# State of Washington
# 837 Professional and Institutional
# Encounter Data
# Companion Guide

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## Disclaimer

This companion guide contains data clarifications derived from specific business rules that apply exclusively to Washington State Medicaid processing for Washington State HCA. The guide also includes useful information about sending and receiving data to and from the Washington State 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-5010-01-02 | 12/27/10 | | Initial Document | |
| WAMMIS-CG837ENC-5010-01-03 | 02/02/2012 | | Version Number updated as a result of changes listed below | |
| Professional Encounter Functional Group Header – GS02 | 02/02/2012 | | Correction | Changed element description to read, "Please use the 9-digit alphanumeric submitter ID assigned during the enrollment process. This should be the same as Loop 1000A Data Element NM109<br>e.g. 1234567AA |
| Professional Encounter Loop 1000A Submitter Name | 02/02/2012 | | Correction | NM109 – Removed "followed by spaces" from instructions |
| Professional Encounter Loop 2010AA Billing Provider Name | 02/02/2012 | | Correction | NM102 – Changed description to read, "Please use the appropriate code"<br><br>NM103 – Changed description to read, "Enter the Organization Name or the Last Name of the provider who billed the MCO or RSN" |
| Professional Encounter Loop 2010BA Subscriber City/State/Zip Code | 02/02/2012 | | Correction | Removed identified use of element N404 – Country Code |
| Professional Encounter Loop 2010BB Billing Provider Secondary Identification | 02/02/2012 | | Correction | Corrected Loop reference for elements REF01 and REF02 to read 2010BB. Previously elements were referenced to Loop 2010 AA |
| Professional Encounter Loop 2410 – Drug Information<br>-LIN Segments<br>-CTP Segments | 02/02/2012 | | Addition | Added situation reference to use of Loop 2410 Drug Information when required for Managed Care Encounter submission |

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|---|---|---|---|---|
| Institutional Encounter Functional Group Header – GS02 | 02/02/2012 | | Correction | Changed element description to read, “Please use the 9-digit alphanumeric submitter ID assigned during the enrollment process. This should be the same as Loop 1000A Data Element NM109<br>e.g. 1234567AA |
| Institutional Encounter Functional Group Header – GS02 | 02/02/2012 | | Correction | Changed element description to read, “Please use the 9-digit alphanumeric submitter ID assigned during the enrollment process. This should be the same as Loop 1000A Data Element NM109<br>e.g. 1234567AA |
| Institutional Encounter Loop 1000A Submitter Name | 02/02/2012 | | Correction | NM109 – Removed “followed by spaces” from instructions |
| Institutional Encounter Loop 2010AA Billing Provider Name | 02/02/2012 | | Correction | NM103 – Changed description to read, “Enter the Organization Name or the Last Name of the provider who billed the MCO or RSN” |
| Institutional Encounter Loop 2010BB | 02/02/2012 | | Correction | Payer Name Title incorrectly reference Loop 2010BC. Technical Specifications have been updated to correctly reference 2010BB |
| Institutional Encounter Loop 2410 – Drug Information<br>-LIN Segments<br>-CTP Segments | 02/02/2012 | | Addition | Added situation reference to use of Loop 2410 Drug Information when required for Managed Care Encounter submission |
| WAMMIS-CG837ENC-5010-01-04 | 02/27/2012 | | Version number updated due to the inclusion of full Companion Guide Boilerplate information | |
| WAMMIS-CG837ENC-5010-01-05 | 06/2013 | | Update per ASC X12 recommendations | |
| WAMMIS-CG837ENC-5010-01-06 | 06/01/2017 | | Updated to reflect additional HCP requirements for encounter submissions | Updated to reflect use of Loop 2400, data elements HCP11 and HCP12 for 837 Professional Encounters<br><br>Updated to reflect use of Loop 2300 and 2400, data elements HCP11 and |

| | | | | |
|---|---|---|---|---|
| | | | | HCP12 for 837 Institutional Encounters |

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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 Health Care Authority (HCA) 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 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 HCA encounter reporting process.

## 1.1 Document Purpose

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

This Companion Guide is intended for trading partner use in conjunction with the ASC X12N Implementation Guides listed below. The ASC X12 TR3s that detail the full requirements for all HIPAA mandated transactions are available at http://store.x12.org/store/

The Standard Implementation Guides for Claim Transaction is:

- Healthcare Claim/(Encounters): Professional (837) 005010X222
- Healthcare Claim/(Encounters): Institutional (837) 005010X223

HCA has also incorporated all of the approved 837 Professional and 837 Institutional Addenda listed below.

- Healthcare Claim/(Encounters): Professional (837) 005010X222A1
- Healthcare Claim/(Encounters): Institutional (837) 005010X223A1
- Healthcare Claim/(Encounters): Institutional (837) 005010X223A2

### 1.1.1 Intended Users

Companion Guides are 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 HCA, 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 HCA.

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.

## 1.2 Transmission Schedule

N/A

# 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 HCA 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.

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://hrsa.dshs.wa.gov/dshshipaa/
2. The Trading Partner completes the Trading Partner Agreement and submits the signed agreement to HCA.

   Submit to: HCA HIPAA EDI Department
   626 8th Avenue SE
   PO Box 45564

Olympia, WA 98504-5564

**For Questions call 1-800-562-3022 ext 16137**

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: sftp://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 999 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 999 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 999 and resubmit the file for test. Trading partners will continue to test in the testing environment until they receive a positive TA1 and positive 999.

### 2.1.3 Who to contact for assistance

Email: HIPAA-Help@hca.wa.gov

- All emails result in the assignment of a Ticket Number for problem tracking

- Information required for initial email:
    - Name
    - Phone Number
    - Email Address
    - 7 Digit domain/ProviderOne ID
    - Transaction you are inquiring about
    - File Name
    - Detailed description of concern
- 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:

ProviderOne | My Inbox | Admin | Provider | Claims | Reference | Client | TPL | Drug Rebate | Rate Setting | PA | Managed Care | Cash Receipt | Payroll

Welcome Administrator, Super . You have logged-in with Super Administrator profile. Links: --Select--

Path: MyInbox

Menu

Close

Choose an Option.

| | |
|---|---|
| Domain Maintenance | Option to Maintain the Domain |
| User Maintenance | Option to Maintain the Users in the System |
| OrgUnit Maintenance | Option to Maintain Organization Units |
| AuditTrail Maintenance | Option to Maintain Audit Trail |
| Policy Impact | Impact of Role/Profile on various entities. |
| Data Dictionary Online | Option to view Data Dictionary Information |
| Broadcast Message | Create Broadcast Message |
| Alert Library Maintenance | Alert Library Maintenance |
| HIPAA | To Manage HIPAA transactions |
| Reports | Reports |
| Security Setup | Setting up the profiles and Roles |
| List of Active Users | To List Active Users as of today in System. |
| Interface Maintenance | Interface Maintenance |

Page ID: pgSubMenu(Menu) Environment: SysTst Server Time: 12/14/2007 11:27:55 EST

Done Local intranet 100%

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:

ProviderOne | My Inbox | Admin | Provider | Claims | Reference | Client | TPL | Drug Rebate | Rate Setting | PA | Managed Care | Cash Receipt | Payroll

Welcome Administrator, Super . You have logged-in with Super Administrator profile.

Links: --Select--

Path: MyInbox

Menu

Close

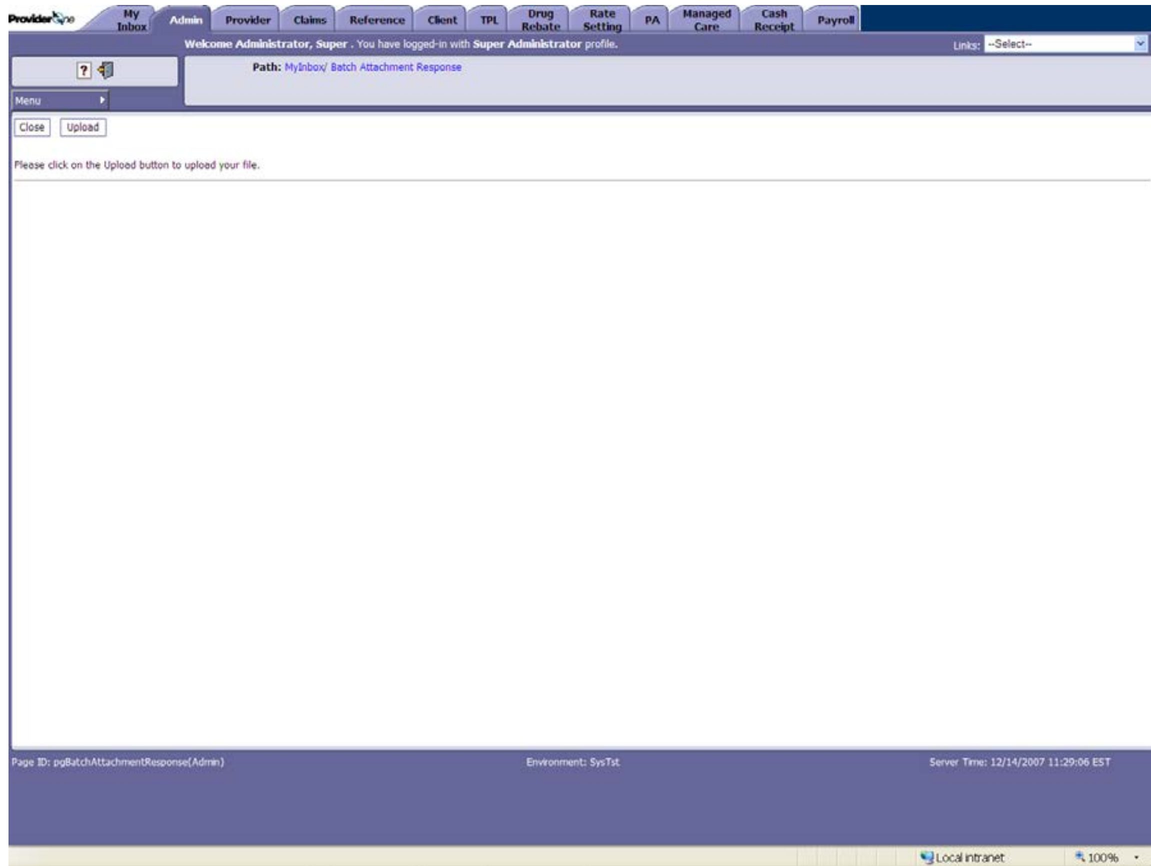
| Choose an Option. | |
|---|---|
| Upload File | To Upload a file into the System |
| Maintain Trading Partner | To maintain Trading Partner profiles |
| Retrieve Acknowledgement/Response | To retrive Acknowledgement and Responses |

Page ID: pgSubMenu(Menu) Environment: SysTst Server Time: 12/14/2007 11:28:35 EST

Local intranet 100%

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.

My Inbox | Admin | Provider | Claims | Reference | Client | TPL | Drug Rebate | Rate Setting | PA | Managed Care | Cash Receipt | Payroll

Welcome Administrator, Super . You have logged-in with Super Administrator profile.

Links: --Select--

Path: MyInbox/ Batch Attachment Response

Menu

Close | Upload

Please click on the Upload button to upload your file.

**Upload File Response**

Thank You

The following File has been successfully uploaded:
File Name: HIPAA.165760000.20071214112906.HIPAA_2761.dat
Submitter ID: 165760000
Date/Time: 12/14/2007
Your file has been submitted for processing. You can retrieve the response for this file by clicking on this link after 24-hours. Please print this page for your reference.

Page ID: pgBatchAttachmentResponse(Admin) | Environment: SysTst | Server Time: 12/14/2007 11:35:10 EST

Done | Local intranet | 100%

Select Retrieve Acknowledgement/Response option from the HIPAA screen to retrieve Acknowledgements/Responses (TA1, 999, 271, 277, 820, 834, 835, or 277U) as shown below:

ProviderOne | My Inbox | Admin | Provider | Claims | Reference | Client | TPL | Drug Rebate | Rate Setting | PA | Managed Care | Cash Receipt | Payroll | Social Services

Welcome Administrator, Super. You have logged in with Super Administrator profile. Links: --Select--

Path: MyInbox/ Retrieve Acknowledgment Response File

Menu

Close

Go

| Upload/Sent Date | TA1 Response File Name | CR Response File Name | 999 Response File Name | Acknowledgement Status | Response File Name | Response Date |
|---|---|---|---|---|---|---|
| 08/04/2008 | HIPAA.165760000.028082110.270Test_TA1.dat | HIPAA.165760000.028082110.270Test_Audit.html | | Rejected | | |
| 03/27/2008 | HIPAA.165760000.0327081019..270G_GR_IS602_TA1.dat | HIPAA.165760000.0327081019..270G_GR_IS602_Audit.html | HIPAA.165760000.0327081019..270G_GR_IS602_1_999.dat | Accepted | | |
| 03/27/2008 | HIPAA.165760000.0327081019.270.BR_BS602_TA1.dat | HIPAA.165760000.0327081019.270.BR_BS602_Audit.html | HIPAA.165760000.0327081019.270.BR_BS602_1_999.dat | Accepted | | |
| 03/27/2008 | HIPAA.165760000.0327081019.270G_GR_GS602_TA1.dat | HIPAA.165760000.0327081019.270G_GR_GS602_Audit.html | HIPAA.165760000.0327081019.270G_GR_GS602_1_999.dat | Accepted | | |
| 03/27/2008 | HIPAA.165760000.0327081019.270G_IR_GS602_TA1.dat | HIPAA.165760000.0327081019.270G_IR_GS602_Audit.html | HIPAA.165760000.0327081019.270G_IR_GS602_1_999.dat | Accepted | | |
| 04/15/2008 | HIPAA.165760000.040150081504.270.BrBs602.dat_TA1.dat | HIPAA.165760000.040150081504.270.BrBs602.dat_Audit.html | | Rejected | | |
| 04/03/2008 | HIPAA.165760000.040320081504.270.BrBs602.dat_TA1.dat | HIPAA.165760000.040320081504.270.BrBs602.dat_Audit.html | | Rejected | | |
| 04/03/2008 | HIPAA.165760000.040320081504.270GGrGS602.dat_TA1.dat | HIPAA.165760000.040320081504.270GGrGS602.dat_Audit.html | | Rejected | | |
| 04/03/2008 | HIPAA.165760000.040320081504.270GGrIS602.dat_TA1.dat | HIPAA.165760000.040320081504.270GGrIS602.dat_Audit.html | | Rejected | | |
| 04/03/2008 | HIPAA.165760000.040320081504.270GIrGS602.dat_TA1.dat | HIPAA.165760000.040320081504.270GIrGS602.dat_Audit.html | | Rejected | | |

ProviderOne | My Inbox | Admin | Provider | Claims | Reference | Client | TPL | Drug Rebate | Rate Setting | PA | Managed Care | Cash Receipt | Payroll | Social Services

Welcome Administrator, Super. You have logged in with Super Administrator profile. Links: --Select--

Path: MyInbox/ Retrieve Acknowledgment Response File

Menu

Close

Go

| Upload/Sent Date | TA1 Response File Name | CR Response File Name | 999 Response File Name | Acknowledgement Status | Response File Name | Response Date |
|---|---|---|---|---|---|---|
| 08/04/2008 | HIPAA.165760000.028082110.270Test_TA1.dat | HIPAA.165760000.028082110.270Test_Audit.html | | Rejected | | |
| 03/27/2008 | HIPAA.165760000.0327081019..270G_GR_IS602_TA1.dat | HIPAA.165760000.0327081019..270G_GR_IS602_Audit.html | HIPAA.165760000.0327081019..270G_GR_IS602_1_999.dat | Accepted | | |
| 03/27/2008 | HIPAA.165760000.0327081019.270.BR_BS602_TA1.dat | HIPAA.165760000.0327081019.270.BR_BS602_Audit.html | HIPAA.165760000.0327081019.270.BR_BS602_1_999.dat | Accepted | | |
| 03/27/2008 | HIPAA.165760000.0327081019.270G_GR_GS602_TA1.dat | HIPAA.165760000.0327081019.270G_GR_GS602_Audit.html | HIPAA.165760000.0327081019.270G_GR_GS602_1_999.dat | Accepted | | |
| 03/27/2008 | HIPAA.165760000.0327081019.270G_IR_GS602_TA1.dat | HIPAA.165760000.0327081019.270G_IR_GS602_Audit.html | HIPAA.165760000.0327081019.270G_IR_GS602_1_999.dat | Accepted | | |
| 04/15/2008 | HIPAA.165760000.040150081504.270.BrBs602.dat_TA1.dat | HIPAA.165760000.040150081504.270.BrBs602.dat_Audit.html | | Rejected | | |
| 04/03/2008 | HIPAA.165760000.040320081504.270.BrBs602.dat_TA1.dat | HIPAA.165760000.040320081504.270.BrBs602.dat_Audit.html | | Rejected | | |
| 04/03/2008 | HIPAA.165760000.040320081504.270GGrGS602.dat_TA1.dat | HIPAA.165760000.040320081504.270GGrGS602.dat_Audit.html | | Rejected | | |
| 04/03/2008 | HIPAA.165760000.040320081504.270GGrIS602.dat_TA1.dat | HIPAA.165760000.040320081504.270GGrIS602.dat_Audit.html | | Rejected | | |
| 04/03/2008 | HIPAA.165760000.040320081504.270GIrGS602.dat_TA1.dat | HIPAA.165760000.040320081504.270GIrGS602.dat_Audit.html | | Rejected | | |

## 2.3 Set-up, Directory, and File Naming Convention

### 2.3.1 SFTP Set-up

Trading partners can contact HIPAA-help@hca.wa.gov 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

**There would be two categories of folders under Trading Partner's SFPT folders:**

1. **TEST – Trading Partners should submit and receive their test files under this root folder**
2. **PROD – Trading Partners should submit and receive their production files under this root folder**
3. **README – This folder will include messages regarding password update requirements, outage information and general SFTP messages.**

**Following folder will be available under TEST/PROD folder within SFTP root of the Trading Partner:**

**'HIPAA_Inbound' - This folder should be used to drop the Inbound files that needs to be submitted to HCA**

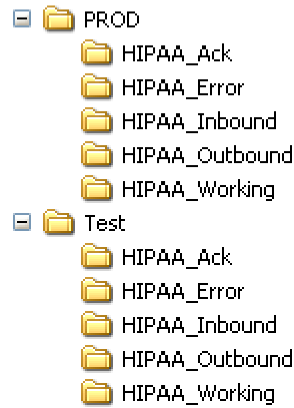
**'HIPAA_Ack' - Trading partner should look for acknowledgements to the files submitted in this folder. TA1, 999 and custom error report will be available for all the files submitted by the Trading Partner**

**'HIPAA_Outbound' – X12 outbound transactions generated by HCA will be available in this folder**

**'HIPAA_Error' – Any inbound file that is not HIPAA compliant or is not recognized by ProviderOne will be moved to this folder**

**'HIPAA Working' – There is no functional use for this folder at this time**

**Folder structure will appear as:**




### 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.<TPId>.<datetimestamp>.<originalfilename>.<dat>

Example of file name: HIPAA.101721500.122620072100_P_1.dat

- <TPId> is the Trading Partner Id
- <datetimestamp> is the Date timestamp
- <originalfilename> is the original file name which is submitted by the trading partner.
- All HIPAA submitted files MUST BE **.dat** files or they will not be processed

## 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 has one Addendum and the 837I transaction has two Addendum. These Addendum have been adopted as final and are incorporated into HCA 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 HIPAA Standards
- HCA file size limitations

HIPAA standards limits the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments.

HCA 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, ( ~ )
- Repetition Separator, Caret, (^)

### 2.4.3 Data Interchange Conventions

When accepting 837 Encounters transactions from trading partners, HCA follows HIPAA standards. 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 Implementation Guide for ISA/IEA envelop, GS/GE functional group and ST/SE transaction specifications.

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.

### 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 999 acknowledgment transactions will be placed in appropriate folder (on the SFTP server) of the trading partner. The ProviderOne system generates positive TA1 and positive 999 acknowledgements, if the submitted HIPAA file meets HIPAA standards related to syntax and data integrity. For files, which do not meet the HIPAA standards a negative TA1 and/or negative 999 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).

# 3 Transaction Specifications

**837 Professional Encounters**

| Page | Loop | Segment | Data Element | Element Name | Comments |
|---|---|---|---|---|---|
| **Interchange Control Header (ISA)** | | | | | |
| App.C | Envelope | ISA | 01 | Authorization Information Qualifier | Please use '00' |
| App.C | Envelope | ISA | 03 | Security Information Qualifier | Please use '00' |
| App.C | Envelope | ISA | 05 | Interchange ID Qualifier | Please use 'ZZ' |
| App.C | 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.C | Envelope | ISA | 07 | Interchange ID Qualifier | Please use 'ZZ' |
| App.C | Envelope | ISA | 08 | Interchanger Receiver ID | Please enter '77045' followed by spaces |
| App.C | Envelope | ISA | 11 | Repetition Separator | Please use '^' |
| App.C | Envelope | ISA | 16 | Component Element Separator | Please use ':' |
| **Functional Group Header (GS)** | | | | | |
| App.C | Envelope | GS | 02 | Application Sender Code | Please use the nine digit alphanumeric submitter ID assigned during the enrollment process  This should be the same as Loop 1000A, Data Element NM109 e.g.  1234567AA |

| | | | | | |
|---|---|---|---|---|---|
| App.C | Envelope | GS | 03 | Applications Receivers Code | Please use '77045' |
| **Beginning Hierarchical Transaction (BHT)** | | | | | |
| 71 | Header | BHT | 02 | Transaction Set Purpose Code | Please use '00' |
| 72 | Header | BHT | 06 | Claim or Encounter Indicator | Please use 'RP' for encounter. |
| **Submitter Name (Loop 1000A)** | | | | | |
| 75 | 1000A | NM1 | 09 | Submitter ID | Please use the nine digit alphanumeric submitter ID assigned during the enrollment process.<br>e.g. 1234567AA<br><br>This should be same as ISA06 and GS02 |
| **Receiver Name (1000B)** | | | | | |
| 80 | 1000B | NM1 | 03 | Receiver Name | Please enter 'WA State DSHS' |
| 80 | 1000B | NM1 | 09 | Receiver Primary Identifier | Please use '77045' in this field |
| **Billing Provider Specialty Information (2000A)** | | | | | |
| 83 | 2000A | PRV | | | NOTE: For both Managed Care and Mental Health Encounters this must always be the Taxonomy for the Provider who billed MCO or RSN. |
| **Billing Provider Name (2010AA)** | | | | | |
| 88 | 2010AA | NM1 | | | NOTE: For both Managed Care and Mental Health Encounters this must always be the Provider who billed MCO or RSN. |

| Subscriber Information (Loop 2000B) | | | | | |
|---|---|---|---|---|---|
| 117 | 2000B | SBR | 03 | Reference Identification | SBR03 is not used for Managed Care Encounters.<br><br>For RSN Encounters please enter the RSN Unique consumer ID |
| 118 | 2000B | SBR | 09 | Claim Filing Indicator Code. | Please enter 'MC'. |
| **Subscriber Name (Loop 2010BA)** | | | | | |
| 123 | 2010BA | NM1 | 09 | Identification Code | For MC Encounters and MH Encounters where the Client is known, please enter the ProviderOne client ID. This ID is 11 digits and is alphanumeric, in the following format: nine numeric digits followed by 'WA'.<br><br>Example: 123456789WA<br><br>For MH Encounters where the client is not known please enter the RSN unique consumer ID (This is the same information reported in Loop 2000B SBR03) |
| **Subscriber Address (Loop 2010BA)** | | | | | |
| 124 | 2010BA | N3 | | | NOTE: For Homeless clients please enter "unknown" in N301. |
| **Subscriber City/State/ZIP Code (Loop 2010BA)** | | | | | |
| 125 | 2010BA | N4 | | | NOTE: For Homeless clients please enter the city, |

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| | | | | | state and zip code for the service provider. |
| **Subscriber Demographic Information (Loop 2010BA)** | | | | | |
| 127 | 2010BA | DMG | | | NOTE: HCA requires the DMG segment to be submitted as the patient is always the subscriber |
| **Payer Name (Loop 2010BB)** | | | | | |
| 133 | 2010BB | NM1 | 03 | Payer Name – Name last/Organization Name | Please enter "WA State HCA". |
| 133 | 2010BB | NM1 | 09 | Payer ID | Please use '77045' |
| **Billing Provider Secondary Identification (Loop 2010BB)** | | | | | |
| 140 | 2010BB | REF | | | Note: This segment will be used to identify the Managed Care Program and Regional Support Network ProviderOne ID |
| 140 | 2010BB | REF | 01 | Billing Provider Secondary ID Qualifier | Please use 'G2' to identify ProviderOne Provider ID. |
| 141 | 2010BB | REF | 02 | Billing Provider Secondary ID | Please enter nine digit alphanumeric ProviderOne ID |
| **Claim Information (Loop 2300)** | | | | | |
| **Date – Admission (Loop 2300)** | | | | | |
| 176 | 2300 | DTP | | | NOTE: Used only for Managed Care Encounters when appropriate. Not used for RSN submitted encounters |
| **Date – Discharge (Loop 2300)** | | | | | |
| 177 | 2300 | DTP | | | NOTE: Used only for Managed Care Encounters when appropriate. Not |

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| | | | | | used for RSN submitted encounters |
| **Payer Claim Control Number (Loop 2300)** | | | | | |
| 196 | 2300 | REF | 02 | Reference Identification | Please enter the 18 digit Transaction Control Number (TCN) of claim when CLM05-3 indicates the claim is an replacement or void |
| **Medical Record Number (Loop 2300)** | | | | | |
| 204 | 2300 | REF | | | Used only for RSN transmitted Encounters when appropriate. Not used for Managed Care Encounters. |
| **Claim Pricing/Repricing Information (Loop 2300)** | | | | | |
| 253 | 2300 | HCP | | | NOTE: Used only for Managed Care Encounters when appropriate. Not used for RSN transmitted Encounters. |
| 253 | 2300 | HCP | 01 | Pricing/Repricing Methodology | Please use<br>'00' = Denied claim by MCO<br>'02' = Amount Paid by the MCO<br>'07' = the amount in HCP02 is based on MCO capitation payment |
| 253 | 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. |
| **Referring Provider Name (Loop 2310A)** | | | | | |
| 258 | 2310A | NM1 | | | NOTE: Used only for Managed Care Encounters when |

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| | | | | | appropriate. Not used for RSN transmitted Encounters |
| **Referring Provider Secondary Identification (Loop 2310A)** | | | | | |
| 260 | 2310A | REF | | | NOTE: Used only for Managed Care Encounters when appropriate. Not used for RSN transmitted Encounters. |
| **Rendering Provider Name (Loop 2310B)** | | | | | |
| 263 | 2310B | NM1 | | | NOTE:Used only for encounters submitted by Managed Care Organizations. Not used for encounters submitted by Regional Support Networks, as Professional Encounters will not be reported below the CMHA level. |
| **Other Subscriber Information (Loop 2320)** | | | | | |
| 298 | 2320 | SBR | 09 | Claim Filing Indicator Code | Please use 'MB' when submitting Medicare Crossover Claims Otherwise use 'MC' |
| **Line Note (Loop 2400)** | | | | | |
| 465 | 2400 | NTE | 01 | Note Reference Code | MC – use appropriate code<br>RSN – 'ADD' |
| 465 | 2400 | NTE | 02 | Line Note Text | MC – use as needed per the IG<br>RSN – refer to MH data dictionary |
| **Line Pricing/Re-pricing Information (Loop 2400)** | | | | | |

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| 413 | 2400 | HCP | | | NOTE: Used only for Managed Care Encounters when appropriate. Not used for RSN transmitted Encounters. |
| 413 | 2400 | HCP | 1 | Pricing/Re-pricing Methodology | Please use '00' = Denied claim by MCO; '02' = Amount Paid by the MCO; '07' = the amount in HCP02 is based on MCO capitation payment; |
| 413 | 2400 | HCP | 2 | 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. |
| 420 | 2400 | HCP | 11 | Unit or Basis For Measurement Code | MCO's to use appropriate unit qualifier |
| 420 | 2400 | HCP | 12 | Quantity | MCO's to report encounter paid units |
| **Rendering Provider Name (Loop 2420A)** | | | | | |
| 431 | 2420A | NM1 | | | NOTE: Not used for RSN submitted encounters as Professional Encounters will not be reported below the CMHA level |

**837 Institutional Encounters**

| Page | Loop | Segment | Data Element | Element Name | Comments |
|---|---|---|---|---|---|
| **INTERCHANGE CONTROL HEADER** | | | | | |
| App.C.4 | ENVELOPE | ISA | 01 | Authorization Information Qualifier | Please use '00' |
| App.C.4 | ENVELOPE | ISA | 03 | Security Information Qualifier | Please use '00' |
| App.C.4 | ENVELOPE | ISA | 05 | Interchange ID Qualifier | Please use 'ZZ' |

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| App.C.4 | 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.C.5 | ENVELOPE | ISA | 07 | Interchange ID Qualifier | Please use 'ZZ' |
| App.C.5 | ENVELOPE | ISA | 08 | Interchange Receiver ID | Please enter '77045' followed by spaces |
| App.C.5 | ENVELOPE | ISA | 11 | Repetition Separator | Please use '^' |
| App.C.6 | ENVELOPE | ISA | 16 | Component Element Separator | Please use ':' |
| **FUNCTIONAL GROUP HEADER** | | | | | |
| App.C.7 | ENVELOPE | GS | 02 | Application Sender's Code | Please use the nine digit alphanumeric submitter ID assigned during the enrollment process. This should be the same as Loop 1000A, Data Element NM109<br><br>e.g. 1234567AA |
| App.C.7 | ENVELOPE | GS | 03 | Application Receiver's Code | Please use '77045' |
| **Beginning of Hierarchical Transaction** | | | | | |

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| 68 | HEADER | BHT | 02 | Transaction Set Purpose Code | Please use<br><br>'00' = Original or |
| 69 | HEADER | BHT | 06 | Transaction Type Code | Please use 'RP' for encounters |
| **Loop ID 1000A - Submitter Name** | | | | | |
| 72 | 1000A | NM1 | 09 | Identification Code | Please use the nine digit alphanumeric submitter ID assigned during the enrollment process.<br>e.g. 1234567AA |
| **Loop ID 1000B - Receiver Name** | | | | | |
| 77 | 1000B | NM1 | 03 | Name Last or Organization Name | Please use 'WA State HCA' |
| 77 | 1000B | NM1 | 09 | Identification Code | Please use '77045' |
| **Billing Provider Specialty Information** | | | | | |
| 80 | 2000A | PRV | | | NOTE: For both Managed Care and Mental Health Encounters this must always be the specialty information of the Provider who billed the MCO or RSN.<br>e.g. Report the Taxonomy for the Provider who billed the MCO or RSN. |
| **Loop ID 2010AA - Billing Provider Name** | | | | | |

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| 85 | 2010AA | NM1 | | | NOTE: For Managed Care Encounters and Mental Health Encounters Billing Provider will always be the Provider who billed the Managed Care Organization or the Regional Support Network. |
| **Subscriber Information** | | | | | |
| 110 | 2000B | SBR | 03 | Group or Policy number | SBR03 is not used for Managed Care Encounters.<br><br>For RSN Encounters please enter the RSN Unique Consumer ID. |
| 110 | 2000B | SBR | 09 | Claim Filing Indicator Code | Please use 'MC' |
| **Loop ID 2010BA - Subscriber Name** | | | | | |

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| 114 | 2010BA | NM1 | 09 | Identification code | For MC Encounters and MH Encounters where the Client is known, please enter the ProviderOne client ID.<br><br>This ID is 11 digits and is alphanumeric, in the following format: nine numeric digits followed by 'WA'.<br><br>e.g. 123456789WA<br><br>For MH Encounters where the client is not known please enter the RSN unique consumer ID (This is the same information reported in Loop 2000B SBR03) |
| **Subscriber Address** | | | | | |
| 115 | 2010BA | N3 | | | NOTE: For Homeless clients please enter "unknown" in N301. |
| **Subscriber City/State/Zip Code** | | | | | |
| 116 | 2010BA | N4 | | | NOTE: For Homeless clients please enter the city, state and zip code for the service provider. |
| **Subscriber Demographic Information** | | | | | |

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|---|---|---|---|---|---|
| 118 | 2010BA | DMG | | | NOTE: HCA requires the DMG segment to be submitted as the patient is always the subscriber |
| **Loop ID 2010BB - Payer Name** | | | | | |
| 123 | 2010BB | NM1 | 03 | Last Name or Organization Name | Please use 'WA State HCA |
| 123 | 2010BB | NM1 | 09 | Identification Code | Please use '77045' |
| **Billing Provider Secondary Identification** | | | | | |
| 129 | 2010BB | REF | 01 | Reference Identification Qualifier | Please use ‘G2’ |
| 130 | 2010BB | REF | 02 | Reference Identification | Please enter 9 digit, ProviderOne ID for the Managed Care Program or the Regional Support Network here. |
| **Loop ID 2300 - Claim Information** | | | | | |
| 145 | 2300 | CLM | 05-1 | Facility Code Value | MCO - Please enter appropriate place of service code<br><br>RSN – Facility Code Value must be ‘11’ . |
| **Loop ID 2300 - Payer Claim Control Number** | | | | | |

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| 166 | 2300 | REF | 02 | Reference Identification | Please enter the 18 digit Transaction Control Number (TCN) of claim when CLM05-3 indicates the claim is an replacement or void |
| **Diagnosis Related Group (DRG) Information** | | | | | |
| 218 | 2300 | HI | | | NOTE: Not used on RSN Submitted Encounters |
| **Principle Procedure Information** | | | | | |
| 240 | 2300 | HI | | | NOTE: Not used on RSN Submitted Encounters |
| **Other Procedure Information** | | | | | |
| 243 | 2300 | HI | | | NOTE: Not used on RSN Submitted Encounters |
| **Other Procedure Information Value Information (Code)** | | | | | |
| 284 | 2300 | HI | | | NOTE: Not used on RSN Submitted Encounters |
| **Claim Pricing/Repricing Information** | | | | | |
| 314 | 2300 | HCP | | | NOTE: Not used on RSN Submitted Encounters |
| 314 | 2300 | HCP | 01 | Pricing Methodology | Please use '00' = Denied claim by MCO '02' = Amount Paid by the MCO; '07' = the amount |

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| | | | | | in HCP02 is based on MCO capitation payment; |
| 314 | 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. |
| 316 | 2300 | HCP | 11 | Unit or Basis For Measurement Code | MCO's to use appropriate unit qualifier |
| 316 | 2300 | HCP | 12 | Quantity | MCO's to report encounter paid units |
| **Attending Provider Name** | | | | | |
| 319 | 2310A | NM1 | | | NOTE: For RSN submitted Institutional Encounters the Attending Provider will always be the E&T Center, based on the decision not to report below the E&T Center Level. |
| **Other Subscriber Information (Loop 2320)** | | | | | |
| 356 | 2320 | SBR | 09 | Claim Filing Indicator Code | Use 'MA' when submitting Medicare otherwise use 'MC' |
| **Institutional Service Line (Loop 2400)** | | | | | |

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| 424 | 2400 | SV2 | 01 | Product/Service ID | MC – Please enter the Revenue Code. Use for Inpatient or Outpatient services – See code source – NUBC Codes<br><br>RSN – Must always use Revenue Code '0124' |
| 425 | 2400 | SV2 | 02 | Service Line Procedure Code | MC – Please refer to the IG. For Outpatient Encounters when HCPCS exist at line level.<br><br>RSN – Not used |
| 425 | 2400 | SV2 | SV202-1 | Product/Service ID Qualifier | MC – Required if Outpatient Encounter and HCPCS/CPT exist at the line level<br><br>RSN – Not used |
| 426 | 2400 | SV2 | SV202-2 | Product/Service ID | MC – Please enter the Primary Procedure Code. This is required if Outpatient and must be HCPCS/CPT procedure code, not ICD9 procedure code.<br><br>RSN – Not used |

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| 426 | 2400 | SV2 | SV202-3 | Procedure Modifier | MC – Please enter the procedure code modifier . This is required if Outpatient and clarifies the procedure.<br><br>RSN – Not used |
| **Date - Service Date (Loop 2400)** | | | | | |
| 434 | 2400 | DTP | | | NOTE: Not used for RSN submitted Encounters |
| **Line Pricing/Re-pricing Information (Loop 2400)** | | | | | |
| 443 | 2400 | HCP | | | NOTE: Used only for Managed Care Encounters when appropriate. Not used for RSN transmitted Encounters. |
| 443 | 2400 | HCP | 01 | Pricing Methodology | Please use<br>'00' = Denied claim by MCO;<br>'02' = Amount Paid by the MCO;<br>'07' = the amount in HCP02 is based on MCO capitation payment; |
| 443 | 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. |

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|---|---|---|---|---|---|
| 447 | 2400 | HCP | 11 | Unit or Basis For Measurement Code | MCO's to use appropriate unit qualifier |
| 447 | 2400 | HCP | 12 | Quantity | MCO's to report encounter paid units |
| **LIN – Drug Information Loop 2410** | | | | | |
| 450 | 2410 | LIN | | | NOTE: Not used for RSN submitted Encounters |
| **CTP – Drug Quantity** | | | | | |
| 452 | 2410 | CTP | | | NOTE: Not used for RSN submitted Encounters |