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

as of 7/9/2002

Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
1		**ST**	**Transaction Set Header**								
2		ST 01	Transaction Set Identifier Code	ID3			Verify "837"	Translation	hard code: req'd	837	
3		ST 02	Transaction Set Control Number	AN9					assign: req'd	date/timestamp	
4		**BHT**	**Beginning of Hierarchical Transaction**								
5		BHT01	Hierarchical Structure Code	ID4					hard code: req'd	0019	
6		BHT02	Transaction Set Purpose Code	ID2			If "18" - reissue, handle as reversal and correction	Processing Logic	assign: req'd	00-original, 18-resubmit	
7		BHT03	Originator Application Transaction Identifier	AN30					assign: req'd	date/timestamp	
8		BHT04	Transaction Set Creation Date	DT8					assign: req'd	current date	
9		BHT05	Transaction Set Creation Time	TM8						timestamp	
10		BHT06	Claim or Encounter Identifier	ID2			Store in MMIS to flag whether FFS or encounter; if both, must detect which	Map Codes	assign: req'd	lookup provID: RP-HMO, CH-FFS	
11		**REF**	**Transmission Type Identification**								
12		REF01	Reference Identification Qualifier	ID3			Verify "87"-Functional Category	Translation	hard code: req'd	87	
13		REF02	Transmission Type Code	AN30			Use to access correct version of translation	Translation	hard code: req'd	004010X096	
14	**1000A**	**NM1**	**Submitter Name**								
15	1000A	NM101	Entity Identifier Code	ID3			Verify "41"-Submitter	Translation	hard code: req'd	41	
16	1000A	NM102	Entity Type Qualifier	ID1					assign: req'd	lookup provID: 1-indiv, 2-org.	
17	1000A	NM103	Submitter Last or Organization Name	AN35					**required by HIPAA**		
18	1000A	NM104	Submitter First Name	AN25					**req'd if person**		
19	1000A	NM105	Submitter Middle Name	AN25					req'd if person & known		

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20	1000A	NM108	Identification Code Qualifier	ID2			Verify "46"-Electronic Transmitter Identification Number (ETIN)	Translation	hard code: used	46	
21	1000A	NM109	Submitter Identifier	AN80			Store in MMIS to verify that submitter is approved for provider	Processing Logic	used in MMIS	lookup provID to validate	
22	**1000A**	**N 2**	**Additional Submitter Name Information**								
23	1000A	N 201	Additional Submitter Name	AN60					req'd if name > 35 bytes		
24	**1000A**	**PER**	**Submitter EDI Contact Information**								
25	1000A	PER01	Contact Function Code	ID2					hard code: used	IC	
26	1000A	PER02	Submitter Contact Name	AN60					used in MMIS		
27	1000A	PER03	Communication Number Qualifier	ID2					hard code: used	TE	
28	1000A	PER04	Communication Number	AN80					used in MMIS	telephone	
29	1000A	PER05	Communication Number Qualifier	ID2					optional (not used)		
30	1000A	PER06	Communication Number	AN80					optional (not used)		
31	1000A	PER07	Communication Number Qualifier	ID2					optional (not used)		
32	1000A	PER08	Communication Number	AN80					optional (not used)		
33	**1000B**	**NM1**	**Receiver Name**						optional (not used)		
34	1000B	NM101	Entity Identifier Code	ID3					hard code: req'd	40	
35	1000B	NM102	Entity Type Qualifier	ID1					hard code: req'd	2	
36	1000B	NM103	Receiver Name	AN35					hard code: req'd	MAA	
37	1000B	NM108	Identification Code Qualifier	ID2			verify "46"	Translation	hard code: req'd	46	
38	1000B	NM109	Receiver Primary Identifier	AN80			Validate against MAA's ETIN number	Translation	hard code: req'd	<what is MAA ETIN?>	

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39	**1000B**	**N 2**	**Receiver Additional Name Information**								
40	1000B	N 201	Receiver Additional Name	AN60					req'd if name > 35 bytes		
41	**2000A**	**HL**	**Billing/Pay-to Provider Hierarchical Level**								
42	2000A	HL 01	Hierarchical ID Number	AN12			Verify "1"	Translation	assign: req'd	increment from 1 by 1 for each HL segment in tx	
43	2000A	HL 03	Hierarchical Level Code	ID2			Verify "20"	Translation	hard code: req'd	20	
44	2000A	HL 04	Hierarchical Child Code	ID1			Verify "1"	Translation	hard code: req'd	1	
45	**2000A**	**PRV**	**Billing/Pay-to Provider Specialty Information**								
46	2000A	PRV01	Provider Code	ID3					assign: req'd	BI-billing, PT-pay-to	
47	2000A	PRV02	Reference Identification Qualifier	ID3			Verify "ZZ"	Translation	hard code: req'd	ZZ-prov taxonomy code	
48	2000A	PRV03	Provider Taxonomy Code	AN30			Add taxonomy code to claim; saved as variable to populate subsequest claims	HIPAA Required	**required by HIPAA**	pull-down list of valid values: see www.wpc-edi.com	Save space for taxonomy….not adding at this time
49	**2000A**	**CUR**	**Foreign Currency Information**								
50	2000A	CUR01	Entity Identifier Code	ID3					hard code: opt	85	
51	2000A	CUR02	Currency Code	ID3					optional (not used)	pull-down list of valid values: see Impl.Gde.	
52	**2010AA**	**NM1**	**Billing Provider Name**				**Use 2010AB-Pay-to-Prov, unless only 2010AA-Billing-Prov is sent**	**Translation**			

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53	2010AA	NM101	Entity Identifier Code	ID3			Verify "85"	Translation	hard code: req'd	85	
54	2010AA	NM102	Entity Type Qualifier	ID1					assign: req'd	lookup provID: 1-indiv, 2-org.	
55	2010AA	NM103	Billing Provider Last or Organizational Name	AN35	Prov-File	PROV-NAME			**required by HIPAA**		
56	2010AA	NM104	Billing Provider First Name	AN25	Prov-File	PROV-NAME			**req'd if person**		
57	2010AA	NM105	Billing Provider Middle Name	AN25	Prov-File	PROV-NAME			req'd if person & known		
58	2010AA	NM107	Billing Provider Name Suffix	AN10	Prov-File	PROV-NAME			used in MMIS		
59	2010AA	NM108	Identification Code Qualifier	ID2			Use if NM108="XX"; send NPI to MMIS new field	Translation	**required by HIPAA**	pull-down list of valid values: see Impl.Gde.	Save space for NPI….not adding at this time
60	2010AA	NM109	Billing Provider Identifier	AN80	Medical-Claim	PROV-NUMBER	expand field to fit NPI or new field?	HIPAA Required	**required by HIPAA**	lookup provID to validate	
61	**2010AA**	**N 2**	**Additional Billing Provider Name Information**								
62	2010AA	N 201	Billing Provider Additional Name	AN60					Required if NM103 is longer than 35 characters.		
63	**2010AA**	**N 3**	**Billing Provider Address**								
64	2010AA	N 301	Billing Provider Address Line	AN55					**required by HIPAA**		
65	2010AA	N 302	Billing Provider Address Line	AN55					optional (not used)		
66	**2010AA**	**N 4**	**Billing Provider City/State/ZIP Code**								
67	2010AA	N 401	Billing Provider City Name	AN30					**required by HIPAA**		
68	2010AA	N 402	Billing Provider State or Province Code	ID2					**required by HIPAA**		
69	2010AA	N 403	Billing Provider Postal Zone or ZIP Code	ID15					**required by HIPAA**		

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70	2010AA	N 404	Country Code	ID3					optional (not used)		
71	**2010AA**	**REF**	**Billing Provider Secondary Identification**								
72	2010AA	REF01	Reference Identification Qualifier	ID3			Verify "1D" = Medicaid number or "1G"=UPIN	Translation	hard code: used	pull-down list of valid values: see Impl.Gde.	
73	2010AA	REF02	Billing Provider Additional Identifier	AN30	Medical-Claim	PROV-NUMBER			used in MMIS	lookup provID to validate	
74	**2010AA**	**REF**	**Credit/Debit Card Billing Information**								
75	2010AA	REF01	Reference Identification Qualifier	ID3					optional (not used)	pull-down list of valid values: see Impl.Gde.	
76	2010AA	REF02	Billing Provider Credit Card Identifier	AN30					optional (not used)		
77	**2010AA**	**PER**	**Billing Provider Contact Information**								
78	2010AA	PER01	Contact Function Code	ID2					hard code: opt	IC	
79	2010AA	PER02	Billing Provider Contact Name	AN60					optional (not used)		
80	2010AA	PER03	Communication Number Qualifier	ID2					optional (not used)		
81	2010AA	PER04	Communication Number	AN80					optional (not used)		
82	2010AA	PER05	Communication Number Qualifier	ID2					optional (not used)		
83	2010AA	PER06	Communication Number	AN80					optional (not used)		
84	2010AA	PER07	Communication Number Qualifier	ID2					optional (not used)		
85	2010AA	PER08	Communication Number	AN80					optional (not used)		
86	**2010AB**	**NM1**	**Pay-to Provider Name**								
87	2010AB	NM101	Entity Identifier Code	ID3			Verify "87"	Translation	hard code: opt	87	

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88	2010AB	NM102	Entity Type Qualifier	ID1					assign: opt	lookup provID: 1-indiv, 2-org.	
89	2010AB	NM103	Pay-to Provider Last or Organizational Name	AN35	Prov-File	PROV-NAME			req'd if billing <> pay-to prov		
90	2010AB	NM104	Pay-to Provider First Name	AN25	Prov-File	PROV-NAME			req'd if person		
91	2010AB	NM105	Pay-to Provider Middle Name	AN25	Prov-File	PROV-NAME			req'd if person & known		
92	2010AB	NM107	Pay-to Provider Name Suffix	AN10	Prov-File	PROV-NAME					
93	2010AB	NM108	Identification Code Qualifier	ID2			verify "XX"-NPI	Translation	used in MMIS	pull-down list of valid values: see Impl.Gde.	
94	2010AB	NM109	Pay-to Provider Identifier	AN80	Medical-Claim	PROV-NUMBER			used in MMIS	lookup provID to validate	
95	**2010AB**	**N 2**	**Additional Pay-to Provider Name Information**								
96	2010AB	N 201	Pay-to Provider Additional Name	AN60					Required if NM103 is longer than 35 characters.		
97	**2010AB**	**N 3**	**Pay-to Provider Address**								
98	2010AB	N 301	Pay-to Provider Address Line	AN55					optional (not used)		
99	2010AB	N 302	Pay-to Provider Address Line	AN55					optional (not used)		
100	**2010AB**	**N 4**	**Pay-to Provider City/State/ZIP Code**								
101	2010AB	N 401	Pay-to Provider City Name	AN30					optional (not used)		
102	2010AB	N 402	Pay-to Provider State Code	ID2					optional (not used)		
103	2010AB	N 403	Pay-to Provider Postal Zone or ZIP Code	ID15					optional (not used)		

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104	2010AB	N 404	Country Code	ID3					optional (not used)		
105	**2010AB**	**REF**	**Pay-to-Provider Secondary Identification**								
106	2010AB	REF01	Reference Identification Qualifier	ID3			Verify "1D" = Medicaid number or "1G"=UPIN	Translation	hard code: used	pull-down list of valid values: see Impl.Gde.	
107	2010AB	REF02	Pay-to Provider Identifier	AN30	Medical-Claim	PROV-NUMBER			used in MMIS	lookup provID to validate	
108	**2000B**	**HL**	**Subscriber Hierarchical Level**				**For translator, we should approximate what is the max # subscribers per provider: rec. max. 5000?**	**Translation**			
109	2000B	HL 01	Hierarchical ID Number	AN12			Verify "2"	Translation	assign: req'd	increment by 1 for each HL segment in tx	
110	2000B	HL 02	Hierarchical Parent ID Number	AN12			Verify "1"	Translation	assign: req'd	parent HL01 value	
111	2000B	HL 03	Hierarchical Level Code	ID2			Verify "22"	Translation	hard code: req'd	22	
112	2000B	HL 04	Hierarchical Child Code	ID1					assign: req'd	0-patient is subscriber, 1-patient is not subscriber	
113	**2000B**	**SBR**	**Subscriber Information**								
114	2000B	SBR01	Payer Responsibility Sequence Number Code	ID1			Hard code "T"-tertiary	Translation	**required by HIPAA**	pull-down	
115	2000B	SBR02	Individual Relationship Code	ID2			Hard code "18"-self	Translation	**req'd if subscr = patient**	pull-down	
116	2000B	SBR03	Insured Group or Policy Number	AN30					optional (not used)		
117	2000B	SBR04	Insured Group Name	AN60					optional (not used)		

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118	2000B	SBR05	Insurance Type Code	ID3					optional (not used)	pull-down	
119	2000B	SBR09	Claim Filing Indicator Code	ID2	Medical-Claim	CLM-INPUT-FORM-IND	Store for use in 835-CLP06; required until PlanID is used. Use this field?	Match Back	**required by HIPAA**	pull-down	
120	**2000B**	**PAT**	**Patient Information**								
121	2000B	PAT05	Date Time Period Format Qualifier	ID3					hard code if subscr = patient & deceased	D8	
122	2000B	PAT06	Insured Individual Death Date	AN35					req'd if subscr = patient & deceased		
123	2000B	PAT07	Unit or Basis for Measurement Code	ID2			Verify "GR"	Translation	hard code if subscr = patient & baby delivered	GR	
124	2000B	PAT08	Patient Weight	R10			MAA might want a new field in MMIS for weight if < 29 days old (RECIP-AGE)	Nice to Have	req'd if subscr = patient & baby delivered		baby weight not needed on professional claim
125	2000B	PAT09	Pregnancy Indicator	ID1					optional (not used)		
126	**2010BA**	**NM1**	**Subscriber Name**				**if subscr <> pat, store name & ID#s for COB**	**Electronic COB**			
127	2010BA	NM101	Entity Identifier Code	ID3			Verify "IL"	Translation	hard code: req'd	IL	
128	2010BA	NM102	Entity Type Qualifier	ID1					hard code: req'd	1	
129	2010BA	NM103	Subscriber Last Name	AN35			Don't use incoming name	Translation	**required by HIPAA**		
130	2010BA	NM104	Subscriber First Name	AN25					**required by HIPAA**		
131	2010BA	NM105	Subscriber Middle Name	AN25					**req'd if person**		
132	2010BA	NM107	Subscriber Name Suffix	AN10					req'd if person & known		
133	2010BA	NM108	Identification Code Qualifier	ID2			Verify "MI"-Payor's member ID	Translation	**hard code if subscr is a person**	MI	
134	2010BA	NM109	Subscriber Primary Identifier	AN80	Medical-Claim	RECIP-IDENT-NUMBER	If NM108=MI, this is DSHS PIC	Match Back	**req'd if subscr is a person**		

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135	**2010BA**	**N 2**	**Additional Subscriber Name Information**								
136	2010BA	N 201	Subscriber Supplemental Description	AN60					required if name is longer than 35 characters.		
137	**2010BA**	**N 3**	**Subscriber Address**								
138	2010BA	N 301	Subscriber Address Line	AN55					**req'd if subscr = patient**		
139	2010BA	N 302	Subscriber Address Line	AN55					optional (not used)		
140	**2010BA**	**N 4**	**Subscriber City/State/ZIP Code**								
141	2010BA	N 401	Subscriber City Name	AN30					**req'd if subscr = patient**		
142	2010BA	N 402	Subscriber State Code	ID2					**req'd if subscr = patient**		
143	2010BA	N 403	Subscriber Postal Zone or ZIP Code	ID15					**req'd if subscr = patient**		
144	2010BA	N 404	Country Code	ID3					optional (not used)		
145	**2010BA**	**DMG**	**Subscriber Demographic Information**								
146	2010BA	DMG01	Date Time Period Format Qualifier	ID3					hard code if patient = subscr.	D8	
147	2010BA	DMG02	Subscriber Birth Date	AN35	Medical-Claim	RECIP-DATE-OF-BIRTH	Convert CCYYMMDD to YYMMDD	Translation	**req'd if patient = subscr.**	CCYYMMDD	
148	2010BA	DMG03	Subscriber Gender Code	ID1	Medical-Claim	RECIP-SEX-CODE	HIPAA "M" = MMIS "1"; "F" = "2"	Translation	**req'd if patient = subscr.**	pull-down list of valid values: see Impl.Gde.	
149	**2010BA**	**REF**	**Subscriber Secondary Identification**								
150	2010BA	REF01	Reference Identification Qualifier	ID3			Verify "1W"	Translation	optional (not used)	pull-down	
151	2010BA	REF02	Subscriber Supplemental Identifier	AN30	Medical-Claim	RECIP-CLIENT-ID			optional (not used)		

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152	**2010BA**	**REF**	**Property and Casualty Claim Number**								
153	2010BA	REF01	Reference Identification Qualifier	ID3					hard code: opt	Y4	
154	2010BA	REF02	Property Casualty Claim Number	AN30					optional (not used)		
155	**2010BB**	**NM1**	**Payer Name**								
156	2010BB	NM101	Entity Identifier Code	ID3			Verify "PR"	Translation	hard code: req'd	PR	
157	2010BB	NM102	Entity Type Qualifier	ID1					hard code: req'd	2	
158	2010BB	NM103	Payer Name	AN35					hard code: req'd	"MAA"	
159	2010BB	NM108	Identification Code Qualifier	ID2			Verify "PI"=Payor Identification or "XV"=National PlanID (when avail.)	Translation	hard code: req'd	PI	
160	2010BB	NM109	Payer Identifier	AN80			Validate MAA ID num, and route elsewhere if it's for L&I, SSPS, etc.	Translation	hard code: req'd	<MAA ID>	
161	**2010BB**	**N 2**	**Additional Payer Name Information**								
162	2010BB	N 201	Payer Additional Name	AN60					required if name is longer than 35 characters.		
163	**2010BB**	**N 3**	**Payer Address**								
164	2010BB	N 301	Payer Address Line	AN55					optional (not used)		
165	2010BB	N 302	Payer Address Line	AN55					optional (not used)		
166	**2010BB**	**N 4**	**Payer City/State/ZIP Code**								
167	2010BB	N 401	Payer City Name	AN30					optional (not used)		
168	2010BB	N 402	Payer State Code	ID2					optional (not used)		
169	2010BB	N 403	Payer Postal Zone or ZIP Code	ID15					optional (not used)		
170	2010BB	N 404	Country Code	ID3					optional (not used)		
171	**2010BB**	**REF**	**Payer Secondary Identification**								

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172	2010BB	REF01	Reference Identification Qualifier	ID3					optional (not used)	pull-down	
173	2010BB	REF02	Payer Additional Identifier	AN30					optional (not used)		
174	**2010BC**	**NM1**	**Responsible Party Name**								
175	2010BC	NM101	Entity Identifier Code	ID3					hard code: opt	QD	
176	2010BC	NM102	Entity Type Qualifier	ID1					optional (not used)	pull-down	
177	2010BC	NM103	Responsible Party Last or Organization Name	AN35					optional (not used)		
178	2010BC	NM104	Responsible Party First Name	AN25					optional (not used)		
179	2010BC	NM105	Responsible Party Middle Name	AN25					optional (not used)		
180	2010BC	NM107	Responsible Party Suffix Name	AN10					optional (not used)		
181	**2010BC**	**N 2**	**Additional Responsible Party Name Information**								
182	2010BC	N 201	Responsible Party Additional Name	AN60					required if name is greater than 35 characters.		
183	**2010BC**	**N 3**	**Responsible Party Address**								
184	2010BC	N 301	Responsible Party Address Line	AN55					optional (not used)		
185	2010BC	N 302	Responsible Party Address Line	AN55					optional (not used)		
186	**2010BC**	**N 4**	**Responsible Party City/State/ZIP Code**								
187	2010BC	N 401	Responsible Party City Name	AN30					optional (not used)		
188	2010BC	N 402	Responsible Party State Code	ID2					optional (not used)		
189	2010BC	N 403	Responsible Party Postal Zone or ZIP Code	ID15					optional (not used)		
190	2010BC	N 404	Country Code	ID3					optional (not used)		
191	**2010BD**	**NM1**	**Credit/Debit Card Holder Name**								

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192	2010BD	NM101	Entity Identifier Code	ID3					optional (not used)		
193	2010BD	NM102	Entity Type Qualifier	ID1					optional (not used)		
194	2010BD	NM103	Credit or Debit Card Holder Last or Organizational Name	AN35					optional (not used)		
195	2010BD	NM104	Credit or Debit Card Holder First Name	AN25					optional (not used)		
196	2010BD	NM105	Credit or Debit Card Holder Middle Name	AN25					optional (not used)		
197	2010BD	NM107	Credit or Debit Card Holder Name Suffix	AN10					optional (not used)		
198	2010BD	NM108	Identification Code Qualifier	ID2					optional (not used)		
199	2010BD	NM109	Credit or Debit Card Number	AN80					optional (not used)		