

Providence Health Assurance (Medicaid) 5010 Submitter Profile Check List – INST

The following field values are required to submit **Providence Health Assurance (Medicaid)** 5010 X12 837 Institutional claims to Ayin Health Solutions. Effective January 1, 2021.

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|--------------------|--|
| 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” Clearinghouse pass through value provider submits. |
| 16. 2010BB – NM108 | “PI” |
| 17. 2010BB – NM109 | “828701” 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.”

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