837 Encounter Data
Companion Guide
ANSI ASC X12N (Version 4010A)
Professional and Institutional
State of Washington
Department of Social & Health Services

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

Disclaimer

This companion guide for the ANSI ASC X12N 837 Encounters 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-CG837Enc-00-00-01	06/09/08		Initial Document	
WAMMIS-CG837Enc-00-00-02	06/27/08		Incorporated comments from DSHS review	
WAMMIS-CG-837ENC-01-01	06/28/08		Final Delivery	
WAMMIS-CG-837ENC-01-02	07/16/08		Re-Delivery of the Deliverable based on DSHS non-Acceptance and identification of deficiencies	
WAMMIS-CG-837ENC-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-837ENC-01-04	08/06/08		Re-Delivery of Deliverable based on Change Request Claims-0427 from DSHS	Update 837 Encounter Data Companion Guide based on Change Request from DSHS to update verbiage on BHT03 segment
WAMMIS-CG-837ENC-01-05	10/01/08		Re-Delivery of the Deliverable based on DSHS suggested changes to Trading Partners Testing Procedures verbiage	
WAMMIS-CG-837ENC-01-06	10/16/08		Re-Delivery of the Deliverable	GS05 segment – updated time value to HHMM format

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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.

Encounters are not HIPAA named transactions and the 837I and 837P Implementation Guides were used as a foundation to construct the standardized DSHS encounter reporting process.

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 Encounters Transactions to DSHS by approved trading partners. The two distinct Encounters transaction formats documented are:

- 837 Professional (Encounters)
- 837 Institutional (Encounters)

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 Encounters Transactions are:

- 837 Encounters: Professional (004010X098)
- 837 Encounters: Institutional (004010X096)

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

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

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 Encounters 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 X12N 837 Encounters 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.

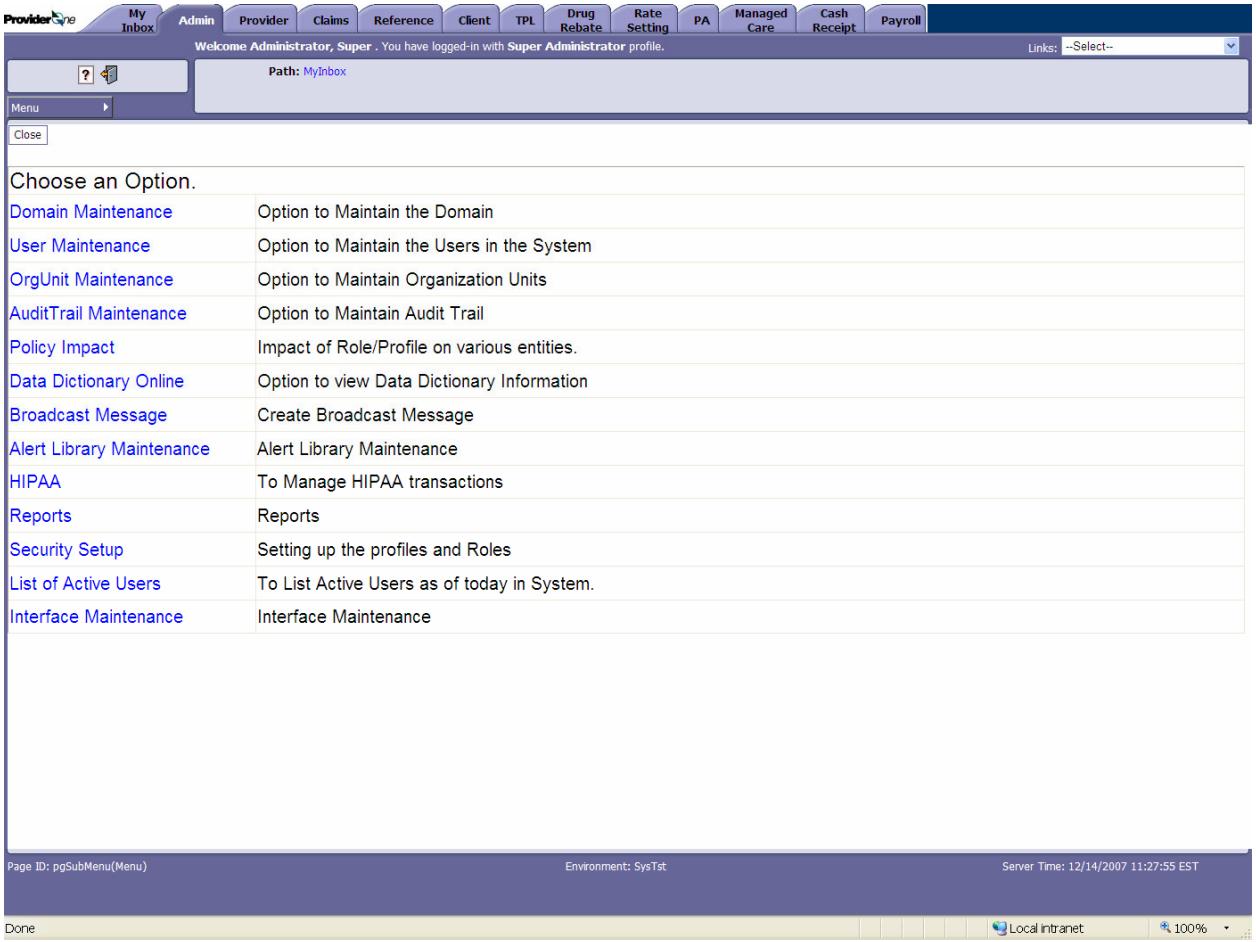
2.1.3 Who to contact for assistance

- 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

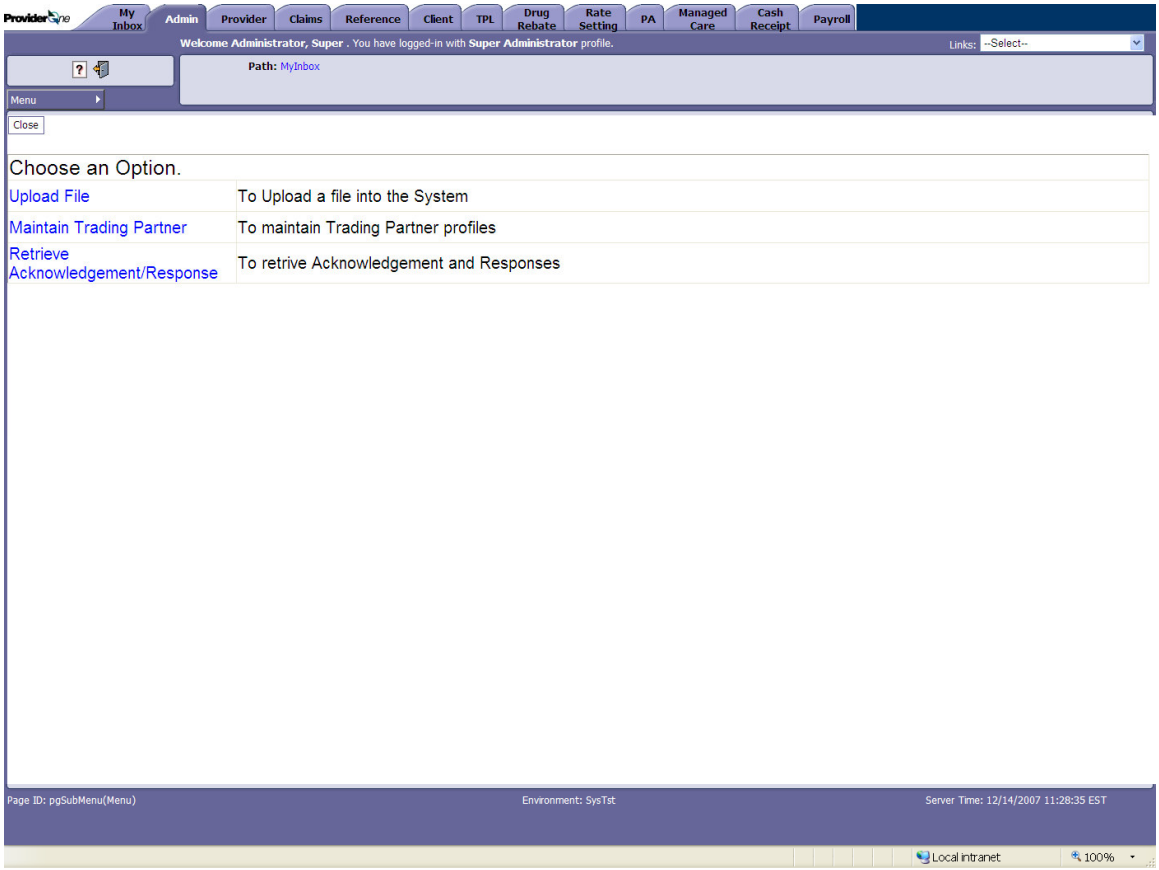
2.2 Upload batches via Web Interface

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



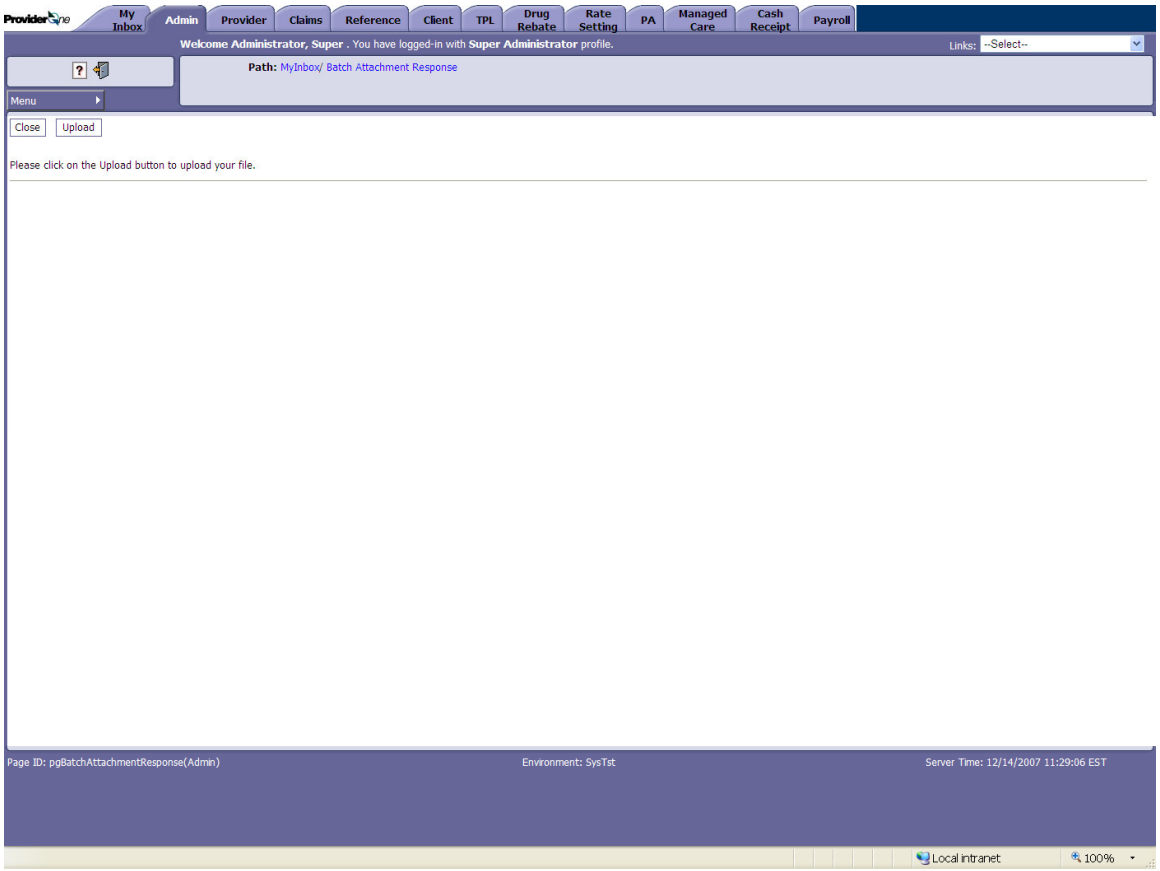
Click on the HIPAA option to manage the HIPAA transactions.

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

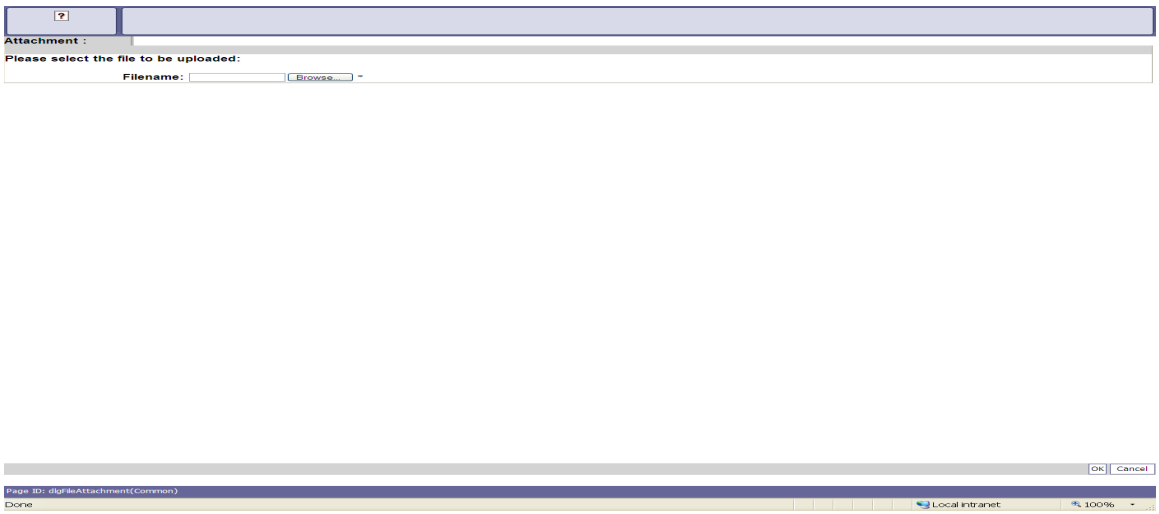


In order to upload a file, the following steps are followed:

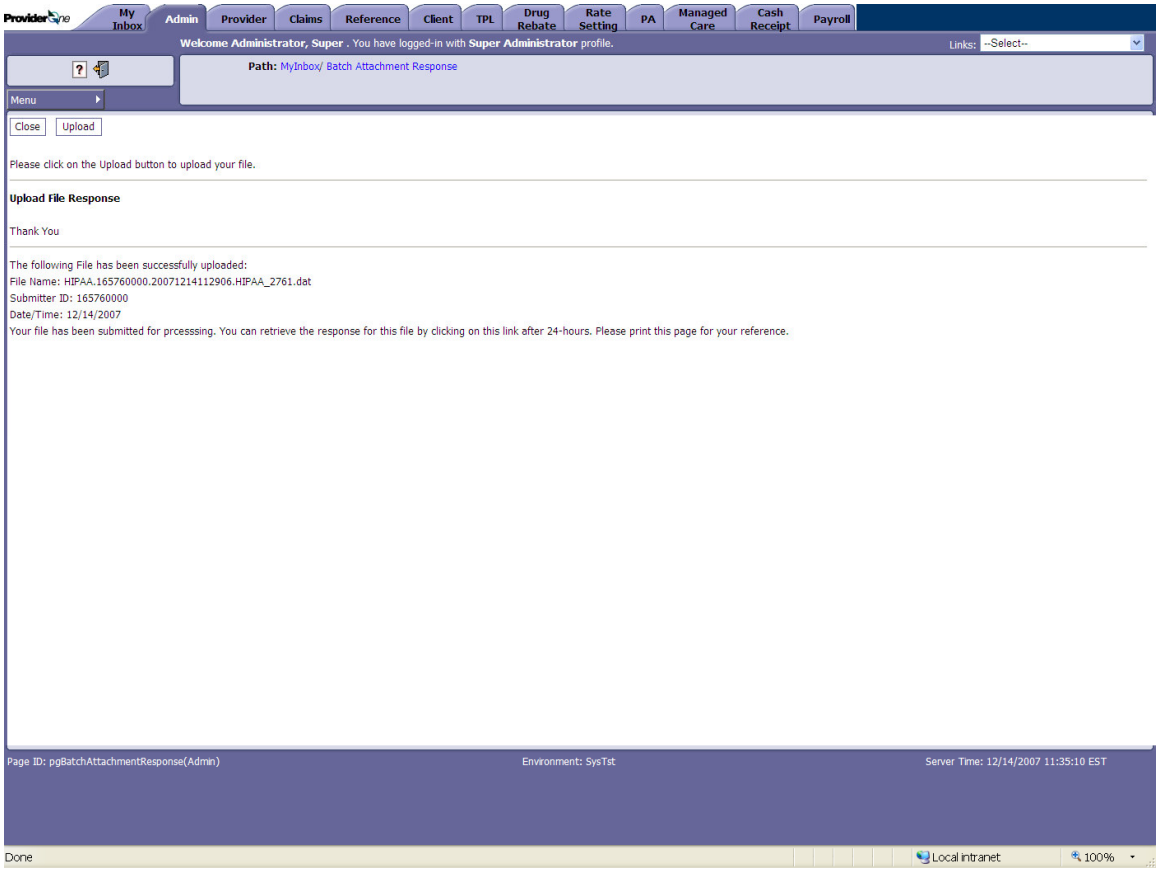
Click on the Upload button to upload a HIPAA file



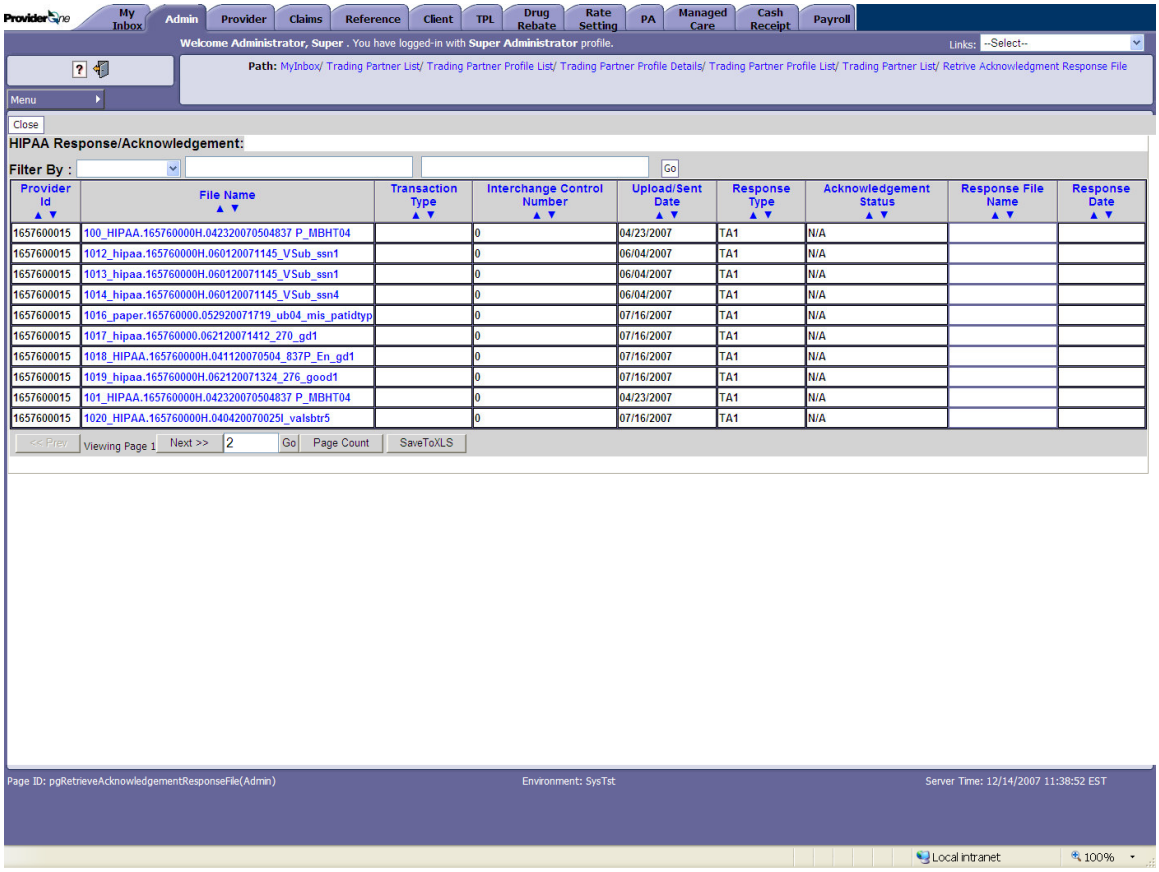
On file upload page click on the Browse button to attach HIPAA file from local file system. After selecting the file from the local file system, press OK to start the upload.



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. Encounter Transactions utilize both the 837P and 837I Implementation Guides. Currently, the 837P and 837I transactions each have one Addendum. These Addendum have been adopted as final and are incorporated into DSHS requirements.

An overview of requirements specific to the transaction can be found in the 837P and 837I Implementation Guides. 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

HIPAA standards limits the size of the transaction (ST-SE envelope) to a maximum of 5000 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, 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 Encounters 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 Encounters 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 Encounters Transactions should follow the HIPAA guideline. Please refer to the 837 Encounters 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 Encounters transaction files with single ISA/IEA and GS/GE envelopes. 837 Encounters 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 acknowledgements, if the submitted X12N 837 Encounter 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 Encounters 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 Encounters

Page	Loop	Segment	Data Element	Element Name	Comments
Interchange Control Header (ISA)					
App. B	Envelope	ISA	01	Authorization Information Qualifier	Please use '00' = No Authorization Information Present
App. B	Envelope	ISA	02	Authorization Information	Please use 10 spaces in this field – no meaningful information.
App. B	Envelope	ISA	03	Security Information Qualifier	Please use '00' = No Security Information Present
App. B	Envelope	ISA	04	Security Information	Please use 10 spaces in this field – no meaningful information.
App. B	Envelope	ISA	05	Interchange ID Qualifier	Please use 'ZZ' in this field.
App. B	Envelope	ISA	06	Interchange Sender ID	Please use the nine digit alphanumeric submitter ID assigned during the enrollment process, followed by spaces e.g. 1234567AA
App. B	Envelope	ISA	07	Interchange ID Qualifier	Please use 'ZZ' in this field.
App. B	Envelope	ISA	08	Interchanger Receiver ID	Please use '77045' followed by spaces.
App. B	Envelope	ISA	09	Interchange Date	Date of the interchange in 'YYMMDD' format
App. B	Envelope	ISA	10	Interchange Time	Time of the interchange in 'HHMM' format

Page	Loop	Segment	Data Element	Element Name	Comments
App. B	Envelope	ISA	11	Interchange Control Standards Identifier	Please use 'U' = U.S. EDI
App. B	Envelope	ISA	12	Interchange Control Version Number	Please use '00401'
App. B	Envelope	ISA	13	Interchange Control Number	Please enter a unique ID for all ISA's from this sender. The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.
App. B	Envelope	ISA	14	Acknowledgement Request	Please enter '1' here.
App. B	Envelope	ISA	15	Usage Indicator	Please use 'T' when submitting a Test File, and 'P' when submitting a Production File.
App. B	Envelope	ISA	16	Component Element Separator	Use of " : " as the component delimiter is required.
Functional Group Header (GS)					
App. B	Envelope	GS	01	Functional Identifier Code	Please use 'HC' – Health Care Claim (837)
App. B	Envelope	GS	02	Application Sender Code	Please use the nine digit alphanumeric submitter ID assigned during the enrollment process, followed by spaces. e.g. 1234567AA
App. B	Envelope	GS	03	Applications Receivers Code	Please use '77045' in this field.

Page	Loop	Segment	Data Element	Element Name	Comments
App. B	Envelope	GS	04	Date	Date expressed in CCYYMMDD format.
App. B	Envelope	GS	05	Time	Please populate this field with the creation time expressed in HHMM format
App. B	Envelope	GS	06	Group Control Number	Assigned number originated and maintained by the sender. The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02
App. B	Envelope	GS	07	Responsible Agency Code	Please use 'X' for ASC X12
App. B	Envelope	GS	08	Version/Release/Industry Identifier Code	Please use '004010X098A1'
Transaction Set Header					
	Header	ST	01	Transaction Set Identifier Code	Please use '837' – Health Care Claim

Page	Loop	Segment	Data Element	Element Name	Comments
	Header	ST	02	Transaction Set Control Number	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. The Transaction Set Control Numbers in ST02 and SE02 must be identical.
Beginning Hierarchical Transaction (BHT)					
62	Header	BHT	01	Hierarchical Structure Code	Please use '0019' – Information Source, Subscriber, Dependant
63	Header	BHT	02	Transaction Set Purpose Code	Please use '00' = Original or '18' = Reissue
63	Header	BHT	03	Originator Application Transaction Identifier	Derive Unique transmission ID from originator's system
63	Header	BHT	04	Transaction Set Creation Date	Please use the date the transaction was created in CCYYMMDD format
64	Header	BHT	05	Transaction Set Creation Time	Please use the time the transaction was created in HHMMSSDD format
64	Header	BHT	06	Claim or Encounter Indicator	Please use 'RP' for encounter.
Reference Identification (REF)					

Page	Loop	Segment	Data Element	Element Name	Comments
65	Header	REF	01	Reference Identification Qualifier	Please use '87' for Functional Category
65	Header	REF	02	Transmission Type Code	When sending in test transactions (ISA 15 = T), the value is '004010X098DA1'. When sending in a production transaction, (ISA 15 = P) the value is '004010X098A1'.
Submitter Name (Loop 1000A)					
67	1000A	NM1	01	Entity Identifier Code	Please use '41' for Submitter
67	1000A	NM1	02	Entity Type Qualifier	Please use '2' for Non-Person Entity
67	1000A	NM1	03	Submitter Last or Organization Name	Please Enter Submitter Name Here.
67	1000A	NM1	08	Identification Code Qualifier	Please enter '46' here.
69	1000A	NM1	09	Submitter ID	Please use the nine digit alphanumeric submitter ID assigned during the enrollment process, followed by spaces. e.g. 1234567AA
Submitter EDI Contact Information (1000A)					
70	1000A	PER	01	Contact Function Code	Please use 'IC' here.
70	1000A	PER	02	Submitter Contact Name	Please enter the name of the Person to contact regarding information in this

Page	Loop	Segment	Data Element	Element Name	Comments
					submission.
70	1000A	PER	03	Communication Number Qualifier	Please enter either 'EM' for Email Address Or 'TE' for Telephone Number
70	1000A	PER	04	Communication Number	Please enter the appropriate communication number based upon the qualifier used in segment PER03
Receiver Name (1000B)					
73	1000B	NM1	01	Entity Identifier Code	Please enter '40' here to identify the receiver
73	1000B	NM1	02	Entity Type Qualifier	Please enter '2' here for Non-Person Entity
73	1000B	NM1	03	Receiver Name	Please enter 'WA State DSHS'
73	1000B	NM1	08	Identification Code Qualifier	Please enter '46' for Electronic Transmission Identification Number (ETIN)
73	1000B	NM1	09	Receiver Primary Identifier	Please use '77045' in this field
Hierarchical Level - Billing Provider Hierarchical Level (2000A)					

Page	Loop	Segment	Data Element	Element Name	Comments
75	2000A	HL	01	Hierarchical ID Number	HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. HL01 must begin with '1' and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.
75	2000A	HL	03	Hierarchical ID Number	Please use '20' in this field.
75	2000A	HL	04	Hierarchical Child Code	Please use '1' in this field.
Billing/Pay-To Provider Specialty Information (2000A)					
Note: For both Manage Care and Mental Health Encounters this must always be the Pay-To Provider's specialty information. e.g. Report the Taxonomy for the Provider who billed the MCO or RSN PRV01 – Enter Qualifier 'PT' – Pay-to Provider PRV02 – Enter 'ZZ' to indicate Health care Provider Taxonomy Code PRV03 – Enter the Pay-to Provider's Taxonomy Code					
76	2000A	PRV	01	Provider Code	Please enter 'PT' – Pay-To
77	2000A	PRV	02	Reference Identification Qualifier	Please enter 'ZZ' to indicate "Health Care Provider Taxonomy" code list.
77	2000A	PRV	03	Reference Identification	Please enter the Pay-To Provider Taxonomy Code here.
Billing Provider Name (2010AA)					

Page	Loop	Segment	Data Element	Element Name	Comments
NOTE: For Managed Care Encounters Billing Provider will always be the Managed Care Organization. For Mental Health Encounters Billing Provider will always be the Regional Support Network.					
82	2010AA	NM1	01	Entity Identifier Code	Please enter '85' here to identify the billing provider.
82	2010AA	NM1	02	Entity Type Qualifier	Please enter '2' = Non-Person Entity
82	2010AA	NM1	03	Name Last or Organization Name	For Managed Care Encounters please enter the Managed Care Organization name here. For MH Encounters please enter the 2 character RSN ID here, e.g. GH for Grays Harbor, NS for North Sound, etc…
83	2010AA	NM1	08	Identification Code Qualifier	Please use '24' for the MCO or RSN Employer ID here.
83	2010AA	NM1	09	Identification code	Please enter the appropriate Identification Code based upon the qualifier sent in NM108.
Billing Provider Address (Loop 2010AA)					
84	2010AA	N3	01	Address Information	Please enter the Billing Provider's address line 1 here.
84	2010AA	N3	02	Address Information	Please enter the Billing provider's address line 2 here.

Page	Loop	Segment	Data Element	Element Name	Comments
Billing Provider City/State/ZIP Code (Loop 2010AA)					
85	2010AA	N4	01	City Name	Please enter the Billing Provider's city here.
86	2010AA	N4	02	State or Province Code	Please enter the Billing Provider's State here.
86	2010AA	N4	03	Postal Code	Please enter the Billing Provider's Zip Code here.
Billing Provider Secondary Identification (Loop 2010AA)					
NOTE: Billing Provider Secondary Identification (Loop 2010AA) will be used to pass the Managed Care Organization or Regional Support Network ProviderOne Provider number using the '1D' qualifier in REF01 and the 9 digit ProviderOne Provider Number in REF02 E.g. Loop 2010AA NM108 = 24 or 34, NM109 = Employer ID Number or Social Security Number Loop 2010AA REF01 = 1D, REF02 = ProviderOne Provider Number (123456789)					
88	2010AA	REF	01	Billing Provider Secondary ID Qualifier	Please use qualifier '1D' here to identify ProviderOne Provider ID
88	2010AA	REF	02	Billing Provider Secondary ID	Please use the nine digit, alphanumeric ProviderOne Provider number here. E.G. 4567890EM E.G. 123456700
Billing Provider Contact Information (Loop 2010AA)					
NOTE: Use per the IG – Required if different from Submitter contact information.					
93	2010AA	PER	01	Contact Function Code	Please use 'IC' here.
93	2010AA	PER	02	Submitter Contact Name	Please enter the name of the Person to contact regarding information in this submission.

Page	Loop	Segment	Data Element	Element Name	Comments
93	2010AA	PER	03	Communication Number Qualifier	Please enter either 'EM' for Email Address Or 'TE' for Telephone Number
93	2010AA	PER	04	Communication Number	Please enter the appropriate communication number based upon the qualifier used in segment PER03
Pay-To Provider Name (Loop 2010AB)					
NOTE: Pay-To Provider information identifies the provider who billed the Managed Care Organization or the Regional Support Network.					
96	2010AB	NM1	01	Entity Identifier Code	Please enter '87' here for the Pay-to-Provider
96	2010AB	NM1	02	Entity Type Qualifier	Please enter '1' for Person '2' for Non-Person
96	2010AB	NM1	03	Name Last or Organization Name	Please enter the last name or Organization name of the Pay-to-Provider here.
96	2010AB	NM1	04	First Name	Please enter the first name of the Pay-to-provider here.
96	2010AB	NM1	05	Middle Name	Please enter the middle name of the Pay-to-provider here.
96	2010AB	NM1	07	Name Suffix	Please enter the suffix of the Pay-to-provider here.

Page	Loop	Segment	Data Element	Element Name	Comments
97	2010AB	NM1	08	Pay-to Provider Qualifier	Please use 'XX' for the pay-to providers NPI If reporting encounters for atypical providers who are not required to have an NPI please use one of the following qualifiers; '24' = Employer ID; or '34' = SSN
97	2010AB	NM1	09	Pay-to Provider ID	Please enter the appropriate Identification Code based upon the qualifier sent in NM108.
Pay-To-Provider Address (Loop 2010AB)					
NOTE: Pay-To Provider information identifies the provider who billed the Managed Care Organization or the Regional Support Network.					
98	2010AB	N3	01	Address Information	Please enter the Pay-To-Provider's address line 1 here.
98	2010AB	N3	02	Address Information	Please enter the Pay-to-Provider's address line 2 here.
Pay-To-Provider City/State/ZIP Code (Loop 2010AB)					
NOTE: Pay-To Provider information identifies the provider who billed the Managed Care Organization or the Regional Support Network.					
99	2010AB	N4	01	City Name	Please enter the Pay-To-Provider's city here.
99	2010AB	N4	02	State or Province Code	Please enter the Pay-To-Provider's State here.

Page	Loop	Segment	Data Element	Element Name	Comments
100	2010AB	N4	03	Postal Code	Please enter the Pay-To-Provider's Zip Code here.
Pay-To Provider Secondary Identification (Loop 2010AB)					
NOTE: For Atypical providers who are not required to use an NPI – please enter either the provider's SSN (SY) or TIN (EI) in NM108 and then the appropriate value in NM109. In REF01 please enter '1D' for Medicaid Provider Number and in REF02 please enter the providers ProviderOne Identification number here. E.G. Loop 2010AB NM108 = EI or SY, NM109 = Employer ID Number or Social Security Number Loop 2010AB REF01 = 1D, REF02 = ProviderOne Provider Number (123456789) For RSN Encounters – NPI is returned in Loop 2010AB Pay-To Provider Name in the NM109 segment, as a result you will need to repeat the Pay-To Provider Secondary Identification REF segments twice – once for the EIN and once for the Provider RUID. E.G In Loop 2010AB Pay-To Provider Name NM108 = 'XX' and NM109 = 'NPI' and one or more REF Segments are required for Pay-To Provider Secondary Identification to provide the EIN and optionally the SSN you will need to repeat the REF Segment to report provider RUID in REF02 using the qualifier '1J' in REF01. E.G. Loop 2010AB NM108 = XX, NM109 = NPI Number (1234567890) Loop 2010AB REF01 = 1J, REF02 = Service Provider RUID unless overridden by 2310B or 2420A Loop 2010AB REF01 = EI or SY, REF02 = Employer ID Number or Social Security Number					
101	2010AB	REF	01	Pay-to Provider Secondary ID Qualifier	Please use either the Employer ID Number (EIN) or a Social Security Number (SSN) in this field. The Qualifiers are as follows: 'EI' – for EIN 'SY' – for SSN

Page	Loop	Segment	Data Element	Element Name	Comments
102	2010AB	REF	02	Pay-to Provider Secondary ID	Please enter the EIN or SSN of the Pay-to provider in this field based on the qualifier communicated in REF01 element.
Subscriber Hierarchical Level (Loop 2000B)					
104	2000B	HL	01	Hierarchical ID Number	Please increment from 1 by 1 for each HL segment in the transaction.
104	2000B	HL	02	Hierarchical Parent ID Number	Please enter the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
104	2000B	HL	03	Hierarchical Level Code	Please enter '22' for subscriber here.
104	2000B	HL	04	Hierarchical Child Code	Please enter '0' here for no subordinate HL segments. The patient is always the subscriber.
Subscriber Information (Loop 2000B)					
105	2000B	SBR	01	Payer Responsibility Sequence Number Code.	Please enter 'P' here for primary. For encounter data reporting always use 'P'.
106	2000B	SBR	02	Individual Relationship Code	Please use '18' for self here.
106	2000B	SBR	03	Reference Identification	SBR03 is not used for Managed Care Encounters. For RSN Encounters please enter the RSN

Page	Loop	Segment	Data Element	Element Name	Comments
					Unique consumer ID
106	2000B	SBR	04	Name	RSN – Please enter the RSN RUID here MC – Not used.
107	2000B	SBR	09	Claim Filing Indicator Code.	Please enter 'MC' here.
Subscriber Name (Loop 2010BA)					
113	2010BA	NM1	01	Entity Identifier Code	Please enter 'IL' for insured here
113	2010BA	NM1	02	Entity Type Qualifier	Please enter '1' for person here
113	2010BA	NM1	03	Name Last or Organization Name	Please enter the last name of the subscriber here.
113	2010BA	NM1	04	First Name	Please enter the first name of the subscriber here.
113	2010BA	NM1	05	Middle Name	Please enter the middle name or initial of the subscriber her.
113	2010BA	NM1	07	Name Suffix	NM107 is not used for MC Encounters For RSN Encounters please enter the name suffix if known.
114	2010BA	NM1	08	Identification Code Qualifier	Please enter 'MI' for member id here.

Page	Loop	Segment	Data Element	Element Name	Comments
114	2010BA	NM1	09	Identification Code	For MC Encounters and MH Encounters where the Client is known, please enter the ProviderOne client ID here. This ID is 11 digits and is alphanumeric, in the following format: nine numeric digits followed by 'WA'. Example: 123456789WA For MH Encounters where the client is not known please enter the RSN unique consumer ID here (This is the same information reported in Loop 2000B SBR03)
Subscriber Address (Loop 2010BA)					
NOTE: For Homeless clients please enter "unknown" in N301.					
115	2010BA	N3	01	Address Information	Please enter the Subscriber's address line 1 here.
115	2010BA	N3	02	Address Information	Please enter the Subscriber's address line 2 here.
Subscriber City/State/ZIP Code (Loop 2010BA)					
NOTE: For Homeless clients please enter the city, state and zip code for the service provider.					
116	2010BA	N4	01	City Name	Please enter the Subscriber's city

Page	Loop	Segment	Data Element	Element Name	Comments
					here.
117	2010BA	N4	02	State or Province Code	Please enter the Subscriber's State here.
117	2010BA	N4	03	Postal Code	Please enter the Subscriber's Zip Code here.
117	2010BA	N4	04	Country Code	Please enter the country code here if outside of US. See IG for list of valid values.
Subscriber Demographic Information (Loop 2010BA)					
118	2010BA	DMG	01	Date Time Period Format Qualifier	Please enter 'D8' here (CCYYMMDD).
119	2010BA	DMG	02	Subscriber Birth Date	Please enter the subscriber's birth date here in CCYYMMDD format. For MH encounters if DOB is unknown, CCYY0101 – use January 1st for month & day and best guess for year.
119	2010BA	DMG	03	Subscriber Gender Code	Please enter the subscriber's gender here. 'M' = Male 'F' = Female 'U' = Unknown
Subscriber Secondary Identification (Loop 2010BA)					
120	2010BA	REF	01	Reference Identification Qualifier	Please use the qualifier "SY" to identify the Social Security Number

Page	Loop	Segment	Data Element	Element Name	Comments
121	2010BA	REF	02	Subscriber Supplemental Identifier	Please enter the subscriber's SSN here.
Payer Name (Loop 2010BB)					
125	2010BB	NM1	01	Entity Identifier Code	Please enter "PR" for payer here.
125	2010BB	NM1	02	Entity Type Qualifier	Please use the qualifier "2" here to identify a "non-person entity"
125	2010BB	NM1	03	Payer Name – Name last/Organization Name	Please enter "WA State DSHS" here.
130	2010BB	NM1	08	ID Code Qualifier	Please use the qualifier 'PI' to identify the Payer Identification Number.
130	2010BB	NM1	09	Payer ID	Please populate with Payer Identification Number '77045'
Claim Information (Loop 2300)					
161	2300	CLM	01	Claim Submitter's Identifier	Please enter the claim number from the submitter's Claim Payment System
162	2300	CLM	02	Monetary Amount	Please enter the total claim billed amount here.
163	2300	CLM	05-1	Facility Code Value	Please enter the place of service here. See the IG for valid values.

Page	Loop	Segment	Data Element	Element Name	Comments
164	2300	CLM	05-3	Claim Frequency Type Code	This is a required data element. Please submit one of the following valid codes. 1=Original Claim 7=Replacement (Adjustment) Claim 8=Void Claim To adjust a previously transmitted encounter, use "7". If Voiding a previously transmitted encounter, use "8" in the claim frequency code. See also the REF02 segment in the 2300 loop for further information regarding transmission of adjustments or voids.
164	2300	CLM	06	Provider/Supplier Signature Indicator	Please enter "Y" or "N" here per the IG.
164	2300	CLM	07	Provider Accept Assignment Code	Please enter "C" or "A" here per the IG.
165	2300	CLM	08	Benefits Assignment Certification Indicator	Please enter "Y" or "N" here per the IG.

Page	Loop	Segment	Data Element	Element Name	Comments
165	2300	CLM	09	Release of Information Code	Please enter the appropriate code here per the IG. If "I" = Informed Consent is entered here please use "B" in CLM10.
166	2300	CLM	10	Patient Signature Source Code	Please enter the appropriate code here unless "I" is reported in CLM09. If "I" in CLM09 enter "B" here.
Date – Admission (Loop 2300)					
NOTE: Used only for Managed Care Encounters when appropriate. Not used for RSN transmitted Encounters.					
193	2300	DTP	01	Date Time Qualifier	Please use the qualifier '435' – Hospital Admission here. Required if claim is for Inpatient Services or ambulance service with Inpatient Admission.
193	2300	DTP	02	Date Time Period Format Qualifier	Please use the qualifier "D8" here.
194	2300	DTP	03	Related Hospitalization Admission Date	Please enter the hospital admission date here in the following format: "CCYYMMDD"
Date – Discharge (Loop 2300)					
NOTE: Used only for Managed Care Encounters when appropriate. Not used for RSN transmitted Encounters.					

Page	Loop	Segment	Data Element	Element Name	Comments
195	2300	DTP	01	Date Time Qualifier	Please use the qualifier '096' for Hospital Discharge.
195	2300	DTP	02	Date Time Period Format Qualifier	Please use the qualifier 'D8' here.
196	2300	DTP	03	Related Hospitalization Discharge Date.	Please enter the date of discharge here in the following format: CCYYMMDD
Prior Authorization or Referral Number (Loop 2300)					
NOTE: Used only for RSN transmitted Encounters when appropriate. Not used for Managed Care Encounters.					
214	2300	REF	01	Reference Identification Qualifier	Please enter the appropriate qualifier: '9F' = Referral Number 'G1" = Prior Authorization Number
214	2300	REF	02	Reference Identification	Please enter the appropriate reference identification number dependent upon qualifier entered in REF01
Original Reference Number ICN/DCN (Loop 2300)					
216	2300	REF	01	Reference Identification Qualifier	Please use the qualifier "F8" – Original Reference Number here. Use only when CLM05-3 = 7 or 8

Page	Loop	Segment	Data Element	Element Name	Comments
216	2300	REF	02	Claim Original Reference Number	Reference the "Original/Previous" 21-digit TCN number assigned by DSHS to the originally submitted Encounter record.
Medical Record Number (Loop 2300)					
NOTE: Used only for RSN transmitted Encounters when appropriate. Not used for Managed Care Encounters.					
226	2300	REF	01	Reference Identification Qualifier	Please enter the qualifier "EA" here.
226	2300	REF	02	Reference Identification	Please enter the Medical Record Number here.
Claim Note (NTE) (Loop 2300)					
NOTE: Use per IG					
232	2300	NTE	01	Note Reference Code	Please use appropriate code
232	2300	NTE	02	Description	Please enter claim notes. This field is 80 bytes in length
Health Care Diagnosis Code (Loop 2300)					
253	2300	HI	01-1	Diagnosis Type Code Qualifier	Please use the qualifier "BK" here to identify the Principal Diagnosis
253	2300	HI	01-2	Diagnosis Code	Please enter the Principal Diagnosis code here. Do not use diagnosis codes beginning with "E" here.

Page	Loop	Segment	Data Element	Element Name	Comments
253	2300	HI	02-1	Diagnosis Type Code Qualifier	Please use the qualifier “BF” here to identify other diagnoses.
253	2300	HI	02-2	Diagnosis Code	Please enter the diagnosis code here. Do not use diagnosis codes beginning with “E” here.
254	2300	HI	03-1	Diagnosis Type Code Qualifier	Please use the qualifier “BF” here to identify other diagnoses - usage per IG.
254	2300	HI	03-2	Diagnosis Code	Please enter the diagnosis code here – usage per IG. Do not use diagnosis codes beginning with “E” here.
254	2300	HI	04-1	Diagnosis Type Code Qualifier	Please use the qualifier “BF” here to identify other diagnoses - usage per IG.
255	2300	HI	04-2	Diagnosis Code	Please enter the diagnosis code here – usage per IG. Do not use diagnosis codes beginning with “E” here.
255	2300	HI	05-1	Diagnosis Type Code Qualifier	Please use the qualifier “BF” here to identify other diagnoses - usage per IG.

Page	Loop	Segment	Data Element	Element Name	Comments
255	2300	HI	05-2	Diagnosis Code	Please enter the diagnosis code here – usage per IG. Do not use diagnosis codes beginning with “E” here.
256	2300	HI	06-1	Diagnosis Type Code Qualifier	Please use the qualifier “BF” here to identify other diagnoses - usage per IG.
256	2300	HI	06-2	Diagnosis Code	Please enter the diagnosis code here – usage per IG. Do not use diagnosis codes beginning with “E” here.
256	2300	HI	07-1	Diagnosis Type Code Qualifier	Please use the qualifier “BF” here to identify other diagnoses - usage per IG.
257	2300	HI	07-2	Diagnosis Code	Please enter the diagnosis code here – usage per IG. Do not use diagnosis codes beginning with “E” here.
257	2300	HI	08-1	Diagnosis Type Code Qualifier	Please use the qualifier “BF” here to identify other diagnoses - usage per IG.

Page	Loop	Segment	Data Element	Element Name	Comments
257	2300	HI	08-2	Diagnosis Code	Please enter the diagnosis code here – usage per IG. Do not use diagnosis codes beginning with "E" here.
Claim Pricing/Repricing Information (Loop 2300)					
NOTE: Used only for Managed Care Encounters when appropriate. Not used for RSN transmitted Encounters.					
259	2300	HCP	01	Pricing/Repricing Methodology	'02' = Amount Paid by the MCO '07' = the amount in HCP02 is based on MCO capitation payment
259	2300	HCP	02	Monetary Amount – Total Claim Paid Amount	MCOs to report 'Amount Paid' (MCO paid to provider): or $0.00 if MCO denied claim to Billing/Pay-to Provider.
Home Health Care Plan Information (Loop 2305)					
NOTE: Used only for Managed Care Encounters when appropriate. Not used for RSN transmitted Encounters.					
263	2305	CR7	01	Discipline Type Code	See IG for Valid Values
264	2305	CR7	02	Total Visits Rendered Count	Please enter the total visits on this bill rendered prior to the recertification "to" date.
264	2305	CR7	03	Certification Period Projected Visit Count	Please enter the total visits projected during this certification

Page	Loop	Segment	Data Element	Element Name	Comments
					period.
Referring Provider Name (Loop 2310A)					
NOTE: Used only for Managed Care Encounters when appropriate. Not used for RSN transmitted Encounters.					
270	2310A	NM1	01	Entity Identifier Code	Please use the code “DN” for referring provider.
270	2310A	NM1	02	Entity type Qualifier	Please use one of the following qualifiers: “1” = Person “2” = Non-Person Entity.
270	2310A	NM1	03	Referring Provider Last or Organization Name	Please enter the last name or organizational name of the referring provider here.
270	2310A	NM1	04	Referring Provider First Name	Please enter the first name of the referring provider
271	2310A	NM1	05	Referring Provider Middle Name	Please enter the middle name or initial of the referring provider
271	2310A	NM1	07	Referring Provider Name Suffix	Please enter the name suffix of the referring provider
271	2310A	NM1	08	Referring Provider ID Qualifier	Please use ‘XX’ for the referring providers NPI If reporting encounters for atypical providers who are not required to have an NPI please use one of the following qualifiers ‘24’ = Employer ID or

Page	Loop	Segment	Data Element	Element Name	Comments
					'34' = SSN
271	2310A	NM1	09	Referring Provider ID	Please enter the appropriate Identification Code based upon the qualifier sent in NM108.
Referring Provider Specialty Information (2310A)					
272	2310A	PRV	01	Provider Code	Please enter 'RF' – Referring here.
273	2310A	PRV	02	Reference Identification Qualifier	Please enter 'ZZ' to indicate "Health Care Provider Taxonomy" code list.
273	2310A	PRV	03	Reference Identification	Please enter the Provider Taxonomy Code here.
Referring Provider Secondary Identification (Loop 2310A)					
NOTE: Used only for Managed Care Encounters when appropriate. Not used for RSN transmitted Encounters. For Atypical providers who are not required to use an NPI – please enter either your SSN (SY) or TIN (EI) in NM108 and then the appropriate value in NM109. In REF01 please enter '1D' for Medicaid Provider Number and in REF02 please enter the providers ProviderOne Identification number here. E.G. Loop 2310A NM108 = EI or SY, NM109 = Employer ID Number or Social Security Number Loop 2310A REF01 = 1D, REF02 = ProviderOne Provider Number (123456789)					
274	2310A	REF	01	Referring Provider Secondary ID Qualifier	Please use either the Employer ID Number (EIN) or a Social Security Number (SSN) in this field. The qualifiers are: EI – EIN SY – SSN

Page	Loop	Segment	Data Element	Element Name	Comments
275	2310A	REF	02	Referring Provider Secondary ID	Please enter the EIN or SSN of the referring provider in this field based on the qualifier communicated in REF01 element.
Rendering Provider Name (Loop 2310B)					
277	2310B	NM1	01	Entity Identifier Code	Please use the code “82” for rendering provider.
277	2310B	NM1	02	Entity type Qualifier	Please use one of the following qualifiers: “1” = Person “2” = Non-Person Entity.
277	2310B	NM1	03	Rendering Provider Last or Organization Name	Please enter the last name or organizational name of the rendering provider here.
277	2310B	NM1	04	Rendering Provider First Name	Please enter the first name of the rendering provider
278	2310B	NM1	05	Rendering Provider Middle Name	Please enter the middle name or initial of the rendering provider
278	2310B	NM1	07	Rendering Provider Name Suffix	Please enter the name suffix of the rendering provider

Page	Loop	Segment	Data Element	Element Name	Comments
278	2310B	NM1	08	Rendering Provider ID Qualifier	Please use 'XX' for the rendering providers NPI If reporting encounters for atypical providers who are not required to have an NPI please use one of the following qualifiers '24' = Employer ID or '34' = SSN
278	2310B	NM1	09	Rendering Provider ID	Please enter the appropriate Identification Code based upon the qualifier sent in NM108.
Rendering Provider Specialty Information (2310B)					
279	2310B	PRV	01	Provider Code	Please enter 'PE' – Performing here.
280	2310B	PRV	02	Reference Identification Qualifier	Please enter 'ZZ' to indicate "Health Care Provider Taxonomy" code list.
280	2310B	PRV	03	Reference Identification	Please enter the Provider Taxonomy Code here.
Rendering Provider Secondary Identification (Loop 2310B)					

Page	Loop	Segment	Data Element	Element Name	Comments
For Atypical providers who are not required to use an NPI – please enter either your SSN (SY) or TIN (EI) in NM108 and then the appropriate value in NM109. In REF01 please enter '1D' for Medicaid Provider Number and in REF02 please enter the providers ProviderOne Identification number here. E.G. Loop 2310B NM108 = EI or SY, NM109 = Employer ID Number or Social Security Number Loop 2310B REF01 = 1D, REF02 = ProviderOne Provider Number (123456789) For RSN Encounters – In NM108, if code 'XX' is used in Loop 2310B Rendering Provider Name then NM109 contains the NPI and one or more REF Statements are required for Rendering Provider Secondary Identification to provide both EIN and provider RUID. When reporting provider RUID in REF02 please use the qualifier 'LU' in REF01. IF NPI is returned NM1 segment, you will need to repeat the REF segment twice – once for the EIN and once for the Provider RUID. E.G In Loop 2310B Rendering Provider Name NM108 = 'XX' and NM109 = 'NPI' and one or more REF Segments are required for Rendering Provider Secondary Identification to provide the EIN and optionally the SSN you will need to repeat the REF Segment to report Location Number in REF02 using the qualifier 'LU' in REF01. E.G Loop 2310B NM108 = XX, NM109 = NPI Number (1234567890) Loop 2310B REF01 = LU, REF02 = Rendering Provider RUID – unless overridden by 2420A: Rendering Service Level Provider Loop 2310B REF01 = EI or SY, REF02 = Employer ID Number or Social Security Number					
282	2310B	REF	01	Rendering Provider Secondary ID Qualifier	Please use either the qualifier 'EI' Employer ID Number (EIN) or the qualifier 'SY' for a Social Security Number (SSN) in this field. The Qualifiers are as follows: 'EI' – for EIN 'SY' – for SSN

Page	Loop	Segment	Data Element	Element Name	Comments
282	2310B	REF	02	Rendering Provider Secondary ID	Please enter the EIN or SSN of the billing provider in this field based on the qualifier communicated in REF01 element.
Other Subscriber Information (Loop 2320)					
Note – Use per the IG, only report if applicable					
302	2320	SBR	01	Payer Responsibility Sequence Number Code	Please use; 'P' – Primary, or 'S' – Secondary
302	2320	SBR	02	Individual Relationship Code	Please use; '18' – Self
303	2320	SBR	03	Group or Policy Number Reference Identification	Please enter Subscriber Insured Group or Plan 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 either; 'MB' for Medicare; otherwise use 'C1" for other

Page	Loop	Segment	Data Element	Element Name	Comments
304	2320	SBR	09	Claim Filing Indicator Code	Use either; 'MB' for Medicare; otherwise use 'MC"
Coordination of Benefits (COB) Payer Paid Amount (Loop 2320)					
Note – Use per the IG, only report if applicable					
315	2320	AMT	01	Amount Qualifier Code	Please use 'D' – Payer Amount Paid
315	2320	AMT	02	Monetary Amount	Please enter Amount Paid by Medicare or Other Payer
Coordination of Benefits (COB) Approved Amount (Loop 2320)					
Note – Use per the IG, only report if applicable					
316	2320	AMT	01	Amount Qualifier Code	Please use 'AAE' – Approved Amount
316	2320	AMT	02	Monetary Amount	Please enter Approved Amount by Medicare or Other Payer
Subscriber Demographic Information (Loop 2320)					
Note – Use per the IG, only report if applicable					
326	2320	DMG	01	Date Time Period Format Qualifier	Please use 'D8'

Page	Loop	Segment	Data Element	Element Name	Comments
327	2320	DMG	02	Date Time Period	Please enter Subscriber's date of birth.
327	2320	DMG	03	Gender Code	Please enter the gender of the subscriber; 'F' – Female, 'M' – Male, 'U' – Unknown
Other Insurance Coverage Information (Loop 2320)					
Note – Use per the IG, only report if applicable					
329	2320	OI	03	Yes/No Condition or Response Code	Please use appropriate code
329	2320	OI	06	Release of Information Code	Please use appropriate code
Other Subscriber Name (Loop 2330A)					
Note – Use per the IG, only report if applicable					
335	2330A	NM1	01	Entity Identifier Code	Please use 'IL' for Insured or Subscriber
335	2330A	NM1	02	Entity Type Qualifier	Please use '1' here

Page	Loop	Segment	Data Element	Element Name	Comments
335	2330A	NM1	03	Name Last or Organization Name	Please enter the subscriber Last Name here.
335	2330A	NM1	04	Name First	Please enter the subscriber First Name here.
336	2330A	NM1	08	Identification Code Qualifier	Please use 'MI' – Member Identification Number
336	2330A	NM1	09	Identification Code	Please enter the Subscriber Primary Identifier
Other Subscriber Address (Loop 2330A)					
Note – Use per the IG, only report if applicable					
337	2330A	N3	01	Address Information	Please enter Subscriber Address
Other Subscriber City/State/Zip (Loop 2330A)					
Note – Use per the IG, only report if applicable					
338	2330A	N4	01	City Name	Please enter the city name of the Subscriber

Page	Loop	Segment	Data Element	Element Name	Comments
339	2330A	N4	02	State or Province Code	Please enter the state of the Subscriber
339	2330A	N4	03	Postal Code	Please enter the Zip Code of the Subscriber.
Other Payer Name (Loop 2330B)					
Note – Use per the IG, only report if applicable					
343	2330B	NM1	01	Entity Identifier Code	Please use 'PR' – Payer here.
343	2330B	NM1	02	Entity Type Qualifier	Please use '2' – Non – Person Entity here.
343	2330B	NM1	03	Name Last or Organization Name	Please enter Medicare or other Payer Organization Name here.
343	2330B	NM1	08	Identification Code Qualifier	Please use 'PI' = Payor Identification here.
344	2330B	NM1	09	Identification Code	Please enter Medicare or Other Payer Primary Identifier.
Claim Adjudication Date (Loop 2330B)					
Note – Use per the IG, only report if applicable					

Page	Loop	Segment	Data Element	Element Name	Comments
348	2330B	DTP	01	Date Time Qualifier	Please use '573' – Date Claim Paid
348	2330B	DTP	02	Date Time Period Format Qualifier	Please use 'D8' – date expressed in format CCYYMMDD
348	2330B	DTP	03	Date Time Period	Please enter Claim Paid Date by Medicare or Other Payer
Other Payer Secondary Identification (Loop 2330B)					
Note – Use per the IG, only report if applicable					
350	2330B	REF	01	Reference Identification Qualifier	Please use 'F8' – Original reference number here
351	2330B	REF	02	Reference Identification	Please enter the Medicare or Other Payer claim number here.
Service Line (Loop 2400)					
381	2400	LX	01	Assigned Number	Line Counter – The service line number is incremented by 1 for each service line.
Professional Service (Loop 2400)					

Page	Loop	Segment	Data Element	Element Name	Comments
383	2400	SV1	01-1	Product or Service ID Qualifier	Please use the appropriate qualifier: 'HC' for HCPCS/CPT codes; or 'IV' for Home Infusion EDI codes (HEIC)
383	2400	SV1	01-2	Product or Service Code	Please enter the Primary Procedure Code here. Must be HCPCS or CPT – Do not use ICD-9-CM Procedure codes here.
383	2400	SV1	01-3	Procedure Modifier	Please enter applicable procedure code modifier here.
384	2400	SV1	01-4	Procedure Modifier	Please enter applicable procedure code modifier here when necessary to clarify services.
384	2400	SV1	01-5	Procedure Modifier	Please enter applicable procedure code modifier here when necessary to clarify services.
384	2400	SV1	01-6	Procedure Modifier	Please enter applicable procedure code modifier here when necessary to clarify services.

Page	Loop	Segment	Data Element	Element Name	Comments
384	2400	SV1	01-7	Procedure Modifier	Please enter applicable procedure code modifier here when necessary to clarify services.
384	2400	SV1	02	Line Item Charge Amount	Please submit the line item charge amount in this field. Claims submitted with amounts that are larger than $9,999,999.99 will be returned to the sender.
385	2400	SV1	03	Unit or Basis for Measurement Code	Please enter the appropriate code.
385	2400	SV1	04	Quantity-Service Unit Count	Please submit the units of service in this field. If decimal units of service are submitted, the system will round to a whole number. Claims submitted with units greater than 99,999 (i.e. larger than 5 digits) will be Returned to the submitter.
386	2400	SV1	05	Facility Code Value	Please enter the place of service here. Refer to the IG for valid Professional Place of Service Codes.

Page	Loop	Segment	Data Element	Element Name	Comments
387	2400	SV1	07-1	Diagnosis Code Pointer	Use this pointer for the first diagnosis code pointer (primary diagnosis for this service line). Use remaining diagnosis code pointers in order of importance to this service line. Acceptable values are: 1-8
388	2400	SV1	11	EPSDT Indicator	Please enter the indicator; 'Y' to identify an EPSDT referral.
Durable Medical Equipment Service (Loop 2400)					
NOTE: Used only for Managed Care Encounters when appropriate. Not used for RSN transmitted Encounters.					
390	2400	SV5		Durable medical Equipment Service	Required if DME – Follow IG for this segment when reporting DME services.
Home Oxygen Therapy Information (Loop 2400)					
NOTE: Used only for Managed Care Encounters when appropriate. Not used for RSN transmitted Encounters.					
403	2400	CR5		Home Oxygen Therapy Information	Required for Home Oxygen Therapy – See IG for valid values and required segments if used.
Date – Service Date (Loop 2400)					
415	2400	DTP	01	Date Time Qualifier	Please use the qualifier '472' for date of service.

Page	Loop	Segment	Data Element	Element Name	Comments
416	2400	DTP	02	Date Time Period Format Qualifier	Please use the qualifier 'D8' for a single date of service; or 'RD8' for a range of from & to dates.
416	2400	DTP	03	Service Date	Please enter the appropriate date of service or range of dates here in CCYYMMDD format.
Line Item Control Number (Loop 2400)					
NOTE: Used only for RSN Encounters when appropriate. Not used for Managed Care transmitted Encounters.					
449	2400	REF	01	Reference Identification Qualifier	Please enter the qualifier '6R' here.
450	2400	REF	02	Line Item Control Number	Line item control number here. Control number that identifies the specific line item reference ID. This reference number is created within the transmitter's system.
Line Note (Loop 2400)					
465	2400	NTE	01	Note Reference Code	MC – use per IG RSN – 'ADD'
465	2400	NTE	02	Line Note Text	MC – use as needed per the IG RSN – refer to MH data dictionary
Line Pricing/Re-pricing Information (Loop 2400)					
NOTE: Used only for Managed Care Encounters when appropriate. Not used for RSN transmitted Encounters.					

Page	Loop	Segment	Data Element	Element Name	Comments
473	2400	HCP	01	Pricing/Re-pricing Methodology	'00' = Denied claim by MCO; '02' = Amount Paid by the MCO; '07' = the amount in HCP02 is based on MCO capitation payment;
473	2400	HCP	02	Monetary Amount – Total Claim Paid Amount	MCOs to report 'Amount Paid' (MCO paid to provider): or $0.00 if MCO denied claim to Billing/Pay-to Provider.
Rendering Provider Name (Loop 2420A)					
NOTE: MC & RSN Encounters – Use Loop 2420A per IG					
487	2420A	NM1	01	Entity Identifier Code	Please use the code "82" for rendering provider.
487	2420A	NM1	02	Entity type Qualifier	Please use one of the following qualifiers: "1" = Person "2" = Non-Person Entity.
487	2420A	NM1	03	Rendering Provider Last or Organization Name	Please enter the last name or organizational name of the rendering provider here.
487	2420A	NM1	04	Rendering Provider First Name	Please enter the first name of the rendering provider
488	2420A	NM1	05	Rendering Provider Middle Name	Please enter the middle name or initial of the rendering provider

Page	Loop	Segment	Data Element	Element Name	Comments
488	2420A	NM1	07	Rendering Provider Name Suffix	Please enter the name suffix of the rendering provider
488	2420A	NM1	08	Rendering Provider ID Qualifier	Please use 'XX' for the rendering providers NPI If reporting encounters for atypical providers who are not required to have an NPI please use one of the following qualifiers; '24' = Employer ID; or '34' = SSN
488	2420A	NM1	09	Rendering Provider ID	Please enter the appropriate Identification Code based upon the qualifier sent in NM108.
Rendering Provider Specialty Information (2420A)					
489	2420A	PRV	01	Provider Code	Please enter 'PE' – Performing here
490	2420A	PRV	02	Reference Identification Qualifier	Please enter 'ZZ' to indicate "Health Care Provider Taxonomy" code list.
490	2420A	PRV	03	Reference Identification	Please enter the Provider Taxonomy Code here.
Rendering Provider Secondary Identification (Loop 2420A)					

Page	Loop	Segment	Data Element	Element Name	Comments
NOTE: MC & RSN Encounters – Use Loop 2420A per IG For Atypical providers who are not required to use an NPI – please enter either your SSN (SY) or TIN (EI) in NM108 and then the appropriate value in NM109. In REF01 please enter '1D' for Medicaid Provider Number and in REF02 please enter the providers ProviderOne Identification number here. E.G. Loop 2420A NM108 = EI or SY, NM109 = Employer ID Number or Social Security Number Loop 2420A REF01 = 1D, REF02 = ProviderOne Provider Number (123456789) For RSN Encounters – In NM108, if code 'XX' is used in Loop 2420A Rendering Provider Name then NM109 contains the NPI and one or more REF Statements are required for Rendering Provider Secondary Identification to provide both EIN and provider RUID. When reporting provider RUID in REF02 please use the qualifier 'LU' in REF01. IF NPI is returned NM1 segment, you will need to repeat the REF segment twice – once for the EIN and once for the Provider RUID. E.G In Loop 2420A Rendering Provider Name NM108 = 'XX' and NM109 = 'NPI' and one or more REF Segments are required for Rendering Provider Secondary Identification to provide the EIN and optionally the SSN you will need to repeat the REF Segment to report Location Number in REF02 using the qualifier 'LU' in REF01. E.G. Loop 2420A NM108 = XX, NM109 = NPI Number (1234567890) Loop 2420A REF01 = LU, REF02 = Rendering Provider RUID – unless overridden by 2420A: Rendering Service Level Provider if different than billing or claim level provider. Loop 2420A REF01 = EI or SY, REF02 = Employer ID Number or Social Security Number					
491	2420A	REF	01	Rendering Provider Secondary ID Qualifier	Please use either the qualifier 'EI' Employer ID Number (EIN) or the qualifier 'SY' for a Social Security Number (SSN) in this field. The Qualifiers are as follows: 'EI' – for EIN 'SY' – for SSN

Page	Loop	Segment	Data Element	Element Name	Comments
492	2420A	REF	02	Rendering Provider Secondary ID	Put the EIN or SSN of the billing provider in this field based on the qualifier communicated in REF01 element.
Transaction Set Trailer (SE)					
646	Trailer	SE	01	Segment Counter	Please put the number of included segments here.
646	Trailer	SE	02	Transaction Set Control Number	Transaction Set Control Number – Should be the same as ST02.
Functional Group Trailer (Trailer)					
626	Trailer	GE	01	Number of Transaction Sets Included	Total number of transaction sets included in the group.
626	Trailer	GE	02	Group Control Number	Assigned number originated and maintained by the sender. GE02 must be identical to the same data element in the associated functional group header, GS06.
Interchange Control Trailer (Trailer)					
623	Trailer	IEA	01	Number of Included Functional Groups	A count of the number of functional groups included in an interchange.

Page	Loop	Segment	Data Element	Element Name	Comments
623	Trailer	IEA	02	Interchange Control Number	A control number assigned by the Interchange sender. Unique ID for each ISA/IEA from this sender.

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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' = No Authorization Information present
App.B	Envelope	ISA	02	Authorization Information	Please use 10 spaces in this field – no meaningful information
App.B	Envelope	ISA	03	Security Information Qualifier	Please use '00' = No Security Information Present
App.B	Envelope	ISA	04	Security Information	Please use 10 spaces in this field – no meaningful information
App.B	Envelope	ISA	05	Interchange ID Qualifier	Please use 'ZZ' in this field
App.B	Envelope	ISA	06	Interchange Sender ID	Please use the nine digit alphanumeric submitter ID assigned during the enrollment process, followed by spaces e.g. 1234567AA
App.B	Envelope	ISA	07	Interchange ID Qualifier	Please use 'ZZ' in this field

Page	Loop	Segment	Data Element	Element Name	Comments
App.B	Envelope	ISA	08	Interchange Receiver ID	Please enter '77045' followed by spaces
App.B	Envelope	ISA	09	Interchange Date	Date of the interchange in YYMMDD format
App.B	Envelope	ISA	10	Interchange Time	Time of the interchange in HHMM format
App.B	Envelope	ISA	11	Interchange Control Standards Identifier	Please use 'U' = U.S. EDI
App.B	Envelope	ISA	12	Interchange Control Version Number	Please use '00401'
App.B	Envelope	ISA	13	Interchange Control Number	Please enter a unique ID for all ISA's from this sender. The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer, IEA02.
App.B	Envelope	ISA	14	Acknowledgment Requested	Please enter '1' here
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	Use of ':' as the component delimiter is required
FUNCTIONAL GROUP HEADER					
App.B	Envelope	GS	01	Functional Identifier Code	Please use 'HC' – Health Care Claim

Page	Loop	Segment	Data Element	Element Name	Comments
					(837)
App.B	Envelope	GS	02	Application Sender's Code	Please use the nine digit alphanumeric submitter ID assigned during the enrollment process, followed by spaces. e.g. 1234567AA
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	Assigned number originated and maintained by the sender. Must be identical to GE02
App.B	Envelope	GS	07	Responsible Agency Code	Please use 'X' for ASC X12
App.B	Envelope	GS	08	Version / Release / Industry Identifier Code	Please use '004010X096A1'
Transaction Set Header					
56	Header	ST	01	Transaction set identifier code	Please use '837' – Health Care Claim
56	Header	ST	02	Transaction set control number	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. Must be identical to SE02

Page	Loop	Segment	Data Element	Element Name	Comments
Beginning of Hierarchical Transaction					
57	Header	BHT	01	Hierarchical Structure Code	Please use '0019' – Information Source, Subscriber, Dependant
58	Header	BHT	02	Transaction Set Purpose Code	Please use '00' = Original or '18' = Reissue
58	Header	BHT	03	Reference Identification	Derive Unique transmission ID from originator's system
58	Header	BHT	04	Date	Please use the date the transaction was created in CCYYMMDD format.
58	Header	BHT	05	Time	Please use the time the transaction was created in HHMMSSDD format
59	Header	BHT	06	Transaction Type Code	Please use 'RP' for encounters
Transmission Type Identification					
60	Header	REF	01	Reference Identification Qualifier	Please use '87' for Functional Category
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	Please use '41' for Submitter
62	1000A	NM1	02	Entity Type Qualifier	Please enter either '1' = Person; or

Page	Loop	Segment	Data Element	Element Name	Comments
					‘2’ = Non-Person Entity
62	1000A	NM1	03	Last Name or Organization Name	Please enter Submitters Organization Name
62	1000A	NM1	08	Identification Code Qualifier	Please enter '46' here
63	1000A	NM1	09	Identification Code	Please use the 9-digit alphanumeric Submitter ID assigned during the enrollment process, followed by spaces. e.g. 1234567AA
Submitter EDI Contact Information					
65	1000A	PER	01	Contact Function Code	Please use 'IC' here
65	1000A	PER	02	Name First	Please enter the name of the Person to contact regarding information in this submission.
65	1000A	PER	03	Communication Number Qualifier	Please enter either 'EM' for Email Address Or 'TE' for Telephone Number
65	1000A	PER	04	Communication Number	Please enter the appropriate communication number based upon the qualifier used in segment PER03
Loop ID 1000B - Receiver Name					
68	1000B	NM1	01	Entity Identifier Code	Please use '40' here
68	1000B	NM1	02	Entity Type Qualifier	Please enter ‘2’ here for Non-Person Entity

Page	Loop	Segment	Data Element	Element Name	Comments
68	1000B	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'
68	1000B	NM1	08	Identification Code Qualifier	Please use '46' here
68	1000B	NM1	09	Identification Code	Please use '77045' in this field
Loop ID 2000A - Billing/Pay-To Provider Hierarchical Level					
70	2000A	HL	01	Hierarchical ID Number	HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. HL01 must begin with '1' and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.
70	2000A	HL	03	Hierarchical Level Code	Please use '20' here
70	2000A	HL	04	Hierarchical Child Code	Please use '1' here
Billing/Pay-To Provider Specialty Information					
Note: For both Manage Care and Mental Health Encounters this must always be the Pay-To Provider's specialty information. e.g. Report the Taxonomy for the Provider who villed the MCO or RSN PRV01 – Enter Qualifier 'PT' – Pay-to Provider PRV02 – Enter 'ZZ' to indicate Health care Provider Taxonomy Code PRV03 – Enter the Pay-to Provider's Taxonomy Code					
71	2000A	PRV	01	Provider Code	Please enter 'PT' - Pay-To Provider

Page	Loop	Segment	Data Element	Element Name	Comments
72	2000A	PRV	02	Reference Identification Qualifier	Please enter 'ZZ' to indicate "Health Care Provider Taxonomy" code list.
72	2000A	PRV	03	Provider Taxonomy Code (Speciality Code)	Please enter the Pay-To Provider Taxonomy Code here.
Loop ID 2010AA - Billing Provider Name					
NOTE: For Managed Care Encounters Billing Provider will always be the Managed Care Organization. For Mental Health Encounters Billing Provider will always be the Regional Support Network.					
77	2010AA	NM1	01	Entity Identifier Code	Please use '85' here to identify the billing provider
77	2010AA	NM1	02	Entity Type Qualifier	Please enter '2' = Non-Person Entity
77	2010AA	NM1	03	Last Name or Organization Name	For Managed Care Encounters please enter the Managed Care Organization name here. For MH Encounters please enter the 2 character RSN ID here, e.g. GH for Grays Harbor, NS for North Sound, etc…
77	2010AA	NM1	08	Identification code qualifier	Please use '24' for the MCO or RSN Employer ID here.
78	2010AA	NM1	09	Identification code	Please enter the appropriate Identification Code based upon the qualifier in NM108.
Billing Provider Address					
79	2010AA	N3	01	Address Information	Please enter the Billing Provider's

Page	Loop	Segment	Data Element	Element Name	Comments
					address line 1 here.
79	2010AA	N3	02	Address Information	Please enter the Billing Provider's address line 2 here
Billing Provider City/State/Zip					
80	2010AA	N4	01	City Name	Please enter the City Name of Billing Provider
81	2010AA	N4	02	State or Province Code	Please enter the State of Billing Provider
81	2010AA	N4	03	Postal Code	Please enter the Zip Code of Billing Provider
Billing Provider Secondary Info					
NOTE: Billing Provider Secondary Identification (Loop 2010AA) will be used to pass the Managed Care Organization or Regional Support Network ProviderOne Provider number using the '1D' qualifier in REF01 and the 9 digit ProviderOne Provider Number in REF02 E.G. Loop 2010AA NM108 = 24 or 34, NM109 = Employer ID Number or Social Security Number Loop 2010AA REF01 = 1D, REF02 = ProviderOne Provider Number (123456789)					
83	2010AA	REF	01	Reference Identification Qualifier	Please use qualifier '1D' here to identify ProviderOne Provider ID
84	2010AA	REF	02	Reference Identification	Please enter 9 digit alphanumeric ProviderOne ID if REF01 = '1D' e.g. 4567890EM e.g. 123456701
Billing Provider Contact Information					
Note: Use per IG – Required if different from Submitter contact information.					
88	2010AA	PER	01	Contact Function Code	Please use 'IC'

Page	Loop	Segment	Data Element	Element Name	Comments
88	2010AA	PER	02	Name	Please enter the name of the Person to contact regarding information in this submission.
88	2010AA	PER	03	Communication Number Qualifier	Please enter either 'EM' for Email Address Or 'TE' for Telephone Number
88	2010AA	PER	04	Communication Number	Please enter the appropriate communication number based upon the qualifier used in segment PER03
Loop ID 2010AB - Pay-To Provider Name					
NOTE: Pay-To Provider information identifies the provider who billed the Managed Care Organization or the Regional Support Network.					
92	2010AB	NM1	01	Entity Identifier Code	Please use '87' here for the Pay-to Provider
92	2010AB	NM1	02	Entity Type Qualifier	Please enter ‘1’ for Person ‘2’ for Non-Person
92	2010AB	NM1	03	Last Name or Organization Name	Please enter the last name or Organization name of the Pay-To Provider here
92	2010AB	NM1	04	First Name	Please enter the first name of the Pay-To Provider here
92	2010AB	NM1	05	Middle Name	Please enter the middle name of the Pay-To Provider here.
92	2010AB	NM1	07	Name Suffix	Please enter the suffix of the Pay-To Provider here

Page	Loop	Segment	Data Element	Element Name	Comments
92	2010AB	NM1	08	Identification code qualifier	Please use 'XX' for the pay-to providers NPI. If reporting encounters for atypical providers who are not required to have an NPI please use one of the following qualifiers; '24' = Employer ID; or '34' = SSN
93	2010AB	NM1	09	Identification code	Please enter the appropriate Identification Code based upon the qualifier sent in NM108.
Pay-To Provider Address					
NOTE: Pay-To Provider information identifies the provider who billed the Managed Care Organization or the Regional Support Network.					
94	2010AB	N3	01	Address Information	Please enter the Pay-To-Provider's address line 1 here.
94	2010AB	N3	02	Address Information	Please enter the Pay-to-Provider's address line 2 here.
Pay-To Provider City/State/Zip					
NOTE: Pay-To Provider information identifies the provider who billed the Managed Care Organization or the Regional Support Network.					
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

Page	Loop	Segment	Data Element	Element Name	Comments
Pay-To Provider Secondary Information					
NOTE:For Atypical providers who are not required to use an NPI – please enter either your SSN (SY) or TIN (EI) in NM108 and then the appropriate value in NM109. In REF01 please enter ‘1D’ for Medicaid Provider Number and in REF02 please enter the providers ProviderOne Identification number here. E.G. Loop 2010AB NM108 = EI or SY, NM109 = Employer ID Number or Social Security Number Loop 2010AB REF01 = 1D, REF02 = ProviderOne Provider Number (123456789) For RSN Encounters – NPI is returned in Loop 2010AB Pay-To Provider Name in the NM109 segment, as a result you will need to repeat the Pay-To Provider Secondary Identification REF segments twice – once for the EIN and once for the Provider RUID. I.E. In Loop 2010AB Pay-To Provider Name NM108 = ‘XX’ and NM109 = ‘NPI’ and one or more REF Segments are required for Pay-To Provider Secondary Identification to provide the EIN and optionally the SSN you will need to repeat the REF Segment to report provider RUID in REF02 using the qualifier ‘1J’ in REF01. E.G. Loop 2010AB NM108 = XX, NM109 = NPI Number (1234567890) Loop 2010AB REF01 = 1J, REF02 = Service Provider RUID unless overridden by 2310B or 2420A Loop 2010AB REF01 = EI or SY, REF02 = Employer ID Number or Social Security Number					
97	2010AB	REF	01	Reference Identification Qualifier	Please use either the Employer ID Number (EIN) or a Social Security Number (SSN) in this field. The Qualifiers are as follows: 'EI' - for EIN 'SY' - for SSN

Page	Loop	Segment	Data Element	Element Name	Comments
98	2010AB	REF	02	Reference Identification	Put the EIN or SSN of the Pay-to provider in this field based on the qualifier communicated in REF01 element.
Loop ID 2000B - Subscriber Hierarchical Level					
100	2000B	HL	01	Hierarchical ID Number	Please increment from 1 by 1 for each HL segment in the transaction.
100	2000B	HL	02	Hierarchical Parent ID Number	Please enter the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
100	2000B	HL	03	Hierarchical Level Code	Please enter '22' for subscriber here
100	2000B	HL	04	Hierarchical Child Code	Please enter ‘0’ here for no subordinate HL segments. The patient is always the subscriber.
Subscriber Information					
102	2000B	SBR	01	Payer Responsibility sequence Number	Please enter 'P' here for primary. For encounter data reporting always use 'P'.
103	2000B	SBR	02	Individual Relationship code	Please use '18' for self here.
103	2000B	SBR	03	Group or Policy number	SBR03 is not used for Managed Care Encounters. For RSN Encounters please enter the RSN Unique

Page	Loop	Segment	Data Element	Element Name	Comments
					Consumer ID.
103	2000B	SBR	04	Name	RSN - Please enter the RSN RUID here
104	2000B	SBR	09	Claim Filing Indicator Code	Please enter 'MC' here for Medicaid.
Loop ID 2010BA - Subscriber Name					
107	2010BA	NM1	01	Entity Identifier Code	Please enter ‘IL’ for insured here
107	2010BA	NM1	02	Entity Type Qualifier	Please enter ‘1’ for person here
107	2010BA	NM1	03	Last Name or Organization Name	Please enter the last name of the subscriber here.
107	2010BA	NM1	04	First Name	Please enter the first name of the subscriber here.
107	2010BA	NM1	05	Name Middle	Please enter the middle name or initial of the subscriber here.
108	2010BA	NM1	08	Identification code qualifier	Please enter ‘MI’ for member id here.

Page	Loop	Segment	Data Element	Element Name	Comments
108	2010BA	NM1	09	Identification code	For MC Encounters and MH Encounters where the Client is known, please enter the ProviderOne client ID here. This ID is 11 digits and is alphanumeric, in the following format: nine numeric digits followed by 'WA'. e.g. 123456789WA For MH Encounters where the client is not known please enter the RSN unique consumer ID here (This is the same information reported in Loop 2000B SBR03)
Subscriber Address					
NOTE: For Homeless clients please enter “unknown” in N301.					
109	2010BA	N3	01	Address Information	Please enter the Subscriber’s address line 1 here.
109	2010BA	N3	02	Address Information	Please enter the Subscriber’s address line 2 here.
Subscriber City/State/Zip Code					
Note: For Homeless clients please enter the city, state and zip code for the service provider.					
110	2010BA	N4	01	City Name	Please enter the Subscriber’s city here.
111	2010BA	N4	02	State or Province Code	Please enter the Subscriber’s State here.

Page	Loop	Segment	Data Element	Element Name	Comments
111	2010BA	N4	03	Postal Code	Please enter the Subscriber's Zip Code here.
Subscriber Demographic Information					
112	2010BA	DMG	01	Date Time Period Format Qualifier	Please enter 'D8' here.
113	2010BA	DMG	02	DOB	Please enter the subscriber's birth date here in CCYYMMDD format. For MH encounters if DOB is unknown - Please use January 1st for month & day and best guess for year.
113	2010BA	DMG	03	Gender Code	Please enter the subscriber's gender here. 'M' = Male 'F' = Female 'U' = Unknown
Subscriber Secondary Identification					
114	2010BA	REF	01	Reference Identification Qualifier	Please use the qualifier "SY" to identify the Social Security Number
115	2010BA	REF	02	Reference Identification	Please enter the subscriber's SSN here.
Loop ID 2010BC - Payer Name					
124	2010BC	NM1	01	Entity Identifier Code	Please enter "PR" for payer here.
124	2010BC	NM1	02	Entity Type	Please use the qualifier "2" here to identify a "non-person entity"

Page	Loop	Segment	Data Element	Element Name	Comments
124	2010BC	NM1	03	Last Name or Organization Name	Please enter “WA State DSHS” here.
124	2010BC	NM1	08	Identification Code Qualifier	Please use the qualifier ‘PI’ to identify the Payer Identification Number.
125	2010BC	NM1	09	Identification Code	Please populate with Payer Identification Number ‘77045’
Loop ID 2300 - Claim Information					
155	2300	CLM	01	Claim Submitter's Identifier	Please enter the claim number from the submitter’s Claim Payment System.
156	2300	CLM	02	Monetary Amount	Please enter the total claim charge amount here.
156	2300	CLM	05-1	Facility Code Value	Please enter the place of service here. See the IG for valid values.
156	2300	CLM	05-2	Facility Code Qualifier	Please enter ‘A’ for UB Bill Type

Page	Loop	Segment	Data Element	Element Name	Comments
156	2300	CLM	05-3	Claim Frequency Type Code	This is a required data element. Please submit a valid code from the National Uniform Billing Data Element Specifications for Type of Bill, position 3. 1=Original Claim 7=Replacement (Adjustment) Claim 8=Void Claim To adjust a previously paid claim, use "7". If Voiding a paid claim, use "8" in the claim frequency code. See also the REF02 segment in the 2300 loop for further information regarding submission of adjustments or voids.
157	2300	CLM	06	Yes/No Condition or Response Code	Please enter 'Y' or 'N' here per the IG.
157	2300	CLM	07	Provider Accept Assignment Code	Please enter "C" or "A" here per the IG
157	2300	CLM	08	Yes/No Condition or Response Code	Please enter "Y" or "N" here per the IG
158	2300	CLM	09	Release of Info code	Please enter the appropriate code here per the IG.

Page	Loop	Segment	Data Element	Element Name	Comments
159	2300	CLM	18	Yes/No Condition or Response Code	For encounter reporting always use 'N'
Discharge Hour					
160	2300	DTP	01	Date Time Qualifier	Please use the qualifier '096' for Hospital Discharge.
160	2300	DTP	02	Date Time Period Format Qualifier	Please use the qualifier 'TM' here.
161	2300	DTP	03	Discharge Hour	Please enter Discharge Hour Time Format in HHMM
Statement Dates					
162	2300	DTP	01	Date Time Qualifier	Please use '434' for Statement Date here
162	2300	DTP	02	Date Time Period Format Qualifier	Please use the qualifier "D8" here for a single date in CCYYMMDD format Please use the qualifier "RD8" here for a from – to date in the CCYYMMDD – CCYYMMDD format.
163	2300	DTP	03	Statement Date	Please enter the statement date here in the following format: CCYYMMDD
Admission Date/Hour					
164	2300	DTP	01	Date Time Qualifier	Please use the qualifier '435' for Hospital Admission here.

Page	Loop	Segment	Data Element	Element Name	Comments
164	2300	DTP	02	Date Time Period Format Qualifier	Please use 'DT' here
165	2300	DTP	03	Admission Date/Hour	Please enter the hospital admission date and Hour here in the following format: 'CCYYMMDDHHMM'
Institutional Claim Code					
166	2300	CL1	01	Admission Type Code	Please use UB-04 Standard Admission Type Codes. See UB-04 Data Specifications Manual 2007 – Form Locator 14 for valid values.
167	2300	CL1	02	Admission Source Code	Please use UB-04 Standard Admission Source Codes. See UB-04 Data Specifications Manual 2007 – Form Locator 15 for valid values. **RSN** – use Admission Source Code '8' – Court/Law Enforcement to identify Involuntary Admission and Admission Source Code '2' for voluntary.

Page	Loop	Segment	Data Element	Element Name	Comments
167	2300	CL1	03	Patient Status Code	Please use UB-04 Standard Patient Status Codes. See UB-04 Data Specifications Manual 2007 – Form Locator 17 for valid values.
Original Reference Number ICN/DCN					
Note: Required if CLM05-3 is a '7' or '8'. If applicable, please use the following guidelines					
186	2300	REF	01	Reference Identification Qualifier	Please use the qualifier “F8” – Original Reference Number here. Use only when CLM05-3 = 7 or 8
187	2300	REF	02	Reference Identification	Reference the “Original/Previous” 21-digit TCN number assigned by DSHS to the originally submitted Encounter record.
Claim Note					
Note: Use per IG					
200	2300	NTE	01	Note reference code	Please use appropriate code
200	2300	NTE	02	Description	Please enter claim notes. This field is 80 bytes in length
Health Care Diagnosis Code					
235	2300	HI	01-1	Code List Qualifier Code	Please use the qualifier “BK” here to identify the Principal Diagnosis

Page	Loop	Segment	Data Element	Element Name	Comments
235	2300	HI	02-2	Industry Code	Please enter the Principal Diagnosis code here. Do not use diagnosis codes starting with "E" here.
Health Care Code Information					
235	2300	HI	02-1	Code List Qualifier Code	Please use "BJ" for Admitting Diagnosis = Inpatient Admit; Please use "ZZ" for Reason for visit = Outpatient Visit
235	2300	HI	02-2	Industry Code	Please enter the ICD.9 diagnosis code or Patient Reason for Visit here. Admit ICD.9 code (Required on all Inpatient Admission claims/Encounter records) or Reason Code.
Health Care Code Information					
Note: Not used on RSN Submitted Encounters					
236	2300	HI	03-1	Code List Qualifier Code	MC - Please use the qualifier "BN" = Use DHHS E-Code. Required if injury, poison or adverse effect.
236	2300	HI	03-2	Industry Code	MC - Please use the ICD.9 E-code here.
Diagnosis Related Group (DRG) Information					
Note: Not used on RSN Submitted Encounters					

Page	Loop	Segment	Data Element	Element Name	Comments
237	2300	HI	01-1	Code List Qualifier Code	MC - Please use the qualifier "DR"
237	2300	HI	01-2	Industry Code	MC - Please enter the DRG code here. Use if Inpatient claim was paid using a DRG.
Health Care Code Information – Other Diagnosis Information					
Note: Can be used to report up to 12 additional diagnoses – Use per the IG					
239	2300	HI	01-1	Code List Qualifier Code	Please use the qualifier "BF"
239	2300	HI	01-2	Industry Code	Please enter other diagnosis code here. Required if other conditions exist.
Principle Procedure Information					
249	2300	HI	01-1	Code List Qualifier Code	MC & RSN – Please use the qualifier "BP" = HCPCS/CPT Code; or "BR" = ICD9-CM Principle Procedure Code
250	2300	HI	01-2	Industry Code	MC & RSN – Please enter the principle procedure code here. HCPCS/CPT Procedure code for Outpatient; or ICD-9-CM Principle Procedure code for Inpatient
250	2300	HI	01-3	Date Time Period Format Qualifier	Please use the qualifier "D8" here.

Page	Loop	Segment	Data Element	Element Name	Comments
250	2300	HI	01-4	Date Time Period	Please enter the date here in CCYYMMDD format.
Other Procedure Information					
Note: Not used on RSN Submitted Encounters					
251	2300	HI	01-1	Code List Qualifier Code	Please use the qualifier "BO" = HCPCS/CPT Code; or "BQ" = ICD9-CM Other Procedure Code
252	2300	HI	01-2	Industry Code	Please enter the principle procedure code here. HCPCS/CPT Procedure code for Outpatient; or ICD-9-CM Procedure code for Inpatient
252	2300	HI	01-3	Date Time Period Format Qualifier	Please use the qualifier "D8" here.
252	2300	HI	01-4	Date Time Period	Please enter the date here in CCYYMMDD format.
Other Procedure Information Value Information (Code)					
Note: Not used on RSN Submitted Encounters					
287	2300	HI	01-1	Code List Qualifier Code	Please use the qualifier "BE" When Admission Type Code in CL101 = "4" Newborn
288	2300	HI	01-2	Industry Code	Please use "54" here when Admission Type Code in CL101 = "4" Newborn

Page	Loop	Segment	Data Element	Element Name	Comments
288	2300	HI	01-5	Monetary Amount	Please enter the Newborn Birth Weight in grams when Admission Type Code in CL101 = “4” Newborn
Claim Pricing/Repricing Information					
Note: Not used for RSN transmitted Encounters					
316	2300	HCP	01	Pricing Methodology	‘02’ = Amount Paid by the MCO; ‘07’ = the amount in HCP02 is based on MCO capitation payment;
316	2300	HCP	02	Monetary Amount	MCOs to report ‘Amount Paid’ (MCO paid to provider): or $0.00 if MCO denied claim to Billing/Pay-to Provider.
Attending Physician Name					
329	2310A	NM1	01	Entity Identifier Code	Please use the code “71” for Attending Physician. Use when Inpatient or HH primary physician.
329	2310A	NM1	02	Entity Type Qualifier	Please use one of the following qualifiers: “1” = Person “2” = Non-Person Entity. Required if Inpatient or HH primary physician.

Page	Loop	Segment	Data Element	Element Name	Comments
329	2310A	NM1	03	Last Name or Organization Name	Please enter the last name or organizational name of the attending physician here. RSN – Place either the attending physician or the E&T name for NM103 depending on the value used in NM102
329	2310A	NM1	04	First Name	Please enter the first name of the attending physician
329	2310A	NM1	05	Name Middle	Please enter the middle name or initial of the attending physician
330	2310A	NM1	07	Name Suffix	Please enter the name suffix of the attending physician
330	2310A	NM1	08	Identification code qualifier	Please use 'XX' for the Attending providers NPI. If reporting encounters for atypical providers who are not required to have an NPI please use on of the following qualifiers; '24' = Employer ID; or '34' = SSN
330	2310A	NM1	09	Identification code	Please enter the appropriate Identification Code based upon the qualifier sent in

Page	Loop	Segment	Data Element	Element Name	Comments
					NM108.
Attending Physician Specialty Information					
331	2310A	PRV	01	Provider Code	Please enter either 'AT' – Attending; or 'SU' – Supervising
332	2310A	PRV	02	Reference Identification Qualifier	Please enter 'ZZ' to indicate "Health Care Provider Taxonomy" code list.
332	2310A	PRV	03	Provider Taxonomy Code (Speciality Code)	Please enter the Provider Taxonomy Code here.
Attending Physician Secondary Identification					
Note: For Atypical providers who are not required to use an NPI – please enter either your SSN (SY) or TIN (EI) in NM108 and then the appropriate value in NM109. In REF01 please enter '1D' for Medicaid Provider Number and in REF02 please enter the providers ProviderOne Identification number here. E.G. Loop 2310B NM108 = EI or SY, NM109 = Employer ID Number or Social Security Number Loop 2310B REF01 = 1D, REF02 = ProviderOne Provider Number (123456789)					
333	2310A	REF	01	Reference Identification Qualifier	Please use either the qualifier for Employer ID Number (EIN) or a Social Security Number (SSN) in this field. The Qualifiers are as follows: 'EI' – for EIN 'SY' – for SSN

Page	Loop	Segment	Data Element	Element Name	Comments
334	2310A	REF	02	Reference Identification	Put the EIN or SSN of the Attending provider in this field based on the qualifier communicated in REF01 element.
Other Subscriber Information (Loop 2320)					
Note – Use per the IG, only report if applicable					
354	2320	SBR	01	Payer Responsibility Sequence Number Code	Please use; 'P' – Primary, or 'S' – Secondary
355	2320	SBR	02	Individual Relationship Code	Please use; '18' – Self
357	2320	SBR	03	Group or Policy Number Reference Identification	Please enter Subscriber Insured Group or Plan Number. Required if the subscriber's other payer identification includes Group or Plan Number
357	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
357	2320	SBR	09	Claim Filing Indicator Code	Use 'MA' when submitting Medicare otherwise use 'MC'

Page	Loop	Segment	Data Element	Element Name	Comments
Payer Prior Payment (Loop 2320)					
Note – Use per the IG, only report if applicable					
365	2320	AMT	01	Amount Qualifier Code	Please use 'C4' – Prior Payment Actual
365	2320	AMT	02	Monetary Amount	Please enter Amount Paid by Other Payer
Coordination of Benefits (COB) Total Allowed Amount (Loop 2320)					
Note – Use per the IG, only report if applicable					
366	2320	AMT	01	Amount Qualifier Code	Please use 'B6' – Allowed - Actual
366	2320	AMT	02	Monetary Amount	Please enter Allowed Amount by Medicare or Other Payer.
Coordination of Benefits (COB) Total Submitted Charges (Loop 2320)					
Note – Use per the IG, only report if applicable					
367	2320	AMT	01	Amount Qualifier Code	Please use 'T3' – Total Submitted Charges
367	2320	AMT	02	Monetary Amount	Please enter Total Submitted Charges by Medicare or Other Payer.
Coordination of Benefits Medicare Paid Amount (Loop 2320)					
Note – Use per the IG, only report if applicable					

Page	Loop	Segment	Data Element	Element Name	Comments
370	2320	AMT	01	Amount Qualifier Code	Please use 'N1' – Amount Paid by Medicare
371	2320	AMT	02	Monetary Amount	Please enter Amount Paid by Medicare
Other Subscriber Demographic Information (Loop 2320)					
Note – Use per the IG, only report if applicable					
382	2320	DMG	01	Date Time Period Format Qualifier	Please use 'D8'
383	2320	DMG	02	Date Time Period	Please enter Subscriber's Date of Birth
383	2320	DMG	03	Gender Code	Please enter the gender of the Subscriber.
Other Insurance Coverage Information (Loop 2320)					
Note – Use per the IG, only report if applicable					
384	2320	OI	03	Yes/No Condition Response Code	Please use the appropriate code.
385	2320	OI	06	Release of Information Code	Please use the appropriate code.
Other Subscriber Name (Loop 2330A)					
Note – Use per the IG, only report if applicable					
395	2330A	NM1	01	Entity Identifier Code	Please use 'IL'

Page	Loop	Segment	Data Element	Element Name	Comments
395	2330A	NM1	02	Entity Type Qualifier	Please use '1' – Person.
395	2330A	NM1	03	Name Last or Organization Name	Please enter the Subscriber Last Name
395	2330A	NM1	04	Name First	Please enter the Subscriber First Name
396	2330A	NM1	08	Identification Code Qualifier	Please use 'MI' – Member Identification Number
397	2330A	NM1	09	Identification Code	Please enter Subscriber Primary Identifier
Other Subscriber Address (Loop 2330A)					
Note – Use per the IG, only report if applicable					
398	2330A	N3	01	Address Information	Please enter Subscriber Address
Other Subscriber City/State/Zip Code (Loop 2330A)					
Note – Use per the IG, only report if applicable					
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
Other Payer Name (Loop 2330B)					
Note – Use per the IG, only report if applicable					

Page	Loop	Segment	Data Element	Element Name	Comments
404	2330B	NM1	01	Entity Identifier Code	Please use 'PR' here
405	2330B	NM1	02	Entity Type Qualifier	Please use '2' here
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 (Loop 2330B)					
Note – Use per the IG, only report if applicable					
409	2330B	DTP	01	Date/Time Qualifier	Please use '573' here.
409	2330B	DTP	02	Date Time Period Format Qualifier	Please use 'D8" here
409	2330B	DTP	03	Date Time Period	Please enter Claim Paid Date by Medicare or Other Payer – Date Format is CCYYMMDD
Other Payer Secondary Identification and Reference Number (Loop 2330B)					
Note – Use per the IG, only report if applicable					

Page	Loop	Segment	Data Element	Element Name	Comments
410	2330B	REF	01	Reference Identification Qualifier	Please use 'F8' here
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	Line Counter – The service line number is incremented by 1 for each service line.
Institutional Service Line					
436	2400	SV2	01	Product/Service ID	MC – Please enter the Revenue Code here. Use for Inpatient or Outpatient services – See code source – NUBC Codes RSN – use 0124 for 'Free Standing E & T'
436	2400	SV2	02	Service Line Procedure Code	MC – Please refer to the IG. For Outpatient Encounters when HCPCS exist at line level. RSN – Not used

Page	Loop	Segment	Data Element	Element Name	Comments
436	2400	SV2	02-1	Product/Service ID Qualifier	MC – Please use per the IG. Required if Outpatient Encounter and HCPCS/CPT exist at the line level RSN – Not used
437	2400	SV2	02-2	Product/Service ID	MC – Please enter the Primary Procedure Code here. This is required if Outpatient and must be HCPCS/CPT procedure code, not ICD9 procedure code. RSN – Not used
437	2400	SV2	02-3	Procedure Modifier	MC – Please enter the procedure code modifier here. This is required if Outpatient and clarifies the procedure. RSN – Not used
438	2400	SV2	03	Line Item Charge Amount	MC & RSN – Please enter the line Billed Charges here. Zero amount is an acceptable value/Total charges by Revenue Code.

Page	Loop	Segment	Data Element	Element Name	Comments
439	2400	SV2	04	Unit or Basis for Measurement Code	MC & RSN - Please enter the unit or basis for measurement here using the following codes; "UN" = Units (default)
439	2400	SV2	05	Service Unit Count	MC & RSN – Please enter the units of service here.
439	2400	SV2	06	Service Line Rate	MC – Please enter the rate for Room & Board here. Required on all Inpatient Encounters when a revenue code is for Room & Board. RSN – Use per IG
Service Line Date					
Note: Not used for RSN submitted Encounters					
445	2400	DTP	01	Date Time Qualifier	Please enter the qualifier "472" here to identify date of service.
446	2400	DTP	02	Date Time Period Format Qualifier	Please use the qualifier 'D8' for a single date of service; or 'RD8' for a range of from & to dates. Required if outpatient

Page	Loop	Segment	Data Element	Element Name	Comments
446	2400	DTP	03	Service Line Date Date Time Period	Please enter the appropriate date of service or range of dates here in CCYYMMDD format. Required if Outpatient
Line Pricing/Re-pricing Information					
Note: Used only for Managed Care Encounters when appropriate. Not used for RSN transmitted Encounters.					
452	2400	HCP	01	Pricing Methodology	'00' = Denied claim by MCO; '02' = Amount Paid by the MCO; '07' = the amount in HCP02 is based on MCO capitation payment;
452	2400	HCP	02	Monetary Amount	MCOs to report 'Amount Paid' (MCO paid to provider): or $0.00 if MCO denied claim to Billing/Pay-to Provider.
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	Total number of transaction sets included in the group.
App.B	Trailer	GE	02	Group Control Number	Assigned number originated and

Page	Loop	Segment	Data Element	Element Name	Comments
					maintained by the sender Must be identical to GS06
Interchange Control Trailer					
App.B	Trailer	IEA	01	Number of Included Functional Groups	A count of the number of functional groups included in the interchange.
App.B	Trailer	IEA	02	Interchange Control Number	A control number assigned by the Interchange sender. Unique ID for each ISA/IEA from this sender. Must be identical to ISA13