

Next Step... Populate Loop 2310C on Electronic Claim File

Last Modified on 04/02/2026 9:44 am EDT

About

Some payers require the Service Location to be populated in Box 2310C on claim files. There are two different ways to populate this Loop, Populate Agency Information and Populate Site Location information.

- Option 1: Populate Agency Information in Loop 2310C
 - Step 1: Select Option to Include Agency Info
 - Step 2: Confirm Agency Information
- Option 2: Populate Site Location information in Loop 2310C
 - Step 1: Select Payer Format Type
 - Step 2: Confirm Provider Site ID

Option 1: Populate Agency Information in Loop 2310C

Step 1: Select Option to Include Agency Info

1. Navigate to the Master Insurance List: **Maintenance and Setup > Insurance > Insurance**
2. Select the Insurance and click the **OK** button.
3. Click the **Edit** button.
4. Click the **Page 3** tab.
5. Select the **Include Agency Info in Loop 2310C on 837** checkbox.

The screenshot shows a software window titled "Master Insurance Form - (MSTINSL)" with three tabs: "Page1", "Page2", and "Page3". The "Page3" tab is active. The form contains the following fields and options:

- Insurance ID / Name: 3 AETNA
- Display Name/NPI/Taxonomy in 2310B loop on 837:
- First/Middle/Last: [Empty fields]
- NPI: [Empty field]
- Taxonomy: [Empty field]
- Display Provider Info in 837 2300 NTE:
- Include 2400 CN1 Loop on 837:
- Include Agency info in Loop 2310C on 837: (highlighted with a red box)

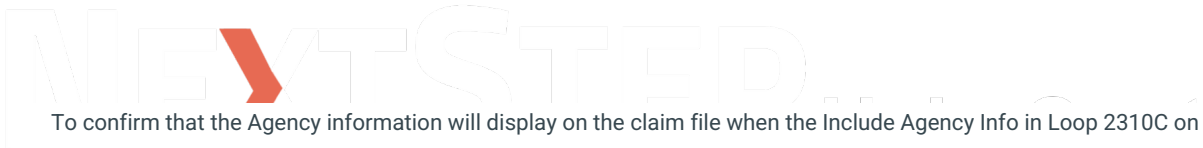
At the bottom of the window, there are several buttons and a status bar:

- Buttons: Insurance List, Proc Code Caps, Override PIN by Prog, Override by Act Code, User Id, Testing0, Save, Revert, Delete, Exit (Esc), Prev Page, Next Page.
- Status Bar: 60 records loaded, Control Date/Time: 07/12/2022 04:26:05 PM.

6. Click the **Save** button. The claim file will include the Agency's information.

Step 2: Confirm Agency Information





To confirm that the Agency information will display on the claim file when the Include Agency Info in Loop 2310C on 837 checkbox is selected, follow the steps below.

1. Navigate to the Master Agency Form: **Maintenance and Setup > Agencies / Provider Network**
2. Select the Agency and click the **OK** button. The Master Agency Form displays the Agency's Information.

The screenshot shows the 'Master Agency Form - (MSTAGYL)' window. The fields are populated with the following information:

Agency Number	1
Agency Name	Test Agency
Address	123 Test St 1st Floor
City / State / Zip	Philadelphia PA 19128
Phone	(800)218-9916 Ext
Type (S / B)	
Federal Tax ID No.	22222222
NPI No.	123456789
Taxonomy Code	12D34567
Next Highest Organization	
PHP Provider Type 21 ID (PHP21)	
PHP Provider Type 77 ID (PHP77)	
PHP Provider Type_ID (PHP_DNT)	
MCPN ID / NAME	

At the bottom, the User Id is 'kbeneker', Control Date/Time is '05/25/2022 10:46:34 AM', and there is an 'Override By Site ID' button. The bottom bar shows 'Add', 'Edit', 'Delete', 'Exit (Esc)', '2 records loaded', 'Agency List', and 'Override By Ins' buttons.

3. (Optional) Click the **Edit** button to make any changes and then click the **Save** button.

Option 2: Populate Site Location information in Loop2310C

Step 1: Select Payer Format Type

To have the Site Location information populated in Loop 2310C, the payer must be set up with a Format Type of 24 or 25 in the payer setup.

1. Navigate to the Master Insurance List: **Maintenance and Setup > Insurance > Insurance**
2. Select the Insurance and click the **OK** button. The Master Insurance Form is displayed.
3. Click the **Edit** button.
4. On the Page 1 tab, click the **Format Type** drop-down and select the Format Type of **f24** or **25**.



Master Insurance Form - (MSTINSL)

Page 1 | Page 2 | Page 3

Insurance ID: 3
 Party Type: 4 (Medicaid)
Format Type: 24 (HIPAA 837 Medicaid MCPN PCN)
 Format Type 2: [Dropdown]
 Insurance Name: AETNA
 Address: P.O. BOX 981106
 City / State / Zip: EL PASO TX 79998-110
 Phone: (888)632-3862 Fax: () -
 Provider Number: 123456 Medicare Medigap ID: 1235
 Category: [Dropdown]
 Modifier: [Dropdown]
 Payment Source Code: [Dropdown]
 Type: [Dropdown]
 Enrollment Required: Enrollment Pending:
 Enrollment Effective Dates: Beginning [] Ending []
 Patient's Condition Related To: Employment Auto Accident State Other Accident
 Same Day Procedure Code: [Dropdown] Exclude All Others:
 Adjustment Note: [Dropdown]
 Prior Authorization Required: Don't Kickdown: IDPH Amount/Unit Calculation:
 Display Reference ID Qualifier in HCFA 1500 Box 24I:
 Display Taxonomy Code in HCFA 1500 Box 24J:
 Display Staff Initials and License in HCFA 1500 Box 24J:
 Buttons: Save, Revert, Delete, Exit (Esc), Prev Page, Next Page, Insurance List, Proc Code Caps, Override PIN by Prog, Override by Act Code, User Id (Testing0), Control Date/Time (07/12/2022 04:26:05 PM), 60 records loaded

5. Click the **Save** button.

Step 2: Confirm Provider Site ID

The Site ID, which pulls from the Provider Profile, must be on the Line Item.

Line Item Form - (LINITML)

Line Item Type: S Case No.: 3140 Event Date: 04/12/2022 Start Time: 03:30 AM End Time: 04:00 AM Elapsed Time: 00:30 Agency ID: 1 Program ID: 1

Service ID: 2056 Discipline code: 1 MD Physician / CSW: [] Insurance ID: 1-3 Party Type: 3 Other Insurance: []

Activity Code ID: 90832 Staff ID: 0159 In/Outpatient: O Billing Group: [] ICD-9: [] ICD-10: [] Number in Group: 1 Subscriber No.: 2294 Medicaid Status Codes Resource Code: []

Billing Date: 05/17/2022 Prior Authorization: [] Procedure Code ID: 90832 Diagnosis 1: A01.1 ICD Diagnosis 2: [] ICD Diagnosis 3: [] ICD Diagnosis 4: [] ICD Assignment Accepted: Provider ID: 123456 Medicare Status Code: [] Other Ins Code: [] Private Pay: [] Print Status: S Invoice Date: [] Statement Date: []

Modifiers: [] Additional Modifier: [] Override Group Modifiers Activity: Living Arrangement: [] Private Pay Printed: Date Posted to A/R: [] Claim Frequency Code: 1 Original Reference Number: []

Remarks: [] Place of Contact / Service: 11 Site ID: **113**

Quantity	Billed Amount	Screen Amount	Paid Amount	Adjusted Amount	Current Balance	Approved Amount	Deductible Amount	Co-Pay Amount	Patient Pay Amount
1.00	\$1,000.00	\$30.00	\$0.00	\$0.00	\$1,000.00	\$30.00	\$0.00	\$0.00	\$0.00

Denied: Denied Date: [] Denied Reason 1: [] Denied Reason 2: [] Denied Reason 3: [] Referring Physician Override: []

Notes: [] Claim Reference: L987C314017 NDC: [] NDC Units: 0.00 Unit Of Measure: []

Reverse Charge Date: [] Transaction Set Control #: [] Submission #: [] Submission History: 0 Record(s) found

Agency: 1 Test Agency Line Item Status: 1 Program: 1 Crisis Physician / CSW: []

Staff: 0159 , admin User Id: Testing04 Control Date/Time: 07/05/2022 05:53:25 PM

Buttons: Add, Edit, Delete, Exit (Esc), Transactions, Transactions Hist, Line Item List, Post, Resubmit

To check for the Site ID that is associated with the Provider, follow the steps below.



Next Step Solutions

1. Navigate to the Provider Profile Form: **Maintenance and Setup > Provider Profile**
2. Select a Provider and click the **OK** button. The Provider Profile Form displays the Site ID for the Provider.

Provider Profile Form - (PRVDPFL)

Provider Number: 1

Provider Name: Next Step Solutions

Address: 1234 Test Ave

City / State / Zip: Philadelphia PA 19128-

Phone: (800)218-9916 Ext. Fax () -

E-Mail:

Contact Person:

Title: Cell Phone () -

Provider Type:

Licensee Name:

NPI No.: 1234567891

Site ID: 113 (NextStep)

CMH21: CMH77: CMH_DNT:

Total Beds: 0 Male 0 Female 0 Both 0

Level: Notes

Control Date/Time: 07/05/2022 05:57:13 PM

User Id: Testing0 Add Edit Delete Exit (Esc) 1 record loaded Provider List

3. (Optional) To add or edit the Site ID, click the **Edit** button.
 - a. Click the **Site ID** drop-down and select the appropriate Site ID.
 - b. Click the **Save** button.

