submits.
16. 2010BB – NM108 “PI”
17. 2010BB – NM109 “863097” Clearinghouse use agreed upon payer id.

For secondary claims, include the other payer amount paid and patient responsibility information in the 2430 Loop – “Line Adjudication Information.”

18. 2430 – SVD02 \$[amt paid by other insurer]
19. 2430 – CAS01 “PR”
20. 2430 – CAS03, 06, 09 \$[patient responsibility amt]