Program Tags are often used by our mental health submitters to indicate that a service line was for provider Jane Doe and was an ICTS, Respite, ITMHS service. In order to have the claims process correctly we need some way to ID these claims. If the claims are not ID'd they will adjudicate incorrectly in Ayin CIM (Clinical Integration Manager) claim processing system.

In order for CIM to pick up any submitted Program Tag correctly, the submitter must send the 2310B REF segment using one of the codes noted in REF01. Ayin will pick up any of the four, but G2 and LU make the most sense.   You may also send this information in the 2420A rendering provider segment using the same criteria.

These are some of the common Program Tags utilized but are not necessarily complete. Ayin also accepts mutually agreed upon values that agencies may need to identify claims for billing purposes. If you need to denote some subset of claims, please contact EDI Support to discuss your needs.

CAP	Capitated
CD	Chemical Dependency
MH	Mental Health Services
OP	Outpatient
IP	Inpatient
HBS	Home Based Services
OUTREACH	SUD Outreach services

Agencies may also combine tags.

FFSCD for Fee for Service Chemical Dependency

5010 Format

Loop: 2310B – RENDERING PROVIDER NAME

Segment Repeat: 4

Usage: Situational

REF – Rendering Provider Secondary Identification

Loop: 2310B – RENDERING PROVIDER NAME

Segment Repeat: 3

Usage: Situational

Situational Rule: Required prior to the mandated HIPAA Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.

OR

Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider.

Notes: The REF segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a REF segment with the same value in REF01.

Example: REF*G2*12345~

Usage	REF. DES.	NAME	
REQUIRED	REF01	Reference Identification Qualifier	
		Code qualifying the Reference Identification	
		CODE	DEFINITION
		0B	State License Number
		1G	Provider UPIN Number
		G2	Provider Commercial Number
		LU	Location Number
REQUIRED	REF02	Reference Identification	

Providers sometimes submit the billing provider as the individual rendering provider when it should be the agency or clinic information. This is not allowed in 5010 for agencies or clinics with multiple providers see Note 4 below. Rendering provider information should be sent in the 2310B Rendering Provider loop.

5010 Format

Loop: 2010AA – BILLING PROVIDER NAME

Segment Repeat: 1

Usage: Required

Notes:

1. Beginning on the NPI compliance date: When the Billing Provider is an organization health care provider, the organization health care provider's NPI or its subpart's NPI is reported in NM109. When a health care provider organization has determined that it needs to enumerate its subparts, it will report the NPI of a subpart as the Billing Provider. The subpart reported as the Billing Provider MUST always represent the most detailed level of enumeration as determined by the organization health care provider and MUST be the same identifier sent to any trading partner. For additional explanation, see section 1.10.3 Organization Health Care Provider Subpart Presentation.
2. Prior to the NPI compliance date, proprietary identifiers necessary for the receiver to identify the Billing Provider entity are to be reported in the REF segment of Loop ID-2010BB.
3. The Taxpayer Identifying Number (TIN) of the Billing Provider to be used for 1099 purposes must be reported in the REF segment of this loop.
4. The Billing Provider may be an individual only when the health care provider performing services is an independent, unincorporated entity. In these cases, the Billing Provider is the individual whose social security number is used for 1099 purposes. That individual's NPI is reported in NM109, and the individual's Tax Identification Number must be reported in the REF segment of this loop. The individual's NPI must be reported when the individual provider is eligible for an NPI. See section 1.10.1 (Providers who are Not Eligible for Enumeration).
5. When the individual or the organization is not a health care provider and, thus, not eligible to receive an NPI (For example, personal care services, carpenters, etc), the Billing Provider should be the legal entity. However, willing trading partners may agree upon varying definitions. Proprietary identifiers necessary for the receiver to identify the entity are to be reported in the Loop ID-2010BB REF, Billing Provider Secondary Identification segment. The TIN to be used for 1099 purposes must be reported in the REF (Tax Identification Number) segment of this loop.

Example: NM1*85*2*Test PCP Practice*XX*1234567890~

Usage	REF. DES.	NAME
REQUIRED	NM101	Entity Identifier Code

Code identifying an organizational entity, a physical location, property or an individual

		CODE	DEFINITION
		85	Billing Provider

Usage	REF. DES.	NAME
REQUIRED	NM102	Entity Type Qualifier

Code qualifying the type of entity

CODE	DEFINITION
1	Person
2	Non-Person Entity

Usage	REF. DES.	NAME
REQUIRED	NM103	Organization Name or Name Last

Organizational name or Individual last name

Usage	REF. DES.	NAME
SITUATIONAL	NM104	Name First

Individual first name

Usage	REF. DES.	NAME
SITUATIONAL	NM105	Name Middle

Individual middle name or initial

Usage	REF. DES.	NAME
SITUATIONAL	NM106	Name Prefix
SITUATIONAL	NM107	Name Suffix
SITUATIONAL	NM108	Identification Code Qualifier

Code designating the system/method of code structure used for Identification Code

SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.
OR
Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.
OR
Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.

CODE	DEFINITION
XX	Centers for Medicare and Medicaid Services National Provider Identifier

Usage	REF. DES.	NAME
SITUATIONAL	NM109	Identification Code

Code identifying a party or other code
SITUATIONAL RULE: Required for providers in the United States or its territories on or after the

mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.

OR

Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.

OR

Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.

INDUSTRY NAME: Billing Provider Identifier

5010 Format

Loop: 2310B – RENDERING PROVIDER NAME

Segment Repeat: 1

Usage: Situational

Situational Rule: Required when the Rendering Provider information is different than that carried in Loop ID-2010AA-Billing Provider.

Notes:

1. Used for all types of rendering providers including labs. The Rendering Provider is the person or company (lab or other facility) who rendered the care. In the case where a sub provider (locum tenens) was used, enter that provider's information here.
2. Information in Loop-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101

Example: NM*82*1*DOE*JOHN*K***XX*1234567890

Usage	REF. DES.	NAME
REQUIRED	NM101	Entity Identifier Code

Code identifying an organizational entity, a physical location, property or an individual

CODE	DEFINITION

		82	Rendering Provider

REQUIRED	NM102	Entity Type Qualifier

Code qualifying the type of entity

SEMANTIC: NM102 qualifies NM103

CODE	DEFINITION
1	PERSON
2	Non-Person Entity

REQUIRED	NM103	Name Last or Organization Name

Individual last name or organizational name

SITUATIONAL	NM104	Name First

Individual first name

SITUATIONAL	NM105	Name Middle

Individual middle name or initial

NOT USED	NM106	Name Prefix
SITUATIONAL	NM107	Name Suffix

Suffix to individual name

SITUATIONAL	NM108	Identification Code Qualifier

Code designating the system/method of code structure used for Identification Code

SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.
OR
Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.
OR
Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.

CODE	DEFINITION
XX	Centers for Medicare and Medicaid Services National Provider Identifier

SITUATIONAL	NM109	Identification Code

Code identifying a party or other code
SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.

OR

Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.

OR

Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.

INDUSTRY NAME: Rendering Provider Identifier