

Online Claim Correction Reference Guide

Item Number	ANSI Loop	ANSI Segment	Description	Providers Submitting CMS 1500 Print Image	Providers Submitting in ANSI 837P
N/A	2010BB	NM103 (payer name) N301 (payer address) N302 (payer address 2) N401 (payer city) N402 (payer state) N403 (payer ZIP)	Carrier Field	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net ** <i>**If this is an ACC or PCC claim (Kansas Providers) Please correct carrier name and address in your system and resubmit claim to Infinedi. Do not correct claim online.</i>	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
1	2000B	SBR09	Insurance Type	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
1a	2010BA	NM109	Insured's ID Number	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
2	2010CA or 2010BA	NM103 (last name) NM104	Patient's Name	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and



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		(first name) NM105 (middle name) NM107 (name suffix)		www.Infinedi.net	resubmit claim to Infinedi. <ul style="list-style-type: none"> If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
3	2010CA or 2010BA	DMG02 (DOB) DMG03 (sex)	Patient's Date of Birth/Sex	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
4	2010BA	NM103 NM104 NM105 NM107	Insured's Name	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
5	2010CA	N302 (2nd address line) N401(city) N402 (state) N403 (zip)	Patient's Address	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
6	2000B 2000C	SBR02 PAT01	Patient Relationship to Insured	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on



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					www.Infinedi.net , claim can be edited and resubmitted online.
7	2010BA	N301 N302 N401 N402 N403	Insured's Address	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
8	N/A	N/A	Patient Status	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
9	2330A	NM103 NM104 NM105 NM107	Other Insured's Name	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
9a	2320	SBR03	Other Insured's Policy or Group Number	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
9b	2320	DMG02 (DOB)	Other Insured's Date of Birth/Sex	Edit in Practice Management System	<ul style="list-style-type: none"> • If claim is not viewable, Edit in

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		DMG03 (gender)		and resubmit claim or edit and resubmit claim online at www.Infinedi.net	Practice Management and resubmit claim to Infinedi. <ul style="list-style-type: none"> If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
9c	N/A	N/A	Employer's Name or School Name	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
9d	2320	SBR04	Insurance Plan Name or Program Name <i>You may access the following lists to see if the payer is an automatic crossover or if they have to include the COBA information on their Medicare Primary claim to Infinedi so Medicare will crossover claim to the secondary payer.</i> <ul style="list-style-type: none"> <i>This link shows secondary payers that cross over automatically from Medicare. No secondary claim needs to be sent to this payer.</i> http://www.cms.hhs.gov/COBAgreement/Downloads/Contacts.pdf	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.

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			<ul style="list-style-type: none"> <i>This list is for secondary payers that do not crossover automatically from Medicare. The primary claim will need to contain COBA number in block 9d.</i> <p>http://www.cms.hhs.gov/COBAgreement/Downloads/Medigap%20Claim-based%20COBA%20IDs%20for%20Billing%20Purpose.pdf</p>		
10a	2300	CLM11	Patient Condition Related to Employment? <ul style="list-style-type: none"> <i>Any Diagnosis code in block 21 beginning with 8 is an accident diagnosis and block 10a, b or c must be checked. This is a payer specific edit.</i> 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
10b	2300	CLM11	Patient Condition Related to Auto Accident? <ul style="list-style-type: none"> <i>Any Diagnosis code in block 21 beginning with 8 is an accident diagnosis and block 10a, b or c must</i> 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.

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			<i>be checked. This is a payer specific edit</i>		
10c	2300	CLM11	Patient Condition Related to Other Accident? <ul style="list-style-type: none"> Any Diagnosis code in block 21 beginning with 8 is an accident diagnosis and block 10a, b or c must be checked. This is a payer specific edit 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
10d	2300	K3	Reserved for Local Use	Not Required	Not Required
11	2000B	SBR03	Insured's Policy, Group or FECA Number <ul style="list-style-type: none"> State Farm Claims requires P & C Claim Number. See alert posted on www.infinedi.net dated: 07/30/09 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
11a	2010BA (DOB) 2010BA (sex)	DMG02 (DOB) DMG03 (sex)	Insured's Date of Birth/Sex	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
11b	N/A	N/A	Employer's Name or School Name	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi.

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				www.infinedi.net	<ul style="list-style-type: none"> If claim is viewable on www.infinedi.net, claim can be edited and resubmitted online.
11c	2000B	SBR04	Insurance Plan Name or Program Name <ul style="list-style-type: none"> <i>HSM Health Services Management requires Network Code. (See alert posted on www.infinedi.net dated 05/14/09)</i> 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.infinedi.net, claim can be edited and resubmitted online.
11d	2320		Is There Another Health Benefit Plan?	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.infinedi.net, claim can be edited and resubmitted online.
12	2300	CLM09	Patient's or Authorized Person's Signature	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.infinedi.net, claim can be edited and resubmitted online.
13	2300	CLM08	Insured's or Authorized Person's Signature <ul style="list-style-type: none"> <i>Should be blank if block 27 (assignment of benefits) is checked NO</i> 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.infinedi.net, claim can be edited and resubmitted online.

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14	2300	DTP03	Date of Illness, Injury or LMP	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
15	2300	DTP03	Date of Same or Similar Illness	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
16	2300	DTP03	Dates Patient Unable to Work in Current Occupation	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
17	2310A	NM103 NM104 NM105 NM107	Referring Provider Name <i>(must be first and last name)</i> <ul style="list-style-type: none"> • <i>This field is required by Medicare and some other payers if an x-ray is billed on the claim</i> • <i>For a complete list of services that require a referring provider, please</i> 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.

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			<i>review the alert posted on www.Infinedi.net dated 08/05/09</i>		
17a	N/A	N/A	Referring Legacy Provider Number	Not Required	Not Required
17b	2310A	NM109	Referring Provider's NPI Number <ul style="list-style-type: none"> <i>This field is required by Medicare if an x-ray is billed on the claim</i> <i>For a complete list of services that require a referring provider, please review the alert posted on www.Infinedi.net dated 08/05/09</i> 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
18	2300	DTP03	Hospital Dates Related to Current Services	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
19	2300	NTE	Reserved for Local Use (Situational) <ul style="list-style-type: none"> <i>Post-Operative Dates</i> When a claim is submitted with a POST-OP with Modifier 55, our system requires a POST-OP date in box 19. The date format for box 19 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.

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			<p>is MM/DD/YY-MM/DD/YY. If the date is received in any other format or you send a description, we will reject the claim with the Error: COULD NOT CONVERT POST-OP FROM DATE IN BOX 19.</p> <p>Also, make sure the units in Box 24G matches the number of days in the date range in Box 19 or the claim will be rejected by the payer.</p> <ul style="list-style-type: none"> • NOC • Test Results (See link: http://www.cms.hhs.gov/MLNMatters/Articles/downloads/MM5699.pdf) • Corrected or Voided Claims - - please review the alert posted on www.Infinedi.net dated 0720/09 • Fax/Mail • Oklahoma Medicaid Contract Code-- please review the alert posted on www.Infinedi.net dated 05/16/08 • Other 		
20	2400	PS102	<p>Outside Lab?</p> <ul style="list-style-type: none"> • Purchased Service Charge 	<p>Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net</p>	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be

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					edited and resubmitted online.
21	2300	HI01-2 HI02-2 HI03-2 HI04-2	Diagnosis or Nature of Illness or Injury <ul style="list-style-type: none"> Any Diagnosis code beginning with 8 is an accident diagnosis and block 10a, b or c must be checked. This is a payer specific edit. Print Image claims can contain up to 4 diagnosis codes. ANSI 837P can contain up to 8 diagnosis codes. 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online
22	2300	CLM05-3 REF02	Medicaid Resubmission Code Original Ref. No.	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
23	2300	REF02	Prior Authorization (or CLIA Number) <ul style="list-style-type: none"> Mammography claims require FDA Number. USAA Claims Require Member/Loss Reports Number. (See Alert on 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.

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			www.infinedi.net dated: 03/10/09)		
24a	2300	REF02	<p>Date of Service</p> <ul style="list-style-type: none"> <i>CMS-1500 contains only six service lines. Claims containing more than six services line will not process correctly. (See alert posted on www.infinedi.net dated: 08/04/09)</i> <i>ANSI 837P claims can contain up to 99 service lines.</i> <i>NDC number should be supplied in the shaded area between 24a & 24e of the CMS 1500. NDC Number cannot be less or more than 11 digits and must have the N4 qualifier preceding the NDC code.</i> <p><i>The number on your claim should look like this: Example: N4 00006-4109-01</i></p> <ul style="list-style-type: none"> <i>Remember to include this code if this is a Medicare/Medicaid crossover claim.</i> 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
24b	2300	CLM05-1	Place of Service	Edit in Practice Management System	<ul style="list-style-type: none"> If claim is not viewable, Edit in

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	2400	SV105	<ul style="list-style-type: none"> <i>CMS-1500 contains only six service lines. Claims containing more than six services line will not process correctly. (See alert posted on www.infinedi.net dated: 08/04/09)</i> <i>ANSI 837P claims can contain up to 99 service lines.</i> <i>NDC number should be supplied in the shaded area between 24a & 24e of the CMS 1500. NDC Number cannot be less or more than 11 digits and must have the N4 qualifier preceding the NDC code.</i> <p><i>The number on your claim should look like this:</i> Example: N4 00006-4109-01</p> <ul style="list-style-type: none"> <i>Remember to include this code if this is a Medicare/Medicaid crossover claim.</i> 	and resubmit claim or edit and resubmit claim online at www.infinedi.net	Practice Management and resubmit claim to Infinedi. <ul style="list-style-type: none"> If claim is viewable on www.infinedi.net, claim can be edited and resubmitted online.
24c	2400	SV109	EMG	Not Required	Not Required
24d	2400	SV101 (2-6)	Procedures, Services or Supplies	Edit in Practice Management System and resubmit claim or edit and	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and

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			<ul style="list-style-type: none"> <i>CMS-1500 contains only six service lines. Claims containing more than six services line will not process correctly. (See alert posted on www.infinedi.net dated: 08/04/09)</i> <i>ANSI 837P claims can contain up to 99 service lines.</i> <i>NDC number should be supplied in the shaded area between 24a & 24e of the CMS 1500. NDC Number cannot be less or more than 11 digits and must have the N4 qualifier preceding the NDC code.</i> <p><i>The number on your claim should look like this: Example: N4 00006-4109-01</i></p> <ul style="list-style-type: none"> <i>Remember to include this code if this is a Medicare/Medicaid crossover claim.</i> 	resubmit claim online at www.infinedi.net	resubmit claim to Infinedi. <ul style="list-style-type: none"> If claim is viewable on www.infinedi.net, claim can be edited and resubmitted online.
24e	2400	SV107 (1-4)	Diagnosis Pointer <ul style="list-style-type: none"> <i>CMS-1500 contains only six service lines. Claims containing more than six services line will not process</i> 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.infinedi.net, claim can be

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			<p><i>correctly. (See alert posted on www.infinedi.net dated: 08/04/09)</i></p> <ul style="list-style-type: none"> • <i>ANSI 837P claims can contain up to 99 service lines.</i> • <i>NDC number should be supplied in the shaded area between 24a & 24e of the CMS 1500. NDC Number cannot be less or more than 11 digits and must have the N4 qualifier preceding the NDC code.</i> <p><i>The number on your claim should look like this: Example: N4 00006-4109-01</i></p> <ul style="list-style-type: none"> • <i>Remember to include this code if this is a Medicare/Medicaid crossover claim.</i> 		<p>edited and resubmitted online.</p>
24f	2400	SV102	<p>Charges</p> <ul style="list-style-type: none"> • <i>CMS-1500 contains only six service lines. Claims containing more than six services line will not process correctly. (See alert posted on www.infinedi.net dated: 08/04/09)</i> 	<p>Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.infinedi.net</p>	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.infinedi.net, claim can be edited and resubmitted online.

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			<ul style="list-style-type: none"> ANSI 837P claims can contain up to 99 service lines. 		
24g	2400	SV104	<p>Days or Units</p> <ul style="list-style-type: none"> CMS-1500 contains only six service lines. Claims containing more than six services line will not process correctly. (See alert posted on www.infinedi.net dated: 08/04/09) ANSI 837P claims can contain up to 99 service lines. 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
24h	2400	SV111 (EPSDT) SV112 (Family Planning)	<p>EPSDT Family Plan (Medicaid only)</p>	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
24j	2310B 2420A	PRV02 REF01	<p>Rendering NPI Number</p> <p><i>This field is populated on the outbound claim by Infinedi based on the number submitted to Infinedi at the time of enrollment with us.</i></p> <ul style="list-style-type: none"> Legacy Number No Longer Required in shaded box. 	If you need to change this information on your claims, first update your Practice Management System and then all Infinedi @ 1-800-688-8087. You may also click on the downloads tab on www.infinedi.net and click on Customer Service Documents to open and print Provider Information Sheet. Complete the form and fax	If you need to change this information on your claims, first update your Practice Management System and then all Infinedi @ 1-800-688-8087. You may also click on the downloads tab on www.infinedi.net and click on Customer Service Documents to open and print Provider Information Sheet. Complete the form and fax form to our

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Item Number	ANSI Loop	ANSI Segment	Description	Providers Submitting CMS 1500 Print Image	Providers Submitting in ANSI 837P
			<ul style="list-style-type: none"> <i>CMS-1500 contains only six service lines. Claims containing more than six services line will not process correctly. (See alert posted on www.infinedi.net dated: 08/04/09)</i> ANSI 837P claims can contain up to 99 service lines. <i>If provider has only an individual NPI, commercial claims will be filed as an Individual. If provider also has a group NPI, commercial claims will be filed as a group.</i> 	form to our Client Implementation Department @ (918)-249-4460. You may also update NPI numbers on your main dashboard once you have logged into your account.	Client Implementation Department @ (918)-249-4460. You may also update NPI numbers on your main dashboard once you have logged into your account.
25	2010AA	NM109 REF02	<p>Federal Tax ID Number</p> <p><i>(Some providers file claims with provider SSN and some file claims with Tax ID. Using the correct tax number will prevent NPI crosswalk errors from the payers.)</i></p> <ul style="list-style-type: none"> <i>Infinedi does not populate this field for you. This field is populated from your practice management system prior to transmitting claims to Infinedi</i> <i>Make sure and update your NPPES account also and submit IRS Form</i> 	<p>If you need to change this information on your claims, first update your Practice Management System and then all Infinedi @ 1-800-688-8087. You may also click on the downloads tab on www.infinedi.net and click on Customer Service Documents to open and print Change of Information Form. Complete the form and fax form to our Client Implementation Department @ (918)-249-4460.</p> <p>When changing from SSN to Tax ID or Tax ID to SSN, contact the</p>	<p>If you need to change this information on your claims, first update your Practice Management System and then all Infinedi @ 1-800-688-8087. You may also click on the downloads tab on www.infinedi.net and click on Customer Service Documents to open and print Change of Information Form. Complete the form and fax form to our Client Implementation Department @ (918)-249-4460.</p>

Online Claim Correction Reference Guide

Item Number	ANSI Loop	ANSI Segment	Description	Providers Submitting CMS 1500 Print Image	Providers Submitting in ANSI 837P
			<i>W-9's to your payers.</i>	technical department at Infinedi @ 1-800-688-8087 before submitting your file. Our technician can check your mapping before processing to make sure the correct number is on your claim and the appropriate box is checked.	
26	2300	CLM01	Patient Account Number	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
27	2300	CLM07	Accept Assignment? <ul style="list-style-type: none"> • <i>If box is checked NO, block 13 must be blank.</i> • <i>For Medicare, only non-participating providers can file claims non-assigned and are not required to file a secondary claim for the beneficiary.</i> • <i>All providers, regardless of participation status, are required to accept assignment for Medicare claims if:</i> 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.

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			<i>Patient has Medicare and Medicaid or if claim is for drugs or biological, ambulance or clinical lab services.</i>		
28	2300	CLM02	Total Charges	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
29	2300 (Patient Paid) 2320 (Payer Paid Amount)	AMT02 AMT02	Amount Paid	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
30	N/A	N/A	Balance Due	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> • If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. • If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
31	2300	CLM06	Signature of Physician or Supplier Including Credentials & Signature Date <i>(Rendering Provider Name)</i>	If you need to change this information on your claims, first update your Practice Management System and then all Infinedi @ 1-800-688-8087. You may also click on the downloads tab on www.infinedi.net and click on	If you need to change this information on your claims, first update your Practice Management System and then all Infinedi @ 1-800-688-8087. You may also click on the downloads tab on www.infinedi.net and click on

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			<ul style="list-style-type: none"> <i>This field is populated on the outbound claim by Infinedi based on the provider name submitted to Infinedi at the time of enrollment with us.</i> 	Customer Service Documents to open and print Provider Information Sheet. Complete the form and fax form to our Client Implementation Department @ (918)-249-4460. .	Customer Service Documents to open and print Provider Information Sheet. Complete the form and fax form to our Client Implementation Department @ (918)-249-4460.
32	2310D 2010AA	NM101 (Entity Identifier) NM103 (Name) NM301 (Address) NM302 (Address2) N401 (City) N402 (State) N403 (Zip)	Service Facility Location Information <ul style="list-style-type: none"> <i>All payers require this field if services were rendered somewhere other than office (Place of Service POS 11)</i> <i>Some payers require this field even if the Place of Service POS is 11 (office)</i> 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
32a	2310D	NM109	Service Facility NPI <ul style="list-style-type: none"> <i>All payers require this field if services were rendered somewhere other than office (place of service 11)</i> <i>Some payers require this field even if the Place of Service POS is 11 (office)</i> 	Edit in Practice Management System and resubmit claim or edit and resubmit claim online at www.Infinedi.net	<ul style="list-style-type: none"> If claim is not viewable, Edit in Practice Management and resubmit claim to Infinedi. If claim is viewable on www.Infinedi.net, claim can be edited and resubmitted online.
32b	2310D	REF02	Service Facility Legacy Provider Number	Not Required	Not Required
33	2010AA	NM103	Billing Provider Information	If you need to change this information	If you need to change this information

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Item Number	ANSI Loop	ANSI Segment	Description	Providers Submitting CMS 1500 Print Image	Providers Submitting in ANSI 837P
	2010BB	(Last Name or Organizational Name) NM104 (First Name) NM105 (Middle Name) NM107 (Name Suffix) NM301 (Address) NM302 (Address2) N401 (City) N402 (State) N403 (Zip) PER04 (Communication Number)	<p><i>(Pay-to Provider)</i></p> <ul style="list-style-type: none"> <i>This field is populated on the outbound claim by Infinedi based on the provider business name submitted to Infinedi at the time of enrollment with us.</i> <i>If you file as an Individual with any plan, we will send out the individual/rendering name instead of Business Name.</i> 	<p>on your claims, first update your Practice Management System and then all Infinedi @ 1-800-688-8087. You may also click on the downloads tab on www.infinedi.net and click on Customer Service Documents to open and print Change of Information Form. Complete the form and fax form to our Client Implementation Department @ (918)-249-4460.</p>	<p>on your claims, first update your Practice Management System and then all Infinedi @ 1-800-688-8087. You may also click on the downloads tab on www.infinedi.net and click on Customer Service Documents to open and print Change of Information Form. Complete the form and fax form to our Client Implementation Department @ (918)-249-4460.</p>
33a	2010AA	NM109	<p>Billing Provider NPI</p> <ul style="list-style-type: none"> <i>This field is populated on the outbound claim by Infinedi based on the provider business name submitted to Infinedi at the time of</i> 	<p>If you need to change this information on your claims, first update your Practice Management System and then all Infinedi @ 1-800-688-8087. You may also click on the downloads tab on www.infinedi.net and click on</p>	<p>If you need to change this information on your claims, first update your Practice Management System and then all Infinedi @ 1-800-688-8087. You may also click on the downloads tab on www.infinedi.net and click on</p>

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Item Number	ANSI Loop	ANSI Segment	Description	Providers Submitting CMS 1500 Print Image	Providers Submitting in ANSI 837P
			<p><i>enrollment with us.</i></p> <ul style="list-style-type: none"> <i>If you file as an Individual with any plan, we will send out the individual/rendering name instead of Business Name.</i> <i>If provider has only an individual NPI, commercial claims will be filed as an Individual. If provider also has a group NPI, commercial claims will be filed as a group.</i> 	Customer Service Documents to open and print Provider Information Sheet. Complete the form and fax form to our Client Implementation Department @ (918)-249-4460. You may also update NPI numbers on your main dashboard once your have logged into your account.	Customer Service Documents to open and print Provider Information Sheet. Complete the form and fax form to our Client Implementation Department @ (918)-249-4460. You may also update NPI numbers on your main dashboard once your have logged into your account.
33b	2010AA	REF02	Billing Provider Legacy Provider Number	Not Required	Not Required