

**Cook Children's Health Plan
Electronic Data Interchange (EDI) Requirements - Professional**

Segment Field = Description	Qualifier/Value	Usage	Notes	Example
BILLING PROVIDER SPECIALTY INFORMATION / LOOP: 2000A / SEGMENT PRV				Billing Taxonomy
PRV01 = Provider Code	BI - Billing	Required		PRV*BI*PXC*987654321X~
PRV02 = Reference Identification Qualifier	PXC - Health Care Provider Taxonomy Code	Required		
PRV03 = Reference Identification	Provider Taxonomy Code	Required	PRV03 must contain the provider's assigned taxonomy	
BILLING PROVIDER NAME / LOOP: 2010AA / SEGMENT NM1				Billing NPI
NM101 = Entity Identifier Code	85 - Billing Provider	Required		NM1*85*2*MID TEXAS CARDIOLOGY GROUP*****XX*1234567890~
NM102 = Entity Type Qualifier	1 - Person 2 - Non-Person Entity	Required		
NM103 = Name Last or Organization Name		Required		
NM108 = Identification Code Qualifier	XX	Required		
NM109 = Identification Code	NPI Number	Required		
BILLING PROVIDER ADDRESS / LOOP: 2010AA / SEGMENT N3				Billing Address
N301 = Address Information		Required		N3*225 MAIN STREET*BARKLEY BUILDING~
N302 = Address Information		Situational		
BILLING PROVIDER CITY, STATE, ZIP CODE / LOOP: 2010AA / SEGMENT N4				Billing Address
N401 = City Name		Required		N4*CENTERVILLE*PA*17111~
N402 = State or Province Code		Required		
N403 = Postal Code		Required		
BILLING PROVIDER TAX IDENTIFICATION / LOOP: 2010AA / SEGMENT REF				Billing TIN
REF01 = Reference Identification Qualifier	EI	Required	Enter your TAX ID number	REF*EI*987654321~
REF02 = Reference Identification	Employer's Identification Number	Required		
SUBSCRIBER INFORMATION / LOOP: 2000B / SEGMENT SBR				Subscriber
SBR02 = Individual Relationship Code	18 = Self	Required		SBR*P*18*****MC
SBR09 = Claim Filing Indicator Code	11 = Non Medicaid (CHIP) MC = Medicaid (STAR, STAR KIDS)	Required		
RENDERING PROVIDER NAME / LOOP: 2310B / SEGMENT NM1				Rendering NPI
NM101 = Entity Identifier Code	82 - Rendering Provider	Required		NM1*82*1*SMITH*JOHN*C***XX*1234567890~
NM102 = Entity Type Qualifier	1 - Person 2 - Non-Person Entity	Required		
NM103 = Name Last or Organization Name		Required		
NM108 = Identification Code Qualifier	XX	Required		
NM109 = Identification Code	NPI Number	Required		

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RENDERING PROVIDER SPECIATY / LOOP: 2310B / SEGMENT PRV				Rendering Taxonomy
PRV01 = Provider Code	PE - Performing	Required		PRV*PE*PXC*987654321X~
PRV02 = Reference Identification Qualifier	PXC - Health Care Provider Taxonomy Code	Required		
PRV03 = Reference Identification	Provider Taxonomy Code	Required	PRV03 must contain the provider's assigned taxonomy	
OTHER SUBSCRIBER INFORMATION / LOOP: 2320 / SEGMENT SBR				Other Subscriber (Coordination of Benefits)
SBR02 = Individual Relationship Code	18 = Self	Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	SBR*S*18*****MC
SBR09 = Claim Filing Indicator Code	11 = Non Medicaid (CHIP) MC = Medicaid (STAR, STAR KIDS)	Required		
OTHER SUBSCRIBER NAME / LOOP: 2330A / SEGMENT NM1				Other Subscriber (Coordination of Benefits)
NM101 = Entity Identifier Code	IL - Insured or Subscriber	Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	NM1*IL*1*SMITHJOHN*****M*1234567890~
NM102 = Entity Type Qualifier	1 -Person 2 - Non-Person Entity	Required		
NM103 = Name Last or Organization Name		Required		
NM108 = Identification Code Qualifier	MI - Member Identification Number	Required		
NM109 = Identification Code	Plan Code	Required		
OTHER SUBSCRIBER ADDRESS / LOOP: 2330A / SEGMENT N3				Other Subscriber (Coordination of Benefits)
N301 = Address Information		Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	N3*225 MAIN STREET*BARKLEY BUILDING~
N302 = Address Information		Situational		
OTHER SUBSCRIBER ADDRESS / LOOP: 2330A / SEGMENT N4				Other Subscriber (Coordination of Benefits)
N401 = City Name		Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	N4*CENTERVILLE*PA*17111~
N402 = State or Province Code		Required		
N403 = Postal Code		Required		
OTHER PAYER NAME / LOOP: 2330B / SEGMENT NM1				Other Payer (Coordination of Benefits)
NM101 = Entity Identifier Code	PR - Payer	Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	NM1*PR*2*NAME*****PI*1234567890~
NM102 = Entity Type Qualifier	2 - Non-Person Entity	Required		
NM103 = Name Last or Organization Name		Required		
NM108 = Identification Code Qualifier	PI	Required		
NM109 = Identification Code	Payers ID	Required		
OTHER PAYER ADDRESS / LOOP: 2330B / SEGMENT N3				Other Payer (Coordination of Benefits)
N301 = Address Information		Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	N3*225 MAIN STREET*BARKLEY BUILDING~
N302 = Address Information		Situational		
OTHER PAYER ADDRESS / LOOP: 2330B / SEGMENT N4				Other Payer (Coordination of Benefits)
N401 = City Name		Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	N4*CENTERVILLE*PA*17111~
N402 = State or Province Code		Required		
N403 = Postal Code		Required		

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CLAIM CHECK OR REMITTANCE DATE / LOOP: 2330B / SEGMENT DTP				Other Payer (Coordination of Benefits)
DTP01 = Date/Time Qualifier	573 - Date Claim Paid	Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	DTP*573*D8*20001231~
DTP02 = Date Time Period Format Qual	D8 - Date Expressed in Format CCYYMMDD	Required		
DTP03 = Date Time Period	Adjudication Date	Required		
OTHER PAYER CLAIM CONTROL NUMBER / LOOP: 2330B / SEGMENT REF				Other Payer (Coordination of Benefits)
REF01 = Reference Identification Qualifier	F8 - Original Reference Number	Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	REF*F8*0000111111111~
REF02 = Reference Identification	Other Payer's Claim Control Number (Plans ICN)	Required		