

# Dosage-Based Assessment (837 Professional)

| B  | C      | D        | E         | F  | G  | H                                   |
|--|--------|----------|-----------|--|--|-------------------------------------|
| X12N 837, Version 5010A1                     |        | Segment/ |           |  |  |                                     |
| Claim - Field Description                    | Loop   | Element  | Qualifier | Qualifier Description                      | Data for WVA DBA Process   | CMS-1500 Box Crosswalk              |
| <b>Billing Provider</b>                      |        |          |           |  |  |                                     |
| Federal Tax ID Number (TIN)                  | 2010AA | REF01    | E1        | For EIN                                    |  | None                                |
| TIN  | 2010AA | REF02    |           |  | 27-2251833   | Box 25                              |
| <b>Billing Provider Information</b>          | 2010AA | NM101    | 85        | Billing Provider                           |  | None                                |
| Billing Provider Entity Type                 | 2010AA | NM102    | 2         | Organization                               |  | None                                |
| Billing Organizational Name                  | 2010AA | NM103    |           |  | Washington Vaccine Association   | Box 33                              |
| Identification Code Type                     | 2010AA | NM108    | XX        | NPI  |  | None                                |
| National Provider Identifier (NPI)           | 2010AA | NM109    |           |  | 1699092718   | Box 33a                             |
| Billing Provider Taxonomy                    | 2000A  | PRV01    | BI        | Billing                                    |  | None                                |
| Identification Qualifier Code                | 2000A  | PRV02    | PXC       | Taxonomy                                   |  | None                                |
| Identification Code Type                     | 2000A  | PRV03    |           |  | 251K00000X   | Box 33b                             |
| Billing Provider Address                     | 2010AA | N3       |           |  | Leave Blank  | None                                |
| Billing Provider Address - Line 1            | 2010AA | N301     |           |  | 1700 Seventh Ave   | Box 33                              |
| Billing Provider Address - Line 2            | 2010AA | N302     |           |  | Suite 1810   | Box 33                              |
| Billing Provider City                        | 2010AA | N401     |           |  | Seattle  | Box 33                              |
| Billing Provider State                       | 2010AA | N402     |           |  | WA   | Box 33                              |
| Billing Provider ZIP Code                    | 2010AA | N403     |           |  | 981011397  | Box 33                              |
| Billing Provider Contact                     | 2000A  | PER01    | IC        | Information Contact                        |  | None                                |
| Identification Code Type                     | 2000A  | PER03    | TE        | Telephone Number                           |  | None                                |
| Billing Provider Telephone Number            | 2000A  | PER04    |           |  | Service Provider's Billing Office/ Contact Telephone Number                | Box 33                              |
| <b>Pay-To Provider Name</b>                  | 2010AB | NM101    | 87        | Pay-To Provider                            | Washington Vaccine Association   | None                                |
| Pay-To Entity Type                           | 2010AB | NM102    | 2         | Organization                               |  | None                                |
| Pay-To Address - Line 1                      | 2010AB | N301     |           |  | PO Box 94002   | None                                |
| Pay-To City                                  | 2010AB | N401     |           |  | Seattle  | None                                |
| Pay-To State                                 | 2010AB | N402     |           |  | WA   | None                                |
| Pay-To ZIP Code                              | 2010AB | N403     |           |  | 981249402  | None                                |
| <b>Patient Account Number</b>                | 2300   | CLM01    |           |  |  | Box 26                              |
| <b>Total Charge</b>                          | 2300   | CLM02    |           |  | Total Charge Amount  | Box 28                              |
|  | 2300   | CLM05-1  | 11        | Office                                     |  | Box 24B                             |
| <b>Provider Signature Indicator</b>          | 2300   | CLM06    | Y         | Yes  |  | Box 31                              |
| <b>Note</b>                                  | 2300   | NTE      |           |  |  | None                                |
| <b>Note Reference Code</b>                   | 2300   | NTE01    | ADD       | Indicates additional information for claim |  | Box 19                              |
| <b>Note Text</b>                             | 2300   | NTE02    |           |  | Enter any free text notes about the claim                                  | Box 19                              |
| <b>Rendering Provider Name</b>               | 2310B  | NM1      |           |  |  | None                                |
| Identification Code Type                     | 2310B  | NM101    | 82        | Rendering Provider                         |  | None                                |
| Identification Code Type                     | 2310B  | NM102    | 1         | Individual                                 |  | None                                |
| Identification Code Type                     | 2310B  | NM108    | XX        | NPI  |  | None                                |
| Identification Code Type                     | 2310B  | NM109    |           |  | Rendering Provider's NPI #   | Box 24J                             |
| <b>Service Facility Location Information</b> | 2310C  |          |           |  |  | None                                |
| Service Facility Identifier                  | 2310C  | NM101    | 77        | Service Location                           |  | None                                |
|  |        |          | FA        | Facility                                   | Use Office Address of Service Facility                                     | None                                |
| Service Facility Type                        | 2310C  | NM102    | 2         | Non-Person Entity                          |  | None                                |
| Service Facility Name                        | 2310C  | NM103    |           |  |  | Box 32                              |
| <b>Service Line, Service Date(s)</b>         | 2400   | DTP01    | 472       | Date of Service                            |  | None                                |
| Service From - To Dates                      | 2400   | DTP02    | RD8       | Range of Dates of Service                  |  | None                                |
| Format as: CCYYMMDD-CCYYMMDD                 | 2400   | DTP03    |           |  |  | Box 24A                             |
| <b>Procedures, Services, Supplies</b>        | 2400   | SV1      |           |  |  | None                                |
| Product/Service ID                           | 2400   | SV101-1  | HC        | Standard CPT Code                          |  | None                                |
| Procedure-CPT/HCPCS Code                     | 2400   | SV101-2  |           |  |  | Box 24D                             |
| Line Item \$ Charge Amount                   | 2400   | SV102    |           |  |  | Box 24F                             |
| <b>Drug Identification</b>                   | 2410   | LIN      |           |  |  | None                                |
| Product or Service Identification Code       | 2410   | LIN02    | N4        | Must be N4 (No description given)          |  | Box 24 Shaded area for service line |
| National Drug Code NDC #                     | 2410   | LIN03    |           |  | 11-digit NDC #   | Box 24 Shaded area for service line |
| Drug Quantity                                | 2410   | CTP      |           |  |  | None                                |
| Drug Unit Price                              | 2410   | CTP03    |           |  | Unit price, based upon the unit of measure as defined by the NDC.          | Box 24 Shaded area for service line |
| National Drug Unit Count/Quantity            | 2410   | CTP04    |           |  | Dispensing quantity, based upon the unit of measure as defined by the NDC. | Box 24 Shaded area for service line |
| Unit or Basis for Measurement Code           | 2410   | CTP05-1  |           |  | NDC unit or basis for measurement code (UN, ML, F2 or GR)                  | Box 24 Shaded area for service line |