837 Healthcare Claim
Technical Specification
ANSI ASC X12N (Version 5010)
Professional

State of Washington
Department of Social & Health Services

Prepared by:
CNSI
3000 Pacific Avenue S.E.
Suite 200
Olympia, Washington 98501

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1 Transaction Specifications

837 PROFESSIONAL

Page	Loop	Segment	Data Element	Element Name	Comments
INTERCHANGE CONTROL HEADER					
App.C	ENVELOPE	ISA	01	Authorization Information Qualifier	Please use '00'
App.C	ENVELOPE	ISA	02	Authorization Information	Please use 10 spaces
App.C	ENVELOPE	ISA	03	Security Information Qualifier	Please use '00'
App.C	ENVELOPE	ISA	04	Security Information	Please use 10 spaces
App.C	ENVELOPE	ISA	05	Interchange ID Qualifier	Please use 'ZZ'
App.C	ENVELOPE	ISA	06	Interchange Sender ID	Please use the 9-digit ProviderOne ID followed by spaces
App.C	ENVELOPE	ISA	07	Interchange ID Qualifier	Please use 'ZZ'
App.C	ENVELOPE	ISA	08	Interchange Receiver ID	Please enter '77045' followed by spaces

App.C	ENVELOPE	ISA	09	Interchange Date	Date format is YYMMDD
App.C	ENVELOPE	ISA	10	Interchange Time	Time format is HHMM
App.C	ENVELOPE	ISA	11	Interchange Control Standards Identifier	Please Use '^'
App.C	ENVELOPE	ISA	12	Interchange Control Version Number	Please Use '00501'
App.C	ENVELOPE	ISA	13	Interchange Control Number	Must be identical to IEA02
App.C	ENVELOPE	ISA	14	Acknowledgment Requested	Please use '1'
App.C	ENVELOPE	ISA	15	Usage Indicator	Please use 'T' when submitting a Test File Please use 'P' when submitting a Production File
App.C	ENVELOPE	ISA	16	Component Element Separator	Please use ':'
FUNCTIONAL GROUP HEADER					
App.C	ENVELOPE	GS	01	Functional Identifier Code	Please use 'HC'
App.C	ENVELOPE	GS	02	Application Sender's Code	Please use the 9-digit ProviderOne ID. This should be same as ISA06 and Loop 1000A,

					Data Element NM109
App.C	ENVELOPE	GS	03	Application Receiver's Code	Please use '77045'
App.C	ENVELOPE	GS	04	Date	Date format is CCYYMMDD
App.C	ENVELOPE	GS	05	Time	Time format is HHMM
App.C	ENVELOPE	GS	06	Group Control Number	Must be identical to GE02
App.C	ENVELOPE	GS	07	Responsible Agency Code	Please use 'X'
App.C	ENVELOPE	GS	08	Version / Release / Industry Identifier Code	Please use '005010X222A1'
TRANSACTION SET HEADER					
70	HEADER	ST	01	Transaction set identifier code	Please use '837'
70	HEADER	ST	02	Transaction set control number	Must be identical to SE02
70	HEADER	ST	03	Implementation Convention Reference	Must be identical to GS08
Beginning of Hierarchical Transaction					
71	HEADER	BHT	02	Transaction Set Purpose Code	Please use '00'
72	HEADER	BHT	05	Transaction Set Creation Time	Time Format is HHMM
72	HEADER	BHT	06	Claim or Encounter Indicator Transaction Type Code	Please use 'CH'
Loop ID 1000A - Submitter Name					
75	1000A	NM1	02	Entity Type Qualifier	Please use appropriate Code
75	1000A	NM1	03	Last Name or Organization Name	Please enter Submitters Last or Organization Name
75	1000A	NM1	04	Name First	Required if NM102 = 1
75	1000A	NM1	09	Identification Code	Please use the 9-digit ProviderOne ID. This should be same as

					ISA06 and GS02
Submitter EDI Contact Information					
77	1000A	PER	02	Name	Please enter Submitter Contact Name
77	1000A	PER	03	Communication Number Qualifier	Please use 'TE'
77	1000A	PER	04	Communication Number	Please enter Submitter Contact Phone Number
77	1000A	PER	05	Communication Number Qualifier	Please use 'EM'
78	1000A	PER	06	Communication Number	Please enter Submitter Contact Email Address
Loop ID 1000B - Receiver Name					
80	1000B	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'
80	1000B	NM1	09	Identification Code	Please use ‘77045’
Billing Provider Specialty Information					
83	2000A	PRV	03	Provider Taxonomy Code (Specialty Code) Reference Identification	Please enter Provider Taxonomy Code
Loop ID 2010AA - Billing Provider Name					
88	2010AA	NM1	02	Entity Type Qualifier	Please use appropriate Code
88	2010AA	NM1	03	Last Name or Organization Name	Please enter Billing Provider Last or Organizational Name

88	2010AA	NM1	04	First Name	Please enter Billing Provider First Name if NM102=1
90	2010AA	NM1	09	Identification code	Please enter Billing Provider NPI
Billing Provider Address					
91	2010AA	N3	01	Address Information	Please enter Address of Billing Provider
Billing Provider City/State/Zip					
92	2010AA	N4	01	City Name	Please enter City Name of Billing Provider
93	2010AA	N4	02	State or Province Code	Please enter State of Billing Provider
93	2010AA	N4	03	Postal Code	Please enter Zip Code of Billing Provider
Billing Provider Tax Identification					
94	2010AA	REF	01	Reference Identification Qualifier	Please use appropriate Code
94	2010AA	REF	02	Reference Identification	Please enter billing provider tax Identification Number if REF01='EI' Please enter billing provider SSN if REF01='SY'
Billing Provider Contact Information					
NOTE: Required if this information is different than that contained in the Loop 1000A - Submitter PER Segment. If different, please use the following guidelines.					
98	2010AA	PER	02	Name	Please enter Billing Provider Contact Name
98	2010AA	PER	03	Communication Number Qualifier	Please use 'TE'
98	2010AA	PER	04	Communication Number	Please enter Billing Provider Contact Phone Number

98	2010AA	PER	05	Communication Number Qualifier	Please use 'EM'
98	2010AA	PER	06	Communication Number	Please enter Billing Provider Contact Email Address
Loop ID 2000B - Subscriber Hierarchical Level					
114	2000B	HL	04	Hierarchical Child Code	Please use appropriate code
Subscriber Information					
116	2000B	SBR	01	Payer Responsibility Sequence Number Code	Please use appropriate Code
117	2000B	SBR	02	Individual Relationship Code	Please use '18'
119	2000B	SBR	09	Claim Filing Indicator Code	Please use 'MC'
Loop ID 2010BA - Subscriber Name					
122	2010BA	NM1	02	Entity Type Qualifier	Please use '1'
122	2010BA	NM1	03	Last Name or Organization Name	Please enter Last Name of Subscriber
122	2010BA	NM1	04	First Name	Please enter First Name of Subscriber
122	2010BA	NM1	08	Identification code qualifier	Please use 'MI'

123	2010BA	NM1	09	Identification code	Please enter 11 digit ProviderOne Client ID ProviderOne Client ID is 9 numeric digits followed by 'WA' Example is 123456789WA
Subscriber Address					
124	2010BA	N3	01	Address Information	Please enter Address of Subscriber
Subscriber City/State/Zip Code					
125	2010BA	N4	01	City Name	Please enter City Name of Subscriber
125	2010BA	N4	02	State or Province Code	Please enter State of Subscriber
126	2010BA	N4	03	Postal Code	Please enter Zip Code of Subscriber
Subscriber Demographic Information					
127	2010BA	DMG	02	DOB Date Time Period	Please enter Subscriber Date of Birth
128	2010BA	DMG	03	Gender Code	Please enter Gender of Subscriber
Loop ID 2010BB - Payer Name					
134	2010BB	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'

134	2010BB	NM1	08	Identification Code Qualifier	Please use 'PI'
134	2010BB	NM1	09	Identification Code	Please use '77045'
Payer Address					
135	2010BB	N3	01	Address Information	Please use 'Claims Processing'
135	2010BB	N3	02	Address Information	Please use 'PO BOX 9248'
Payer City/State/Zip Code					
136	2010BB	N4	01	City Name	Please use 'Olympia'
136	2010BB	N4	02	State or Province Code	Please use 'WA'
137	2010BB	N4	03	Postal Code	Please use '98504'
Loop ID 2300 - Claim Information					
158	2300	CLM	01	Patient Account Number Claim Submitter's Identifier	Please enter Patient Account Number
159	2300	CLM	02	Total Claim Charge Amount Monetary Amount	Please enter Total Claim Charge Amount
159	2300	CLM	05-1	Facility Code Value	Please enter appropriate Place of Service Code

159	2300	CLM	05-3	Claim Frequency Type Code	Please enter appropriate Claim Frequency Type Code below: 1 - Original 7 - Replacement/Adjustment 8 - Void
159	2300	CLM	06	Provider signature on file flag Yes/No Condition or Response Code	Please use appropriate code
160	2300	CLM	07	Provider Accept Assignment Code	Please use appropriate code
160	2300	CLM	08	Benefits Assignment Certification Indicator Yes/No Condition or Response Code	Please use appropriate code
161	2300	CLM	09	Release of Info code	Please use appropriate code
Date - Admission					
NOTE: Please use the following guidelines if the Date of Admission is necessary to adjudicate the claim					
176	2300	DTP	03	Date Time Period	Please enter Date of Admission
Date - Discharge					
NOTE: Please use the following guidelines if the Date of Discharge is necessary to adjudicate the claim					
177	2300	DTP	03	Date Time Period	Please enter Date of Discharge
Patient Paid Amount					

NOTE: Please use the following guidelines if the Patient Paid Amount is necessary to adjudicate the claim					
188	2300	AMT	01	Amount Qualifier Code	Please use 'F5'
188	2300	AMT	02	Patient Paid Amount Monetary Amount	Please enter Patient Amount Paid
Prior Authorization					
NOTE: Please use the following guidelines if the Prior Authorization Number is necessary to adjudicate the claim					
194	2300	REF	01	Reference Identification Qualifier	Please use 'G1'
194	2300	REF	02	Reference Identification	Please enter Prior Authorization Number
Payer Claim Control Number					
NOTE:Required if CLM05-3 is a '7' or '8'. If applicable, please use the following guidelines					
196	2300	REF	01	Reference Identification Qualifier	Please use 'F8'
196	2300	REF	02	Reference Identification	Please enter 18 digit Transaction Control Number (TCN) of claim
Claim Note					
NOTE: Please use the following guidelines if Claim Notes are necessary to adjudicate the claim					
209	2300	NTE	01	Note reference code	Please use appropriate code
210	2300	NTE	02	Description	Please enter claim notes. This field is 80 bytes in length.
Health Care Diagnosis Code					
NOTE: Do not transmit the decimal points in the diagnosis codes. The decimal is assumed					

226	2300	HI	01-1	Code List Qualifier Code	Please use 'BK'
227	2300	HI	01-2	Industry Code	Please enter Diagnosis Code
227	2300	HI	02	Health Care Code Information(Qualifier Code, Industry Code)	Please use the following guidelines if additional diagnosis codes need to be reported. Repeat as necessary
228	2300	HI	02-1	Code List Qualifier Code	Use 'BF'
228	2300	HI	02-2	Industry Code	Please enter Diagnosis Code
Can be used to report up to 10 additional diagnosis - Use per the IG					
Loop ID 2310A - Referring Provider Name					
NOTE: Please use the following guidelines if the Referring Provider information is necessary to adjudicate the claim					
258	2310A	NM1	01	Entity Identifier Code	Please use 'DN'
258	2310A	NM1	03	Last Name or Organization Name	Please enter Referring Provider Last Name
258	2310A	NM1	04	First Name	Please enter Referring Provider First Name
259	2310A	NM1	09	Identification code	Please enter Referring Provider NPI
Loop ID 2310B - Rendering Provider Name					
NOTE: Please use the following guidelines if the Rendering Provider information is necessary					

to adjudicate the claim					
263	2310B	NM1	02	Entity Type Qualifier	Please use appropriate code
263	2310B	NM1	03	Last Name or Organization Name	Please enter Rendering Provider Last or Organizational Name
263	2310B	NM1	04	First Name	Please enter Rendering Provider First Name if NM102=1
264	2310B	NM1	09	Identification code	Please enter Rendering Provider NPI
Rendering Provider Specialty Information					
265	2310B	PRV	03	Provider Taxonomy Code (Specialty Code)	Please enter Rendering Provider Taxonomy Code
Loop ID 2320 - Other Subscriber Information					
NOTE: Please use the following guidelines if Other Subscriber Information is necessary to adjudicate the claim					
296	2320	SBR	01	Payer Responsibility sequence Number Code	Please use appropriate code
296	2320	SBR	02	Individual Relationship code	Please use appropriate code
297	2320	SBR	03	Group or Policy Number Reference Identification	Please enter Subscriber Group or Policy Number. Required if the subscriber's other payer identification includes Group or Plan Number
297	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
297	2320	SBR	05	Insurance Type code	Please use appropriate code
298	2320	SBR	09	Claim filing indicator code	Please use 'MB' when submitting Medicare Crossover Claims. Otherwise, use appropriate code.
Claim Level Adjustments					
NOTE: Submitters should use this CAS segment if the payer identified in Loop 2330B made Claim level adjustments which caused the amount paid to differ from the amount originally charged.					
301	2320	CAS	01	Claim Adjustment Group Code	Please use appropriate code
301	2320	CAS	02	Claim Adjustment Reason Code	Monetary Amount
301	2320	CAS	03	Monetary Amount	Please enter Adjustment Amount
301	2320	CAS	04	Quantity	Please enter quantity
REPEAT THRU CAS19 IF NECESSARY					
Coordination Of Benefits (COB) Payer Paid Amount					
305	2320	AMT	01	Amount Qualifier Code	Please use 'D'
305	2320	AMT	02	Monetary Amount	Please enter Paid Amount by Medicare or Other Payer

Remaining Patient Liability					
307	2320	AMT	01	Amount Qualifier Code	Please use 'EAF'
307	2320	AMT	02	Patient Paid Monetary Amount	Please enter Remaining Patient Liability
Other Insurance Coverage Information					
308	2320	OI	03	Yes/No Condition or Response Code	Please use appropriate code
309	2320	OI	06	Release of Information Code	Please use appropriate code
Loop ID 2330A - Other Subscriber Name					
314	2330A	NM1	02	Entity Type Qualifier	Please use '1'
314	2330A	NM1	03	Last Name or Organization Name	Please enter Subscriber Last Name
314	2330A	NM1	04	First Name	Please enter Subscriber First Name
315	2330A	NM1	08	Identification code qualifier	Please use 'MI'
315	2330A	NM1	09	Identification code	Please enter Subscriber Primary Identifier
Loop ID 2330B - Other Payer Name					
NOTE: Do not indicate “Medicaid” here. Only report information on other payers if known					
321	2330B	NM1	03	Last Name or Organization Name	Please enter Medicare or Other Payer Organization Name
321	2330B	NM1	08	Identification code qualifier	Please use 'PI'
321	2330B	NM1	09	Identification code	Please enter Medicare or Other Payer Primary Identifier
Claim Check or Remittance Date					
325	2330B	DTP	03	Date Time Period	Please enter Claim Paid Date by Medicare or Other Payer
Loop ID 2400 - Service Line					
350	2400	LX	01	Line Counter Assigned Number	

Professional Service					
352	2400	SV1	01-1	Product/Service ID Qualifier	Please use 'HC'
353	2400	SV1	01-2	Product/Service I	Please enter Procedure Code
353	2400	SV1	01-3	Procedure Modifier	If applicable, please enter as many Procedure Modifiers as necessary
354	2400	SV1	02	Submitted charge Monetary amount	Please enter Line Item Charge Amount
355	2400	SV1	03	Unit or Basis for Measurement Code	Please use appropriate code
355	2400	SV1	04	Quantity	Please enter Procedure count. Do not use decimals
355	2400	SV1	05	Facility Code Value	Please enter Place of Service Code if value is different than value carried in Loop 2300, Data Element CLM05-1
356	2400	SV1	07-1	Diagnosis Code Pointer	Please enter Diagnosis Code Pointer
356	2400	SV1	07-2	Diagnosis Code Pointer	If applicable, please enter additional Diagnosis Code Pointers
Service Date					
380	2400	DTP	02	Date Time Period Format Qualifier	Please use appropriate code
381	2400	DTP	03	Service Date	Please enter Line Service Date
Prior Authorization					
NOTE: Required if service line involved a Prior Authorization number that is different than the number reported at the claim level in Loop 2300. If different, please use the following guidelines					
399	2400	REF	01	Reference Identification Qualifier	Please use 'G1'
399	2400	REF	02	Reference Identification	Please enter Prior Authorization Number
Line Item Control Number					
NOTE: DSHS strongly encourages the use of this segment					

401	2400	REF	01	Reference Identification Qualifier	Use '6R'
402	2400	REF	02	Reference Identification	Please enter Line Item Control Number
Line Note					
NOTE: Please use the following guidelines if Claim Notes at the line level are necessary to adjudicate the claim					
413	2400	NTE	01	Note Reference Code	Please use appropriate code
413	2400	NTE	02	Claim Note Text Description	Please enter claim notes. This field is 80 bytes in length.
Loop ID 2410A - Drug Identification					
NOTE: Please use the following guidelines if the NDC information is necessary to adjudicate the claim					
425	2410A	LIN	02	Product/Service ID Qualifier	Use 'N4'
425	2410A	LIN	03	National Drug Code Product/Service ID	National Drug Code (NDC) in 5-4-2 format
Drug Quantity					
NOTE: Please use the following guidelines if additional NDC information is necessary to adjudicate the claim					
426	2410A	CTP	04	Quantity	Please enter National Drug Unit Count
427	2410A	CTP	05-1	Unit/Basis for Measurement Code	Please enter appropriate code
Loop ID 2420A - Rendering Provider Name					
NOTE: Required if the Rendering Provider information is different than that carried in the 2310B claim loop. If different, please use the following guidelines					
431	2420A	NM1	02	Entity Type Qualifier	Please use appropriate code
431	2420A	NM1	03	Last Name or Organization Name	Please enter Rendering Provider Last or Organizational Name
431	2420A	NM1	04	First Name	Required if NM102=1

432	2420A	NM1	09	Reference Identification code	Please enter Rendering Provider NPI
Rendering Provider Specialty Information					
433	2420A	PRV	03	Provider Taxonomy Code (Specialty Code)	Please enter Rendering Provider Taxonomy Code
Loop ID 2420F - Referring Provider Name					
Note: Required if the Referring Provider information is different than that carried in the 2310A claim loop. If different, please use the following guidelines					
466	2420F	NM1	01	Entity Identifier Code	Please use 'DN'
466	2420F	NM1	03	Last Name or Organization Name	Please enter Referring Provider Last Name
466	2420F	NM1	04	First Name	Please enter Referring Provider First Name
467	2420F	NM1	09	Identification code	Please enter Referring Provider NPI
Service Line Adjudication Information					
NOTE: Please use the following guidelines if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.					
480	2430	SVD	01	Identification Code	Please enter Other Payer Identifier
481	2430	SVD	02	Monetary Amount	Please enter Service Line Paid Amount
481	2430	SVD	03-01	Product /Service ID Qualifier	Please use 'HC'
482	2430	SVD	03-02	Product/Service ID	Please enter code
483	2430	SVD	05	Quantity Code	Please enter quantity
Line Adjustment					
NOTE: Submitters should use this CAS segment if the payer identified in Loop 2330B made					

line level adjustments which caused the amount paid to differ from the amount originally charged.					
485	2430	CAS	01	Claim Adjustment Group Code	Please use appropriate code
486	2430	CAS	02	Claim Adjustment Reason Code	Monetary Amount
486	2430	CAS	03	Monetary Amount	Please enter Adjustment Amount
486	2430	CAS	04	Quantity	Please enter quantity
REPEAT THRU CAS19 IF NECESSARY					
Line Check or Remittance Date					
NOTE: Please use the following guidelines if the Line Check or Remittance Date is different than the Line Check or Remittance Date carried in the 2330B claim loop.					
490	2430	DTP	03	Line Check and Remittance Date	Please enter Line Check or Remittance Date
TRANSACTION SET TRAILER					
496	Trailer	SE	01	Number of Included Segments	The total number of segments in the transaction set inclusive to the ST-SE segments
496	Trailer	SE	02	Transaction Set Control Number	Must be identical to ST02
FUNCTIONAL GROUP TRAILER					
App.C	Trailer	GE	01	Number of Transaction Sets Included	
App.C	Trailer	GE	02	Group Control Number	Must be identical to GS06
INTERCHANGE CONTROL TRAILER					
App.C	Trailer	IEA	01	Number of Included Functional Groups	

App.C	Trailer	IEA	02	Interchange Control Number	Must be identical to ISA13