837 Healthcare Claim
Companion Guide
ANSI ASC X12N (Version 4010A)
Professional, Institutional, and Dental

State of Washington
Department of Social & Health Services

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WAMMIS-CG-837CLAIMS-01-05

October 01, 2008

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Approved By:

CNSI Project Manager		**DSHS Project Manager**
Date		**Date**

Disclaimer

This companion guide for the ANSI ASC X12N 837 transaction has been created for use in conjunction with the standard Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to Medicaid processing for Washington State DSHS. The guide also includes useful information about sending and receiving data to and from the ProviderOne system.

Revision History

Documented revisions are maintained in this document through the use of the Revision History Table shown below. All revisions made to this companion guide after the creation date are noted along with the date, page affected, and reason for the change.

Revision Level	Date	Page	Description	Change Summary
WAMMIS-CG837-00-00-01	04/02/08		Initial Document	
WAMMIS-CG837-00-00-02	04/17/08		Internal CNSI comments incorporated	
WAMMIS-CG837-00-00-03	05/15/08		Incorporated comments from DSHS review	
WAMMIS-CG-837CLAIMS-01-01	06/28/08		Final Delivery	
WAMMIS-CG-837CLAIMS-01-02	07/16/08		Re-Delivery of the Deliverable based on DSHS non-Acceptance and identification of deficiencies	
WAMMIS-CG-837CLAIMS-01-03	07/25/08		Re-Delivery of the Deliverable based on DSHS non-Acceptance and identification of deficiencies	Use generic language in the Claim Note segment in transaction specification
WAMMIS-CG-837CLAIMS-01-04	08/06/08		Re-Delivery of Deliverable based on CR from DSHS	Update 837 Companion Guide based on CR Claims-0427 - The 837 Institutional Companion Guide and ProviderOne must be updated to allow for additional claim frequency type codes (CFTC) from the UB-04 manual.
WAMMIS-CG-837CLAIMS-01-05	10/01/08		Re-Delivery of the Deliverable based on DSHS suggested changes to Trading Partners Testing Procedures verbiage	

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1 Introduction

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. This requires Washington State Department of Social and Health Services (DSHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions between covered entities (health care providers, health plans, and healthcare clearinghouses).

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were not imposed arbitrarily but were developed by processes that included significant public and private sector input.

1.1 Document Purpose

Companion Guides are used to clarify the exchange of information on HIPAA transactions between the DSHS ProviderOne system and its trading partners. DSHS defines trading partners as covered entities that either submit or retrieve HIPAA batch transactions to and from ProviderOne.

This Companion Guide provides information related to electronic submission of 837 Claims Transactions to DSHS by approved trading partners. The three distinct claim transaction formats documented are:

- 837 Professional (Claims and Encounters)
- 837 Institutional (Claims and Encounters)
- 837 Dental

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guides listed below. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com.

The Standard Implementation Guides for Claim Transactions are:

- 837 Healthcare Claim: Professional (004010X098)
- 837 Healthcare Claim: Institutional (004010X096)
- 837 Healthcare Claim: Dental (004010X097)

DSHS has also incorporated all of the approved 837 Addenda listed below.

- ASC X12N 837 Professional (004010X098A1)
- ASC X12N 837 Institutional (004010X096A1)
- ASC X12N 837 Dental (004010X097A1)

1.1.1 Intended Users

Companion Guides are intended to be used by members/technical staff of trading partners who are responsible for electronic transaction/file exchanges.

1.1.2 Relationship to HIPAA Implementation Guides

Companion Guides are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion Guide describes the technical interface environment with DSHS, including connectivity requirements and protocols, and electronic interchange procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from DSHS.

Companion Guides are intended to supplement rather than replace the standard Implementation Guide for each transaction set. The information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

2 Technical Infrastructure and Procedures

2.1 Technical Environment

2.1.1 Communication Requirements

This section will describe how trading partners can send 837 Transactions to DSHS using 2 methods:

- Secure File Transfer Protocol (SFTP)
- ProviderOne Web Portal

2.1.2 Testing Process

Completion of the testing process must occur prior to submitting electronic transactions in production to ProviderOne. Testing is conducted to ensure the following levels of HIPAA compliance:

1. Level 1 – Syntactical integrity: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax, and compliance with X12 and NCPDP rules.
2. Level 2 – Syntactical requirements: Testing for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. It will also include testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.
3. Level 7 – DSHS defined custom rules. All transactions will be validated against DSHS defined custom rules as specified in the Transaction Specification section.

Additional testing may be required in the future to verify any changes made to the ProviderOne system. Changes to the ANSI formats may also require additional testing. Assistance is available throughout the testing process.

Trading Partner Testing Procedures

1. ProviderOne companion guides and trading partner enrollment package are available for download via the web at http://maa.dshs.wa.gov/dshshipaa
2. The Trading Partner completes the Trading Partner Agreement and submits the signed agreement to DSHS.

   Submit to: Provider Enrollment

PO Box 45562

Olympia, WA 98504-5562

For Questions call 1-800-562-3022 option 2, then option 5

3. The trading partner is assigned a Submitter ID, Domain, Logon User ID and password.
4. The trading partner submits all HIPAA test files through the ProviderOne web portal or Secure File Transfer Protocol (SFTP).
    - Web Portal URL: https://www.waproviderone.org/edi
    - SFTP URL: ftp.waproviderone.org
5. The trading partner downloads acknowledgements for the test file from the ProviderOne web portal or SFTP.
6. If ProviderOne system generates a positive TA1 and positive 997 acknowledgement, the file is successfully accepted. The trading partner is then approved to send 837 HIPAA files in production.
7. If the test file generates a negative TA1 or negative 997 acknowledgment, then the submission is unsuccessful and the file is rejected. The trading partner needs to resolve all the errors that are reported on the negative TA1 or negative 997 and resubmit the file for test. Trading partners will continue to test in the testing environment until they receive a positive TA1 and positive 997.

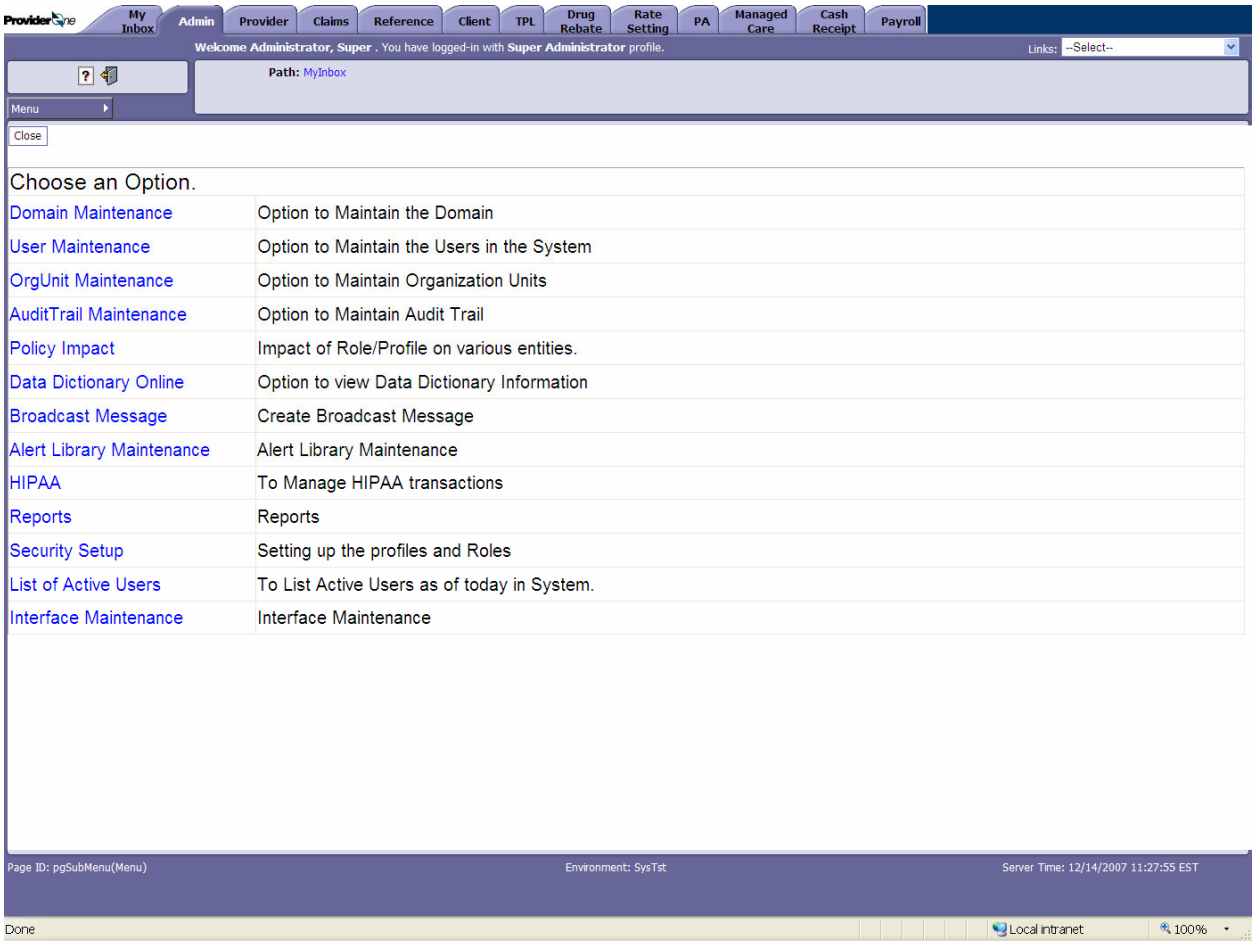
2.1.3 Who to contact for assistance

- Telephone Number: 1-800-562-3022
    - Select option 2
    - Select option 4
    - Select option 2
    - All calls result in the assignment of a Ticket Number for problem tracking
- Hours: 8:00 AM – 5:00 PM Pacific Standard Time, Monday through Friday
- Information required for initial call:
    - Topic of Call (setup, procedures, etc.)
    - Name of caller
    - Submitter ID Number
    - Organization of caller
    - Telephone number of caller
    - Nature of problem (connection, receipt status, etc.)
- Information required for follow up call(s):

- Assigned Ticket Number

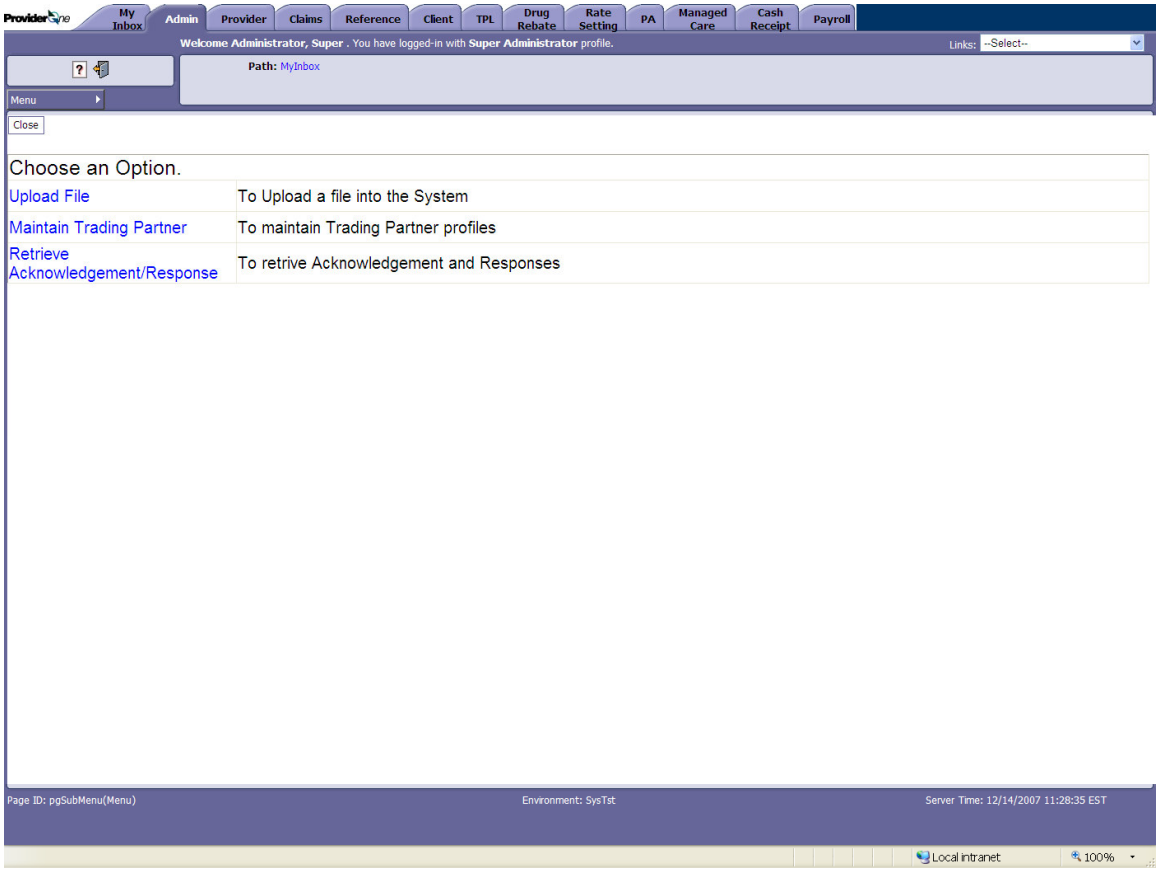
2.2 Upload batches via Web Interface

Once logged into the ProviderOne Portal, select the Admin Tab and the following options will be presented to the user:



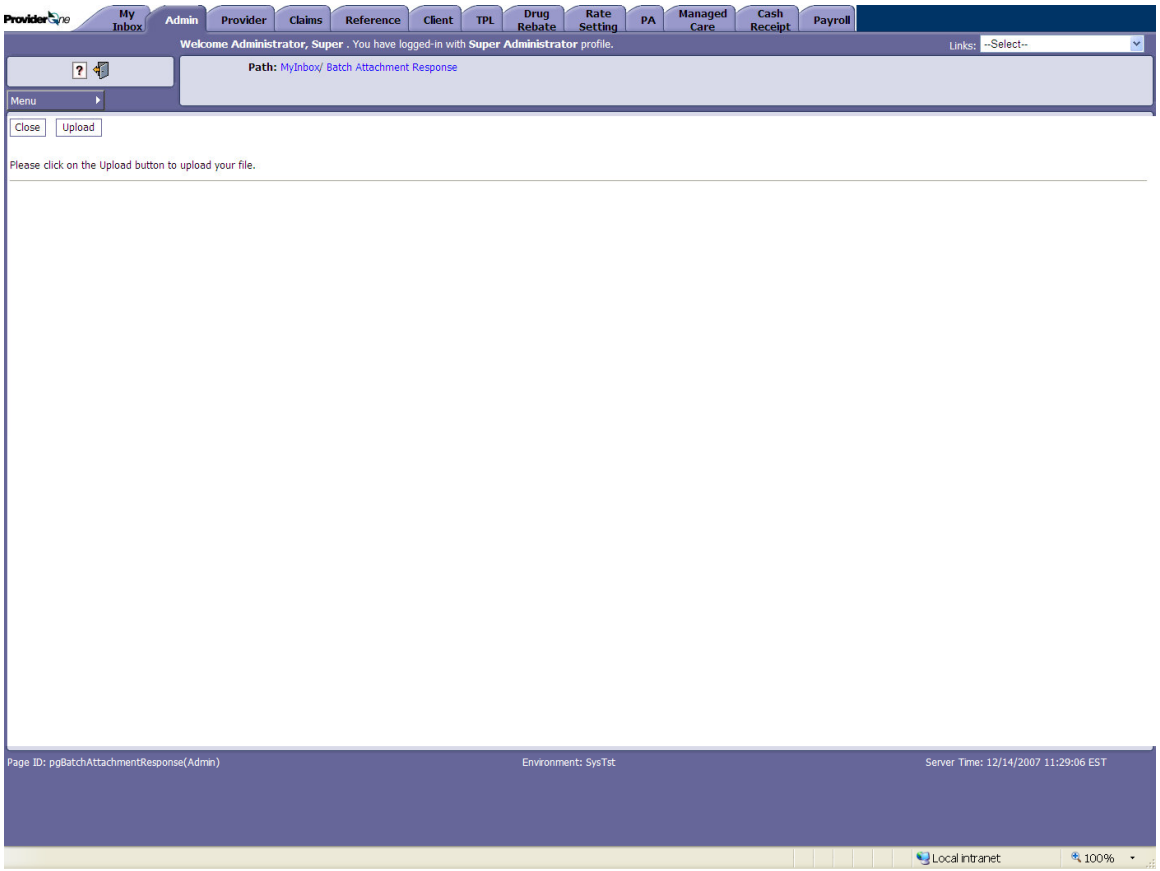
Click on the HIPAA option to manage the HIPAA transactions.

In the HIPAA Transaction Management screen, the user can Upload file and Retrieve Acknowledgement/Response as shown below:

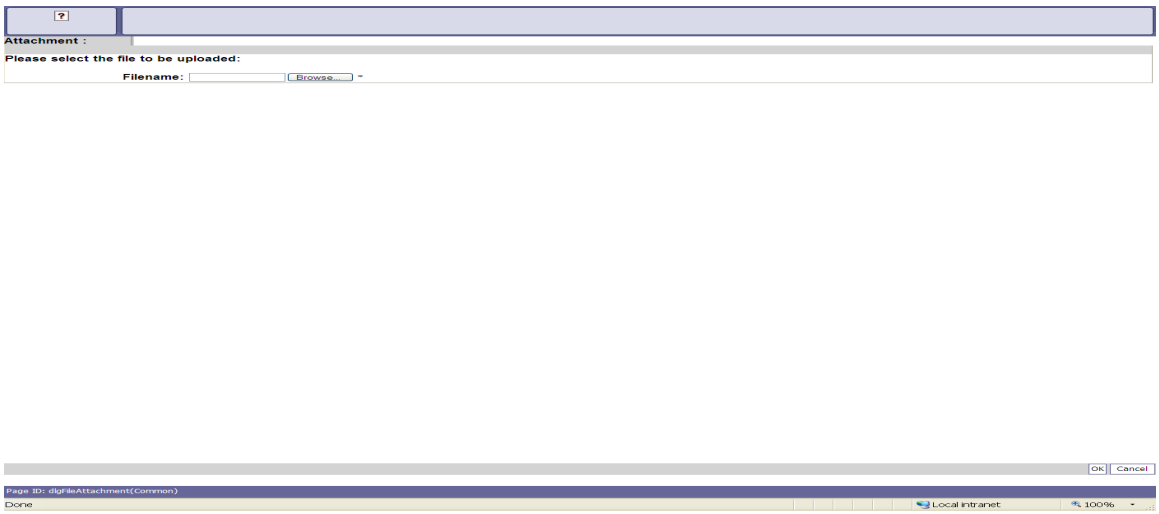


In order to upload a file, the following steps are followed:

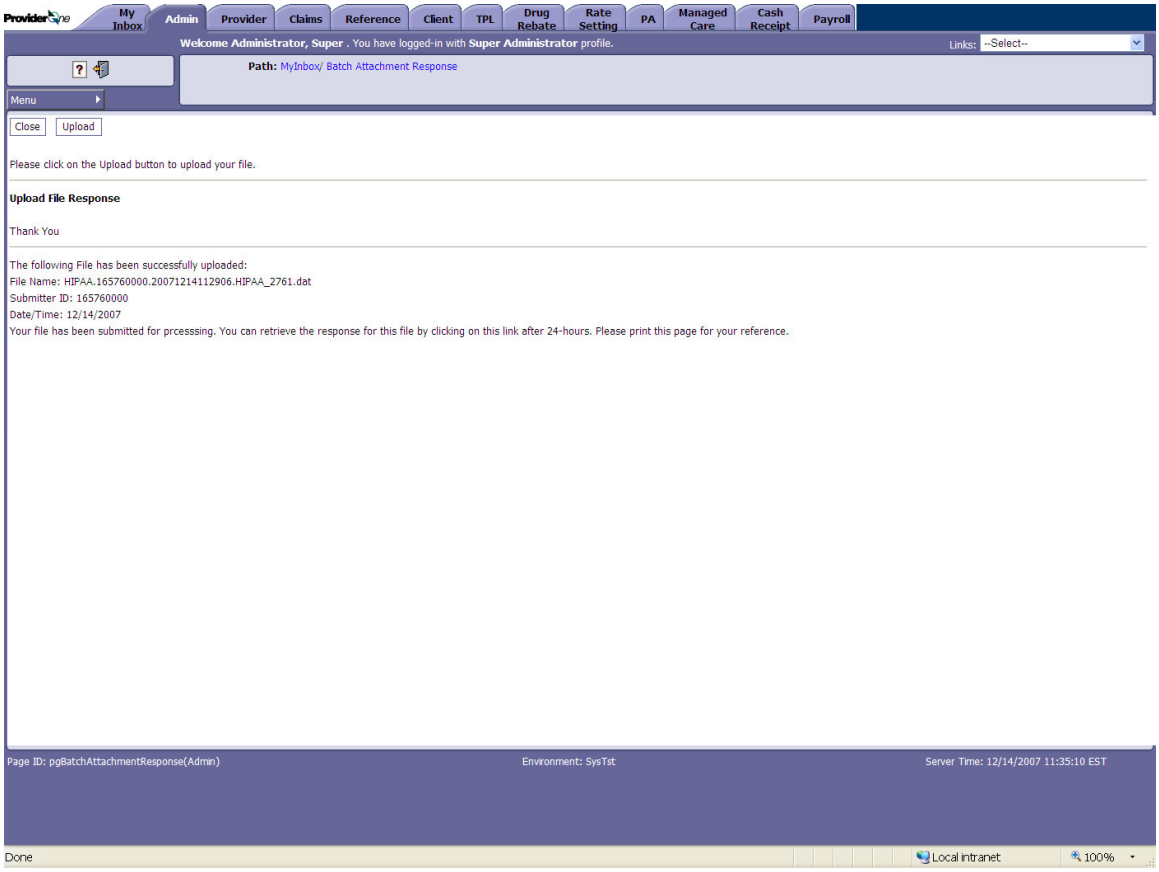
Click on the Upload button to upload a HIPAA file



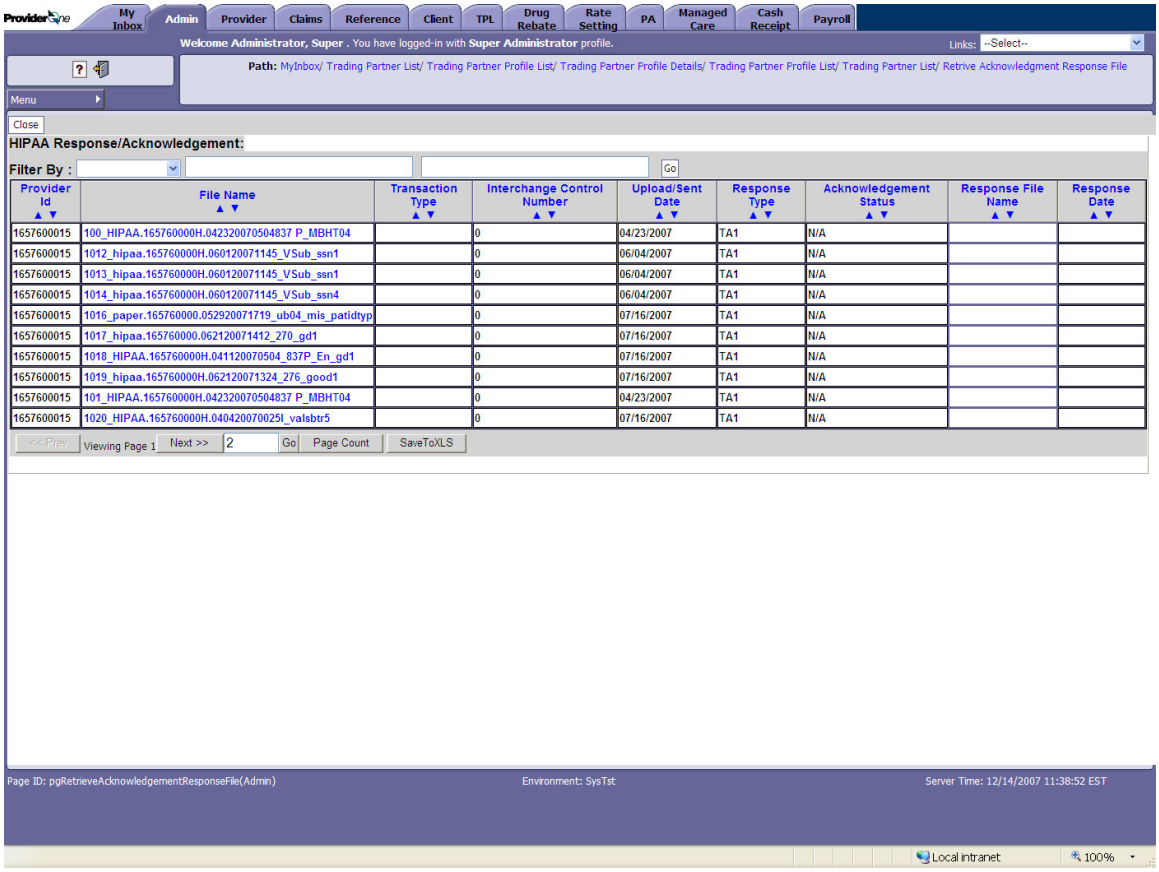
On file upload page click on the Browse button to attach HIPAA file from local file system. After selecting the file from the local file system, press OK to start the upload.



Once the file is uploaded to the ProviderOne system success/failure message is displayed on the screen along with transmission details.



Select Retrieve Acknowledgement/Response option from the HIPAA screen to retrieve Acknowledgements/Responses (TA1, 997, 271, 277, 820, 834, 835, or 277U) as shown below:



Provider Id	File Name	Transaction Type	Interchange Control Number	Upload/Sent Date	Response Type	Acknowledgement Status	Response File Name	Response Date
1657600015	100_HIPAA.165760000H.042320070504837 P_MBHT04		0	04/23/2007	TA1	N/A		
1657600015	1012_hipaa.165760000H.060120071145_VSub_ssn1		0	06/04/2007	TA1	N/A		
1657600015	1013_hipaa.165760000H.060120071145_VSub_ssn1		0	06/04/2007	TA1	N/A		
1657600015	1014_hipaa.165760000H.060120071145_VSub_ssn4		0	06/04/2007	TA1	N/A		
1657600015	1016_paper.165760000.052920071719_ub04_mis_patidtyp		0	07/16/2007	TA1	N/A		
1657600015	1017_hipaa.165760000.062120071412_270_gd1		0	07/16/2007	TA1	N/A		
1657600015	1018_HIPAA.165760000H.041120070504_837P_En_gd1		0	07/16/2007	TA1	N/A		
1657600015	1019_hipaa.165760000H.062120071324_276_good1		0	07/16/2007	TA1	N/A		
1657600015	101_HIPAA.165760000H.042320070504837 P_MBHT04		0	04/23/2007	TA1	N/A		
1657600015	1020_HIPAA.165760000H.040420070025I_valsbtr5		0	07/16/2007	TA1	N/A		

2.3 Set-up, Directory, and File Naming Convention

2.3.1 SFTP Set-up

Trading partners can contact 1-800-562-3022 for information on establishing connections through the FTP server. Upon completion of set-up, they will receive additional instructions on FTP usage.

2.3.2 SFTP Directory Naming Convention

SFTP Batch 837

2.3.3 File Naming Convention

The HIPAA Subsystem Package is responsible for assisting ProviderOne activities related to Electronic Transfer and processing of Health Care and Health Encounter Data, with a few exceptions or limitations.

HIPAA files are named:

For Inbound transactions:

HIPAA.<SubmitterID>.<datetimestamp>.<originalfilename>.<dat>

Example of file name: HIPAA.123456700.122620072100.HIPAAFile.dat

- <SubmitterID> is the Submitter ID
- <datetimestamp> is the Date Timestamp
- <originalfilename> is the original file name which is submitted by the trading partner.

2.4 Transaction Standards

2.4.1 General Information

HIPAA standards are specified in the Implementation Guide for each mandated transaction and modified by authorized Addenda. Currently, the 837 transaction has one Addendum. This Addendum has been adopted as final and is incorporated into DSHS requirements.

An overview of requirements specific to the transaction can be found in the 837 Implementation Guide. Implementation Guides contain information related to:

- Format and content of interchanges and functional groups
- Format and content of the header, detailer and trailer segments specific to the transaction
- Code sets and values authorized for use in the transaction
- Allowed exceptions to specific transaction requirements

Transmission sizes are limited based on two factors:

- Number of Segments/Records allowed by DSHS
- DSHS file size limitations

DSHS limits the size of the transaction (ST-SE envelope) to a maximum of 5,000 CLM segments.

DSHS limits a file size to 50 MB while uploading HIPAA files through the ProviderOne web portal and 100 MB through FTP.

2.4.2 Data Format

Delimiters

The ProviderOne will use the following delimiters on outbound transactions:

- Data element separator - Asterisk (*)
- Sub-element Separator - colon (:)
- Segment Terminator - Tilde (~)

Dates

The following rules apply to any dates in the 837 transaction:

- For the 837 Professional and Dental all dates will be formatted according to Year 2000 compliance, CCYYMMDD, except for the ISA09 element where the date format is YYMMDD.
- For the 837 Institutional all dates will be formatted according to Year 2000 compliance, CCYYMMDD, except for the ISA09 element where

the date format is YYMMDD and the Admission Date/Hour where the date format is CCYYMMDDHHMM.

- The only value acceptable for "CC" (century) is 20. The exception to this rule is for any of the Date of Birth values.
- Time is in military time format, 1 to 24 to indicate hours and 00 to 59 to indicate minutes and/or seconds. ISA10 and GS05 elements are formatted HHMM (ie 2115 defines the time of 9:15 p.m). BGN04 element is HHMMSS (ie 211515 defines the time of 9:15:15 p.m.).
- No spaces or character delimiters should be used in presenting dates or times.
- Dates that are logically invalid (e.g. 20071301) are rejected.

Field Length

HIPAA regulations specify field lengths for all of the data elements of the 837 Healthcare Claim transaction. For some of these data elements, ProviderOne processes fewer characters than the maximum allowed. The Transaction Specifications in section 3 display the ProviderOne field lengths.

Phone Numbers

Phone numbers are presented as contiguous number strings, without dashes or parenthesis markers. For example, the phone number (800) 555-1212 should be presented as 8005551212. Area codes should always be included.

2.4.3 Data Interchange Conventions

When accepting 837 Healthcare Claim transactions from trading partners, DSHS follows standards developed by the Accredited Standards Committee (ASC) of the American National Standards Institute (ANSI). These standards involve Interchange (ISA/IEA) and Functional Group (GS/GE) Segments or “outer envelopes”. All 837 Transactions should follow the HIPAA guideline. Please refer to the 837 Implementation Guide for ISA/IEA envelop, GS/GE functional group and ST/SE transaction specifications. Specific information on how individual data elements are populated by DSHS on ISA/IEA and GS/GE envelopes are shown in the table beginning later in this section.

The ISA/IEA Interchange Envelope, unlike most ASC X12 data structures has fixed field length. The entire data length of the data element should be considered and padded with spaces if the data element length is less than the field length.

Example of ISA with the entire data length with padded spaces:

```
ISA*00*          *00*          *ZZ*123456789      *ZZ*77045
*040303*1300*U*00401*000001001*1*T*:~
```

DSHS accepts 837 transaction files with single ISA/IEA and GS/GE envelopes. 837 transactions (with their limit of 5,000 CLM segments within an ST/SE envelop), can have multiple ST/SE envelops within the same GS/GE envelope.

2.4.4 Acknowledgement Procedures

Once the file is submitted by the trading partner and is successfully received by the ProviderOne system, a response in the form of TA1 and 997 acknowledgment transactions will be placed in appropriate folder (on the FTP server) of the trading partner. The ProviderOne system generates positive TA1 and positive 997 acknowledgement, if the submitted HIPAA file meets HIPAA standards related to syntax and data integrity. For files, which do not meet the HIPAA standards a negatvie TA1 and/or negative 997 are generated and sent to the trading partner.

2.4.5 Rejected Transmissions and Transactions

837 Healthcare Claims will be rejected if the file does not meet HIPAA standards for syntax, data integrity and structure (Strategic National Implementation Process (SNIP) type 1 and 2). Additionally, the transactions will be validated against DSHS defined custom rules (SNIP type 7) as specified in the Transaction Specification section. Non-compliance of the custom rules will result in rejection of the transaction.

3 Transaction Specifications

837 PROFESSIONAL

Page	Loop	Segment	Data Element	Element Name	Comments
INTERCHANGE CONTROL HEADER					
App. B	ENVELOPE	ISA	01	Authorization Information Qualifier	Please use '00'
App. B	ENVELOPE	ISA	02	Authorization Information	Please use 10 spaces
App. B	ENVELOPE	ISA	03	Security Information Qualifier	Please use '00'
App. B	ENVELOPE	ISA	04	Security Information	Please use 10 spaces
App. B	ENVELOPE	ISA	05	Interchange ID Qualifier	Please use 'ZZ'
App. B	ENVELOPE	ISA	06	Interchange Sender ID	Please enter the 9-digit ProviderOne ID
App. B	ENVELOPE	ISA	07	Interchange ID Qualifier	Please use 'ZZ'
App. B	ENVELOPE	ISA	08	Interchange Receiver ID	Please enter '77045' followed by spaces
App. B	ENVELOPE	ISA	09	Interchange Date	Date format is YYMMDD
App. B	ENVELOPE	ISA	10	Interchange Time	Time format is HHMM
App. B	ENVELOPE	ISA	11	Interchange Control Standards Identifier	Use 'U'

Page	Loop	Segment	Data Element	Element Name	Comments
App. B	ENVELOPE	ISA	12	Interchange Control Version Number	Use '00401'
App. B	ENVELOPE	ISA	13	Interchange Control Number	Must be identical to IEA02
App. B	ENVELOPE	ISA	14	Acknowledgment Requested	Please use '1'
App. B	ENVELOPE	ISA	15	Usage Indicator	Please use 'T' when submitting a Test File Please use 'P' when submitting a Production File
App. B	ENVELOPE	ISA	16	Component Element Separator	Please use ':'

FUNCTIONAL GROUP HEADER					
App. B	ENVELOPE	GS	01	Functional Identifier Code	Use 'HC'
App. B	ENVELOPE	GS	02	Application Sender's Code	Please use the 9-digit ProviderOne ID. This should be same as ISA06 and Loop 1000A, Data Element NM109
App. B	ENVELOPE	GS	03	Application Receiver's Code	Please use '77045'
App. B	ENVELOPE	GS	04	Date	Date format is CCYYMMDD
App. B	ENVELOPE	GS	05	Time	Time format is HHMM
App. B	ENVELOPE	GS	06	Group Control Number	Must be identical to GE02
App. B	ENVELOPE	GS	07	Responsible Agency Code	Use 'X'
App. B	ENVELOPE	GS	08	Version / Release / Industry Identifier Code	Use '004010X098A1'
TRANSACTION SET HEADER					
61	HEADER	ST	01	Transaction set identifier code	Please use '837'
61	HEADER	ST	02	Transaction set control number	Must be identical to SE02

Beginning of Hierarchical Transaction					
62	HEADER	BHT	01	Hierarchical Structure Code	Use '0019'
63	HEADER	BHT	02	Transaction Set Purpose Code	Please use '00'
63	HEADER	BHT	03	Originator Application Transaction Identifier Reference Identification	
63	HEADER	BHT	04	Transaction Set Creation Date	Date Format is CCYYMMDD
64	HEADER	BHT	05	Transaction Set Creation Time	Time Format is HHMM
64	HEADER	BHT	06	Claim or Encounter Indicator Transaction Type Code	Please use ‘CH’
Transmission Type Identification					
65	HEADER	REF	01	Reference Identification Qualifier	Use '87'
65	HEADER	REF	02	Transmission Type Code Reference Identification	Please use ‘004010X098DA1’ when submitting Test File Please use '004010X098A1' when submitting Production File

Loop ID 1000A - Submitter Name					
67	1000A	NM1	101	Entity Identifier Code	Use '41'
67	1000A	NM1	02	Entity Type Qualifier	Please use appropriate Code
67	1000A	NM1	03	Last Name or Organization Name	Please enter Submitters Last or Organization Name
67	1000A	NM1	04	Name First	Required if NM102 = 1
67	1000A	NM1	08	Identification Code Qualifier	Use '46'
68	1000A	NM1	09	Identification Code	Please use the 9-digit ProviderOne ID. This should be same as ISA06 and GS02
Submitter EDI Contact Information					
70	1000A	PER	01	Contact Function Code	Use 'IC'
70	1000A	PER	02	Name	Please enter Submitter Contact Name
70	1000A	PER	03	Communication Number Qualifier	Please use 'TE'
70	1000A	PER	04	Communication Number	Please enter Submitter Contact Phone Number
71	1000A	PER	05	Communication Number Qualifier	Please use 'EM'

71	1000A	PER	06	Communication Number	Please enter Submitter Contact Email Address
Loop ID 1000B - Receiver Name					
73	1000B	NM1	01	Entity Identifier Code	Use '40'
73	1000B	NM1	02	Entity Type Qualifier	Use '2'
73	1000B	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'
73	1000B	NM1	08	Identification Code Qualifier	Use '46'
73	1000B	NM1	09	Identification Code	Please use ‘77045’
Loop ID 2000A - Billing/Pay-To Provider Hierarchical Level					
75	2000A	HL	01	Hierarchical ID Number	
75	2000A	HL	03	Hierarchical Level Code	Use '20'
75	2000A	HL	04	Hierarchical Child Code	Use '1'

Billing/Pay-To Provider Specialty Information					
76	2000A	PRV	01	Provider Code	Please use appropriate code If 'BI' is used than the taxonomy code will be applied to the Billing Provider in 2010AA If 'PT' is used, than the taxonomy code will be applied to the Pay-To Provider in 2010AB
77	2000A	PRV	02	Reference Identification Qualifier	Use 'ZZ'
77	2000A	PRV	03	Provider Taxonomy Code (Specialty Code) Reference Identification	Please enter Provider Taxonomy Code
Loop ID 2010AA - Billing Provider Name					
82	2010AA	NM1	01	Entity Identifier Code	Use '85'
82	2010AA	NM1	02	Entity Type Qualifier	Please use appropriate code
82	2010AA	NM1	03	Last Name or Organization Name	Please enter Billing Provider Last or Organizational Name
82	2010AA	NM1	04	First Name	Required if NM102 = 1

83	2010AA	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX' For Atypical Providers who are not required to have an NPI please use one of the following qualifiers: 24 - Employer ID 34 - SSN
83	2010AA	NM1	09	Identification code	Please enter Billing Provider NPI if NM108 = 'XX' Please enter Employer Identification Number or Social Security Number of Billing Provider if NM108 = '24' or '34'
Billing Provider Address					
84	2010AA	N3	01	Address Information	Please enter Address of Billing Provider
84	2010AA	N3	02	Address Information	
Billing Provider City/State/Zip					
85	2010AA	N4	01	City Name	Please enter City Name of Billing Provider
86	2010AA	N4	02	State or Province Code	Please enter State of Billing Provider
86	2010AA	N4	03	Postal Code	Please enter Zip Code of Billing Provider

Billing Provider Secondary Info Identification					
88	2010AA	REF	01	Reference Identification Qualifier	Please use 'EI' or 'SY' if NM108 = 'XX' Please use '1D' if NM108 = '24' or '34'
88	2010AA	REF	02	Reference Identification	Please enter Employers Identification Number or Social Security Number of Billing Provider if REF01 = 'EI' or 'SY' Please enter 9 digit alphanumeric ProviderOne ID if REF01 = '1D'
Billing Provider Contact Information					
NOTE: Required if this information is different than that contained in the Loop 1000A - Submitter PER Segment. If different, please use the following guidelines.					
93	2010AA	PER	01	Contact Function Code	Use 'IC'
93	2010AA	PER	02	Name	Please enter Billing Provider Contact Name
93	2010AA	PER	03	Communication Number Qualifier	Please use 'TE'
93	2010AA	PER	04	Communication Number	Please enter Billing Provider Contact Phone Number
93	2010AA	PER	05	Communication Number Qualifier	Please use 'EM'

94	2010AA	PER	06	Communication Number	Please enter Billing Provider Contact Email Address
Loop ID 2010AB - Pay-To Provider Name					
NOTE: Required if the Pay-to Provider is a different entity than the Billing Provider. If different, please use the following guidelines. If used, please use 'PT' in Loop 2000A, Data Element PRV01					
96	2010AB	NM1	01	Entity Identifier Code	Use '87'
96	2010AB	NM1	02	Entity Type Qualifier	Please use appropriate code
96	2010AB	NM1	03	Last Name or Organization Name	Please enter Pay-To Provider Last or Organizational Name
96	2010AB	NM1	04	First Name	Required if NM102 = 1
97	2010AB	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX' For Atypical Providers who are not required to have an NPI please use one of the following qualifiers: 24 - Employer ID 34 - SSN

97	2010AB	NM1	09	Identification code	Please enter Pay-To Provider NPI if NM108 = 'XX' Please enter Employer Identification Number or Social Security Number of Pay-To Provider if NM108 = '24' or '34'
Pay-to Provider Address					
98	2010AB	N3	01	Address Information	Please enter Address of Pay-To Provider
98	2010AB	N3	02	Address Information	
Pay-to Provider City/State/Zip Code					
99	2010AB	N4	01	City Name	Please enter City Name of Pay-To Provider
99	2010AB	N4	02	State or Province Code	Please enter State of Pay-To Provider
100	2010AB	N4	03	Postal Code	Please enter Zip Code of Pay-To Provider
Pay-to Provider Secondary Information Identification					
101	2010AB	REF	01	Reference Identification Qualifier	Please use 'EI' or 'SY' if NM108 = 'XX' Please use '1D' if NM108 = '24' or '34'

102	2010AB	REF	02	Reference Identification	Please enter Employers Identification Number or Social Security Number of Billing Provider if REF01 = 'EI' or 'SY' Please enter 9 digit alphanumeric ProviderOne ID if REF01 = '1D'
Loop ID 2000B - Subscriber Hierarchical Level					
104	2000B	HL	01	Hierarchical ID Number	
104	2000B	HL	02	Hierarchical Parent ID Number	
104	2000B	HL	03	Hierarchical Level Code	Use '22'
104	2000B	HL	04	Hierarchical Child Code	Please use appropriate code
Subscriber Information					
105	2000B	SBR	01	Payer Responsibility Sequence Number Code	Please use appropriate Code
106	2000B	SBR	02	Individual Relationship Code	Use '18'
107	2000B	SBR	09	Claim Filing Indicator Code	Please use 'MC'
Loop ID 2010BA - Subscriber Name					
113	2010BA	NM1	01	Entity Identifier Code	Use 'IL'

113	2010BA	NM1	02	Entity Type Qualifier	Please use '1'
113	2010BA	NM1	03	Last Name or Organization Name	Please enter Last Name of Subscriber
113	2010BA	NM1	04	First Name	Please enter First Name of Subscriber
114	2010BA	NM1	08	Identification code qualifier	Please use 'MI'
114	2010BA	NM1	09	Identification code	Please enter 11 digit ProviderOne Client ID ProviderOne Client ID is 9 numeric digits followed by 'WA' Example is 123456789WA
Subscriber Address					
115	2010BA	N3	01	Address Information	Please enter Address of Subscriber
115	2010BA	N3	02	Address Information	
Subscriber City/State/Zip Code					
116	2010BA	N4	01	City Name	Please enter City Name of Subscriber
117	2010BA	N4	02	State or Province Code	Please enter State of Subscriber
117	2010BA	N4	03	Postal Code	Please enter Zip Code of Subscriber

Subscriber Demographic Information					
118	2010BA	DMG	01	Date Time Period Format Qualifier	Use 'D8'
119	2010BA	DMG	02	DOB Date Time Period	Please enter Subscriber Date of Birth
119	2010BA	DMG	03	Gender Code	Please enter Gender of Subscriber
Loop ID 2010BB - Payer Name					
125	2010BB	NM1	01	Entity Identifier Code	Use 'PR'
125	2010BB	NM1	02	Entity Type Qualifier	Use '2'
125	2010BB	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'
125	2010BB	NM1	08	Identification Code Qualifier	Please use 'PI'
125	2010BB	NM1	09	Identification Code	Please use '77045'
Payer Address					
127	2010BB	N3	01	Address Information	Please use 'Claims Processing'
127	2010BB	N3	02	Address Information	Please use 'PO BOX 9248'
Payer City/State/Zip Code					
128	2010BB	N4	01	City Name	Please use 'Olympia'
129	2010BB	N4	02	State or Province Code	Please use 'WA'

129	2010BB	N4	03	Postal Code	Please use '98504'
Loop ID 2300 - Claim Information					
161	2300	CLM	01	Patient Account Number Claim Submitter's Identifier	Please enter Patient Account Number
162	2300	CLM	02	Total Claim Charge Amount Monetary Amount	Please enter Total Claim Charge Amount
162	2300	CLM	05-1	Facility Code Value	Please enter Place of Service Code from Code Source 237
164	2300	CLM	05-3	Claim Frequency Type Code	Please enter appropriate Claim Frequency Type Code below: 1 - Original 7 - Replacement/Adjustment 8 - Void
164	2300	CLM	06	Provider signature on file flag Yes/No Condition or Response Code	Please use appropriate code
164	2300	CLM	07	Provider Accept Assignment Code	Please use appropriate code
165	2300	CLM	08	Benefits Assignment Certification Indicator Yes/No Condition or Response Code	Please use appropriate code

165	2300	CLM	09	Release of Info code	Please use appropriate code
Patient Paid Amount					
NOTE: Please use the following guidelines if the Patient Paid Amount is necessary to adjudicate the claim					
205	2300	AMT	01	Amount Qualifier Code	Use 'F5'
205	2300	AMT	02	Patient Paid Amount Monetary Amount	Please enter Patient Amount Paid
Prior Authorization or Referral Number					
NOTE: Please use the following guidelines if the Prior Authorization Number is necessary to adjudicate the claim					
214	2300	REF	01	Reference Identification Qualifier	Please use 'G1'
214	2300	REF	02	Reference Identification	Please enter Prior Authorization Number

Original Reference Number (ICN/DCN)					
NOTE: Required if CLM05-3 is a '7' or '8'. If applicable, please use the following guidelines					
216	2300	REF	01	Reference Identification Qualifier	Use 'F8'
216	2300	REF	02	Reference Identification	Please enter 21 digit Transaction Control Number (TCN) of claim
Claim Note					
NOTE: Please use the following guidelines if Claim Notes are necessary to adjudicate the claim					
231	2300	NTE	01	Note reference code	Please use appropriate code
231	2300	NTE	02	Description	Please enter claim notes. This field is 80 bytes in length.
Health Care Diagnosis Code					
NOTE: Do not transmit the decimal points in the diagnosis codes. The decimal is assumed					
252	2300	HI	01	Health Care Code Information(Qualifier Code, Industry Code)	

253	2300	HI	01-1	Code List Qualifier Code	Use 'BK'
253	2300	HI	01-2	Industry Code	Please enter Principal Diagnosis Code
253	2300	HI	02	Health Care Code Information(Qualifier Code, Industry Code)	Please use the following guidelines if additional diagnosis codes need to be reported Repeat as necessary
253	2300	HI	02-1	Code List Qualifier Code	Use 'BF'
253	2300	HI	02-2	Industry Code	Please enter Diagnosis Code
254	2300	HI	03	Health Care Code Information(Qualifier Code, Industry Code)	
254	2300	HI	03-1	Code List Qualifier Code	
254	2300	HI	03-2	Industry Code	
254	2300	HI	04	Health Care Code Information(Qualifier Code, Industry Code)	
254	2300	HI	04-1	Code List Qualifier Code	
255	2300	HI	04-2	Industry Code	
255	2300	HI	05	Health Care Code Information(Qualifier Code, Industry Code)	
255	2300	HI	05-1	Code List Qualifier Code	

255	2300	HI	05-2	Industry Code	
256	2300	HI	06	Health Care Code Information(Qualifier Code, Industry Code)	
256	2300	HI	06-1	Code List Qualifier Code	
256	2300	HI	06-2	Industry Code	
256	2300	HI	07	Health Care Code Information(Qualifier Code, Industry Code)	
256	2300	HI	07-1	Code List Qualifier Code	
257	2300	HI	07-2	Industry Code	
257	2300	HI	08	Health Care Code Information(Qualifier Code, Industry Code)	
257	2300	HI	08-1	Code List Qualifier Code	
257	2300	HI	08-2	Industry Code	
Loop ID 2310A - Referring Provider Name					
NOTE: Please use the following guidelines if the Referring Provider information is necessary to adjudicate the claim					
270	2310A	NM1	01	Entity Identifier Code	Please use 'DN'

270	2310A	NM1	02	Entity Type Qualifier	Please use appropriate code
270	2310A	NM1	03	Last Name or Organization Name	Please enter Referring Provider Last or Organization Name
270	2310A	NM1	04	First Name	Required if NM102 = 1
271	2310A	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'
271	2310A	NM1	09	Identification code	Please enter Referring Provider NPI
Referring Provider Secondary Identification					
274	2310A	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'
275	2310A	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID

Loop ID 2310B - Rendering Provider Name					
NOTE: Please use the following guidelines if the Rendering Provider information is necessary to adjudicate the claim					
277	2310B	NM1	01	Entity Identifier Code	Use '82'
277	2310B	NM1	02	Entity Type Qualifier	Please use appropriate code
277	2310B	NM1	03	Last Name or Organization Name	Please enter Rendering Provider Last or Organizational Name
277	2310B	NM1	04	First Name	Required if NM102=1
278	2310B	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'
278	2310B	NM1	09	Identification code	Please enter Rendering Provider NPI
Rendering Provider Specialty Information					
279	2310B	PRV	01	Provider Code	Use 'PE'
280	2310B	PRV	02	Reference Identification Qualifier	Use 'ZZ'

280	2310B	PRV	03	Provider Taxonomy Code (Specialty Code)	Please enter Rendering Provider Taxonomy Code
Rendering Provider Secondary Identification					
281	2310B	REF	01	Reference Identification Qualifier	For Atypical providers who are not required to have an NPI please use '1D'
282	2310B	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID
Loop ID 2320 - Other Subscriber Information					
NOTE: Please use the following guidelines if Other Subscriber Information is necessary to adjudicate the claim					

302	2320	SBR	01	Payer Responsibility sequence Number Code	Please use appropriate code
302	2320	SBR	02	Individual Relationship code	Please use '18'
303	2320	SBR	03	Group or Policy Number Reference Identification	Please enter Subscriber Group or Policy Number Required if the subscriber's other payer identification includes Group or Plan Number
303	2320	SBR	04	Group or Plan Name	Please enter Subscriber Insured Group or Plan Name Required if the subscriber's other payer identification includes Group or Plan Name
304	2320	SBR	05	Insurance Type code	Use 'MB' when submitting Medicare Crossover Claims otherwise use 'C1'
304	2320	SBR	09	Claim filing indicator code	Use 'MB' when submitting Medicare Crossover Claims otherwise use 'MC'
Coordination Of Benefits (COB) Payer Paid Amount					
315	2320	AMT	01	Amount Qualifier Code	Use 'D'

315	2320	AMT	02	Monetary Amount	Please enter Paid Amount by Medicare or Other Payer
Coordination Of Benefits (COB) Approved Amount					
316	2320	AMT	01	Amount Qualifier Code	Use 'AAE'
316	2320	AMT	02	Approved Monetary Amount	Please enter Approved Amount by Medicare or Other Payer
Coordination Of Benefits (COB) Allowed Amount					
317	2320	AMT	01	Amount Qualifier Code	Use 'B6'
317	2320	AMT	02	Allowed Monetary Amount	Please enter Allowed Amount by Medicare or Other Payer
Coordination Of Benefits (COB) Patient Paid Amount					
322	2320	AMT	01	Amount Qualifier Code	Please use 'F5'
323	2320	AMT	02	Patient Paid Monetary Amount	Please enter Medicare or Other Payer Patient Paid Amount
Subscriber Demographic Information					
326	2320	DMG	01	Date Time Period Format Qualifier	Use 'D8'
327	2320	DMG	02	DOB Date Time Period	Please enter Subscriber's Date of Birth

327	2320	DMG	03	Gender Code	Please enter Gender of Subscriber
Other Insurance Coverage Information					
329	2320	OI	03	Yes/No Condition or Response Code	Please use appropriate code
329	2320	OI	04	Patient Signature Source Code	
329	2320	OI	06	Release of Information Code	Please use appropriate code
Loop ID 2330A - Other Subscriber Name					
335	2330A	NM1	01	Entity Identifier Code	Use 'IL'
335	2330A	NM1	02	Entity Type Qualifier	Please use '1'
335	2330A	NM1	03	Last Name or Organization Name	Please enter Subscriber Last Name
335	2330A	NM1	04	First Name	Please enter Subscriber First Name
336	2330A	NM1	108	Identification code qualifier	Please use 'MI'
336	2330A	NM1	09	Identification code	Please enter Subscriber Primary Identifier
Other Subscriber Address					
337	2330A	N3	01	Address Information	Please enter Subscriber Address

337	2330A	N3	02	Address Information	
Other Subscriber City/State/Zip Code					
338	2330A	N4	01	City Name	Please enter City Name of Subscriber
339	2330A	N4	02	State or Province Code	Please enter State of Subscriber
339	2330A	N4	03	Postal Code	Please enter Zip Code of Subscriber
Loop ID 2330B - Other Payer Name					
NOTE: Do not indicate “Medicaid” here. Only report information on other payers if known					
343	2330B	NM1	01	Entity Identifier Code	Use 'PR'
343	2330B	NM1	02	Entity Type Qualifier	Use '2'
343	2330B	NM1	03	Last Name or Organization Name	Please enter Medicare or Other Payer Organization Name
343	2330B	NM1	08	Identification code qualifier	Please use 'PI'
344	2330B	NM1	09	Identification code	Please enter Medicare or Other Payer Primary Identifier
Claim Adjudication Date					
348	2330B	DTP	01	Date/Time Qualifier	Use '573'

348	2330B	DTP	02	Date Time Period Format Qualifier	Use 'D8'
349	2330B	DTP	03	Date Time Period	Please enter Claim Paid Date by Medicare or Other Payer
Other Payer Secondary Identification					
350	2330B	REF	01	Reference Identification Qualifier	Please use 'F8'
351	2330B	REF	02	Reference Identification	Please enter the Medicare or Other Payer claim number
Loop ID 2400 - Service Line					
381	2400	LX	01	Line Counter Assigned Number	
Professional Service					
383	2400	SV1	01-1	Product/Service ID Qualifier	Please use 'HC'
383	2400	SV1	01-2	Product/Service I	Please enter Procedure Code
383	2400	SV1	01-3	Procedure Modifier	If applicable, please enter as many Procedure Modifiers as necessary
384	2400	SV1	01-4	Procedure Modifier	
384	2400	SV1	01-5	Procedure Modifier	
384	2400	SV1	01-6	Procedure Modifier	

384	2400	SV1	02	Submitted charge Monetary amount	Please enter Line Item Charge Amount
385	2400	SV1	03	Unit or Basis for Measurement Code	Please use 'UN'
385	2400	SV1	04	Quantity	Please enter Procedure count. Do not use decimals
386	2400	SV1	05	Facility Code Value	Please enter Place of Service Code from code source 237 Required if value is different than value carried in Loop 2300, Data Element CLM05-1
387	2400	SV1	07-1	Diagnosis Code Pointer	Please enter Diagnosis Code Pointer
387	2400	SV1	07-2	Diagnosis Code Pointer	If applicable, please enter additional Diagnosis Code Pointers
387	2400	SV1	07-3	Diagnosis Code Pointer	
387	2400	SV1	07-4	Diagnosis Code Pointer	

Service Date					
415	2400	DTP	01	Date Time Qualifier	Use '472'
415	2400	DTP	02	Date Time Period Format Qualifier	Please use appropriate code
415	2400	DTP	03	Service Date	Please enter Service Date
Prior Authorization Or Referral Number					
NOTE: Required if service line involved a Prior Authorization number that is different than the number reported at the claim level in Loop 2300. If different, please use the following guidelines					
447	2400	REF	01	Reference Identification Qualifier	Please use 'G1'
447	2400	REF	02	Reference Identification	Please enter Prior Authorization Number
Line Item Control Number					
NOTE: DSHS strongly encourages the use of this segment					
449	2400	REF	01	Reference Identification Qualifier	Use '6R'
449	2400	REF	02	Reference Identification	Please enter Line Item Control Number

Approved Amount					
NOTE: If different than Approved Amount in Loop 2320 please use the following guidelines					
462	2400	AMT	01	Amount Qualifier Code	Use 'AAE'
462	2400	AMT	02	Approved Amount	Please enter Service Line Approved Amount by Medicare or Other Payer
Line Note					
NOTE: Please use the following guidelines if Claim Notes at the line level are necessary to adjudicate the claim					
465	2400	NTE	01	Note Reference Code	Please use appropriate code
465	2400	NTE	02	Claim Note Text Description	Please enter claim notes. This field is 80 bytes in length.
Loop ID 2410A - Drug Identification					
NOTE: Please use the following guidelines if the NDC information is necessary to adjudicate the claim					
478	2410A	LIN	02	Product/Service ID Qualifier	Use 'N4'

478	2410A	LIN	03	National Drug Code Product/Service ID	National Drug Code (NDC) in 5-4-2 format
Drug Pricing					
NOTE: Please use the following guidelines if additional NDC information is necessary to adjudicate the claim					
482	2410A	CTP	03	Drug Unit Price	Please enter Drug Unit Price
482	2410A	CTP	04	National Drug Unit Count Quantity	Please enter National Drug Unit Count
482	2410A	CTP	05-1	Unit/Basis for Measurement Code	Please enter appropriate code
Loop ID 2420A - Rendering Provider Name					
NOTE: Required if the Rendering Provider information is different than that carried in the 2310B claim loop. If different, please use the following guidelines					
487	2420A	NM1	01	Entity Identifier Code	Use '82'
487	2420A	NM1	02	Entity Type Qualifier	Please use appropriate code
487	2420A	NM1	03	Last Name or Organization Name	Please enter Rendering Provider Last or Organizational Name
487	2420A	NM1	04	First Name	Required if NM102=1

488	2420A	NM1	08	Reference Identification code qualifier	For Healthcare Providers please use 'XX'
488	2420A	NM1	09	Reference Identification code	Please enter Rendering Provider NPI
Rendering Provider Specialty Information					
489	2420A	PRV	01	Provider Code	Use 'PE'
490	2420A	PRV	02	Reference Identification Qualifier	Use 'ZZ'
490	2420A	PRV	03	Provider Taxonomy Code (Specialty Code)	Please enter Rendering Provider Taxonomy Code
Rendering Provider Secondary Identification					
491	2420A	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'
492	2420A	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID

Loop ID 2420F - Referring Provider Name					
NOTE: Required if the Referring Provider information is different than that carried in the 2310A claim loop. If different, please use the following guidelines					
523	2420F	NM1	01	Entity Identifier Code	Please use 'DN'
523	2420F	NM1	02	Entity Type Qualifier	Use '1'
523	2420F	NM1	03	Last Name or Organization Name	Please enter Referring Provider Last Name
523	2420F	NM1	04	First Name	Please enter Referring Provider First Name
524	2420F	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'
524	2420F	NM1	09	Identification code	Please enter Referring Provider NPI

Referring Provider Secondary Identification					
527	2420F	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'
528	2420F	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID
Line Adjudication Date					
NOTE: Please use the following guidelines if the Line Adjudication Date is different than the Claim Adjudication Date carried in the 2330B claim loop.					
545	2430	DTP	01	Date/Time Qualifier	Use '573'
545	2430	DTP	02	Date Time Period Format Qualifier	Use 'D8'
545	2430	DTP	03	Date Time Period	Please enter Line Adjudication Date
TRANSACTION SET TRAILER					
551	Trailer	SE	01	Number of Included Segments	The total number of segments in the transaction set inclusive to the ST-SE segments
551	Trailer	SE	02	Transaction Set Control Number	Must be identical to ST02

FUNCTIONAL GROUP TRAILER					
App.B	Trailer	GE	01	Number of Transaction Sets Included	
App.B	Trailer	GE	02	Group Control Number	Must be identical to GS06
INTERCHANGE CONTROL TRAILER					
App.B	Trailer	IEA	01	Number of Included Functional Groups	
App.B	Trailer	IEA	02	Interchange Control Number	Must be identical to ISA13

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Page	Loop	Segment	Data Element	Element Name	Comments
INTERCHANGE CONTROL HEADER					
App.B	ENVELOPE	ISA	01	Authorization Information Qualifier	Please use '00'
App.B	ENVELOPE	ISA	02	Authorization Information	Please use 10 spaces
App.B	ENVELOPE	ISA	03	Security Information Qualifier	Please use '00'
App.B	ENVELOPE	ISA	04	Security Information	Please use 10 spaces
App.B	ENVELOPE	ISA	05	Interchange ID Qualifier	Please use 'ZZ'
App.B	ENVELOPE	ISA	06	Interchange Sender ID	Please enter the 9-digit ProviderOne ID
App.B	ENVELOPE	ISA	07	Interchange ID Qualifier	Please use 'ZZ'
App.B	ENVELOPE	ISA	08	Interchange Receiver ID	Please enter '77045' followed by spaces
App.B	ENVELOPE	ISA	09	Interchange Date	Date format is YYMMDD
App.B	ENVELOPE	ISA	10	Interchange Time	Time format is HHMM
App.B	ENVELOPE	ISA	11	Interchange Control Standards Identifier	Use 'U'
App.B	ENVELOPE	ISA	12	Interchange Control Version Number	Use '00401'

Page	Loop	Segment	Data Element	Element Name	Comments
App.B	ENVELOPE	ISA	13	Interchange Control Number	Must be identical to IEA02
App.B	ENVELOPE	ISA	14	Acknowledgment Requested	Please use '1'
App.B	ENVELOPE	ISA	15	Usage Indicator	Please use 'T' when submitting a Test File Please use 'P' when submitting a Production File
App.B	ENVELOPE	ISA	16	Component Element Separator	Please use ':'
FUNCTIONAL GROUP HEADER					
App.B	ENVELOPE	GS	01	Functional Identifier Code	Use 'HC'
App.B	ENVELOPE	GS	02	Application Sender's Code	Please use the 9-digit ProviderOne ID. This should be same as ISA06 and Loop 1000A, Data Element NM109
App.B	ENVELOPE	GS	03	Application Receiver's Code	Please use '77045'
App.B	ENVELOPE	GS	04	Date	Date format is CCYYMMDD
App.B	ENVELOPE	GS	05	Time	Time format is HHMM
App.B	ENVELOPE	GS	06	Group Control Number	Must be identical to GE02

Page	Loop	Segment	Data Element	Element Name	Comments
App.B	ENVELOPE	GS	07	Responsible Agency Code	Use 'X'
App.B	ENVELOPE	GS	08	Version / Release / Industry Identifier Code	Use '004010X096A1'
TRANSACTION SET HEADER					
56	HEADER	ST	01	Transaction set identifier code	Please use '837'
56	HEADER	ST	02	Transaction set control number	Must be identical to SE02
Beginning of Hierarchical Transaction					
57	HEADER	BHT	01	Hierarchical Structure Code	Use '0019'
58	HEADER	BHT	02	Transaction Set Purpose Code	Please use '00'
58	HEADER	BHT	03	Reference Identification	
58	HEADER	BHT	04	Date	Date Format is CCYYMMDD
58	HEADER	BHT	05	Time	Time Format is HHMM
59	HEADER	BHT	06	Transaction Type Code	Please use ‘CH’
Transmission Type Identification					
60	HEADER	REF	01	Reference Identification Qualifier	Use '87'

60	HEADER	REF	02	Transmission Type Code	Please use ‘004010X096DA1’ when submitting Test File Please use '004010X096A1' when submitting Production File
Loop ID 1000A - Submitter Name					
62	1000A	NM1	01	Entity Identifier Code	Use '41'
62	1000A	NM1	02	Entity Type Qualifier	Please use appropriate Code
62	1000A	NM1	03	Last Name or Organization Name	Please enter Submitters Last or Organization Name
62	1000A	NM1	04	Name First	Required if NM102 = 1
62	1000A	NM1	08	Identification Code Qualifier	Use '46'
63	1000A	NM1	09	Identification Code	Please use the 9-digit ProviderOne ID. This should be same as ISA06 and GS02
Submitter EDI Contact Information					
65	1000A	PER	01	Contact Function Code	Use 'IC'
65	1000A	PER	02	Name First	Please enter Submitter Contact Name

65	1000A	PER	03	Communication Number Qualifier	Please use 'TE'
65	1000A	PER	04	Communication Number	Please enter Submitter Contact Phone Number
65	1000A	PER	05	Communication Number Qualifier	Please use 'EM'
65	1000A	PER	06	Communication Number	Please enter Submitter Contact Email Address
Loop ID 1000B - Receiver Name					
68	1000B	NM1	01	Entity Identifier Code	Use '40'
68	1000B	NM1	02	Entity Type Qualifier	Use '2'
68	1000B	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'
68	1000B	NM1	08	Identification Code Qualifier	Use '46'
68	1000B	NM1	09	Identification Code	Please use ‘77045’
Loop ID 2000A - Billing/Pay-To Provider Hierarchical Level					
70	2000A	HL	01	Hierarchical ID Number	
70	2000A	HL	03	Hierarchical Level Code	Use '20'
70	2000A	HL	04	Hierarchical Child Code	Use '1'

Billing/Pay-To Provider Specialty Information					
71	2000A	PRV	01	Provider Code	Please use appropriate code If 'BI' is used than the taxonomy code will be applied to the Billing Provider in 2010AA If 'PT' is used, than the taxonomy code will be applied to the Pay-To Provider in 2010AB
72	2000A	PRV	02	Reference Identification Qualifier	Use 'ZZ'
72	2000A	PRV	03	Provider Taxonomy Code (Specialty Code)	Please enter Provider Taxonomy Code
Loop ID 2010AA - Billing Provider Name					
77	2010AA	NM1	01	Entity Identifier Code	Use '85'
77	2010AA	NM1	02	Entity Type Qualifier	Please use appropriate code
77	2010AA	NM1	03	Last Name or Organization Name	Please enter Billing Provider Last or Organization Name

77	2010AA	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX' For Atypical Providers who are not required to have an NPI please use one of the following qualifiers: 24 - Employer ID 34 - SSN
78	2010AA	NM1	09	Identification code	Please enter Billing Provider NPI if NM108 = 'XX' Please enter Employer Identification Number or Social Security Number of Billing Provider if NM108 = '24' or '34'
Billing Provider Address					
79	2010AA	N3	01	Address Information	Please enter Address of Billing Provider
79	2010AA	N3	02	Address Information	
Billing Provider City/State/Zip Code					
80	2010AA	N4	01	City Name	Please enter City Name of Billing Provider
81	2010AA	N4	02	State or Province Code	Please enter State of Billing Provider
81	2010AA	N4	03	Postal Code	Please enter Zip Code of Billing Provider

Billing Provider Secondary Identification					
83	2010AA	REF	01	Reference Identification Qualifier	Please use 'EI' or 'SY' if NM108 = 'XX' Please use '1D' if NM108 = '24' or '34'
84	2010AA	REF	02	Reference Identification	Please enter Employers Identification Number or Social Security Number of Billing Provider if REF01 = 'EI' or 'SY' Please enter 9 digit alphanumeric ProviderOne ID if REF01 = '1D'
Billing Provider Contact Information					
NOTE: Required if this information is different than that contained in the Loop 1000A - Submitter PER Segment. If different, please use the following guidelines					
88	2010AA	PER	01	Contact Function Code	Use 'IC'
88	2010AA	PER	02	Name	Please enter Billing Provider Contact Name
88	2010AA	PER	03	Communication Number Qualifier	Please use 'TE'
88	2010AA	PER	04	Communication Number	Please enter Billing Provider Contact Phone Number

89	2010AA	PER	05	Communication Number Qualifier	Please use 'EM'
89	2010AA	PER	06	Communication Number	Please enter Billing Provider Contact Email Address
Loop ID 2010AB - Pay-To Provider Name					
NOTE: Required if the Pay-to Provider is a different entity than the Billing Provider. If different, please use the following guidelines. If used, please use 'PT' in Loop 2000A, Data Element PRV01					
92	2010AB	NM1	01	Entity Identifier Code	Use '87'
92	2010AB	NM1	02	Entity Type Qualifier	Please use appropriate code
92	2010AB	NM1	03	Last Name or Organization Name	Please enter Pay-To Provider Last or Organization Name
92	2010AB	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX' For Atypical Providers who are not required to have an NPI please use one of the following qualifiers: 24 - Employer ID 34 - SSN

93	2010AB	NM1	09	Identification code	Please enter Pay-To Provider NPI if NM108 = 'XX' Please enter Employer Identification Number or Social Security Number of Pay-To Provider if NM108 = '24' or '34'
Pay-To Provider Address					
94	2010AB	N3	01	Address Information	Please enter Address of Pay-To Provider
94	2010AB	N3	02	Address Information	
Pay-To Provider City/State/Zip Code					
95	2010AB	N4	01	City Name	Please enter City Name of Pay-To Provider
95	2010AB	N4	02	State or Province Code	Please enter State of Pay-To Provider
95	2010AB	N4	03	Postal Code	Please enter Zip Code of Pay-To Provider

Pay-To Provider Secondary Identification					
97	2010AB	REF	01	Reference Identification Qualifier	Please use 'EI' or 'SY' if NM108 = 'XX' Please use '1D' if NM108 = '24' or '34'
98	2010AB	REF	02	Reference Identification	Please enter Employers Identification Number or Social Security Number of Billing Provider if REF01 = 'EI' or 'SY' Please enter 9 digit alphanumeric ProviderOne ID if REF01 = '1D'
Loop ID 2000B - Subscriber Hierarchical Level					
100	2000B	HL	01	Hierarchical ID Number	
100	2000B	HL	02	Hierarchical Parent ID Number	
100	2000B	HL	03	Hierarchical Level Code	Use '22'
100	2000B	HL	04	Hierarchical Child Code	Please use appropriate code

Subscriber Information					
102	2000B	SBR	01	Payer Responsibility sequence Number	Please use appropriate Code
103	2000B	SBR	02	Individual Relationship code	Use '18'
104	2000B	SBR	09	Claim Filing Indicator Code	Please use 'MC'
Loop ID 2010BA - Subscriber Name					
107	2010BA	NM1	01	Entity Identifier Code	Use 'IL'
107	2010BA	NM1	02	Entity Type Qualifier	Please use '1'
107	2010BA	NM1	03	Last Name or Organization Name	Please enter Last Name of Subscriber
107	2010BA	NM1	04	First Name	Please enter First Name of Subscriber
108	2010BA	NM1	08	Identification code qualifier	Please use 'MI'
108	2010BA	NM1	09	Identification code	Please enter 11 digit ProviderOne Client ID ProviderOne Client ID is 9 numeric digits followed by 'WA' Example is 123456789WA

Subscriber Address					
109	2010BA	N3	01	Address Information	Please enter Address of Subscriber
109	2010BA	N3	02	Address Information	
Subscriber City/State/Zip Code					
110	2010BA	N4	01	City Name	Please enter City Name of Subscriber
110	2010BA	N4	02	State or Province Code	Please enter State of Subscriber
110	2010BA	N4	03	Postal Code	Please enter Zip Code of Subscriber
Subscriber Demographic Information					
112	2010BA	DMG	01	Date Time Period Format Qualifier	Use 'D8'
113	2010BA	DMG	02	DOB	Please enter Subscriber Date of Birth
113	2010BA	DMG	03	Gender Code	Please enter Gender of Subscriber
Loop ID 2010BC - Payer Name					
124	2010BC	NM1	01	Entity Identifier Code	Use 'PR'
124	2010BC	NM1	02	Entity Type	Use '2'
124	2010BC	NM1	03	Last Name or Organization Name	Please use 'WA State DSHS'

124	2010BC	NM1	08	Identification Code Qualifier	Please use 'PI'
125	2010BC	NM1	09	Identification Code	Please use '77045'
Payer Address					
126	2010BC	N3	01	Address Information	Please use 'Claims Processing'
126	2010BC	N3	02	Address Information	Please use 'PO BOX 9248'
Payer City/State/Zip Code					
127	2010BC	N4	01	City Name	Please use 'Olympia'
128	2010BC	N4	02	State or Province Code	Please use 'WA'
128	2010BC	N4	03	Postal Code	Please use '98504'
Loop ID 2300 - Claim Information					
155	2300	CLM	01	Claim Submitter's Identifier	Please enter Patient Account Number
156	2300	CLM	02	Monetary Amount	Please enter Total Claim Charge Amount
156	2300	CLM	05-1	Facility Code Value	Please enter appropriate Type of Bill Code
156	2300	CLM	05-2	Facility Code Qualifier	Use 'A'

156	2300	CLM	05-3	Claim Frequency Type Code	Please enter appropriate UB-04 Claim Frequency Type Code
157	2300	CLM	06	Yes/No Condition or Response Code	Please use appropriate code
154	2300	CLM	07	Provider Accept Assignment Code	
157	2300	CLM	08	Yes/No Condition or Response Code	Please use appropriate code
158	2300	CLM	09	Release of Info code	Please use appropriate code
159	2300	CLM	18	Yes/No Condition or Response Code	Please use appropriate code
Discharge Hour					
NOTE: Please use the following guidelines if the Discharge Hour is necessary to adjudicate the claim					
160	2300	DTP	01	Date Time Qualifier	Use '96'
160	2300	DTP	02	Date Time Period Format Qualifier	Use 'TM'
161	2300	DTP	03	Discharge Hour	Please enter Discharge Hour Time Format in HHMM

Statement Dates					
162	2300	DTP	01	Date Time Qualifier	Use '434'
162	2300	DTP	02	Date Time Period Format Qualifier	Please use appropriate code
163	2300	DTP	03	Statement Date	Please enter Statement Date
Admission Date/Hour					
NOTE: Please use the following guidelines if the Admission Date/Hour is necessary to adjudicate the claim					
164	2300	DTP	01	Date Time Qualifier	Use '435'
164	2300	DTP	02	Date Time Period Format Qualifier	Use 'DT'
165	2300	DTP	03	Admission Date/Hour	Please enter Admission Date/Hour Date and Time Format in CCYYMMDDHHMM
Patient Paid Amount					
NOTE: Please use the following guidelines if the Patient Paid Amount is necessary to adjudicate the claim					
177	2300	AMT	01	Amount Qualifier Code	Use 'F5'

178	2300	AMT	02	Patient Paid Amount Monetary	Please enter Patient Paid Amount
Original Reference Number (ICN/DCN)					
NOTE: Required if Data Element CLM05-3 is a '7' or '8'. If applicable, please use the following guidelines					
186	2300	REF	01	Reference Identification Qualifier	Use 'F8'
187	2300	REF	02	Reference Identification	Please enter 21 digit Transaction Control Number (TCN) of claim
Prior Authorization or Referral Number					
NOTE: Please use the following guidelines if the Prior Authorization Number is necessary to adjudicate the claim					
193	2300	REF	01	Reference Identification Qualifier	Please use 'G1'
194	2300	REF	02	Reference Identification	Please enter Prior Authorization Number
Claim Note					
NOTE: Please use the following guidelines if Claim Notes is necessary to adjudicate the claim					

201	2300	NTE	01	Note reference code	Please use appropriate code
202	2300	NTE	02	Description	Please enter claim notes. This field is 80 bytes in length
Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information					
NOTE: Please use the following guidelines if the diagnosis code(s) is necessary to adjudicate the claim					
235	2300	HI	01-1	Code List Qualifier Code	Use 'BK'
235	2300	HI	01-2	Industry Code	Please enter Principal Diagnosis Code
235	2300	HI	02-1	Code List Qualifier Code	Use 'BJ'
235	2300	HI	02-2	Industry Code	Please enter Admitting Diagnosis Code
236	2300	HI	03-1	Code List Qualifier Code	Use 'BN'
236	2300	HI	03-2	Industry Code	Please enter External Cause and Injury Code (E-Code)
Diagnosis Related Group (DRG) Information					
NOTE: Please use the following guidelines if the Drug Related Group Code (DRG) Code is necessary to adjudicate the claim					
237	2300	HI	01-1	Code List Qualifier Code	Use 'DR'

237	2300	HI	01-2	Industry Code	Please enter DRG Code
Other Diagnosis Information					
NOTE: Please use the following guidelines if additional diagnosis codes need to be reported Repeat as necessary					
239	2300	HI	01-1	Code List Qualifier Code	Use 'BF'
240	2300	HI	01-2	Industry Code	Please enter Diagnosis Code
REPEAT THRU HI12 SEGMENTS					
Principle Procedure Information					
NOTE: Please use the following guidelines if the Procedure Code is necessary to adjudicate the claim					

249	2300	HI	01-1	Code List Qualifier Code	Please use appropriate code
250	2300	HI	01-2	Industry Code	Please enter Principal Procedure Code
250	2300	HI	01-3	Date Time Period Format Qualifier	Use 'D8' if HI01-1 = BR
250	2300	HI	01-4	Date Time Period	
Other Procedure Information					
NOTE: Please use the following guidelines if other Procedure Codes are necessary to adjudicate the claim Repeat as necessary					
251	2300	HI	01-1	Code List Qualifier Code	Please use appropriate code
252	2300	HI	01-2	Industry Code	Please enter Procedure Code
252	2300	HI	01-3	Date Time Period Format Qualifier	Use 'D8'
252	2300	HI	01-4	Date Time Period	
REPEAT THRU HI12 SEGMENTS					

Occurrence Span Information					
NOTE: Please use the following guidelines if the Occurrence Span Information is necessary to adjudicate the claim Repeat as necessary					
263	2300	HI	01-1	Code List Qualifier Code	Use 'BI'
264	2300	HI	01-2	Industry Code	Please enter Occurrence Span Code
264	2300	HI	01-3	Date Time Period Format Qualifier	Use 'RD8'
264	2300	HI	01-4	Date Time Period	Please enter Occurrence Span Date Date Format in CCYYMMDD – CCYYMMDD
REPEAT THRU HI12 SEGMENTS					
Occurrence Information					
NOTE: Please use the following guidelines if the Occurrence Information is necessary to adjudicate the claim Repeat as necessary					
274	2300	HI	01-1	Code List Qualifier Code	Use 'BH'
275	2300	HI	01-2	Industry Code	Please enter Occurrence Code

275	2300	HI	01-3	Date Time Period Format Qualifier	Use 'D8'
275	2300	HI	01-4	Date Time Period	Please enter Occurrence Date
REPEAT THRU HI12 SEGMENTS					
Value Information					
NOTE: Please use the following guidelines if the Value Code Information is necessary to adjudicate the claim Repeat as necessary					
287	2300	HI	01-1	Code List Qualifier Code	Use 'BE'
288	2300	HI	01-2	Industry Code	Please enter Value Code
288	2300	HI	01-5	Monetary Amount	Please enter Value Code Associated Amount
REPEAT THRU HI12 SEGMENTS					
Condition Information					
NOTE: Please use the following guidelines if the Condition Code Information is necessary to adjudicate the claim Repeat as necessary					
297	2300	HI	01-1	Code List Qualifier Code	Use 'BG'
298	2300	HI	01-2	Industry Code	Please enter Condition Code
REPEAT THRU HI12 SEGMENTS					

Claim Quantity					
313	2300	QTY	01	Quantity Qualifier	Please use 'CA'
314	2300	QTY	02	Claim Days Count Quantity	Please enter Claims Day Count
314	2300	QTY	03-1	Unit or Basis for Measurement Code	Use 'DA'
Loop ID 2310A – Attending Physician Name					
NOTE: Please use the following guidelines if the Attending Provider information is necessary to adjudicate the claim					
329	2310A	NM1	01	Entity Identifier Code	Use '71'
329	2310A	NM1	02	Entity Type Qualifier	Please use appropriate code
329	2310A	NM1	03	Last Name or Organization Name	Please enter Attending Provider Last or Organization Name
329	2310A	NM1	04	First Name	Required if NM102 = 1
330	2310A	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'
330	2310A	NM1	09	Identification code	Please enter Attending Provider NPI

Attending Physician Specialty Information					
331	2310A	PRV	01	Provider Code	Please use 'AT'
332	2310A	PRV	02	Reference Identification Qualifier	Use 'ZZ'
332	2310A	PRV	03	Provider Taxonomy Code (Specialty Code)	Please enter Attending Provider Taxonomy Code
Attending Physician Secondary Information					
333	2310A	REF	01	Reference Identification Qualifier	For Atypical providers who are not required to have an NPI please use '1D'
334	2310A	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID
Loop ID 2310B - Operating Physician Name					
NOTE: Please use the following guidelines if the Operating Provider information is necessary to adjudicate the claim					
336	2310B	NM1	01	Entity Identifier Code	Use '72'
336	2310B	NM1	02	Entity Type Qualifier	Use ‘1’
336	2310B	NM1	03	Last Name or Organization Name	Please enter Operating Provider Last Name

336	2310B	NM1	04	First Name	Please enter Operating Provider First Name
337	2310B	NM1	08	Identification Code Qualifier	For Healthcare Providers please use 'XX'
337	2310B	NM1	09	Identification Code	Please enter Operating Provider NPI
Operating Physician Secondary Information					
338	2310B	REF	01	Reference Identification Qualifier	For Atypical providers who are not required to have an NPI please use '1D'
339	2310B	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID
Loop ID 2310C - Other Provider Name					
NOTE: Please use the following guidelines if the Other Provider information is necessary to adjudicate the claim					
341	2310C	NM1	01	Entity Identifier Code	Use '73'
341	2310C	NM1	02	Entity Type Qualifier	Please use appropriate code
341	2310C	NM1	03	Last Name or Organization Name	Please enter Other Provider Last or Organization Name
341	2310C	NM1	04	First Name	Required if NM102 = 1

342	2310C	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'
342	2310C	NM1	09	Identification code	Please enter Other Provider NPI
Other Provider Secondary Information					
343	2310C	REF	01	Reference Identification Qualifier	For Atypical providers who are not required to have an NPI please use '1D'
344	2310C	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID
Loop ID 2320 - Other Subscriber Information					
NOTE: Please use the following guidelines if Other Subscriber Information is necessary to adjudicate the claim					
354	2320	SBR	01	Payer Responsibility sequence Number	Please use appropriate code
355	2320	SBR	02	Individual Relationship code	Please use '18'
357	2320	SBR	03	Group or Policy number Reference Identification	Please enter Subscriber Group or Policy Number Required if the subscriber's other payer identification includes Group or Policy Number

357	2320	SBR	04	Name	Please enter Subscriber Group or Plan Name Required if the subscriber's other payer identification includes Group or Plan Name
357	2320	SBR	09	Claim Filing Indicator Code	Use 'MA' when submitting Institutional Medicare Crossover Claims otherwise use 'MC'
Payer Prior Payment					
365	2320	AMT	01	Amount Qualifier Code	Use 'C4'
365	2320	AMT	02	Payer Prior Payment Monetary Amount	Please enter Amount Paid by Other Payer
Coordination of Benefits (COB) Total Allowed Amount					
366	2320	AMT	01	Amount Qualifier Code	Use 'B6'
366	2320	AMT	02	Coordination of Benefits (COB) Total Allowed Amt Monetary Amount	Please enter Allowed Amount by Medicare or Other Payer
Coordination of Benefits (COB) Total Submitted Charges					
367	2320	AMT	01	Amount Qualifier Code	Use 'T3'

367	2320	AMT	02	Coordination of Benefits (COB) Total Submitted Charges Monetary Amount	Please enter Total Submitted Charges by Medicare or Other Payer
Coordination of Benefits (COB) Total Medicare Paid Amount					
370	2320	AMT	01	Amount Qualifier Code	Use 'N1'
371	2320	AMT	02	Coordination of Benefits (COB) Medicare Paid Amt Monetary Amount	Please enter Amount Paid by Medicare
Other Subscriber Demographic Information					
382	2320	DMG	01	Date Time Period Format Qualifier	Use 'D8'
383	2320	DMG	02	DOB Date Time Period	Please enter Subscriber's Date of Birth
383	2320	DMG	03	Gender Code	Please enter Gender of Subscriber
Other Insurance Coverage Information					
384	2320	OI	03	Yes/No Condition or Response Code	Please use appropriate code
385	2320	OI	06	Release of Information Code	Please use appropriate code
Loop ID 2330A - Other Subscriber Name					
395	2330A	NM1	01	Entity Identifier Code	Use 'IL'

395	2330A	NM1	02	Entity Type Qualifier	Please use '1'
395	2330A	NM1	03	Last Name or Organization Name	Please enter Subscriber Last Name
395	2330A	NM1	04	First Name	Please enter Subscriber First Name
396	2330A	NM1	08	Identification code qualifier	Please use 'MI'
397	2330A	NM1	09	Identification code	Please enter Subscriber Primary Identifier
Other Subscriber Address					
398	2330A	N3	01	Address Information	Please enter Subscriber Address
399	2330A	N3	02	Address Information	
Other Subscriber City/State/Zip Code					
400	2330A	N4	01	City Name	Please enter City Name of Subscriber
401	2330A	N4	02	State or Province Code	Please enter State of Subscriber
401	2330A	N4	03	Postal Code	Please enter Zip Code of Subscriber
Loop ID 2330B - Other Payer Name					
404	2330B			Other Payer Name	Do not indicate “Medicaid” here. Only report information on other payers if known

404	2330B	NM1	01	Entity Identifier Code	Use 'PR'
405	2330B	NM1	02	Entity Type Qualifier	Use '2'
405	2330B	NM1	03	Last Name or Organization Name	Please enter Medicare or Other Payer Organization Name
405	2330B	NM1	08	Identification code qualifier	Please use 'PI'
405	2330B	NM1	09	Identification code	Please enter Medicare or Other Payer Primary Identifier
Claim Adjudication Date					
409	2330B	DTP	01	Date/Time Qualifier	Use '573'
409	2330B	DTP	02	Date Time Period Format Qualifier	Use 'D8'
409	2330B	DTP	03	Date Time Period	Please enter Claim Paid Date by Medicare or Other Payer
Other Payer Secondary Identification & Reference Number					
410	2330B	REF	01	Reference Identification Qualifier	Please use 'F8'
411	2330B	REF	02	Reference Identification	Please enter the Medicare or Other Payer claim number

Loop ID 2400 - Service Line Number					
434	2400	LX	01	Line Counter	
Institutional Service Line					
436	2400	SV2	01	Product/Service ID	Please enter service line Revenue Code
436	2400	SV2	02	Service Line Procedure Code	Please use the following guidelines if the service line Procedure Code is necessary to adjudicate the claim
436	2400	SV2	02-1	Product/Service ID Qualifier	Please use 'HC'
437	2400	SV2	02-2	Product/Service ID	Please enter service line Procedure Code
437	2400	SV2	02-3	Procedure Modifier	If applicable, please enter as many Procedure Modifiers as necessary
438	2400	SV2	02-4	Procedure Modifier	
438	2400	SV2	02-5	Procedure Modifier	
438	2400	SV2	02-6	Procedure Modifier	
438	2400	SV2	03	Monetary Amount	Please enter Line Item Charge Amount
439	2400	SV2	04	Unit or Basis for Measurement Code	Please use 'UN'
439	2400	SV2	05	Quantity	Please enter Service Unit Count Do not use decimals

439	2400	SV2	06	Unit Rate	This data element is required when the associated revenue code is 100 – 219
Service Line Date					
NOTE: Please use the following guidelines if the Service Line Date involves a date that is different than the Statement Date reported at the claim level in Loop 2300					
445	2400	DTP	01	Date Time Qualifier	Use '472'
445	2400	DTP	02	Date Time Period Format Qualifier	Please use appropriate code
445	2400	DTP	03	Service Line Date Time Period	Please enter Service Line Date
Loop ID 2410 - Drug Identification					
NOTE: Please use the following guidelines if the NDC information is necessary to adjudicate the claim					
459	2410	LIN	02	Product/Service ID Qualifier	Use 'N4'
459	2410	LIN	03	Product/Service ID	National Drug Code (NDC) in 5-4-2 format
Drug Pricing Information					
NOTE: Please use the following guidelines if additional NDC information is necessary to adjudicate the claim					

461	2410	CTP	03	Drug Unit Price	Please enter Drug Unit Price
461	2410	CTP	04	Quantity	Please enter Quantity
461	2410	CTP	05-1	Unit or Basis for Measurement Code	Please use appropriate code
Loop ID 2420A – Attending Physician Name					
NOTE: Required if the Attending Provider information is different than that carried in the 2310A claim loop. If different, please use the following guidelines					
465	2420A	NM1	01	Entity Identifier Code	Use '71'
465	2420A	NM1	02	Entity Type Qualifier	Please use appropriate code
465	2420A	NM1	03	Last Name or Organization Name	Please enter Attending Provider Last or Organizational Name
465	2420A	NM1	04	First Name	Required if NM102=1
465	2420A	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'
466	2420A	NM1	09	Identification code	Please enter Attending Provider NPI

Attending Physician Secondary Information					
467	2420A	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'
468	2420A	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID
Loop ID 2420B - Operating Physician Name					
NOTE: Required if the Operating Provider information is different than that carried in the 2310B claim loop. If different, please use the following guidelines					
470	2420B	NM1	01	Entity Identifier Code	Use '72'
470	2420B	NM1	02	Entity Type Qualifier	Use '1'
470	2420B	NM1	03	Last Name or Organization Name	Please enter Last Name of Operating Provider
470	2420B	NM1	04	First Name	Please enter First Name of Operating Provider
470	2420B	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'

471	2420B	NM1	09	Identification code	Please enter NPI of Operating Provider
Operating Physician Secondary Information					
472	2420B	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'
473	2420B	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID
Loop ID 2420C - Other Provider Name					
NOTE: Required if the Other Provider information is different than that carried in the 2310C claim loop. If different, please use the following guidelines					
475	2420C	NM1	01	Entity Identifier Code	Use '73'
475	2420C	NM1	02	Entity Type Qualifier	Please use appropriate code
475	2420C	NM1	03	Last Name or Organization Name	Please enter Other Provider Last or Organizational Name
475	2420C	NM1	04	First Name	Required if NM102=1
476	2420C	NM1	08	Identification code qualifier	For Healthcare Providers please use 'XX'
476	2420C	NM1	09	Identification code	Please enter Other Provider NPI

Other Provider Secondary Information					
477	2420C	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'
478	2420C	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID
Loop ID 2430 – Service Adjudication Date					
NOTE: Please use the following guidelines if the Service Line Adjudication Date is different than the Claim Adjudication Date carried in the 2330B claim loop					
491	2430	DTP	01	Date/Time Qualifier	Use '573'
491	2430	DTP	02	Dat Time Period Format Qualifier	Use 'D8'
491	2430	DTP	03	Date Time Period	Please enter Service Line Adjudication Date
TRANSACTION SET TRAILER					
492	Trailer	SE	01	Number of Included Segments	The total number of segments in the transaction set inclusive to the ST-SE segments
492	Trailer	SE	02	Transaction Set Control Number	Must be identical to ST02

FUNCTIONAL GROUP TRAILER					
App.B	Trailer	GE	01	Number of Transaction Sets Included	
App.B	Trailer	GE	02	Group Control Number	Must be identical to GS06
INTERCHANGE CONTROL TRAILER					
App.B	Trailer	IEA	01	Number of Included Functional Groups	
App.B	Trailer	IEA	02	Interchange Control Number	Must be identical to ISA13

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Page	Loop	Segment	Data Element	Element Name	Comments
INTERCHANGE CONTROL HEADER					
App.B	ENVELOPE	ISA	01	Authorization Information Qualifier	Please use '00'
App.B	ENVELOPE	ISA	02	Authorization Information	Please use 10 spaces
App.B	ENVELOPE	ISA	03	Security Information Qualifier	Please use '00'
App.B	ENVELOPE	ISA	04	Security Information	Please use 10 spaces
App.B	ENVELOPE	ISA	05	Interchange ID Qualifier	Please use 'ZZ'
App.B	ENVELOPE	ISA	06	Interchange Sender ID	Please use the 9-digit ProviderOne ID
App.B	ENVELOPE	ISA	07	Interchange ID Qualifier	Please use 'ZZ'
App.B	ENVELOPE	ISA	08	Interchange Receiver ID	Please enter '77045' followed by spaces
App.B	ENVELOPE	ISA	09	Interchange Date	Date format is YYMMDD
App.B	ENVELOPE	ISA	10	Interchange Time	Time format is HHMM
App.B	ENVELOPE	ISA	11	Interchange Control Standards Identifier	Use 'U'
App.B	ENVELOPE	ISA	12	Interchange Control Version Number	Use '00401'

Page	Loop	Segment	Data Element	Element Name	Comments
App.B	ENVELOPE	ISA	13	Interchange Control Number	Must be identical to IEA02
App.B	ENVELOPE	ISA	14	Acknowledgment Requested	Please use '1'
App.B	ENVELOPE	ISA	15	Usage Indicator	Please use 'T' when submitting a Test File Please use 'P' when submitting a Production File
App.B	ENVELOPE	ISA	16	Component Element Separator	Please use ':'
FUNCTIONAL GROUP HEADER					
App.B	ENVELOP	GS	01	Functional Identifier Code	Use 'HC'
App.B	ENVELOP	GS	02	Application Sender's Code	Please use the 9-digit ProviderOne ID. This should be same as ISA06 and Loop 1000A, Data Element NM109
App.B	ENVELOP	GS	03	Application Receiver's Code	Please use '77045'
App.B	ENVELOP	GS	04	Date	Date format is CCYYMMDD
App.B	ENVELOP	GS	05	Time	Time format is HHMM
App.B	ENVELOP	GS	06	Group Control Number	Must be identical to GE02

Page	Loop	Segment	Data Element	Element Name	Comments
App.B	ENVELOP	GS	07	Responsible Agency Code	Use 'X'
App.B	ENVELOP	GS	08	Version / Release / Industry Identifier Code	Use '004010X097A1'
TRANSACTION SET HEADER					
53	HEADER	ST	01	Transaction set identifier Code	Please use '837'
53	HEADER	ST	02	Transaction set control number	Must be identical to SE02
Beginning of Hierarchical Transaction					
54	HEADER	BHT	01	Hierarchical Structure Code	Use '0019'
55	HEADER	BHT	02	Transaction Set Purpose Code	Please use '00'
55	HEADER	BHT	03	Reference Identification	
55	HEADER	BHT	04	Date	Date Format is CCYYMMDD
56	HEADER	BHT	05	Time	Time Format is HHMM
56	HEADER	BHT	06	Transaction Type Code	Please use ‘CH’

Transmission Type Identification					
57	HEADER	REF	01	Reference Identification Qualifier	Use '87'
57	HEADER	REF	02	Reference Identification	Please use '004010X097DA1' when submitting Test File Please use '004010X097A1' when submitting Production File
Loop ID 1000A - Submitter Name					
60	1000A	NM1	01	Entity Identifier Code	Use '41'
60	1000A	NM1	02	Entity Type Qualifier	Please use appropriate Code
60	1000A	NM1	03	Last Name or Organization Name	Please enter Submitters Last or Organization Name
60	1000A	NM1	04	Name First	Required if NM102 = 1
60	1000A	NM1	08	Identification Code Qualifier	Use '46'
61	1000A	NM1	09	Identification Code	Please use the 9-digit ProviderOne ID. This should be same as ISA06 and GS02

Submitter Contact Information					
63	1000A	PER	01	Contact Function Code	Use 'IC'
63	1000A	PER	02	Name	Please enter Submitter Contact Name
63	1000A	PER	03	Communication Number Qualifier	Please use 'TE'
63	1000A	PER	04	Communication Number	Please enter Submitter Contact Phone Number
64	1000A	PER	05	Communication Number Qualifier	Please use 'EM'
64	1000A	PER	06	Communication Number	Please enter Submitter Contact Email Address
Loop ID - 1000B Receiver Name					
66	1000B	NM1	01	Entity Identifier Code	Use '40'
66	1000B	NM1	02	Entity Type Qualifier	Use '2'
66	1000B	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'
66	1000B	NM1	08	Identification Code Qualifier	Use '46'
66	1000B	NM1	09	Identification Code	Please use ‘77045’

Loop ID 2000A - Billing/Pay-To Provider Hierarchical Level					
68	2000A	HL	01	Hierarchical ID Number	
68	2000A	HL	03	Hierarchical Level Code	Use '20'
68	2000A	HL	04	Hierarchical Child Code	Use '1'
Billing/Pay-To Provider Specialty Information					
69	2000A	PRV	01	Provider Code	Please use appropriate code If 'BI' is used than the taxonomy code will be applied to the Billing Provider in 2010AA If 'PT' is used, than the taxonomy code will be applied to the Pay-To Provider in 2010AB
70	2000A	PRV	02	Reference Identification Qualifier	Use 'ZZ'
70	2000A	PRV	03	Reference Identification	Please enter Provider Taxonomy Code
Loop ID 2010AA - Billing Provider Name					
75	2010AA	NM1	01	Entity Identifier Code	Use '85'

75	2010AA	NM1	02	Entity Type Qualifier	Please use appropriate code
75	2010AA	NM1	03	Last Name or Organization Name	Please enter Billing Provider Last or Organizational Name
75	2010AA	NM1	04	First Name	Required if NM102 = 1
76	2010AA	NM1	08	Identification Code qualifier	For Healthcare Providers please use 'XX' For Atypical Providers who are not required to have an NPI please use one of the following qualifiers: 24 - Employer ID 34 - SSN
76	2010AA	NM1	09	Identification Code	Please enter Billing Provider NPI if NM108 = 'XX' Please enter Employer Identification Number or Social Security Number of Billing Provider if NM108 = '24' or '34'
Billing Provider Address					
77	2010AA	N3	01	Address Information	Please enter Address of Billing Provider
77	2010AA	N3	02	Address Information	

Billing Provider City/State/Zip Code					
78	2010AA	N4	01	City Name	Please enter City Name of Billing Provider
79	2010AA	N4	02	State or Province Code	Please enter State of Billing Provider
79	2010AA	N4	03	Postal Code	Please enter Zip Code of Billing Provider
Billing Provider Secondary Identification Number					
81	2010AA	REF	01	Reference Identification Qualifier	Please use 'EI' or 'SY' if NM108 = 'XX' Please use '1D' if NM108 = '24' or '34'
81	2010AA	REF	02	Reference Identification	Please enter Employers Identification Number or Social Security Number of Billing Provider if REF01 = 'EI' or 'SY' Please enter 9 digit alphanumeric ProviderOne ID if REF01 = '1D'

Loop ID 2010AB - Pay-To Provider's Name					
NOTE: Required if the Pay-to Provider is a different entity than the Billing Provider. If different, please use the following guidelines. If used, please use 'PT' in Loop 2000A, Data Element PRV01					
85	2010AB	NM1	01	Entity Identifier Code	Use '87'
85	2010AB	NM1	02	Entity Type Qualifier	Please use appropriate code
85	2010AB	NM1	03	Last Name or Organization Name	Please enter Pay-To Provider Last or Organizational Name
85	2010AB	NM1	04	First Name	Required if NM102 = 1
86	2010AB	NM1	08	Identification Code qualifier	For Healthcare Providers please use 'XX' For Atypical Providers who are not required to have an NPI please use one of the following qualifiers: 24 - Employer ID 34 - SSN

86	2010AB	NM1	09	Identification Code	Please enter Pay-To Provider NPI if NM108 = 'XX' Please enter Employer Identification Number or Social Security Number of Pay-To Provider if NM108 = '24' or '34'
Pay-To Provider Address					
87	2010AB	N3	01	Address Information	Please enter Address of Pay-To Provider
87	2010AB	N3	02	Address Information	
Pay-To Provider City/State/Zip Code					
88	2010AB	N4	01	City Name	Please enter City Name of Pay-To Provider
89	2010AB	N4	02	State or Province Code	Please enter State of Pay-To Provider
89	2010AB	N4	03	Postal Code	Please enter Zip Code of Pay-To Provider
Pay-To Provider Secondary Identification Number					
91	2010AB	REF	01	Reference Identification Qualifier	Please use 'EI' or 'SY' if NM108 = 'XX' Please use '1D' if NM108 = '24' or '34'

91	2010AB	REF	02	Reference Identification	Please enter Employers Identification Number or Social Security Number of Billing Provider if REF01 = 'EI' or 'SY' Please enter 9 digit alphanumeric ProviderOne ID if REF01 = '1D'
Loop ID 2000B - Subscriber Hierarchical Level					
93	2000B	HL	01	Hierarchical ID Number	
93	2000B	HL	02	Hierarchical Parent ID Number	
93	2000B	HL	03	Hierarchical Level Code	Use '22'
93	2000B	HL	04	Hierarchical Child Code	Please use appropriate code
Subscriber Information					
95	2000B	SBR	01	Payer Responsibility sequence Number	Please use appropriate Code

96	2000B	SBR	02	Individual Relationship Code	Use '18'
96	2000B	SBR	06	Coordination of Benefits Code	Please use appropriate Code
97	2000B	SBR	09	Claim Filing Indicator Code	Please use 'MC'
Loop ID 2010BA - Subscriber Name					
100	2010BA	NM1	01	Entity Identifier Code	Use 'IL'
100	2010BA	NM1	02	Entity Type Qualifier	Please use '1'
100	2010BA	NM1	03	Last Name or Organization Name	Please enter Last Name of Subscriber
100	2010BA	NM1	04	First Name	Please enter First Name of Subscriber
101	2010BA	NM1	08	Identification Code qualifier	Please use 'MI'
102	2010BA	NM1	09	Identification Code	Please enter 11 digit ProviderOne Client ID ProviderOne Client ID is 9 numeric digits followed by 'WA' Example is 123456789WA

Subscriber Address					
103	2010BA	N3	01	Address Information	Please enter Address of Subscriber
103	2010BA	N3	02	Address Information	
Subscriber City/State/Zip Code					
104	2010BA	N4	01	City Name	Please enter City Name of Subscriber
105	2010BA	N4	02	State or Province Code	Please enter State of Subscriber
105	2010BA	N4	03	Postal Code	Please enter Zip Code of Subscriber
Subscriber Demographic Information					
106	2010BA	DMG	01	Date Time Period Format Qualifier	Use 'D8'
107	2010BA	DMG	02	DOB Date Time Period	Please enter Subscriber Date of Birth
107	2010BA	DMG	03	Gender Code	Please enter Gender of Subscriber
Loop ID 2010BB - Payer Name					
113	2010BB	NM1	01	Entity Identifier Code	Use 'PR'
113	2010BB	NM1	02	Entity Type Qualifier	Use '2'

113	2010BB	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'
113	2010BB	NM1	08	Identification Code qualifier	Please use 'PI'
113	2010BB	NM1	09	Identification Code	Please use '77045'
Payer Address					
115	2010BB	N3	01	Address Information	Please use 'Claims Processing'
115	2010BB	N3	02	Address Information	Please use 'PO BOX 9248'
Payer City/State/Zip Code					
116	2010BB	N4	01	City Name	Please use 'Olympia'
117	2010BB	N4	02	State or Province Code	Please use 'WA'
117	2010BB	N4	03	Postal Code	Please use '98504'
Loop ID 2300 - Claim Information					
142	2300	CLM	01	Claim Submitter's Identifier	Please enter Patient Account Number
143	2300	CLM	02	Total Claim Charge Amount Monetary Amount	Please enter Total Claim Charge Amount
144	2300	CLM	05-1	Facility Code Value	Please enter Place of Service Code from Code Source 237

144	2300	CLM	05-3	Claim Frequency Type Code	Please enter appropriate Claim Frequency Type Code below: 1 - Original 7 - Replacement/Adjustment 8 - Void
144	2300	CLM	06	Yes/No Condition or Response Code	Please use appropriate Code
145	2300	CLM	08	Yes/No Condition or Response Code	Please use appropriate Code
145	2300	CLM	09	Release of Info Code	Please use appropriate Code
Date - Appliance Placement					
NOTE: Please use the following guidelines if the Appliance Placement Date is necessary to adjudicate the claim					
155	2300	DTP	01	Date/Time Qualifier	Use '452'
155	2300	DTP	02	Date Time Period Format Qualifier	Use 'D8'
155	2300	DTP	03	Date Time Period	Please enter Appliance Placement Date
Service Date					
157	2300	DTP	01	Date Time Qualifier	Use '472'

157	2300	DTP	02	Date Time Period Format Qualifier	Please use appropriate code
158	2300	DTP	03	Service Date	Please enter Service Date

Patient Amount Paid

NOTE:

Please use the following guidelines if the Patient Paid Amount is necessary to adjudicate the claim

166	2300	AMT	01	Amount Qualifier Code	Use 'F5'
166	2300	AMT	02	Patient Paid Amount Monetary Amount	Please enter Patient Amount Paid

Original Reference Number

NOTE:

Required if CLM05-3 is a '7' or '8'. If applicable use the following guidelines

173	2300	REF	01	Reference Identification Qualifier	Use 'F8'
173	2300	REF	02	Reference Identification	Please enter 21 digit Transaction Control Number (TCN) of claim

Prior Authorization or Referral Number

NOTE:

Please use the following guidelines if the Prior Authorization Number is necessary to adjudicate the claim

175	2300	REF	01	Reference Identification Qualifier	Please use 'G1'
175	2300	REF	02	Reference Identification	Please enter Prior Authorization number

Claim Note

NOTE:

Please use the following guidelines if Claim Notes are necessary to adjudicate the claim

179	2300	NTE	01	Note Reference Code	Please use appropriate code
179	2300	NTE	02	Description	Please enter claim notes. This field is 80 bytes in length.

Loop ID 2310A - Referring Provider Name

NOTE:

Please use the following guidelines if the Referring Provider Number is necessary to adjudicate the claim

181	2310A	NM1	01	Entity Identifier Code	Please use 'DN'
181	2310A	NM1	02	Entity Type Qualifier	Please use appropriate Code
181	2310A	NM1	03	Last Name or Organization Name	Please enter Referring Provider Last or Organization Name
181	2310A	NM1	04	First Name	Required if NM102 = 1

182	2310A	NM1	08	Identification Code qualifier	For Healthcare Providers please use 'XX'
182	2310A	NM1	09	Identification Code	Please enter Referring Provider NPI
Referring Provider Secondary Identification					
185	2310A	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'
185	2310A	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID
Loop ID 2310B - Rendering Provider Name					
NOTE: Please use the following guidelines if the Rendering Provider information is necessary to adjudicate the claim					
188	2310B	NM1	01	Entity Identifier Code	Use '82'
188	2310B	NM1	02	Entity Type Qualifier	Please use appropriate code

188	2310B	NM1	03	Last Name or Organization Name	Please enter Rendering Provider Last or Organizational Name
188	2310B	NM1	04	First Name	Required if NM102=1
189	2310B	NM1	08	Identification Code qualifier	For Healthcare Providers please use 'XX'
189	2310B	NM1	09	Identification Code	Please enter Rendering Provider NPI
Rendering Provider Specialty Information					
190	2310B	PRV	01	Provider Code	Use 'PE'
191	2310B	PRV	02	Reference Identification Qualifier	Use 'ZZ'
191	2310B	PRV	03	Reference Identification	Please enter Rendering Provider Taxonomy Code
Rendering Provider Secondary Identification					
192	2310B	REF	01	Reference Identification Qualifier	For Atypical Providers who are not required to have an NPI please use '1D'

193	2310B	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID

Loop ID 2320 - Other Subscriber Information

NOTE:

Please use the following guidelines if Other Subscriber Information is necessary to adjudicate the claim

207	2320	SBR	01	Payer Responsibility sequence Number	Please use appropriate code
207	2320	SBR	02	Individual Relationship Code	Please use '18'
207	2320	SBR	03	Group or Policy number Reference Identification	Please enter Subscriber Group or Policy Number Required if the subscriber's other payer identification includes Group or Policy Number
208	2320	SBR	04	Group or Plan Name	Please enter Subscriber Insured Group or Plan Name Required if the subscriber's other payer identification includes Group or Plan Name
208	2320	SBR	09	Claim filing indicator Code	Please use 'MC'

Coordination of Benefits (COB) Payer Paid Amount					
217	2320	AMT	01	Amount Qualifier Code	Use 'D'
217	2320	AMT	02	Monetary Amount	Please enter Amount Paid by Other Payer
Coordination of Benefits (COB) Approved Amount					
218	2320	AMT	01	Amount Qualifier Code	Use 'AAE'
218	2320	AMT	02	Approved Monetary Amount	Please enter Approved Amount by Other Payer
Coordination of Benefits (COB) Allowed Amount					
219	2320	AMT	01	Amount Qualifier Code	Use 'B6'
219	2320	AMT	02	Allowed Monetary Amount	Please enter Allowed Amount by Other Payer

Coordination of Benefits (COB) Patient Paid Amount					
223	2320	AMT	01	Amount Qualifier Code	Use 'F5'
223	2320	AMT	02	Patient Paid Monetary Amount	Please enter Other Payer Patient Paid Amount
Other Insured Demographic Information					
224	2320	DMG	01	Date Time Period Format Qualifier	Use 'D8'
225	2320	DMG	02	DOB Date Time Period	Please enter Subscriber's Date of Birth
225	2320	DMG	03	Gender Code	Please enter Gender of Subscriber
Other Insurance Coverage Information					
226	2320	OI	03	Yes/No Condition or Response Code	Please use appropriate code
227	2320	OI	06	Release of Info Code	Please use appropriate code
Loop ID 2330A - Other Subscriber Name					
229	2330A	NM1	01	Entity Identifier Code	Use 'IL'
229	2330A	NM1	02	Payer Responsibility Sequence Number Code	Please use '1'

229	2330A	NM1	03	Last Name or Organization Name	Please enter Subscriber Last Name
229	2330A	NM1	04	First Name	Please enter Subscriber First Name
230	2330A	NM1	08	Identification Code Qualifier	Please use 'MI'
230	2330A	NM1	09	Identification Code	Please enter Subscriber Primary Identifier
Other Subscriber Address					
231	2330A	N3	01	Address Information	Please enter Subscriber Address
231	2330A	N3	02	Address Information	
Other Subscriber City/State/Zip Code					
232	2330A	N4	01	City Name	Please enter City Name of Subscriber
233	2330A	N4	02	State or Province Code	Please enter State of Subscriber
233	2330A	N4	03	Postal Code	Please enter Zip Code of Subscriber
Loop ID 2330B - Other Payer Name					
NOTE: Do not indicate “Medicaid” here. Only report information on other payers if known					
236	2330B	NM1	01	Entity Identifier Code	Use 'PR'

236	2330B	NM1	02	Entity Type Qualifier	Use '2'
237	2330B	NM1	03	Last Name or Organization Name	Please enter Other Payer Organization Name
237	2330B	NM1	08	Identification Code qualifier	Please use 'PI'
237	2330B	NM1	09	Identification Code	Please enter Other Payer Primary Identifier
Claim Paid Date					
241	2330B	DTP	01	Date/Time Qualifier	Use '573'
241	2330B	DTP	02	Date Time Period Format Qualifier	Use 'D8'
241	2330B	DTP	03	Date Time Period	Please enter Claim Date Paid by Other Payer
Other Payer Secondary Identification					
242	2330B	REF	01	Reference Identification Qualifier	Please use 'F8'
242	2330B	REF	02	Reference Identification	Please enter the Other Payer claim number
Loop ID 2400 - Line Counter					
260	2400	LX	01	Assigned Number	

Dental Service					
261	2400	SV3	01-1	Product/Service ID Qualifier	Use 'AD'
262	2400	SV3	01-2	Product/Service ID	Please enter Procedure Code
262	2400	SV3	01-3	Procedure Modifier	If applicable, please enter as many Procedure Code Modifiers as necessary
262	2400	SV3	01-4	Procedure Modifier	
262	2400	SV3	01-5	Procedure Modifier	
263	2400	SV3	01-6	Procedure Modifier	
263	2400	SV3	02	Monetary Amount	Please enter Line Item Charge Amount
263	2400	SV3	03	Facility Code Value	Please enter Place of Service Code from code source 237 Required if value is different than value carried in Loop 2300, Segment CLM05-1
264	2400	SV3	04-1	Oral Cavity Designation Code	If applicable, please enter as many Oral Cavity Designation Codes as necessary
264	2400	SV3	04-2	Oral Cavity Designation Code	
265	2400	SV3	04-3	Oral Cavity Designation Code	

265	2400	SV3	04-4	Oral Cavity Designation Code	
266	2400	SV3	04-5	Oral Cavity Designation Code	
266	2400	SV3	05	Prosthesis, Crown or Inlay Code	
266	2400	SV3	06	Quantity	Please enter Procedure count. Do not use decimals If billing for anesthesia please indicate minutes here
Tooth Information					
NOTE: If applicable, please enter Tooth Information using the following guidelines					
268	2400	TOO	01	Code List Qualifier Code	Use 'JP'
269	2400	TOO	02	Industry Code	Please use appropriate Tooth Code
269	2400	TOO	03-1	Tooth Surface Code	Please use appropriate Tooth Surface Code
269	2400	TOO	03-2	Tooth Surface Code	If applicable, please enter as many Tooth Surface Codes as necessary
270	2400	TOO	03-3	Tooth Surface Code	

270	2400	TOO	03-4	Tooth Surface Code	
270	2400	TOO	03-5	Tooth Surface Code	
Service Date					
NOTE: Required if the service date is different than the service date reported at the DTP segment in the 2300 loop. If different, please use the following guidelines.					
271	2400	DTP	01	Date/Time Qualifier	Use '472'
271	2400	DTP	02	Date Time Period Format Qualifier	Use 'D8'
272	2400	DTP	03	Service Date Time Period	Please enter Service Date
Appliance Placement Date					
NOTE: Required if the appliance placement date is different than the appliance placement date reported at the DTP segment in the 2300 loop. If different, please use the following guidelines.					
275	2400	DTP	01	Date/Time Qualifier	Use '452'
275	2400	DTP	02	Date Time Period Format Qualifier	Use 'D8'
276	2400	DTP	03	Date Time Period	Please enter appliance placement date

Prior Authorization or Referral Number					
NOTE: Required if service line involved a prior authorization number that is different than the number reported at the claim level in Loop 2300. If different, please use the following guidelines.					
282	2400	REF	01	Reference Identification Qualifier	Please use 'G1'
282	2400	REF	02	Reference Identification	Please enter Prior Authorization Number
Line Item Control Number					
NOTE: DSHS strongly encourages the use of this segment					
284	2400	REF	01	Reference Identification Qualifier	Use '6R'
285	2400	REF	02	Reference Identification	Please enter Line Item Control Number
Line Note					
NOTE: Please use the following guidelines if Line Notes are necessary to adjudicate the claim					
288	2400	NTE	01	Note Reference Code	Use ‘ADD’

288	2400	NTE	02	Claim Note Text	Please enter Line Notes. This field is 80 bytes in length
Loop ID 2420A - Rendering Provider Name					
NOTE: Required if service line involved a rendering provider that is different than the rendering provider reported at the claim level in Loop 2310B. If different, please use the following guidelines					
290	2420A	NM1	01	Entity Identifier Code	Use '82'
290	2420A	NM1	02	Entity Type Qualifier	Please use appropriate Code
290	2420A	NM1	03	Last Name or Organization Name	Please enter Rendering Provider Last or Organizational Name
290	2420A	NM1	04	First Name	Required if NM102=1
291	2420A	NM1	08	Identification Code qualifier	For Healthcare Providers please use 'XX'
291	2420A	NM1	09	Identification Code	Please enter Rendering Provider NPI

Rendering Provider Specialty Information					
292	2420A	PRV	01	Provider Code	Use 'PE'
293	2420A	PRV	02	Reference Identification Qualifier	Use 'ZZ'
293	2420A	PRV	03	Provider Taxonomy Code (Specialty Code)	Please enter Rendering Provider Taxonomy Code
Rendering Provider Secondary Identification					
294	2420A	REF	01	Reference Identification Qualifier	For atypical providers who are not required to have an NPI please use '1D'
295	2420A	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID
Loop ID 2430 – Line Adjudication Date					
NOTE: Please use the following guidelines if the Line Adjudication Date is different than the Claim Adjudication Date carried in the 2330B claim loop					
319	2430	DTP	01	Date/Time Qualifier	Use '573'
319	2430	DTP	02	Date Time Period Format Qualifier	Use 'D8'

319	2430	DTP	03	Date Time Period	Please enter Line Adjudication Date
TRANSACTION SET TRAILER					
320	Trailer	SE	01	Number of Included Segments	The total number of segments in the transaction set inclusive to the ST-SE segments
320	Trailer	SE	02	Transaction Set Control Number	Must be identical to ST02
FUNCTIONAL GROUP TRAILER					
320	Trailer	GE	01	Number of Transaction Sets Included	
320	Trailer	GE	02	Group Control Number	Must be identical to GS06
INTERCHANGE CONTROL TRAILER					
371	Trailer	IEA	01	Number of Included Functional Groups	
371	Trailer	IEA	02	Interchange Control Number	Must be identical to ISA13