

# Populate Loop 2310C on Electronic Claim File

Last Modified on 08/19/2022 8:15 am EDT

## About

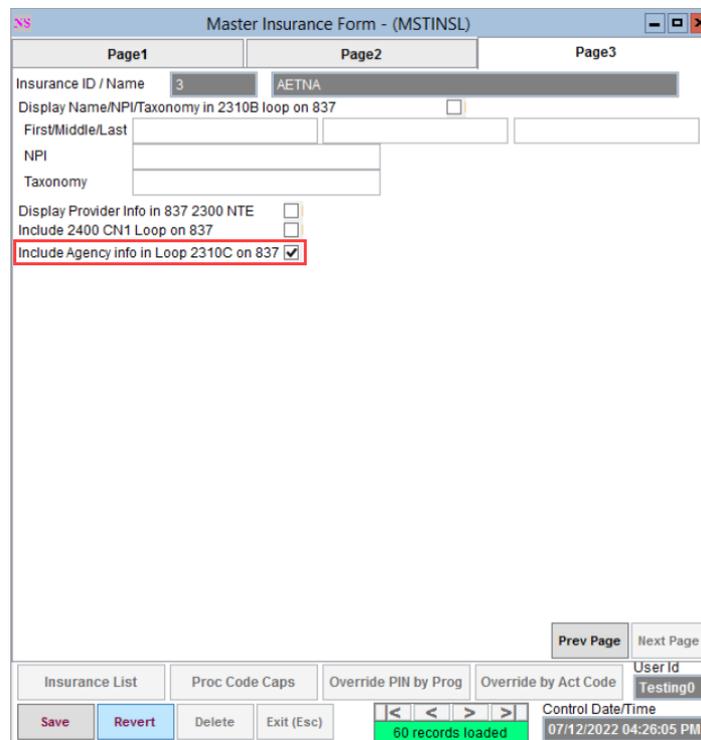
Some payers require the Service Location to be populated in Box 2310C on claim files. There are two different ways to populate this Loop, Populate Agency Information and Populate Site Location information.

- 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 Loop2310C
  - 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.



Master Insurance Form - (MSTINSL)

Page1 Page2 Page3

Insurance ID / Name 3 AETNA

Display Name/NPI/Taxonomy in 2310B loop on 837

First/Middle/Last

NPI

Taxonomy

Display Provider Info in 837 2300 NTE

Include 2400 CN1 Loop on 837

Include Agency info in Loop 2310C on 837

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Insurance List Proc Code Caps Override PIN by Prog Override by Act Code User Id Testing0

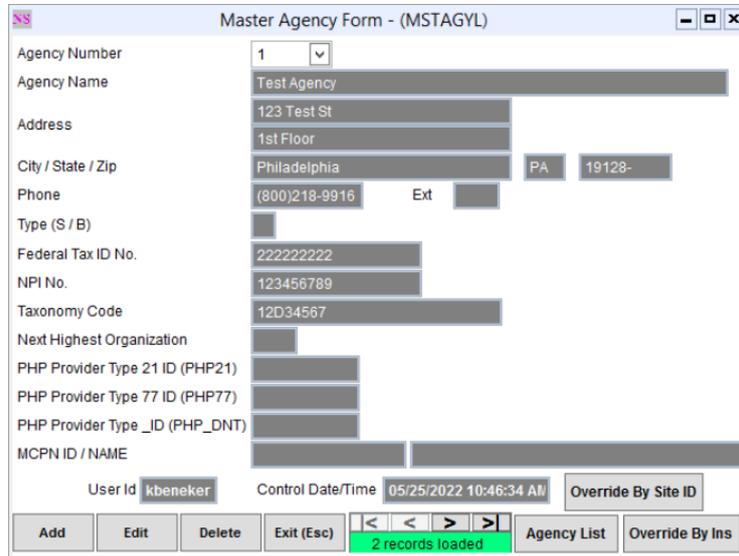
Save Revert Delete Exit (Esc) 60 records loaded Control Date/Time 07/12/2022 04:26:05 PM

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 as follows:

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.	222222222
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. A status bar at the bottom indicates '2 records loaded'.

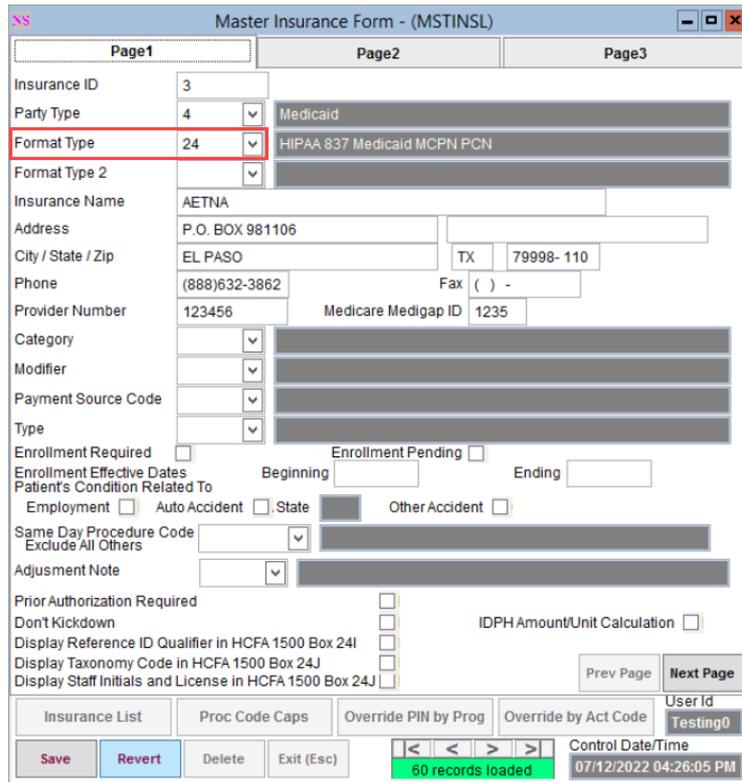
3. (Optional) Click the **Edit** button to make any changes and then click the **Save** button.

## 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 **24** or **25**.



**Master Insurance Form - (MSTINSL)**

Page1 | Page2 | Page3

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 [ ]

Patent'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:

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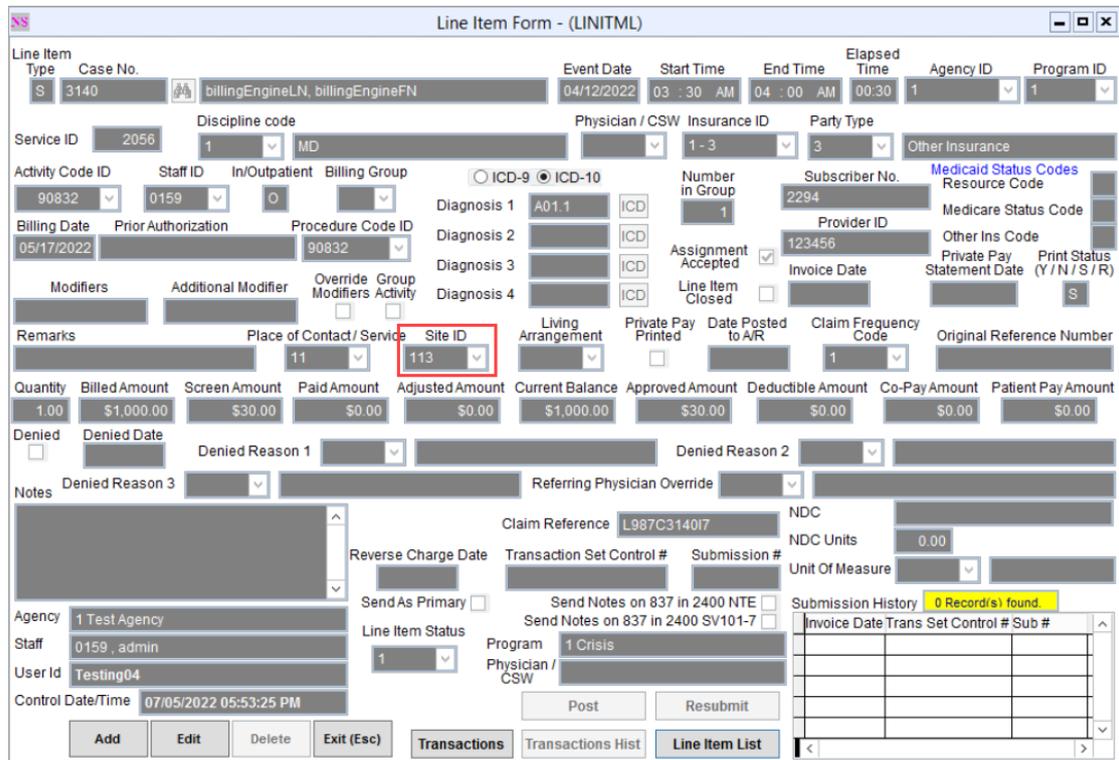
Insurance List | Proc Code Caps | Override PIN by Prog | Override by Act Code | User Id: Testing0

Save | Revert | Delete | Exit (Esc) | 60 records loaded | Control Date/Time: 07/12/2022 04:26:05 PM

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 billingEngineLN, billingEngineFN 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 AR: [ ] 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

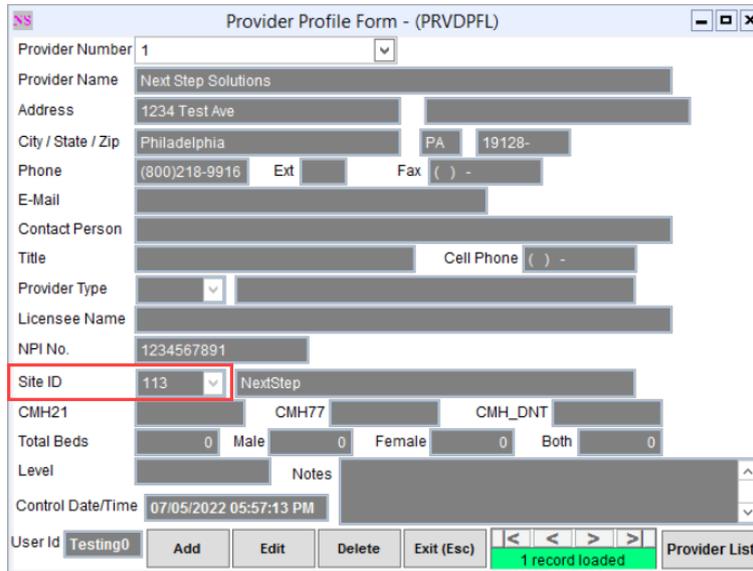
Agency: 1 Test Agency Line Item Status: 1 Program: 1 Crisis Physician / CSW: [ ]

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

Add | Edit | Delete | Exit (Esc) | Transactions | Transactions Hist | Line Item List

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

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.