

# PRESBYTERIAN HEALTH PLAN

## EDI COMPANION GUIDE

Refers to the Implementation Guides based on ASC X12 5010A Version (**005010X222A1**)

X12 Health Care Claims Professional (**837P**)

**Disclosure Statement:**

This Companion Guide contains the requirements for Presbyterian Health Plan Trading Partners in exchanging the 837P (Professional) X12 Claims File transactions. This document is to be used in conjunction with the ASC X12 837P Version 005010X222A1 of the approved HIPAA X12 Implementation Guides.

Any changes to this document, if needed, will be updated and published as a newer version at <https://www.phs.org/EDI>.

**Preface:**

This transaction set is used by Trading Partners to submit Professional (Medical) Healthcare Claim Billing information, Encounter information, or both, from Providers of Healthcare services either directly or via intermediary billers or clearinghouses. Presbyterian will return a 999 acknowledgement (if requested by Submitter) to the Trading Partners to verify acceptance and/or rejections within the 837P. These transactions are mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that supplements Technical Report Type 3 (TR3) of 5010.

This Companion Document, along with the 005010X222A1 Implementation Guide, clarifies and specifies the data content when exchanging electronically with Presbyterian Health Plan. Transmissions based on these documents are compliant with the Version 5010A1 ASC X12 syntax requirements and are intended to convey information that is within the framework of the ASC X12N Implementation Guides for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

**TABLE OF CONTENTS**

**1. INTRODUCTION .....4**  
    SCOPE ..... 4  
    OVERVIEW ..... 4

**2. SUPPORT.....4**

**3. TESTING WITH PRESBYTERIAN HEALTH PLAN SERVICES .....4**  
    TESTING PROCESS ..... 4  
    TESTING SCENARIOS ..... 5

**4. REAL-TIME CONNECTIVITY/COMMUNICATIONS WITH PRESBYTERIAN HEALTHCARE SERVICE.....5**  
    PROCESS FLOWS ..... 5  
    RETRANSMISSION PROCEDURE ..... 5  
    SYSTEM MAINTENANCE..... 5

**5. CONTROL SEGMENTS/ENVELOPES..... 5**  
    GENERAL NOTES..... 5  
    CONTROL SEGMENT HIERARCHY ..... 6  
    DELIMITERS..... 6

**6. PRESBYTERIAN HEALTH PLAN SPECIFIC BUSINESS RULES AND LIMITATIONS.....6**  
    FILE NAMES ..... 7

**7. TRANSACTION SPECIFIC INFORMATION .....7**

**8. APPENDICES .....12**  
    TRANSMISSION EXAMPLES..... 12

## 1. INTRODUCTION

### SCOPE

This Companion Guide is for Presbyterian Health Plan Trading Partners who are submitting the 837 Professional (Medical) Healthcare Claim Billing information, Encounter information, or both, from Providers of Healthcare services. It provides all necessary information regarding 837P submission to Presbyterian. It can be used to clarify and get relevant information about transactions and operating rules.

### OVERVIEW

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all health insurance payers in the United States comply with the EDI standards as established by the Secretary of Health and Human Services (HHS).

#### **This Companion Guide covers the following topics:**

- Connection and Exchange of 837P File Submissions.
- Configuration Details
- File Testing and Validation
- Reporting and Responses
- Support

Please refer to the full ASC X12 005010X222A1 guide for the full collection of industry standard details for an 837P X12 file.

<http://www.x12.org>

## 2. SUPPORT CONTACT INFORMATION

For all technical and support related questions concerning file trade, existing partners may contact the Presbyterian Health Plan EDI Team via email at [edi@phs.org](mailto:edi@phs.org).

## 3. TESTING WITH PRESBYTERIAN HEALTH PLAN

### Testing Process

The following should be followed to perform testing with a Presbyterian Health Plan EDI representative.

1. Ensure all appropriate agreements are in place before the exchange of data.
2. Exchange all required details between PHP and your organization to configure SFTP connection.
3. Configure your 837P Claims file based on this Companion Guide and the 837P Implementation Guide Standards.
4. Create and exchange 837P Testing Scenarios.
5. A Presbyterian Health Plan representative will review the exchanged 837P Test Files submitted and validate a successful data load.
6. If a file rejects during testing, the trading partner will be contacted and asked to correct the file and resubmit.
7. 999 Acknowledgments, either Accepted or Rejected, will be returned if requested by submitting Trading Partner.
8. Once both Presbyterian and Trading Partner approve validation of test files, the Trading Partner will be activated to submit production files to Presbyterian.

## 837P Testing Scenarios

To ensure a seamless implementation, please provide examples for the following test scenarios:

- Files containing various claim examples- Medicare, Medicaid, Commercial etc.
- Claims containing Subscriber/Dependent insurance examples.
- Files containing procedures for Professional services such as- Office/Hospital/Nursing Home/Ambulance etc.
- COB claims/Primary-Secondary coverage.
- Claims containing one service line (2400 Loop) and claims with several service lines.
- Several resubmission claims (CLM05= 7).
- Claims to a Trading Partner that should reject at Presbyterian back to the Trading Partner.
- Claims containing incorrect information that should cause a claim to reject on the front end.

## 4. CONNECTIVITY/COMMUNICATIONS WITH PRESBYTERIAN HEALTHCARE SERVICES

### PROCESS FLOW

1. Trading Partner submits 837P X12 file to Presbyterian Health Plan.
2. PHP EDI generates a 999 acknowledgement (if requested by the Trading Partner) after processing the file to ensure it is syntactically correct- Accepted or Rejected- and return the 999 to Submitting Trading Partner.
3. 277ca will be submitted to Trading Partner after claims are processed into adjudication system.

### RETRANSMISSION PROCEDURE

Retransmissions will be required when there are:

- Connectivity failures.
- Rejected segments within a 999 or rejected claims noted on the 277ca.

### SYSTEM MAINTENANCE

In the case maintenance is required, Presbyterian Health Plan will notify Trading Partners via email of scheduled system downtimes.

## 5. CONTROL SEGMENTS/ENVELOPES

### General Notes

- Leading spaces must be omitted.
- Trailing spaces must be omitted unless necessary to fulfill a minimum field length.
- During Testing- ISA015 must be "T" for Test.

The 837P X12 Claims file is expected to follow the standard values for the ISA-IEA, GS-GE, and ST-SE control segment values. All other standard EDI segments specific to the transaction should be used as per X12 ASC 5010 Guide.

**Control Segment Hierarchy**

- ISA - Interchange Control Header segment
    - GS - Functional Group Header segment
      - ST - Transaction Set Header segment
        - First 837 Transaction**
          - SE - Transaction Set Trailer segment
          - ST - Transaction Set Header segment
            - Second 837 Transaction**
              - SE - Transaction Set Trailer segment
              - ST - Transaction Set Header segment
                - Third 837 Transaction**
                  - SE - Transaction Set Trailer segment
  - GE - Functional Group Trailer segment
- IEA - Interchange Control Trailer segment

**Delimiters**

LOCATION	CHAR	TYPE
Segment Terminator	~	Tilde
Data Element Separator	*	Asterisk
Component Element Separator	:	Colon
Value Type - Value	;	Semi-Colon
Repetition Separator	^	Carat

**6. PRESBYTERIAN HEALTHCARE SERVICES SPECIFIC BUSINESS RULES AND LIMITATIONS**

**File Names:**

**PHP will establish file naming conventions directly with the trading partners.**

E.g. <TRADINGPARTNER>\_<YYYYMMDD>\_<HHMMSS>\_\_<SEQ#>\_837P

## 7. TRANSACTION SPECIFIC INFORMATION

Presbyterian Health Plan has created the following grid to assist in the design of the specific segments and values accepted by our organization. This table includes only those fields that Presbyterian has a specific value set or provides additional guidance on the value sent.

Loop ID	Segment	Name	Valid Values	Notes/Comments
<b>Header</b>	<b>ISA</b>	<b>Interchange Control Header</b>		<b>Details</b>
Header	ISA01	Authorization Information Qualifier	00	
Header	ISA03	Security Information Qualifier	00	
Header	ISA05	Interchange ID Qualifier	ZZ	
Header	ISA06	Interchange Sender ID		Trading Partner ID
Header	ISA07	Interchange Information Qualifier	ZZ	
Header	ISA08	Interchange Receiver ID	PRESBYTERIANHP	
Header	ISA11	Repetition Separator	^	
Header	ISA12	Interchange Control Version Number	00510	
Header	ISA13	Interchange Control Number		Control Number assigned by the Sender
Header	ISA14	Acknowledgment Requested	0	0- None Requested
Header	ISA15	Interchange Usage Indicator	P	P = Production
Header	ISA16	Component Element Separator	:	
<b>Header</b>	<b>GS</b>	<b>Functional Group Header</b>		<b>Details</b>
Header	GS01	Functional Identifier Code	HC	
Header	GS02	Application Sender Code	Submitting Trading Partner ID	
Header	GS03	Application Receiver's Code	PRESBYTERIANHP	Same as ISA08
Header	GS07	Responsible Agency Code	X	
Header	GS08	Implementation Guide Version Name	005010X222A1	
<b>Header</b>	<b>ST</b>	<b>Transaction Set Header</b>		<b>Details</b>
Header	ST01	Transaction Set Identifier Code	837	
Header	ST02	Transaction Set Control Number	EX: 0001	SE02 must match

**PRESBYTERIAN HEALTH PLAN COMPANION GUIDE – 837P**

Loop ID	Segment	Name	Valid Values	Notes/Comments
<b>Header</b>	<b>ST Cont</b>	<b>Transaction Set Header</b>		<b>Details</b>
Header	ST03	Implementation Guide Version Name	005010X222A1	
<b>Header</b>	<b>BHT</b>	<b>Beginning of Hierarchical Transaction</b>		<b>Details</b>
Header	BHT01	Hierarchical Structure Code	0022	
Header	BHT02	Transaction Set Purpose Code	00	
Header	BHT03	Submitter Transaction Identifier		Payer ID
Header	BHT04	Request Received Date		Date in CCYYMMDD format
Header	BHT05	Request Received Time		Time in HHMMSS format
Header	BHT06	Claim or Encounter Identifier	CH, RP	CH- Chargeable RP- Reporting
<b>1000A</b>	<b>NM1</b>	<b>Submitter Name Loop</b>		<b>Details</b>
1000A	NM101	Entity Identifier Code	41	Submitter
1000A	NM102	Entity Type Qualifier	2	2-Non-Person Entity
1000A	NM103	Submitter Last or Organization Name		
1000A	NM108	Identification Code Qualifier	46	
1000A	NM109	Submitter Identifier		
<b>1000A</b>	<b>PER</b>	<b>Submitter EDI Contact Information</b>		<b>Details</b>
1000A	PER01	Contact Function Code	IC	
1000A	PER03	Communication Number Qualifier	TE	
1000A	PER04	Communication Number		Telephone Number
<b>1000B</b>	<b>NM1</b>	<b>Receiver Name Loop</b>		<b>Details</b>
1000B	NM101	Entity Identifier Code	40	Receiver
1000B	NM102	Entity Type Qualifier	2	
1000B	NM103	Receiver Name	Presbyterian Health Plan	
1000B	NM108	Identification Code Qualifier	PR	
1000B	NM109	Identification Code		PRESBYTERIANHP
<b>2000A</b>	<b>HL</b>	<b>Billing Provider Hierarchical Level Loop</b>		<b>Details</b>
2000A	HL01	Hierarchical ID Number		Unique alphanumeric number for each occurrence of the HL segment
2000A	HL03	Hierarchical Level Code	20	Information Source
<b>2000A</b>	<b>PRV</b>			<b>Details</b>
2000A	PRV01	Provider Code	BI	Billing Provider
2000A	PRV02	Reference Identification Qualifier	PXC	Provider Taxonomy Code
2000A	PRV03	Provider Taxonomy Code		
<b>Loop ID</b>	<b>Segment</b>	<b>Name</b>	<b>Valid Values</b>	<b>Notes/Comments</b>

**PRESBYTERIAN HEALTH PLAN COMPANION GUIDE – 837P**

<b>2010AA</b>	<b>NM1</b>	<b>Billing Provider Name Loop</b>		<b>Details</b>
2010AA	NM101	Entity Identifier Code	85	
2010AA	NM102	Entity Type Qualifier	2	2-Non-Person Entity
<b>2010AA</b>	<b>NM1 cont.</b>	<b>Billing Provider Name Loop</b>		<b>Details</b>
2010AA	NM103	Billing Provider Last or Organizational Name		
2010AA	NM108	Identification Code Qualifier	XX	
2010AA	NM109	Billing Provider Identifier		NPI
<b>2010AA</b>	<b>N3/N4</b>	<b>Billing Provider Address</b>		<b>Details</b>
2010AA	N301	Billing Provider Address Line		
2010AA	N401	Billing Provider City Name		
2010AA	N402	Billing Provider State		
2010AA	N403	Billing Provider Zip Code		
<b>2010AA</b>	<b>REF</b>	<b>Billing Provider Tax Identification</b>		<b>Details</b>
2010AA	REF01	Reference Identification Qualifier	EI	
2010AA	REF02	Billing Provider Tax Identification #		
<b>2000B</b>	<b>HL</b>	<b>Subscriber Hierarchical Level Loop</b>		<b>Details</b>
2000B	HL01	Hierarchical ID Number		
2000B	HL02	Hierarchical Parent ID Number		
2000B	HL03	Hierarchical Level Code	22	
<b>2000B</b>	<b>SBR</b>	<b>Subscriber Information</b>		<b>Details</b>
2000B	SBR01	Payer Responsibility Sequence Number Code	P	Primary
2000B	SBR02	Individual Relationship Code	18	Self
2000B	SBR09	Claim Filing Indicator Code		MA- Medicare Part A MB- Medicare Part B MC- Medicaid
<b>2010BA</b>	<b>NM1</b>	<b>Subscriber Name Loop</b>		<b>Details</b>
2010BA	NM101	Entity Identifier Code	IL	Insured/Subscriber
2010BA	NM102	Entity Type Qualifier	1 or 2	1-Person 2-Non-Person Entity
2010BA	NM103	Subscriber Last Name		
2010BA	NM108	Identification Code Qualifier	MI	
2010BA	NM109	Subscriber Identifier		Member ID Number
<b>2010BB</b>	<b>NM1</b>	<b>Payer Name Loop</b>		<b>Details</b>
2010BB	NM101	Entity Identifier Code	PR	Payer
2010BB	NM102	Entity Type Qualifier	2	2-Non-Person Entity
2010BB	NM103	Payer Name		
2010BB	NM108	Identification Code Qualifier	PI	
2010BB	NM109	Payer Identifier		Payer ID
<b>Loop ID</b>	<b>Segment</b>	<b>Name</b>	<b>Valid Values</b>	<b>Notes/Comments</b>

**PRESBYTERIAN HEALTH PLAN COMPANION GUIDE – 837P**

<b>2300</b>	<b>CLM</b>	<b>Claim Information</b>		<b>Details</b>
2300	CLM01	Patient Control Number		Internal Member Account # assigned by Billing Entity
2300	CLM02	Total Claim Charge Amount		Must be greater than or equal to zero. Must balance to the sum of all service line charges.
<b>2300</b>	<b>CLM cont.</b>	<b>Claim Information</b>		<b>Details</b>
2300	CLM05/C023-01	Place of Service Code		
2300	CLM05/C023-02	Facility Code Qualifier		
2300	CLM05/C023-03	Claim Frequency Code		
2300	CLM06	Provider or Supplier Signature Indicator	Y or N	
2300	CLM07	Assignment or Plan Participation Code		A-Assigned B-Assignment Accepted on Clinical Lab Services Only C-Not Assigned
2300	CLM08	Benefits Assignment Certification Indicator		N- No Y- Yes W- Not Applicable
2300	CLM09	Release of Information Code	Y or I	
<b>2300</b>	<b>HI</b>	<b>Health Care Diagnosis Code</b>		<b>Details</b>
2300	HI01-C022-01	Diagnosis Type Code	ABK	
2300	HI01-C022-02	Diagnosis Code		ICD10
<b>2310A</b>	<b>NM1</b>	<b>Referring Provider Name</b>		<b>Details</b>
2310A	NM101	Entity Identifier Code	DN	Referring Provider
2310A	NM102	Entity Type Qualifier	1	Person
2310A	NM103	Referring Provider Last Name		
2310A	NM108	Identification Code Qualifier	XX	
2310A	NM109	Referring Provider Identifier		NPI
<b>2310B</b>	<b>NM1</b>	<b>Rendering Provider Name Loop</b>		<b>Details</b>
2310B	NM101	Entity Identifier Code	82	
2310B	NM102	Entity Type Qualifier	1	
2310B	NM103	Rendering Provider Last Name		
2310B	NM108	Identification Code Qualifier	XX	
2310B	NM109	Rendering Provider Identifier		NPI
<b>2310C</b>	<b>NM1</b>	<b>Service Facility Location Name</b>		<b>Details</b>
2310C	NM101	Entity Code Identifier	77	Service Facility
2310C	NM102	Entity Type Qualifier	2	Non Person Entity
2310C	NM103	Laboratory/Facility Name		
2310C	NM108	Identification Code Qualifier	XX	
2310C	NM109	Laboratory/Facility Identifier		NPI
<b>Loop ID</b>	<b>Segment</b>	<b>Name</b>	<b>Valid Values</b>	<b>Notes/Comments</b>

**PRESBYTERIAN HEALTH PLAN COMPANION GUIDE – 837P**

<b>2310C</b>	<b>N3/N4</b>	<b>Service Facility Address</b>		<b>Details</b>
2310C	N301	Laboratory/Facility Address		
2310C	N401	Laboratory/Facility City Name		
2310C	N402	Laboratory/Facility State		
2310C	N403	Laboratory/Facility Zip Code		
<b>2320</b>	<b>SBR</b>	<b>Other Subscriber Information</b>		<b>Only required when Insured is not the Patient</b>
<b>2320</b>	<b>CAS</b>	<b>Claim Level Adjustments</b>		<b>Only required when adjudication was made by another Payer.</b>
<b>2320</b>	<b>AMT</b>	<b>Coordination of Benefits</b>		<b>Same as above</b>
<b>2320</b>	<b>OI</b>	<b>Other Insurance Coverage Information</b>		<b>Details</b>
2320	OI-03	Benefits Assignment Certification Indicator	Y/N/W	Y- Yes N- No W- Not Applicable
2320	OI-06	Release of Information Code	I or Y	I-Informed Consent to release medical info Y-Provider has signed statement on file
<b>2330A</b>		<b>Other Subscriber Name Loop</b>		<b>Details</b>
2330A	NM101	Other Subscriber Name	Insured or Subscriber	This Loop information is only required when Patient is not the Insured
<b>2330B</b>	<b>NM1</b>	<b>Other Payer Name</b>		<b>Required only when CAS is used above</b>
<b>2400</b>	<b>LX</b>	<b>Service Line Number</b>		<b>Details</b>
2400	LX01	Assigned Number		Number assigned for differentiation within a Transaction set.
<b>2400</b>	<b>SV1</b>	<b>Professional Service</b>		<b>Details</b>
2400	SV101	Composite Medical Procedure ID		
2400	SV101/C003-01	Product or Service ID Qualifier		<b>HC= HCPCS Code</b> <b>HP= HIPPS Code (SNF Rate Code)</b> <b>ER=Jurisdiction Specific Procedure &amp; Supply Code</b> <b>IV=Home Infusion Product/Service Code</b> <b>WK=Advanced Billing Concept</b>
2400	SV101/C003-02	Procedure Code		
2400	SV101/C003-03	Procedure Modifier		Optional
2400	SV102	Line Item Charge Amount		Submitted service line item amount
2400	SV103	Unit or Basis for Measurement	UN or MJ	UN= Units MJ= Anesthesia Minutes
<b>Loop ID</b>	<b>Segment</b>	<b>Name</b>	<b>Valid Values</b>	<b>Notes/Comments</b>

**PRESBYTERIAN HEALTH PLAN COMPANION GUIDE – 837P**

<b>2400</b>	<b>SV1 cont.</b>	<b>Professional Service</b>		<b>Details</b>
2400	SV104	Service Unit Count		Numeric Value of Quantity
2400	SV105	Place of Service Code		See <b>CODE SOURCE 237:</b> Place of Service Codes for Professional Claims
2400	SV107/C004-01	Diagnosis Code Pointer		The first pointer designates the Primary DX for this Service Line.
2400	SV107/C004-02	Diagnosis Code Pointer		<b>Optional-</b> only required if more than one ICD10 relates
2400	SV107/C004-03	Diagnosis Code Pointer		<b>Optional-</b> only required if more than one ICD10 in the HI segment relates to service being billed.
2400	SV107/C004-04	Diagnosis Code Pointer		<b>Optional-</b> only required if more than one ICD10 in the HI segment relates to service being billed.
<b>2400</b>	<b>DTP</b>	<b>Date Service Date</b>		<b>Details</b>
2400	DTP01	Date Time Qualifier	472	Service
2400	DTP02	Date Time Period Format Qualifier	RD8	
2400	DTP03	Service Date		CCYYMMDD-CCYYMMDD
<b>2400</b>	<b>NTE</b>	<b>Line Note</b>		<b>Used if additional info is needed in free format</b>
2400	NTE01	Note Reference Code	ADD DCP	<b>ADD-</b> Additional Information <b>DCP-</b> Goals, Rehabilitation Potential or Discharge Plans
2400	NTE02	Line Note Text		Free Format
<b>2410</b>	<b>LIN</b>	<b>Drug Identification Loop</b>		<b>Details</b>
2410	LIN02	Identification Code Qualifier	N4	Required when certain HCPCS are billed for chemo, injections, pharmacy etc.
2410	LIN03	National Drug Code		NDC Code in 5-4-2 format
<b>2410</b>	<b>CTP</b>	<b>Drug Quantity</b>		<b>Details</b>
2410	CTP04	National Drug Unit Count		Required with LIN segment is used
2410	CTP05	Composite Unit of Measure		F2-International Unite GR-Gram ME-Milligram ML-Milliliter UN-Unit
<b>2000A</b>	<b>SE</b>	<b>Transaction Set Trailer</b>		<b>Details</b>
Trailer	SE01	Transaction Segment Count		
Trailer	SE02	Transaction Set Control Number		Same as ST02
<b>Loop ID</b>	<b>Segment</b>	<b>Name</b>	<b>Valid Values</b>	<b>Notes/Comments</b>
<b>Trailer</b>	<b>GE</b>	<b>Functional Group Trailer</b>		<b>Details</b>

**PRESBYTERIAN HEALTH PLAN COMPANION GUIDE – 837P**

Trailer	GE01	Number Transaction Sets Included		
Trailer	GE02	Functional Group Control Number		Same as GS06
<b>Trailer</b>	<b>IEA</b>	<b>Interchange Controller Trailer</b>		<b>Details</b>
Trailer	IEA01	Number of Included Functional Groups		
Trailer	IEA02	Interchange Control Number		Same as ISA13

**APPENDICES**

During Testing- ISA015 must be "T" for Test.

**Sample Data of 837P File:**

ISA\*00\* \*00\* \*ZZ\*TRADING PARTNER\*ZZ\*100000 \*250130\*2111\*^\*00501\*101013795\*0\*T\*::~~  
 GS\*HC\*171383\*77048\*20250130\*2111\*101013795\*X\*005010X222A1~  
 ST\*837\*0001\*005010X222A1~  
 BHT\*0019\*00\*101013795\*20250130\*21120830\*RP~  
 NM1\*41\*1\*SUBMITTER LAST NAME\*SUBMITTER FIRST NAME\*\*\*\*46\*444333~  
 PER\*IC\*\*TE\*5556009932~  
 NM1\*40\*2\*PRESBYTERIAN HEALTHPLAN\*\*\*\*\*46\*77048~  
 HL\*1\*\*20\*1~  
 PRV\*BI\*PXC\*000X00000X~  
 NM1\*85\*2\*BILLING PROV LAST NAME\*BILLING PROV FIRST NAME\*\*\*\*XX\*1881234422~  
 N3\*17300 SEAN PARKWAY~  
 N4\*LITTLE ROCK\*AR\*722235801~  
 REF\*EI\*050505050~  
 REF\*OB\*67888111~  
 HL\*2\*1\*22\*0~  
 SBR\*P\*18\*\*\*\*\*MC~  
 NM1\*IL\*1\*DOE\*JOHN\*\*\*\*MI\*312123231~  
 N3\*1234 LONESTAR BLD~  
 N4\*LOS LUNAS\*NM\*870316246~  
 DMG\*D8\*1900101\*M~  
 NM1\*PR\*2\*NM Medicaid\*\*\*\*\*PI\*77048~  
 REF\*G2\*67888111~  
 CLM\*P2-1023050\*70\*\*\*12:B:1\*Y\*C\*N\*I~  
 AMT\*F5\*0~  
 REF\*D9\*428857213~  
 HI\*ABK:R69~  
 NM1\*77\*2\*DEPAUL HEALTH~  
 N3\*2424 NOTTINGHAM WAY~  
 N4\*LOS LUNAS\*NM\*870316246~  
 LX\*1~  
 SV1\*HC:99214\*70\*UN\*1\*\*\*1~  
 DTP\*472\*D8\*20250108~  
 REF\*6R\*P2-1023050-7809345~  
 SE\*30\*0001~  
 GE\*1\*101013795~  
 IEA\*1\*101013795~