



# Infinedi

## Online Claim Correction Reference Guide

Item Number	ANSI Loop	ANSI Segment	Description	Provider Submitting CMS-1500 Print Image	Provider 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)	<b>Carrier Field</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a> ** <i>**If this is an ACC or PCC (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"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
1	2000B	SBR09	<b>Insurance Type</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
1a	2010BA	NM109	<b>Insured's ID Number</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
2	2010CA or 2010BA	NM103 (last name) NM104 (first name) NM105 (middle name) NM107 (name suffix)	<b>Patient's Name</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
3	2010CA or 2010BA	DMG02 (DOB) DMG03 (sex)	<b>Patient's Date of birth/ Sex</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
4	2010BA	NM103 NM104 NM105 NM107	<b>Insured's Name</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>

Item Number	ANSI Loop	ANSI Segment	Description	Provider Submitting CMS-1500 Print Image	Provider Submitting in ANSI 837P
5	2010CA	N302 (2nd address line) N401 (city) N402 (state) N403 (zip)	<b>Patient's Address</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
6	2000B 2000C	SBR02 PAT01	<b>Patient Relationship to Insured.</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
7	2010BA	N301 N302 N401 N402 N403	<b>Insured's Address</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
8	N/A	N/A	<b>Patient Status</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
9	2330A	NM103 NM104 NM105 NM107	<b>Other Insured's Name</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
9a	2320	SBR03	<b>Other Insured's Policy or Group Number</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
9b	2320	DMG02 (DOB) DMG03 (gender)	<b>Other Insured's Date of Birth/Sex</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
9c	N/A	N/A	<b>Employer's Name or School Name</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>

Item Number	ANSI Loop	ANSI Segment	Description	Provider Submitting CMS-1500 Print Image	Provider Submitting in ANSI 837P
9d	2320	SBR04	<p><b>Insurance Plan Name or Program Name</b>  <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></p> <ul style="list-style-type: none"> <li>• <i>This link shows secondary payers that cross over automatically from Medicare. No secondary claim needs to be sent to this payer.</i></li> </ul> <p><a href="http://www.cms.hhs.gov/COBAgreement/Downloads/Contacts.pdf">http://www.cms.hhs.gov/COBAgreement/Downloads/Contacts.pdf</a></p>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
10a	2300	CLM11	<p><b>Patient Condition Related to Employment?</b></p> <ul style="list-style-type: none"> <li>• <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></li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
10b	2300	CLM11	<p><b>Patient Condition Related to Auto Accident?</b></p> <ul style="list-style-type: none"> <li>• <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></li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
10c	2300	CLM11	<p><b>Patient Condition Related to Other Accident?</b></p> <ul style="list-style-type: none"> <li>• <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></li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
10d	2300	K3	<b>Reserved for Local Use</b>	Not Required	Not Required

Item Number	ANSI Loop	ANSI Segment	Description	Provider Submitting CMS-1500 Print Image	Provider Submitting in ANSI 837P
11	2000B	SBR03	<b>Insured's Policy, Group or FECA Number</b> • <i>State Farm Claims require P&amp;C Claim Number. See alert posted on <a href="http://infinedi.net">infinedi.net</a> dated 07/30/09</i>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
11a	2010BA (DOB) 2010BA (sex)	DMG02 (DOB) DMB03 (sex)	<b>Insured's Date of Birth/Sex</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
11b	N/A	N/A	<b>Employer's Name or School Name</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
11c	2000B	SBR04	<b>Insurance Plan Name or Program Name</b> • <i>HSM HHealth Services Management required Network Code. (See alert posted on <a href="http://infinedi.net">infinedi.net</a> dated 05/24/09)</i>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
11d	2320		<b>Is There Another Health Benefit Plan?</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
12	2300	CLM09	<b>Patient's or Authorized Person's Signature</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
13	2300	CLM08	<b>Insured's or Authorized Person's Signature</b> • <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 the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
14	2300	DTP03	<b>Date of Illness, Injury or LMP</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
15	2300	DTP03	<b>Date of Same or Similar Illness</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>

Item Number	ANSI Loop	ANSI Segment	Description	Provider Submitting CMS-1500 Print Image	Provider Submitting in ANSI 837P
16	2300	DTP03	<b>Dates Patient is Unable to Work in Current Occupation</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
17	2310A	NM103 NM104 NM105 NM107	<b>Referring Provider Name</b> (must be first & last name) <ul style="list-style-type: none"> <li>• This field is required by Medicare and some other payers if an x-ray is billed on the claim</li> <li>• For a complete list of services that require a referring provider, please review the alert posted on <a href="http://infinedi.net">infinedi.net</a> dated 08/05/09.</li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
18	2300	DTP03	<b>Hospital Dates Related to Current Services</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
19	2300	NTE	<b>Reserved for Local Use</b> (Situational) <ul style="list-style-type: none"> <li>• Post-Operative Dates 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 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. Also, make sure the units in Box 24G match the number of days in the date range in Box 19 or the claim will be rejected by the payer.</li> <li>• NOC</li> <li>• Test Results (See link: <a href="http://www.cms.hhs.gov/MLN/MattersArticles/downloads/MM55699.pdf">http://www.cms.hhs.gov/MLN/MattersArticles/downloads/MM55699.pdf</a>)</li> <li>• Corrected or voided claims - please review the alert posted on <a href="http://infinedi.net">infinedi.net</a> dated 07/20/09</li> <li>• Fax/Mail</li> <li>• Oklahoma Medicaid Contract Code - please revise the alert posted on <a href="http://infinedi.net">infinedi.net</a> dated 05/16/08</li> <li>• Other</li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>

Item Number	ANSI Loop	ANSI Segment	Description	Provider Submitting CMS-1500 Print Image	Provider Submitting in ANSI 837P
20	2400	PS102	<b>Outside Lab?</b> <ul style="list-style-type: none"> <li>• <i>Purchased Service Charge</i></li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
21	2300	HI01-2 HI02-2 HI03-2 HI04-2	<b>Diagnosis or Nature of Illness or Injury</b> <ul style="list-style-type: none"> <li>• <i>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.</i></li> <li>• <i>Print image claims can contain up to 4 diagnosis codes.</i></li> <li>• <i>ANSI 837P can contain up to 8 diagnosis codes.</i></li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
22	2300	CLM05-3 REF02	<b>Medicaid Resubmission Code Original Reference Number</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
23	2300	REF02	<b>Prior Authorization</b> <i>(or CLIA Number)</i> <ul style="list-style-type: none"> <li>• <i>Mammography claims require FDA Number</i></li> <li>• <i>USAA Claims Require Member/Loss Reports Numbers</i></li> </ul> <i>(See alert on <a href="http://infinedi.net">infinedi.net</a> dated 03/10/09)</i>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
24a	2300	REF02	<b>Date of Service</b> <ul style="list-style-type: none"> <li>• <i>CMS-1500 contains only six service lines. Claims containing more than six service lines will not process correctly (See alert on <a href="http://infinedi.net">infinedi.net</a> dated 08/04/09)</i></li> <li>• <i>ANSI 837P claims can contain up to 99 service lines</i></li> <li>• <i>NDC number should be supplied in the shaded area between 24a &amp; 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></li> </ul> The number on your claim should look like this: Ex. N4 00006-4109-01 <ul style="list-style-type: none"> <li>• <i>Remember to include this code if this is a Medicare/Medicaid crossover claim.</i></li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>

Item Number	ANSI Loop	ANSI Segment	Description	Provider Submitting CMS-1500 Print Image	Provider Submitting in ANSI 837P
24b	2300 2400	CLM05-1 SV105	<p><b>Place of Service</b></p> <ul style="list-style-type: none"> <li>• CMS-1500 contains only six service lines. Claims containing more than six service lines will not process correctly. (See alert posted on <a href="http://infinedi.net">infinedi.net</a> dated 08/04/09)</li> <li>• ANSI 837P claims can contain up to 99 services lines.</li> <li>• NDC number should be supplied in the shaded area between 24a &amp; 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. The number on your claim should look like this: Ex. <b>N4 00006-4109-09</b></li> <li>• Remember to include this code if this is a Medicare/Medicaid crossover claim.</li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
24c	2400	SV109	<p><b>EMG</b></p>	Not Required	Not Required
24d	2400	SV101 (2-6)	<p><b>Procedures, Services or Supplies</b></p> <ul style="list-style-type: none"> <li>• CMS-1500 contains only six service lines. Claims containing more than six service lines will not process correctly. (See alert posted on <a href="http://infinedi.net">infinedi.net</a> dated 08/04/09)</li> <li>• ANSI 837P claims can contain up to 99 services lines.</li> <li>• NDC number should be supplied in the shaded area between 24a &amp; 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. The number on your claim should look like this: Ex. <b>N4 00006-4109-09</b></li> <li>• Remember to include this code if this is a Medicare/Medicaid crossover claim.</li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>

Item Number	ANSI Loop	ANSI Segment	Description	Provider Submitting CMS-1500 Print Image	Provider Submitting in ANSI 837P
24e	2400	SV107 (1-4)	<p><b>Diagnosis Pointer</b></p> <ul style="list-style-type: none"> <li>• CMS-1500 contains only six service lines. Claims containing more than six service lines will not process correctly. (See alert posted on <a href="http://infinedi.net">infinedi.net</a> dated 08/04/09)</li> <li>• ANSI 837P claims can contain up to 99 services lines.</li> <li>• NDC number should be supplied in the shaded area between 24a &amp; 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. The number on your claim should look like this: Ex. N4 00006-4109-09</li> <li>• Remember to include this code if this is a Medicare/Medicaid crossover claim.</li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
24f	2400	SV102	<p><b>Charges</b></p> <ul style="list-style-type: none"> <li>• CMS-1500 contains only six service lines. Claims containing more than six service lines will not process correctly. (See alert posted on <a href="http://infinedi.net">infinedi.net</a> dated 08/04/09)</li> <li>• ANSI 837P claims can contain up to 99 services lines.</li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
24g	2400	SV104	<p><b>Days or Units</b></p> <ul style="list-style-type: none"> <li>• CMS-1500 contains only six service lines. Claims containing more than six service lines will not process correctly. (See alert posted on <a href="http://infinedi.net">infinedi.net</a> dated 08/04/09)</li> <li>• ANSI 837P claims can contain up to 99 services lines.</li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
24g	2400	SV111 (EPSDT) SC112 (Family Planning)	<p><b>EPSDT Family Plan (Medicaid only)</b></p>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>



Item Number	ANSI Loop	ANSI Segment	Description	Provider Submitting CMS-1500 Print Image	Provider Submitting in ANSI 837P
24h	2400	SV111 (EPSDT) SV112 (Family Planning)	<b>EPSDT</b> <i>(Medicaid only)</i>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
24j	2310B 2420A	PRV02 REF01	<b>Rendering NPI Number</b> <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> <ul style="list-style-type: none"> <li>• Legacy number no longer required in shaded box</li> <li>• CMS-1500 contains only six service lines. Claims containing more than six service lines will not process correctly. (See alert posted on <a href="http://infinedi.net">infinedi.net</a> dated 08/04/09)</li> <li>• ANSI 837P claims can contain up to 99 services lines.</li> <li>• 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.</li> </ul>	If you need to change this information on your claims, first update your Practice Management System and then call Infinedi at 800-688-8087. You may also click on downloads on <a href="http://infinedi.net">infinedi.net</a> and click on Customer Service Documents to open and print a change of information form. Complete and fax the form to our Client Implementation Department at 918-249-4460. You may also update NPI numbers on your main dashboard once you have logged into your account.	If you need to change this information on your claims, first update your Practice Management System and then call Infinedi at 800-688-8087. You may also click on downloads on <a href="http://infinedi.net">infinedi.net</a> and click on Customer Service Documents to open and print a change of information form. Complete and fax the form to our Client Implementation Department at 918-249-4460. You may also update NPI numbers on your main dashboard once you have logged into your account.
25	2010AA	NM109 REF02	<b>Federal Tax ID Number</b> <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> <ul style="list-style-type: none"> <li>• Infinedi does not populate this field for you. This field is populated from your practice management system prior to transmitting claims to Infinedi.</li> <li>• Make sure and update your NPPES account also and submit IRS form W-9's to your payers.</li> </ul>	If you need to change this information on your claims, first update your Practice Management System and then call Infinedi at 800-688-8087. You may also click on downloads on <a href="http://infinedi.net">infinedi.net</a> and click on Customer Service Documents to open and print a change of information form. Complete and fax the form to our Client Implementation Department at 918-249-4460.  When changing from SSN to Tax ID or Tax ID to SSN, contact the technical department at Infinedi at 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.	If you need to change this information on your claims, first update your Practice Management System and then call Infinedi at 800-688-8087. You may also click on downloads on <a href="http://infinedi.net">infinedi.net</a> and click on Customer Service Documents to open and print a change of information form. Complete and fax the form to our Client Implementation Department at 918-249-4460. You may also update NPI numbers on your main dashboard once you have logged into your account.

Item Number	ANSI Loop	ANSI Segment	Description	Provider Submitting CMS-1500 Print Image	Provider Submitting in ANSI 837P
26	2300	CLM01	<b>Patient Account Number</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
27	2300	CLM07	<b>Accept Assignment?</b> <ul style="list-style-type: none"> <li>• If box is checked NO, block 13 must be blank.</li> <li>• For Medicare, only non-participating providers can file claims non-assigned and are not required to file a secondary claim for the beneficiary.</li> <li>• All providers, regardless of participation status are required to accept assignment for Medicare claims if: <ul style="list-style-type: none"> <li>• Patient has Medicare and Medicaid or if claims is for drugs or biological, ambulance or clinical lab services.</li> </ul> </li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
28	2300	CLM02	<b>Total Charges</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
29	2300 (Patient Paid) 2320 (Payer Paid Amount)	AMT02 AMT02	<b>Amount Paid</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
30	N/A	N/A	<b>Balance Due</b>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
31	2300	CLM06	<b>Signature of Physician or Supplier Including Credentials &amp; Signature Date</b> <i>(Rendering Provider Name)</i> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	If you need to change this information on your claims, first update your Practice Management System and then call Infinedi at 800-688-8087. You may also click on downloads on <a href="http://infinedi.net">infinedi.net</a> and click on Customer Service Documents to open and print a change of information form. Complete and fax the form to our Client Implementation Department at 918-249-4460.	If you need to change this information on your claims, first update your Practice Management System and then call Infinedi at 800-688-8087. You may also click on downloads on <a href="http://infinedi.net">infinedi.net</a> and click on Customer Service Documents to open and print a change of information form. Complete and fax the form to our Client Implementation Department at 918-249-4460.

Item Number	ANSI Loop	ANSI Segment	Description	Provider Submitting CMS-1500 Print Image	Provider Submitting in ANSI 837P
32	2310D 2010AA	NM101 (Entity Identifier) NM103 (Name) NM301 (Address) NM302 (Address 2) NM401 (City) NM402 (State) NM403 (Zip)	<b>Service Facility Location Information</b> <ul style="list-style-type: none"> <li>• All payers require this field if services were rendered somewhere other than office (Place of Service POS 11)</li> <li>• Some payers require this field even if the Place of Service POS is 11 (office)</li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
32a	2310D	NM109	<b>Service Facility NPI</b> <ul style="list-style-type: none"> <li>• All payers require this field if services were rendered somewhere other than office (Place of Service POS 11)</li> <li>• Some payers require this field even if the Place of Service POS is 11 (office)</li> </ul>	Edit in Practice Management System and resubmit claim or edit and resubmit the claim online at <a href="http://infinedi.net">infinedi.net</a>	<ul style="list-style-type: none"> <li>• If claim is not viewable, edit in Practice Management and resubmit claim to Infinedi.</li> <li>• If claim is viewable on <a href="http://infinedi.net">infinedi.net</a>, claim can be edited and resubmitted online.</li> </ul>
32b	2310D	REF02	<b>Service Facility Legacy Provider Number</b>	Not Required	Not Required
33	2310D 2010BB	NM103 (last name or organizational name) NM104 (first name) NM105 (Middle name) NM107 (Name suffix) NM301 (Address) NM302 (Address 2) NM401 (City) NM402 (State) NM403 (Zip) PER04 (Communication Number)	<b>Billing Provider Information</b> <ul style="list-style-type: none"> <li>• 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. (Pay - to - Provider)</li> <li>• 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.</li> <li>• If you file as an individual with any plan, we will send out the individual/rendering name instead of the Business name.</li> </ul>	If you need to change this information on your claims, first update your Practice Management System and then call Infinedi at 800-688-8087. You may also click on downloads on <a href="http://infinedi.net">infinedi.net</a> and click on Customer Service Documents to open and print a change of information form. Complete and fax the form to our Client Implementation Department at 918-249-4460.	If you need to change this information on your claims, first update your Practice Management System and then call Infinedi at 800-688-8087. You may also click on downloads on <a href="http://infinedi.net">infinedi.net</a> and click on Customer Service Documents to open and print a change of information form. Complete and fax the form to our Client Implementation Department at 918-249-4460.

Item Number	ANSI Loop	ANSI Segment	Description	Provider Submitting CMS-1500 Print Image	Provider Submitting in ANSI 837P
33a	2010AA	NM109	<p><b>Billing Provider NPI</b></p> <ul style="list-style-type: none"> <li><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></li> <li><i>• If you file as an individual with any plan, we will send out the individual/rendering name instead of the business name</i></li> <li><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></li> </ul>	<p>Customer Service Documents to open and print provider information sheet. Complete the form and fax form to our Client Implementation Department at 918-249-4460. You may also update NPI numbers on your main dashboard once you have logged into your account.</p>	<p>Customer Service Documents to open and print provider information sheet. Complete the form and fax form to our Client Implementation Department at 918-249-4460. You may also update NPI numbers on your main dashboard once you have logged into your account.</p>
33b	2010AA	REF02	<p><b>Billing Provider Legacy Provider Number</b></p>	<p>Not required</p>	<p>Not required</p>

Please call the Infinedi Customer Service Department at 800-688-8087 for additional assistance.