Example 1.

For Purposes of this example:

Health Plan	Arizona Medicaid Health Plan	
Heath Plan ID	123456	
Health Plan TSN	123	
Input Mode	2	(New Day Submission)

Billing Provider is not the rendering provider.

Loop ID - 1000A Submitter Name

NM1*41*2*ARIZONA MEDICAID HEALTH PLAN*****46*1234561232
PER*IC*Stormy Appih*TE*7012776836*TE*7012821532*FX*7012821002

Loop ID - 1000B Receiver Name

NM1*40*2*AHCCCS*****46*866004791

Begin Claim 1

Loop ID - 2000A Billing Pay-To Provider Hierarchical Level

HL*1**20*1

Loop ID - 2010AA Billing Provider Name

This is the name/information of who was paid for the service. If a check/EFT was made, who received it.

NM1*85*2*ABC HOSPITAL BILLING*****24*999099998 **24 = EIN**
N3*2435 WEST HWY 54 STE B
N4*HUE*AZ*85014

Loop ID - 2000B Subscriber Information

HL*2*1*22*0
SBR*S*18*******MC

Loop ID - 2010BA Subscriber Name

NM1*IL*1*JAMES*ALTON****MI*A12345678
N3*PO BX 1584
N4*HUE*AZ*85014
DMG*D8*19600803*M

Loop ID - 2010BB Payer Name (destination payer)

NM1*PR*2*AHCCCS*****PI*866004791

Loop ID - 2300 Claim Information

CLM*00000000119001301*716.83***13:A:1*Y*A*Y*Y*********N **Total Charges Billed this claim**
DTP*096*TM*1500
DTP*434*RD8*20020612-20020612 **Statement Dates**
REF*EA*87323301 **Medical Record Number**
HI*BK:2765*BJ:2765 **Primary Diagnosis**
HI*BF:4019

Loop ID - 2310A Attending Physician Name

NM1*71*1*MARS*WILSON****24*034567899
REF*1D*569745

Loop ID – 2310E Service Facility Name

NN1*FA*2*123 HOSPITAL OF THE SUN*****24*999099668
N3*123 WEST STATE STREET
N4*HUE*AZ*85004
REF*1D*125896 **"Rendering Provider" AHCCCS ID**

Loop ID - 2320 Other Subscriber Information

For this example, the Other Payer will be the Health Plan.

```
SBR*P*18*******MC                    Primary Other Payer Loop – for this example, the Health Plan
CAS*CO*42*497.27                     CO = Contractual Obligation (regulatory requirement – tier
                                     payment), 42 = Charges exceed fee schedule
AMT*C4*219.56                        Health Plan Paid Amount
AMT*B6*219.56                        Health Plan Allowed Amount
DMG*D8*19600803*M
OI***Y***A
```

Loop ID - 2330A Other Subscriber Name

```
NM1*IL*1*JAMES*ALTON****MI*A12345678
N3*PO BX 1584
N4*HUE*AZ*85014
```

Loop ID - 2330B Other Payer Name

```
NM1*PR*2*ARIZONA MEDICAID HEALTH PLAN*****PI*1234561232   Primary Other Payer, Health Plan
DTP*573*D8*20031103                                       Health Plan Claim Paid Date
REF*F8*20030412001B667755                                 Health Plan Claim Number
```

Loop ID - 2400 Service Line

```
LX*1
SV2*0251*HC:J3480*49.12*UN*1
DTP*472*D8*20020612
LX*2
SV2*0305*HC:85210*61.21*UN*1
DTP*472*D8*20020612
LX*3
SV2*0250**78.58*UN*63
DTP*472*D8*20020612
LX*4
SV2*0258**51.45*UN*7
DTP*472*D8*20020612
LX*5
SV2*0301*HC:80053*130.17*UN*1
DTP*472*D8*20020612
LX*6
SV2*0730*HC:93005*150.4*UN*1
DTP*472*D8*20020612
LX*7
SV2*0450*HC:99283*195.9*UN*1
DTP*472*D8*20020612
```

End Claim 1