WA State DSHS MAA
HIPAA Project
Mapping -- HIPAA 837P to SSPS.xls-HIPAA 837P

as of 7/9/2002

Loop	Segmnt	HIPAA Name	Legacy Record	Legacy Field / Literal	Mapping Comment
	ST	**Transaction Set Header**			
	ST 01	Transaction Set Identifier Code		"837"-Health Care Claim	
	ST 02	Transaction Set Control Number		"1"-first transaction in batch	submitter seq # from 1 by 1 for each tx
	BHT	**Beginning of Hierarchical Transaction**			
	BHT01	Hierarchical Structure Code		"0019"-Info Source, Subscr., Dependent	
	BHT02	Transaction Set Purpose Code		"00"-original, "18"-resubmit	
	BHT03	Originator Application Transaction Identifier			Required: unique ID for all 837s from original system
	BHT04	Transaction Set Creation Date			Required: Claim date (or transaction creation date)
	BHT05	Transaction Set Creation Time			Required: HHMMSSDD: default to "23595999"-midnight
	BHT06	Claim or Encounter Identifier		"CH"-FFS	
	REF	**Transmission Type Identification**			
	REF01	Reference Identification Qualifier		"87"-Functional Category	
	REF02	Transmission Type Code		"004010X096A1" = prod.; "004010X098DA1" = test	
1000A	**NM1**	**Submitter Name**			
1000A	NM101	Entity Identifier Code		"41"-Submitter	
1000A	NM102	Entity Type Qualifier		"1"-Person, "2"-Non-Person	
1000A	NM103	Submitter Last or Organization Name	SSPS	PAYEE NAME	
1000A	NM104	Submitter First Name	SSPS	PAYEE NAME	Required if person
1000A	NM105	Submitter Middle Name			
1000A	NM108	Identification Code Qualifier		"46"-ETIN (local code)	
1000A	NM109	Submitter Identifier	SSPS	PAYEE EIN/NPI	No: Need local ID, not EIN/NPI
1000A	**PER**	**Submitter EDI Contact Information**			
1000A	PER01	Contact Function Code		"IC"-Information Contact	
1000A	PER02	Submitter Contact Name	SSPS	CONTACT NAME	
1000A	PER03	Communication Number Qualifier		"EM"-Email	
1000A	PER04	Communication Number	SSPS	CONTACT EMAIL ADDRESS	
1000B	**NM1**	**Receiver Name**			
1000B	NM101	Entity Identifier Code		"40"-Receiver	
1000B	NM102	Entity Type Qualifier		"2"-Non-Person	
1000B	NM103	Receiver Name	SSPS	"DEPT OF SOCIAL AND HEALTH SERVICES"	
1000B	NM108	Identification Code Qualifier		"46"-EIN	
1000B	NM109	Receiver Primary Identifier	SSPS	DSHS EIN/NPI	
2000A	**HL**	**Billing/Pay-to Provider Hierarchical Level**			
2000A	HL 01	Hierarchical ID Number		"1"-this is first HL	
2000A	HL 03	Hierarchical Level Code		"20"-Information Source	
2000A	HL 04	Hierarchical Child Code		"1"-child HL follows	
2010AA	**NM1**	**Billing Provider Name**			
2010AA	NM101	Entity Identifier Code		"85"-Billing Provider	
2010AA	NM102	Entity Type Qualifier		"2"-Non-person	
2010AA	NM103	Billing Provider Last or Organizational Name	SSPS	BILLING PAYEE NAME	
2010AA	NM104	Billing Provider First Name	SSPS	BILLING PAYEE NAME	Required if person

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2010AA	NM105	Billing Provider Middle Name			
2010AA	NM107	Billing Provider Name Suffix			
2010AA	NM108	Identification Code Qualifier		"24"-Empl.ID, "XX"-NPI	
2010AA	NM109	Billing Provider Identifier	SSPS	BILLING PAYEE EIN/NPI	
2010AA	**N 3**	**Billing Provider Address**			
2010AA	N 301	Billing Provider Address Line	SSPS	BILLING PAYEE ADDRESS	
2010AA	N 302	Billing Provider Address Line			
2010AA	**N 4**	**Billing Provider City/State/ZIP Code**			
2010AA	N 401	Billing Provider City Name	SSPS	BILLING PAYEE CITY	
2010AA	N 402	Billing Provider State or Province Code	SSPS	BILLING PAYEE STATE	
2010AA	N 403	Billing Provider Postal Zone or ZIP Code	SSPS	BILLING PAYEE ZIP	
2010AA	N 404	Country Code			
2000B	**HL**	**Subscriber Hierarchical Level**			
2000B	HL 01	Hierarchical ID Number		"2"-this is 2nd HL	
2000B	HL 02	Hierarchical Parent ID Number		"1"-parent is 1st HL	
2000B	HL 03	Hierarchical Level Code		"22"-Subscriber	
2000B	HL 04	Hierarchical Child Code		"0"-no child HL follows	
2000B	**SBR**	**Subscriber Information**			
2000B	SBR01	Payer Responsibility Sequence Number Code		"P"-Primary	
2000B	SBR02	Individual Relationship Code		"18"-Self	
2000B	SBR04	Insured Group Name	SSPS	PLAN NAME	
2000B	SBR09	Claim Filing Indicator Code	SSPS	"MC"-Medicaid	
2010BA	**NM1**	**Subscriber Name**			
2010BA	NM101	Entity Identifier Code		"IL"-Insured	
2010BA	NM102	Entity Type Qualifier		"1"-Person	
2010BA	NM103	Subscriber Last Name	SSPS	SERVICE LAST NAME	
2010BA	NM104	Subscriber First Name	SSPS	SERVICE FIRST NAME	
2010BA	NM105	Subscriber Middle Name	SSPS	SERVICE MIDDLE I	
2010BA	NM107	Subscriber Name Suffix			
2010BA	NM108	Identification Code Qualifier		"MI"-member ID	
2010BA	NM109	Subscriber Primary Identifier	SSPS	CLIENT ID	
2010BA	**N 3**	**Subscriber Address**			
2010BA	N 301	Subscriber Address Line			**Required if subscr = patient**
2010BA	N 302	Subscriber Address Line			
2010BA	**N 4**	**Subscriber City/State/ZIP Code**			
2010BA	N 401	Subscriber City Name			**Required if subscr = patient**
2010BA	N 402	Subscriber State Code			**Required if subscr = patient**
2010BA	N 403	Subscriber Postal Zone or ZIP Code			**Required if subscr = patient**
2010BA	N 404	Country Code			
2010BA	**DMG**	**Subscriber Demographic Information**			
2010BA	DMG01	Date Time Period Format Qualifier		"D8"-CCYYMMDD	
2010BA	DMG02	Subscriber Birth Date	SSPS	CLIENT'S BIRTH DATE	
2010BA	DMG03	Subscriber Gender Code	SSPS	GENDER CODE	
2010BB	**NM1**	**Payer Name**			
2010BB	NM101	Entity Identifier Code		"PR"-payer	

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2010BB	NM102	Entity Type Qualifier		"2"-organization	
2010BB	NM103	Payer Name	SSPS	"DEPT OF SOCIAL AND HEALTH SERVICES"	
2010BB	NM108	Identification Code Qualifier		"PI"-payer's ID or "XV"-Nat'l Plan ID	
2010BB	NM109	Payer Identifier	SSPS	DSHS EIN/NPI	No: Need Local ID or PlanID, not EIN/NPI
2300	**CLM**	**Claim Information**			
2300	CLM01	Patient Account Number	SSPS	INVOICE NUMBER	Put this here instead of line note
2300	CLM02	Total Claim Charge Amount	SSPS	INVOICE AMOUNT	Verify sum of line item charge amounts, SV102
2300	CLM05	Health Care Service Location Information			
2300	CLM05-1	Facility Type Code	SSPS	FACILITY TYPE CODE	Example bad syntax: need one asterisk between each fld
2300	CLM05-3	Claim Frequency Code		"1"-orig	
2300	CLM06	Provider or Supplier Signature Indicator		"Y"-provider certifies	
2300	CLM07	Medicare Assignment Code		"C"-not assigned	
2300	CLM08	Benefits Assignment Certification Indicator		"Y"-insured assigns benefits	
2300	CLM09	Release of Information Code	SSPS	RELEASE OF INFORMATION CODE	map to valid codes
2300	CLM10	Patient Signature Source Code	SSPS	"C" Signed HCFA-1500 Claim Form on file	
2300	CLM11	Related Causes Information			
2300	CLM11-1	Related Causes Code			Required if accident or work related
2300	CLM11-2	Related Causes Code			Required if accident or work related
2300	CLM11-3	Related Causes Code			Required if accident or work related
2300	CLM11-4	Auto Accident State or Province Code			Required if accident related
2300	CLM11-5	Country Code			
2300	**DTP**	**Date - Accident**			
2300	DTP01	Date Time Qualifier		"439"-Accident	
2300	DTP02	Date Time Period Format Qualifier		"D8"-CCYYMMDD	
2300	DTP03	Accident Date			Required if accident related
2300	**REF**	**Prior Authorization or Referral Number**			
2300	REF01	Reference Identification Qualifier		"G1"-Prior Auth.	
2300	REF02	Prior Authorization or Referral Number	SSPS	AUTHORIZATION NUMBER	Put this here, not in line note
2300	**NTE**	**Claim Note**			
2300	NTE01	Note Reference Code		"ADD"-Additional Information	
2300	NTE02	Claim Note Text	SSPS	#2: CASE NUM, WORKER ID, REPORTING UNIT	Note 2 should be a claim level note, not line level
2300	**HI**	**Health Care Diagnosis Code**			
2300	HI01	Health Care Code Information			
2300	HI01-1	Diagnosis Type Code		"BK"-principal diagnosis	
2300	HI01-2	Diagnosis Code	SSPS	ICD-9 CODE	
2310B	**NM1**	**Rendering Provider Name**			
2310B	NM101	Entity Identifier Code		"82"-Rendering Provider	
2310B	NM102	Entity Type Qualifier		"1"-Person	
2310B	NM103	Rendering Provider Last or Organization Name	SSPS	PROVIDER NAME	Put this here, not in line note
2310B	NM104	Rendering Provider First Name	SSPS	PROVIDER NAME	Put this here, not in line note
2310B	NM105	Rendering Provider Middle Name	SSPS	PROVIDER NAME	Put this here, not in line note
2310B	NM107	Rendering Provider Name Suffix			
2310B	NM108	Identification Code Qualifier		"24"-EIN, "XX"-NPI	
2310B	NM109	Rendering Provider Identifier	SSPS	PROVIDER NUMBER	Required if rendering <> billing/pay-to prov

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2310B	**REF**	**Rendering Provider Secondary Identification**			
2310B	REF01	Reference Identification Qualifier		"N5"-Plan's ID for Provider	
2310B	REF02	Rendering Provider Secondary Identifier	SSPS	PROVIDER NUMBER	Put local ID here
2400	**LX**	**Service Line**			
2400	LX 01	assign Number	SSPS	SERVICE LINE COUNTER	This must increment from 1 by 1 for each service line; does it?
2400	**SV1**	**Professional Service**			
2400	SV101	Composite Medical Procedure Identifier			
2400	SV101-1	Product or Service ID Qualifier		"HC"-HCPCS/CPT codes	
2400	SV101-2	Procedure Code	SSPS	SERVICE CODE	MAP CODES
2400	SV101-3	Procedure Modifier			
2400	SV101-4	Procedure Modifier			
2400	SV101-5	Procedure Modifier			
2400	SV101-6	Procedure Modifier			
2400	SV102	Line Item Charge Amount	SSPS	RATE x UNITS = AMOUNT AUTHORIZED (Invoice svs line amt)	Required
2400	SV103	Unit or Basis for Measurement Code	SSPS	SSPS UNIT TYPE	Put here instead of line note NTE
2400	SV104	Service Unit Count	SSPS	TOTAL UNITS CLAIMED/AUTHORIZED	
2400	SV105	Place of Service Code	SSPS	FACILITY TYPE CODE	
2400	SV107	Composite Diagnosis Code Pointer			
2400	SV107-1	Diagnosis Code Pointer		"1"-first diagnosis	
2400	SV109	Emergency Indicator		"N"-Non Emergency	Example Bad Syntax: missing asterisk
2400	**DTP**	**Date - Service Date**			
2400	DTP01	Date Time Qualifier		"472"-Date of Service	
2400	DTP02	Date Time Period Format Qualifier	SSPS	"RD8"-CCYYMMDD-CCYYMMDD	
2400	DTP03	Service Date	SSPS	SERVICE/ITEM LINE BEGIN DATE - SERVICE/ITEM LINE END DATE	
2400	**REF**	**Line Item Control Number**			
2400	REF01	Reference Identification Qualifier		"6R"-Provider Control Number	
2400	REF02	Line Item Control Number	SSPS	DATABASE REFERENCE NUMBER	
2400	**NTE**	**Line Note**			
2400	NTE01	Note Reference Code	SSPS	"ADD"-Additional Information	
2400	NTE02	Line Note Text	SSPS	#1: NOTE NUMBER, PHYSICAL PAGE NUMBER, PARTICIPATION FLAG, CONTINGENCY HOURS, PAY NOW INDICATOR	INVOICE NUMBER -> CLM01; SSPS UNIT TYPE -> SV1; RATE -> SV102
			SSPS	#2: CASE NUM, WORKER ID, REPORTING UNIT	AUTH NUM -> REF; PROV NUM/NAME -> Rendering NM1; move rest to claim not, not line note
2440	**SE**	**Transaction Set Trailer**			
2440	SE 01	Transaction Segment Count			
2440	SE 02	Transaction Set Control Number			